

LONGITUDINAL INDICATORS OF WOMEN'S IDENTITY AND FAMILY SELF  
AND DAUGHTERS' CURRENT PERSPECTIVES ON  
RELATIONSHIPS WITH NONALCOHOLIC AND ALCOHOLIC PARENTS

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## ABSTRACT

### LONGITUDINAL INDICATORS OF WOMEN'S IDENTITY AND FAMILY SELF AND DAUGHTERS' CURRENT PERSPECTIVES ON RELATIONSHIPS WITH NONALCOHOLIC AND ALCOHOLIC PARENTS

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Change and stability on identity and family self indicators, first studied in 1989, are documented among 54 women aged 47.26 (SD=8.44) years; 26 of these women were interviewed in 1997 as well. The present study examined daughters' perceptions of relationships with parents and their influences on women's identities, self-perceptions, and vulnerabilities to distress.

Categorizing women by parents' alcoholism status and respondents' concurrent therapeutic activities explained a modest proportion of variance on identity and family self in 1989. By 1997 there were no longer significant differences between alcoholics' daughters and nonalcoholics' daughters. Variance attributable to 1989 group categorization was considerably reduced.

Phenomenological themes revealed among daughters' reflections included the importance of parents' time and attention with striking differences on relating with parents in alcoholics' families and nonalcoholics' families. Essential features of perspective taking experiences explain similarities and differences in daughters' felt closeness to parents influencing women's identities, self-perceptions, and therapeutic activities. Incongruity between sociocultural ideals and lived experience evidently exacerbate women's existential struggles.

## DEDICATION

I dedicate my work with loving appreciation to my dearest Mamuka, Mary Augustin Orosz, and in memory of my dearest Apuka, Joseph Orosz. Because of their personal sacrifices we have enjoyed the benefits of living in America, free from communism. They taught me to value education and hard work. Apuka was most proud of giving this Country an engineer, a medical doctor, and a teacher who is now a family scholar. He said, "Whatever you put in your head, no one can take from you."

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## INTRODUCTION

Young children respond sensitively to parents' behaviors and are acutely affected by them as well as the family's emotional climate. Early life experiences subsequently influence adult identity, affect, and close relationships (Belsky & Pensky, 1988; Bretherton, 1993; Caspi & Elder, 1988). Adults' childhood experiences may have consequences for adult child-parent relationships and are believed to be associated with vulnerability to emotional distress (Segal & Blatt, 1993; Strauman & Higgins, 1993). Empirical evidence indicates that grown children's affective closeness to aging parents varies according to the quality of early relationships (Bedford, 1992; Richards, Bengtson, & Miller, 1989; Rossi & Rossi, 1990; Whitbeck, Hoyt, & Huck, 1994).

This study brings together knowledge on individuals and families linking theory, research, and clinical works in psychology, alcoholism, and family studies (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 1993; Segal & Blatt, 1993). A follow-up investigation on women's identity and family self was coupled with an in-depth examination of respondents' relationships with parents.

Cognitive-behavioral and psychodynamic self theorists suggest views on the distressed self need to consider "affective and interpersonal components, especially those derived from early experiences" (Blatt & Bers, 1993, p. 166). To intergenerational theorists, parent-child affect is important across the life-span (Bengtson & Roberts, 1991).

Self and intergenerational theories joined with a phenomenological perspective guided this study. This theoretical convergence was used because experiences of the self and the self in relationship are subjectively perceived and given meaning. Phenomenology focuses on experience and meaning as described by persons' who live the phenomenon being studied (Berman, 1994; Giorgi, 1992; Gubrium & Holstein, 1993; Murphy, 1992).

Family scholars have called for studies that integrate theoretical perspectives (Benson & Deal, 1995), contextualize family members' realities, contribute to knowledge on diverse families, and capture within group variation (Baber & Allen, 1992; Cheal, 1991; Cowan, 1993). There is growing recognition that scholars "need to listen more to family members" (Cowan, p. 552), expanding "our understandings of families by insisting on the incorporation of missing voices" (Baber & Allen, p. 16).

The voices of daughters of alcoholics and daughters of nonalcoholics were documented and systematically studied in this

research. Adult children of alcoholics reportedly represent a group of persons suffering emotional distress who can articulate about painful childhood experiences. They can also provide valuable insight about the possible consequences of early family life experiences.

Research findings indicate that the adult children of alcoholics disproportionately seek psychotherapeutic treatment compared to persons in the general population (Cartwright, McKay, & Stader, 1990; El-Guebaly, Staley, Leckie, & Koensgen, 1992; Rose, Peabody, Stratigeas, 1991). Among their presenting problems are anxiety, depression, substance abuse, and identity and relationship problems. Clinical descriptions on the adult children of alcoholics, however, receive mixed support in empirical studies.

The present research followed women who in 1989 participated in a study on self-concept, therapeutic experiences, and disrupted relationships (Vail, 1990). In that Time-One study, daughters of nonalcoholics ( $n=33$ ) were compared with two groups of daughters of alcoholics, those who were ( $n=52$ ) and those who were not ( $n=29$ ) active in therapeutic experiences. Women in the three groups were strikingly similar on numerous demographic and background variables including age, income, education, years married, and time ever spent in therapy. Daughters of alcoholics had similar scores on the Children of Alcoholics Screening Test (Jones, 1987; 1994) and times per week and number of childhood years exposed to parental alcoholism.

Daughters of alcoholics' self-concept scores were apparently influenced by current therapeutic experiences. Alcoholics' daughters active in therapy and support groups had significantly lower scores on total self-concept and several subscales compared to nonalcoholics' daughters (Vail, 1990, pp. 77-78). Identity and Family Self subscale scores were below the 10th percentile of normalized limits established on the Tennessee Self-Concept Scale (TSCS) (Roid & Fitts, 1988). Based on clinicians' reports I suggested their low scores might reflect acute awareness of the effects of parents' alcoholism as might occur during therapy and support group participation. I also suggested that reports in the clinical literature might not be generalizable to non-help seeking adult children of alcoholics. These interpretations were checked in the Time-Two study by retesting respondents on the TSCS Identity and Family Self subscales.

Time-One findings included indicators of troubled relationships in alcoholics' families as described by clinicians (Vail, 1990, pp. 142-147). Each group of alcoholics' daughters scored significantly lower than daughters of nonalcoholics on Family Self indicating perceived inadequacy of self in family relations

(Roid & Fitts, 1988, p. 3). Daughters of alcoholics also reported harsh criticism and alienation from parents among causes of current life stress.

One participant who is over age 50 reported on her relationship with her alcoholic mother, "My mother told me a few months ago that she doesn't know why I'm going to college. I'm stupid and always have been and won't learn a thing. I find myself under a lot of pressure with the feeling that I have to prove myself" (Vail, 1990, p. 147). Another daughter of an alcoholic reported not seeing her parents since an argument 6 years earlier (p. 146). A third woman described her alcoholic father as "distant, cruel, rough, and needy" (p. 145).

Dramatic stories on alcoholics' children captured public attention during the 1980s (Black, 1981; Denzin, 1990; Woititz, 1983). Although such stories may represent "thoughts which had gone unvoiced" (Silverman, 1993, p. 200), there is no "single reality standing behind atrocity stories. Everything is situated in particular contexts" (Silverman, p. 201).

Goodman (1987) cautioned "it is unwise to assume that (a) all [alcoholics' children] are affected in the same way, (b) their experiences were necessarily negative, or (c) [that they] are psychologically maladjusted" (p. 162). Variability among adult children of alcoholics has not been well documented, however, as empiricists primarily employ scientific methods that require generalized inferences be made about the population based on results in cross-sectional studies.

The current investigation included quantitative and qualitative components that represented longitudinal and original research, respectively. Mancini and Blieszner (1991) noted a tendency for researchers to use quantitative techniques to describe qualitative data. Quality of life issues among alcoholics' adult children may or may not include quantifiable manifestations. For this research, therefore, women were interviewed to obtain their personal perspectives on child-parent relationships. Systematic analyses of these textual data revealed differences and similarities among informants that might not be captured using standard research items.

Identity and family self, operationally defined on TSCS subscales, were compared with respondents' Time-One scores (Vail, 1990). Variation in meanings of parental alcoholism and what it means to identify oneself as the child of an alcoholic were documented within a phenomenological framework. Participants also reported on relationships with their parents and the impact of therapeutic experiences on these relationships.

The research goals were to (a) test for an association between TSCS indicators of Identity and Family Self and therapeutic experiences, (b) examine adult child-parent relationships in the context of adults' childhood familial experiences, and (c) document possible effects on adult child-parent relationships from participation in therapy and support groups.

Questions addressed in this study included: (a) How do relationships with parents vary among daughters and their nonalcoholic and alcoholic parents? (b) What does it mean to identify oneself as the child of an alcoholic? (c) What meanings are attributed to parental alcoholism? and, (d) What impacts do participation in therapy or support groups have on daughters' identities and on adult daughter-parent relationships?

Given the present study's design, this report includes the following sections. The literature review in Chapter 1 describes works on affect and identity in families, adult child-parent relationships, emotional distress, alcoholics' families, and the adult children of alcoholics. This study's theoretical model is described in Chapter 2. Statement of the problem in Chapter 3 delineates the substantive focus, questions, and expected results of the current investigation. Chapter 4 explains methodological considerations that influenced decisions about research techniques. Two research methods sections are presented in Chapter 5. Time-One study methods are highlighted followed by the procedures used in this Time-Two investigation.

Research results are detailed in Chapters 6 and 7. Chapter 6 includes findings on demographic characteristics and Identity and Family Self indicators for the total sample. Background information about interview respondents is also given in Chapter 6. Interview results appear in Chapter 7. Then, research findings are discussed and interpreted in Chapter 8. Finally, Chapter 9 includes suggestions about the current study's strengths and limitations, as well as recommendations for future research.

It will be shown that the predominant psychological approach in empirical works on the adult children of alcoholics is enhanced by family scholarship. Data resulting from this research make important contributions to knowledge on alcoholics' children and on adult child-parent relationships among nonalcoholics' and alcoholics' families. Emotional effects from daughters' perceptions about parents' behaviors can complicate later life family relationships. Given increased longevity and widespread alcohol abuse among persons in the American population, this investigation addressed important issues that may have wide ranging personal and social consequences.

## CHAPTER 1: LITERATURE REVIEW

The literature review begins with a brief statement on the fundamental importance of families as transgenerational contexts for human emotion and identity. This is followed by a review of studies on emotional bonds between adult children and parents. It will be shown that differences in early family life have been associated with variability in adults' later life family relationships. Evidence is then reported which suggests that adults' predispositions to emotional distress may vary according to childhood experiences associated with parents' alcohol consumption. Consequently, there may be differences in later life emotional bonds with nonalcoholic and alcoholic parents. Finally, sociocultural influences on family members and their intergenerational relationships will be reviewed.

Because the present research builds on the Time-One study, I do not refer to the works on self-concept and clinical descriptions on the children of alcoholics that were reported on in the earlier study. Studies that looked at intergenerational family relationships and those that reported on alcoholics' adult children are emphasized in the current review of literature.

### Affect and Identity in Families

Each family is an important locus of emotion and identity for all of its members (Heard & Linehan, 1993; LaRossa & Reitzes, 1993; Sabatelli & Bartle, 1995). Humans have an "affective core" that is intertwined with "knowledge of ourselves over time in relation to others" (Emde, 1994, p. 723). "Affect and emotion usually set the tone and context for other family processes" (Bray, 1995, p. 470) eliciting "the strongest associations between parenting and child development" (Hinde & Stevenson-Hinde, 1988, p. 379).

Identity formation begins in the emotional context in which children are cared for, nurtured, and socialized with young children having few identities (Bedford, 1992; Wells & Stryker, 1988). Lifelong identity development processes reflect changes in age and life circumstance (Pulkkinen & Ronka, 1994).

For symbolic interactionists identities represent "self-meanings in a role" (LaRossa & Reitzes, 1993, p. 145). In a broader conceptualization components of identity include, (a) "a sense of continuity of experience," (b) emotional dimensions, (c) life orienting "cognitive principles," (d) a cohesive sense of self, and (e) confirmation from others "that one is indeed who one thinks one is" (Westen, 1991, pp. 190-191).

Self-identification includes links to "social identity elements, reference groups, roles, or significant others" such as, I am an

American, Bill's wife, and Jill's daughter (Westen, 1991, p. 192). Sociocultural and psychological meanings attributed to identities contain "evaluative connotations" (Wells & Stryker, 1988, p. 217). "Even if their affective consequences are objectively negative" identities "may become important emotionally to the person and thus defended" (Westen, p. 198).

Maintaining identity coherence may be especially difficult today given the "demise of traditional values, world views," and ways of relating (Westen, 1991, p. 205). Significant others who contribute a "sense of personal history" can be vital sources of identity continuity (Westen, p. 194). A lifelong "sense of security" may be especially provided by parent-child relationships because they are constant, familiar, and stable regardless of other life changes (Josephs, 1991, p. 12). Individuals "maintain the identity of parent/child throughout their lives" in part "because they reciprocally provide information about each self" (Atkinson, 1989, p. 91).

#### Adult Child-Parent Relationships

"A large amount of intergenerational involvement" has been documented in "studies of exchange, assistance, and support conducted over 25 years" (Mancini & Blieszner, 1991, p. 253). Adult child-aging parent relationships are apparently affected by numerous factors such as geographic proximity, gender, marital status, health, race, education, income, presence of grandchildren (Brubaker, 1991; Lawton, Silverstein, & Bengtson, 1994; Mancini & Blieszner; Umberson, 1992), and parental marital quality (Booth & Amato, 1994). In families having parental marriages rated low on quality, adults apparently "tend to be close to one parent only" (Booth & Amato, p. 21).

Although research evidence is scant, "a central assumption" in studies on adult child-parent relationships "is that past experiences and present interpretations of these experiences influence current behaviors" (Whitbeck, Hoyt, & Huck, 1993, p. 1033). When studies on relationship quality among later life families were recently reviewed it was noted that except for research on caregiving motivation, researchers gave remarkably little attention to early family life experiences (Suitor, Pillemer, Keeton, & Robison, 1996).

The present review highlights those empirical reports that did examine possible links between parent-child relations in early and later life families. Associations between early and later life relationship quality among children and parents have been systematically examined in longitudinal (Richards et al., 1989) and cross-sectional studies (Bedford, 1992; Carson, Gertz, Donaldson, & Wonderlich, 1991; Rossi & Rossi, 1990; Whitbeck et al., 1994).

### Affective Closeness

Adults' affective closeness to parents has been linked with affectionate and cohesive relationships in childhood (Rossi & Rossi, 1990) and found to be generally stable (Richards et al., 1989). Most respondents have favorably described adult child-parent relationships (Barnett, Kibria, Baruch, & Pleck, 1991; Lawton et al., 1994; Richards et al.; Rossi & Rossi, 1990), with grown children reporting they felt "loved and cared for" by parents (Umberson, 1992, p. 668). Intergenerational affect was "far more likely" to be stable or improve rather than decline among 554 middle generation persons over a period of 14 years (Richards et al., pp. 348-349).

In a nationally representative survey 80% of 1,500 adults aged 18 and over reported having emotionally close relationships with their parents (Lawton et al., 1994, pp. 60-61). There was a positive association between affection and contact frequency among mother-child dyads; "diminished feelings of closeness" among father-child dyads were attributed to parents' marital disruption (Lawton et al., pp. 64-65).

Rossi and Rossi (1990) conducted a three-generation study having a random probability main sample of 1,393 middle aged adults and "spinoff" samples including 323 parents and 278 adult children of main sample respondents (p. 23). Three foci, gender, life course, and relationship perspective, were examined using a life course framework (p. 19). Because Rossi and Rossi's work provides an important empirical and substantive base for my research, the study is reported on in greater detail than other reviewed studies.

Parent-child solidarity was operationally defined along dimensions of sentiment, interaction, and similarity by items that indicated associational, consensual, affectional, and functional solidarity (Rossi & Rossi, 1990, pp. 30-31). Early family life characteristics were measured on indicators of family cohesion, well-being, and troubles as well as parental affection, authority, marital happiness, and skill transmission to children (pp. 34-36). Additional items asked about respondents' health, affect balance, drive, expressivity, dominance, kin embeddedness, and kin salience (pp. 38-39).

Family of origin cohesiveness consistently and positively contributed to adult child-parent intimacy (Rossi & Rossi, 1990, p. 293). Cohesion was indicated by "open displays of affection among family members, working together well as a team, doing interesting things together, and finding home a fun place to be" (p. 281). Parental affection in childhood had a "strong impact on how close adult children feel toward their parents today,"

particularly among daughters (p. 314). Variation in early family life experiences accounted for "more variance in emotional closeness" than contemporary relationship characteristics except among father-son dyads (p. 316).

Reports on parent-child intimacy differed by which partner, parent or child, provided the perspective. "Overall" parents reported "that early family life has little bearing on the quality of their current relations with children" (Rossi & Rossi, 1990, p. 320). From mothers' perspectives early family variables did not contribute to current affective closeness to children. Adult children's relationship ratings, conversely, indicated "a vital emotional link between their earlier relationship to their parents and their feelings of strain or intimacy in their current relationship" (p. 321).

"How different the world looks from the perspective of adult children compared to parents" was a "major systematic finding" among parent-child dyads (Rossi & Rossi, 1990, p. 359). Affective and structural variables explained 52% of the variance in adult children's ratings on early family life cohesion (p. 287). Correlations between children's early family cohesion ratings and current affective closeness with parents were .36 and .40 respectively for relationships with mothers and fathers (p. 321). Parents' assessments on early family cohesion and current affective closeness with children, in comparison, correlated .07 among mothers and .18 among fathers (p. 321). In regression analyses 40% of variance in grown children's current affective closeness with mother and with father were explained by the predictor variables (pp. 318-319). Among mothers and fathers respectively the same regression model accounted for 16% and 21% of variability in current affective closeness with children (pp. 318-319). Compared to parents, adult children perceived that experiences in early family life had a greater impact on affection in later life parent-child dyads.

"Less hampered by the burden of past events," parents felt emotionally close to adult children regardless of early life experiences (p. 321). Grown children, however, were "significantly influenced in their relationship to their parents by what transpired many years earlier" (p. 359).

Rossi and Rossi (1990) suggested the following explanation for these research findings. Mothers and fathers have social, work, and intimate lives separate from parenting responsibilities. Children's views and knowledge on the family, however, involve only those dimensions that directly affect them. "Parents have less contingent affect for their children than children have for their parents" (Rossi & Rossi, 1990, p. 321).



Most important for the current investigation, contingent affect suggests that children's emotional bonds with parents vary according to the emotional climate in the family of origin. These recollections on affective closeness as interpreted by children form the base for emotional bonds with parents in adulthood. Furthermore, children and parents may have disparate views on shared experiences, particularly among distressed families.

### Strained Relationships

A few family scholars have examined sources of strain among later life families. Research results in these investigations provide further support for links between early family experiences and relations between family members in later life. Adults who had painful memories of childhood, who felt rejected (Whitbeck et al., 1994) or abandoned by parents (Richards et al., 1989), perceived "least favored status" (Bedford, 1992), or recalled other painful events (Richards et al., 1989) including incestuous abuse (Carson et al., 1991), reported these experiences had a negative impact on their relations with aging parents.

Richards and colleagues (1989) indicated numerous middle-aged participants reported "unresolved family conflicts" that reflected pain from "poor parenting" in childhood (p. 355). There were also indications that the spousal relationship "has an impact that lasts throughout the life-span. Conflict between parents can have devastating consequences for children, even when those children are well into middle age" (p. 356).

Among respondents in Whitbeck and colleagues' (1994) study, "perceptions of early family relationships influenced both contemporary family relationships and felt concern about parents" (p. S91). Middle-aged married couples (N=398) whose median ages were 39 and 37 for men and women respectively, reported on past and current relationships with 1,135 parents (p. S87). To operationalize "parental rejection" participants were asked to think about their childhood at about age 12 and to indicate how much each parent trusted and cared for, found fault with and blamed them (p. S88). Other items assessed current relationship strain and filial concern about and emotional support given to parents. Affectional solidarity was measured by three items indicating how much the respondent felt parental love and appreciation, "could depend on" parent(s) for help, and how much each parent demonstrated concern and understanding toward the adult child (p. S88).

Perceived parental rejection in childhood was positively associated with current strained relationships with parents and negatively associated with affection (Whitbeck et al., 1994, p. S91). Standardized structural coefficients for sons' reports of parental rejection on relationship strain were .48 for both

fathers and mothers and among daughters, .53 and .51 for fathers and mothers, respectively. Coefficients for parental rejection on affection among sons were -.44 for fathers and -.61 for mothers and among daughters, -.51 and -.57 for fathers and mothers, respectively (p. S91). Recalled rejection was found among those adults who expressed less concern about contacting parents and monitoring parents' welfare. Adult children's filial concern, not past or current relationship quality, "more consistently predicted instrumental and emotional support" given to parents (p. S92). These findings suggest "family relationship histories continue to exert influence on contemporary relationships between adult children and their parents" (p. S92).

Bedford (1992) tested a social exchange perspective in secondary analyses on data from a Swedish study among individuals ( $N=887$ ) representing three generations in each family. According to social exchange theory transgenerational reciprocity is expected in care and felt obligation. Previous analyses revealed that these adult children maintained contact with and helped aging parents suggesting associational and functional reciprocity. Among two generations of adult children ( $n=464$ ), Bedford found those who perceived being "treated worse than their siblings" in childhood had less affection for and more conflict with parents as adults (p. S152). When emotional bonds were examined "parents lack of equity for future affectional reciprocity" (p. S153) was found among least favored children. Research results "convincingly" (p. S154) indicated grown children's recollections influenced their perceptions on intergenerational bonds.

Strained relationships between adult children and parents may carry over to grandchild relationships. This detrimental pattern was found among 398 families when middle-aged parents and ninth-grade children reported on intergenerational relationships including relations with grandparents (Whitbeck et al., 1993). Geographic proximity was strongly associated with contact frequency and quality of relationships between grandparents and grandchildren. Middle generation parents' memories of "nonoptimal relationship quality" with grandparents in childhood, however, had negative effects on relationships with grandchildren (p. 1030). When grandparents were "viewed as uncaring by the parent generation" relationships with both adult children and grandchildren were "poorer" (p. 1030).

Differences on perceived emotional closeness have also been found among parents, with indications that the frequency of contact between adult children and parents cannot be equated with intergenerational affection. Testing three intergenerational relationship models, (a) family size constraint, (b) competing loyalties, and (c) familism, none completely explained parents'

sentiments and parent-child contacts among 124 couples in their 60s (Aldous & Klein, 1991). Aldous and Klein demonstrated that parents' feelings about their contacts with adult children need to be considered separate from contact frequency. Although increased competing loyalties were associated with lower contact quality, "sentiment and norms of obligation" apparently kept family members in contact with each other (p. 606).

### Emotional Distress

Distress is "negative stress" which may be acute or chronic (Coleman, Butcher, & Carson, 1984, p. 142). Distressed individuals are emotionally challenged "to meet the requirements of the stressor" while protecting oneself from harm (Coleman et al., p. 150). Manifestations of distress range from mild mood swings to severe psychotic conditions requiring psychiatric hospitalization. Chronic distress occurs when significant stressors are centered "around a continuing difficult life situation" (Coleman et al., p. 147). Common signs of distress include depression, anxiety, and seeking emotional support.

Manifested by "hopelessness, loss, and failure," depression is past oriented (Tennen, Hall, & Affleck, 1995, p. 876). The depressed person feels sad. There are accompanying "feelings of loneliness and abandonment or self-criticism and lack of self-worth" (Blatt & Bers, 1993, p. 171). Anxiety, "generalized feelings of fear and apprehension," frequently accompanies depression (Coleman et al., 1984, p. II), "is characterized by cognitions of danger and threat," and is future oriented (Tennen et al., 1995, p. 876-877).

Depression "is probably the most extensively studied" psychological manifestation "that has been related to parenting" (Belsky & Pensky, 1988, p. 200). Beck and colleagues' "best known cognitive theory of depression" (Strauman & Higgins, 1993, p. 14) holds that negative self-conceptualizations based in childhood experiences "are activated by current life events to initiate a sequence of depressogenic cognitive processing" (p. 14).

Reviewing empirical works on intergenerational family processes Belsky and Pensky (1988) noted there was "a good deal of support" for connections between "childhood rearing" and adults' cognitive and emotional traits (p. 203). "Parental care that is less than optimal" has been "consistently" associated with adults' "propensity to experience negative affect states" (p. 200). Because childhood is a time of dependency and vulnerability, "if the cost of [parent's] love and approval is a negative view of the self, there are few children who will not pay this price" (Epstein, 1992, p. 834).

Optimal parenting practices include behaviors that are supportive

of children, attend to and respond to children, guide them, and are receptive to children's emotional expressions (Bronstein et al., 1996). Young children's acute distress may be rooted in uncertain dangers, parents' dissatisfactions, or shameful or guilty feelings with violation of social standards (Kagan, 1980). Parents ordinarily reassure acutely distressed children indicating with care and concern that no harm will come to them (Kagan). Empathetic responses by parents importantly influence "development of a mature, cohesive self with a healthy level of self-esteem" (Tesser, 1991, p. 263).

So strong are children's emotional bonds to parents, however, that they will endure chronic distress including, abuse, deprivation, suffering, and anxiety in order to remain with parents (Josephs, 1991). "The sensitive psychological vulnerability of children in their dependent relationship to their caretakers renders" parental maltreatment "a major threat to normal child development" (Finkelhor & Dziuba-Leatherman, 1994, p. 177).

For children who have an alcoholic parent, parents' behaviors can be a source of chronic distress. An alcoholic parent may neglect children's needs. When intoxicated the parent might be physically present, but psychologically unresponsive (Boss, 1988). A nonalcoholic parent who is preoccupied with a partner's alcoholism, may also be inattentive to children. Research findings among alcoholics' offspring suggest that parents' problems and mistreatment of children may be related to adults' emotional distress and help seeking behaviors.

#### Alcoholics' Families

In the American population approximately 71% of men and 59% of women regularly consume alcoholic beverages (Midanik & Room, 1992, pp. 187-188). It is estimated that 19% and 4% of men and women, respectively, meet diagnostic criteria for alcohol abuse and dependence (Goedde & Agarwall, 1987, p. 47). Only 3-5% of the population of alcoholics are "skid row homeless" (Steinglass, 1978, p. 9). Most alcoholics live in families with spouses who are committed to their marriages (Edwards & Steinglass, 1995).

There is growing recognition that there are subgroups of alcoholics (Jacob & Seilhamer, 1987; Schuckit, 1996). Based on works in the alcoholism literature, the following data are applicable to offspring: (a) most children observe parents consuming alcoholic beverages (Midanik & Room, 1992), (b) although alcoholics' children are more likely to develop alcoholism (Dinwiddie, 1992, Pandey, 1990), most do not become alcoholics (Crabbe & Goldman, 1992); (c) alcoholism varies widely on a severity continuum (Meyer, 1989; Stockwell, Sitharthan, McGrath, & Lang, 1994); (d) differences have been observed

between episodic and regular abusers of alcohol (Jacob et al., 1989); (e) severe parental alcoholism may include psychopathological comorbidity (Dinwiddie, 1992; Schuckit, 1994); (f) cases of late-onset alcoholism exist (Atkinson, Tolson, & Turner, 1990); (g) paternal alcoholism is more prevalent than maternal alcoholism (Grant, 1994); (h) compared to paternal alcoholics, maternal alcoholics and their children are likely to be older when alcoholism develops (Atkinson et al., 1990; Noel, McCrady, Stout, & Fisher-Nelson, 1991); (i) family functioning varies significantly between periods of intoxication and sobriety (Jacob et al., 1989; Rotunda, Scherer, & Imm, 1995); and (j) reports on alcohol consumption are unreliable among alcoholics (Grant, Tonigan, & Miller, 1995; Midanik, 1994) and underestimated by nonalcoholic family members (Frankenstein, Hay, & Nathan, 1985; O'Malley, Carey, & Maisto, 1986; Rhea, Nagoshi, & Wilson, 1993).

Rotunda and colleagues (1995) reviewed works on the families of alcoholics noting alcoholics' families have been consistently differentiated from other families on negativity and conflict. Family functioning is reportedly significantly diminished during intoxication and significantly improved in periods of abstinence (Jacob, Seilhamer, & Rushe, 1989; Liepman et al., 1989; Rotunda et al.; Tislenko & Steinglass, 1988). Variation on family interaction between active and inactive drinking periods has been found in home observations (Tislenko & Steinglass).

Spousal relationships during alcoholics' drinking periods are reportedly more pathological than among nonclinical and clinically distressed psychiatric couples (Liepman et al., 1989). Greater negativity in spousal interaction was observed among episodic compared to steady drinking alcoholics (Jacob et al., 1989), alcoholic males compared to females (Noel et al., 1991), and the same males during intoxicated versus abstinent periods (Frankenstein et al., 1985). Alcoholic wives and their nonalcoholic husbands reported more satisfying marital relationships than alcoholic husbands and their nonalcoholic wives (Noel et al., 1991). Tislenko and Steinglass (1988), however, observed no gender differences on interaction patterns in alcoholics' families.

Wives of alcoholics described more troubled spousal relationships than nonalcoholics' wives, including significantly higher conflict and disengagement, and significantly lower marital satisfaction, cohesion, expressiveness, and family sociability (Tubman, 1993). "Problem drinking" older men's wives have reported intimacy, empathy, and moral support are lacking in their marital relationships (Brennan, Moos, & Kelly, 1994).

Although studied for decades, caution is needed in making

generalized inferences about the families of alcoholics (Jacob, Favorini, Meisel, & Anderson, 1978; Rotunda et al., 1995). Reports on alcoholics' families are considered "extremely preliminary and tentative" for several reasons (Jacob & Seilhamer, 1987, p. 559).

Most knowledge about alcoholics and their families is based on research among treated alcoholics. Although approximately 1 million alcoholics enter treatment facilities each year, they have high relapse rates (Edwards & Steinglass, 1995). About 92% of those in treatment are previously treated alcoholics (p. 478).

"Clinical impressions" on alcoholics and their nonalcoholic spouses and children "slowly became transformed into empirical facts" even though "no scientifically sound empirical studies were ever conducted to test most of these impressions" (Jacob & Seilhamer, 1987, p. 559). Rather than assuming all alcoholics and their families are alike researchers have been urged to carefully identify and assess subtypes (Jacob & Seilhamer). Because the "overwhelming majority" of alcoholics never enter treatment facilities little is known about never treated alcoholics and their families (Steinglass, 1978, p. 9).

Furthermore, those few studies conducted on alcoholics' families reportedly had numerous methodological limitations (Jacob & Seilhamer, 1987). Among weaknesses detailed in their review Jacob and Seilhamer cited very small sample sizes and assessments based on structured laboratory experiments or unreliable home observations raising concerns about external validity and generalizability on alcoholics' families.

Knowledge on the families of alcoholics has been expanded by scholars studying family members' life experiences. The growing body of literature on the adult children of alcoholics might especially provide further insight on that majority of families whose alcoholic members never seek treatment.

Many researchers expressed concerns that the body of literature on the adult children of alcoholics is largely based on clinical reports and in-treatment samples. Vail and Protinsky (in preparation) recently determined, however, that 14 out of 98 research studies explicitly described samples composed of adult children of alcoholics who were identified as participating in various clinical activities.

#### Adult Children of Alcoholics' Perspectives

There is a striking difference between theoretical models on alcoholics' families and offspring reports. Assertions about patterned and predictable intoxicated behaviors (Steinglass, 1978; 1983; Steinglass, Bennett, Wolin, & Reiss, 1987) are

contradicted in clinical accounts of children's experiences.

Clinical works include vivid descriptions on fearful, lonely, chaotic, unpredictable, and inconsistent experiences among children who live with alcoholic parents (Beletsis & Brown, 1981; Cermak & Brown, 1982; Gravitz & Bowden, 1985; Heryla & Haberman, 1991; Woititz, 1983). According to clinicians who counseled alcoholics' children, "confusion, unpredictability, and chaos" typify family life (Erekson & Perkins, 1989, p. 70). A respondent in Seabaugh's (1983) study reported,

I was always very frightened when my dad was drunk. He was usually fairly quiet and unassuming but became very angry and loud with alcohol. I guess I was never sure just what might happen -- if he would try to beat up my mom or kill someone" (pp. 129-130).

Reports on parents' unpredictability and inconsistency have received little research attention. Researchers have, however, tested and confirmed numerous other assertions made about children in alcoholics' families.

One investigation provides meager evidence on inconsistent parenting. Participating in that study were women who had alcohol abusing fathers ( $n=114$ ) and those having normal fathers ( $n=81$ ) (Benson & Heller, 1987). Women's answers were compared on a Parental Behavior Survey which contained items on conflict, consistency of affection, and emotional support received from each parent (p. 307). Daughters of alcohol abusing fathers perceived significantly less familial social support, greater parental conflict, and greater inconsistency in paternal love and affection (p. 309).

Quality of relationship with parents was assessed in another study using a global indicator, "When you were growing up, how would you rate your relationship with your mother/father?" (Kerr & Hill, 1992, p. 28). On this item's Likert type scale grown children of alcoholics ( $n=236$ ) rated their relationships with parents significantly lower than nonalcoholics' adult children ( $n=100$ ) (p. 29).

Liles and Childs (1986) estimated that "as many as 3-4 million children may be living in homes that are both alcoholic and incestuous" (p. 66). Several investigators found that adults who had an alcoholic parent experienced significantly higher rates of sexual and physical abuse compared to nonalcoholics' offspring (Black, Bucky, & Wilder-Padilla, 1986; Kerr & Hill, 1992; Rose et al., 1991; Wilson, 1989). Among these reports sexual abuse rates included, 22.4% versus 3.2% among children of alcoholics ( $n=67$ ) and nonalcoholics ( $n=62$ ), respectively (Wilson, p. 267), and 21% of 206 middle-aged "highly educated" daughters of alcoholics (Kerr & Hill, p. 28).

Of 89 persons consecutively admitted to intensive case management programs, 44 were adult children of alcoholics or substance abusers, and 21 of the 30 incest victims had alcoholic parents; "being an adult child of an alcoholic doubled the potential for concurrent childhood sexual and physical abuse" (Rose et al., 1991, p. 500). Furthermore, 91% of alcoholics' incestuously victimized children were substance abusers, and 71% percent of self-mutilating clients were alcoholics' children ( $n=21$ ) compared to 29% whose parents were nonalcoholics ( $n=8$ ) (Rose et al.).

Kerr and Hill (1992) found (a) 28% of 112 alcoholics' offspring, (b) 64% of 50 alcoholic children of alcoholics, and (c) 4% of 50 nonalcoholics' offspring experienced family of origin physical abuse (p. 31). In another study with 500 persons in each of two subsamples, 28% of adults having and 7% not having alcoholic parents reported child abuse (Ackerman & Gondolf, 1991, p. 1165).

Reporting on middle-aged sons' childhood experiences with alcoholic stepfathers, Seabaugh (1983) recounted one stepfather "hit him repeatedly in the testicles" (p. 114). Another stepfather used an "abusive form of humiliation: thumping him on the head with a spoon and then laughing, bending his fingers back and twisting his arm behind his back in front of his peers, making him beg the step-father to stop" (p. 114).

#### Current Emotional Distress Among Adult Children of Alcoholics

In addition to clinical reports and data on child abuse, the findings of numerous studies provide evidence that alcoholics' children experience emotional vulnerabilities in adulthood. Indicators of adult children of alcoholics' emotional distress were found among reports on clients in treatment as well as in studies on depression, anxiety, and self-perception. Grown children differed on indicators of early family life according to whether or not they had alcoholic parents. Differences were also found between subgroups of adult children of alcoholics.

Help seeking behaviors. Compared to members of the general population, distressed adult children of alcoholics appear to disproportionately seek psychotherapeutic support (Cartwright et al., 1990; El-Guebaly et al., 1992; El-Guebaly et al., 1991; Potter & Williams, 1991). For example, among 195 clients entering one chemical dependency treatment center over a 2 year period, 44% were adult children of alcoholics (Cartwright et al., 1990). El-Guebaly and colleagues (1991) reported a high prevalence of alcoholics' grown children in a general hospital psychiatric population ( $N=250$ ). Varying by diagnosis, alcoholics' offspring represented between 20% and 50% of consecutive admissions (p. 223). In another sample, 40% of clients in outpatient anxiety treatment had an alcoholic parent (El-Guebaly et al., 1992, p.



544). Also, Fulton and Yates (1990) found 41% of "an unselected series" of persons entering treatment (N=217) had an alcoholic parent (p. 506). Researchers who reported asking respondents in "nonclinical" samples about their treatment histories found that adults who had an alcoholic parent sought professional counseling significantly more often than adults who had nonalcoholic parents (Easley & Epstein, 1991; Potter & Williams, 1991; Tweed & Ryff, 1991).

One of few studies in which middle-aged respondents were asked about their past clinical activities was O'Sullivan's (1991) work on resiliency. Participants averaging 38.6 (SD=9.45) years of age were recruited from corporations, professional offices, universities, and other institutions, and were employed as, 29% professional, 11% managerial, 28% technical and clerical, and 26% skilled and unskilled laborers (pp. 52-53).

Two groups of alcoholics' offspring, those who had (n=95) or did not have (n=41) childhood mentors, were compared on resiliency as operationalized by Personal Orientation Inventory (POI) scores (O'Sullivan, 1991). Those who had mentors "scored significantly higher on 8 of 12 POI scales" (p. 49). Both groups were lower on 10 of 12 POI scales compared to "normal" adults' scores reported from another study. Sample background data revealed 70% had participated in psychotherapy, 74% in twelve-step programs, and 64.7% were abstinent alcoholics (pp. 52-52). The two groups were not differentiated on therapy and support group variables. Although POI scores indicated significant differences on resilience between the groups, respondents' help seeking behaviors evidenced emotional distress. As demonstrated in O'Sullivan's work, data on participants' clinical activities provide contexts for interpreting research findings on the adult children of alcoholics.

Noting works on alcoholics' families did not "systematically investigate family members own perceptions," Seabaugh (1983) conducted a phenomenological study among 17 middle-aged children of alcoholics, including 8 sons and 9 daughters. Participants referred by clinicians recorded "significant experiences" daily for one week, writing what happened, as well as feelings associated with and how they responded to what happened (p. 67).

During subsequent interviews Seabaugh (1983) and each informant collaboratively explicated the meanings of these recorded experiences. Each person received a typed rendition of his or her report which also contained Seabaugh's "paradigms," and was asked to think about and record early family memories "that seemed connected" (p. 74). In all cases respondents' "produced memories or associations that clearly connected troubling [current] experiences to an original family situation" (p. 120).

From these data Seabaugh (1983) sought "underlying unifying structures" for theory formation (p. 76). "Conflict over meeting the needs of another" emerged as the first theme and was "consistently" associated with "being pressed into meeting the needs of a needy parent" in childhood (p. 76). "Rejection, disrespect, dependency on affirmation from others, self-esteem, and related problems fit the second theme, "vulnerability to narcissistic injury" (p. 77). Vulnerabilities to abandonment, others' anger or powerfulness, and "emotional distress over the exposure of one's vulnerable self" were also categorized (p. 78).

Within a self-psychology perspective, Seabaugh's (1983) theory on "the vulnerable self" of alcoholics' grown children emerged from thematic representation of his findings. "Consistently validated" by "past and present" experiences, Seabaugh concluded the emergent theoretical "core" suggested these adults lacked a cohesive sense of self and were, therefore, prone to emotional distress (p. 99).

Other indicators of emotional distress. In studies comparing subsamples of persons who did or did not have an alcoholic parent, alcoholics' adult children had significantly (a) lower self-esteem (Currier & Aponte, 1991; Domenico & Windle, 1993), (b) higher rates of depression (Baker & Williamson, 1989; Jones & Zalewski, 1994; Tweed & Ryff, 1991; Wilson, 1989), as well as (c) lower scores on the Personal Authority in the Family System Questionnaire subscales (Protinsky & Ecker, 1990; Sheridan & Green, 1993; Transeau & Eliot, 1990) and Family-of-Origin Scale (Capps, Searight, Russo, Temple, & Rogers, 1993). There were also reports in which research findings did not differentiate alcoholics' offspring from adults who were distressed in childhood by nonalcohol related parental problems (Baker & Williamson, 1989; Benson & Heller, 1987).

For the Epidemiologic Catchment Area Project on in-depth interviews using DSM-III criteria alcoholics' grown children ( $n=408$ ) had significantly higher rates of dysthymia, anxiety, and numerous phobias compared to nonalcoholics' offspring ( $n=1,477$ ) matched on age and sex (Mathew, Wilson, Blazer, & George, 1993). Sons of alcoholics also had significantly higher substance abuse and antisocial symptoms.

Women having above average education and income comprised a sample of alcoholics' daughters ( $n=30$ ) and nonalcoholics' daughters ( $n=30$ ) recruited from graduate classes and therapy and women's groups (Currier & Aponte, 1991). Daughters of alcoholics and daughters of nonalcoholics, mean aged 39 (SD=6.7) and 39.7 (SD=13.1) years respectively, were compared on (a) sexual dysfunction, (b) dominance/need for control, (c)

suspiciousness/distrust, and (d) confidence/self-esteem operationally defined on the Tennessee Self-Concept Scale (TSCS) total score. No significant differences were found between the groups on background characteristics or dominance/need for control, but alcoholics' daughters scored significantly lower on confidence/self-esteem and had significantly more sexual dysfunction and suspiciousness (p. 198). In multiple regression analysis TSCS total score explained 50% of variance in sexual dysfunction as indicated on a modified Sex History Form.

Middle-aged daughters of alcoholics ( $n=138$ ) also had significantly lower self-esteem and significantly higher depression levels compared to nonalcoholics' daughters ( $n=478$ ) in a "well-functioning" middle-class community sample (Domenico & Windle, 1993). Depressive symptoms were indicated by responses on The Center for Epidemiological Studies Depression Scale and self-esteem was operationalized using six Likert type items (p. 662).

Among another group of respondents in their mid to late 30s alcoholics' offspring ( $n=67$ ) were also significantly more depressed than nonalcoholics' offspring ( $n=62$ ) as measured on the Sixteen Personality Factor Test (Wilson, 1989). Of 60 women who entered therapy within 6 months prior to Jones and Zalewski's (1994) investigation, daughters of alcoholics ( $n=30$ ) "were found to be significantly more depression prone" compared to daughters of nonalcoholics ( $n=30$ ) "even after adjusting for loss of a parent" prior to age 18 (p. 1606). These women ranged in age from 22 to 55 years and were similar in age, education, income, and marital status. Thus, research evidence supports clinical reports regarding "an increased lifetime prevalence of depression" among alcoholics' grown children (Jones & Zalewski, 1994, p. 1607).

Significant differences have been found between alcoholics' children who were and those who were not members of support groups or participating in therapy (Kashubeck & Christensen, 1992; Sheridan & Green, 1993). Kashubeck and Christensen compared alcoholics' grown children who were college students ( $n=67$ ) with those who were support group members ( $n=79$ ). The subsamples were significantly different on several demographic characteristics including age, marital status, own education, and parents' education. Support group participants had a mean age of 38.5 years ( $SD=10.19$ ), and students' mean age was 20.10 years ( $SD=2.72$ ) (p. 358). Significantly higher mean scores on the Children of Alcoholics Screening Test and the Brief Symptom Inventory indicated support group members experienced more distress. Kashubeck and Christensen concluded that their findings supported the presence of "an age factor in the experience of distress related to parental alcoholism" (p. 360). They also suggested that gender differences on distress found in the general population "might not hold" for the adult children of

alcoholics because sons were more distressed than daughters in this sample (p. 360).

Sheridan and Green (1993) used discriminant analysis to investigate family of origin dynamics and personality characteristics among alcoholics' grown children who were ( $n=55$ ) or were not ( $n=33$ ) involved in recovery services. A control group was composed of adults whose early family life had no chronic problems including violence, incest, or parental substance abuse ( $n=39$ ). The sample was "primarily white [98%], middle-aged, highly educated, middle to upper-middle class," and 70% female (p. 80). On numerous background variables there were no significant differences between the groups, but non-recovering adult children of alcoholics had the highest percentage of coupled marital status, 70% (p. 81).

Instruments used by Sheridan and Green (1993) included The Index of Self Esteem, selected subscales from the Family Adaptability and Cohesion Evaluation Scales III, Personal Authority in the Family System Questionnaire, as well as the autonomy and relatedness subscales of the Parental Relationship Inventory, and items from other instruments (p. 83). Discriminant function analysis on measures of family of origin competence, cohesion, and individuation with parents, as well as problems with self-esteem and control emerged as the most powerful group membership predictors, accounting for 93.06% of explained variance (p. 86). Grown children of alcoholics in recovery services had greater "dysfunction in family and individual functioning," and both groups of alcoholics' children scored in more dysfunctional ranges than did nonalcoholics' adult children (p. 90). Sheridan and Green concluded that these "findings are consistent with clinical views that negative dynamics within the family of origin have the capacity to create long-lasting impediments to adult functioning" (p. 89).

On subscales of the Personal Authority in the Family System Questionnaire college students who were ( $n=44$ ) or were not ( $n=151$ ) alcoholics' children differed significantly on intergenerational relationship intimacy and triangulation, with offspring of alcoholics having lower scores (Protinsky & Ecker, 1990). It was suggested that premature separation and emotional disengagement from parents may have occurred among alcoholics' children in this sample.

In another report on 228 college students having a mean age of 20.67 years, Kashubeck (1994) compared children of alcoholics ( $n=62$ ) and nonalcoholics ( $n=166$ ) finding parental alcoholism was positively related to psychological distress as indicated by Brief Symptom Inventory scores. Only about 1% of variance in psychological distress, however, was accounted for by parents'

alcoholism status (p. 540).

Capps and colleagues (1993) tested the Family of Origin Scale's (FOS) ability to validly discriminate between 60 grown children of alcoholics and 64 college students, noting controversy regarding this instrument's factorial validity. In this sample alcoholics' offspring averaged 34 years of age, about 72% were female, and 75% had attended about 98 support group meetings. Students average age was about 26 years and 70% were female. FOS scores did not differentiate between alcoholics' children who had or had not attended support group meetings. Findings did support the Scale's ability to differentiate adult children of alcoholics from nonalcoholics' grown children. Alcoholics' offspring scored significantly lower on all FOS dimensions. "Maximally" differentiating the groups were subscales on responsibility, clarity of expression, range of feelings, conflict resolution, and empathy.

Most research on the adult children of alcoholics and comparison groups reported findings that statistically differentiated subsamples (Vail & Protinsky, in preparation). Other studies, however, reported not differentiating subsample groups on indicators of emotional distress.

#### Studies in Which Alcoholics' and Nonalcoholics' Offspring were Not Differentiated

Among alcoholics in treatment who were ( $n=86$ ) or were not ( $n=109$ ) grown children of alcoholics, no significant differences were found on Minnesota Multiphasic Personality Inventory (MMPI) and California Psychological Inventory (CPI) profiles (Cartwright et al., 1990). Based on clinical interviews using DSM-III-R diagnostic criteria, Symptom Checklist 90 scores, the Beck Depression Inventory, and the Irrational Beliefs Test, Baker and Williamson (1989) found that among adults in their 30s alcoholics' children ( $n=69$ ) were similar to persons raised in "dysfunctional" families ( $n=44$ ). Family dysfunction was indicated by childhood physical or emotional abuse, or parental neglect or mental disorders. Although persons in "both groups differed from normal populations" (p. 453) they had "a diversity of clinical problems" with "depression and personality disorders most prevalent in both groups" (p. 455).

Benson and Heller (1987) compared women whose fathers were normal ( $n=81$ ), alcohol abusing ( $n=114$ ), or psychiatrically disturbed ( $n=30$ ), and whose mother and father both abused alcohol ( $n=15$ ). Participants were women in their late 20s who were university staff members or students. On the Langner Symptom Checklist and MMPI psychopathic deviate scale, daughters who had alcoholic or psychiatrically disturbed fathers were not significantly different on neurotic and acting out behaviors. Daughters of

alcoholic or normal fathers had similar scores on the Zung Depression Inventory.

Not only were there indications that distressed individuals are similar whether or not they had an alcoholic parent, there was evidence also on differences among the adult children of alcoholics. As noted earlier, research findings differentiated alcoholics' grown children who were categorized on help seeking status. Intriguing results on women's self-concept obtained in the Time-One study were apparently associated with daughters of alcoholics participation in support groups and therapy.

#### Time-One Study

In the Time-One study which forms the base for the current research, daughters of alcoholics who were and were not active in therapeutic experiences were compared with nonalcoholics' daughters on self-concept and disrupted relationships (Vail, 1990). Because the Time-Two investigation followed women who participated at Time-One, the Time-One study is reported on in detail.

When planning the first study, the body of literature on the adult children of alcoholics was primarily clinical; few systematic investigations had been conducted (Vail, 1990). The study was explicitly designed to compare two groups of women testing clinicians' reports on negative self-perceptions and disrupted relationships. Nonalcoholics' daughters were to be compared with alcoholics' daughters actively participating in therapy and support groups.

Respondents' scores on the Children of Alcoholics Screening Test (Jones, 1987) showed that daughters of alcoholics were among women recruited for the comparison group, and three subsample groups were formed. Daughters of alcoholics actively participating in therapeutic experiences were placed in Group 1 ( $n=52$ ); Group 2 ( $n=29$ ) consisted of alcoholics' daughters who were not active in therapeutic experiences; and, Group 3 ( $n=33$ ) was composed of nonalcoholics' daughters. Differentiating two groups of alcoholics' daughters allowed for finer analyses that resulted in provocative findings.

Between daughters of alcoholics there were no significant differences on the Children of Alcoholics Screening Test mean scores and other indicators of parental alcoholism. Heavy drinking occurred approximately five times per week regardless of which parent was the alcoholic. Women in both groups experienced parental alcoholism for approximately 12 years prior to age 18 and described similar experiences with parents.

Mean ages for women in Groups 1, 2, and 3 were 37.4 ( $SD=7.9$ ),

38.4 (SD=9.1), and 35.9 (SD=7.4) years, respectively. The women were also strikingly similar on education, personal and household income, months in job, years in marriage one and marriage two, number of children, and years parents were married. Respondents had an average of 15 years of education. Most were employed, in their present jobs an average of 5 years, had personal incomes of about \$22,000 and household incomes in the 40 thousands. About half were married and more than half had children. Parents of women in this sample were married an average of 30 years.

There were no significant differences among groups in living arrangements, occupation, and reasons for entering or time ever spent in therapy. Women in the three groups did not differ on childhood relationship disruption determined by answers to questions about parental separation, divorce, and death as well as sibling death.

A significant difference was found in marital disruption when cases of marital separation were added to cases of divorce. Disrupted spousal relationships were reported by 74% of ever married ( $n=65$ ) daughters of alcoholics, compared to 50% of ever married ( $n=22$ ) nonalcoholics' daughters.

Not only were there significant differences in self-concept between women who did and did not grow up in alcoholics' families, there were also differences between the two groups of daughters of alcoholics. Group 1 daughters of alcoholics active in therapy and support groups had significantly lower scores on five dimensions of self-concept compared to daughters of nonalcoholics. Group 3 daughters of nonalcoholics scored significantly higher on Identity, Self-Satisfaction, Behavior, Personal Self, and Family Self subscales as well as total self-concept.

Family Self was the only TSCS subscale that significantly differentiated each group of alcoholics' daughters from nonalcoholics' daughters. Among alcoholics' daughters those not currently participating in therapy or support groups scored significantly higher on Family Self than those who were participating in support groups and therapy. Lower Family Self scores suggest perceived inadequacy of self in family relationships, indicating "a recent situational, or long-standing, disruption in family relationships that is affecting the individual's self-concept" (Roid & Fitts, 1988, p. 17).

Group 1 Family Self and Identity mean scores were below the 10th percentile of established normalized limits on the TSCS. All other group means (Total Self-Concept and subscale scores) were within normal limits.

Answers to an open-ended question about current life stress permitted more precise interpretation of self-concept scores and allowed for observations of possible life trends both within and among groups. Twelve categories of reported stressors included stress due to job, health, finances, loss of significant other, self-analysis and self-searching, living arrangements, and roles. There were significant differences among groups in two stress categories.

Stress caused from others substance abuse (not including husband) was reported by 16 women in Group 1, and 2 each in Groups 2 and 3. Specific substance abuse stressors included teenage daughter recovering from alcohol and drug abuse, living with alcoholic parents, and drug dependent son.

The groups also differed significantly in reports on familial stress. Twenty-four women in Group 1, eight in Group 2, and five in Group 3 described family related stressors. Daughters of alcoholics' descriptions of current stress included lack of intimacy and inability to communicate with husbands as well as criticism and alienation from parents. Examples of the latter reports were quoted in the introduction to this Time-Two study.

Evidence of chronic childhood distress was found among daughters' responses on the Children of Alcoholics Screening Test (CAST) (Jones, 1987). Alcoholics' daughters (n=81) reported the following experiences resulted from parents' intoxication, (a) 98% felt alone, scared, nervous, angry, or frustrated; (b) 90% had parents who fought when one was drunk; (c) 89% lost sleep; (d) 88% felt sick, cried, had a knot in their stomach; (e) 83% observed drinking parents' who yelled at or hit another family member; (f) 82% felt caught in the middle of parents' arguments or fights, and (g) 68% protected another family member from a parent who was drinking (Vail, 1990, pp. 201-202).

Compared to nonalcoholics' daughters, daughters of alcoholics active in therapy and support groups were more distressed than those not active in therapeutic experiences. Based on the women's numerous similarities, coupled with clinicians' reports, I concluded there was a connection between concurrent therapeutic activities and Group 1 respondents' low self-concept scores. Apparently, painful awareness of parents' alcoholism and resulting distress in childhood was negatively affecting adult daughters' self-perceptions.

#### Sociocultural Contexts

A "growing body of research" not only supports reciprocal influences between the generations but also indicates that ongoing relationships both shape and are shaped by children's socialization (Broderick, 1993, p. 236). The "cumulative nature"



of familial reciprocal effects represent "layer on layer of joint experiences" accumulating over decades of daily interaction in families of origin and continued contact with aging parents (p. 236).

Socialization and cultural norms affect individuals and relationships whether or not their lives are touched by parents' alcoholism. Sociocultural contexts applicable to the present study's substantive topics include normative socialization processes and parent-child behaviors as well as sociocultural influences on persons' attitudes about intoxication. Cultural norms which cause stigma and ridicule to be associated with alcoholism impact persons' identities and social relations. In addition, complex interactions exist among individual and social level phenomena with indications of atypical patterns among families of alcoholics. Socialization as it relates to conceptualizations on the self is addressed in the section on theory.

#### Kinkeepers and Caregivers

Differences in men's and women's kinkeeping and caregiving experiences have been attributed to traditional gendered socialization (Baber & Allen, 1992; Brubaker, 1991; Caspi & Elder, 1988; Hamon, 1996). Socialization "obligates women more than men to maintain social relations in the family" (Lawton et al., 1994, p. 59). Women are "kin keepers in the sense that they are more involved than men in activities that maintain affinal and lineal ties" (Caspi & Elder, 1988, p. 219).

Norms of bonding, obligation, loyalty, and filial responsibility keep adult children and parents connected (Boszormenyi-Nagy & Stark, 1973; Lawton et al., 1994). Among adult children and aging parents, communication and "emotional support" are considered "of primary importance" (Hamon, 1996, p. 2). As parents age family members need to examine their "beliefs about what constitutes appropriate filial behavior" (Hamon, p. 2). "Filial responsibility, a sense of personal obligation for the well-being of aging parents," includes norms about instrumental assistance to promote aging parents' independence (Hamon, p. 2). Frail elderly parents may require and be given "extraordinary care" (Brubaker, 1991, p. 240). Among those who lovingly attend to elderly parents experiential benefits include "companionship, concern and caring, and appreciation and gratitude" (Baber & Allen, 1992, p. 168).

"Parent care is becoming normative" (Hamon, 1996, p. 2) with "most families" coalescing to assist aging parents (Brubaker, 1991, p. 241). "Caregiving is," however, "socially constructed with different scripts for males and females" (Baber & Allen, 1992, p. 154) and "is a very real, practical, and

pervasive part of women's lives" (p. 155). Parent care is especially provided by daughters (p. 167).

A recent report on the Longitudinal Study of Generations, for example, confirmed that adult sons and daughters follow normative patterns in their relationships with parents (Silverstein, Parrott, & Bengtson, 1995). Middle-aged sons ( $n=258$ ) and daughters ( $n=432$ ) were compared on indicators of social support provided to aging parents. Compared to sons, daughters had more affection for mothers and fathers, adhered more strongly to filial responsibility norms, and provided more support services to parents (p. 469).

Although a large body of research supports the presence of normative intergenerational behaviors, adults' decisions "to affiliate with family members [have] increasingly become a matter of choice and less a matter of duty" (Lawton et al., 1994, p. 67). Sociocultural prescripts are strong regarding parents' and children's roles in early family life. For adult members of later life families "no such clear-cut role parameters exist" (Mancini & Blieszner, 1991, p. 251).

No body of literature contained reports that indicate whether or not sociocultural norms found among later life families in the general population represent patterns in families of alcoholics. Reports have been made, however, on early life alcoholics' families suggesting the presence of atypical behaviors that include children's caretaking roles.

#### Sociocultural Factors Noted Among Alcoholics' Families

Sociocultural norms on parent-child behaviors are violated in alcoholics' early life families. Not only are alcoholics' children incestuously victimized at higher rates than nonalcoholics' children as reported earlier, children of alcoholics make numerous emotional and instrumental accommodations to parents' needs (Erekson & Perkins, 1989; Lawson, Peterson, & Lawson, 1983; Seabaugh, 1983). The extent of children's accommodations, although graphic in some reports, has not been systematically documented by researchers.

According to norms on parent-child relationships, alcoholics' children have described experiences that can be considered offensive. Seabaugh (1983) gave an example of emotional accommodation reported by a middle-aged son who had an alcoholic stepfather and whose mother was "crying about how much she loves/needs me" (p. 106). The son recalled, "when my mother screwed my step-father, she would come in and lay her head on my chest and tell me that she screwed him for me, because if she didn't screw him he would beat me up" (p. 107).

Clinicians often described the care children provide in alcoholics' families (Balis, 1986; Erekson & Perkins, 1989; Hibbard, 1987; Ruben, 1992). Balis, for example, reported on Mike, who was "a street-wise young construction worker" (p. 72). Without a father since his teen years, Mike cared for his alcoholic mother and younger brother. "Each day after school, he came home to shop, clean, or do laundry. 'I never had a childhood. I was always taking care of my mother" (p. 72). Mike continued to support his mother although "resenting her dependency on him" (p. 72). A daughter who had an alcoholic father was reportedly "devoted" to "making her [nonalcoholic] mother feel better" by taking "on more and more of the household responsibilities" (Balis, p. 80).

Children's caretaking responsibilities, including emotional support to other family members, were assessed in a study that compared 4 college student subsamples each composed of 30 persons who were sons or daughters of alcoholic or nonalcoholic parent(s) (Goglia, Jurkovic, Burt, & Burge-Callaway, 1992). On a family of origin Parentification Questionnaire daughters of alcoholics scored highest, and sons of alcoholics scored significantly higher than nonalcoholics' daughters and sons. Goglia and colleagues described how the Parentification Questionnaire was developed and gave data on the instrument's psychometric properties, however, the report did not include information on specific Questionnaire items.

Members of alcoholics' families may be effected in several ways by sociocultural attitudes about alcohol consumption and intoxication. When ingestion of alcohol becomes problematic, family members are generally aware of stigma associated with drunken behavior. Furthermore, nonalcoholic family members may protect the alcoholic and themselves from negative and harmful social consequences such as driving while intoxicated as well as potential public humiliation.

"Comparisons between perceptions of one's current situation and perceptions of norms play a crucial part in family dynamics" (Hinde & Stevenson-Hinde, 1988, p. 372) and in other social relationships as well. Among Time-One results on the Children of Alcoholics Screening Test, 95% of alcoholics' daughters ( $n=81$ ) indicated that in childhood they wished their homes could be more like those of friends who did not have drinking parents (Vail, 1990, p. 203). Seventy-five percent reported they withdrew from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem (p. 203). Stigmatization contributes to denial of problems (Heryla & Haberman, 1991) and to secrecy (Vangelisti, 1994).

Vangelisti (1994) developed a typology on family secrets and

their functions. In the first phase of that research, undergraduate students ( $n=214$ ) wrote answers to open-ended questions regarding secrets that (a) the whole family kept from outsiders, (b) some family members kept from others in the family, and (c) respondents' kept from the whole family. Categories and functions of secrets were derived from these answers. Secrets fit 20 categories across the three forms. Alcoholism emerged as a taboo topic "condemned and stigmatized by both family members and the larger society" (p. 120).

For the second phase, another group of undergraduate students ( $n=587$ ) assessed "the underlying dimensions and functions of family secrets" (Vangelisti, 1994, p. 118). "Factors underlying family secrets' functions "were: bonding, evaluation, maintenance [including stress/pain], privacy, defense, and communication" (p. 123). Secrets, according to Vangelisti, may "protect family members from social disapproval or rejection" (p. 117) and "social embarrassment" (p. 123).

Burk and Sher (1990) examined negative stereotyping regarding the label "child of an alcoholic" among 570 high school students, 285 males and 285 females, and among a sample of 80 mental health workers. Students were given "bipolar adjective pairs" on which they rated imaginary male and female teenagers who were "typical" or "mentally ill," or had an alcoholic parent. Adjective pairs included rebellious/obedient, rough/gentle, nervous/relaxed, bad/good, and unfriendly/friendly (p. 157). Teenagers' ratings varied by gender of respondent and imaginary target. Male targets were rated more negatively than females, and ratings on the children of alcoholics "generally fell between" those ascribed to typical teens and mentally ill teens (p. 157).

Professional and paraprofessional employees at a Veterans Administration hospital viewed videotaped interviews of adolescent actors (one male, one female) (Burk & Sher, 1990). Parents' or children's problems were not mentioned in the film. To introduce each videotape two conditions were altered. The teenager was described (a) as either having an alcoholic or nonalcoholic father, and (b) as a class leader or as someone with problematic behavior. On questionnaires developed for the study, viewers rated the teenager's current level of dysfunction, predicted future functioning, and assessed whether they would accept or reject the teen "from a broad, interpersonal perspective" (p. 159). Responses by mental health workers indicated they held "robust negative stereotypes about COAs" (p. 156). Among respondents in both samples, "solely by virtue of their family background" children of alcoholics "were considered psychologically unhealthy" (p. 161).

Cultural norms and socialization processes that affect the

general population were highlighted above. Information was also presented on how sociocultural norms may impact nonalcoholic members of alcoholics' families. In closing this section on sociocultural contexts, there is one perspective on causes of alcoholism that may interest family scholars.

Several biopsychosocial factors have been examined in scientific works on the etiology of alcoholism, such as genetic and social learning factors. Thombs (1994) reported on a view which explicitly and implicitly attributes fathers' alcoholism to interacting family and sociocultural conditions. "The family is often seen as a financial and emotional burden, one which many men fear they will not be able to support. In such cases, men feel a loss of freedom" and may therefore drink excessively "to cope with these pressures" (p. 146).

Clinical and empirical reports suggested that in numerous ways nonnormative behaviors may characterize early life alcoholics' families. Works on normative and nonnormative family experiences raise many questions that have not been addressed regarding alcoholics' later life families.

#### Literature Review Summary

Families provide vital emotional contexts for children's identity formation and for identity continuity among adults. Family members are bound by a sense of personal history that partly explains the lifelong need to maintain child and parent identities.

Links between early and later life parent-child relationships were examined by a few researchers. In these studies most adults reported they had stable and affectionate intergenerational family relationships. There were also indications that parents' and children's perspectives differed regarding the impact of early relationships on their emotional bonds in later life. Grown children exhibited conditional affection to a greater extent than their parents. Adults' feelings about parents were diminished by painful memories that included parental rejection, conflict, and favoritism in childhood. Research evidence indicated as well that children's distressful experiences in the family may be related to distress in later life.

Most alcoholics live with families and do not seek treatment for alcoholism. High conflict and negativity reportedly characterize alcoholics' spousal relationships, especially during drinking periods. Because of the many differences among persons who abuse or depend on alcohol, scientists suggested there are subtypes of alcoholics. Scholars were cautioned that the few studies on alcoholics' families had methodological weaknesses. The knowledge base on alcoholics' families is, therefore, tentative. Additional

evidence on alcoholics' families was found among research studies on the adult children of alcoholics.

Compared to persons having nonalcoholic parents, alcoholics' children: (a) were abused sexually and physically at higher rates, (b) gave lower ratings on their early relationships with parents, and they reported (c) less familial support, (d) greater parental conflict, (e) more inconsistency in paternal love and affection, and (f) they had more needy parents. That children of alcoholics are prone to emotional distress as adults was indicated in several studies. Alcoholics' grown children were found in disproportionate numbers among persons in treatment facilities. They were also more depressed, anxious, and phobic, and had lower self-esteem than nonalcoholics' offspring.

Not differentiated were alcoholics who had or did not have alcoholic parents. Also, similar psychological profiles were found among adults raised in various types of chronically distressed families.

In the Time-One study, women who did and who did not have alcoholic parents differed on indicators of self-concept and family relationships. Early family life among alcoholics' daughters was significantly impacted by parents' intoxication. Those daughters of alcoholics who were active in support groups and therapy had the lowest scores on self-concept and were apparently distressed emotionally. Compared to nonalcoholics' daughters, daughters of alcoholics in both groups had scores on Family Self that negatively effected their total self-concept scores. Current life stressors among alcoholics' daughters included reports on strained family relationships as well as family members' substance abuse.

Sociocultural contexts influence individuals and families in several ways. Women, more than men, maintain family ties and provide care for aging parents. Nonnormative emotional and instrumental accommodations to parents' needs are reportedly made by alcoholics' children. Cultural attitudes on alcoholism, particularly social stigma and secrecy, impact individuals and their relationships.

This literature review provided evidence that indicates experiential differences in adults' early family life were associated with variability in their emotional bonds with parents and their emotional distress. It was also shown that family members and their relationships are affected by sociocultural processes.

## CHAPTER 2: THEORETICAL MODEL

The Time-Two study is positioned in a tension filled place in contemporary science. Debate, disagreement, and lack of consensus typify scientific works on alcoholism (Schuckit, 1996), psychology (Tennen et al., 1995; Weary, Edwards, & Jacobson, 1995), alcoholics' families (Edwards & Steinglass, 1995; Jacob & Seilhamer, 1987), and the adult children of alcoholics (Vail & Protinsky, in preparation). Family scholars do not agree on how to define family nor on how to portray family phenomena (Coleman, 1993).

Scholars face challenges regarding family theory that include "lack of a unified theory of family functioning" (Bray, 1995, p. 469) as well as growing recognition that contemporary families are not adequately represented by traditional theories (Acock & Demo, 1994; Cheal, 1991; Knudson-Martin, 1994; Sprey, 1991). Family theories are primarily based upon the early life normative family of procreation, rarely consider later life families, and have not facilitated comprehension of families (Cohler & Altergott, 1996). To contribute to theory construction, portray family realities, and represent later life families, scholars need to address "the complexity of family problems" (Cohler & Altergott, p. 85). Furthermore, theoretical perspectives need to be integrated (Benson & Deal, 1995).

The theoretical model for this study draws on the works of intergenerational family theorists (Bengtson & Roberts, 1991), self theorists (Kaplan, 1991; Segal & Blatt, 1993), and phenomenologists (Giorgi, 1992; 1994; Gubrium & Holstein, 1993; McLain & Weigert, 1979; Schutz, 1967). Self and intergenerational theories provide substantively useful conceptualizations. Of particular interest for the current study are the affective component of intergenerational family solidarity theory and self theorists' conceptualizations on affect, relationships, and the distressed self.

Both intergenerational and self theories, however, pose problems for empiricists in their present state. Existing theoretical gaps might be clarified within a phenomenological perspective. Aspects of each theory will first be described in the following sections. Then I will explain how and why the theories are integrated in this study.

### Intergenerational Theory

That empirical work on later life parent-child relationships has been largely atheoretical is a "common lament among family social scientists" (Atkinson, 1989, p. 81). In addition, theoretical frameworks that guide research on intergenerational family relationships are reportedly inadequate (Atkinson; Bengtson & Roberts; 1991; Cohler & Altergott, 1996; Mancini & Blieszner, 1991). Intergenerational theories based on reciprocity between generations, including the theory on intergenerational family solidarity, are versions of exchange theory.

According to exchange theory, humans try to minimize pain or punishment while maximizing pleasure, and they try to balance rewards and costs in social relations (Sabatelli & Shehan, 1993). "Positive sentiments serve as symbolic rewards for maintaining" close relationships (Lawton et al., 1994, p. 58). Norms on fairness and reciprocity also affect social exchanges. Individuals reciprocate because "psychological discomfort [is] associated with indebtedness" (Sabatelli & Shehan, p. 403).

Most works on adults' intergenerational family relationships that were based on exchange perspectives focused on "utilitarian" exchanges, without considering affection (Lawton et al., 1994, p. 58). Affection is one of the "key dimensions" in parent-child solidarity (p. 59).

Solidarity, as defined by Comte, meant "interconnectedness in social life" (Kingsbury & Scanzoni, 1993, p. 200). In intergenerational theory, the concept solidarity "encompasses complex and sometimes contradictory ways that parents and children are socially connected to each other" (Lawton et al., 1994, p. 59). According to Bengtson and Roberts (1991), however, "more work is required to achieve an adequate theory" on intergenerational family solidarity (p. 868).

As originally constructed the theory's aim was "to specify interrelationships among" solidarity elements, specifically, associational, consensual, functional, normative, structural, and affectual components (Bengtson & Roberts, 1991, pp. 856-857). "Affectual solidarity" refers to "the type and degree of positive sentiments held about family members, and the degree of reciprocity of these sentiments" (p. 857). Systematic empirical tests revealed family solidarity is not a "unidimensional metaconstruct" as initially proposed (p. 859). Parent-child agreement, affection, and association are apparently not highly interdependent.

To demonstrate theory construction, Bengtson and Roberts (1991) tested propositions that were revised according to research results. The sample was composed of 363 matched adult child-



parent dyads. In analyses using structural equation models the following proposition was supported, "the greater the child's affection for the parent, the greater the parent's affection for the child" (p. 862). Not supported, however, was the proposition that "the greater the parent's affection for the child, the greater the child's affection for the parent" (p. 862).

Given geographic proximity and parent's good health, the more committed family members are to norms on intergenerational affiliation, the greater their affection and association (Bengtson & Roberts, 1991). Sixty-four percent of variance in parent-child association was explained by "familial primacy" norms, parent's good health, and parent-child affection and proximity (p. 866). Affection and proximity made the largest contributions to explained variance in the model. The data suggested that familism norms exerted indirect effects on association through affection, with a "positive linear relationship" between affection and association (p. 861).

Citing Rossi and Rossi's (1990) work, Bengtson and Roberts (1991) noted researchers "must have some knowledge as to levels of affection, cohesion, and normative integration in the early family experience" (p. 868). Although "normative orientations" influence affection, "levels of affection" can be expected to "strongly reflect idiosyncratic biographical influences specific to a particular relationship" (Bengtson & Roberts, p. 861). According to exchange theory, personal criteria are used to judge other's behaviors as well as relationship "costs and rewards" (Sabatelli & Shehan, 1993, p. 396). In the present study, self theory and phenomenology provide useful empirical conceptualizations and epistemological tools to access idiosyncratic influences on daughters' relationships with parents.

#### Self Theory

Self constructs represent multifaceted, complex structures and processes which simultaneously exhibit consistency and dynamism (Demo, 1992; Heard & Linehan, 1993; Markus & Wurf, 1987). The construct self is used to describe "the organization of a person's experience and construction of reality that illuminates the purpose and directionality" of one's behavior (Surrey, 1991, p. 52). According to Wells and Stryker (1988) self encompasses "both the processes of reflexive activity and the specific contents of this experience" (p. 193). The self is "significantly" shaped by past "experiences, events, and social interactions" (Strauman & Higgins, 1993, p. 26), has "multiple levels of reality," and an implicit "experiential base" (Cooper, 1993, p. 64).

For many theorists, the self construct implies a continuing

influence of the individual's history on psychological functioning. Aspects of significant life experiences - interpretations, appraisals, affective and motivational consequences, opinions of significant others - are often postulated to become represented in the individual's knowledge base; in turn, most theories predict that those representations exert a notable influence on affect, motivation, and behavior. (Strauman & Higgins, 1993, p. 26)

Two schools of thought exist regarding the self (Heard & Linehan, 1993). One view holds that "individuated self is defined by sharp boundaries between self and other and by great emphasis on personal, internal control" (Heard & Linehan, p. 307). In the second perspective, "relational self is defined by more fluid and permeable self-other boundaries" with family the primary "unit of identity" (p. 307). Self can only be defined in relationship to others according to symbolic interactionists (LaRossa & Reitzes, 1993; Markus & Wurf, 1987), as well as feminist (Miller, 1991; Surrey, 1991) and psychoanalytic (Cooper, 1993) self theorists.

Development of relational self is theoretically explained as follows:

The sense of self emerges out of the shared, reciprocal, loving relationship between parent and child during the first 3 years of life; later in development, the processes of self-definition and interpersonal relatedness evolve in a reciprocal, interactive, or dialectic process in which these two fundamental developmental lines are increasingly integrated in more mature and reflective ways. A full integration of these developmental lines occurs in late adolescence, when the consolidation of identity results in a definition of the self-in-relation. (Blatt & Bers, 1993, p. 180)

#### Socialization and the Self

Many scholars believe individuated self represents men's experiences to a greater extent than women's as a result of socialization. "Autonomy, self-reliance, independence, [and] self-actualization" are highly valued among men while women's self "is organized and developed in the context of important relationships" (Surrey, 1991, p. 52). Accordingly, women's "core" self is other person focused and has an emotional base for connection and empathy coupled with expectations of mutuality in empathy, sensitivity, and responsibility in relational interactions (Surrey, pp. 58-59). Self-in-relation theory "stresses psychological development based on mutual understanding and reciprocity of affect" (Kaplan, 1991, p. 217).

### The Self in Distress

It is relational self theorists who emphasize that emotional connections between parents and children are linked with adults' distressed self. Information on distress was presented in this study's review of literature which included evidence that suggested childhood experiences were associated with adults' susceptibility to emotional distress. Here it is noted that self theorists of cognitive-behavioral, psychodynamic (Segal & Blatt, 1993; Strauman & Higgins, 1993), and feminist (Kaplan, 1991; Surrey, 1991) persuasions agree with those previously cited perspectives on the self in distress. Among feminist scholars' theoretical works on self were reports that focused on women's distressed self.

Feminist self theorists suggest that women's distressed self, particularly as manifested by depression and low self-esteem, is linked to daughters' relationships with parents. "Depression as a mood or a symptom haunts women" and may be "normative" (Kaplan, 1991, p. 207). According to Kaplan, depressed women have had lifelong "profound disconnection" from parents who are emotionally unavailable or who respond "with disdain, ridicule, or hostility" to daughters' efforts to connect emotionally (p. 212). Furthermore, daughters' relationships with parents "are more challenging to the maintenance of adult self-images" than are current relationships (Surrey, 1991, p. 65).

Gender alone cannot explain emotional distress, however. As noted earlier significant distress has been found among sons of alcoholics. Moreover, indicators of distressed self vary among daughters of alcoholics as well.

Segal and Blatt (1993) indicated that self theory "is still not fully developed" because "much of the theorizing remains at a fairly general level" which does not provide the structure needed for hypothesis testing (pp. 371-372). For cognitive-behaviorists theory building begins with "systematic empirical verification" (Segal & Blatt, p. 372). For psychodynamic theorists, central importance is given to the self and its meaning systems (Blatt & Bers, 1993; Segal & Blatt). Nevertheless "an unusual degree of convergence" exists among various perspectives, "from both clinical experience and research findings," on the importance of "phenomenological analysis of life experiences" (Blatt & Bers, pp. 181-182).

### Phenomenology

Phenomenology is simultaneously a philosophy and a research paradigm. To orient readers on how phenomenology is used in the present study I will briefly highlight phenomenology's philosophical roots, explain phenomenological "meaning," and describe the phenomenological approach to research.

### Origins

The "forerunner" of phenomenology was Franz Brentano (1838-1917), German philosopher and psychologist, whose students included Freud and Husserl (Halling & Nill, 1995, p. 6). In 1874 Brentano introduced the term "intentionality" to refer to real, imaginary, or thoughtful consciousness. Brentano formulated essential connections between objectivity and subjectivity which are fundamental in phenomenological philosophy. It is Husserl, however, who is considered the "father of the phenomenological movement" (Halling & Nill, p. 6).

Edmund Husserl (1859-1938) was a mathematician who also studied natural science and philosophy (Halling & Nill, 1995). His philosophical discourse appealed to psychiatrists at the turn of the century. Elaborating on Brentano's intentionality, Husserl was instrumental "in healing the gap between subject and object, the 'cancer of psychology and philosophy" (p. 7). Phenomenology for Husserl "meant the methodologically rigorous and unbiased study of things as they appear, so that one might come to an essential understanding of human consciousness" (p. 3).

Husserl provided a "method for getting past habits of thought and inattention that lead us to confuse our theories with genuine knowledge" (Halling & Nill, 1995, p. 7). "Logical" investigators, according to Husserl, put aside "assumptions and preconceptions" to identify the "essence" of a phenomenon; essence is "that which has to be present in order for the phenomenon to be what it is" (p. 7). Extending Husserl's philosophical work, Alfred Schutz formed a phenomenological base for contemporary family scholars as explained below (McLain & Weigert, 1979).

Among the "foremost" social science philosophers of the 20th century (Walsh, 1967, p. xvii), Alfred Schutz (1899-1959) studied law and social sciences and taught at the New School for Social Research (Walsh; Natanson, 1970, p. ix). Schutz philosophically analyzed social science objectivity and subjectivity focusing on human social action (Walsh, p. xxi). Building on Max Weber's social action theory, Schutz's phenomenology was grounded in Husserl's and Bergson's philosophical thoughts. In 1970 Natanson noted that it took "American philosophers and social scientists thirty-five years to catch up with the work of Alfred Schutz" and its "relevance" for social science (p. 101).

### Meaning in Philosophical Phenomenology

According to Schutz (1967), "it is misleading to say that experiences have meaning. Meaning does not lie in the experience. Rather, those experiences are meaningful which are grasped reflectively" (p. 69).

What is primordially given to consciousness is an

unbroken stream of lived experiences - heterogeneous qualities without boundaries or contours which wax, wane, and pass gradually into one another. The contents of this stream of consciousness have no meaning in themselves. However, they may be divided into passive and active. An example of a passive experience would be a sensation of red. An example of an active experience would be a turning of the attention to the sensation of red or perhaps a recognition of it as something experienced before. All such lived experiences, whether passive or active, are lacking in meaning and discrete identity.

At the time they are actually lived through, they are not given to us as separate and distinct entities. However, once they have receded a slight distance into the past, that is, once they have 'elapsed,' we may turn around and bring to bear upon them acts of reflection, recognition, identification. The experience is 'lifted out' of the stream of duration and becomes clear and distinct, a discrete entity. It is at this moment and by virtue of the act of turning-toward that the experience acquires meaning. (Walsh, 1967, p. xxiii)

"Objective meaning therefore consists only in a meaning-context within the mind of the interpreter, whereas subjective meaning refers beyond it to a meaning-context in the mind of the producer" (Schutz, 1967, p. 134).

In philosophical phenomenology objectivity is achieved through "fidelity to the phenomena investigated" (Kvale, 1994, p. 151). The phenomenological approach focuses on experience and meaning as described by persons who live the phenomenon being studied (Giorgi, 1992; Gubrium & Holstein, 1993). "The task" assigned to researchers is that of understanding "reality claims precisely as they are made by the research participants" (Giorgi, 1994, p. 203). Applied to family studies phenomenology is distinct "with respect to its object, its methodology, and the outcomes of its investigations" (McLain & Weigert, 1979, p. 162). It has been "used increasingly" to investigate "meaning, subjectivity, or consciousness" about family phenomena especially through in-depth interviewing (Kaufman, 1994, p. 135).

Family scientists have been slow in accepting a phenomenological qualitative perspective (Gubrium & Holstein, 1993) although qualitative scientific methods have been used for decades by scholars in sociology (Denzin, 1990; Gubrium & Holstein; Kirk & Miller, 1986; Walsh, 1967) as well as in academic and clinical psychology and psychiatry (Cloonan, 1995; Luckman, 1970; Moss, 1992).

### Phenomenology in Family Research

A phenomenological approach allows researchers to examine "ways of doing family that lie behind quantitative" scientific generalization (McLain & Weigert, 1979, p. 197). Both thriving and struggling families' experiences that are constrained by measures of central tendency can be represented within a phenomenological framework.

As a research paradigm phenomenology is context unique. Data reduction techniques are used to discover respondents' values while maintaining the investigator's neutrality (Giorgi, 1994). The researcher is accordingly freed "to discover reality claims that may be outside his or her a priori specifications" (Giorgi, p. 203). Furthermore, "a causal account" can be made "if that truly is the relation that renders the phenomenon intelligible" (p. 204).

Phenomenology serves valuable substantive and theoretical functions in this study. It is substantively useful because it allows scholars to document variation within and between diverse families. In the present work a phenomenological perspective is employed to frame research questions, guide data collection and analyses, and to address limitations in theories on the self and intergenerational family relationships.

### Theoretical Integration

Phenomenology and theories on self and intergenerational family solidarity share common assumptions that facilitate their integration. The three perspectives are theoretically compatible, first, because they explicitly and implicitly converge on the importance of self-reflexivity. Second, conceptualizations on affect, reciprocity, and relational self are addressed in self theory and the theory on intergenerational family solidarity.

Relational self theorists posit that family is the unit of identity which invites family scholarship; they also value phenomenological representations on experiences of the self. Affect and affection for others are subjective, subject to individual interpretation, as rooted in phenomenological philosophy. In acknowledging strong idiosyncratic effects on affection, Bengtson and Roberts (1991) recognize the importance of subjective meaning among parent-child dyads and in so doing implicitly refer to phenomenological meaning. Phenomenology is ideally suited to investigate the self's affective experiences in family.

Although theory building is not a goal of phenomenological research, the current study has theoretical relevance because knowledge on variation among families is needed to refine family

theory. Family scholars asked that researchers address weaknesses in family theories by examining the quality of intergenerational emotional bonds (Atkinson, 1989; Bengtson & Roberts, 1991; Lawton et al., 1994; Mancini & Blieszner, 1991; Whitbeck et al., 1994).

This continuing study responded to Bengtson and Roberts' (1991) request that specific aspects of intergenerational solidarity be examined. Focusing on the phenomenology of daughters' emotional connections with alcoholic and nonalcoholic parents in this research I might discover aspects of affectual solidarity that contribute to theoretical conceptualizations on adult child-parent relationships.

Adult daughters' emotional bonds with parents may include a range of emotions that are paradoxical, yet not mutually exclusive. This emotional area, which may be ambiguous within daughters of alcoholics, was examined in the Time-Two study. Intergenerational theories might, therefore, be expanded by research that documents a potentially wide ranging aspect of women's experience as daughters.

### CHAPTER 3: STATEMENT OF THE PROBLEM

Complex interrelationships among the study's substantive topics were documented in a comprehensive review of empirical, clinical, and theoretical literature. Focusing on apparently interrelated aspects of women's experience, the Time-Two study followed women whose childhood differed according to the presence or absence of parents' alcoholism.

Two purposes guided the current research. One purpose was to re-assess women's Identity and Family Self, systematically comparing Time-One findings to those obtained at Time-Two. The second purpose was to examine women's perceptions on their early and later life relationships with parents in a phenomenological framework.

According to relational self theorists, women's identity and core self are intertwined with their connectedness to others (Heard & Linehan, 1993; Surrey, 1991). In the absence of emotionally sensitive and responsive relationships, particularly with parents, women may experience distress (Kaplan, 1991). Consequently, women's identity, distress, and emotional bonds with parents might vary according to daughters' early family life experiences. Specific questions arise about how nonalcoholics or alcoholics daughters' identity, distress, and emotional bonds with parents might vary.

Clinical reports and research evidence on the adult children of alcoholics suggest that parents' alcoholism has long lasting effects on children. Most researchers, however, looked for psychological symptomatology without considering circumstances that may affect adults' emotional distress. A few researchers noted that respondents' active participation in therapeutic experiences might influence indicators of emotional distress (Kashubeck & Christensen, 1992; Sheridan & Green, 1993).

#### Identity and Family Self

Despite striking similarities among women who participated in the Time-One study, there were important differences in their self-perceptions (Vail, 1990). The Time-Two study tried to determine if there was an association between daughters of alcoholics distress at Time-One and their therapeutic activities. That continuing research component was undertaken because scores on Identity and Family Self provided the strongest empirical indicators of distressed self. At issue was whether or not daughters of alcoholics' Identity and Family Self scores reflected acute distress associated with painful recollections of childhood while participating in support groups and therapy. Informants' perspectives were used to check those interpretations



that were made on findings at Time-One.

#### Relationships with Parents

Building further on the first study I responded to scholars' recommendations that researchers examine variability among families. To expand knowledge on intergenerational family relationships scholars have urged that studies address (a) "crisis, challenge, and social problems" (Cohler & Altergott, 1995, p. 84); (b) individual and family "emotional processes" (Benson & Deal, 1995, p. 563); (c) relationship histories (Bengtson & Roberts, 1991; Whitbeck et al., 1994); as well as (d) "particular aspects" of parent-child solidarity (Bengtson & Roberts, p. 868). Hinde (1995) asked scholars to also "identify which principles apply to which relationship and to assess how the principles interact" (p. 11). Addressing these issues advances family theory because "theoretical work concerning adult child-parent relationship quality" has overlooked possible consequences of "relationship histories" (Whitbeck et al., 1994, p. S85).

The question "What is the nature of parent-child relationships?" has not received adequate attention according to Atkinson (1989) who consequently said that affect is "the basic domain" that ought to be investigated (p. 86). To increase knowledge on intergenerational family relationships researchers need to look at affection at the individual level (Atkinson, p. 85; Bengtson & Roberts, 1991, p. 859).

As suggested by research results on contingent affect, adults' later life emotional bonds with parents might vary according to their memories of childhood (Rossi & Rossi, 1990). Furthermore, disparity found in the general population between children's and parents' perceptions on early family life could contribute to misunderstandings among family members in later life. Perceptual disparities and consequent misunderstandings between parents and children could be exacerbated in alcoholics' families.

Alcoholism is one social problem that chronically challenges family members. Consequently, parents' alcoholism may have effects on children's feelings about parents that are long lasting. None of the studies reviewed, however, focused on relationships between grown children of alcoholics and their parents, although a few incidental findings were reported (Seabaugh, 1983; Vail, 1990).

Several issues were concurrently addressed by the second research component on daughters' early and later life relationships with parents. Among the first study's limitations, data were not gathered on nonalcoholics' daughters childhood relationships with parents, except for information on parents' separation, divorce,

and death. That lack of background data on daughters of nonalcoholics was addressed at Time-Two.

Experiential similarities or differences among daughters' relationships with parents, including affection for parents, were expected to emerge from women's descriptions. As explained below in research expectations, participation in therapeutic activities might affect daughters' perceptions about parents. If that was the case, these associations were expected to be described by respondents. Research design issues are discussed in the chapter on methodological considerations.

#### Research Questions

The primary questions that guided the current research were: (a) Will Time-Two findings on Identity and Family Self confirm that daughters of alcoholics self-perceptions at Time-One reflected painful awareness of childhood experiences? (b) What experiences are meaningful to women when they describe early and later life relationships with parents? (c) How do relationships with parents vary among daughters and their nonalcoholic and alcoholic parents? (d) Do women experience connections between their feelings about parents in childhood and in adulthood? (e) According to daughters' perspectives were there experiences in adult life that affected their feelings about their parents?

Secondary questions that were addressed in the present study were: (a) Are daughters' identities and relationships with parents affected by participation in therapy or support groups? (b) If parental alcoholism is a salient part of daughters' identities, are affection, care, and felt obligation toward parents diminished? (c) Is there variation among daughters on "affection, warmth, closeness, understanding, trust, and respect" (Bengtson & Roberts, 1991, p. 857) for parents according to early family experiences with and without parental alcoholism? (d) What meanings does parental alcoholism have for women who identify themselves as a child of an alcoholic? (e) What effects does this self identification have on later life relationships with parents?

#### Expectations: Identity and Family Self

Little variation was expected between Time-One and Time-Two scores on Identity and Family Self within nonalcoholics' daughters and within alcoholics' daughters who were not in therapy or support groups. Group 1 daughters of alcoholics who were active in therapeutic experiences at Time-One were expected to have higher scores on Identity and Family Self at Time-Two. Higher Time-Two scores for Group 1 participants might suggest that their Time-One Identity and Family Self scores were related to distress in the course of therapeutic activities.

Interpretations on these findings depended, in part, on the sample size and the results of the tests for attrition bias. Furthermore, other explanations were considered for Time-Two scores on TSCS Identity and Family Self.

#### Expectations: Relationships with Parents

First, all respondents were expected to be influenced by sociocultural norms on intergenerational family relationships as highlighted in the literature review. Second, variation was expected among women's relationships with parents regardless of their parents' status on alcoholism. Differences were expected because of all those reasons given earlier, including geographic proximity, health, presence or absence of grandchildren, and other reasons. Because the Time-Two sample included daughters aged in their 40s, 50s, and possibly early 60s, a few respondents were expected to be caring for aging parents.

Thompson and Walker (1984) suggested that "culturally defined conditions [may] qualify the norm of [intergenerational] reciprocity" (p. 320). It is also plausible that family members might "avoid known areas of conflict to maintain harmony" (Whitbeck et al., 1994, p. S85). Given the possibility of numerous life scenarios and a wide range of daughter-parent individual and relationship characteristics, it was difficult to suggest expected results for this research component. Findings on daughters' relationships with parents were expected to vary widely in the current study especially within families of alcoholics.

Because systematic studies did not look at adults' intergenerational relationships in alcoholics' families, only speculative expectations could be suggested. Among previously cited reports by clinicians and incidental findings by Seabaugh (1983) and Vail (1990), were cases in which (a) one daughter of an alcoholic father was devoted to making her nonalcoholic mother feel better, (b) another daughter had been estranged from both parents for a period of 6 years, and resentment was expressed by sons having (c) a dependent alcoholic mother, as well as (d) a needy nonalcoholic mother. These isolated cases showed that among alcoholics' grown children a wide range of feelings could be found regarding their parents. Feelings about a parent could also be mixed because parents who are alcoholics are not constantly intoxicated.

Information about adult children of alcoholics' experiential reactions during the course of therapy were believed relevant for this research component (Gravitz & Bowden, 1985; Kritsberg, 1985). Clinicians indicated that emotional pain in the course of therapy could be accompanied by anger. The meaning of pain might, however, be transformed. "Cognitive reconstruction" (Kritsberg,

p. 59), or "integration" (Gravitz & Bowden, p. 85), can lead to greater self-acceptance and resolution of pain. That sequence of pain, anger, acceptance, and resolution could result in compassion for parents. Compassion for parents could also increase with maturity and increased life experience.

It was expected that a range of adult daughters' experiences would be discovered because this study's procedures allowed daughters to describe the nature of their relationships with and feelings about parents. Resulting data were expected to reveal similarities and differences in daughter-parent relationships, with context specific data.

Because millions of families are chronically challenged by parents' alcoholism, the issues that were addressed in this investigation were not simply isolated personal concerns. There might be widespread ramifications for society if a significant number of adult daughters were alienated from and unwilling to care for aging alcoholic parents with corresponding reliance on health care providers and expenditure of public funds.

## CHAPTER 4: METHODOLOGICAL CONSIDERATIONS

One principle that guided this study's design was expressed by Giorgi (1994), "the first criterion for good research is to capture, as clearly as possible, the way in which the phenomenon appears in everyday life" (p. 207). Precisely representing women's experiences was deemed crucial for the Time-Two investigation.

The present study's dual methodologies may appear incongruous or incompatible to scholars who strictly follow either quantitative or qualitative research methods. Combining research techniques in this investigation is, however, looked upon as a rare research opportunity. Longitudinal reports are rare on women's self-perceptions and on the adult children of alcoholics. Nevertheless, the primary reason for suggesting the quantitative component is to systematically check interpretations of self-concept scores reported in the first study (Vail, 1990).

Various issues in research methodology were considered for the Time-Two study as described in this section. Much consideration was given to how I would investigate family phenomena. First, as explained below, instruments commonly used in family studies were considered. Inevitably, decisions on methodology were interconnected in the Time-One and Time-Two studies. Background characteristics, for example, were important to both studies because respondents' life circumstances influence research findings and their interpretation.

Methodological issues identified among prior reports that were addressed in the Time-One study included, (a) lack of precise criteria to categorize respondents on child of an alcoholic status, (b) neglect of women in studies on self-concept and research on members of alcoholics' families, as well as researchers' failure to (c) consider important background variables, and (d) report descriptive statistics needed for across study comparison (Vail, 1990). Among previously expressed concerns were a few issues that are highlighted and extended here because they have not been addressed by other researchers. Continuing concerns included the relevance of respondents' ages, both at the time of study and during exposure to parental alcoholism, differences among alcoholics, and the issue of adults' retrospections. These issues are considered after information on instruments is presented.

### Concerns Regarding Research Instruments

Psychologists and family scientists lack confidence in widely used instruments. "Many investigators" in psychology, for example, believe that self-report depression inventories based on

"current diagnostic systems produce data of questionable reliability and validity" (Weary et al., 1995, p. 889).

Family scholars lack consensus on how to define, assess, and measure key family processes (Bray, 1995; Sabatelli & Bartle, 1995). "Multiple perspectives on family relationships and functioning have contributed to the difficulty in developing reliable and valid measures of concepts from the range of family theories" (Bray, p. 470).

The following problems were reported in literature on family assessment. Scholars have shown that respondents and researchers have different understandings of items on the Family Adaptability and Cohesion Evaluation Scales (Ben-David & Sprenkle, 1993). Research participants have complained about not being able to answer specific items on the Family of Origin Scale (Lee, Gordon, & O'Dell, 1989), and there is evidence that suggests it's empirical and theoretical structures do not match (Kline & Newman, 1994). Also, many clinicians think empirical assessments on families "do not have direct applicability or utility in clinical practice" (Bray, 1995, p. 469).

There are difficulties as well in interpreting scales as "different processes and constructs" have "similar labels or names" (Bray, 1995, p. 471).

It may be difficult to understand the exact meaning of some scales, which explains why researchers find different results when assessing similar constructs. Some measures have been developed empirically, whereas others are theory based, and still others are a mixture of constructs with no clear empirical or theoretical basis. (Bray, p. 471)

Family of origin measurement problems exacerbate methodological issues in the body of literature on the adult children of alcoholics. For example, Mintz, Kashubeck, and Tracy (1995, p. 69) cited Wright and Heppner's (1993) results on family functioning. Wright and Heppner found no significant differences on the Family Adaptability and Cohesion Evaluation Scales (FACES II) between alcoholics' and nonalcoholics' adult children. Findings on FACES II, however, cannot be trusted.

Not only were cutoff criteria on FACES II changed by Wright and Heppner (1993, p. 327), it's developers revised the instrument because "adaptability and cohesion on FACES II were so highly related that they could not really be said to be measuring different dimensions of family structure" (Fredman & Sherman, 1987, p. 181). These data and inferences based on the data, therefore, may not accurately portray respondents' families.

It has also been reported that research instruments have limited ability to capture complex family realities (Ambert, Adler, Adler, & Detzner, 1995; Bray, 1995; Sabatelli & Bartle, 1995; Sprey, 1991). Bray (1995) noted that "static measures do not capture dynamic [family] processes" (p. 469). Furthermore, inquiries about family life "cannot be exhaustively answered through use of even the most sophisticated quantitative research techniques" (Sprey, 1991, 20).

For the present study I was especially concerned about whether instruments commonly used by family scholars could represent respondents' experiences with and feelings about alcoholic parents. Items on these standard instruments might not capture unique emotion laden events or family dynamics that reportedly differ sharply during periods of parental intoxication and sobriety (Erekson & Perkins, 1989). Each child of an alcoholic could have widely dissimilar experiences with the same parent, as noted earlier.

Reports made by alcoholics' children include innumerable accounts of atypical and traumatic incidents (Black, 1981; Ruben, 1992; Woititz, 1983). Because unique experiences can be "determinative in human affairs," according to Emde (1988) "we need ways of data collection and analysis that will capture unusual events" (p. 357). Researchers need to methodologically reconcile "the suffering individual's experience in the world" and the techniques of traditional scientific inquiry (Eells, Fridhandler, Stinson, & Horowitz, 1993, p. 98).

To demonstrate that standard assessments cannot reliably and validly capture complex quality of life and relationship issues experienced by children of alcoholics, consider the two reports that follow. The first report, made by a middle-aged son, indicates that from a child's perspective an intoxicated alcoholic parent may be repulsive.

The smell of his breath was noxious to me. He would murmur [sic] either love or inanity. Who could tell? This repulsed me because when he would murmur [sic] love it wasn't really that; it was incoherent. Anything said while drunk is tainted, robs the meaning of something that would otherwise have meaning. It is threatening to see your father is not your father -- that he smells different, sounds different. (Seabaugh, 1983, p. 109)

I did not find an instrument used by family scholars that allowed respondents to describe the range of family phenomena experienced in alcoholics' families.

The second report was made by a daughter of an alcoholic writing on current life stress in the Time-One study: "My husband and

daughter are so precious to me. I can't believe I have them and this wonderful life after being raised in such unhappiness. I have a constant fear that they will die. I try not to think about it. But it is quite stressful" (Vail, 1990, p. 147). This atypical distress, indicative of chronic anxiety, could not be captured by usual items on instruments. It also illustrated the respondent's perception of a direct link between early family life experiences and her current emotional distress. Connections between adults' distress and experiences in early family life, however, are extremely "difficult" to quantify (Strauman & Higgins, 1993, p. 15).

Reports such as these had a significant impact on my decisions regarding the continuing study's design. The research goal of precisely representing daughters' experiences and concerns about instruments were coupled with recommendations and reports made by numerous scholars.

Quantitative research techniques do not address "each respondent's construction of the meaning of [family] behavioral patterns" (Sabatelli & Bartle, 1995, p. 1032). Understanding family relationships "requires an understanding of the familial context as interpreted by the participants" (Bretherton, 1993, p. 280). Furthermore, "a person's innermost feelings about another may be quite different from the revelations that a quantitative approach will permit" (Mancini & Blieszner, 1991, p. 258). "Pre-worded questionnaires force participants to structure their responses according to the researcher's priorities and notions of the answer's parameters" (Kaufman, 1994, p. 125).

Regarding the adult children of alcoholics, heterogeneity has been difficult to document using statistical tests and generalization. "Qualitative differences exist among ACOAs. They do not comprise a homogeneous group. They often experience dissimilar types and degrees of problems" (Heryla & Haberman, 1991, p. 35).

Qualitative research techniques are "warranted to fully understand [family] strengths and strains" (Brubaker, 1991, p. 243); the techniques "are particularly sensitive to family dynamics and to the diversity of family experiences" (Mancini & Blieszner, 1991, p. 258). Bedford (1992) called for "research using qualitative methods to identify [how] early memories [link] with intergenerational relational outcomes" (p. S155).

I decided therefore that the Time-Two study needed a qualitative component to examine daughters' relationships with parents, meanings associated with parental alcoholism, and to address related research questions. Phenomenological research procedures fit the current study's objectives and research questions. That



approach enabled me to discover "the breadth and depth of others' experiences" (McClelland, 1995, p. 178). In addition, detailed knowledge from a small number of informants could "suggest theoretical refinements and ideas for future research" (Giles-Sims, 1983, p. 146).

#### Continuing Concerns: Time-One and Time-Two Studies

Sample characteristics, respondents' life experiences, and questions regarding adult retrospection were considered important when the first study was planned. Based on information available at Time-One, I decided that the research sample would be composed of adults and include a group of alcoholics' daughters active in support groups and therapy. Subsequent reports confirmed that researchers need to address respondents' ages and clinical activities.

Researchers continue to disregard methodological issues that were described in the Time-One study. Consequently, the following section includes updated information on why it is important for investigators to consider participants' ages, differences among alcoholics, and childhood ages when respondents were exposed to parents' alcoholism.

#### Respondents' Ages

Gilgun (1992) indicated that "clinicians are on the front line and often see significant issues far sooner than nonclinical researchers" (p. 241). Early reports on alcoholics' children suggested that they "will remain symptom free until they encounter adult stresses that touch on latent areas of vulnerability" (Moos & Billings, 1982, p. 161). Effects from growing up with an alcoholic parent may be most evident after years of adult responsibility and experience in intimate relationships (Domenico & Windle, 1993; Sheridan & Green, 1993; Vail, 1990).

Practitioners' reports are, however, frequently tested using research samples composed of college students (Tesser, 1991). The use of college student samples has raised concern about the generalizability of empirical knowledge in reviews on self-concept, depression, and the adult children of alcoholics. According to Demo (1992), relatively little is known about the self of middle-aged adults because most studies used "one-shot measures" and looked at college students or adolescents (p. 317). As the "risk of experiencing major depression" is greater among persons "in their 40s and 50s," reviewers recently suggested that findings on depression may have limited generalizability given "widespread use of college student samples" (Tennen et al., 1995, p. 878).

Of 98 research reports on the adult children of alcoholics, 38

looked exclusively at student samples, and 12 more reported on mixed samples composed of both college students and non-student adults (Vail & Protinsky, in preparation). In one study, researchers noted "college students are not representative of the general population" (Logue, Sher, & Frensch, 1992, p. 231). Kashubeck and Christensen (1992), who found variation according to respondents' ages among their research results, suggested "negative effects of parental alcoholism are experienced later in life" (p. 360). Shapiro, Weatherford, Kaufman, and Broenen (1994) found significant differences between college student and non-student adult children of alcoholics on sense of control.

Demo (1992) suggested that self-perceptions are relatively stable "with points of disturbance" across the life course (p. 319). Issues on stability or change in adult development, nevertheless, remain unresolved with mixed opinions regarding the validity of inferences generalized from college students to other adults (McGue, Bacon, & Lykken, 1993; Weary et al., 1995; Wells & Stryker, 1988). Scholars are cautioned to consider respondents' ages when they evaluate studies on adults' emotional distress.

#### The Relevance of Background Variables

For women in this continuing study data are available on gender of alcoholic parent, times per week parents' consumed alcohol, childhood years during which they were exposed to parental alcoholism, and early life experiences as represented on the Children of Alcoholics Screening Test (Jones, 1987; 1994). Data are also available on time ever spent in therapy and support groups, as of Time-One.

Comparable data, however, are not available in the body of research on alcoholics' adult children. Data are needed on parents' alcoholism, as well as children's ages and the length of time they were distressed over parents' intoxicated behaviors. Knowledge on alcoholics' children and families is limited because these data were not routinely reported.

Alcoholism. Researchers failed to recognize, ask about, or document variation among alcoholics in 98 studies on alcoholics' grown children, except for asking respondents about alcoholic parents' gender, a few reports on CAST scores, and Capps and colleagues' (1993) asking about years living with alcoholic parents (Vail & Protinsky, in preparation). Differences among parental alcoholics noted in the present study's review of literature can be expected to have differential impacts on children.

Alcoholism begins subtly and may develop slowly over several years (Black, 1981; Erikson & Perkins, 1989). During the early course of alcoholism, alcoholics' behaviors "may not be

consistently disruptive to the family" (Black, p. 85). Children may consequently experience a span of "quality time" with parents (p. 85).

Children's developmental ages. For 20 years researchers have not responded to the following caution, or numerous similar cautions.

An 8-year-old girl living with an alcoholic parent since infancy and an 18-year-old boy living with a parent whose alcoholism is of recent onset are both 'children of alcoholic parents', but the impact must be expected to be quite different (Wilson & Orford, 1978, p. 140).

Bretherton (1993) indicated that "parental input operates through the child's ability to process it" (p. 280). Scholars emphasized the relevance of age in reviews on children's reactions to marital quality (Hinde & Stevenson-Hinde, 1988) and family conflict (Cummings & Davies, 1994).

Children's age represents an "important constraint on generalizations [because] the influence of marital quality on a child changes with developmental stage" (Hinde & Stevenson-Hinde, 1988, p. 374). "The importance of age and developmental level is reflected in the growing body of research on age differences in children's reactions to family discord" (Cummings & Davies, 1994, pp. 127-128). Appraising literature on parents' influences on children in chronically distressed families, Jacob (1987) noted a "child's level of cognitive and linguistic development [is a] key variable," that has received "scant attention" (p. 13).

Works on victimized children are reportedly limited because researchers fail to provide data on ages. According to Finkelhor and Dziuba-Leatherman (1994), it

is inherently misleading to discuss child victimization in general without reference to age. We would expect the nature, quantity, and impact of victimization to vary across childhood with the different capabilities, activities, and environments that are characteristic of different stages of development. (p. 178)

That investigators continue to report on respondents' psychological characteristics while ignoring relevant background variables, represents a serious weakness in otherwise rigorous scientific research. This oversimplification perpetuates misunderstanding as it fails to capture varying influences of chronic exposure to parental intoxication.

#### Retrospection

Opinions are mixed regarding the validity of adults' childhood memories. The retrospective nature of the Time-One and Time-Two study may cause concern about the accuracy of daughters' reports

(Hammersley, 1994). Researchers have been cautioned that respondents' might have faulty memories and some may lie (Babbie, 1983, p. 85; Jarrett, 1992, p. 193; Pedhazur & Schmelkin, 1991, p. 141). The validity of adult recollection is, therefore, an important research issue.

On parents' alcohol consumption patterns, cross checks of family members' reports indicated that adult children underreported retrospective parental accounts on frequency and amount (O'Malley et al., 1986), and family members agreed, more than disagreed (Rhea et al., 1993; Sher & Descutner, 1986; Staley & El-Guebaly, 1991). These results suggest that reports on parents' consumption of alcohol are reasonably accurate. When there is disagreement, however, it is due to underreporting.

Kagan (1980) described empirical problems when scientists attempt to associate parental behaviors, children's responses to the behaviors, and adults' mental states. Particularly problematic for Kagan was the "validity of the functional relation" because adult memories represent "a belief held by the child" (p. 307).

Although Kagan (1980) subsequently referred to children's interpretations of parental "disfavor," scholars who question the validity of adults' recollections perhaps fail to acknowledge events that are not in their realm of personal experience. In debates on retrospection, scholars need to be cautious so that their arguments do not negate persons' aversive experiences that are real. Childhood experiences include events, which for numerous reasons, children do not or cannot make known publicly.

Adult memory is at least as significant as the precise reality (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985; Miller & Jang, 1977), and, according to Cohler "represents the most internally consistent interpretation of presently understood past" events (Fravel & Boss, 1992, p. 129). Retrospections by adult children represent their real and valid retained memories of childhood experiences.

## CHAPTER 5: METHODS

Because the current work was a continuing investigation, two research methods sections are presented. Procedures used in the Time-One study are highlighted first (Vail, 1990). This is followed by the section on research methods used in the Time-Two study.

### Time-One Study

#### Sampling Technique

Volunteers were sought among two New Hampshire communities populated by about 300,000 and 200,000 persons. Participants were recruited using two research announcements. One called for women who had an alcoholic parent and was distributed through therapists' offices and at support group meetings. The other announcement did not call for alcoholics' daughters and was disseminated through public places such as supermarkets and libraries.

#### Data Collection

One hundred forty women indicated an interest in participating and requested packets of research materials. The research packet contained: (a) instructions to participants; (b) an informed consent sheet; (c) the research instruments; and (d) a stamped, pre-addressed return envelope. Eighty-nine percent of distributed packets were returned. Of the 124 respondents, 10 returned incomplete research instruments or did not fit research criteria and were excluded.

#### Sample

Respondents were first divided into groups by "child of an alcoholic" status. Parental alcoholism was indicated by 1) an affirmative response to the questionnaire item, "I had (a) parent(s) while I was growing up who had a drinking problem" and 2) scores of six or higher on the Children of Alcoholics Screening Test (CAST) (Jones, 1987). Seven women who failed to meet sample criteria were not included. Six exclusions were due to scoring five or less on CAST while answering "yes" to the questionnaire item. A seventh woman was excluded who scored eight on CAST while answering "no" to "I had a parent while I was growing up who had a drinking problem." The final sample consisted of 114 women 21 years of age or older.

CAST results revealed a sub-group of daughters of alcoholics not active in therapy or support groups among women volunteering to participate in the comparison group. Therefore, the sample was divided into three groups for the purpose of analysis and included two groups of daughters of alcoholics differentiated by

their therapeutic activities.

Group 1 included 52 daughters of alcoholics actively participating in therapy, or support groups, or both. Group 2 was composed of 29 alcoholics' daughters who were not active in therapy or support groups and were identified among comparison group volunteers. Group 3 consisted of 33 daughters of nonalcoholics.

"Group 1 daughters of alcoholics had a mean age of 37.4 years (SD=7.9), a mean of 14.7 years of education (SD=2.7), a mean household income of \$46,111 (SD=\$22,423), and a mean CAST score of 22.19 (SD=4.96)" (Vail, 1990, p. 57). Group 2 daughters of alcoholics "had a mean age of 38.4 years (SD=9.1), a mean of 14.9 years of education (SD=2.5), a mean household income of \$49,385 (SD=\$39,088), and a mean CAST score of 20.10 (SD=5.02)" (p. 58). Nonalcoholics' daughters "had a mean age of 35.9 years (SD=7.4), a mean of 15.2 years of education (SD=3.2), and a mean household income of \$41,833 (SD=\$21,498)" (pp. 58-59). Daughters of nonalcoholics mean score on CAST was 0.52 (SD=1.18) (p. 59).

#### Instruments

Instruments included the Children of Alcoholics Screening Test (CAST) (Jones, 1987), Tennessee Self-Concept Scale (Roid & Fitts, 1988), and a questionnaire developed for the study.

CAST. The Children of Alcoholics Screening Test (CAST) (Jones, 1987; 1994) is a 30-item self-administered inventory. CAST items indicate children's reactions to, feelings about, and experiences with alcoholic parents. Summed affirmative responses yield total scores. Scores of six and higher indicate parental alcoholism; scores of two to five are indicative of drinking problems (Jones, 1994, p. 13). A split-half reliability coefficient of .98 on CAST was reported by Jones (p. 8).

Since completing the Time-One study, additional data on CAST's psychometric properties were published. Internal consistency reliability on CAST was estimated at .97 by Sheridan and Green (1993, p. 82) and Staley and El-Guebaly (1991, p. 663), with others reporting reliability coefficients ranging from .88 to .98 (Sheridan, 1995, p. 156). Homogeneity among items was supported by factor analysis (Sheridan, p. 159; Staley & El-Guebaly, p. 665). Sheridan reported "strong support" for CAST's construct validity, and a "low standard error of measurement," confirming the cutoff score of six to be "very effective in minimizing incorrect classification" (p. 159).

Tennessee Self-Concept Scale. The Tennessee Self-Concept Scale (TSCS) is a 100-item self-administered scale which yields scores indicative of the respondent's self-concept (Roid & Fitts, 1988).

Subscales indicate perceptions and behaviors along the following dimensions: Physical Self, Moral-Ethical Self, Personal Self, Family Self, Social Self, Self-Criticism, Identity, Self-Satisfaction, and Behavior. Internal consistency reliability estimates on Total Self-Concept range between .89 and .94 (Roid & Fitts, p. 65). Test-retest reliability estimates range from .60 to .92 for various sub-scale scores (p. 68). Results of extensive reliability and validity testing on TSCS were reported by Roid and Fitts (1988).

Established norms for the TSCS permit comparison of obtained scores with those reported in the Manual for the standardization group (N=626). Raw score frequency distributions obtained from that sample conformed "fairly closely" to the normal curve (p. 57) and were used to normalize scales. The Manual contains details on how scores were normalized (Roid & Fitts, 1988, p. 16-17, & pp. 53-58).

Questionnaire. The questionnaire contained demographic items, questions about parents' marital histories and alcohol consumption as well as questions about respondents' experiences, including therapeutic activities. All participants completed an informed consent sheet.

#### Data Analyses

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) (Nie, Hull, Jenkins, Steinbrenner, & Bent (1975). One-way analysis of variance was used to test for mean differences among the three groups. The Scheffé procedure was used as a post hoc test of significance. Chi-square analyses were performed using Yates' correction for continuity.

#### Time-Two Study

Techniques used to contact and locate respondents are first explained. Next, findings on attrition bias are reported. Methods are separately presented for this study's dual components, including questionnaire and interview piloting. All women in the Time-Two sample participated in the continuing assessment of variables that were examined at Time-One. For variables assessed in both studies a similar data collection technique was used. Finally, methods used in the second research component are described, for which a subsample of women were interviewed.

#### Locating Respondents

Of the 114 Time-One participants, 5 women asked for research packets when volunteers were recruited at support group meetings. For these five respondents I had first names and telephone numbers, but no mailing addresses. Consequently, a letter was mailed to 109 women who participated in the first study requesting that they indicate whether or not they would

participate in a second study (Appendix A).

Forty-six unforwardable letters were returned, and 38 women returned postcards indicating they would participate in a second study (Appendix B). One Time-One respondent noted on the postcard that she was not interested in participating in a Time-Two study. For 2 of the 38 respondents, subsequent letters (Appendix C; Appendix D) were returned as unforwardable. Twenty-four more women who consented to participate were traced through telephone directories, computer search on Netscape Infospace, and other means (Appendix E), including follow-up correspondence (Appendix F) and telephone calls.

Research packets were mailed to 60 women, representing 54% of the original Time-One sample. Of these 60, 54 women returned completed research packets, for a response rate of 90%. Nonrespondents included four women in Group 1 and two in Group 3. One of these six women indicated that she was too busy to participate as she and her husband were preparing to move to another state on his retirement. A second nonrespondent bore a baby at data collection time. Other reasons for women not participating in 1997 were unknown.

#### Attrition Bias

Women in each Time-One group who did and who did not participate in the 1997 study were compared for attrition bias using two-tailed *t* tests and chi-square analyses (Miller & Wright, 1995). Respondents were compared on 1989 age, personal income, household income, living arrangements, time ever spent in therapy, and Children of Alcoholics Screening Test scores. For alcoholics' daughters who were active in therapy or support groups in 1989 (Group 1) there were no significant differences on the above characteristics between women who did and did not participate in 1997.

Among alcoholics' daughters who were not active in therapy or support groups in 1989 (Group 2) and among nonalcoholics' daughters (Group 3), those who participated in 1997 were significantly older in 1989 than those who did not participate in the present study. The equal variance assumption was tested, and age variances were homogeneous for respondents in Groups 2 and 3 participating and not participating at Time-Two. Women in Group 2 who participated in 1989 only ( $n=19$ ) averaged 35.58 (SD=8.5) years of age compared to Time-Two respondents ( $n=10$ ) whose 1989 mean age was 43.9 (SD=7.81) ( $t = -2.57$ ,  $df = 27$ ,  $p = .02$ ) years. Of women in Group 3, Time-One participants ( $n=13$ ) mean age was 32.23 (SD=6.18) years, and Time-Two respondents ( $n=20$ ) in 1989 averaged 38.25 (SD=7.25) ( $t = -2.46$ ,  $df = 31$ ,  $p = .02$ ) years of age. Time-One and Time-Two respondents were otherwise similar on background characteristics.



### Sample

The 54 Time-Two participants included 24 Group 1 daughters of alcoholics who were active in therapy or support groups at Time-One, 10 Group 2 daughters of alcoholics who were not active in therapeutic experiences at Time-One, and 20 Group 3 daughters of nonalcoholics who were comparison group respondents. Participants averaged 47.23 (SD=8.44) years of age. Forty-eight women (89%) were currently employed a mean of 80.70 (SD=84) months. For 63% of women in the total sample, partnered status was the same as in 1989. Twenty-five participants currently had children living at home. Since 1989, 30 women (56%) received additional education. Nine percent and 26% of respondents, respectively, were active in support groups or therapy at Time-Two.

Time-Two respondents were compared on 1989 scores on the Children of Alcoholics Screening Test (CAST). There were significant differences between alcoholics daughters' and nonalcoholics daughters' responses on the CAST as shown in Table 5.1.

Table 5.1, Means, Standard Deviations, and Ranges for 1989 Children of Alcoholics Screening Test Scores

	Group			F
	1 (24)	2 (10)	3 (20)	
<u>M</u>	21.33 <sup>a</sup>	21 <sup>b</sup>	0.4 <sup>ab</sup>	164.38*
<u>SD</u>	4.96	5.44	0.94	
<u>Range</u>	9-29	10-28	0-3	

Note. Maximum score = 30. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

<sup>ab</sup> Groups differed significantly based on Scheffé's post hoc test.  
\*p < .001

### Data Collection

Instrument packets were handled via U. S. mail using the same procedure that was used in the first study. Mailed packets contained: a cover letter (Appendix G), instructions to participants (Appendix H), two copies of an Informed Consent Sheet (Appendix I), a Tennessee Self-Concept Scale with answer sheet, and the questionnaire developed for the Time-Two study (Appendix J). A postage paid return envelope was included in the packet. Instruments were coded with random numbers assigned to respondents at Time-One.

### Instruments

TSCS. The Tennessee Self-Concept Scale (TSCS) (Roid & Fitts, 1988) was used again. The TSCS is composed of Likert-type items

which direct a respondent to describe oneself on each item by choosing one of five responses ranging from Completely False to Completely True. For the present study, data analyses were limited to the TSCS Identity and Family Self subscales. Identity on the TSCS indicates self-perceived basic identity; this is who I am. Family Self indicates perceived adequacy of self in relation to family members.

The Identity subscale includes 30 items containing 6 statements each on a) physical self, b) moral-ethical self, c) personal self, d) family self, and e) social self. Respective examples include, a) I like to look nice and neat all the time; b) I am an honest person; c) I have a lot of self-control; d) I am satisfied with my family relations; and e) I am mad at the whole world. Family Self is composed of 18 items, exemplified by item d) above.

As reported in the TSCS Manual, internal consistency reliabilities on Identity and Family Self were .86 and .82, respectively (Roid & Fitts, 1988, p. 67). Test-retest reliability was estimated at .91 on the Identity subscale and .89 on the Family Self subscale (Roid & Fitts, p. 68). In the present study, internal consistency reliabilities were .85 for Identity at Time-One and .84 at Time-Two. For Family Self, internal consistency reliabilities were .83 and .80 at Times-One and Two, respectively.

Questionnaire. All participants completed the self-administered questionnaire designed for this second study (Appendix J). When questionnaire items were prepared, I considered that most respondents would not participate in interviews conducted for the second research component. Only a portion of the data collected on the questionnaire were analyzed for the present study. This report includes findings on respondents' ages, incomes, employment, partnered living arrangements, education, children currently living at home, as well as participation in therapy and support groups.

#### Piloting

The questionnaire was piloted with six women ranging in age from about 30 to 60 years, including two daughters of alcoholics and four daughters of nonalcoholics. After piloting, a few minor revisions were made to the questionnaire.

#### Analyses: Background Items and TSCS Subscales

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) and the Number Cruncher Statistical System (NCSS) (Hintze, 1992) with an a priori alpha level of .05. Descriptive statistics were calculated and groups compared on demographic characteristics and participation in therapy and support groups

using analysis of variance and chi-square procedures. Repeated measures analysis of variance was used to examine variance on TSCS Identity and Family Self subscale scores between Time-One and Time-Two within and among groups. One way analyses of variance were also performed on Times-One and Two Identity and Family Self mean scores. The Scheffé procedure was performed for post hoc comparisons.

#### Interview

The procedures used to prepare for and conduct interviews with a subsample of participants are explained in this section. Also included in the section are the procedures used for handling and analyzing the textual data.

Comparison group. Daughters of nonalcoholics again served as a comparison group. Comparisons between alcoholics' daughters and nonalcoholics' daughters on relationships with parents and on self-perceptions strengthened and added rigor to the present study's findings, analyses, and final report. Knudson-Martin's (1992) qualitative study on relationships with parents among persons who were or were not social activists served as a model.

Piloting. Three preliminary interviews were conducted to pilot the interview questions and practice interviewing skills. One interview was conducted with a woman who had nonalcoholic parents, and two pilot informants were daughters of alcoholics. During piloting the interview protocol was modified to access women's childhood perceptions by including, "Think about your child self and let your child self answer this question." This strategy was used in every interview when information was sought on women's early family life experiences.

On beginning the interviewing process I was struck by the importance of my presentation of self. I realized I could have a significant impact on every interview, even possibly on the respondents. I sensed that a humble demeanor was needed to respectfully accomplish my goals and, therefore, presented myself sincerely and warmly as a student interested in learning from each informant. In essence I asked each woman to teach me about her life as a daughter and about her self-perceptions.

Subsample. Twenty-five women, contacted by telephone, agreed to be interviewed. There were no refusals. One more informant telephoned me to schedule an interview, noting that she had earlier agreed to be interviewed, although I had no such record.

The 26 interview informants included 11 Group 1 alcoholics' daughters who in 1989 were participating in therapy and support groups. Four Group 2 daughters of alcoholics were not participating in therapeutic experiences in 1989. Eleven

nonalcoholics' daughters comprised the comparison group, Group 3.

Interviewed women were all Caucasian and ranged in age from 33 to 66 years with a mean age of 47.81 (SD=7.86) years. Subsample informants ranged across total sample categories on partnered living arrangements, occupations, children living at home, additional education since 1989, and incomes.

Data collection. Interviews were conducted in the Southern New Hampshire communities where most respondents resided. On my arrival, I telephoned each woman to schedule an interview. With one exception, no more than one respondent was interviewed daily. Two women were interviewed on the same day due to their schedules near my planned departure date. At their request, 17 women were interviewed in their homes, and 6 and 3 interviews, respectively, took place in private rooms in libraries and workplaces.

Before we met, I reviewed pertinent data each informant provided in 1989 (Time-One). I noted a respondent's loss of a parent in childhood and CAST score, as well as time spent in therapy and support groups. After brief getting acquainted small talk and before audio taping, I personalized each introduction. I said, for example, "In 1989 you reported that your parents divorced when you were a teenager." Also before taping, I asked women if their parents were living. This type of information oriented me to personalize interview questions.

Each woman was given two copies of the Informed Consent Sheet (Appendix K) which I requested she read while I set up the recording equipment. Every informant consented to have her voice recorded. We briefly reviewed items on the informed consent sheet. I asked each informant if she was comfortable with the microphone's location and if she had any questions or concerns about the research. Then I began taping, made my opening statement, and asked the first question which were essentially identical in every interview.

Questions. The interview protocol, including the opening statement, questions, and types of probes used appears in Appendix L. Main questions guided interview conversations, and I used follow-up and probing questions (Rubin & Rubin, 1995). Key words and phrases used by informants were repeated to pursue ideas, inquire about missing information, and to clarify my understanding of women's perceptions. Such probes included, "Tell me more about [the phenomenon]." I probed for meaning, asked about feelings, and recalled important issues to return to if a woman was in the midst of speaking on another topic. My probes were "conversational, offered in a natural style and voice, and follow[ed] initial responses" (Patton, 1990, p. 324).

While I conducted early interviews I referred occasionally to the interview protocol for guidance, but abandoned this diversion. I found it distracting because I became an intensely absorbed listener, intently focused on each woman's words and experiences while attending to nonverbal cues. If I found it distracting when I referred to the protocol, I thought a respondent might also. Furthermore, there were several occasions on which a woman answered a planned question before I asked it. It did not seem appropriate to search the interview protocol looking for unanswered and answered questions as an informant waited.

Information was requested from women that is not ordinarily entrusted to strangers (Daly, 1992; Vangelisti, 1994). Because rapport and trust are crucial to facilitate participants' cooperation (Daly; Kaufman, 1994), I listened empathetically and respectfully, encouraging each woman to describe her experiences. During many interviews, I laughed and cried wholeheartedly along with the women I interviewed.

Recording and managing data. Two audio tape recorders and spare audio tapes were brought to each interview in case of equipment failure. Audio tapes, fieldnotes, transcripts, and notes for analysis were identified using the random number assigned to each respondent. First names only were used during audio taping. Interviews ranged in length from 30 minutes to 1 hour and 45 minutes. The average length of the 26 interviews was 1 hour and 10 minutes. Names were changed on typing each transcript. The random number was typed on each page of interview transcript.

I typed verbatim transcripts of 5 interview audio tapes, and three paid transcribers typed the other 21 verbatim transcripts. I listened to each recording while I checked the typed text for accuracy, and I listened at least two more times to every recording. All notes made during data analysis were dated and cited the location of transcribed text so that it could be retrieved.

Analysis: Textual data. Five full readings of each of the 26 transcribed texts were completed before analysis began in earnest. After the third reading, I started to make hand written notations on and underline text. As themes emerged on the fifth reading, I created file folders in which I placed notes relevant to the emerging themes. This technique was used because analytic rigor calls for several readings of interview text, and I needed a way to organize pertinent data.

In phenomenological analysis, "fidelity to the phenomenon" is an "explicit criterion" (Giorgi, 1994, p. 207). I dwelled on women's words, repeatedly studying and questioning the text (Giorgi; Marshall & Rossman, 1995; Tesch, 1990). The process required that

I penetrate the text, that is, until essences emerged (Giorgi, p. 208). I considered the questions that guided this research, while I evaluated the usefulness of data. What mattered was "the meaning-for-the participant insofar as it [was] relevant to and revelatory of the research question" (Giorgi, p. 208). My early analytic notes served as "tentative guides" (Marshall & Rossman, p. 148). I made a conscious effort to be skeptical and to clarify and suspend my preconceptions as I searched for the "most invariant meaning" (Giorgi, p. 214).

The phenomenological procedures thus included three related processes. First, phenomena were identified "precisely as they present themselves." Second, I searched the data until "invariant characteristics and their relationship to each other" were manifested, and third, I worked to consciously avoid any preconceived ideas (Giorgi, 1994, pp. 206-207).

Reduction. To reduce data I: a) stayed with the data until their "essential aspects" emerged (Giorgi, 1994, p. 197); b) concentrated on women's reflections looking for text pertaining to distinct meaning units; c) clustered similar passages together across interviews; and d) identified common and unique themes (Tesch, 1990). When reducing data, I worked to retain essential aspects of the text that were "vital for the understanding of the phenomenon" (Giorgi, p. 195). "Naturally occurring variations" (Marshall & Rossman, 1995, p. 114) and "situational contexts and interrelations" (p. 146) were noted.

Themes. Themes composed of respondents' words began to emerge during early analysis. I continued to study women's reflections to identify thematic patterns that captured their experiences (Tesch, 1990). The resulting themes represented "a fundamental description of the experience" (Ablamowicz, 1992, p. 32-33). As suggested by Marshall and Rossman (1995), I consulted a member of my advisory committee, Michael Sporakowski, who critically questioned and confirmed my analysis and the emerging themes.

I was immersed in the textual data without distractions; nevertheless, it was months before the essential features of the grand theme, perspective taking, were revealed to me. That revelation occurred on my returning to read the works of relational self theorists because of a gnawing sensation that an important essence was missing from my analysis.

#### Research Precautions

Several research precautions were taken to protect respondents and their identities. Among these are precautionary procedures continued from Time-One, a few previously mentioned, as well as additional precautions. All research materials were kept in my private residence and safeguarded as follows.

Continuing research precautions. Participants' names, addresses, and telephone numbers were kept apart from all other research documents, as were signed Informed Consent Sheets. Random numbers were not recorded on Informed Consent Sheets. The record of names and random numbers does not contain addresses and is kept apart from other research materials. All completed research instruments were filed according to random numbers affixed to individual file folders and instruments they contain. Data code sheets used only random numbers with numerical data on coded variables.

Time-Two research precautions. For this Time-Two study, identical precautionary procedures were used to handle research instruments and the data they contain. The same random numbers assigned to participants at Time-One were used in this continuing Time-Two study. Only random numbers were affixed to research instruments, audio tapes, transcribed interview text, and notations made during analysis of textual data. Signed Informed Consent Sheets were immediately separated from all other research materials.

Two Informed Consent Sheets were used at Time-Two. One (Appendix G) was included in the mailing; the second (Appendix I) was signed by the informant after precautions were explained and before each interview began. Note that the consent format used with the mailed research packet included a second signature line. This procedure, recommended by an ethicist, was used at the University of New Hampshire to show that respondents had the freedom to decline to participate. Informed Consent Sheets had the prior approval of members of the Virginia Polytechnic Institute and State University Institutional Review Board for Research Involving Human Subjects.

Potentially identifying characteristics obtained during data collection were not and will not be revealed, and pseudonyms are used in typed interview transcripts as well as throughout the final report. The experienced transcribers were cautioned about protecting informants' identities. At the completion of work related to this research project, interview audio tapes will be destroyed and discarded.

## CHAPTER 6: FINDINGS, SAMPLE, IDENTITY, AND FAMILY SELF

Research findings for the 1997 study are presented in three sections. The first sections report on background characteristics and on Identity and Family Self scores for the total sample. Next, background characteristics are reported for that subsample of women who were interviewed. Interview results are reported in Chapter 7.

### Total Sample

Sample background characteristics include demographic information and findings on therapeutic experiences. In 1997, women in the three groups did not differ on age, income, partnered living arrangements, children living at home, employment, and additional education and therapeutic experiences since 1989. Because many cell sizes were less than 5, chi-square findings were possibly inflated which resulted in approximate significance tests.

### Demographic Characteristics

Age. The three groups of women were similar in age as shown in Table 6.1. Participants ranged from 29 to 66 years of age, with a sample mean age of 47.26 (SD=8.44) years.

Table 6.1, Means, Standard Deviations, and Ranges for Age

	Group			F
	1	2	3	
<u>M</u>	46.2 (24)	51.9 (10)	46.3 (20)	1.92
<u>SD</u>	(9.2)	(7.8)	(7.3)	
<u>Range</u>	29-65	42-66	34-59	

Note. No significant differences were found among groups. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

Income. Chi-square analysis indicated no significant difference in the distribution of personal,  $X^2 (18, n = 52) = 17.17, p = .51$ , and household incomes,  $X^2 (20, n = 47) = 24.83, p = .21$ , depicted in Table 6.2. Two Group 3 respondents did not report on personal incomes. Household incomes were not reported by four and three women, respectively, in Groups 1 and 3.

Living arrangements. Living arrangements among women in the three groups did not differ significantly based on chi-square analysis,



Table 6.2, Frequency Distribution of Annual Income

Income in thousands	Personal			Household		
	Group			Group		
	1 (24)	2 (10)	3 (18)	1 (20)	2 (10)	3 (17)
< 10-19	9	4	5	2	1	2
20-39	9	4	6	7	3	4
40-59	5	0	5	3	0	3
60-79	1	1	0	5	3	2
80-99	0	0	1	2	0	5
100+	0	1	0	1	3	1

Note. (n's) reflect missing data. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

$\chi^2$  (18, N = 54) = 22.50,  $p$  = .21. As shown in Table 6.3, 63% (n=34) of the sample did not change partner status from 1989 to 1997. Changes in partnered living arrangements were experienced by 37% (n=20) of participants. The category "other" included respondents who in 1989 lived, a) with mother and now live alone; b) alone and currently live with a female partner; c) with a partner and now live alone; and d) alone, had a partner, and currently live alone.

Table 6.3, Frequency Distribution of Living Arrangements, 1989 to Present

Partner status	Group		
	1	2	3
Unchanged since 1989			
First marriage	8	4	6
Second marriage	4	1	2
Divorced and no partner	2	2	2
Never married and never had partner	0	0	3
Changed since 1989			
Divorced	1	1	1
Widowed	0	1	0
Remarried	0	1	1
Divorced, now lives with male partner	0	0	2
Never married, now lives with male partner	1	0	0
Other	8	0	3

Note. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

Children. The frequency of women with children living at home in 1997 did not differ significantly among groups,  $X^2 (2, N = 54) = 1.41, p = .49$ . Nine Group 1, 5 Group 2, and 11 Group 3 participants had children living at home. Children ranging from newborn to adult ages resided with respondents, including 7, 1, and 2 women in Groups 1, 2, and 3, respectively, who had adult children at home.

Employment. Eighty-nine percent of women in the sample were employed. Ten women were employed less than 30 hours per week, 38 were employed over 30 hours per week, and 6 were unemployed. In Groups 1, 2, and 3, respectively, 83%, 50%, and 65% of women were employed over 30 hours per week. Table 6.4 shows means and standard deviations for number of months in job as of 1997. Respondents' occupations fit the following categories: helping professions, manufacturing, business and office, marketing and sales, managerial, hospitality and personal services, as well as other occupations including, laundromat attendant, bus driver, and artist. The distribution of occupations was no different than would be expected by chance,  $X^2 (14, N = 54) = 10.44, p = .73$ .

Table 6.4, Means and Standard Deviations for Months in Job

	Group			F
	1 (23)	2 (7)	3 (18)	
<u>M</u>	75.7	78.5	87.8	0.11
<u>SD</u>	(87)	(102.3)	(74)	

Note. No significant differences were found among groups. n's reflect respondents' unemployment. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

Additional education. Since 1989, 30 participants (56%) received additional education, including women who obtained associate, bachelor, and graduate degrees, as well as 5 women who currently pursued college degrees and 4 respondents who completed college courses, workshops, and seminars for professional certification. Nine participants completed non-degree-related coursework, such as art and computer classes. Based on chi-square analysis, the groups did not differ significantly on additional education,  $X^2 (2, N = 54) = 1.22, p = .54$ .

#### Therapeutic Experiences

Among women in the total sample, 54% (n=29) did participate in therapy between 1989 and 1997 but were not active in therapy at Time-Two; 63%, 60%, and 40% of women in Groups 1, 2, and 3,

respectively, participated in therapy during that 8 year period. Most Group 1 daughters of alcoholics were no longer active in therapy or support groups. Tables 6.5 and 6.6 show that a small proportion of respondents participated in several types of therapeutic experiences between Time-One and Time-Two.

Therapy. Respondents' experiences in therapy since 1989 are reported in Table 6.5. At Time-Two, 26% of women in the sample were active in therapy. Currently participating in therapy were 38%, 30%, and 10% of women in Groups 1, 2, and 3, respectively. The category multiple types of past therapy on Table 6.5 included individual, marriage, group, and family therapy in various combinations; "other" included therapy for cancer and drug abuse.

Table 6.5, Participation in Therapy Since 1989

	Group		
	1	2	3
Currently in therapy			
Individual	8	2	0
Family	1	1	2
Months in ongoing therapy			
<u>M</u>	16.2	3.5	3.6
<u>SD</u>	(34.6)	(6.4)	(11.1)
Type of past therapy			
Individual	4	4	6
Group	1	0	0
Other	2	0	0
Multiple	7	1	2
Intermittent past therapy	1	1	0
Months of past therapy			
<u>M</u>	20.4	10	11.3
<u>SD</u>	(29.1)	(16.4)	(25.7)

Note. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

Support groups. Between 1989 and 1997, 43% ( $n=23$ ) of women in the total sample attended support group meetings, including 71%, 30%, and 15% of respondents, respectively, in Groups 1, 2, and 3. Nine percent ( $n=5$ ) of participants currently attended support groups, including two Group 2 women participating in Alcoholics Anonymous. One woman in Group 3 did not name the type of support group that she currently attended. One Group 1 respondent indicated that her participation in support groups between 1989 and 1997 was intermittent. Ten respondents noted that from 1989 to 1997 they attended multiple types of support groups not categorized on Table 6.6. Reported among these were grief support, tough love, Narcotics Anonymous, Alcoholics Anonymous,

and Overeaters Anonymous, as well as, couples' support groups.

Table 6.6, Participation in Support Groups Since 1989

	Group		
	1	2	3
Currently attending			
Al-Anon	1	0	0
Adult Children of Alcoholics	1	0	0
Other	0	2	1
Months in current support group			
<u>M</u>	13.70	28.7	-
<u>SD</u>	(46.2)	(86)	
Type of past support group			
Al-Anon	2	0	0
Adult Children of Alcoholics	8	0	0
Emotions Anonymous	0	0	1
Codependents Anonymous	1	0	0
Multiple types	5	3	2
Months past attendance			
<u>M</u>	24.6	12	2.6
<u>SD</u>	(27.5)	(22.6)	(8.3)

Note. Dash indicates missing data. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

#### Identity and Family Self

The present study sought to confirm that participating in therapy or support groups at Time-One had a negative effect on Group 1 daughters of alcoholics' Identity and Family Self scores. In 1989, Group 1 mean scores were at the lowest range on Tennessee Self Concept Scale (TSCS) norms, and the scores were significantly lower than Group 3 daughters of nonalcoholics' Identity and Family Self scores. Furthermore, Group 2 Time-One Family Self mean score was the only TSCS scale that significantly differentiated alcoholics' daughters who were not actively participating in therapeutic experiences from nonalcoholics' daughters (Group 3).

As reported in Table 6.7, repeated measures analysis of variance revealed significant differences between the groups on Identity. Neither the time, nor the group by time interaction effects were significant. The repeated measures post hoc test showed that Group 2 alcoholics' daughters scored significantly lower on Identity than Group 3 nonalcoholics' daughters when 1989 and 1997 scores were combined. Group 1 alcoholics' daughters were not differentiated from nonalcoholics' daughters on Identity scores in the repeated measures analysis of variance.

Table 6.7, Repeated Measures Analysis of Variance on Identity

Source	df	SS	MS	F
Between groups				
Groups (A)	2	1633.60	816.80	4.60*
Error	51	9057.07	177.59	
Within respondents				
Time (B)	1	9.48	9.48	0.25
Group X time	2	115.05	57.53	1.54
Error	51	1903.47	37.32	

\*p = .01

On Family Self findings, shown in Table 6.8, repeated measures analysis of variance indicated that the groups differed significantly. The post hoc test for the repeated measures analysis on Family Self scores indicated Group 3 daughters of nonalcoholics scored significantly higher than both Group 1 and Group 2 daughters of alcoholics. In addition, respondents' Family Self scores differed significantly over time and there were significant group by time interaction effects.

Table 6.8, Repeated Measures Analysis of Variance on Family Self

Source	Df	SS	MS	F
Between groups				
Groups (A)	2	1272.93	636.46	6.07**
Error	51	5350.93	104.92	
Within respondents				
Time (B)	1	197.37	197.37	10.35**
Group X time	2	129.81	64.91	3.40*
Error	51	972.82	19.07	

\*p < .05    \*\*p < .01

Subsequent one way analyses of variance were conducted to compare the 1989 group means as well as the 1997 group means. Means and standard deviations on 1989 and 1997 Identity and Family Self are depicted in Table 6.9. Although there were significant differences between alcoholics' and nonalcoholics' daughters in 1989, in 1997 daughters of alcoholics scores on Identity and Family Self were no longer significantly lower than nonalcoholics daughters' scores.

Table 6.9, Identity and Family Self Mean Scores and Standard Deviations

		Identity			
		1989		1997	
Group	<u>n</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
1	(24)	119.67 <sup>a</sup>	9.91	121.33	12.62
2	(10)	115.80 <sup>b</sup>	12.41	119	12.25
3	(20)	128.30 <sup>ab</sup>	8.39	126.30	7.12
		Family Self			
		1989		1997	
Group	<u>n</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
1	(24)	64.08 <sup>a</sup>	7.64	69.17	7.56
2	(10)	65 <sup>b</sup>	10.54	66.80	11.41
3	(20)	73.35 <sup>ab</sup>	6.70	73.65	5.82

Note. Group 1: alcoholics' daughters active in therapy or support groups in 1989; Group 2: alcoholics' daughters not active in therapy or support groups in 1989; Group 3: nonalcoholics' daughters.

<sup>ab</sup> Groups significantly different based on the Scheffé test.

Effect sizes were calculated to determine the proportion of variance accounted for in the above analyses. Table 6.10 shows that by 1997 there was a considerable reduction in the independent variable's ability to explain variance on women's Identity and Family.

Table 6.10, Explained Variance on Identity and Family Self Scores

ANOVA	$\eta^2$	
	Identity	Family Self
1989	.2079	.24297
Repeated measures	.28789	.3247
1997	.06866	.1076

Comparing these results showed that concurrently from 1989 to 1997 alcoholics daughters' Identity and Family Self scores increased, while nonalcoholics daughters' scores on Identity decreased and Family Self scores were stable. In 1997, alcoholics' and nonalcoholics' daughters were not differentiated on Identity and Family Self. Increases in alcoholics daughters' Identity and Family Self scores were consistent with the thesis that Group 1 Time-One scores were negatively effected by concurrent therapeutic activities. But, Group 2 daughters of alcoholics' scores increased as well in 1997. Among daughters of alcoholics in both 1989 and 1997 there was, nevertheless, greater variability on Identity and Family Self.

Changes on alcoholics daughters' Identity scores were not powerful enough to show time and group by time interaction effects in the repeated measures analysis of variance. This occurred because nonalcoholics daughters' Identity scores decreased, alcoholics daughters' scores increased, and large individual differences are partialled out by repeated measures analysis.

Each group of women participating in 1997 had 1989 Identity scores that were dissimilarly distributed as compared to original subsample scores. Group 1 alcoholics' daughters who participated in 1997 ( $n=24$ ) had mean scores on Identity and Family Self in 1989 (see Table 6.9) that were higher than the 1989 Group 1 ( $n=52$ ) means on Identity and Family Self, 115.50 ( $SD=12.74$ ) and 60.21 ( $SD=9.81$ ), respectively. Group 2 daughters of alcoholics participating in 1997 ( $n=10$ ) had a lower mean score on Identity in 1989 (see Table 6.9) than the 1989 Group 2 ( $n=29$ ) mean of 119.76 ( $SD=10.64$ ). For Group 2 respondents who participated in 1997, their Time-One Family Self mean score, 65 ( $SD=10.54$ ), was similar to the 1989 Group 2 mean, 65.69 ( $SD=10.32$ ).

Among Group 3 daughters of nonalcoholics ( $n=20$ ), those who participated in 1997 had higher 1989 (see Table 6.9) mean scores on both Identity and Family Self compared to 1989 subsample means. Subsample ( $n=33$ ) means in 1989 were 126.00 ( $SD=8.86$ ) and 71.58 ( $SD=6.95$ ) on Identity and Family Self, respectively. Furthermore, the 1989 Group 2 and Group 3 means on Identity were not significantly different, however, the 1997 Group 2 subsample scored significantly lower on Identity in 1989 than the Group 3 subsample.

#### Interviewed Subsample

There were no significant differences on age among the groups of interview informants. Group 1 ( $n=11$ ) interview participants had a mean age of 46.91 ( $SD=7.62$ ) years, and in Groups 2 ( $n=4$ ) and 3 ( $n=11$ ) women were 51 ( $SD=10.30$ ) and 47.55 ( $SD=7.71$ ) years of age, respectively.

Seven, three, and five women in Groups 1, 2, and 3, respectively, were in marriage one in 1997, the same living arrangement as in 1989. Other living arrangements that were the same as in 1989 included divorced, in marriage two, or never married and live alone. Changed living arrangements between 1989 and 1997 included a Group 2 informant who was widowed and a Group 3 respondent who remarried. Three women in Group 1 had other living arrangements, including one participant who now lives with her daughter, and one recently divorced woman who is now living with a male partner. The third one of these Group 1 respondents did live alone in 1989 and currently lives with a female partner.

All Group 1 interview informants were employed, and two women each in Groups 2 and 3 were unemployed in 1997. Interview participants worked in all job categories specified for the total sample, including helping professions, business and office occupations, managerial, manufacturing, and hospitality and service jobs.

Sixteen of the 26 women had additional education since 1989, including eight, one, and seven women in Groups 1, 2, and 3, respectively. Children ranging from newborn to young adults currently lived at home with seven, two, and six women in Groups 1, 2, and 3, respectively.

Group 1 participants included three whose mothers only were alcoholic, three who had alcoholic fathers, and five whose mothers and fathers were alcoholics. The four Group 2 informants were daughters of father only alcoholics. Periods of parental intoxication ranged from daily to sporadic. Parents' sporadic alcohol consumption included constant drinking for weeks at a time followed by several months abstinence.



## CHAPTER 7: INTERVIEW FINDINGS

Interview results are organized according to the present study's research questions. First, phenomenological themes are reported that emerged on daughters' early life relationships with parents, followed by themes on later life daughter-parent relationships. From these data, parallel cases emerged on relationships over time as presented in relationship histories. Characterized within a temporal framework, relationship histories addressed two research questions.

Then, results are reported on daughters' experiences in adulthood that affected feelings about their parents. These experiences include the effects of therapy and support groups on intergenerational relationships. Reflections on terminally ill and aging parents are followed by experiential similarities and differences among informants on relating with parents wherein the grand theme, perspective taking, is explained. Perspective taking experiences unify subordinate themes. The final section on identity includes effects of therapeutic experiences on women's identity and meanings on the "child of an alcoholic" identity.

Examining women's words revealed phenomenological themes that were general or contextual. General themes emerged as meaningful across respondent groups since the themes appeared among alcoholics' and among nonalcoholics daughters' accounts. Contextual themes emerged among women who shared common experiences. In the present study, parental alcoholism generated context specific themes. Alcoholics daughters' experiences are, therefore, reported in two ways. They are included in general themes with nonalcoholics daughters' experiences, and, reported in a context specific section on reflections about alcoholic parents.

Respondents generally portrayed clear and bold distinctions that differentiated between experiences with alcoholic and nonalcoholic parents. Similarities were, nevertheless, found among daughters regardless of parents' alcoholism. In addition, within group differences were noted.

Numerous factors had impacts on daughters' diverse relationships and emotional bonds with parents, as well as their identities. An astonishing assortment of variables and variable interactions appeared in the phenomenology of women's reflections. Daughters' childhoods, for example, were affected by differences in family composition, sibling relationships, and time spent at home and with parents, as well as parental behaviors, emotions, and interactions with spouse and children.

Informants' mothers included women who stayed at home throughout their daughters' childhoods. One woman's mother and father were at home during most of her childhood years. Other fathers and many mothers were employed. Father was one daughter's only parent, and a few mothers were divorced or widowed when informants were children. Reflections on family life contained more information on daughters' relationships with mothers than with fathers. Women also usually spoke more about alcoholic than nonalcoholic fathers.

Each theme is first described and supported by women's words that exemplify the theme's fundamental meanings. Meaning variations are then presented, including negative cases that often served to clarify themes. Exceptional cases are also reported, occasionally in detail. In relationship histories, for example, cases in which daughters' feelings about mothers vacillated over time are described at length because they represent exceptional intergenerational relationships.

In the sections that follow, research questions are presented in bold text. Pseudonyms are used to protect the identity of research participants. Informants' words are underlined in quotations when the words were spoken louder than surrounding talk. Parentheses enclose author notations in quotations.

#### Early Family Relationships

To address the question: **What experiences are meaningful to women when they describe early and later life relationships with parents?**, each informant was first asked to tell about her childhood relationship with her mother. Respondents were also specifically asked to report on a time when they felt close to their mothers and on a time of tension or misunderstanding with mothers in childhood. The same questions were then asked about daughters' childhood relationships with fathers.

#### Parents' Time and Attention

Parents' time and attention emerged as the most invariant, general theme across women's reflections on childhood. Daughters' treasured parental attention and responsiveness or were troubled when parents were inattentive or unresponsive. Attention from parents, as used here, was indicated by respondents' cherished memories. Parents' excessive criticism and screaming, or violence, which might be construed as forms of attention, are reported in the section on distressful childhoods.

Availability and interactions with daughters were influenced by such factors as parents' employment, alcoholism, number of children, and spousal relationships. Parent and child characteristics, such as personality, temperament, and tastes or

preferences also affected their relationships. For example, a few respondents reported they "butt heads" or "clashed" with their mothers. Absence of mothers' attention was not as problematic for girls with older sister or father caregivers.

Cherished memories. Spending time with attentive parents encompassed routine or special activities like performing household chores and shopping together, as well as leisure activities that included travel. One-on-one daughter-parent interactions had special meaning for all women, but were particularly cherished by participants who had several siblings. Fond memories on cohesive family interactions were more often reported by nonalcoholics' daughters, including Muriel and Gail. Reflecting on early family life, Muriel had:

a lot of very warm, fond...memories. Um, one of the things that I remember...Often um, I'd go into my parents' bedroom and sit on the end of the bed and... you know, we'd just talk. Or I'd ask questions...My parents were very comfortable with that. Um, my Mom was always there to try and address those issues....She was determined to have a home environment that was welcoming and, and enriching, for her kids. And she was able to do that without working, until, um, I got up into school....One thing that was clear though with my Dad was the, the family was real important to him, and he made sure he had time for family....My parents were real committed to family weekends, family time...very consistent about, you know, us going on a picnic um, every summer having some kind of family vacation....My Dad um, was very proud of his girls. He liked to um, take us with him, you know, maybe one or two at a time if he was doin' errands.

Gail also recalled many fond memories with her parents. She described her childhood as:

generally very, very positive....I always felt that I was uh, included in activities that my mother was busy with, cooking and sewing and laundry, and you know, I was able to be a little helper....They [parents] took us to special activities and they would always prepare us before hand, you know, like this is what you're gonna be doing; this is who you're gonna meet, and this is how you be polite.

Regarding her father, Gail said:

There was another side of him like his, you know, weekend side where he'd plan a day trip or a camping trip or something. Did a lot of planning um, for fun things to go do....And that was always neat when he was sort of the tour guide bringing us out.

As one of several siblings, Gail also cherished one-on-one time

with and individual attention from her parents. She reported: My older siblings had already gone off to school...and I remember being able to go to the beach with my mother, um, just my little brother and that was special because so often we were all together...When my Dad's mother had a heart attack, we went and took care of her, you know, I went with my mother and there again I felt like, you know, I was old enough to be included and to help...When I turned 16, my mother snuck in my bedroom early in the morning and gave me a rose in my own vase which I had never gotten my own vase before, that was neat.

Cynthia said that in her childhood:

I guess I always felt Mom was there for me. Never felt that she wasn't...Mom always took care of me, the house was always in order um, you know, food and clothing and the basics, um, were there. She was a, a good provider in that way.

Recalling her relationship with her alcoholic father, Cynthia noted:

I was really close to my father. Uh, my father was not a mean father to me. Um, he was mean with my mother, but...he never raised a hand to me and I, and I can't really recall him ever really screaming at me....I was really by his side a lot 'cause he liked to go outside and garden and he liked to build and I, I do all those things to this day because of, of what he taught me. He uh, probably the fondest memory I have with him is every Sunday, we would go off and we would um...go buy the paper, go buy bagels, go buy Nova...and it was a great, it was our morning. And we would drive back together.

Mitzi associated attention from her father with feelings about herself. She indicated that her father:

was like most typical Dads that they went to work.... When he left work, he came home. I do have recollections of him taking myself or all of us girls to work.

When I inquired, "How did you feel about that? What meaning did it have for you as a child?" Mitzi answered:

Oh! It was glorious! It was wonderful!...It was like somebody's paying attention to me, and, I must be, therefore, good 'cause I mean somebody sees some value in me.

Anita grew up in a large family and recalled that at age 10: Um, I remember the best thing of all was the first time we went to the movies. She [mother] took me to the

movies. We went to see 'That Darn Cat', and that was like, it was past the bedtime and everyone else had to go to bed and it was like sneakin' out with one another...So that was really cool...going to movies with my mother, I felt like an adult.

A few women, such as Ruth, had a sister who was an attentive caregiver. According to Ruth:

My older sister was the primary caretaker, uh, the one I remember until I was about um, 8 and...she got married. My sister read to us, gave us baths. My mother was kind of a distant figure...My sister filled in for my mother, and I accepted that's the way things were... I never thought I had a rotten mother.

Heather, an only child reflecting on her early relationship with her mother, indicated:

She was very nice and uh, took me to church, took me to the library every week. Um, and made sure I had food and clothes and - we didn't have very much money, but we had fun and we would race down the road, down the street together, and, um, so she took good care of me.

Heather felt close to her mother:

When she would read a story to me an' I would sit on her lap and we would sit and snuggle together.

I probed, "What did that mean to you as a little girl?"

Well, I guess that she loved me, ya' know. I was okay. And she was okay. And we were in it together. [Mom was between marriages.]

Ramona remembered:

Every once in a while they'd [parents] have music on ...and I can remember one day he [father] danced the polka with me, in the kitchen, which was really, oh I was so delighted that he did that!

Renee's father rarely spent time at home, or with his children. She felt especially close to her Dad as he comforted her when she had chicken pox:

He came home and he sat in the rocking chair...And Mom put a clean white sheet on him, and he held out his arms. (Pause and said emotionally) I'm sorry, I'm teary today - Held out his arms like this and I just remember that it was, I curled up and I was able to turn this way. It was the first time I'd been really comfortable because it was cool and cuddly. And I remember his rocking in the chair with me like this.

Phyllis, whose parents divorced when she was preschool age, said the following about her relationship with her mother:

It was an excellent relationship. She was more like a playmate. We went to movies together when I knew that other kids didn't do this - two or three nights a week 'cause we lived downtown where there were a lot of movie houses. I was an only child and I loved this. She was an older girlfriend....We shared a double bed.... And I liked this very much in my youth because on cold nights we would go the movies, we'd come home in winter, and we'd cuddle.

Rosemary reported on the only occasion she remembered feeling close to her father:

There was only one time that he and I ever did anything together....He took me along the tracks...to show me where his fishing hole was, where the kids used to go swimming. And that was the only time he ever showed me anything from his childhood, that he ever shared. Yeah. It was the longest talk that we ever had. I don't even remember what he told me. But it was the only time we ever had that unity, that bond.

Daughters' explanations on unavailable fathers are represented by June's perspective:

My father wasn't a big physical presence in our life, but we always knew we could go to him if we needed something monetarily....He just wasn't there emotionally for us. But, I just, I remember feeling loved by my father. Uh, I just don't remember being nurtured by him. He was always very concerned with making his business work so that he could give us what we needed.

A different perspective on an employed father, however, was portrayed by Nicole. Along with several siblings, Nicole was cared for by her father because her mother left the family when Nicole was 5 years old. Although she described an older sister who in many ways replaced her mother, Nicole said this about her father:

He loved us all. He, um, he just was there. I mean, he just was there all the time, no matter what your needs were. I could tell him anything. I could talk to him about anything and he would never say 'Oh you shouldn't do that,' and belittle you, or make you feel like garbage. He just was there. I don't know how to explain it. He just was a good guy....All of us feel the same way about my Dad....It's like my father was - I mean he was close to a god.

Iris recalled:

As a child, he [father] took time, whether it be 10

minutes a day or 10 minutes a week. If I needed that time, he would take that time.

Audrey recognized her alcoholic father's contributions to her childhood:

I'm constantly reminded of what good things he did for me....He appreciated the outdoors. He taught me to ski ....He took us on the train....took us out to dinner ....out on a boat....took me to an opera....the World's Fair in New York.

Fathers' responses on daughters' breaking up with boyfriends were important to Cynthia and Ramona. Cynthia said:

I can remember...I was uh, asked to be married by a boyfriend who I said 'No' to, and then this boyfriend just dropped me....I was crushed, and I remember crying over the phone, and my father was up there that night to get me and it was like a 3 hour drive. And he comes into the room and he sees me and he immediately starts crying...I started to cry and he holds and hugs me.... He had the soft side...so Dad, you know, that was great.

After Ramona was "devastated" by the break-up with her boyfriend:

I can remember I was sitting on my bed crying and he [father] came in and tried to soothe me. And took me out to have fried clams and ice cream. Uh, and I remember saying, you know, 'isn't this wonderful that he would do this with me at this painful time.' Um, but yet he was a man who was kind of uninvolved.

Shopping with mothers. Audrey's recollections introduce the theme on time spent shopping with mothers that was meaningful to numerous daughters. In response to Audrey's earlier statement I asked her, "How did you know that your mother loved you [as a girl]?" She answered:

I felt that she loved me, I was certainly well cared for. She seemed to enjoy having me around. She liked to take me places, you know, like take me with her shopping...I never really asked for a lot, but she gave me a lot....I became very close to my mother when I started looking for schools to go to. My senior year in high school we were very close. We bonded. The best days I remember with her are going out to look at schools and then we'd go out to lunch. And actually she used to take me clothes shopping. That was a nice time with her, she was really into clothes. And, uh, I enjoyed going with her to do that.

Ruth characterized the relationship with her mother as "distant

to combative." Responding to, "Can you tell me about a time [in childhood] when you did feel close to your mother?" Ruth replied:

Yes on Fridays uh, she would go grocery shopping, and I sometimes would get to go with her...and she would go to have her hair done and I would go, you know, sit in the hairdresser's office. Shopping, I liked shopping with her, clothes shopping. Then we'd go out to lunch, um...I have positive recollections of being alone with her and going grocery shopping, um, etcetera.

When Tonya shopped with her mother it was both eventful and a time of one-on-one interaction:

The one thing we did every year, once a year, is we would go on a holiday, referred to as Fast Day - it was the end of April. And we would go to [department store]...Um, and when she took me into [city], ahhh, 'I have her all to myself!' And that was great. I really enjoyed that.

Doris mentioned shopping as a time when her mother attended to her clothing needs for school:

The things that I appreciated about her was that we used to always get to go shopping for school clothes. And we always got the best, um, and we weren't a rich family by any means but we could always get Levi's.... She was the one who would do that, would take us to get our school clothes. We always were presentable.

While talking about their relationship as adults, Cynthia mentioned:

Mom also was a sweetheart in her love of buying me clothes. One of the fond memories is my mother and I used to shop together.

I clarified, "In childhood also?"

In childhood. Those were good times...with my surgery, she had to help me pick out clothes where it didn't show 'cause I was getting quite deformed...And then afterwards we would just take joy in buying stuff together. Uh, so those were really fun memories...we would have lunch together and...then I would have her one-on-one.

Negations on parents' time and attention. In addition to cherished childhood memories, women's reflections included negations on time with and attention from parents. Negations were indicated when parents' time and attention caused difficulties for daughters or were perceived as problematical and were, therefore, disparaged. Parents' attentive behaviors were disparaged when parental preferences were imposed on daughters. Time with parents was problematic at home and in public when



daughters felt embarrassed by parents' appearance or behaviors. Audrey and Gwen each appreciated her father's absence from important life events because she feared embarrassment over his drunken behaviors.

Ramona remembered the years in elementary school when she and her mother fought about styling Ramona's hair:

I had lovely hair at the time, it was naturally wavy . . . . And she would use the curling iron to just curl my hair cause 'page boys' were in at the time. And we used to fight like crazy. Fight like crazy, because she wanted it one way and I wanted it another way. . . . We used to fight like cats and dogs.

Robin called those short bangs across her forehead a form of "child abuse" by which her mother "tortured" her. She also loathed wearing a red bathing cap when swimming, as her mother required, and disparaged her mother's concern over and presence at her activities:

I hated to be different than anybody else. It had to be red. . . . I used to tell her, 'Mom, can I just leave it on top of my head and let my hair out?' No, no, no, she had to stuff it up there, and I can remember the screaming 'cause my hair would get caught in her rings and the rubber. I hated it! . . . . I hated that red bathing cap. I hated it! An' I was never allowed to go out into the water above my knees. And, my father was a very, very good swimmer, and. . . . he would take me out, and my mother would stand on the shore and just constantly, constantly watch. . . . She was so over-protective. . . . And I used to play baseball, so she would come and watch those games. But, she didn't know how to, she wouldn't be able to yell from the bleachers on what to do.

Rosemary felt embarrassed by her father's behavior at home:

He would get on my nerves. Because I'd, I'd be embarrassed. Okay. This is the kid telling you that I don't like a father farting on a chair sitting in his undershorts 'cause it's embarrassing. I think it's gross, you know.

About her mother, Rosemary said:

I didn't like to see her drink. It scared me. It scared me a lot. Because uh, I don't know, it was embarrassing. You'd see her fall, especially on the sidewalk.

Audrey and her mother were happy that her father missed her wedding:

He was not at my wedding because he was in the hospital. . . . I was thrilled. My mother was thrilled. You

couldn't have found a happier pair to when we found out, and I think he did it on purpose; he scheduled the surgery, I mean, to have it done but he could have worked around it. And uh, he paid for the wedding and he wasn't there....I knew that he would just, the wedding would be a disaster. He would get drunk. He would create a scene. It would be embarrassing.

Gwen reported that her father:  
didn't participate in anything I did....Uh, he didn't come to my high school graduation because we didn't tell him because we didn't want him to embarrass me, or my mother didn't want him embarrassing her, which to me I could care less...It wasn't important....if it made my mother feel better and more comfortable, and she could enjoy the moment, then it was more important for me for her to enjoy my ballet recital, or my piano recital, or my graduation, or whatever the heck it was.

Inattentive and unresponsive parents. The importance of parents' time with and attention to daughters was augmented in reports on inattentive and unresponsive parents. That parents did not spend time with, attend to, or respond to daughters were explicit among women's childhood memories.

Unavailable fathers were customarily excused as fulfilling their provider role. Among daughters who had employed mothers, however, several attributed mothers' lack of attention to her employment. Chronic lack of attention and unresponsiveness from mothers was especially distressful. In a few cases, daughters explained to themselves that an inattentive mother was compelled to work, or was distraught, overburdened, or overwhelmed. Bridgit said, for example:

I loved her, but I always felt she didn't have enough time for me. That she wasn't there. She wasn't there when I was sick....Uh, I resented the fact that she didn't have enough money; um, that she had to go to work; especially I hated that....I was sad that we didn't have enough time together.

Iris' mother was regularly required to be away from home in the evening because of her job. According to Iris:

She was not there for me physically...sometimes [not] emotionally.

In addition to employment, Tonya considered other reasons for her mother's chronic inattentiveness:

She was a working Mom....And a lot of my early childhood is I loved my mother a lot but she, I don't exactly remember her....As time goes on I remember her

coming home from work and my being very excited about it...Um, and wanted more of her than I felt I got.... I loved her a lot and felt I didn't get enough of her.

Tonya continued:

As an adult and I look back on this I, I don't know if that was a le, legitimate, maybe, I had a lot of her time and wanted more....She put a lot of time into this house and I was very, very resentful of that.

Tonya's mother was hospitalized for 3 months due to a "nervous breakdown" when Tonya was about 8 years old. On this experience Tonya reported:

I think I was thrilled she was coming home. Except when she came home she was not the same person she was, um earlier....I would say she was a distraught lady for 7 to 8 years. Certainly until I was 18. And it was a continual process of trying to get my mother's attention, and, she was just too preoccupied....What happened is that, you know, I would want her attention and just never got it...that was [a] very, very significant uh, thing in my childhood....And one of my feelings, memories of my mother is um, I would try and talk to her about my school day but, she really wasn't interested. Uh, or didn't want to hear about it, maybe she just didn't, didn't want to take that on.

Victoria associated her decision to be child-free with her employed mother's inattentiveness in childhood:

Um, my mother worked, um, full-time. And uh, just like women today, she was pretty harried when she got home from work and on weekends as well. Um, so, you know, we had our fun times but it was limited time....I just felt there wasn't too much um, attention coming my way and I think that's why I don't have children. I don't think I felt like the, the precious little child that I think children should feel like.

Carla cited an example of parents' unresponsiveness which she thought indicated her father's lack of understanding:

When I was really little, um, he didn't seem to handle little kids. You know, um, I remember the biggest thrill of my life was going to the dump with him. And if he was going to the dump there was an announcement, 'Dad's going to the dump!' So I rushed to get my sneakers and tie them on as fast as I could because I just wanted to go to the dump and he wouldn't recognize how important that was, so sometimes he'd just leave when I wasn't ready tying my sneaker. (Carla cried) - Um, this [interview], I didn't think it was gonna be like this. Um, so I don't think he understood the delicate nature of a little girl.

I asked Rosemary, "As a girl looking back on your childhood, is there anything you wish you could have told your mother but did not?" Rosemary replied:

Just stop drinking. And to pay attention to me. That I was there. That I existed....It's crazy. When you think about, wanted to be, you know, next to your mother, you know, want to be cooking with her...be helping her with something. It was always, 'I'll do it.'...'Go entertain yourself'....She got it done quicker alone, you know. Don't get in the way...find something to do.

Speaking about her frequent childhood nightmares, Norma said:  
I would never get any, nobody would really pay attention to me when I would be crying and scared and those nightmares were really real to me. It was really scary. I'd try and tell my Mom and she just thought I'd be stupid.

Times of tension in nonalcoholics' families. This section highlights times of tension or misunderstanding between daughters and nonalcoholic parents who were not excessively critical. Cases of chronic childhood tension or distress are reported in the next section on distressful daughter-parent relationships.

A few daughters of nonalcoholics did not recall any episode or time of tension or misunderstanding. Others apparently struggled to think of an answer, including a daughter who reported on that time in adolescence when she prepared beef stroganoff substituting yogurt for sour cream, which her mother did not appreciate. Another daughter, also hard pressed to think of any time of tension or misunderstanding, recalled with a chuckle that there was some tension with her father when the family puppy made a mess in the kitchen.

On tension with her father, Nicole reported:

Something silly, once. Yeah, that's when I remember tension once when I wanted to go and do something....I think it was probably the first time my father has ever told me to be back at a certain time. And he didn't want to hear anything; I had to do that. And I objected to it, and I told him, 'Yes, I would be back'....That was probably our biggest disagreement my Dad and I ever had....He was that way. You couldn't argue with him. He wouldn't let you....He never let there be tension.

While dating her husband before they married, Ramona recalled the following tense incident with her father. She and her boyfriend were kissing in the car parked in front of the family home, when:  
My father came and knocked on the window of the car.

And, uh, said, you know, 'It's time to come in.' And, uh, I was terribly, you know, terribly upset with him that he'd done that. And how dare he? You know, embarrass me like that!

Absence of tension, however, was not necessarily indicative of cohesive family relationships, as Victoria suggested when speaking about her father. After considering her relationship with her father, Victoria could not recall any time of tension or misunderstanding. Following a long pause, she said:

Well, a misunderstanding requires some real, genuine, communication, and I'd really have to think a long time for this...There wasn't much dialogue between us.

Associations between tense and close times in alcoholics' families. Tension and closeness were connected in two daughters' accounts on childhood family events. Gwen reported on a family routine that recurred with her father's intoxication. June described the circumstances surrounding one incident on which she felt the closest to her father as well as experienced the most tension.

I probed Gwen about a comment on childhood that she made in passing, "In what ways did you protect your mother?" Gwen answered:

My Mom spent most of the nights in my room...and my brother. We would just - when the fighting, the arguing got frenzied or just 'enough is enough - we need to go to sleep,' um, we would try to just sort of move her on upstairs into my room and just lock the door and just not open it; and you know, it was a crappy way to live your life and go to sleep every night; but at least once she was removed from the situation, my father would just either leave, or he would just go to sleep, and um, everybody could just go to sleep. Which probably included my little sister in my room too.

Gwen reported a sequel on this bedtime routine:

One thing my mother used to do at night, after my father would leave, and we'd be all in my room...we always ended up laughing. I don't know if it was just out of nerves. We'd all just be laughing ourselves to death...and crying and laughing and um, she just would say you know, 'At least we can go to bed laughing.' We would just make some kind of comedy out of everything.

Safe and close in Gwen's bedroom, mother and children used humor to relieve the tension caused by the fighting.

In the second example, June associated closeness and tension between she and her father. On being asked, "Tell me about a time when you felt close to your father in childhood," June described

her father's reaction and the exchanges that followed an incident which occurred between she and her alcoholic mother.

About the only time I can remember that I felt close to my father in childhood was one time after we had been emotionally estranged for a while, and uh, this was due to the fact that um, I had answered my mother back.

Mother screamed and yelled at June, and:

My father exploded and gave me a spanking, which is the only time I can remember my father ever doing this to me. And uh, I think he was madder at my mother than me, but, at the same time I was the cause of my mother's yelling. So, uh, after that my mother played on this thing for a while. For months. And she would tell me how my father never wanted me anyway. He tried to push me, her down the stairs when she was pregnant for me... and she, she nurtured this resentment towards my father. And uh, one day my father had had enough of me just sitting there and not talking to him, and he came over and, and he hugged me, and he said, 'I'm sorry for spanking you.' And I started crying.

In the ensuing conversation between June and her father, she explained that the spanking was less upsetting than hearing that she was not wanted. Her father said, "That was never, never, ever an issue." Furthermore, he corrected his wife's account on his pushing her during pregnancy. He indicated that they were not near the stairs, and he protected himself from his wife's argumentative attack on him.

On my next question, "Tell me about a time when there was tension and misunderstanding between you and your father," June said, "I just told you!" I responded:

Well but that one [incident] led to the closeness. Is that, does that also tie in with tension and misunderstanding, or is there anything else that stands out in your mind?

June answered:

Uh, no there really isn't. There really isn't. I think this was a period of tension and misunderstanding.

In the phenomenology of June's memories, the closest time ever with her father occurred when he hugged her, apologized, and told her that he had always wanted her. June felt closeness that was a result of being spanked and the estrangement after the spanking.

Gwen's father, the apparent instigator of family conflict, did not participate in mother and children's tension relieving experience. In June's case the conflict with, and subsequently exacerbated by, her mother led to tension and closeness with her father. According to each daughter's report, her alcoholic parent was excluded from, or did not participate in, the ensuing

closeness that other family members experienced.

#### Distressful Daughter-Parent Relationships

Reported here, in part, are reflections related to the research question, **How do relationships with parents vary among daughters and their nonalcoholic and alcoholic parents?** This question is also addressed in relationship histories and in experiential similarities and differences among informants on relating with parents.

Participants' reflections on early family life revealed childhoods were marred by parents' excessive criticism or alcoholism. In nonalcoholics' families, daughters who perceived their mothers were critical reported the most distressed daughter-parent relationships. Alcoholics' daughters were distressed by intoxicated mothers' and fathers' behaviors and, in some families, by a nonalcoholic parent's behaviors as well. Daughters of alcoholics were also distressed by parents' violence, arguing, yelling and screaming, as well as other behaviors that did and did not vary with parents' alcohol consumption.

#### Critical Mothers in Nonalcoholics' Families

Daughters in nonalcoholics' families who experienced chronic maternal criticism suffered distress across childhood and into adulthood. Nonalcoholics' daughters reports on feelings about critical mothers were similar in some respects to alcoholics daughters' reports on family relationships. For example, Ramona felt love and hate for her nonalcoholic mother in childhood.

Mother's chronic criticisms unmistakably characterized Mitzi's and Ramona's reflections on childhood. Mitzi recollected:

The overall feeling of those early years was that I could never do anything to make her happy. I always did the wrong thing. Couldn't do the right thing....Those are very clearly my memories, and there was a lot of contention between my Mom and I. An extraordinary amount....A lot of, uh, like, 'Stop eating so much. You're gonna grow to be as big as a house'....I was too loud. I talked too much. I said the wrong things. I mean, these, these are very, very clear, distinct memories I have of that time.

To the question: "How are you feeling [as a child]? Mitzi answered, "Insecure, Valueless."

Ramona recalled:

I had a mother at the time who was very controlling, very critical, a very good mother as far as being a good cook, keeping a very immaculate home, very concerned with what other people thought.

Asked "In what ways did you feel your mother was controlling and critical when you were a child?" Ramona responded:

If I did not do, if I did not behave in a way that she thought I should behave, she would become very cold toward me, very cold. And turn away from me, you know, I mean turn emotionally away from me....And I think critical in that I never looked quite well enough. I never did things quite well enough. If I helped her to clean house she'd go behind me and do it again.

In general, Ramona characterized her feelings about her mother in this way:

I loved her and I hated her....I hated her for a long time. And I loved her at the same time. It was a very disconcerting feeling....I resented her so much for, for being so critical and, and for not being loving.

### Alcoholics' Families

Considerable variation was found among alcoholics' families on daughters' experiences with alcoholic and with nonalcoholic parents. Childhood family environments ranged from those that were relatively calm compared to others that were chaotic and crisis laden. Degrees of family turmoil varied as alcoholic parents included those who were or were not violent, as well as stay-at-home or working mothers and fathers who drank regularly or were binge drinkers.

One daughter reported that she never observed her father drinking alcohol because he drank after work, before he returned home. An alcoholic mother's drinking progressed very slowly so that her daughter did not recognize the problem until many years into adulthood. In addition, this mother was evidently distraught long before her excessive consumption of alcohol.

The most prevalent themes found among women's reflections on early life alcoholics' families were: a) relationships were troubled, b) families were not cohesive, and c) daughters held paradoxical feelings about a parent. Consistent with previous empirical and clinical reports, girls experienced an absence of family cohesion that was replaced by family troubles, including chronic tension, conflict, confusion, unpredictability, violence, and crises.

Daughters intervened during verbal and physical conflict, accommodated parents' needs, experienced inconsistent parental affection and care, suffered beatings, were hypervigilant, and lost sleep. Emotions that characterized girls distressful experiences with and feelings about parents included fear, anger, hatred, sadness, embarrassment, and loneliness, or they experienced numbness. A few alcoholics' daughters were also chronically criticized by a parent, others desperately wanted parents' acceptance and approval. The following passages



represent girls' experiences in alcoholics' families.

Norma's slowly spoken words were ever so softly voiced, gentle, yet powerful. She seemed on the verge of tears, although she did not cry. Norma gave accounts of the abuse she suffered in childhood including one incident at about age 5 or 6 when her alcoholic father repeatedly kicked and beat her. In slow, soft words Norma continued:

And I remember to this day the welt marks. Uh, I remember, I know exactly what it feels like. I don't know how many whippings I had, but I know, I know it's a burning sensation in the beginning and then I know it's throbbing after, you know it starts. I know how they heal. I know what it's like.

She spoke a few more words. Then I said:

A short while ago you said you loved your Daddy. So how did the little girl handle these feelings when she was being abused? This was someone who she loved and was afraid of at the same time. (I used Norma's word, abused.)

Norma reacted:

I don't, I don't know. I mean I'd be afraid of him, and uh, I would never know when to talk to him. But I think after a while you know. 'Oh, he's been drinkin' and it's not good. Or, he's not drinking' - you could sense their moods and you know. So when he was okay I could sit on his lap and...he seemed affectionate, and he seemed to care how I felt....I'm not sure how I could understand that, or, how I accepted it....I had no one to turn to...I know it didn't feel good....I don't remember her [mother] saving us, but I do remember that particular incident that he - she'd say, 'You're gonna kill her! Stop!' I don't even, I don't know if I was unconscious. I just remember feeling numb. Numb my body, and I remember crying so hard I'd have like the hiccups. Crying myself to sleep.

Doris reported:

I think my father's drinking eliminated my childhood. Um, I, I don't feel like I had a childhood, I really don't....Um, and, had an incredible impact on, my sense of who I was as a kid. Um, incredible impact.

Rosemary recalled as a child of 8 or 9 years:

I can remember being in cars when uh, my folks would go in the bars, and sit there and wait for them, and wait for them, and wait for them. And have to go to the beer joint and walk into the beer joint and go get my father. It was like, it was a duty, you know. 'Go get your old man. He's at the beer joint,' you know. And

uh, it didn't feel right. It didn't feel right. I felt very awkward. Very, very awkward. It was scary.

Erica was with 6th grade playmates when a friend saw her father coming out of a tavern. All the children laughed, and she thought:

'Ooh, this must not be a good thing'...And then after that not being able to have friends over because he'd get drunk and he'd fall down and he'd be obnoxious and, uh, embarrass me....I never knew how he was gonna be from minute to minute...He would...shoot his gun off every New Year's Eve and you'd just hope you weren't gonna be in the way or he wasn't gonna shoot something or hurt himself and sometimes he would. He fell through windows, um, you just never knew what he was gonna do. And it just...it made it every day was just a, a big crisis....You never knew what was gonna happen that day. Something was usually bound to happen. It could be a fight, could be, um, things thrown all over the place, there'll be yelling, um....I was very angry with him. Very angry with him. Because at, there is just no need for him to be that way. We, we, we cared about him and why did he do this to us, I think is how I felt.

Recalling her alcoholic mother during childhood, Robin said:

There was constantly tension. 'Cause you couldn't say anything, 'cause she'd start drinking.

I asked Robin, "As a girl, did you feel like you caused her to drink?" "Oh, absolutely, absolutely," answered Robin. She went on to say:

Every breath I took was geared at not upsetting her. Um, I started to put on weight because that was a comfort to me. Um, then I went to a point where I didn't eat at all....Um, I used to go and water down her booze....I had a play room, and I'd lock the door on it....and she'd break the door down getting in.... There was no safe haven really. There was no where you could go. My Dad did the best he could, but his way of coping was to leave.

Robin spoke about her mother's many falls while she was intoxicated, including down flights of stairs, that often required her mother to be hospitalized. Consequently:

It got to a point that the hospital said, 'Don't bring her in anymore unless she's not breathing,' because she didn't remember it. She fought the ambulance drivers.

Robin was one of a few alcoholics' daughters who reported that as a child she asked her nonalcoholic parent - father - to leave with her. She recalled:

I used to say to him, 'Dad, why don't you leave Mom? Please. We have so much fun together. I'll make you

happy'....[I said that] all the time. All the time. He'd say, 'No, I love your mother,' and all this crap, and, um [then]....I could hear them screaming and yelling...I'd stand in front of my father as a little girl, and I'd defend my father, and I'd start screaming at my mother...and then things would quiet down, and everybody would go back to bed. And that's how I grew up.

When she graduated from high school, Robin reported:  
My mother took me to a restaurant...and she was so drunk and so happy that...I remember her dancing on the table. I go, 'Oh my God! Oh, my God!' So, that, that was cut short, and I came home....[thinking] 'Who is this woman? She deserves to die. God, give her another drink. Maybe she'll go out in front of a car and get killed.'

Doris reflected on her experiences with her father:  
I feared my father, as a little girl. Um, when he was drinking. I adored my father when he wasn't drinking....But most of my childhood I feared him. Um, he was um, a man who had no voice when he was sober. And when he drank...he was the most vocal. And he was violent. And he was out of control...He was unpredictable. There was a degree of predictability that when he got to a certain point of being intoxicated I knew something would happen. But what would happen I didn't know. And so I constantly feared that....[I] spent the entire night staying up...while he was awake to make sure he wouldn't fall asleep with a cigarette. And I remember sitting in my room thinking, 'other children this age aren't doing this.'

She continued:  
He was notorious for throwing the windows open, screaming and yelling, breaking things, um, calling the police, having the police called. Um, you name it it was done. He would shoot off the guns; he would do all this.

Following her parents' separation when Doris was in her teens, her drunken father refused to leave his wife's apartment. Doris was very concerned because her mother was then recovering from surgery. Police were called to remove Doris' father from the apartment. Doris added:

I felt mortified...I went after him physically. And I attacked him physically and they had to restrain me.... I felt like I could have killed him...and I remember screaming, 'Why do you have to be my father. Why can't you just be dead?'

After Doris said, "My father was extremely abusive to her [mother], physically abusive. Um, almost murdered her," I

responded, "You said very little about your father abusing your mother. Do you have some recollections of what that meant for you as a child?"

Those are the things that I have the feelings about. Those are the things that I have the s, s, very strong memories about. Um, I, I recall the, um, the adult word 'hypervigilance,' as a child my sense of feeling like I had to stay awake, always listening.... They [parents] would be upstairs fighting and arguing and I always felt as though I needed to be the one to intervene. Um, constant fear....Um, I remember she would go to bed and he would go in and wake her up and I would always wait for that I remember laying in my bed waiting for it, knowing it was gonna happen.

Doris spoke about tumultuous incidents, including the time her father "dumped a huge basket of laundry" on her sleeping mother:

He went on this tirade about what a poor housekeeper she was....He was constantly pouring beer on her to wake her up. Um, and so I remember all of that vividly and as child I remember feeling, helpless and yet not helpless. Um, because I was, I was the one who would go and intervene to keep them apart....I would get in the way until I would get knocked down. But he never, to the best of my knowledge, he never struck me, intentionally. I would get struck as he was trying to hit my mother. But I, I can remember more instances of those than I care to.

Cynthia remembered emptying her father's liquor bottles:

I would be upset with him 'cause I would find these bottles. He had these little brown bottles with black caps. I'll never forget 'em and he, his drug of choice was gin, Gordon's gin, and I can remember pouring the bottles out in front of him and him begging me not to do these kinds of things.

In answer to, "What were you feeling when that was happening?"

Cynthia replied:

Numb. I was pretty numb...I did not have an understanding, of what the al, what alcoholism was about. I had no understanding of that....This wasn't talked about when I was growing up. So I was pretty numb.

There also were cases in which daughters' experiences with mothers and fathers did not differ sharply according to parents' intoxication. Audrey and Bridgit reported that their fathers were violent and argumentative whether or not they were intoxicated. On her father's violence, Audrey indicated:

He could have these fits even when he wasn't drunk. The one and only time he really beat me up was when he was

sober...Most of the time, it was a question of him being drunk. But...it didn't have to be when he was drunk, but certainly we weren't happy. Well we kinda wanted him to drink to fall asleep. So...the alcohol was kind of a two-edged thing...I'm not sure we wanted him sober, because he wasn't a nice man either way.

Bridgit indicated that she felt constant tension whether or not her alcoholic father was drinking:

He was never happy with anything....Golly, it was horrible. It was terrible. All he talked about is we left the lights on, or we ironed a blouse without doing the rest of the ironing and that cost a lot of money. It was always money, money, money, costs money, costs money. We would wait till he was drunk to try and get some money out of him to get a pair of shoes. It seems as though he contributed nothing. Absolutely, positively nothing, except heartache and, and unrest... He had a violent temper. Uh, at one point he was going to hit my mother on the head with a chair and I intervened...He, um, had a gun in her head, at her head....it was just his violent temper. He had no control of his temper.

The fighting between her mother and father also caused Bridgit considerable distress in childhood:

I can't tell you how awful I felt about it. I'd have given anything to have stopped it and said, 'Never again. You can't fight like that. That's not right.' It is very upsetting to me, as a child. Very, very upsetting, unsettling, insecure, it made me feel so awful, that I would shake inside....You know, then for the rest of your life you have guts that, that react to every situation. Big time.

Pressed by her mother, adolescent Carla developed a "bizarre emotional link" to her father. Carla detailed the routine emotional accommodation practiced when her unemployed alcoholic father was sober. Her father spent most of his time sitting on an upholstered chair in the dark, finished basement. Carla explained:

I'd come home from school and she'd say [whispering], 'Your father's not doing too well today, do you think you could go downstairs and say hello to him?' So it was my duty to go make Dad feel better...give him a cup of coffee and just sit there, in the dark....And I would sit there, and it could be hours. Literally hours. Listening to his tirades and trying to say something that sounded really intelligent.

I inquired, "How did you feel about sitting there and having to listen to that, and being there in the basement with your Dad?"

Carla said:

Afraid...The funny thing is that I felt respected. I felt like, wow...he's talking to me as though I'm on his level...I tried really hard to not say something stupid, to say something really profound...I knew that would get his approval...Then it became a game of how do I get away from him...without destroying him by getting up and walking away, and I felt that would just devastate him if I walked away. So, I just hoped for an interruption of some sort...But, mostly going down, initially afraid, trembling, always shaking, always shaking....I never felt that he had a clue as to how I felt.

June experienced chronic tension due to her alcoholic mother's shouting:

In childhood, um, I can't remember any specific time that there was a lot of tension. I think there always was a lot of tension because I was a very quiet child. I went up to my room and read, and my mother would come up and scream at me in the hall....I can remember her just yelling and yelling...there was no rhyme or reason and I couldn't even hear her words because it was only the noise that I heard....My mother was a screamer. Uh, she screamed a lot. Loud, and on end...it was just like it went on and on and on, forever! And uh, I, I would block out the actual words...It would go round and round in my head. The noise, the screaming, and the words didn't mean anything.

Norma's accounts on her mother's behavior demonstrated that among alcoholics' families a distraught nonalcoholic parent might also behave in ways that distress and harm children:

My Mom everytime she was upset, she would um, I don't think she would behave like a responsible adult. No one that I could talk to or lean on with my problems. She would cry hysterically and she would collapse on the floor, and would - God....My father was abusive to her.

In addition:

My Mom could be so cruel (returning Norma's gifts in anger). And the pain that my father gave me, the abuse, was not as painful as the things my Mom did, even though he was the one that drank. But I think somehow his drinking affected my Mom. She was just not a loving woman.

According to her mother, when Norma was a toddler, mother usually placed her in and tied her to a chair. Norma's walking ability was developmentally delayed. Furthermore, Norma had scurvy during her preschool years which suggests that she was malnourished.

Erica said the following about her alcoholic father:

I remember him being really critical of me. Um, I can remember being picked on if...I ate too much ice cream ...I was 'gonna get fat' or I was 'getting too fat' or I, um did this or this was gonna happen, you know, because I wasn't just perfect.

I asked Erica, "How did you feel as a little girl when, when those things were being said to you?" She replied:

Uh, really sad. Really sad and angry, I just, uh, I think I just wanted to make him happy. Like I just wanted to please him and I wanted to please my mother.

Carla recalled tearfully that as a young adolescent she feigned a suicide attempt which her mother dismissed as unimportant. On remembering that incident, Carla noted:

The whole time I was a teenager I desperately wanted her attention.

#### Summary: Meaningful Early Life Experiences

Daughters' reflections on childhood relationships with mothers and fathers revealed the importance of spending time with attentive parents. Cherished childhood memories featured daughters interacting with parents in diverse activities. Girls participated with parents in routine family activities, such as helping with gardening or household chores, and family leisure activities, like camping and travel. Many respondents cherished shopping with mothers. Nonalcoholics' families had cohesive intergenerational relationships in which daughters felt secure and loved as attentive parents apparently enjoyed their company.

Reflections on inattentive and unresponsive parents, perceived as problematical, substantiated the importance of parents' time and attention. When daughters perceived parents' lack of time and attention was related to their employment, inattentive fathers were more readily excused than mothers. Daughters disparaged time with parents if they found it embarrassing. Parents' attention was disparaged when parental preferences were imposed on daughters.

Incidents of tension or misunderstanding with parents were relatively rare among reports made by nonalcoholics' compared to alcoholics' daughters. Tension and closeness were experientially connected for two daughters who each had an alcoholic and a nonalcoholic parent.

Most problematic were parents' chronic behaviors that distressed daughters. Significant childhood distress was reported by nonalcoholics' daughters who had critical mothers and by alcoholics' daughters. Daughters' reflections revealed that some alcoholics' families had a calm home life while others

experienced chronic chaos and crises. Relationships were troubled, families were not cohesive, and daughters felt paradoxical feelings about parents in the presence of parental alcoholism. Women's experiences in early life alcoholics' families were consistent with earlier clinical and empirical reports. Parents' behaviors that distressed girls included adverse criticisms, as well as shouting, arguing, and violence that did or did not coincide with parents' intoxication.

### Later Life Relationships

Informants' reflections on adult daughter-parent relationships addressed the second part of this research question: **What experiences are meaningful to women when they describe early and later life relationships with parents?** Daughters' perceptions of meaningful experiences on later life intergenerational relationships are presented here. The section on relationship histories reports research results that address women's closeness to parents. Additional reflections about adult daughter-parent relationships appear in the section on adult experiences that affected feelings about parents. Included in that section are accounts on understanding parents as well as daughters' reflections on supporting and interacting with impaired, dying, or aging parents.

### Parents' Support

Respondents received parents instrumental help with home repairs and babysitting. Financial assistance to and from parents and daughters was also reported. Most meaningful to many women, however, were mothers' help during pregnancy and with infants and parents emotional support.

Reflections on adult relationships included daughters' judgements on the appropriateness of parents help. Especially during pregnancy and on babies' arrivals, daughters judged whether or not mothers support was appropriate.

Mothers' help on babies' arrivals. Some mothers gave assistance that daughters welcomed and appreciated. June, for example, recalled when she was bedridden during her first pregnancy:

My mother did take me back and she was very good to me during that time. Uh, she brought my food up, and uh, I don't remember any nastiness from her during that time. Uh, she treated me as an adult. An adult in need.

Another daughter, with serious complications during repeated pregnancies, found her mother very supportive:

I had tremendous complications um, with pregnancy....I lost our first baby after about 5 years of infertility and I lost our baby about 5 months along. And then um,



I had to be bedridden for the second two pregnancies. And my mother was wonderful. She was there to help in, in any way she could....I have had more support as an adult from my Mom than I did as a child I think.

Audrey recalled that her mother:

loved babies. And she was greatly excited every time I was pregnant. And uh, probably most with the first one...She came down for 2 weeks. And, she was wonderful....She was extremely affectionate physically....She believed in holding babies 24 hours a day if possible and I agree. So, so that was a nice bonding and plus she did things for me. She worried about me, well, you know, 'Go take a nap, let me do this, let me do that.'

Other mothers over-stayed their welcome, or daughters found their advice and help were inappropriate. When her mother came to help Renee and her infant, a very small apartment became overly crowded. Furthermore, their marital relationship was strained by her presence because Renee's mother and husband did not get along. Bridgit was upset when her mother insisted that Bridgit not open the refrigerator door as the cold temperature would harm her breast milk and therefore the baby.

Although appreciated by June when bedridden, mother's support was problematic:

Waiting those last couple of weeks...was just hell with mother there. I watched her go through wine a gallon at a time....After the baby was born she became a little overbearing because she felt she knew what was best, and um, I didn't leave my child with her. I was afraid to because I knew her alcoholism.

On a later baby's arrival, June remarked:

I watched her take that [liquor bottle] and tip it up and just guzzle it down. And I thought, you know, I had this year old baby and this two year old baby and, I thought, you know, 'What's gonna happen when I'm in the hospital,' and I was just frantic all that time....I couldn't refuse her coming out, it was like she just took over the whole thing.

June struggled as well over her mother's poor hygiene such as indicated by dirty diapers placed on the kitchen counter. In addition, June thought:

I couldn't even say things to her 'cause if I did say anything she would tell me how I ought to be glad she was out there helping me.

A critical mother's disdainful reaction to one woman's miscarriage indicated that she failed to empathize with or support her daughter. To exemplify the "animosity" she felt with

her mother, Mitzi used this incident:

I remember my first pregnancy ended in a miscarriage. And the day I got home from the hospital...I was talking to her on the phone...and the conversation was very, very angry...on her part...Finally she just said, 'Well if you had really wanted this baby you would have done everything you could have done to save it.'

Emotional support. As shown by the previous passage, negative cases sharpen perceptions on experiential phenomena. Mother's adverse criticism in that passage evokes antagonism, and in so doing reveals the importance of parents' emotional support to adult daughters. Based on women's perspectives, relationships with parents were enhanced when emotional support included parents' empathy, understanding, acceptance, and approval. These types of reactions validated daughters' experiences. Daughters sought and appreciated parents' recognition and enthusiasm on educational and career endeavors and accomplishments. Parents' acceptance and approval was sought on partner and lifestyle choices. Women were disappointed, hurt, or distressed if indications of emotional support were missing, or their feelings were not validated, or parents' scorned daughters.

On informants' divorce, for example, parents' reactions could enhance or weaken daughter-parent relationships. Women appreciated parents who demonstrated that they understood and accepted daughters' decisions to divorce. Or, daughters were emotionally distanced from parents if they failed to understand and accept divorce decisions, particularly when daughters' former husbands were supported. Nicole appreciated her father's support, reporting:

When I told him that I was gonna get a divorce, he asked me why and I told him. And he said he understood and he would stand by me. He couldn't stand by me with monetary things - money or housing or possessions, or anything like that - but he would be there if I needed to talk...He was sorry to hear that I was having problems, but he understood. He understood.

When Tina, Iris, and Ramona divorced their husbands, their parents neither supported nor validated their decisions. Tina recalled:

They told me...'You made your bed,' and I don't think they realized just how, um, things were...What's more they didn't want to know...They also were supportive of my ex-husband...When I was going through the divorce, I finally said to my mother, 'I'm your child. I'm your child...I'm the one going through this. Don't support [husband]...They had no experience with anything that I was going through...and I felt like I

had to make them understand, and it was hard 'cause I always felt like everything was my fault...I didn't feel like there was support. There was no support for my decision.

Iris' recollection reveals that her mother did not accept or validate her daughter's experience:

She said something to the effect, 'Oh, too bad that you had to get divorced.' So I finally spoke out...'Mom, you would never believe this before...You never hear it. The guy was a rotten bastard. I don't care how much money he had....It was a miserable marriage...But you blame me for the whole thing and it wasn't my fault.' She said nothing. She tightened her lips and she said nothing.

Like Iris, Ramona was also distanced from her mother when she failed to understand Ramona's decision to divorce:

[She] blamed me for my father's death...She told other people that, not me. She said it was because of my divorce that my father died.

I asked Ramona how she felt on hearing these reports:

I was very angry with her. Very angry. And I told her so. But it seemed as though I was talking at her. It seemed as though I couldn't penetrate to her, understanding....It's almost like she didn't want to hear it....She couldn't deal with it, emotionally...She never really experienced anything so devastating.

Women also struggled over disclosing important private information to parents. For example, one daughter struggled about whether to disclose to her parents that she was recently treated for manic depression and taking medication, and she did not.

For two informants who disclosed their lesbianism to their mothers, relationships were enhanced as mothers accepted their daughters' sexual orientation. One woman said:

There was that time that I came out to her. Um, 'cause I'm a lesbian...And felt like I needed to tell her for me. And her response was so accepting. Um, she, she was quite accepting and said all the right things and then had her normal process...'I can't deal with this'.... But, in every time was always, 'But I love you'...And I could really hear that....She came through for me.

On coming out to her mother, another daughter recollected: Referring to the time I told my mother I was a lesbian ...I didn't know what kind of response she would have. She could've just said, 'Get out of my house'....I think she had the best reaction you could ever expect from a person who was in her 70s...She didn't want me

to tell...any of her friends but, as long as I didn't do that, uh, it was all right, which was nice. And we hugged each other and it was just real nice.

#### Reciprocity on Emotional Support

A few daughters reported on mutually supportive interactions with their parents. Heather and Muriel each felt close to mother as a child and as an adult, and they reciprocated mothers' emotional support as adults. Heather briefly noted the mutual love and support between she and her mother:

We were able to say that we loved each other and support each other in what was happening...and whatever basically that I wanted to do with my life was just fine with her.

Muriel described a period in young adulthood when she and her widowed mother shared common experiences and mutual support:

One of the things that showed itself to me early...was how much my mother and I had in common at that point. I was single...taking care of a car...an apartment, making decisions independently. And my mother um, [of] course had been single again...having to make all those decisions on her own...and I could relate to what she had already been experiencing. And there were occasions when...we would stay up until 1 or 2 in the morning talking. Sometimes crying in each others arms. Not so much sadness, but a recognition of what we had in common...and probably some of it was frustration with what we were experiencing too.

Speaking about their current relationship, Muriel added:

We do not agree on everything, by any means. Um, but we're also able to sort of back up from those things or just put 'em aside and say, okay, and move on...The closeness now, I think is based on all of those things we've gone through but also a recognition that um, she's a very strong person...She's very supportive and loving. And I try to, to be that to her as well....She still has a lot to impart. And um, that's part of the closeness.

Supportive interactions between Cynthia and her mother are routine:

We talk to each other daily...I always call her and say, 'Whatchya doin' today?'...If I'm gonna go on an errand and I can fit her in on the errand kinda thing, I just zip by her house, you know, and pick her up... She's flexible enough to just stop what she's doing and come....It's gonna be a tremendous loss for me, when, when the day comes for me to, to lose my Mom, 'cause she's really a part, I mean she's a part of our family.

You know...now that Dad has died we're trying to have her live a little bit.

#### Summary: Meaningful Later Life Experiences

On describing relationships in later life, parents' supportive behaviors were most meaningful to daughters. Especially important were mothers' help on babies' arrivals and parents emotional support. Mothers help was problematic if daughters perceived their suggestions or helping behaviors were inappropriate.

Women sought and appreciated parents' understanding, acceptance, and approval. They were disappointed or hurt by parents' failure to provide emotional support, and parents' scorn. Divorced women were distanced from parents who could not understand and accept divorce decisions. Lesbians who came out to their mothers were pleased about mothers' acceptance and continued emotional support. Mutually supportive daughter-mother interactions were reported by women who felt close to mothers.

#### Relationship Histories

Two research questions addressed daughter-parent relationships over time. These questions were: a) **Do women experience connections between their feelings about parents in childhood and adulthood?**; and b) **Is there variation among daughters on affection, warmth, closeness, understanding, trust, and respect for parents according to early family experiences with and without parental alcoholism?**

The above questions explicitly and implicitly called for a temporal analysis on daughters' relationships with mothers and with fathers. When women's reflections on relationships with parents were examined over time, parallel cases emerged. Daughter-parent relationships were, therefore, characterized and categorized according to their relationship histories. Each daughter's relationship fit a mutually exclusive category; exceptional cases within categories are also reported.

Constructs included in question b) were not found in every informant's reflections. These constructs were affection, warmth, understanding, trust, and respect. Closeness was used to categorize relationship histories as each woman did report on whether or not she felt close to her mother and to her father. Findings on closeness in childhood and in adulthood revealed that women's feelings about parents were affected by their perceptions on childhood experiences. Furthermore, changes on women's closeness to parents over time were documented, including relationships that changed from not close to very close and others that vacillated.

Daughter-mother and daughter-father relationships were separately

categorized. That is because daughter-father dyads were more often disrupted than daughter-mother dyads, as reported below. Also, cases were found in which women felt closer to one parent than the other.

Informants' mothers were their primary caregivers, except for Nicole's father. In a few families, sisters as well as mothers served as children's caretakers. Two girls resided with relatives other than their parents. One daughter of nonalcoholic parents lived for 18 years with grandparents in a house that was in very close proximity to her parents' home. A second girl resided with an aunt and uncle's family on weekdays during her first 7 years, and spent weekends with her alcoholic parents. She asked to be, and was, brought home at age 7. Each daughter was told that the living arrangement was made because her mother and father were employed. In the first woman's case, she was not close to her mother, and felt closer to her father in adulthood than in childhood. The second daughter was not close to either parent.

During adolescence a few daughter-parent relationships were strained, as reported by daughters who did and who did not feel close to parents. For example, one informant indicated that she "was a typical teenage bitch" who thought her mother "didn't know anything." Others who recounted similar adolescent experiences added that parents did not understand them. Among women who were not close, adolescent daughters were more likely to feel and to express increased anger toward parents. Changes on closeness that occurred briefly due to relationship strain in adolescence were not used to characterize relationship histories.

Carla's exceptional case is reported in daughters' relationships with fathers. Not close to either parent, Carla was alienated from her father, and estranged from both parents for years. She subsequently contacted her parents and reestablished relationships with her mother and with her father.

#### Relationships with Mothers

For the 26 informants, 25 daughter-mother relationship histories could be categorized because Nicole, after age 5, did not have a relationship with her mother. Mothers of 16 women were living. Two mothers died when informants were in their 30s; 7 daughters were in their 40s and 50s when their mothers died.

On daughters' closeness with mothers, four relationship history categories were formed. One group of women felt close to mothers in childhood and in adulthood. A second, and largest, group of informants did not feel close to mothers in childhood or in adulthood. In the third group were women who in early life were not close to mothers but became close as adults. Daughter-mother relationships that vacillated over time formed a fourth group.

Respondents',  $n=25$ , relationship histories were distributed as follows: a) close in childhood and in adulthood: 24%,  $n=6$ ; b) not close in childhood nor in adulthood: 56%,  $n=14$ ; c) not close in childhood and close in adulthood: 8%,  $n=2$ ; and d) vacillating relationships: 12%,  $n=3$ .

Table 7.1 shows that as children and as adults Group 1 alcoholics' daughters did not feel close to their mothers, or their close feelings vacillated over time. The two Group 1 daughters whose feelings vacillated had an alcoholic mother; one had a nonalcoholic father and the other's father was alcoholic. Each of the four Group 2 alcoholics' daughters had a father only alcoholic.

Table 7.1, Daughters' Closeness to Mother

	Group		
	1 (11)	2 (4)	3 (10) <sup>a</sup>
Close as child and adult	-	2	4
Not close as child or adult	9	2	3
Not close as child, close as adult	-	-	2
Vacillated	2	-	1

Note. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

<sup>a</sup> $n$  reflects childhood loss of mother.

Close in childhood and in adulthood. Four nonalcoholics' and two alcoholics' daughters felt close to mothers in childhood and adulthood. Among these cases were nonalcoholics' daughters who characterized their childhoods with cherished memories on cohesive family relationships. Each of the two alcoholics' daughters felt close to her nonalcoholic mother, but not consistently close to her alcoholic father. Three daughters who always felt close to their mothers indicated they felt even closer in adulthood. For example, Heather reported:

We had a very loving relationship and as we grew older it got even better which was nice.

Anita described her current close relationship with her mother: I'm very close to my mother right now. We talk on the telephone 2 or 3 times a week, and um, they go away in the winter...and I don't like it at all...It really bothers me....I mean I'm slowly adjusting, but I don't like it....I really miss having them around. Even if it's just to talk on a daily basis, about, you know, the things we did, what the kids are doing....And maybe it's just that I know she's not

gonna be around forever, too. So, I feel like I wanna be as close to her as possible.

Not close in childhood nor in adulthood. Three nonalcoholics' and 11 alcoholics' daughters did not feel close to mothers in childhood or in adulthood. Represented in this category, therefore, are 30%,  $n=10$ , and 73%,  $n=15$ , of informants who were daughters of nonalcoholics and alcoholics, respectively. These women included daughters who had a critical mother, an alcoholic mother, an alcoholic father, or an alcoholic mother and father. Two daughters in this group did not have critical or alcoholic parents, but had employed mothers who they perceived were inattentive and emotionally unavailable in childhood.

When asked about a time when they felt close to mother in childhood, many women in this group did not recall any such time. Or, they remembered specific, uncharacteristic incidents. A few examples included:

No. I can't tell you a time I felt close to my Mom until I was 17 and I got pregnant. That was the first time she told me she loved me.

On her relationship with her mother, Erica said:

I can't remember ever feeling close to her. I really can't....Our personalities just kinda clashed....I didn't feel like I could sit down and be really comfortable with her, or like I could curl up in her arms and...be a little girl...I just felt tense, like it [home] wasn't a relaxed, comfortable place to be.

Another woman stated:

In all honesty, I don't think that there was one. No. No. My Mom, I don't know if by nature, or if it was me or her, or what, never one to disclose, never one to get personal like that, or to get close to.

A daughter of nonalcoholics, Iris said of her mother:

Every time she gave me advice and I started feeling love for her and warmth, she would put a knife in my back and twist it - every time.

Iris occasionally called her mother a "back-stabber," exemplified by an incident that occurred after her mother briefly cared for Iris' baby. A mutual acquaintance informed Iris that she considered telling authorities that Iris abused her baby, as reportedly said by Iris' mother. This angered Iris because the baby had a diaper rash on her buttocks. According to Iris, when she tried to get close to her mother:

She just back-stabbed me all the time....We fought back and forth and we had a terrible, terrible time, and it would go on for 3, 4 weeks...sometimes months that I



wouldn't even talk to her...I tried to get close to her and then she'd stab me again. So it continued that way for many, many years.

Iris also said:

I love her because she's my mother, but I do not like her. I do not like her as a person, and to this day.

Ruth summarized her feelings:

I always regretted as an, a young adult, that I could not feel close to my mother. Uh, we got along, you know. We didn't fight but I really still, um, never felt close to her. I felt sorry for her but I didn't uh, form a close relationship.

Regarding the relationship with her critical mother Mitzi reported:

I don't feel that my Mom and I really ever had a good relationship.

Mitzi used the following analogy on chemicals to compare and explain her relationships with her mother and mother-in-law:

I feel love towards my mother-in-law. That's the kind of love that I think appropriately should be with a blood mother. I do love my mother, but it's not that kind of love. It's a different kind of love.

This is how I view my Mom and I. We're two chemicals and you get this reaction. There's really nothing you can do about it because the stage was set with the choice of chemicals. And I have my mother-in-law, whose another chemical and you put my mother-in-law and I together and for the very same reasons you wind up with a totally different kind of love.

Not close in childhood and close in adulthood. Tina's and Ramona's accounts revealed changed intergenerational relationships as strained early relations evolved in later life to close ones. Although not close in childhood, Tina experienced closeness to her mother as an adult, and she felt differing degrees of closeness. Describing her child self, Tina indicated she was "very stubborn" and "head-strong." She repeatedly said, "I don't know why" when reporting that she was angry with her mother as a child and as a teenager:

I always seemed like I was mad at my mother, you know. An, angry because, I don't know, and I can't remember why...Because she didn't let me do what I wanted to do, or um, just, um, I don't know.

After several attempts to think through and explain her feelings, Tina said:

On one hand I'm mad at my mother. On the other hand it's like, you know, you really clung to her, you know, she was just there. She was there for you and, and that

was something you took for granted - there, I said it. Just took for granted that your mother was gonna be there.

As a young married woman, Tina felt very close to each parent, especially her mother:

After I got married...my parents became what my husband should have been. They were my best friends. They were my confidants....My mother was my link with the world ....So I guess I got closer to them um, in adulthood... much closer than childhood....I became very dependent on my mother.

The degree of closeness Tina felt in early adulthood did diminish:

That was really hard after I got divorced because um, I cut the apron strings, and that really, really bothered her [mother].

Tina explained that she thought her employment contributed to the diminished closeness with her mother. Today Tina continues to have close feelings for her mother, but she feels less close than she did as a young adult.

Mother's adverse criticisms persisted into Ramona's early 30s. After Ramona confronted her mother, their relationship slowly evolved into a very close one. Regarding their interactions, Ramona recalled:

As an adult daughter, uh, my mother was not too happy with me....My dress looked too short, and my hair didn't look just right or she'd walk in my house and tell me how messy it was or why didn't I do this, or why didn't I do that. I don't even think the woman really was anywhere nearly aware of what she was doing and what it was doing [to me].

Ramona then described the emotional breakthrough with her mother that led them to a very close friendship:

I finally just broke down in front of her and started sobbing...I said to her, 'You can't continue to do this to me. I won't take it any more! I will not allow you to do this to me any longer!' And we cried...and she told me she never realized what she was doing....I finally told her that I needed her and I needed her support and that I wanted to be close to her....Very gradually...[we became] very good friends.

Tina and Ramona indicated that therapy had an important impact on how they interacted with their parents. Those experiences and Ramona's relationship with her dying mother are reported in the section on adult experiences that affected feelings about parents.

Vacillating relationships. Three daughters portrayed relationships with mothers that vacillated. Feeling close to their mothers in early life, they subsequently experienced distinct, lengthy periods of not feeling close, and again felt close to mothers in later life.

Tonya remembered feeling close as a young child, during college years, and in middle age. She was not close to, and often resented, her mother during middle and late childhood, most of her adolescence, and in her 20s, 30s, and early 40s. Close feelings changed to not close after brothers were born and in the years when Tonya perceived her mother was distraught, preoccupied with her job, and consumed excess alcohol. Tonya felt closer to her mother during the college years as they were employed at the same workplace, and mother helped her with incidentals, such as, contact lenses.

Having participated in therapy during her 40s, Tonya angrily confronted her mother about her lack of attention and emotional support. Over a period of 8-9 years Tonya's feelings gradually changed; by the end of that time she felt much closer to her mother. The change in closeness that Tonya felt was attributed to her "adult perspective," mother's sobriety, and father's death.

As a young girl Doris was close to her mother. Because she sheltered Doris from her father's alcoholism, Doris felt especially betrayed when her mother started to drink heavily. "Our relationship deteriorated rapidly," Doris said. At the onset of her mother's drinking:

I, hated, um, that's what it felt like...I would say to her, 'I hate you'....She got into a sort of a stupor... I felt repulsed...when I would see her it was I couldn't be in the same room with her. I would just feel this sickening repulsion.

Decades of family turmoil followed as both of Doris' parents were alcoholic from her late elementary school years into her adulthood. Their estranged relationship was exacerbated by mother's departure from the family. Doris began to attend support groups in adolescence and later participated in therapy. During those years, her mother attended Alcoholics Anonymous meetings, and she stopped drinking. Doris reported that in her 30s:

I recall specifically the conversation around how I felt as a child...What sticks in my mind was, 'I [mother] did the best I could. And I'm sorry....But I'm not gonna spend the rest of my life feeling guilty. Because there's nothing I can do about it'....We went through a period of time when I said to her, 'You can never be my mother, because you were never my mother'....The part that came, that I was focusing on was... 'But we can have at least a friendship'....It's sort

of [now] triggering a sense of sadness and grief and loss....I never imagined when I said that that she would be the friend to me that she is today....It just happened so gradually.

In recent years Doris and her mother have supported each other. When Doris suffered an episode of major depression, for example, her mother left work to be with Doris. They also vacation together. Doris indicated:

My relationship with my mother is, um, just healed over time. Um, she is today probably my best friend....I don't know how I can live right now with the thought of losing my mother. Um, which is an incredible turn around from where my relationship was with her.

To person's who hear about Doris' relationship with her mother, she asked that this important message be conveyed:

One can heal and go from a relationship that was, that was or is so incredibly damaged, to one that can be so incredibly healing.

Phyllis was very close to her mother until adolescence when they began to argue about Phyllis' desire to live as a free spirited, unemployed, "beatnik." She worked briefly as a secretary, but disavowed employment to interact with like-minded spirits and to write. Because Phyllis stayed in her childhood home, dependent on her employed mother, mother and daughter argued over Phyllis' lifestyle:

She presented herself as an obstacle to my wanting to be a free spirit for years, and years, and years.

Frustrated and resigned, Phyllis' mother abandoned attempts to convince Phyllis to leave home and to lead an ordinary life. They tolerated each other's presence until Phyllis left home in her late 30s. Reflecting on their relationship Phyllis said:

I felt she was the only person in my life other than my husband who I could say any old thing I wanted to in any fashion and she'd still love me the next day....

It started hitting me when I was about 40...I must've been one hell of a person to live with...And I started to realize that this had been her castle. I had had no business telling her what I was gonna do there.

Visiting and communicating regularly with each other during Phyllis' 40s, the two women reestablished a very close mother-daughter relationship.

### Relationships with Fathers

Daughter-father relationship histories varied more than daughter-mother relationships. Several factors contributed to variability among daughters' relationships with fathers. These factors included disrupted relationships as well as differences on the onset, intensity, and duration of fathers' alcoholism or violence. In addition, mixed feelings about fathers were more

prevalent compared to mothers.

Daughters' relationships with fathers were disrupted by divorce, death, and father's absence. Two women, one each after age 3 and age 14, had no contact with fathers following their parents' divorce. Another informant whose biological parents divorced when she was age 3, at age 7 acquired a step-father on her mother's remarriage; thereafter, she perceived her step-father to be her father. This daughter-father dyad is, therefore, included among others. Also, she had limited contact with her biological father, and she reported that their relationship was never close. One daughter was age 8 and a second was 14 years of age when their fathers died.

At interview time, 7 of 26 respondents' fathers were known to be alive. Two women did not know their fathers' whereabouts or whether or not they were deceased. Seventeen women were under age 50 when their fathers died: 12 fathers died when daughters were in their 30s or 40s, and 3 died during women's 20s. One father was absent from the family during the respondent's ages 3 to 12, in part because of military service. This daughter was not close to her father.

Thus of the 26 women interviewed, 4 lost fathers in childhood, and 3 lost fathers in early adulthood. Daughter-father relationship histories, therefore, included 22 pairs that ranged from daughters' childhoods into adulthoods. Nineteen daughter-father relationships spanned into and beyond a daughter's age 30.

Among the four women who as girls lost a father, one had no memory of him. Of the remaining three, one did not and two did feel close to fathers in childhood before parents' divorce or fathers' deaths, respectively.

Daughters' closeness with fathers was categorized on 22 relationship histories as follows: a) close in childhood and in adulthood: 18%,  $n=4$ ; b) not close as a child or as an adult: 41%,  $n=9$ ; c) felt some closeness as a child: 27%,  $n=6$ ; d) not close in childhood and closer as an adult: 14%,  $n=3$ . The category "felt some closeness as a child" includes a few daughters who felt close again when fathers neared death.

Table 7.2 shows that alcoholics' daughters either did not feel close to their fathers, or, they felt some closeness as a child, or as an adult. These included cases of father only, mother only, and both parents alcoholic.

Table 7.2, Daughters' Closeness to Father

	Group		
	1 (10) <sup>a</sup>	2 (4)	3 (8) <sup>a</sup>
Close as child and adult	-	-	4
Not close as child or adult	6	2	1
Felt some closeness as child	3	2	1
Not close as child, closer as adult	1	-	2

Note. Group 1: alcoholics' daughters active in therapeutic experiences in 1989. Group 2: alcoholics' daughters not active in therapeutic experiences in 1989. Group 3: nonalcoholics' daughters.

<sup>a</sup>n's reflect childhood losses on divorce or death.

Close in childhood and in adulthood. Four daughters of nonalcoholics had close feelings for their fathers across childhood and adulthood. Iris cried as she spoke about her deceased father calling him "kind, good, and loving." Her childhood memories included:

Never speaking harshly, never yelling at me, never correcting me, always saying to me, 'All right, daughter, you did the best you could. It's okay'... Always giving me a pat on the back or rewarding praise ....I felt close to my father all the time...I loved him very much.

After Iris' parents divorced when she was an adult, Iris and her father became very close:

He was always there for me emotionally...My father and I, as far as emotions and love, we were the same. So we got to be friends. We could talk as friends. Talk about our feelings and our love about people, and the way we felt about life...We would always hug and kiss when we saw one another. Um, he was my friend, and I miss him ....I believe he sometimes is my angel and looks down on me, you know, and takes care of me.

Heather felt close to her father "in general," saying:

He was a great father...He was very nice...He was funny and he was very kind, and he helped people in trouble.

Not close as a child or as an adult. Among the nine women who did not feel close to fathers in childhood or in adulthood were eight daughters of alcoholic fathers and one daughter of nonalcoholic parents. Bridgit and Alice, quoted below, had alcoholic fathers. Other reflections on alcoholic fathers are reported in distressful childhood relationships and later life relationships

with parents.

When Bridgit was asked "Was there ever a time when you felt close to your father?" she replied:

Never. Never, never, never. Uh, except, well, maybe a little bit when he was dying.

As did many women, Alice talked about her hard working alcoholic father who generally did not interact with his daughter:

My Dad worked as a butcher. He worked long, hard da, hours. And, when he came home, he didn't want to be bothered. It was just, 'Shut up. Leave me alone'....We had to walk around to make sure that we were quiet be, because Dad was the, the main breadwinner...I didn't have a relationship with my father.

I inquired, "Can you tell me about a time when you did feel close to your father in childhood?" Alice said, "No. No. No." About her relationship with him in later life, Alice reported:

I've never been able to sit down and talk to my father as an adult....My father to this day, and I'm 51 years old, I'm still afraid of my father. He is a powerful man. And um, I was always terrified of him.

Victoria also thought that the distance she felt with her nonalcoholic father was related to his employment:

If you think I portrayed my mother as distant, um, my father was all the more distant...His job was stressful and when he came home from work he wanted to work out in the garden and...his idea of, of a Saturday...was reading a book and being by himself.

Felt some closeness as a child. As girls, six women felt some closeness with fathers. One nonalcoholic's daughter said she felt "somewhat" close to her father as a girl, but not as an adult. Five alcoholics' daughters felt close to fathers during a few childhood years. Two and three of these women had mother only or father only alcoholic parents, respectively. The three daughters of alcoholic fathers stopped feeling close to father when his intoxicated behaviors became problematic, or he was violent. Each of the three women had a period of closeness with her father when he was dying, including Audrey who recalled that in early childhood:

I loved my father. And he provided a lot of the physical affection that I wasn't getting from my mother...I remember him reading to me, sitting on his lap. He would spend hours pushing me on the swing outside in the evening....I felt so safe when he was there. Although I was afraid of him, I felt that nobody else on the outside could hurt me because he would protect me...That feeling...it started seeping away um,

because there was a lot of violence going on in the family.

Audrey then described violent incidents between her father and older brother, and she continued:

So that started to seep away my feelings...By the time I reached junior high age, high school, I truly hated my father. Absolutely hated him. I mean, I could have killed him. I truly hated him.

Not close in childhood and closer as an adult. One woman who had an alcoholic father and two women who did not have alcoholic parents felt closer to fathers in adulthood. Anita and Tina attributed lack of closeness to their fathers' work during the early years of family life. Anita explained:

I didn't see my Dad very much...because we had a dairy farm. Dairy farmers work from sun up to sun down....I didn't feel particularly close to my father 'cause he was never around. And, he was more the authoritarian who, you know, if we did something wrong it was 'Wait till your Dad comes home.'

On their closeness as adults, Anita spoke about the years her parents helped she and her husband to build their own home and about how much she appreciates that her husband and father get along well:

He's done a lot for us...He loves my husband. They get along great. They're buddies...He was always here, every weekend to help us...That was really special to me that he did that. Um, and I really appreciated it and we let him know. So, we got closer during those years that we were building the house. 'Cause they were always around and we'd talk about things.

Tina also felt closer to her father as an adult:

We weren't real close to my Dad... 'cause he wasn't around a lot. He worked two jobs....I don't feel like I had a relationship with my father until I tur, got married...because my Dad was always gone....He just wasn't home much....After I got married is when I realized, you know, like my Dad was my friend, and I could really talk to him a lot.

Carla's exceptional case: Alienated, estranged and reestablished relationships. In Carla's case, for years several family members were alienated and estranged from one another. Although Carla's father was an alcoholic, the family rift was attributed to religious differences. Her father's dissidence caused his disfavor among church members. After a significant family argument about religion and the church community, Carla's father threatened suicide. He suggested that a suicide note would blame



his death on his children who were active church members, including Carla. That incident caused Carla to stop seeing her father. She said:

I didn't see him for 8 years. Or my mother. I had to just to save my sanity.

Carla participated in therapy and support groups during their years of estrangement:

Then when I felt I could do it again without quivering I had to go find him; he moved away without leaving an address. I had to do detective work to try to find him....By then I was such a different person and the whole relationship changed dramatically.

Carla "felt guilty" because:

I misused my religious beliefs to help me feel that it was okay to do that....I kinda used that to justify stayin' away from him. I used a whole big spiritual reason for it. Which, um caused this big rift in the family....But inside I knew it wasn't the right thing ....Now I think it really was from an emotional standpoint, healthy. I think that was a good thing, to have that distance, but I, I didn't understand that.

I asked Carla, "How did you bring yourself to reconnect with your mother and father?" First, Carla described her growing awareness that within the church community, "some of the things my father was complaining about were valid." Second, in therapy "I just grew tremendously...and then my goal was to see him."

So I kinda had to break the ice all by myself...I think the first thing I did was, write a letter? And then a call, 'cause my mother never writes or calls...and then I...made an appointment to go visit....I was absolutely terrified...Before I went, my baby brother came by to check me out....Um, so this man shows up at my house, and I didn't know who it was....He just wanted to make sure I wasn't gonna do something horrible to Dad. So that helped and then I went up there, um, scared to death, sick to the stomach...My mother hugged me. It was really strange to see how much they aged in that time.

Carla believed she saw "fear" in her father, adding:

I just had no idea how powerful I was. Never had a clue that my approval of him probably meant more to him than his approval of me.

The reconciliation occurred approximately 6 years ago. Regarding their relationships Carla said, "I like where it is now. I don't see it getting any better." She described how she and two sisters "visit my parents like once a month. We kinda schedule it and we go together as a team." The sisters take turns to be with Dad and

talking with Mom.

We take my mother out....We do girl things...It's really for the first time that we've ever had fun together. Um, it's great...each time we go she's a little more responsive....When I [recently] hugged her goodbye, when she hugged me, she said, 'I love you' and it's the first time I ever remember hearing her say that to me. I don't even feel anything over that, I don't think. I just feel like, wow, she, she thinks she loves me!

About her father, Carla said,

He had never knowl, acknowledged that he caused us harm...He sorta thinks that we all turned out pretty good and that makes him feel good....I think we've done it in spite of what we've come from....He just doesn't have a clue how horrible he's been!

#### Correspondence on Feeling Close to Mother and to Father

Relationship histories were examined to determine if there was correspondence on each woman's closeness to mother and closeness to father. Four women who were always close to fathers included two who also always felt close to mothers, one whose relationship with mother ended early in childhood, and one who was not close to her mother.

Of 14 women who were not close to mothers, 9 were also not close to fathers, and 5 daughters experienced periods of closeness with fathers. Those five cases included four informants who felt close to fathers as young girls, or when fathers had impaired health and were dying, or both. The fifth daughter felt close to father in childhood and closer in adulthood. Eight of the nine women who both as children and as adults did not feel close to either parent were alcoholics' daughters. In these eight cases were father only, mother only, and both parents alcoholics. Therefore, 53% of alcoholics' daughters, 8 among 15, were not close to either parent.

#### Summary: Relationship Histories

Close feelings for mothers and for fathers were used to characterize and categorize daughters' relationships with parents in childhood and in adulthood. Fifty-six percent of informants, including a higher proportion of alcoholics' daughters, did not feel close to their mothers as children and as adults. Three daughters' closeness to mothers vacillated over time.

Daughter-father relationships were disrupted by divorce and death more than daughter-mother relationships. Four nonalcoholics' daughters, but no alcoholics' daughters, felt close to fathers as children and as adults.

Nine respondents did not feel close to either parent in childhood and in adulthood; eight of these women were alcoholics' daughters. An exceptional relationship history documented the processes that led Carla to be estranged from and reunited with her parents.

#### Adult Experiences that Affected Feelings about and Relationships with Parents

This section includes respondents' accounts that address two research questions. Findings are first considered that address the question: **According to daughters' perspectives were there experiences in adult life that affected their feelings about their parents?** Then, focusing on relationships, results are presented which address the question: **Are daughters' identities and relationships with parents affected by participation in therapy or support groups?**

Informants were asked, "What experiences in your adult life had an affect on your feelings about your parents?" That question was also alternately stated as "feelings about your mother," and "feelings about your father." On answering the inquiries, women's reflections rarely included feelings; cognitions about parents were far more prevalent. Cognitions were indicated by words and phrases such as: realized, discovered, recognized, understand, helped me to know, and occurred to me. As commonly used, the word "feelings" frequently denotes a sentiment, subjective view, intuitive awareness or knowledge, and appreciative regard. Such connotations on common usage of the word are apparent among women's responses.

The core, general theme in cognitive expressions was understanding parents. In addition to explicitly sought indicators on feelings, that women engaged in contemplative activities to understand parents was evident throughout their discourse. Reports on understanding parents did or did not include acceptance and appreciation. Understanding, acceptance, and appreciation often resulted in forgiving parents, although not always.

Clues about how cognitions and feelings might be connected emerged among Bridgit's reflections. Bridgit did not feel close to her parents in life. After her parents died, the processes that she described occurred over many years. When asked if she accepted the relationship she had with her mother, Bridgit said: Yes. And understood it. That's the biggest plus. The fact that I understand, that it couldn't have been otherwise because she couldn't help what she did. And so...I cannot refrain from...loving her and forgiving her.

Bridgit explained that church related activities and reading enabled her to love her mother and understand her father:

I just learned...to shrink them and put them in our heart and tell them it's okay, that you'll understand and that you forgive. So that's the way I did it....I learned about love from associations, affiliations that I had in my church groups....I went to a lot of those workshops...You get a little bit here; you get a little bit there, and then you do a little bit of reading. I have a lot of self help books...and I interiorized all that by contemplation, meditation.

On her father who was angry and violent whether drunk or sober, Bridgit reflected:

In developing as a person and then in learning, I realized he was a victim too....He didn't know about love and kindness...Just didn't know...It wasn't his fault.

As Bridgit learned and understood, these cognitions about her parents allowed her to love and have compassion for them.

#### Understanding Parents

The phenomenology of understanding parents included awarenesses that occurred with additional life experiences, such as motherhood, allowing women to accept that parents are human and to realize that parents' own experiences affected their behaviors. Women also placed parents' behaviors within a life course or sociohistorical frame, as reported below, that facilitated greater understanding. Understanding alcoholic parents took on added dimensions as daughters were moved to understand alcoholism, and to see mothers' and fathers' core selves, beyond alcoholism.

Parenthood. Becoming parents themselves affected women's perceptions about their parents. These reflections included daughters' acknowledgements of mothers' and fathers' instrumental care. Thinking about the affects of parenthood, Anita indicated:

Since I've been a mother myself I just have a better appreciation for what she's been through.

On having children, Audrey reported:

My sister-in-law called me up when she had her first child and said, 'Ohh! I feel like calling my mother and apologizing for everything I ever did!' I said, 'Yeah, it's scary isn't it?'...To know that you would stand in front of a car, and not think twice about it is just overwhelming. And I know she [mother] felt that way too...So that changed...I started to realize how much she really cared about us.

Motherhood and her father's alcoholism tempered Gwen's desire to

talk with her parents about their parenting experiences:  
The moment I became a parent I, I recognized that I had to respect whatever it was they [parents] were doing. It was hard though...There is a lot of stuff you go through in your head as a parent, um, and you want to ask your parents, but you don't because...they have no memory, or the memories are bad, or they feel like they were bad parents because of all the crap that happened ...I at least try to say, 'Well, you know it wasn't that bad, and here we are...We're well adjusted...We're all doing very well'...And you know, I'm never gonna tell my mother about all the torment in my head, or the depression, or the anxiety.

Framed within their parenting experiences, Norma and Erica spoke about aspects of their parents' instrumental care. Norma indicated that:

Having a daughter I can see where my Mom was...being motherly, now...She always made sure we were fed and well dressed and clean and fixed our hair and that was her way of showing us she loved us. I didn't know then. My father was really, really cheap...He would give my Mom very little money...She'd have to go to second hand stores and buy things for us and fix 'em...That was her way of loving us...Being a Mom and seeing all that, I know...She was always home....She did the best she could.

Erica also recognized that her mother's instrumental care demonstrated love, but Erica perceived that that care was motivated by responsibility:

I think having a child of my own helped because you know what it's like to be a mother and you know all those feelings; and helped me to know that even if she couldn't say 'I love you,' that those nurturings, those feelings are there...and that she does love me....She did everything; she took me everywhere she was supposed to take me...She was very responsible at taking care of whatever task she was given. And maybe that's what it was like to raise me, it was a responsibility and it was a task.

Parents' experiences and limited options. Daughters gained understanding for parents when parents' behaviors were contextually framed within parents' own experiences, including sociohistorical influences on parents' roles. Ramona's explanation illustrates how respondents made these connections on parents' experiences and behaviors:

I think my father loved me in the only way he knew how ...And I know she loved me very much in the only way

she knew how. 'Cause we can only learn from what we know, and that was all they knew...In that day and age...they felt that the best way to take care of their family and be good to their family was to physically take care of them well.

Carla became compassionate as she analyzed her mother's life situation and background, and she recognized differences between she and her mother. Awarenesses of the constraints imposed by children and limited options with which mothers lived increased Carla's and Audrey's ability to empathize with their mothers. Carla explained:

I think she came into that thing [marriage] already ill-equipped because she has alcoholism in her family ...Being such a shy, low self-esteemed person and having him [alcoholic husband], and then having [number] kids....I have more understanding, it's not that she dealt with it the way I would have...But then she didn't drive. She didn't work, and she had more kids. Probably what was she gonna do?...I can kinda like, have more compassion for her.

Comparing her marriage, career, and lifestyle with her mother's experience caused Audrey to feel sad for and diminish blaming her mother for circumstances in the family:

[I] realized what she didn't have...That makes me feel sad...I mean I have so much more than she had. I have a career; she didn't have the option - see I blamed her! I blamed her...for not leaving him [alcoholic father], for not taking us out of there but...Now I realize that she really didn't have that many options. And where was she gonna go with five kids?...She was kinda trapped and we kinda trapped her!...She missed out on a lot. And she sacrificed a lot for us.

On the question, What experiences in your adult life have affected your feelings about your mother? Anita answered:

Everything. Everything I do on a daily basis...mostly I guess it would be just from raising my kids. All the things that she went through...That's all she had to focus on. She had nothing else except that. At least I have outlets and other things to focus on....I've grown to appreciate everything she went through.

As she spoke about the differences that she and her mother experienced as women, Anita said that she would "go nuts" without friends and activities outside of her home life. Anita went on to say:

She didn't have any outlet at all with all the kids.... I don't think it particularly bothered her. She did what everyone else was doing. She feels fortunate that

she never had to work.

Cynthia appreciated her parents' openness in communicating about their experiences:

I treasure that both my parents had been open enough to share with me their reasons for making the decisions that they made...I really discovered a lot about my Dad's childhood and a lot about my mother and, that helped! It would not have been appropriate to know these things as a child, but it was definitely appropriate to know them as an adult.

Similar reflections are reported in passages on relating with dying and aging parents. Daughters' who learned about parents' life histories understood and felt closer to their mothers and fathers who were near death.

Seeing parents as a loving couple or in their youth broadened Gwen's and Tonya's perspectives about their mother and father. Gwen was deeply touched by her perceptions of love between her mother and father during her alcoholic father's lengthy illness:

My mother loved my father dearly. This was very evident when my father was initially ill....I think they were as intensely in love at the end of his life, last years, as they were when they first married. That's just my own observation....I almost felt like I was an observer when I was helping care for my Dad, and I felt very honored to be witnessing that...this aura of this relationship...It transcended the physical...I was very honored to uh, at least I, I saw that.

Tonya accompanied her mother to a 50th wedding anniversary celebration given for her mother's friend at which a video tape was shown of the celebrating couple's wedding. On viewing this Tonya reflected:

My parents were on this video tape....They weren't married yet...This is the first time I'd ever seen them, um, on film, young....I still have not really come to terms with it exactly....It was almost like...you saw them with the promise of youth before everything hit them. And it was like, WOW!...That for me I think is very um, I guess I want to use the word healing (Tonya crying)....That was kind of a real big thing, and um, just will enable me to, to forgive a little more.

Parents are human. Accepting parents as fallible human beings emerged as a meaningful theme for many women. Ramona's excellent description on this theme shows that she was able to love and forgive her parents:

Very hard to let go and very hard to accept the fact that my parents were not perfect. That they were human beings. And that they made mistakes, and that they didn't give me what I needed. So you have to go through that period of, I hate you because you didn't give me what I needed, to the part where you say...I understand and I forgive you...You did the best you could...and I now love you dearly, for what you did give me.

On her mother, Ramona added:

She really desperately needed love herself. So desperately, more than me even. She was so needy. And so I tried to give her that, uh, in our later years.

Tina also portrayed her awarenesses about her mother as a human being with feelings:

I got this job....I was driving all over the state.... And I realized that she projected her own fears on to me that she was afraid to drive as much as I drove... All the things that I took in stride and...didn't bother me a bit, bothered her....Boy the first time that that occurred to me, that was a revelation. My mother wasn't superwoman. My mother was a woman, just like me...She had her, her fears; and she started opening up a little bit....Saying things that I never heard her say...when she felt depressed or blue. I didn't know my mother ever felt depressed.

Renee recalled the occasion on seeing her alcoholic mother after a move and lengthy separation:

When I first saw her...I remember thinking how hard it must have been for her...How hard it was for her to walk up those steps...You could almost see her going 'Oh, gosh, I don't want to deal with this.' I mean the body language was there....She almost looked like somebody who was tied and pushing themselves forward at the same time...That's what it looked like. That growing awareness that she's a human, feeling individual...perhaps that acknowledgement of myself for me, therefore for her.

Iris and Bridgit recalled being disappointed or upset over their parents' behaviors. Iris spoke about that time in her young adulthood when she learned of her father's extramarital affair:

I think my father finally said it was okay...He had a girlfriend. And I was very disappointed in him... because he went out on my mother....I was let down because he wasn't the ideal father. He made a mistake as a human being, you know, and I didn't want to see that. But, on the other hand, I understood...'Why not? You deserve some happiness...You just wanted someone



too.' But I never held that against him.

After her father died, Bridgit lost respect for her nonalcoholic mother who lived with a much younger, abusive man:

She took in an alcoholic to live with her, and I really think she needed somebody to mother....I guess she felt lonely and alone....[But] she kept getting hurt, she was black eyes, she had [a] broken wrist, and awful things in the apartment. I mean he would go crazy. So ...my esteem of my Mom was lost at that time...It was not like her to do that, and I was very upset about it and I had no patience with it....When she died I was greatly relieved.

Understanding alcoholism. For alcoholics' daughters, knowledge on alcoholism facilitated understanding and acceptance of parents. Additional findings on understanding alcoholism and alcoholic parents are reported in effects of therapy and support groups on relating with parents. On her perceptions about her alcoholic father, Erica said:

I've just seen enough people that have come from alcoholic families or have been alcoholics and read a lot of things that have just helped me to understand the pain that he was in...I know just a little bit more about his family....Learning all those things...just gave me...as much peace as I can have about him...I've tried to turn all the negative and be thankful for what we went through and use it in a positive way.

Understanding the impact of alcoholism on her alcoholic mother and her alcoholic father enabled Rosemary to see her parents at their core and to love them. Without their alcoholism, Rosemary reflected:

I know they were good people. Very good people. And I think that had they not drank, that they would have been different parents, you know, really different... They had good hearts. They had good souls, and they were warm inside. But there was something stronger, much stronger than them, that they couldn't control. But I loved them dearly.

Renee angrily blamed her alcoholic mother for her brother's apparent suicide in young adulthood. Anger toward her mother was exacerbated by the geographic distance that kept them apart and because the distance precluded interactions between Renee's children and their grandmother. She indicated that her own growth was instrumental in forgiving her mother:

I was really...just angry with her for so long. Gosh, I was angry with her. And needing her too. I mean, it would have been so nice to have her around and she

wouldn't be around, and it only accentuated the anger because my children grew up without grandparents...It was a back and forth, back and forth. I'd grow up a little bit, then I'd regress...Growing up meaning, hopefully somewhere along the line I forgave her. I believe I have.

#### Effects of Therapy and Support Groups

Data about the effects of daughters' therapeutic experiences on their relationships with parents emerged as women responded to the question: "What experiences in your adult life have had an affect on your feelings about your parents?" Reports on how therapy influenced daughters' relating to parents also emerged among women's reflections on adult daughter-parent relationships. Quotations reported here address, in part, the research question: **Are daughters' identities and relationships with parents affected by participation in therapy or support groups?**

Therapy. Participation in therapy consequently led several respondents to change their perceptions on, and interactions with, parents. Therapy was instrumental in Ramona's reaching out to her critical, nonalcoholic mother. When asked what experiences had an effect on her feelings about her mother, Ramona said:

Oh obviously, uh, going into therapy. And understanding that she did the best she could...I literally had to kill her with visualization and start over again...Then I had to, um, to start making the advances toward her, she'd never probably would have toward me, and started, started rebuilding my relationship with her.

On asking Carla "What experiences in your adult life had an affect on your feelings about your mother or your father?" she replied:

The therapy...it was with a woman...It was like being mothered again, or mothered for the first time...And um, having gone through that experience I didn't feel I needed my mother as much...I feel like with my mother I don't need her approval as much, so that helps me to see her more as an individual, as a woman, you know, think about what she was going through. Because I couldn't, all I could think of was, 'You didn't do this for me.' And now I can think, 'What was her childhood like?'...So it helps me...[Now] I'm just there to get to know her, and to have fun, with what time we got left together and um, so that's helped a lot.

Cynthia's own work in psychotherapy caused her to undertake difficult emotional work that she and her mother endured to reach mutual understanding. Furthermore, their communication enabled her to forgive her nonalcoholic mother and her alcoholic father.

Cynthia reported:

I've worked through all the issues...of my childhood and my anger and all the stuff...and let her know, so she's done more work probably than she's ever wanted to....I don't think I've hidden one thing....And she's been open to that. It's been hurtful for her at times. It's been hard....I just really wanted her to understand where I came from...She in turn...asked me to understand where she's come from...And I've been able to do that...I spend a lot of work forgiving my mother and a lot of work forgiving my father.

On Doris' reporting that she and her alcoholic mother were now intimate friends after years of not being close I said, "I would be very interested in hearing how you became the friends that you are today. How did that process evolve?" Doris answered:

I think a lot of therapy, um, on my behalf. I think it was for me, a sense of truly letting go, of, of not blaming.

Additional information on the process of healing the relationship between Doris and her mother was provided in the section on relationship histories.

According to Tonya, with the help of therapy and her maturity in her 40s, she reached greater understanding and an improved relationship with her alcoholic mother:

I understand my mother much, much more. Um, and I've also reached...a pretty good level of forgiveness with her....I was able to, to finally come to some realization that she did indeed love me, as a child, and as an adult...I could see her idea of love and mine were [different]; she was much more hung up on appearances and things, that I basically um, chose to ignore...Her idea of, of being a good mother was, was not what my idea was really....I can now see as an adult um, and understanding this, children of alcoholic um, situation that um, she was also in a situation that, that she really didn't know what to do or deal with...This has just given me a, a wealth of understanding. And...it's taken a long time.

Support groups. Support group participation enabled June, Ruth, and Doris to understand their alcoholic and nonalcoholic parents. Only in Doris' case, however, did that participation and understanding lead to important changes in relating with her mother and in perceptions of her father.

June reported on her alcoholic mother:

I think, um, Al-Anon has made me realize that as much as she did it to me she did it to herself. And that she

did the best she could with what she had and she didn't have very much. She didn't have very much to give me. Because she had it buried in the alcohol; she had it drowned in the alcohol.

Attending support group meetings helped Ruth to understand, but not become close to, her nonalcoholic mother:

I think going to Al-Anon and ACOA, just helped me growing...to understand my mother um, but it never really helped me, break down the barrier, to be, have a close relationship with her. But I was more like, removed.

Doris used the word "detach" as she talked about experiences in Al-Anon and her current relationship with her alcoholic father. I probed, "Earlier you spoke about learning [to] 'detach in Al-Anon.' What does that mean to you, detach in Al-Anon?" Doris replied:

The way that I look at it is that I can detach him from the illness. That I, I know in, in my heart-of-hearts that he is a kind, gentle man....I know what kind of man he is and I know that he doesn't want to do this ....And that when he drinks it's the alcohol that's doing that. And I can literally detach the two in that, when he's drunk I physically detach myself, so that I don't have to get caught up in that dealing with the alcohol...My spiritual belief comes in and I turn it over and I say, 'God, this is in your hands 'cause I can't take care of him.' Um, and so...I just am able to detach, and say, I know what kind of man he is and I know that he doesn't want to do this.

A negation on therapy. One respondent reported that she was unable to deal with the emotional pain that she felt in the course of therapy. Iris tried, but terminated, therapy with several different therapists. She explained:

When I get to as far as my [nonalcoholic] mother...it hurts too much so I stop going. I won't go to a therapist any more...I've relived this in my mind and I've settled it and...I don't want to bring that hurt up any more....I think there is no good to come to me about going to a therapist for it because I've analyzed it myself and I understand why. So going to a therapist, spending the money and crying is not going to erase it. It's there.

Summary: Adult Experiences that Affected Feelings about Parents  
Feelings and cognitions about parents were primarily framed within experiential contexts that facilitated women's understanding of mothers and fathers. Understanding their parents

was enhanced by respondents' parenthood. Additional life experience allowed daughters to accept parents' human fallibility and to appreciate that mothers' and fathers' behaviors were influenced by events in their lives. On learning about alcoholism, many daughters' perspectives changed on alcoholic parents.

Therapeutic experiences were instrumental to several women's personal growth and maturity which enabled them to change their perceptions on parents. Changed perceptions often led to acceptance, forgiveness, and increased closeness between daughters and parents. A negation on therapy was provided by a woman who found therapy too painful. She resolved unsettling issues about her mother, alone, to her own satisfaction.

Interactions With and Feelings About Dying and Aging Parents:  
Affection, Care, and Felt Obligation

Daughters words are presented here that address two research questions: a) **If parental alcoholism is a salient part of daughters' identities, are affection, care, and felt obligation toward parents diminished?**, and b) **Is there variation among daughters on affection, warmth, closeness, understanding, trust, and respect for parents according to early family experiences with and without parental alcoholism?**

Women's perspectives were examined to determine whether or not alcoholics' and nonalcoholics' daughters differed on affection, care, and felt obligation toward parents who were near death. Relevant reports were not made on any nonalcoholic parent in alcoholics' families. Included here, therefore, are daughters' feelings about and interactions with parents in nonalcoholics' families as well as alcoholic parents in alcoholics' families.

Information on caring for seriously ill or aging parents was limited. That is because many parents, aged in their 60s and 70s, were robust and independent, parents' suffered accidental deaths in daughters' childhoods, and related issues did not emerge among many women's reflections. Several respondents, nevertheless, did report on interacting with and caring for parents who were ill, aged, or dying.

Adult daughters experienced parental death from accidents, as well as after terminal illnesses that ranged in duration from months to over a decade. A few frail, elderly parents received care in daughters' homes, alternated with institutionalized care. Among these were parents who were currently in nursing homes or parents who recently died.

Informants' interactions with dying parents and memories about deceased parents revealed sharp differences that varied according

to parents' alcoholism. Nonalcoholics' daughters spoke fondly about affectionate interactions with dying parents, and they talked about their love for deceased parents. Harsh and ambivalent feelings were found among women's reflections on alcoholic parents.

#### Reflections on Nonalcoholic Parents

Phyllis, Heather, and Ramona reported on their fondness and love for deceased mothers. Phyllis' and Heather's mothers were healthy and lived independently until shortly before their deaths and, therefore, did not need their daughters' help. Ramona's elderly mother was ailing, frail, and weak for an extended period before her death. Each daughter's reflections indicated that she appreciated her mother prior to and after her death. Phyllis also talked about her apprehension on losing her mother.

On their daughter-mother relationship in her 40s Phyllis said, "I felt so solidly happy and good with her as a mother." For many years while her mother was healthy, Phyllis feared losing her:

Not a day went by when I didn't think about it even briefly. That I knew I would not be able to handle my mother's death....I just knew [I] did not want to lose her....I said, 'My mother's gonna live a long time. Because if there is a God I'd say keep her around for me,' you know, one of those really quick chats with God just in case.

Phyllis considered herself "fortunate" as she fondly recalled:

I told her that I loved her...that I couldn't have wanted for a better mother.

After a brief illness Phyllis' mother died quickly, and she was deceased a few years before the interview. On her loss, Phyllis said:

I miss her. Not a day goes by that I don't. The pain has gotten less, obviously as the scar tissue developed. I consider myself always fortunate, that's why I'm reiterating this point, that I had told her everything that I wanted her to know. That I didn't hold any grudges. That was so important.

Heather also indicated that:

I was very happy that I said everything that I wanted to say....I told her a lot of times I loved her....I don't think I talked to her about intimate kinds of things very often, but, I don't talk about those very often to very many people.

Heather felt very close to her mother even though they lived hundreds of miles apart. Every week they spoke often on the telephone, but saw each other only 3 or 4 times a year. While Heather loved her mother, she had no desire to care for her aging mother. When her mother remarked, "Maybe you'll have to take care

of me," Heather remembered thinking:

I could just see like headlines flashing, 'Woman gives up life taking care of elderly mother,' and I thought, NO! No. No. No. No....Taking care of her as my primary thing that I was gonna be doing in my life was not anything that looked good to me, although I loved her a lot....I'm still selfish enough not to wanna share houses, or lives, in immediate proximity.

Heather said, "She died real fast which was good." On her mother's death Heather appreciated that:

She was the center of my life....She was the one who knew everything from when I was a baby, like the keeper of the history of everything. So it feels like your anchor is gone.

Although Ramona resented her critical mother earlier in life, in later years they were very close. Ramona recalled her thoughts and feelings surrounding the loss of her mother:

I'm glad that God gave us that time together. That we were able to, um, have a real mother-daughter (crying) relationship....When she was dying we spent an awful lot of time together and we talked a lot and I learned a lot about her...We were very close, and, um, I was with her when she died. Still however feeling that I didn't do enough for her....To this day I miss her so terribly....I cannot get over her death....Periodically I just break down and cry....I realize that even the way she was she had so many wonderful things about her ...She was really a very wonderful person.

#### Reflections on Alcoholic Parents

Intimate conversations between daughters and terminally ill alcoholic fathers provided understanding that caused women to feel special closeness with their fathers. Women felt especially close when fathers divulged information on their lives and important decisions, and when they listened to daughters' perspectives on family life experiences. While such exchanges brought daughters emotionally closer to fathers, the intimacy did not diminish feelings of hatred about a father's violent behaviors, especially when he denied that the violence occurred.

Cynthia was the only daughter who did not express harsh feelings for an alcoholic father in declining life. Members of Cynthia's family cared for her father whose cancer progressed slowly. Over many years Cynthia helped him through recoveries and supported her mother. About that period of closeness, she said:

I knew that I was going to lose him somewhere along the way. So I knew I had to do a lot of work and my father and I talked a lot...I was able to cry with him and forgive him for [a] lot of stuff...My father was also

able to share stuff about himself, in his childhood which explains a tremendous amount, of, of the reasons why he was the way he was...I was there nightly and, and also, spent the night once, once a week to give Mom a break.

Audrey's ambivalence regarding her father was evident in her memories about their interactions on the two occasions he was hospitalized before his death. A few years before his death Audrey visited her father in the hospital daily. During these visits he told Audrey that love for his children caused him to suffer unhappiness as he refused to leave his wife, and he spoke about his extramarital affair while serving in the military. As Audrey disclosed her feelings on being beaten, her father denied his violent actions. Although father's disclosures caused Audrey to feel close, his denial of Audrey's experience reinforced her feelings of hatred.

We became very, very close....He told me so many things that, you know, [it] was truly amazing....And um, I asked him about the time he beat me up, and he had absolutely no recollection of it. Even though he was sober at the time. He totally denied it.

The time in the hospital...gave me a much better understanding of him. And, and the hatred...I had... ambivalent feelings after that. I still hated what he did...He had a few more years of causing a lot [of] pain, and he did. But, I understood more....That talk really changed my feelings towards him, although I still desperately wanted him to die.

Shortly before her father died, Audrey again shared intimate thoughts with him in the hospital:

I told him a lot. I told him how I felt about him....I told him about how I felt when he beat me up and he didn't remember it...I got an awful lot out...Perhaps I never told him that I loved him. I probably never said that to him. I think he knew...That was a real bonding time....And uh, when he died I felt total relief...I didn't mourn him...and I didn't feel guilty about it either.

Prior to her mother's recent death, Renee experienced problems with health care providers and prescription medications. Renee described disagreements she had with her mother, interactions with other family members, and her mother's final moments. In conclusion, Renee remarked:

My mother-myself is the very battle (crying). Um, you make peace with the people around you and you make peace with yourself. And that goes for friends, for everybody. Um, with your mother in particular. My acceptance of her death and of all the yuck that went



before, was that I feel that we interacted as honestly as it was possible for us to do before she died.

Indicators of love were absent from three other daughters' reflections on interacting with aging alcoholic parents. Pity, obligation, and guilt compelled two women to be involved with the care of institutionalized frail elderly alcoholic parents. Another informant refused to participate in her alcoholic mother's personal care, and she resented the possible loss of inherited money that might be given to care providers, as reported below.

After she recovered from alcohol induced psychosis, June's mother was too weak to leave the nursing home. As overseer on her mother's care, June indicated:

I guess my relationship with her now is one of um, pity, maybe. I tend to forget the fact that I didn't have that great a nurturing when I was little. She has told me in recent years that she loves me....I can't say that I really love her.

Although June and her husband purchased a retirement home in another state, she refuses to relocate while her mother is alive because of the promise made to her father:

I see this poor old lady laying there...All the fight's gone out of her....My relationship is one of, uh, feeling...a commitment to her, not to let her be alone in her old age because I promised my father I wouldn't...I feel like when she dies, I will have fulfilled my promise to my father. And uh, that's about all I can say about it.

Rosemary first tried to care for her elderly alcoholic father in her home. Because his heavy weight precluded Rosemary's ministering to his needs, she placed him in a nursing home. She recalled the years of enduring her father's verbal abuse:

You'd go there and you'd get abuse. He'd swear at me constantly...No matter what I did...He was swearing at everybody....He was very volatile, and I was volatile back...which was wrong. I probably shouldn't have fought with an elderly old man. But he pissed me off. He really did....Maybe it's something that people shouldn't feel. Maybe I shouldn't have felt it, but I felt it....I just felt he was sucking the life out of me. He really was.

Rosemary also felt hatred for her father as an only child obliged to care for him out of guilt:

I hated him for what he was doing to me...Babysitting a old man that hates my guts, that I hate, but I've gotta watch him die. And I hated him for that. That was not a memory I wanted him to leave me with. But he left me

with it. It was my job. I was the only kid and it was my job....'You are gonna be responsible for me. It's your job.' Here I went with the guilt....'I [father] don't take care of myself, but, hey, so what! You're responsible.'

Robin and her brother expected their mother to die shortly after their father's death; she was still living 5 years later. Honoring her request, Robin promised to never institutionalize her aging alcoholic mother. The siblings agreed to allow their mother to "do what she wants," and concluded they would not personally respond to her needs when she was intoxicated.

I don't do anything about my mother when she's drunk and she can't get out of bed and the feces is stuck to her in bed...I refuse to clean her. I call agencies and have them come in and completely clean the house.

Robin went on to say:

It's astonishing that she is still alive...she was drinking so bad....The doctor [asked] 'What do you want me to do with your mother?' I said, 'Shoot her. I don't care what you do with her. I'm not putting her away.' And he said, 'Well, do you want me to put her in the hospital?' I said, 'No.' He said, 'Her liver is so bad. She's not gonna make it much longer'....I think this lady is gonna go on and spend all the money that she had, and I resent that. Because that's the only way that I can deal with my mother is it's not in how much love she's leaving me. It's how much money she's leaving me.

#### Summary: Interactions With and Feelings About Dying and Aging Parents

Affection for dying and deceased parents was evident in nonalcoholics daughters' fond recollections. One nonalcoholics' daughter rejected the possibility of becoming a caretaker for her elderly mother, although she loved her. Intimate conversations with alcoholic fathers in declining health drew two women close to their fathers. Nonalcoholics' and alcoholics' daughters otherwise differed sharply on their affection for terminally ill, dying, and frail, elderly parents. Obligation and pity, not affection, motivated women to oversee the care of needy alcoholic parents in later life. Ambivalent and hateful feelings were among daughters' reflections on terminally ill and aging alcoholic parents, and one daughter resented a possible loss of inherited money.

#### Experiential Similarities and Differences Among Informants on Relating with Parents

The research question: **How do relationships with parents vary among daughters and their nonalcoholic and alcoholic parents?** is

more broadly addressed in this section. Summarized accounts are examined to describe the grand theme, perspective taking, in early and later life family relationships. Perspective taking means awareness of and regard for another person's view of reality which might be different from one's own opinions, feelings, desires, and perceptions.

As evidenced in the phenomenology of women's reflections on relating with parents, perspective taking was important for all daughters in childhood and in adulthood. Similarities and differences on daughters' perspective taking experiences are explained below. Exemplified by indicators of its presence, the perspective taking theme was made more noteworthy by its absence. Also, previously unreported results further substantiate similarities and differences among informants on relationships with mothers and with fathers.

#### Grand Theme: Perspective Taking

Perspective taking, defined above, was the theme that linked subordinate themes throughout daughters' lives. As used here perspective taking is thought of as integral to, yet distinct from, empathy. Empathy is identification with and understanding of another person's feelings and thoughts. In empathy, emotion and cognition are commingled. There can be no empathy without perspective taking; perspective taking, however, does not require empathy. Empathic expressions were not as prevalent as cognitive awarenesses among women's reflections on relating with parents.

On interacting with mothers and fathers, daughters wanted parents to understand them, and daughters wanted to understand their parents. Understanding another's thoughts, feelings, or behaviors requires perspective taking. Failure to understand another may indicate unwillingness or inability to regard the other person's perspective or a failure in communication, or, another's views may seem incomprehensible such as when a loved one is intoxicated or violent.

Relationship interactions are enhanced when persons appreciate each other's perspectives, whether between peers or across generations. Perspective taking is unbalanced with young children because they are as yet unskilled, and older persons need to make a greater effort to regard children's views. When mothers and fathers are attuned to and responsive to children's perspectives, optimal parenting and child development can occur (Bronstein et al., 1996).

Early family life. Parents in cohesive families consistently demonstrated perspective taking skills. These partnered or single mothers and fathers, all of whom were nonalcoholics, participated in family and child centered activities. They evidently listened

attentively to girls and enjoyed their company. Children and parents expressed their own views and respected each other's points of view. Parents invited and listened respectfully to everyone's opinions on personal and family matters, and family members discussed controversial issues related to politics and religion. The families' homes felt welcoming, and the emotional climates were comfortable. Parents employment did not routinely diminish family cohesion, and daughters felt close to these mothers and fathers. No alcoholics' daughter experienced a consistently cohesive family environment in early life. Not all nonalcoholics' families, however, were cohesive.

Unlike daughters in cohesive families who thought parents understood them, in noncohesive families daughters said there was an impenetrable "wall" or "boundary" around a parent that precluded perspective taking. On her childhood and nonalcoholic mother, one woman said:

We did have a nice childhood...but it just, I just didn't feel like she understood, you know. We were so far apart.

Girls' opinions, feelings, desires, and perceptions were rarely respected in families that had critical mothers or alcoholic parents, except for alcoholics' families in which a nonalcoholic parent was responsive to daughter's perspectives.

In families that were not cohesive, mothers and fathers had limited perspective taking skills. Although parents provided for children's physical needs, one or both parents completely, periodically, or selectively failed to regard daughters' perspectives. Occasions of parents' sensitivity to girls' perspectives became impressed on daughters' memories, and the events were recalled as specific times of closeness. On such occasions, daughters felt close to emotionally available and perceptive parents who comforted them when ill and on breaking up with boyfriends, or other specific events. Parents who did not consistently take children's points of view into account, if at all, had daughters who did not feel close to them.

Instead of reciprocal perspective taking, in noncohesive families a parent's needs or perspectives often dominated family members' interactions, or there was conflict. Insensitivity to girls' points of view was indicated by chronically inattentive and unresponsive parents and among negotiations on parents' time and attention due to girls' and parents' dissimilar views.

Several other indicators of parents' lack of sensitivity to girls' perspectives were found in noncohesive families. One informant thought that her mother and father failed to appreciate their children's unique interests and qualities because she and two sisters each received identical gifts from parents. This

nonalcoholics' daughter also believed that her parents' demanding jobs precluded family oriented activities. Critical parents impersonally imposed their views on daughters without regard for girls' perspectives. Alcoholics' daughters often perceived that alcohol was more important than their children to alcoholic parents. Furthermore, nonalcoholic spouses of alcoholics were not consistently responsive to their children.

That children can understand stressed parents' views was indicated among informants' reports on spanking. Daughters understood and accepted being spanked by parents who explained that their behavior was inappropriate and upsetting.

Dismayed by parents' chronic failure to consider their views, distressed girls adjusted in three ways. First, girls adopted parents' perspectives as understood by a child. Daughters who internalized parents' adverse criticisms felt worthless. Second, compelled to understand parents' perspectives girls found reasons for mothers' and fathers' behaviors, such as employment. A third group of daughters did not adopt or try to understand parents' views. These self-described fighters asserted their perspectives by being "fresh" and "mouthy" to obtain alcoholic parents attention. One nonalcoholics' daughter fit this third pattern. She rejected and could not explain her mother's opinions of her, but she did not as forcefully assert her perspectives. When asked if there was anything she wished she could have told her mother, but did not, this woman replied:

Why don't you love me? And what did I do wrong....I realize as I was getting older, the reason that I was trying to get close to her and to do things, little things to try to be close to her, is I wanted her appreciation. I wanted her to acknowledge me and to accept me....But she never did.

Later life relationships. Adults continued to regard each other's perspectives in families that were cohesive in early life. In other later life families, perspective taking was complicated, difficult, and problematic. Several daughters invested considerable emotional energy and time to understand parents as it was difficult to take on perspectives of parents who in early life disregarded their views. Distress over parents' lack of understanding or empathy was reduced when daughters engaged in taking parents' perspectives. Acceptance of parents' points of view led some women to change their perceptions about and relationships with parents. A few informants became empathetic and close to parents. Those women who achieved mutual perspective taking with parents felt closeness on relating that they did not feel in early life. Other daughters learned, in varying degrees, to accept parents' views without reciprocity. While therapeutic experiences and other intervening factors facilitated many

daughters' changed perceptions, there were exceptions.

Incomprehensible parental behaviors, constant criticism, intoxication, and violence, presented strong barriers to women's perspective taking, understanding, and emotional closeness with parents. Indeed, many daughters abandoned hopes for change, although there were cases of changed intergenerational relationships. Women were particularly alienated from alcoholic parents who never recognized their daughters' perspectives. Unable to achieve perspective taking, an emotional impasse with parents continued to distress a few daughters.

One nonalcoholics' and two alcoholics' daughters gave no indication of satisfactory perspective taking attempts. They did not understand their parents and thought that their parents never understood them. As girls they rejected parents' perspectives and gave no indication of understanding them. As adults their relationships with parents remained at an emotional stand off, and these women expressed harsh feelings for their parents.

An emotional impasse existed when daughter and parent held disparate perceptions and neither took on the other's perspective. Such impasses made relationships with parents problematic for several informants. Women reported on various types and stages of relationship impasse. Some were resolved and others remain unresolved obstacles that keep daughters emotionally distanced from parents. Problematic issues remain unresolved throughout life in some families as reported on daughters' interactions with parents who were near death.

#### The Family's Emotional Climate

The emotional environment was sharply different in alcoholics' and nonalcoholics' early life families, as portrayed earlier in the present report. Although degrees of emotional turmoil varied, no alcoholics' family was consistently cohesive. Any cohesive experiences occurred in early life before the onset of alcoholism, or between children and a nonalcoholic parent on the exclusion of the alcoholic parent, or during sobriety.

While many daughters of nonalcoholics felt loved, nurtured, and secure in childhood, a few experienced paradoxical feelings for mothers. Love and anger, or love and hate were felt by nonalcoholics' daughters for mothers who demonstrated lack of understanding, or who were chronically critical. A nonalcoholics' daughter said there was animosity between she and her critical mother. Another woman loved, but did not like, her back-stabbing nonalcoholic mother. According to informants' perceptions, each of these mothers disregarded or was not sensitive to her views and feelings. None of the nonalcoholics' daughters reported that she experienced violence, intervened in parental disputes, or

felt the need to protect family members from each other as reported by alcoholics' daughters.

No daughter of nonalcoholics said that she feared or was terrified by a parent as did alcoholics' daughters, whether or not the parent was also violent. One woman loved her alcoholic mother and was afraid of her. On her perceptions as a child she said, "She seemed all powerful," and "I felt powerless." When drunk, mother was "maudlin and nasty." When sober, she was an "angel" and "beautiful to me." Several other daughters feared alcoholic parents who were and who were not violent as reported in distressful childhood relationships.

On descriptions of meal times, there were sharp contrasts between nonalcoholics' and alcoholics' daughters reflections. A daughter of nonalcoholics, Muriel, reported:

Probably one of the times of the week that was special to me was the evenings when we'd finished supper and we'd sit around the table and, and talk, and we loved hearing the stories about when we were young, but also when she [mother] was young. My father wasn't quite as inclined to get into that kind of sharing. Um, but it was a very healthy, comfortable environment.

Audrey, whose parents were alcoholic, said the following about family meals:

When we had dinner, my father ate alone in the dining room. The kids ate alone at the kitchen table, and my mother just sat in the rocking chair in the kitchen or went up to the TV room and ate.

When asked "On a daily basis?," Audrey replied:

Always. The only time we ate together was holidays and it was horrible. There was always a major, major fight. I hated holidays.

Audrey added that there was "always constant tension" between her mother and her father with the children intervening:

There was um, physical assaults....We were constantly in the position of trying to keep them separated....She would be in...the TV room. The living room was his. But! They would start drinking. She up there and he out there and then, she would hear him go into the kitchen and she'd run downstairs and start at him. We'd be up in the other part of the house, listening...We'd take turns running down....Never said a word to him but we'd tell her, 'You stay upstairs, don't come downstairs,' and she would. And then eventually they'd be fighting ...and um, there was a lot of violence, a lot of violence...basically everybody got their turn.

### Demonstrations of Affection

Although scarcely mentioned by informants, open display of affection is an important indicator of intergenerational family solidarity (Rossi & Rossi, 1990). Demonstrations of affection emerged among women's reflections in three meaningful ways. First, some young daughters sorely missed affectionate demonstrations from their parents. Second, other girls thought that open display of affection was unimportant. Third, a few adult daughters recently initiated affectionate contacts with parents who were not previously demonstrative. Reports on demonstrations of affection did not differ according to parents' alcoholism or family cohesion.

Erica's memory about craving affection from her father was triggered as she recalled that he watched her dance "for a minute" as a child:

I remember I really craved wanting to have the aff, have affection with him. You know, just that, a closeness....'cause that [dancing] was about the only time I think I felt really close to him...He wasn't an affectionate person....He wasn't really affectionate with me at all.

Reflecting on her relationship with her mother, Ramona recalled:

I always felt as though, and I can remember to this day, that if only she could have once in a while when I was upset or hurt about something or whatever, if she could have only put her arms around me and comforted me. Um, I would have loved that so much, and she never did.

Norma reported:

My Mom could never show affection or tell me she loved me. I just didn't even realize parents were supposed to do that, but I just remember feeling lonely.

Audrey, however, was not bothered by her mother's lack of affection:

Um, I loved my mother I was sure that she loved me but there was very little physical affection, between she and I or between she and any of the children. We were kissed goodnight, but that was it....I didn't really miss the affection....Matter of fact I thought it was extremely crude, for people to be hugging and kissing ...It really didn't bother me because I didn't know anything different.

Tina explained:

We're not a very affectionate family. We're not this huggy, kissy family...We're not openly affectionate, but you just knew there was a, you know, very strong bond, and you could really count on, on your brothers and sisters and your mother and father.



As an adult, Erica initiated affectionate contacts with her nondemonstrative mother. On reaching out to her, Erica said:

I always feel like there's a boundary line around her, and you can't get any closer....It took me a long time and I said, 'I'm gonna tell her that I love her, and I'm not gonna expect anything in, in return. I just want her to know that I love her.' So one time when she was leaving to go back [home], I said, 'I love you Mom.' And she didn't say anything...for 3 years...then one time on the telephone she told me she loved me. [Now] I always give her a hug and squeeze her really tight and make sure I tell her I love her...She can't always say it back...But, um, I'm really glad that I did that, you know. That's about as far down as the wall could get, I think.

Ramona recalled that with her mother:

I'd go up to her and hug her and kiss her and give her all these sloppy kisses and she'd start, you know, laughing like crazy and trying to push me away, 'Cut that out! Cut that out!'

On hugging her nondemonstrative father, Anita indicated:

Give him a hug and he's like a board. He just is not affectionate at all. And I'm sure he loves us all in his own way....Every once in a while I sneak in and give him a hug...I'm sure he thinks it's nice, but he just can't deal with it. It's like he stiffens right up! And uh, it would be nice if he could hug me back. He doesn't. But, uh, that's okay. I know that that's just the way he is; it's not a big deal

#### Summary: Experiential Similarities and Differences

Perspective taking was important throughout all women's lives. Daughters felt consistently close to parents who were generally sensitive to their perspectives, as occurred in cohesive families. Attuned to children's emotional needs and points of view, parents in cohesive families were physically and emotionally present for their daughters. Girls' opinions, desires, feelings, and perceptions were often disregarded by parents in noncohesive families. In these families, daughters' closeness varied according to mothers' and fathers' abilities to demonstrate perspective taking skills. Specific childhood events became impressed as memorable occasions for these daughters.

Young daughters became skilled at regarding others' views in the following ways. In cohesive families, mutual perspective taking was routinely practiced as modeled by parents. In the absence of parental perspective taking, girls took on parents' views as understood in the mind of a child. Parents' inattentive and unresponsive behaviors were often explained by mother's or

father's employment, distress, or other reasons.

Sharply different emotional climates were experienced by girls in alcoholics' and nonalcoholics' families. Although some nonalcoholics' daughters held paradoxical feelings for parents, not one feared her parents as did alcoholics' daughters. Reflections on mealtime exemplified women's reflections on the emotional environment they experienced in nonalcoholics' and alcoholics' families.

Demonstrations of affection, though rarely mentioned, emerged among informants' childhood reflections as being sorely missed or as not important. A few women recently made affectionate contacts with parents who were not demonstrative. There was no consistent pattern among these reports according to parents' alcoholism status.

### Identity

Effects of therapeutic experiences on identity and meanings on the child of an alcoholic identity are reported here that addressed the research question: **Are daughters' identities and relationships with parents affected by participation in therapy or support groups?** Associations between women's therapeutic experiences and identity emerged among informants' responses to "Tell me about experiences in your adult life that affected your feelings about yourself."

The second section considers daughters of alcoholics' reflections on whether or not they identify themselves as a child of an alcoholic. Results include women's explanations for rejecting that identity and meanings for informants who do identify themselves as a child of an alcoholic.

### Effects of Therapy and Support Groups

Collecting data on whether or not therapeutic experiences affected women's identity was limited because among the 26 interviewed respondents 11 were active in therapy or support groups in 1989. Another constraint was due to my neglect to ask each woman about adult experiences that affected her feelings about herself. Within these constraints, nevertheless, several women reported that participation in therapy or support groups affected their identity and feelings about self.

Therapy. Erica's distress was relieved and her self-evaluations improved in the course of therapy:

I just became so depressed that I couldn't even hardly function...I could barely get out of bed....I went down to see [a psychiatrist]...He was very helpful to me.... Some of the sadness is still there....The anger...just kind of dissipated I think as I felt better about

myself and I learned to...look at things in a more positive way.

That Carla likened her therapy to "being mothered for the first time" was reported earlier. On her identity, Carla said:

In the therapy, I just got, you know, started getting better....I was almost like getting an identity. I just went in there and said, 'I have no idea who I am'....I was able to finally just talk about everything that happened...Being able to talk, in itself and not be judged, helped me become, showed that I was worth something that someone would listen to.

On building her self-esteem, Ramona indicated:

[I was] trying to find surrogates who could be surrogate mothers, um, in order to help build my self-esteem...But it was mainly through therapy [and the] opportunity to go from a secretarial field into a professional field....I really was, hell bent on self-destruction for quite a while. Realized what a stup I was and that I was gonna start changing that....I started saying, 'I want to be a different person than I am. I don't like who I am. I don't like this person, this whiny, feeling sorry for myself, son-of-a-gun, I want to be someone else. I want to be strong and I'm gonna get there.'

Gwen's role as a mother is most important to her identity, and it was for her mothering that she sought therapy. First Gwen said:

If I ever had any doubts about what I was going to be when I grow up, um, it was answered the day they handed me the first baby. I was gonna be a mother, and I was just gonna be a great mother....Having those kids is, um, is my happiness. It makes me feel very good about myself.

Taking her parenting responsibility "very, very intensely," Gwen was overly anxious about "being the right kind of mother [and] always on the verge of tears." That anxiety caused Gwen to enter therapy. She indicated:

It did make a difference....I got to unload a lot of garbage that she asked me questions about that I didn't even know I had answers to....I think it helped bring me into adulthood...It helped me realize that my life was gonna be different.

Support groups. Support group experiences had a significant impact on Doris:

I used to often say that if I had to grow up with problems I'm glad mine was alcoholism. At the time that I grew up...there was so much support...It was sort of

the rush of it all...There was Al-Ateen. There was Al-Anon. It was talked about...and the literature was out, you know, and so...I met great people, as a result of that....I am who I am today because of that experience. And I really like who I am today.

June and Alice spoke about indirect effects of support group participation on their identity. Each attributed her pursuit of a bachelor's degree to encouragement from members of her Al-Anon "family." June and Alice recently obtained the degree which had a direct affect on each woman's identity. As June reported:

My dream was to get an education....Through the encouragement of my Al-Anon family...I decided to look into going back to school....And I did things that I never dreamed I could do because I always was kinda down graded....While I was going through this and making um, all these awards and stuff um, my self-esteem was probably at its highest peak! I found out that I wasn't stupid.

Alice first summarized her perceptions on and experiences in Al-Anon:

I think if I had to, to sum up Al-Anon in two words: unconditional love. Um, I crawled into a meeting...A lot of people go into Al-Anon, you don't walk you crawl and that's why you're there....That night I freaked...I figured, if I don't talk to someone I'm gonna kill myself...All these feelings just began to flood.... There was always someone there for me....I can talk to this person and I feel totally, wholly, and completely safe with this individual...same thing with therapy ...It was just a feeling of um, having a safe place. It was unconditional love. A feeling of I'm not the only one that wanted to do whatever....I'm not the only one who has felt this way.

Asked about experiences in adult life that affected her feelings about herself, Alice reported:

It took me a long time to realize that I was worth something. I think school, school, if I had to pick my proudest moment in life, it was [date]. When I walked across the stage and I was handed a diploma...It said in essence, 'You're a pretty smart person...You DID it'!....My happiest time was in school....And I didn't have to prove to anybody any more. I have it in writing! See this B.A. See this beautiful thing? That's mine!

About the Al-Anon friend who encouraged her to take one course at a time Alice said, "I owe her my college education." She added:

Funny thing um, if I, if I was to die today and you would ask me what I wanted to wear, to be buried in, it

would be my cap and gown.

#### Meanings on the Child of an Alcoholic Identity

Reflections regarding the research question: **What meanings does parental alcoholism have for women who identify themselves as a child of an alcoholic?** were sought among respondents known to be alcoholics' daughters using their 1989 scores on the Children of Alcoholics Screening Test (CAST). Each woman who had an alcoholic parent was asked, "Do you call yourself a child of an alcoholic?" Alcoholics' daughters were also asked, "What meaning does that have for you?"

The second question, however, was not asked of every alcoholics' daughter. That was because five women whose CAST scores indicated they were, did not currently identify themselves as a child of an alcoholic. Though these daughters described consequences of a parent's alcohol intake on family members, each answered "no" to: "Do you call yourself a child of an alcoholic?" Meanings behind the negative responses are reported below. Regardless of a "yes" or "no" response, it was important for many informants to validate their early life experiences. External verification increased their understanding of self and others.

Ten of the 15 alcoholics' daughters were asked about meanings on the child of an alcoholic identity. Among these women's responses, generalized and personalized meanings emerged. Generalized meanings characterized the children of alcoholics population. Personalized meanings were biographical, that is, based on a woman's self-examination.

Rejecting child of an alcoholic identity. Each negative response to "Do you call yourself a child of an alcoholic?" was followed by unsolicited meanings. Three of the five informants who answered no, explicitly reported that in the past she did identify herself as a child of an alcoholic. A fourth daughter implicitly indicated this past identification when she said, "I don't label myself anymore" (emphasis added). The fifth woman apparently never considered herself an alcoholics' child. According to these respondents, although affected by parental alcoholism, they see themselves as separate from, or more than, parents and parents' problematic alcohol consumption.

Doris said early in the interview, "I became a good little ACOA [adult child of an alcoholic] from a very young age." I immediately asked, "What does that mean?" She replied:

It means I um, worked hard at appearances. That means I worked hard at succeeding....I spent most of my childhood protecting them [alcoholic parents]...I don't remember speaking about them in negative terms. Ever... I worked so hard to protect that image that, that our

family was okay. And therefore I was okay.

Later Doris reported:

I still remain the adult daughter, um, of an alcoholic. Um, I've done it much more healthily than I did as a child.

Near the interview's end I inquired, "When you identify yourself as a child of alcoholics what meaning does that have for you, in addition to anything you've already said?" As Doris answered, she reflected on how her self-perceptions changed so that she no longer calls herself a child of alcoholics:

I don't choose to identify myself any longer...as an adult child of an alcoholic....For many years it was my identity. I went from feeling like I had no identity to I was an adult child....I've really just come to I'm Doris...and these are experiences that have made me who I am, good and bad.

Cynthia called herself a child of an alcoholic "for a while," in her late 20s:

It had meaning because it sort of gave me an identity ...It sort of validated...what I went through as a child. People noticed...the symptoms and the feelings, that um, I, that I felt as an adult....There's so many parts of us and this is one...I think it was important in understanding the affects of alcoholism....But...it came and went.

Gwen recognized herself as a child of an alcoholic on hearing the expression and reading a book. She reported:

I guess what I gained out of that was um, it was okay to tell people that your father had drank. 'Cause when we grew up like that was private....So it was nice to know that you weren't alone.

Gwen's relationship with her nonalcoholic mother was more important to her self-identification than the relationship with her alcoholic father. However, she associated her chronic anxiety with her father's alcoholism.

I guess I don't identify myself as a child of an alcoholic. I identify myself as a child of my mother... It was my mother who...brought me up, and not my father. It's like, you know what, that wasn't my problem, that was his problem. Let me add one thing. I know that being a child in that situation definitely caused me to be highly anxious...probably only within my own head.

Evidently Bridgit never thought of herself as a child of an alcoholic. While her alcoholic father was absent during several years of her childhood, Bridgit's experiences with her father, nevertheless, strengthened her resolve to be different from him:

I'm not a child of an alcoholic because I don't feel that it dragged me down...In fact, it, it rose me up...It made me realize...I just do not want to be like that....It was good for me...It sent me inside. I didn't have to get my kicks from the bottle, or from a cigarette, or from a club. I had my kicks inside.

Disparaging alcoholics' children who whine and use the identity to excuse criminal acts, Alice explained her negative answer as follows:

I don't label myself anymore. Yes I grew up in an alcoholic family. Yes I had my problems. I don't want that label....Yeah okay fine, my parents drank. A lot of parents drank...I think that if I had it too easy, that I wouldn't be where I am today. I think that by fighting and having to claw, and, you know, fight my way to the top that I'm a better person for it.

Alice also offered these analogies on her experience, I just can't believe that I'm actually saying this but, I'm like a diamond. A diamond is a lump of coal. But how do you get the diamond, under pressure, and it's squeezed. Same thing with a pearl, a pearl just doesn't pop out of the oyster there's a grain of sand, there's the irritant.

Generalized meanings. Among those who label themselves child of an alcoholic, Carla and Norma gave generalized meanings on the population of alcoholics' children. Carla first qualified her answer:

I feel like I'm not like the other children of alcoholics....I don't know if my father is the typical alcoholic....But I think the personality and the mood swings are, are probably very similar...The ups and the downs and the hiding it and all that, so I, when I say child of an alcoholic...I think of um, somebody who had an unstable life that was unpredictable, you know, a parent who was there and wasn't there, a family that was um, overwhelmed....I don't know if everyone else has this but it's an isolation...You feel you're so different than the rest of the world.

Norma also qualified her response and reported in general on alcoholics' children:

I don't know what a daughter of an alcoholic is supposed to be, but, it doesn't have to ruin your life. You can be a very strong, very productive member of society....It can just kinda open your eyes to what's around you...how scary it is and how kids need protection as much as they can sometimes from their own parents.

Personalized meanings. Diverse personalized meanings emerged on the child of an alcoholic identity, but problematic emotion was at their core. Women explicitly noted troublesome emotions and behaviors marked by implicit emotions which they believe cause problems in relating. In every case, the emotions and behaviors represented important personal difficulties related to meanings on child of an alcoholic.

Unexplained anger, excessive guilt, and anxiety were associated with early life experiences. People pleasing, caregiving, and super achieving behaviors troubled informants. Partner choices and intimate relationships, including relationships with their children, were also reportedly impacted by parental alcoholism. A few personalized meanings on the child of an alcoholic identity follow.

June's reflections included the following observations about herself:

Your emotional growth is stunted and...in some ways you're always a child. And, I look back over the past few years and I can see...I went through a period where I was emotionally growing up....I also know that my being a child of an alcoholic probably influenced who I chose for a mate...My husband uh, is a active alcoholic ....The behavior was familiar and comfortable.

Increased understanding helped Tonya to reduce self-blame, but not her super achieving behaviors:

I did a lot of reading....This has really helped me to understand a lot of um, things that happened to me that I was trying to understand and, basically blamed myself for...I took a lot of the um, guilt off from myself... It also really helped me to...try to change, parts of this learned behavior...A lot of it was, was the super achieving aspect of...my life...I don't think I'll ever, ever not be that way.

On her self as an alcoholics' daughter, Audrey indicated:

It means that I have a tendency to have certain characteristics....I tend to be a people pleaser...to have the anger, and the guilt....I have guilts about everything...I try to convince myself that I'm over it but I'm not!...Right now I feel guilty because I'm in here with you and I could be out with [son]. And I feel very guilty about the time I miss with him for my career....I feel anger, unexplained anger sometimes...I get short with people and I think that's from growing up in that environment. You know the anger was just a normal accepted way to deal with things and I try not



to do that.

Ruth said she "definitely" identifies herself as a child of an alcoholic. This means:

I still have trouble in intimate relationships....At work I'm much more successful, just as a child.... Outside the home I was fine....My daughter is a mess and I don't deal that well with her....[and] I think that that's why I married an alcoholic.

Renee characterized herself as co-dependent:

I have co-dependent actions. It means they have affected my children....And as long as I remember that, I can forgive myself for some of the screw-ups....It affects who I'm attracted to....My daughter married an alcoholic....Everybody is in some form of co-dependency.

When asked what "co-dependence" means, Renee answered:

I'm one of these wonderful caregivers. If I can't give care and somebody doesn't accept my care, it makes me mad. I feel rejected. Um, if they do accept my care, I feel used.

Experientially detached as a girl, Rosemary noted that as an adult she reacts emotionally when people drink alcohol:

I felt like I would detach and watch somebody else... Being the child of an alcoholic...it's not a true relationship, but it's a selfish relationship. The bottle comes first, and you feel that you come second ...That just doesn't feel right. You wanted to smash every bloody bottle you could see....I get nervous around people who do drink, I get very, very, very nervous. And I get a funny feeling inside....sinking feeling in my gut again, that I had as a kid...I don't think that feeling ever goes away. I really don't think it does.

Attached to the primary question on the child of an alcoholic identity was the secondary research question: **What effects does this self-identification have on later life relationships with parents?** No explicit indicators on this issue emerged among women's reflections. Implicitly, the child of an alcoholic identity indirectly fostered some daughters' understanding of parents. For other women, the identity strengthened their convictions about self as separate from parents' alcoholism or strengthened their awarenesses of childhood mistreatment. These implicit indicators were reported throughout interview findings.

## CHAPTER 8: DISCUSSION

One underlying assumption of the present study is that the self is best understood in connection with others, that is, as a familial or relational self. A second assumption, rooted in phenomenology, is that informants accurately observe and reflect on their experiences. This phenomenological research approach supports women's dignity because it requires fidelity to and trusts their perceptions. Ideas from relational self theory as well as contemporary thoughts on family and members of alcoholics' families are integrated to discuss the contributions and implications of this study's findings.

Consistent with relational self theory, on close examination, participants' experiences as daughters are apparently associated with their vulnerability to distress. Alcoholics' daughters and nonalcoholics' daughters also substantiate that childhood interactions with parents have long lasting effects on women's identity, family self, and relationships with mothers and fathers. Women's reflections include expected results based on previous empirical, clinical, and theoretical reports. Unexpected findings, including those on closeness to parents and the importance of perspective taking, expand knowledge on individual and family development, challenge common assumptions, and raise questions about important issues that need to be examined.

According to relational self theorists (Surrey, 1991), beginning with emotional connection and identification with mother in early life, women's development and self-acceptance depend on reciprocal understanding in close relationships. Understanding requires recognition of a relational partners' perceptions.

Perspective taking was revealed as a phenomenological essence in women's subjective realities. The unanticipated significance of perspective taking that unified findings on daughters' experiences with parents was summarized in the section on experiential similarities and differences among informants. When made explicit, essential features of perspective taking can explain related aspects of daughters' experiences. Specifically, conceptualizations on perspective taking can be shown to link women's identities, interactions with parents, and their therapeutic activities. Perspective taking experiences can also be used to explain why participation in therapy or support groups apparently fosters women's self-acceptance and development.

Longitudinal indicators of women's Identity and Family Self for the Time-Two sample are considered first. Fragmented explanations show that interpreting the longitudinal results is unreasonable and problematic without placing the quantitative findings in the

context of research participants' life experiences. Interview findings give an important base for suggesting interpretations on the longitudinal indicators of Identity and Family Self. Among informants' disclosures are clues about why women's scores changed or remained the same.

After addressing Identity and Family Self indicators, the discussion turns to associations between daughters' childhood experiences and women's therapeutic activities. That includes and is followed by a continued consideration of women's relationships with parents, and in particular, with parents in alcoholics' families. As used in this discussion, "noncohesive families" means families in which a daughter perceived at least one parent consistently failed to consider her perspectives, and she described the parent as chronically critical, back-stabbing, or alcoholic.

A concerted effort was made throughout this research process to see my assumptions and biases. I worked very hard to represent women's realities without imposing my biases. One way that I tried to accomplish this was by allowing an informant to suggest the positive or negative qualities of her self-perceptions and relationships with parents. It therefore became apparent that such evaluations were framed within socially defined parameters and that my perceptions are influenced by the same sociocultural constructions.

#### Identity and Family Self

Changes in women's Identity and Family Self are clearly shown when 1989 and 1997 indicators are compared, particularly among daughters of alcoholics. Nonalcoholics daughters' Family Self scores did not change from 1989 to 1997. Not only are daughters of alcoholics' Identity and Family Self scores higher in 1997 than in 1989, as expected, by 1997 alcoholics and nonalcoholics daughters' scores are not significantly different.

Nevertheless, there is insufficient evidence to conclude that active participation in therapy and support groups affected Group 1 alcoholics daughters' 1989 scores on Identity and Family Self. A nonalcoholics' daughter is the only informant who disclosed that she experienced significant emotional pain in the course of therapy. It cannot be suggested that alcoholics daughters' Time-One scores were influenced by their concurrent therapeutic activities.

The 1997 findings cannot support that idea about Group 1 alcoholics' daughters active in therapy and support groups at Time-One because 1997 participants had 1989 scores which are dissimilarly distributed compared to 1989 subsample scores. Furthermore, alcoholics daughters' scores improved from 1989 to

1997 whether or not they were active in therapy and support groups at Time-One. There are puzzling findings that cannot be explained, such as daughters of nonalcoholics' lower Identity scores in 1997 compared to 1989. Available data cannot explain why Group 1 alcoholics' daughters participating in 1997 had higher 1989 Identity and Family Self scores, nor can they explain the larger increases on Identity scores among Group 2 compared to Group 1 alcoholics' daughters.

Change or stability on Identity or Family Self scores over time are also affected by factors in respondents' lives which were not identified or examined in the current investigation. Health, job satisfaction, and relationships with an intimate partner and one's children, for example, can influence adults' responses to items on the Tennessee Self-Concept Scale. Only very tentative interpretations can, therefore, be made regarding this study's longitudinal results on women's Identity and Family Self. There are probably several plausible alternative considerations and interpretations that might be applied to these findings. Discussed herein are possible interpretations that are limited by my perceptions at this time.

Group 1 alcoholics' daughters who did and who did not participate in 1997 are similar on background characteristics as shown in attrition bias tests. Attrition bias was found on age among Group 2 and Group 3 respondents as those who participated both in 1989 and in 1997 were significantly older in 1989 than women who did not participate in 1997. Greater mobility among young women might explain why the whereabouts of younger respondents could not be traced, while older Time-One respondents were located for the Time-Two study. That suggestion does not, however, account for age similarity among Group 1 participants.

Most striking about women's Identity and Family Self scores is the proportion of variance explained by group categorization at Time-One compared to Time-Two. Categorizing women according to the presence or absence of parents' alcoholism and alcoholics' daughters active participation in therapy and support groups explained a modest proportion of variance on 1989 Identity and Family Self scores. By 1997 there is a considerable reduction in variance attributable to the 1989 group categorizations.

Compared to one way analyses of variance on scores in 1989 and in 1997, repeated measures analyses explain the largest proportions of variance on Identity and Family Self. This could be interpreted as suggesting that from 1989 to 1997 alcoholics daughters' self-perceptions improved to such an extent that they can no longer be statistically differentiated from nonalcoholics' daughters. The significant differences that existed between alcoholics' and nonalcoholics' daughters on 1989 Identity scores,

however, were reduced over time by increases in alcoholics daughters' scores, and, by decreases in nonalcoholics' daughters scores. Time alone is not sufficient to explain the changed scores. Rather, life events that occurred between 1989 and 1997 as described by interview informants can be used to shed light on changed Identity scores, as well as possible reasons for significant group by time effects that were found on Family Self.

Two aspects of respondents' longitudinal self-assessments are noteworthy because they are unchanged. In both 1989 and 1997, daughters of alcoholics' scores are lower and more variable than daughters of nonalcoholics' scores. That might suggest a greater range on perceptions about self and self as a family member among women who had alcoholic parents. Moreover, alcoholics' daughters are apparently less satisfied with self and family than are nonalcoholics' daughters.

### Identity

Group 2 alcoholics' daughters participating in the 1997 study had 1989 Identity scores that were significantly lower than Group 3 nonalcoholics daughters' Identity scores. At Time-One, however, Group 2 respondents' Identity scores were not significantly different from Group 3 scores. Among alcoholics' daughters, Group 1 respondents' Identity scores were higher in 1989 and in 1997, although Group 2 Identity scores increased almost twice as much as from 1989 to 1997. Group 3 nonalcoholics daughters' Identity scores decreased from 1989 to 1997.

Many nonalcoholics' daughters may have formed a cohesive identity in early life as parents' regarded their perspectives. Women from noncohesive families evidently achieved greater identity cohesion in later life on having their perspectives confirmed outside of the family. The section that follows on perspective taking epiphenomena discusses women's attempts to form cohesive identities in therapeutic activities and suggests additional explanations for connections between identity and family self.

Associations that are consistent with and extend knowledge on daughters' identities emerged among informants' reflections. In particular, it is suggested that daughters' sense of competence and worthiness can be enhanced by educational attainment that impacts their self-perceptions. To achieve academic goals, however, some women first need to learn to trust in their abilities. This might require that they overcome parents' disregard which seems to have impeded daughters' sense of competence; these associations are considered next.

Two alcoholics daughters' experiences are consistent with suggestions made in a report on children's development and academic performance. In their study on parenting practices and

middle school children's adjustment, Bronstein and colleagues (1996) found a positive linear association between girls' self-concept and academic achievement and their parents' affection, approval, attentiveness, responsiveness, guidance, and receptivity to daughters' emotions. Bronstein and colleagues suggested that with optimal parenting daughters develop awareness of their abilities and can realize their potential.

In the present study, each of the middle-aged alcoholics' daughters said that earning a bachelor's degree was a pinnacle life experience that had an important positive effect on her feelings of self-worth. According to these women, their parents discouraged confidence in their abilities in early life. In lieu of parents' support, support from other persons empowered them to develop their academic abilities.

These research results among both girls (Bronstein et al., 1996) and middle-aged women exemplify relational self theorists conceptualizations about daughter's self-acceptance and development. Also for the present study's purposes, the informants' recent experiences substantiate one of the reasons for women's higher Identity scores in 1997 compared to 1989. Three nonalcoholics' daughters whose recent education led to career advancement also reported about the positive effect these experiences had on their feelings of self-worth.

#### Family Self

Group 1 and Group 3 respondents participating in 1997 had higher 1989 mean scores on Family Self compared to the original subsample scores. Group 1 alcoholics daughters' Family Self scores increased almost three times as much as Group 2 alcoholics daughters' Family Self scores from 1989 to 1997, while Group 3 nonalcoholics' daughters Family Self scores remained stable.

Qualitative findings allow interpretations of the longitudinal indicators of Family Self among nonalcoholics' and among alcoholics' daughters. Among women interviewed in 1997, more nonalcoholics' daughters than alcoholics' daughters had cohesive family relationships which helps to explain why women in Group 3 have stable Family Self scores. In addition, as children and as adults, more nonalcoholics' daughters felt close to mothers and to fathers than did most alcoholics' daughters. Family cohesion and closeness to parents across life probably contribute to a stable sense of one's self as a family member as suggested by nonalcoholics daughters' consistently higher scores on Family Self. It is also important to consider that responses on Family Self indicators are affected by women's assessments of themselves as wives and mothers, for which scarce data were collected in the present study.

Several informants reported substantial changes in their perceptions about parents, including daughters who in 1989, but no longer in 1997, were alienated and estranged from their parents. A few women also felt closer to alcoholic parents in later life. Changes on perceiving and relating with parents, coupled with daughters' increased self-acceptance, suggest reasons for alcoholics' daughters higher scores on Family Self in 1997.

Over half the interviewed alcoholics' daughters, however, did not feel close to their parents in childhood and in adulthood, which probably contributes to the greater variability and significantly lower 1989 scores on Family Self among alcoholics' daughters. Epiphenomena on women's perspective taking experiences, described below, contribute information about why the proportion of explained variance might be considerably lower in the one way analysis of variance on 1997 Family Self scores.

#### Perspective Taking Epiphenomena

Daughters' diverse childhood experiences with perspective taking are apparently related to specific epiphenomena they experienced in later life. An epiphenomenon is a secondary phenomenon resulting from and accompanying another. In the present study, women's therapeutic activities apparently emerge as epiphenomena.

Confirmation of one's perspectives from other persons is crucial for identity development (Westen, 1991). Furthermore, parents' attentiveness and responsiveness are thought to be associated with identity cohesion and feelings of self-worth (Tesser, 1991). If parents chronically disregard daughters' opinions, feelings, desires, and perceptions, women may participate in therapy and support groups to understand their experiences and confirm their identity and perspectives.

Continued use of therapeutic services may indicate the long-standing nature of some women's distress. Respondents in all three Time-One groups did participate in therapy and support groups between 1989 and 1997. Of these women, a higher proportion of Group 1 alcoholics' daughters participated in therapeutic activities for a longer period of time than women in Group 2 and in Group 3, except for two Group 2 respondents participating in Alcoholics Anonymous. Most Group 1 respondents, however, are no longer participating in therapeutic activities.

Higher Identity and Family Self scores among alcoholics' daughters in 1997 cannot be solely attributed to participation in therapy and support groups especially because those in Group 2 were not active in therapeutic experiences in 1989. Nevertheless, direct and indirect associations between therapeutic activities and feelings about self and family are evident among interview

informants' reflections. On expressing their feelings and perceptions to persons outside their families, distressed women reported that they became more self-accepting. According to informants, emotional support they received in therapy and support groups empowered them to make important life changes. Findings on changed perceptions and relationships are consistent with clinical reports which suggested that first emotional pain and anger are expressed, then, acceptance and resolution may follow, including cognitive reconstruction and integration (Gravitz & Bowden, 1985; Kritsberg, 1985).

Alcoholics' daughters indicated that they entered therapy and support groups in despair, feeling like they had no identity, with depression, or suicidal thoughts. Daughters of nonalcoholics who had critical mothers also reported experiencing psychic pain for which they sought therapeutic help. These women's distress suggests lack of a cohesive sense of self that might be associated with inadequate confirmation of their perspectives. Alcoholics' and nonalcoholics' daughters likened therapeutic relationships to being parented. Informants said that they felt mothered and found unconditional love in therapy and support groups.

During the 1980s, women primarily led and joined the adult children of alcoholics movement and its offshoots, such as Codependents Anonymous. Compared to men, women disproportionately perform families' emotional work. Moreover, it is socially acceptable for women to participate in therapeutic activities. For daughters in support groups, alcoholism becomes a vessel to contain the rage and hurtful feelings about distressful childhoods and troubling parental behaviors (Haaken, 1993).

Haaken offered a postmodern dialectic suggesting that women's widespread interest in the movements indicated their rebellious criticisms of family life while signifying those impulses be contained within redeeming familism norms. Others suggested that adherents of the adult children of alcoholics movement portrayed alcoholics as villains who consciously destroy families (Denzin, 1990).

Regardless of one's views on support group phenomena, alcoholics' daughters experienced historically unprecedented public revelations of private family matters that impacted their perceptions of self and of family. Public verification of daughters' private experiences confirmed related aspects of women's identity and family self which alcoholics' daughters said they appreciated. According to Haaken's (1993) interpretation, the present report offers a modest statement on how women in this sample struggle to resolve incongruity in their lives.



Women from noncohesive families evidently struggled to reconcile cultural ideals about family and self and their personal family realities and feelings about self. They struggled with disparities between their perceptions, experiences, and desires that were not congruent with their parents' behaviors and views. Daughters in noncohesive families apparently longed to experience normative family relationships. Those desirable cultural norms include expectations about parents' attention, responsiveness, and consideration for children's perspectives. The apparent associations between norms and perceptions are consistent with Hinde and Stevenson-Hinde's (1988) report that suggested persons compare their family situations with commonly held ideas about families.

One way that alcoholics' daughters and nonalcoholics' daughters reconciled normative ideals with their experiential realities was to cognitively reconstruct their perceptions about family. These reconstructions were suggested in women's statements about turning negative perceptions about parents into positive ones and realizations that a parent "did the best" that he, or she, could do.

Some alcoholics' daughters depersonalized parents' intoxicated behaviors. Accepting alcoholism as a disease allows individuals to perceive that an alcoholic has no control over his or her compulsion to consume alcohol (Haaken, 1993; Kurtz, 1981). Furthermore, anger, rage, and other strong emotions can be redirected toward the disease reducing hostility for parents. Changed perceptions on alcoholism can alter disappointment about intoxicated parents' behaviors and inadequate parenting. Reconstructing perceptions is a socially acceptable way to reduce emotional distress.

The strong willed daughters of back-stabbing and alcoholic parents are steadfast in honoring, not changing, their perceptions. These women do not reconstruct their reality about relating with their parents. They firmly adhere to perceptions of family-as-is and know that they were mistreated. Because their attempts to emotionally connect with their parents were always frustrated, the daughters have no hope of resolving the family impasse.

Based on other informants' reports, it seems that the psychological barrier these steadfast women face is their parents' inability or refusal to regard experiences that daughters' perceive as unjust. No appropriate reason exists to suggest that these women ought to reconstruct or dismiss their perceptions. To do so would vilify their dignity.

Not needing to deal with these issues are the relatively content

nonalcoholics' daughters from cohesive families. These women appear to have less distress and more identity cohesion than daughters from noncohesive families. Nonalcoholics' daughters who have cohesive families and identities may have more congruity between what the culture deems desirable and their experiences of family and self. That is because family cohesion and a nondistressed self coincide with sociocultural ideals.

Distressed women may have struggled to resolve incongruity between their perceived self and desires to reduce self-pain. Manifestations of distressed, in-pain-self, that informants experienced included, depression, anxiety, anger, suicidal ideation, and feeling worthless. Among the reasons daughters appear to be distressed is their frustrated drive to make meaning out of parents' incomprehensible behaviors and their existential battles over incongruities they experience about self and family.

Kurtz (1981) posited that a satisfactory resolution for contemporary "dis-ease" can occur when persons surrender their attempts to achieve perfect, painless, and congruous human experience. This resolution requires recognition that human experience is imperfect, and sometimes incongruous and painful. Contemporary notions that changing the self can lead to greater self-satisfaction, preclude acceptance of imperfect self-as-is. Surrender of struggles to change or improve the self can be considered acceptance of imperfect self, that is, self not requiring change - letting go of the notion that I need to be fixed. Kurtz (1981) also suggested that mutual support on accepting imperfect and incongruous human experiences is an essential feature of Alcoholics Anonymous support groups. For daughters of alcoholics, acceptance of imperfect self-as-is is augmented by accepting that imperfect past family life experiences cannot be changed. Experiences like these enabled Doris and her sober alcoholic mother to become close friends in later life as described in vacillating relationship histories.

The above suggestions are consistent with the unexpected findings that emerged as 5 of 15 women rejected the child of an alcoholic label for self-identification. One woman never labeled herself a child of an alcoholic. Four of the five daughters said that her parents' alcoholism was no longer a prominent feature of her identity. This shows that their perceptions of self were altered. They reported that they accepted the influence of early family life on their identities and currently accept self-as-is and family-as-is.

#### Intergenerational Family Relationships

Women's accounts revealed changes in intergenerational family relationships that were surprising because strained early relations evolved in later life to close ones. The changes were

surprising for two reasons. First, at Time-One women reported about stress due to alienation and harsh criticism from parents. Second, interviewed women reflected on childhood relationships with parents before reporting on their interactions in adulthood. It was surprising to subsequently learn that mistreated daughters and previously estranged daughters became close to parents from whom they had been emotionally alienated.

Findings on daughters' closeness with parents over time are consistent with suggestions that information about early family life is needed to expand knowledge on adults' relationships in later life families (Bedford, 1992; Mancini & Blieszner, 1991; Whitbeck et al., 1994). Striking differences in the present study between alcoholics' and nonalcoholics' daughters on interacting with parents near death, for example, are best understood in light of their relationship histories. As suggested by Bedford (1992) and Whitbeck and colleagues (1994), the present investigation shows that adult children's current interpretations of past events impact intergenerational relationships. Furthermore, adult daughters' understanding of and relating to parents were affected by changed perceptions that reportedly resulted from intervening factors such as women's parenthood and participating in therapy and support groups.

#### Reflections on Alcoholics' Families

Alcoholics daughters' accounts on early family life experiences are consistent with reports in the clinical and empirical literature on the adult children of alcoholics and reports on alcoholics' families. Many reports suggested that family members' interactions vary according to a parent's sobriety and intoxication (Jacob et al., 1989; Rotunda et al., 1995). This pattern was found in some informants' reflections, and daughters' paradoxical feelings about mothers and fathers evidently varied accordingly.

Most of the interviewed alcoholics' daughters did not feel consistently comfortable, safe, or secure at home. Tumultuous childhoods were characterized by parents' daily screaming and verbal conflict and crises that were unpredictable. Five of the 15 interviewed alcoholics' daughters witnessed or were victims of violence in their childhood families. As girls, interview informants regularly intervened in parental conflict and witnessed the throwing and breaking of household items; three women recalled being frightened by alcoholic parents' threats to use and use of guns.

Young girls were asked to and did enter taverns to persuade intoxicated parents to go home, or waited alone in cars while parents in bars consumed alcohol. Some girls stayed awake at night in fear of impending crises, fearfully hid from their

intoxicated parents, poured out the contents of liquor bottles, and thought they caused parents to drink alcohol. Daughters were publicly and privately embarrassed because of intoxicated parents' behaviors and appreciated alcoholic parents' absence from important life events.

Daughters of alcoholics also reported on awarenesses of physiological reactions triggered by other persons' behaviors, first experienced as girls, that they continue to feel as adults. Among these are reactions to verbal confrontations and physiological responses to sights and smells associated with alcohol consumption. Experiences that they had as girls with alcoholic parents reportedly affected their adult emotions and relationships in and out of their families.

Not only did women characterize their experiences in alcoholics' families as described in the literature, they also portrayed family realities that are not documented. That a sober alcoholic parent's behaviors may distress daughters is an unexpected finding that does not appear in earlier reports. Evidently, little is known about alcoholics' families in which sober periods are also characterized by tension, conflict, and violence as described by alcoholics' daughters in this study. Feeling tension in concert with closeness was another unusual finding especially as the alcoholic parent whose behavior was instrumental in creating the tension was excluded from other family members' closeness. Also unexpected was the extent of nonalcoholic parents' unresponsiveness to girls in alcoholics' families.

The current study's informants, therefore, included daughters who were distressed by the behaviors of intoxicated alcoholic parents, sober alcoholic parents, and nonalcoholic parents in alcoholics' families. Considerable diversity among parents in the 15 families represented by women's reflections suggests that there may not be a prototypical family with an alcoholic parent(s). Nevertheless, daughters had common experiences with and emotional reactions to inattentive and unresponsive parents, as well as reactions to intoxicated and sober alcoholic parents' behaviors.

#### Conceptualizations on Intergenerational Family Relationships

Daughters' perceptions about parents in alcoholics' families expand knowledge on intergenerational family relationships. For example, a few informants' experiences are consistent with Booth and Amato's (1994) suggestion that if there is discord between parents an adult child may feel closer to one parent than the other. More daughters, however, felt emotionally distanced from mothers and from fathers in alcoholics' families as shown among relationship histories. An unexpectedly high proportion of alcoholics' daughters, 11 of 15, did not feel close to their

mothers. In addition, 8 of the 15 daughters of alcoholics did not have close feelings for their mothers or fathers in childhood or in adulthood. Those findings suggest that in cases of marital or family disharmony there might also be adult children who do not have close feelings for either of their parents.

Common assumptions about families are particularly challenged by the extent of daughters' lifelong emotional disconnection from parents in alcoholics' families. Those unanticipated findings highlight and challenge family scholars' normative expectations, including the expectation that adult children and parents share affectionate and close, albeit varying, emotional bonds (Atkinson, 1989; Bengtson & Roberts, 1991; Rossi & Rossi, 1990). Normative assumptions are exemplified by expressions such as "levels of affection" and "sentiment."

Bengtson and Roberts (1991) did, however, indicate that contradictory emotional bonds might exist between adult children and parents. Scholars have also suggested that levels of affection probably reflect family biographical influences (Bengtson & Roberts, 1991; Rossi & Rossi, 1990). But no report that was reviewed for the current study suggested the possible extensive absence of daughters' close feelings for mothers and for fathers that was found in this investigation. Daughters' affective closeness to parents evidently varies according to parents ability to demonstrate that they acknowledge and take into consideration daughters' perspectives.

That parents attend to, respond to, and regard children's perspectives is considered important among works on early life families (Bretherton, 1993; Bronstein et al., 1996; Kagan, 1980). The significance of perspective taking in the current study shows that these experiences might also be important in adults' intergenerational family relationships.

As shown among women's subjective realities, perspective taking experiences inform conceptualizations about contingent affect (Rossi & Rossi, 1990). That is because these findings signal that the nature of adult daughters' contingent affect for parents may have perspective taking at its core. Furthermore, this suggestion about contingent affect and perspective taking is consistent with Bedford's (1992) finding that adults who were least favored among siblings in childhood had less affection and more conflict with parents.

It appears that parental perspective taking deficiencies might prevent adult daughters from feeling close to parents unless intervening factors facilitate changed perceptions. In this study, for example, early life daughter-parent relationships that were severely strained, with mutuality on perspective taking,

became very close in later life. Family harmony might be maintained with asymmetry on perspective taking among adults, however, transgenerational closeness will probably not occur without consideration for each other's perspectives.

Empirical and theoretical works on later life intergenerational family solidarity and cohesion (Bengtson & Roberts, 1991; Rossi & Rossi, 1990) seem to have underestimated the value of perspective taking. Instead, norms such as familism, affective closeness, and consensus were emphasized. Indicators of affectual solidarity in earlier reports, included affection, warmth, closeness, understanding, trust, and respect for family members (Bengtson & Roberts, 1991). These constructs could be disentangled and reconceptualized giving greater emphasis to perspective taking. Family members' skills on perspective taking might especially affect transgenerational closeness, respect, understanding, and trust.

Consensual solidarity, consensus between adult children and their parents, is an integral dimension of intergenerational family solidarity theory. Adult child-parent consensus, however, may not be as important as perspective taking in determining the quality of later life intergenerational family relationships. Respect for different perspectives may be more important than agreement on values, attitudes, and beliefs as shown among women's multiple family realities. Furthermore, the plausibility of transgenerational consensus is reduced in the face of rapid social change that impacts members of contemporary families. Regarding others' perspectives on diverse issues, such as divorce, cohabitation, and openness about sexual orientation, does not require consensus. To advance family theory, therefore, it seems that adult child-parent perspective taking experiences ought to be considered a prominent feature of intergenerational family solidarity theory.

Because the intergenerational family solidarity theory addresses cohesion in later life families (Bengtson & Roberts, 1991), it neglects struggling families' realities. Working within a framework of family cohesion forces a dichotomy that views families as cohesive or noncohesive. Family scholars need language and constructs that account for the range of multiple family realities. Contingent affect might be one such construct.

There were indications in this study that contingent affect, disparate perceptions, and perspective taking are interconnected. Disparate perceptions between themselves and their parents were indicated by a few women. Confronting her critical mother, for example, a woman learned in her 30s that her mother did not realize the effect that her adverse criticisms had on her daughter. One alcoholic father had no recollection of, or denied,

beating his daughter when he was sober. In a family reunited after estrangement, another informant reported that her father apparently had little awareness of how his behaviors affected other family members. In each case, disparate perceptions exemplify deficiencies in perspective taking.

In addition to other assumptions held by many family scholars which I shared and discovered in this work, I expected that every woman would have a relationship with her mother. One of the 26 interviewed women, however, was raised by her father, and she had no relationship with her mother. Moreover, open display of affection was one indicator of family cohesion as operationalized by Rossi and Rossi (1990). Daughters from cohesive families participating in the current study, however, reported that family members did not openly demonstrate affection for each other. This suggests that displays of affection may or may not be indicative of family members' affectionate bonds.

## CHAPTER 9: STRENGTHS, LIMITATIONS, AND RECOMMENDATIONS

### Strengths

One of the study's strengths is that it examined women's self-perceptions over time. That this was done in the context of women's experiences as daughters is another strength of the study. Longitudinal studies on self constructs are rare, especially among women. Important contributions to knowledge about families are made with information about these women's experiences as daughters in childhood and in adulthood.

Grounded in daughters' perceptions, this investigation shows that a phenomenological research approach does reveal complex associations in diverse family phenomena and that these phenomena can be unified. The phenomenology of women's reflections also provided useful insights where interpretation of the quantitative work was problematic.

The stable and dynamic natures of women's self-perceptions and relationships with parents over time were documented in this investigation. Comparing alcoholics' daughters and nonalcoholics' daughters sharpened awareness about issues that appear to be meaningful to all women. The importance of perspective taking represents such a discovery. Parents' willingness and ability to consider daughters' perspectives appears to be a crucial factor in daughter-parent relationships, especially on felt closeness to parents. Inadequacies in perspective taking help to explain why some intergenerational family relationships are at an emotional impasse, which is another important contribution suggested by this study.

Findings on perspective taking expand conceptualizations on children's contingent affect for parents and on intergenerational family solidarity. In addition to theoretical importance, those results have practical implications. For practitioners and family members, perspective taking experiences evidently provide hope for improved self-acceptance and intergenerational relationships. It was shown that significant changes can occur on daughters' feelings of closeness for mothers and for fathers. Results in this study suggest that when daughters' feelings and perceptions are confirmed, women's distress can be alleviated.

Comparisons between alcoholics' and nonalcoholics' daughters strengthen previous suggestions that differences among parents can have significant emotional effects on daughters that are long lasting. Daughters' profound lack of closeness to parents in alcoholics' families particularly challenges common assumptions about family. The results also strengthen conceptualizations on relational self and suggest that women's existential struggles



may be exacerbated by incongruity between their experiences and cultural ideals about self and family.

Findings among alcoholics' daughters add credence to previous reports on alcoholics' families and suggest that there is probably considerable variation among alcoholics' families. Moreover in later life alcoholics' families, daughters might feel obliged to help care for ill and aging parents, but that care may be provided without affection or intimate concern.

The present study addressed an important limitation of the original investigation. That was because the Time-One study neglected to consider nonalcoholics' daughters early family life experiences. Addressing this issue in 1997 showed that in nonalcoholics' families, as well as alcoholics' families, daughters can be distressed about relationships with parents. This matters because it is inappropriate to explicitly or implicitly suggest that persons in nonalcoholics' families are not struggling with problems, as implied in the Time-One study.

#### Limitations

This investigation's findings are context specific and cannot be considered generalizable because the sample and subsamples are composed of small numbers of women volunteers. Daughters who had alcoholic mothers and both parents alcoholic are probably over represented among interview informants. These cases may not represent the population of children of alcoholics because paternal alcoholism is more prevalent than maternal alcoholism in the population.

Due to the small number of Time-Two research participants, statistical power was probably limited in the repeated measures analysis of variance on Identity scores. Although there were significant differences between groups on 1989 Identity scores, changes from 1989 to 1997 were not strong enough to show significant group by time interaction effects. Age bias limits interpretations on longitudinal indicators of Identity and Family Self. Valid interpretation is made more problematic because age bias is coupled with dissimilar distributions on Time-Two participants 1989 scores compared to the original subsample scores.

In methodological considerations, I expressed concerns about commonly used instruments. Consistent with those concerns, another factor that limits the present study is that the TSCS Family Self indicators are evidently problematic when used with a sample of adults. That is because most items on the Family Self subscale make no reference to family of origin or family of procreation. Several informants reported that relationships with their spouse and children are far more satisfactory than their

family of origin relationships. How this uncertainty on scale items and possible differences between family of origin and procreation effect reliability and validity about family self in this investigation cannot be determined.

Interpreting the current study's quantitative findings relied extensively on interviewed respondents' reflections. There is, however, no reliable and valid way to judge the similarities and differences on life experience between Time-Two respondents who were and who were not interviewed, which limits the interpretations.

My use of research questions was helpful and limiting. As a novice researcher, I found the analysis of textual data overwhelming, and I used the research questions as an aide to help me focus on the research goals. At the same time, my reliance on the questions limited the findings that were included in the present report. For example, findings emerged on women's self-perceptions that were not included because the reflections did not specifically address research questions.

Daughters' perspectives alone are used to characterize their family life experiences. Other members of each family may have had different experiences and might hold disparate perceptions on family relationships compared to interview informants.

Finally, daughters' close feelings for mothers and for fathers are crudely represented and limited. That is because informants were not asked to reflect on meanings of the word "close."

#### Recommendations

Because it emerged across informants' multiple family realities, the importance of perspective taking is probably replicable. I recommend that future studies investigate the ways in which family relationships are impacted by individual's perspective taking skills and experiences, as studied among early life families. Furthermore, I strongly recommend that alterations be made in the theory on intergenerational family solidarity to reflect multiple family realities.

Based on the current work, I caution future researchers not to contribute to idealized cultural assumptions about families that may not accurately portray many families lived experiences. As family advocates, furthermore, family scientists and practitioners are cautioned to respect and not denigrate persons' feelings and perceptions about maltreatment. That idea is consistent with Thompson and Walker's (1984) suggestion that norms on intergenerational reciprocity may be qualified. Emotional impasses may be inevitable in some families.

For empiricists contemplating phenomenological work, I reiterate recommendations from phenomenologists that a researcher dwell with textual data. In this study, months of intense concentration were required before unifying essences were crystallized. Greater emphasis in phenomenological work needs to be given to the importance of negative cases. As other scholars suggested, the absence of phenomena is as important, or more important, to discover the essence of a phenomenon.

On interviewing informants, I recommend the use of both unstructured and structured questions. The use of structured questions on closeness with mothers and fathers in this study, for example, allowed for greater clarity on analyzing data and discovering the essence of perspective taking.

As I conducted interviews, I became aware of a gnawing feeling that fragmenting these women's accounts for the sake of a research process would diminish the dignity of their reports. That gnawing sense is stronger today. It leads me to recommend that future investigators consider the possibility of combining case study work with a phenomenological research approach. That combination would allow a researcher to first give an overall representation of informants' accounts followed by phenomenological revelations. Such a study might be less fragmented than the present report and thereby preserve the rich complexity and contexts of informants' experiences. Finally, comparative case studies on families that are and are not faced with challenging problems holds the promise of discovering undocumented realities about thriving and struggling families.

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APPENDIX A:

LETTER TO DETERMINE FEASIBILITY OF CONDUCTING A TIME-TWO STUDY

May 1996

Dear

In 1989 you participated in a research study on women's self-concept and family relationships that I conducted while studying at the University of New Hampshire. One hundred fourteen women participated in the study. I assure you that I am the only person who knows you were a participant.

After receiving a master's degree in 1990 I continued to work in New Hampshire. In 1994 I presented the research results at the Annual Conference of the National Council on Family Relations in Minneapolis.

During the last two years I have been studying for a doctoral degree in family studies. I will plan my dissertation research in the coming months and am writing to ask for your assistance. Would you consider participating in a confidential follow-up research study? We have a unique opportunity to make an important contribution to understanding women and their relationships over time. I am excited about the potential contributions to knowledge we can make with my future research endeavor.

Whether I conduct a follow-up study depends on the number of women willing to assist me. You can use the enclosed post card to indicate your willingness to participate. Do not put your name on the post card. It is coded with a number to protect your identity. Please return the card at your earliest convenience. After receiving your response I will work with professors to design the new study.

As a participant you would receive a research packet in the mail with a postage paid return envelope. Completing the materials will take about a half hour. I hope you agree to participate and look forward to hearing from you soon.

Sincerely,

Mary A. Vail

mav  
enc.



APPENDIX B:  
RETURN POSTCARD

Printed on back of postcard:

\_\_\_\_\_ Yes, I will participate.

\_\_\_\_\_ No, I will not participate.

APPENDIX C:  
LETTER REQUESTING CURRENT TELEPHONE NUMBER

October 31, 1996

During a recent visit to New Hampshire I tried to reach you by telephone. I was unable to contact you using the phone number I had from 1989.

Because you agreed to participate in my follow-up research study I would like to speak with you briefly. Please write a phone number and the best times I might call you in the spaces below. I have provided a stamped return envelope for your convenience.

I look forward to hearing from you and hope to proceed with the research in the near future.

Sincerely,

mav  
enc.

Mary A. Vail

Phone number: \_\_\_\_\_

Best times to call: \_\_\_\_\_

If the telephone is not convenient for you, please let me know.

APPENDIX D:  
LETTER REGARDING DELAY IN INITIATING RESEARCH PROJECT

January 31, 1997

Dear

I am writing to tell you that I will soon be conducting the follow-up research study. My workload has caused me to delay this research although I had hoped to start it earlier. I will contact you as soon as I have a more realistic idea of when the research project will begin.

In the meantime, if you have moved or plan a move in the near future I would appreciate your giving me your new address and telephone number. I will reimburse you for the postage or a telephone call about your relocation.

Sincerely,

mav

Mary A. Vail

My home address is:

Home telephone number:

APPENDIX E:  
LETTER USED IN LOCATING A TIME-ONE RESPONDENT

October 31, 1996

Dear

I obtained your address from the young woman who answered the telephone at xxxxxxxx in xxxxxxxxxxxx. This is the telephone number I had for you in 1989! It is my hope that you are THE xxxxxxxxxxxx whose address I have from the same time. A letter I recently mailed to your old xxxxxxxxxxxx address was returned to me as unforwardable, and I have tried to trace your whereabouts. The reason I am writing to you is explained below.

In 1989 you participated in a research study on women's self-concept and family relationships that I conducted while studying at the University of New Hampshire. One hundred fourteen women participated in the study. I assure you that I am the only person who knows you were a participant.

After receiving a master's degree in 1990 I continued to work in New Hampshire. In 1994 I presented the research results at the Annual Conference of the National Council on Family Relations in Minneapolis.

During the last two years I have been studying for a doctoral degree in family studies. I am planning my dissertation research and am writing to ask for your assistance. Would you consider participating in a confidential follow-up research study? We have a unique opportunity to make an important contribution to understanding women and their relationships over time. I am excited about the potential contributions to knowledge we can make with my future research endeavor.

You can use the enclosed post card to indicate your willingness to participate. Do not put your name on the post card. It is coded with a number to protect your identity. Please return the card at your earliest convenience. It will be a few months before I begin the research project.

As a participant you would receive a research packet in the mail with a postage paid return envelope. Completing the materials will take about a half hour. I hope you agree to participate and look forward to hearing from you soon.

If you are not the same woman who participated in the first research study, please accept my apology. I would appreciate your returning the postcard with a note saying that you are not this person. Thank you.

Sincerely,

Mary A. Vail

mav  
enc.

APPENDIX F:  
FOLLOW-UP CORRESPONDENCE TO NONRESPONDENTS

May 1997

Dear

Several months ago I wrote to you and invited you to participate in a follow-up research study. In 1989 you were one of many women who participated in a confidential study on self-concept and family relationships. I am writing again because I did not receive a response from you to my recent letter.

I would greatly appreciate your willingness to answer questions on another confidential mailed survey. We have a unique opportunity to contribute to knowledge about women's self-concept and their experience as daughters, over time. Every woman's participation in this study is important because I want to accurately portray women's experiences which are not all the same.

During May and June I will be in New Hampshire. At that time I will telephone you to ask if you will participate in this continuing research. You can call me at any time if you wish to talk about the survey. My telephone number in Virginia is (540) xxx-xxxx. In New Hampshire I can be reached at (603) xxx-xxxx. I look forward to talking to you about the project.

Sincerely,

mav

Mary A. Vail  
Project Director

APPENDIX G:  
COVER LETTER FOR MAILED RESEARCH PACKETS

May 1997

Dear

Thank you for accepting my invitation to participate in this study. We have a unique opportunity to expand knowledge on women's self-concept and their experience as daughters. Please know that every response given by you is important. I want to accurately represent women's experiences which are not all the same.

Very little is presently known about how women's self-concepts develop over time. By answering the same questions about self-concept as you did in the first study you will make an important contribution to knowledge in this area. Other questions concern a second research goal which is to understand more clearly daughters' relationships with parents in early and later life.

I am gathering information in two ways. Approximately 60 women will complete the mailed surveys and 24 women have agreed to be interviewed. If you agreed to be interviewed, I will soon telephone you to schedule our meeting at your convenience. Daughters of nonalcoholics and daughters of alcoholics are participating in both parts of this research.

May I remind you that I am the only person who knows that you are a participant. Like the first study, all research materials are coded with numbers to protect your identity. Your research packet contains a stamped return envelope, the Tennessee Self-Concept Scale booklet, and a matching answer sheet. A questionnaire is included that asks for background information and has questions about you and your parents. Two copies of an informed consent sheet are also enclosed. Please read and sign the informed consent sheets. Keep one copy for yourself and return the second informed consent sheet in the envelope with the research materials. When I receive the research packet, I will immediately place the informed consent sheet in a separate file.

Five professor-scholars have approved this study and are guiding my research. The study also has the approval of members of the Virginia Polytechnic Institute and State University Institutional Review Board for Research on Human Subjects.

You may contact me at any time if you have questions or concerns about this research. In Virginia I can be reached by telephone at XXX XXX-XXXX. When I am in New Hampshire during May and June, you can reach me at XXX XXX-XXXX. I eagerly look forward to receiving your research packet and meeting for interviews.

With sincere appreciation,

mav  
enc.

Mary A. Vail  
Project Director



APPENDIX H:  
INSTRUCTIONS TO PARTICIPANTS

Women's Identity, Family Self, and  
Relationships with Parents

Department of Family and Child Development  
Virginia Polytechnic Institute and State University

Instructions

1. Except for the informed consent sheets, do NOT write your name on any research materials. They are coded with numbers to protect your identity. Only Mary A. Vail has access to these code numbers.
2. Directions appear on each form.
3. Keep one and return the second informed consent sheet along with the other materials.
4. I will pick up the research packet when we meet for the interview.

THANK YOU.

Women's Identity, Family Self, and  
Relationships with Parents

Department of Family and Child Development  
Virginia Polytechnic Institute and State University

Instructions

1. Except for the informed consent sheets, do NOT write your name on any research materials. They are coded with numbers to protect your identity. Only Mary A. Vail has access to these code numbers.
2. Directions appear on each form.
3. Keep one and return the second informed consent sheet along with the other materials.
4. Use the enclosed postage paid envelope to return the research packet.
5. Please return the materials as soon as possible. The Self-Concept booklet is needed for other research packets.

THANK YOU.

APPENDIX I:  
INFORMED CONSENT SHEET FOR MAILED RESEARCH PACKET  
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

INFORMED CONSENT FOR PARTICIPANTS  
OF RESEARCH PROJECTS

**Title of Project:** Women's Identity, Family Self, and Relationships with Parents.

**Investigators:** Mary A. Vail, MS and Michael J. Sporakowski, PhD

**Please read the following information. If you agree to participate, sign your name in the space provided.**

**The Purpose of this Research**

You are invited to participate in this continuing research project on women's identity, family self, and relationships with parents.

**Procedures**

You will be asked to sign this Informed Consent Sheet and to complete the enclosed Tennessee Self-Concept Scale and the questionnaire. The questionnaire contains items that ask about your life experiences, including questions on your relationships with your parents. It will take about 40 minutes to answer these questions. Sixty women are expected to participate in this research project, including daughters of nonalcoholics and daughters of alcoholics.

**Risks**

There are no known risks, discomforts, or deceptions involved with participating in this research.

**Benefits of this Research**

Results of the study will increase our understanding of women and their relationships with their parents and may be shared through professional publications and presentations. There are no direct personal benefits to you except that having participated in the study you may obtain at your request a report of this research when it is available. This is the only benefit you may receive as a result of your participation. If you would like a summary of the research results, please contact Mary Vail.

**Extent of Confidentiality**

Your identity will be kept confidential and protected within the extent of the law. The research materials are coded with a random number so that confidentiality can be assured. You will not be identified in any way.

**Compensation**

You will not be directly compensated for participating in this research. Your willingness to participate in this study is greatly appreciated and thanks are extended for your efforts on behalf of the research project.

**Freedom to Withdraw**

You are free to withdraw from this research study at any time without penalty. You are free to not answer particular questions.

**Approval of Research**

This research project has been approved, as required, by members of the Institutional Review Board for Research Involving Human Subjects and faculty in the Department of Family and Child Development at the Virginia Polytechnic Institute and State University.

**Participant's Responsibilities**

I voluntarily agree to participate in this research. I have the following responsibilities: to complete the enclosed Self-Concept Scale and questionnaire and to return them along with this signed Informed Consent Sheet to Mary A. Vail when we meet for the interview related to this research project. I will keep the second copy of the Informed Consent Sheet.

I **AGREE** to  
participate: \_\_\_\_\_, \_\_\_\_\_

Signature

Date

I do **NOT** agree to  
participate: \_\_\_\_\_, \_\_\_\_\_

Signature

Date

Should I have any questions about this research or its conduct,  
I may contact:

Mary A. Vail (540) xxx-xxxx, or, (603) xxx-xxxx  
Doctoral Candidate

Michael J. Sporakowski (540) 231-6110  
Faculty Advisor

T. H. Hurd (540) 231-5281  
Chair, IRB  
Research Division

APPENDIX J  
RESEARCH PACKET QUESTIONNAIRE  
Part A Questions About You

During the last 8 years there may have been changes in your life. Please provide current information on the following questions which you first answered in 1989.

1. What is your current living arrangement?  
Please circle all numbers that apply, or, specify your living arrangement:

- |                |  |
|----------------|--|
| 1 Married      | 6 Never married and never lived with a partner |
| 2 Separated    | 7 Living with a male partner                   |
| 3 Divorced     | 8 Living with a female partner                 |
| 4 Widowed      | 9 Other (please specify)                       |
| 5 Living alone |  |
- 

2. If your living arrangement has changed since 1989, please write below the change(s) you have experienced:

3. Do you now have children living at home? (Circle number)

- 1 No  
2 Yes

IF YES, what are the children's ages? \_\_\_\_\_

4. Are you currently employed? (Circle number)

- 1 No  
2 Yes, less than 30 hours per week  
3 Yes, 30 hours per week or more

IF YES, what is your job  
title? \_\_\_\_\_  
(title)

IF YES, how long have you been employed at this job? \_\_\_\_\_Months  
\_\_\_\_\_Years

5. Have you had additional education since 1989? (Circle number)

- 1 No  
2 Yes.....IF YES, please describe:

6. What was your personal annual income and total household income before taxes for 1996?

(Circle one number in each column)

<u>Personal annual income</u>	<u>Total household income</u>
1 Less than \$10,000	1 Less than \$10,000
2 \$10,000-\$19,000	2 \$10,000-\$19,000
3 \$20,000-\$29,000	3 \$20,000-\$29,000
4 \$30,000-\$39,000	4 \$30,000-\$39,000
5 \$40,000-\$49,000	5 \$40,000-\$49,000
6 \$50,000-\$59,000	6 \$50,000-\$59,000
7 \$60,000-\$69,000	7 \$60,000-\$69,000
8 \$70,000-\$79,000	8 \$70,000-\$79,000
9 \$80,000-\$89,000	9 \$80,000-\$89,000
10 \$90,000-\$99,000	10 \$90,000-\$99,000
11 \$100,000 or more	11 \$100,000 or more

7. At the present time, are you participating in therapy or counseling? (Circle number)

- 1 No
- 2 Yes

IF YES, circle the number that represents each type of therapy in which you currently participate, and write the length of time you have participated.

1 Individual therapy.....How long have you been in this individual therapy?

\_\_\_\_\_Months      \_\_\_\_\_Years

2 Family therapy.....How long have you been in this family therapy?

\_\_\_\_\_Months      \_\_\_\_\_Years

3 Group therapy.....How long have you been in this group therapy?

\_\_\_\_\_Months      \_\_\_\_\_Years

8. Answer the following questions if you DID participate in therapy or counseling between 1989 and now, but NO LONGER participate.

I did participate in therapy for \_\_\_\_\_ (specify length of time), but no longer participate in therapy.

Name the type(s) of therapy in which you did, but no longer, participate:

9. At the present time, are you attending support group meetings? (Circle number)

- 1 No
- 2 Yes

IF YES, circle the number that represents each type of support group you attend, and the length of time you have attended.

1 Al-Anon groups.....How long have you been attending Al-Anon meetings?

\_\_\_\_\_Months \_\_\_\_\_Years

2 Adult Children of Alcoholics (ACOA) support groups.....How long have you been attending ACOA meetings?

\_\_\_\_\_Months \_\_\_\_\_Years

10. Answer the following questions if you DID attend support group meetings between 1989 and now, but are NO LONGER attending.

I did attend support group meetings for \_\_\_\_\_ (specify length of time), but no longer attend support group meetings.

Name the type(s) of support groups which you did, but no longer, attend:

Part B Questions About Your Childhood

In 1989 you provided information about your biological parents' separation, divorce, re-marriage, or death during your childhood. **If you lost a parent** in childhood because of separation, divorce, or death check here:

(Check)

One of this study's goals is to learn more about women's childhood family experiences, including their relationships with parents. Answer the questions in Part B based on any contact you did have with each parent.

Now think about yourself as a child and circle the number from 1 to 7 which represents your own experience of your childhood family.

1. Indicate if each statement describes your family during most of your childhood and adolescence. (Circle number)

	<b>Never</b>						<b>Always</b>
We had lots of fun together	1	2	3	4	5	6	7
We worked well together as a team	1	2	3	4	5	6	7
We showed great concern and love for each other	1	2	3	4	5	6	7
We did interesting things together	1	2	3	4	5	6	7



2. How would you describe the **relationship between your parents** when you were growing up?  
 (Circle number)

Very Unhappy						Very Happy
1	2	3	4	5	6	7

3. Think of your mother as you knew her when you were growing up, and report how true each statement is of your mother. (Circle number)

<b>SHE:</b>	<b>Not True at all</b>						<b>Very True</b>
	1	2	3	4	5	6	7
was easy to talk to	1	2	3	4	5	6	7
showed me a lot of love and affection	1	2	3	4	5	6	7
encouraged me to talk about my troubles	1	2	3	4	5	6	7
always had time for me when I needed her	1	2	3	4	5	6	7
was a strict parent	1	2	3	4	5	6	7
always punished me when I did something wrong	1	2	3	4	5	6	7
gave me regular chores to do	1	2	3	4	5	6	7

4. Please describe two qualities about your childhood relationship with your mother that you appreciated as a child. (Use the space below or back of this page if needed.)

5. Please describe two qualities about your childhood relationship with your mother that you disliked as a child. (Use the space below or back of this page if needed.)

6. Now think of your father as you knew him when you were growing up, and report how true each statement is of your father. (Circle number)

<b>HE:</b>	<b>Not True at all</b>					<b>Very True</b>	
was easy to talk to	1	2	3	4	5	6	7
showed me a lot of love and affection	1	2	3	4	5	6	7
encouraged me to talk about my troubles	1	2	3	4	5	6	7
always had time for me when I needed her	1	2	3	4	5	6	7
was a strict parent	1	2	3	4	5	6	7
always punished me when I did something wrong	1	2	3	4	5	6	7
gave me regular chores to do	1	2	3	4	5	6	7

7. Please describe two qualities about your childhood relationship with your father that you appreciated as a child. (Use the space below or back of this page if needed.)

8. Please describe two qualities about your childhood relationship with your father that you disliked as a child. (Use the space below or back of this page if needed.)

Part C Questions About Your Parents And You as Adults

Another goal of this study is to learn about adult daughters' relationships with their parents. If for any reason you had no relationship with your mother, or, with your father after you reached age 18, circle the number which represents "I do not know" for Questions 1, 2, 3, and 4.

1. Is your **mother** deceased? (Circle number)
  - 1 No
  - 2 Yes.....If YES, how old were you when your mother died?\_\_\_\_\_ (age)
  - 3 I do not know
2. Is your **father** deceased? (Circle number)
  - 1 No
  - 2 Yes.....If YES, how old were you when your father died?\_\_\_\_\_ (age)
  - 3 I do not know

Now think about yourself as an ADULT daughter and your relationship with your parents AFTER you reached AGE 18.

3. Compared to people your parent's age, how would you rate your mother's and your father's overall physical health at the present time, or, at about 3 years before she or he died?

(Circle one number for each parent)

**Mother:**

**Father:**

1 Excellent

1 Excellent

2 Good

2 Good

3 Fair

3 Fair

4 Poor

4 Poor

5 I do (did) not know

5 I do (did) not know

4. How far from your parents do you, or did you, live? (Circle one number for each parent)

**Mother:**

**Father:**

- |                             |                             |
|-----------------------------|-----------------------------|
| 1 We live(d) together       | 1 We live(d) together       |
| 2 Less than 5 miles apart   | 2 Less than 5 miles apart   |
| 3 5-50 miles apart          | 3 5-50 miles apart          |
| 4 51-150 miles apart        | 4 51-150 miles apart        |
| 5 151-250 miles apart       | 5 151-250 miles apart       |
| 6 251-500 miles apart       | 6 251-500 miles apart       |
| 7 More than 500 miles apart | 7 More than 500 miles apart |
| 8 I do (did) not know       | 8 I do (did) not know       |

5. How often were you in contact with your mother during the past year, or before she died?

(Circle one number per category.)

**In person:**

**By phone:**

**By mail:**

- |                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| 1 Daily                 | 1 Daily                 | 1 Daily                 |
| 2 Two or 3Xs per week   | 2 Two or 3Xs per week   | 2 Two or 3Xs per week   |
| 3 Weekly                | 3 Weekly                | 3 Weekly                |
| 4 Two or 3Xs per month  | 4 Two or 3Xs per month  | 4 Two or 3Xs per month  |
| 5 Monthly               | 5 Monthly               | 5 Monthly               |
| 6 Two or 3xs per year   | 6 Two or 3xs per year   | 6 Two or 3xs per year   |
| 7 Several Xs per year   | 7 Several Xs per year   | 7 Several Xs per year   |
| 8 Once or less per year | 8 Once or less per year | 8 Once or less per year |
| 9 Not at all            | 9 Not at all            | 9 Not at all            |

If you had no contact with your mother after you reached age 18, please GO ON to question 10.

- |  |                        |   |   |   |   |                       |   |
|--|------------------------|---|---|---|---|-----------------------|---|
| 6. Overall, how well do you and your mother <u>get along together</u> at this point in your life. Or, how well did you get along together about 3 years before your mother died? | <b>Not at all well</b> |   |   |   |   | <b>Extremely well</b> |   |
|  | 1                      | 2 | 3 | 4 | 5 | 6                     | 7 |
| 7. How well do you, or did you, feel you <u>understand</u> your mother?  | 1                      | 2 | 3 | 4 | 5 | 6                     | 7 |
| 8. How well do you, or did you, feel your mother <u>understands</u> you?   | 1                      | 2 | 3 | 4 | 5 | 6                     | 7 |
| 9. How much <u>affection</u> do you, or did you, feel toward your mother?  | <b>None at all</b>     |   |   |   |   | <b>A great deal</b>   |   |
|  | 1                      | 2 | 3 | 4 | 5 | 6                     | 7 |

10. What experiences in your adult life had a strong effect on your feelings about your mother? Please tell about the most important experiences and how they affected your feelings about your mother. (Use the space below or back of this page if needed.)

11. How often were you in contact with your father during the past year, or before he died?

(Circle one number per category.)

**In person:**

- 1 Daily
- 2 Two or 3Xs per week
- 3 Weekly
- 4 Two or 3Xs per month
- 5 Monthly
- 6 Two or 3xs per year
- 7 Several Xs per year
- 8 Once or less per year
- 9 Not at all

**By phone:**

- 1 Daily
- 2 Two or 3Xs per week
- 3 Weekly
- 4 Two or 3Xs per month
- 5 Monthly
- 6 Two or 3xs per year
- 7 Several Xs per year
- 8 Once or less per year
- 9 Not at all

**By mail:**

- 1 Daily
- 2 Two or 3Xs per week
- 3 Weekly
- 4 Two or 3Xs per month
- 5 Monthly
- 6 Two or 3xs per year
- 7 Several Xs per year
- 8 Once or less per year
- 9 Not at all

If you had no contact with your father after you reached age 18, please GO ON to question 16.

- |   |                            |   |   |   |   |   |                           |
|---|----------------------------|---|---|---|---|---|---------------------------|
| 12. Overall, how well do you and your father <u>get along together</u> at this point in your life. Or, how well did you get along together about 3 years before your father died? | <b>Not at<br/>all well</b> |   |   |   |   |   | <b>Extremely<br/>well</b> |
|   | 1                          | 2 | 3 | 4 | 5 | 6 | 7                         |
| 13. How well do you, or did you, feel <u>you understand</u> your father?  | 1                          | 2 | 3 | 4 | 5 | 6 | 7                         |
| 14. How well do you, or did you, feel your father <u>understands you</u> ?  | 1                          | 2 | 3 | 4 | 5 | 6 | 7                         |
| 15. How much <u>affection</u> do you, or did you, feel toward your father?  | <b>None at<br/>all</b>     |   |   |   |   |   | <b>A great<br/>deal</b>   |
|   | 1                          | 2 | 3 | 4 | 5 | 6 | 7                         |

16. What experiences in your adult life had a strong effect on your feelings about your father? Please tell about the most important experiences and how they affected your feelings about your father. (Use the space below or back of this page if needed.) If there is anything else you would like to report about your relationship with your mother or your father, please do so. Or, please write any comments you wish to make that you think may help in my efforts to understand daughters' relationships with parents. (Use the space below, back of this page, or a separate sheet of paper to write comments or suggestions.)

Part D

Your Feelings About Yourself

In addition to answering questions on the self-concept scale, your answer to this question can contribute to knowledge about how women's self-concepts develop over time. What experiences in your adult life had a strong effect on your feelings about yourself? Please tell about the most important experiences. (Use the space below or back of this page if needed.)

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Your contribution to this study is greatly appreciated. THANK YOU.

APPENDIX K:  
INFORMED CONSENT SHEET FOR INTERVIEW  
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

INFORMED CONSENT FOR PARTICIPANTS  
OF RESEARCH PROJECTS

**Title of Project:** Women's Identity, Family Self, and Relationships with Parents.

**Investigators:** Mary A. Vail, MS and Michael J. Sporakowski, PhD

**Please read the following information. If you agree to participate, sign your name in the space provided.**

**The Purpose of this Research**

You are invited to participate in the interview portion of this continuing research project on women's identity, family self, and relationships with parents.

**Procedures**

You will be asked to sign this Informed Consent Sheet and to answer a series of interview questions. You will be asked questions about your relationships with your parents in childhood and in adulthood. The questions were written so that they should not cause you any undue discomfort or distress. It is expected that answering the interview questions will take at least 1 hour. The interview will take place in a private place that is convenient for you and it will be tape recorded. The site for the interview could be your home. Twenty-four women have agreed to be interviewed for this research project.

**Risks**

There are no known risks, discomforts, or deceptions involved with participating in this research.

**Benefits of this Research**

Results of the study will increase our understanding of women and their relationships with their parents and may be shared through professional publications and presentations. There are no direct personal benefits to you except that having participated in the study you may obtain at your request a report of this research when it is available. This is the only benefit you may receive as a result of your participation. If you would like a summary of the research results, please contact Mary Vail.



**Extent of Confidentiality**

Your identity will be kept confidential and protected within the extent of the law. To protect your privacy only first names will be used during the interview. All identifying information will be removed and code numbers and pseudonyms will be substituted for real names during transcribing of interview text. Only Mary Vail and the transcriber will ever have access to the tapes and transcriptions. All audio tapes will be destroyed and discarded at the completion of this project. At no time and in no way will your name be identified with this research.

**Compensation**

You will not be directly compensated for participating in this interview. Your willingness to participate in this study is greatly appreciated and thanks are extended for your efforts on behalf of the research project.

**Freedom to Withdraw**

You are free to not answer particular questions and may withdraw from this research study at any time without penalty.

**Approval of Research**

This research project has been approved, as required, by members of the Institutional Review Board for Research Involving Human Subjects and faculty in the Department of Family and Child Development at the Virginia Polytechnic Institute and State University.

**Participant's Responsibilities**

I voluntarily agree to participate in this research by answering interview questions. I understand that if I participate I may withdraw at any time without penalty. I agree to abide by the guidelines set by the researcher. I have read and understand the Informed Consent and conditions of this research project. I have had all my questions answered. I hereby acknowledge the above and consent to participate in this study's interview.

I **AGREE** to  
participate: \_\_\_\_\_, \_\_\_\_\_

Signature

Date

Should I have any questions about this research or its conduct,  
I may contact:

Mary A. Vail (540) xxx-xxxx, or, (603) xxx-xxxx  
Doctoral Candidate

Michael J. Sporakowski (540) 231-6110  
Faculty Advisor

T. H. Hurd (540) 231-5281  
Chair, IRB  
Research Division

APPENDIX L:  
INTERVIEW QUESTIONS

Opening Statement

I am conducting interviews to learn more about daughters' relationships with their parents in childhood and in adulthood. I am especially interested in your experiences as a daughter and your feelings about your mother and your father. I will begin with questions about your childhood and then ask about your adult life. To answer the first question, please begin with whatever you would like to talk about.

Questions

1. Tell me about your childhood relationship with your mother. If a respondent is uncertain about beginning I will say: Tell me about your relationship with your mother when you were about age 10.

Possible Probes for Question 1:

- . Tell me about a time when you felt close to your mother.
- . Tell me about a time when there was tension or misunderstanding between you and your mother.

2. Now that we have talked about your relationship with your mother, tell me about your childhood relationship with your father.

Possible Probes for Question 2:

- . Tell me about a time when you felt close to your father.
- . Tell me about a time when there was tension or misunderstanding between you and your father.

3. Tell me about your first childhood memory.

4. Looking back on your childhood, was there anything that you wish you could have told your mother, but did not?

5. Looking back on your childhood, was there anything that you wish you could have told your father, but did not?

Possible Probes for Questions 1, 2, 3, 4, and 5:

- . Could you tell me more about...
- . What meaning did that have for you...
- . When you/your mother/your father...what did that mean to you?
- . Please repeat what you said about... so that I can be sure about your exact feelings.
- . I do not understand... could you talk more about...
- . Would you describe...
- . In what ways...

6. As a child when you felt emotionally stressed because of your parents, how did you handle those strong uncomfortable feelings?

Possible Probe for Question 6:

. What did you do to help you feel better?

For Daughters of Alcoholics:

On the questionnaire you completed in 1989 you reported that your father [or mother, or, parents] had a drinking problem.

A. Tell me about how your [father's, or, mother's, or, parent's] drinking affected you as a child.

B. Tell me about your feelings as a child when your [mother, or father was, -or- mother and father were] drinking alcohol.

Possible Probes for B:

. How did you handle your feelings when your [mother, or father was, -or- mother and father were] drinking alcohol.

. What did you do to help you feel better?

Now that we have discussed your childhood relationships with your mother and father, I would like you to talk about your relationships as adults.

7. Tell me about your relationship with your mother in your adult life.

8. Tell me about your relationship with your father in your adult life.

**Or, if parent is deceased:**

7/8. Tell me about your relationship with [the deceased parent] about 3 years before she, or he, died.

Possible Probes for Questions 7 and 8:

. Over time, how have you handled your feelings about...

. What would say to your mother, or father, about... if you could?

9. In what ways do your childhood experiences with your mother affect your current [or later life] feelings about her?

10. In what ways do your childhood experiences with your father affect your current [or later life] feelings about him?

Probes for Daughters of Alcoholics for Questions 9 and 10:

- . Tell me about how your adult relationship with your mother is [was] affected by the drinking in your childhood.
- . Tell me about how your adult relationship with your father is [was] affected by the drinking in your childhood.

11. Tell me about any important experiences in your adult life that affected your feelings about your mother.

12. Tell me about any important experiences in your adult life that affected your feelings about your father.

Possible Probes for Questions 11 and 12:

. On the questionnaire you completed in 1989 you reported that you had spent time in therapy [or, attended support group meetings]. Tell me about how your experience in therapy [or support groups] affected your feelings about your parents?

. Have you communicated about... with your mother [or father]?

Now that we have talked about your relationships with your parents in childhood and adulthood, I would like to turn to a few aspects of your adult life that might be related to your experiences as a daughter.

13. Think about how you feel about yourself, and: Tell me about experiences in your adult life that affected your feelings about yourself.

For Respondents Who had Therapeutic Experiences:

From your perspective was there a connection between your childhood family experiences and your feeling that you needed to be in therapy [or, attend support group meetings]?

14. Tell me about any strengths you developed as an adult as a result of your childhood experiences.

For Daughters of Alcoholics:

. Do you identify yourself as a child of an alcoholic?

. IF YES, What meaning does that have for you, when you identify yourself as a child of an alcoholic?

#### Closing Statement

That was the last question that I planned to ask for the interview. Before ending the interview, is there anything else you would like to tell me about your relationship with your mother or father?

Thank you for giving me your time and for telling me about your personal experiences. The information you gave me will increase our understanding about daughters' relationships with their mothers and fathers. I want to again assure you that this information will be kept confidential. Do you have any questions about the research before I leave?

## VITA

Mary Orosz Vail completed her master's degree in family studies at the University of New Hampshire in 1990 where she also obtained a bachelor of science degree, summa cum laude, in 1973. For 21 years Mary taught courses on human relationships and nutrition at Nashua High School, Nashua, New Hampshire.

Mary presented her master's research at the 1994 Annual Conference of the National Council on Family Relations in Minneapolis, MN. That study is abstracted in The Children of Alcoholics Screening Test Manual. A member of the National Council on Family Relations and the International Society for the Study of Personal Relationships, Mary has served numerous professional organizations, including the State of New Hampshire Advisory Council for Vocational-Technical Education, and she has reviewed articles for the Journal of Marriage and the Family.