

**ADOLESCENTS' EXPERIENCE OF THE IMPACT OF ALCOHOLISM
IN THEIR FAMILIES:
AN EDUCATIONAL PSYCHOLOGICAL PERSPECTIVE**

by

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I, Kamaladevi Reddy, declare that

**ADOLESCENTS' EXPERIENCE OF THE IMPACT OF PARENTAL
ALCOHOLISM IN THEIR FAMILIES: AN EDUCATIONAL PSYCHOLOGICAL
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is my own work and that all the sources that I have used and quoted have been indicated and acknowledged by means of complete references.

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SUMMARY

The main aim of this study was to access the experiences of adolescents affected by parental alcohol abuse. The qualitative research method was followed and the semi-structured interview technique was used to gather data from seven adolescent learners who were affected by this phenomenon. The participants were adolescents between 13 and 16 and who were from Grades 7 to 11.

The literature study focussed on adolescence as a stage of vulnerability, and explored the impact of parental alcohol abuse on the family as well as on the self development of the adolescent. The empirical research confirmed the findings of the literature study that growing up in an environment of parental alcohol abuse does indeed have a negative effect on the adolescent's total development. It was found that the adolescent's relationships with the self as well as with others in their life-world were impacted upon, thus affecting the formation of a stable identity. Several recommendations are offered to assist the adolescent as well as his family members to manage their lifestyles constructively.

KEY WORDS

alcoholism, alcohol abuser, family, adolescence, puberty, identity formation, self-concept and self-esteem, self-actualization, educational-psychological perspective, vulnerability, resilience, life-world

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 BACKGROUND

This chapter contextualises the problem under investigation and various concepts pertaining to the adolescents' experiences of alcoholism in the family are presented.

Despite it being a drug, alcohol is consumed legally almost universally. Whilst it is considered socially acceptable in moderation, it is often abused, resulting in alcohol addiction becoming a common phenomenon worldwide. In spite of the emotional stress that it causes in the lives of millions, its use continues to rise among the rich and the poor in society. The WHO Global Status Report on Alcohol 2004 indicates that this trend is likely to continue in the future, exerting an enormous toll especially on developing countries such as South Africa (WHO 2004:67).

Alcohol abuse or dependence can lead to chronic diseases, disability or death at a relatively young age for the abuser (WHO 2004:1). Its impact, however, extends beyond just the abuser. Research has shown that the lives of at least four other people primarily within the family are negatively affected by an alcohol-abusing person (Barnett 2003:467-472).

In the United States 25% of the children younger than 18 years are exposed to alcohol abuse or dependence in their families (Lambie & Sias 2005:266-273). In the United Kingdom approximately 1 in 11 children live in a family with alcohol problems (Redelinghuys & Dar 2008:37-48). In South Africa, although these statistics for children are not available, the highest rates of alcohol dependence were recorded among the 35-44 year age group for men and 45-54 year age group for women. Based on these age groups, it is possible that many of these adults could be parents of young or adolescent children. Of further concern is that between 7,5 % and 31,5% of South Africans have an alcohol problem, or are at risk for having one. Alcoholism has enormous social costs in that about 11 million family members have to endure the turmoil of living with problem or risky drinkers. Hence risky drinking was affecting about 17,5 million South Africans (National Drug Master Plan 2006-2011:10).

Alcoholism has been referred to as a disease, the impact of which reverberates through the entire family unit. In such homes where parental alcoholism prevails it becomes the

central focus for the other partner as well as for the children. Their activities, thoughts, feelings, communication and behaviours are influenced by this phenomenon. The adolescents affected often feel embarrassed to talk about their experiences outside of the home or to bring friends home. They prefer to keep this a secret and to pretend that all is well for them in their families. The pathological adjustments that they make to preserve the homeostasis in their families are done at the expense of their own normal development (Anda, Whitfield, Felitti, Chapman, Edwards, Dube & Williamson 2002:1001-1009; Lambie & Sias 2005:266-273).

The researcher has chosen to explore the experiences of the adolescent in a home in which parental alcoholism prevails as familial alcoholism is likely to be associated with a variety of adverse outcomes in adolescents. Numerous studies have established that children of alcohol-abusing parents are at increased risk for such problems as alcohol and drug abuse, emotional and behavioural difficulties, low self-esteem and scholastic problems (Andreas & O'Farrell 2007:1-16; Loukas, Fitzgerald, Zucker & von Eye 2001:91-106; Ritter, Stewart, Bernet, Coe & Brown 2002:113-122).

Research acknowledges that not only are these children prone to psychosocial problems but also to academic problems. Lambie and Sias (2005:266-273) are of the opinion that, since alcohol abusing parents are generally incapable of meeting their children's educational needs, these children may be faced with serious academic problems which may not be linked to their cognitive abilities. The stressful environment at home may prevent them from studying. Their school performance may also be negatively influenced by their inability to express themselves effectively. This may result in difficulty in establishing relationships with teachers and classmates. This seriously affects their self-worth resulting in failure at grades and dropping out of school (Parsons 2003:1-3).

Not all children of alcohol-abusing parents are beset by such academic failure, however. Walker (2002:1-3) offers a contrary view by stating that some children of alcoholics (COAs) excel in academics, athletics, music or theatre. Their accomplishments compensate for the behaviour of the alcohol-abusing parent.

Despite experiencing problems, some adolescents survive these adverse conditions inherent in alcohol abusing homes through the use of coping mechanisms (Gavriel-Fried & Teichman 2007:83-95; Goldblatt & Eisikovits 2005:644-657; Lambie & Sias 2005:266-273). Herein lies the interest of the study to the researcher, especially since not much research on how the South African adolescent experiences parental alcoholism could be

traced. Most studies relate to overseas countries, especially the United States and the United Kingdom. For this research the following databases were searched: Sabinet Online, ProQuest, CSA Illumina, APA PsychArticles, Blackwell Synergy, Biblioline, JSTOR and CINAHL.

1.2 ANALYSIS OF THE PROBLEM

In this section attention is given to the researcher's awareness of the problem and the initial research question is investigated in the literature study and refined to a final question giving form and scope to this research.

1.2.1 Awareness of the problem

Working among adolescents as an educator, the researcher encountered many learners who displayed behavioural problems such as truancy, misconduct, early school drop-out and the use of alcohol and or drugs, all of which could have ultimately impacted on their performance in the classroom. Further, confidential enquiry revealed that many of these adolescents were living with one or both parents who were abusing alcohol. The researcher was concerned about the psychosocial conditions to which they were exposed. If these conditions are less than satisfactory they may hamper learners' concentration and their ability to succeed in all of their interpersonal relationships.

In maintaining the secrecy of parental alcoholism, these learners perhaps externalised their emotions negatively, resulting in behavioural problems. The question arises: How do they perceive and experience their parents' abuse of alcohol?

To ascertain their experiences, before embarking on the study, the researcher entered into casual conversations with parents and adolescents in informal settings. From these conversations the researcher obtained insight into the home environment of these families. Some of the consequences of living with an alcohol-abusing parent are:

- a high degree of tension and conflict;
- embarrassment;
- adolescent girls falling pregnant to escape this environment;
- non-verbal, secretive communication with and among each other;
- high degree of suspicion from the alcohol-abusing parent;
- limited interaction between and among family members;
- disruption in routines and rituals in the family;
- feelings of insecurity and uncertainty about where they would spend the night;
- emotional stress for the members of the family;

- not completing homework or being ready for a test the next day; and
- inter-parental violence in the family.

The testimonies of three families convinced the researcher that research in this field was needed to assist adolescents, thereby helping their parents break the hold that alcohol has on their families. To do this, an understanding of this phenomenon as experienced by these adolescents was essential.

The family unit is fundamental in ensuring the well-being of all its members in order that they function optimally, within and outside the context of the home (Berk 2007:60). Therefore prevention and early intervention strategies may help prevent or reduce the devastating psychological impact of parental alcohol abuse on adolescents, thereby benefiting the community, society and the country.

This awareness gave rise to the following preliminary questions which will guide the empirical investigation:

- What is it like for the adolescent to live with an alcohol-abusing parent?
- How do these adolescents describe their siblings' experiences of this phenomenon?
- How does parental alcoholism affect family relationships?
- How do these adolescents experience the impact of their parent's drinking on the non alcohol-abusing parent?

1.2.2 Preliminary literature investigation

Literature abounds with evidence that the effects of alcohol extend beyond just the presenting alcohol abuser. This disease rapidly spreads to the other family members, leading to familial dysfunction. The alcohol-abusing parent often abdicates his or her responsibilities to other family members, including the children, thus distorting the family hierarchy (Barnett 2003:467-472). The adolescent, who is in the transition phase between childhood and adulthood, usually has to take on responsibilities in the family for which he or she might not be emotionally or psychologically ready.

During this transitional period the biological, psychological, and social forces combine to influence adolescent development. It is viewed as a period of preparation for adulthood. It may be experienced as stressful by some adolescents as many challenges accompany this period. Young people reach physical maturity, develop a more sophisticated understanding of roles and relationships, and acquire and refine skills needed for

successfully performing adult work and family roles. The developmental tasks of this period are all tied to successful functioning in adulthood in one way or another. The developing adolescent therefore needs the support of a secure and stable home base that will monitor and guide him or her during this period (Berk 2007:400).

Research indicates that children of alcohol abusers also have an increased risk of a variety of adverse childhood experiences. Such experiences include being abused or neglected, witnessing domestic violence, and being exposed to drug-abusing, mentally ill, suicidal, or criminal household members (Anda *et al.* 2002:1001-1009). The environment of the offspring with an alcohol-abusing parent is often characterised by conflict, stress, instability, inconsistency, insecurity and malfunctioning parenting. Constant exposure to such an environment may lead to inter- and intrapersonal problems for these offspring as adolescents (Burnett, Jones, Bliwise & Ross 2006:181-189; Zhou, King & Chassin 2006:320-331). This may seriously affect their development in general and their behaviour in particular (Gavriel-Fried & Teichman 2007:83-95). Gibson and Jefferson (2006:111-125) have also shown that family dynamics and experiences within the family play a critical role in the development of adjustment problems during this period.

Kroll (2004:129-140) suggests that attachment, relationships in the family and how the family functions in general are negatively affected. The 'conspiracy of silence' resulting from shame and fear for children of alcohol-abusing parents generally ruled in such families. This prevented children from speaking to both the wider family and community. The obvious consequence is that these children are effectively isolated from potential sources of support that might promote children's resilience in times of such adversity.

Given a family environment that is ruled by confusion, tension and anxieties it is inevitable that these children will grow up with feelings of rejection and unimportance, a denial of feelings, a 'loss of childhood' and mistrust in others which will impact on their self-image with serious repercussions for the formation of a stable identity (Kroll 2004:129-140). The researcher noted some of these themes in her informal discussion with the three families (see 1.2.1).

1.2.3 Statement of the problem

A perusal of South African literature has revealed that at present very little research has been done on the experiences of adolescents whose parents abuse alcohol. Neither are educational authorities nor practitioners given guidance on how to identify or assist these adolescents in the schooling environment. Adolescent learners are left to their own

devices to cope with their stressful home environments and are expected to perform their duties as learners with no recognition of their familial circumstances. Clearly, without specific interventions from caring professionals who understand their plight and who are willing to assist them, these adolescents will find it difficult to meet the challenges of adolescence necessary to make a smooth transition from childhood to adulthood.

The problem can be stated as: adolescents growing up in a home where alcohol is abused may be at risk for a variety of psychological and other problems. Support to these adolescents requires the researcher to explore the life-world of this group in order to ascertain their experiences of parental alcohol abuse.

Hence the main question that will direct this study is: **How do adolescents experience alcoholism in their families?**

1.3 AIMS OF THE STUDY

The purpose of this study is to explore and understand the experiences of adolescents who are growing up in an environment in which parental alcohol abuse prevails. This research study intends to provide insight into the unique experiences of these adolescents – the risks, challenges, coping mechanisms and educational implications of their situation.

The aims of the study entail a general and a specific aim of which a discussion follows.

1.3.1 General aim

The general aim of the research is to do a literature study to acquire a conceptual framework as background for an empirical investigation. The literature study will focus on:

- adolescence as a stage of vulnerability;
- the phenomenon of alcoholism;
- the life-world of a child growing up in an environment where a parent/s abuses alcohol;
- the impact of parental alcohol abuse on the adolescent and other members of the family; and
- the impact of parental alcoholism on family relationships.

1.3.2 Specific aim

The specific aim of the study is to explore by means of an empirical investigation the experiences of adolescents who are growing up with alcohol abusing parent/s.

1.4 RESEARCH METHOD

The study comprised of two methods i.e., the literature study and the empirical investigation.

1.4.1 Literature study

A literature study will be conducted to develop a conceptual framework for the empirical investigation. Attention will be given to adolescence as a stage of vulnerability and its link with Erikson's fifth stage of identity formation. Thereafter, Unisa's Model of Relational Theory will be linked with the phenomenon of alcoholism and its impact on the adolescent. How adolescents experience their parent's abuse of alcohol will also be included in the discussion. Resources such as text books, articles in journals and the internet will be consulted to explore the phenomenon of alcohol abuse and how it impacts on the life-world of the adolescent.

1.4.2 Empirical study

The empirical investigation will be qualitative in nature. In an attempt to understand the 'lived experiences' of the participants, i.e. how adolescent children of alcohol-abusing parents describe their experiences of alcohol abuse in their families, the phenomenological research design will be used (see Chapter 3 for detail).

Data will be collected by means of semi-structured, individual, face-to-face interviews with the research participants. A sample of seven adolescents will be selected and their life-worlds will be explored by means of open-ended interviews. In the data analysis, themes identified will be compared to previous literature and findings from the empirical study (see 3.4.6).

1.5 SIGNIFICANCE OF THE STUDY

It is envisaged that the insights provided by the study will assist in generating recommendations to education and health care authorities and practitioners to provide the necessary support services for these adolescents. Adolescents experience negative outcomes such as malfunctioning parenting, externalising and internalising behaviour patterns, scholastic problems, alcohol and drug abuse and low self-esteem due to parental alcohol abuse. Support for these adolescents in this climate is essential. It is hoped that the alcohol-abusing parents, their spouses and their children will avail themselves of the support offered. It is further hoped that education authorities of our country will recognise this group and cater for its needs by using the recommendations of this report to implement early intervention programmes for them.

1.6 EXPLANATION OF TERMS

In this section concepts such as alcoholism, alcohol abuser, family, adolescence, puberty, identity formation, self-concept and self-esteem, self-actualization, educational-psychological perspective, vulnerability, resilience and life-world will be explained.

1.6.1 Alcoholism

The World Health Organisation (WHO 2004:1) adopted Mark Keller's definition of alcoholism as "... a chronic behavioural disorder manifested by repeated drinking of alcohol beverages in excess of the dietary and social uses of the community and to the extent that it interferes with the drinker's health or his social or economic functioning". This study will use this definition to explore the effects of parental drinking on the adolescent as well as on the other family members.

1.6.2 Alcohol abuser

For the purpose of this study an alcohol abuser is one who meets the diagnostic criteria for substance dependence as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM IV TR) (American Psychiatric Association 2000:197):

DSM-IV TR Criteria for Substance Dependence	
<p>A maladaptive pattern of substance use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12-month period:</p>	
1.	<p>tolerance, as defined by either of the following:</p> <ul style="list-style-type: none"> (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of the substance
2.	<p>withdrawal, as manifested by either of the following:</p> <ul style="list-style-type: none"> (a) the characteristic withdrawal syndrome for the substance (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms

3. the substance is often taken in larger amounts or over a longer period than was intended
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use
5. a great deal of time is spent in activities necessary to obtain the substance
6. important social, occupational, or recreational activities are given up or reduced because of substance use
7. the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance

1.6.3 Family

A family is made up of husband and wife, with a lifelong commitment between them to feed, shelter and nurture their children until maturity is reached (Berk 2006:558). For the purpose of this study, adolescents were from homes in which both parents and children were living together as a family unit.

1.6.4 Adolescence

Adolescence is defined as the period from puberty (12 or 13 years) to the early twenties. It is a period in which youth make a transition from the innocence and security of childhood to the responsibility and autonomy of adulthood. It is an awkward developmental stage, marked by noticeable physical changes associated with puberty as well as a yearning for the approval of peers and emotional responsibility. The adolescent must also compare and integrate how significant others see him and how he sees himself. Adjusting to his budding sexuality is also a preoccupation during this stage of development. This stage begins the process of establishing a stable identity which continues into adulthood (Berk 2007:400; Gowers 2005:6-9).

1.6.5 Puberty

Puberty refers to the stage in a young person's development when sexual maturation occurs. It is marked by the development of primary sexual characteristics such as the

reproductive organs (ovaries, uterus, and vagina in females; penis, scrotum, and testes in males) and secondary sexual characteristics visible on the outside of the body (breast development in females and the appearance of underarm and pubic hair in both sexes). Puberty has a profound effect on the young adolescent's psychological development and social relationships (Berk 2006:197).

1.6.6 Identity Formation

Identity formation was first recognised by Erikson as the central developmental task of adolescence. During this process of identity formation the individual attempts to discover who he/ she is. If the formation of a firm identity is not achieved, the individual faces the crisis of identity diffusion. Steyn (2006:13) suggests that these adolescents have difficulty with their emotional development and with how they believe others perceive them. She adds that they have no direction in life, in terms of what their purpose in life is, what they are able to achieve and whether or not they are able to form and maintain close relationships.

1.6.7 Self- concept and self- esteem

Self-concept refers to a set of attributes, abilities, attitudes, and values that a person believes defines who he or she is. Self-esteem, which is a component of the self-concept, refers to the judgements a person makes about his/ her own worth and the feelings associated with those judgements (Berk 2006:446; 449). One's self-esteem affects one's evaluation of oneself which can result in either a positive or a negative self-concept being formed. Self-evaluation takes the form of intra-psychic dialogue i.e. what one says to oneself about oneself. Recurring negative intra-psychic dialogue lowers one's self-esteem which reinforces a negative self-concept. When this occurs, self-actualisation for these individuals is hampered (Roets 2002:19-27).

1.6.8 Self-actualization

Roets (2002:28) simply states that self-actualization refers to the "achievement of success". Self-actualization implies the deliberate efforts that one makes in order to realise all of one's latent potential. The adversities due to parental alcohol abuse that the child/ adolescent faces during the critical stages of his/ her development may thwart his/ her efforts at self-actualising.

1.6.9 Educational-psychological perspective

This study is undertaken from the educational-psychological perspective which attempts to study the adolescent as an important role-player in the learning process. This study

examines the psychological aspects of learning and behaviour as they happen in the educational context (Steyn 2006:6). An attempt is made to understand how the adolescent who is exposed to alcohol-abusing parents functions within his/ her life-world as well as in the school setting under the guidance and assistance of educators.

To add depth to the study, the researcher employs the Relations Theory in examining the self-development of the adolescent growing up with an alcohol-abusing parent. Roets (2002:14) explains that as social beings people can never exist in isolation and therefore form the mid-point of their own experiential worlds. Hence the Relations Theory operates from the premise that people are spiritual beings who exist in their personal experiential worlds surrounded by other people and objects. An interaction between the self and the various components of the experiential world such as objects, ideas, people and the individuals themselves has to exist for social interaction to occur.

Since the researcher attempts to explore the experiences of adolescents exposed to parental alcohol abuse, it is necessary to examine their interactions with the different components of their life-world. The nature and quality of these interactions influence the nature and quality of the adolescents' relationships which may increase their vulnerability or resilience to the impact that parental alcohol abuse has on their development.

1.6.10 Vulnerability

According to Blum, McNeely and Nonnemaker (2002:28-39) vulnerability is viewed as “an interactive process between the social context in which the adolescent lives and a set of underlying factors that, when present, place the adolescent at risk for negative outcomes” e.g. school failure, inter-intrapersonal difficulties, or identity diffusion. In the context of this study, the risk factors for adolescent development are biologic factors as in puberty and environmental factors as in the adolescent's social environment e.g. the availability of support structures, effective parenting and peer influences.

1.6.11 Resilience

Since vulnerability factors co-occur with resilience factors in one's life, the researcher will be mindful of those resilience factors that feature in the lives of her participants. Resilience refers to one's “ability to adapt effectively in the face of threats to (one's) development”. A child's biologically endowed characteristics (e.g. high intelligence) or environmental factors (e.g. social support networks) are considered to be examples of protective factors against stressful life events such as exposure to parental alcohol abuse.

These factors increase the chances that a child will have rewarding experiences in school or in the community that will counteract the impact of a stressful home life (Berk 2006:10). The more resilient an individual is the greater are his or her chances of self-actualization.

1.6.12 Life-world

The life-world of the adolescent includes his or her individual, social, perceptual, and practical experiences. This study attempts to understand the everyday life experiences of the adolescent from his or her perspective. The researcher therefore considered it feasible to use the phenomenological approach in her empirical investigation which will allow her to transform the adolescents' lived experiences of their parents' alcohol abuse into something meaningful and to construct reality from their (the adolescents') point of view [<http://school.eb.com/all/eb/article-9048206?query=life-world&ct=>].

1.7 DEMARCATION OF THE RESEARCH

The study focuses on a sample of adolescents aged between 13 and 20, residing in the greater Durban area, who come from families in which parental alcoholism prevails. The Durban area is chosen for practical purposes.

1.8 RESEARCH PROGRAMME

Chapter 1 provides a discussion of the background, analysis of the problem, the aims of the research, research methods, demarcation of the research, clarification of concepts and the research programme.

Chapter 2 includes a review of the literature on the impact of alcoholism on adolescents and other family members.

Chapter 3 provides an in-depth discussion on the research methodology and design. It also substantiates the need for a qualitative paradigm with a phenomenological orientation.

Chapter 4 is a presentation of the data and a discussion of the research findings in order to provide insight into the investigation.

Chapter 5 presents the conclusions and limitations of the study, and recommendations for areas of further investigation.

1.9 CONCLUSION

In this chapter an orientation to the problem, the purpose of the study, the research method, demarcation of the study, relevant concepts as well as the research programme were presented. In the next chapter, a review of the literature of adolescence as a period of development, the phenomenon of alcoholism and the impact of alcoholism on family members are discussed.

CHAPTER 2

THE IMPACT OF ALCOHOLISM ON ADOLESCENTS AND OTHER FAMILY MEMBERS

2.1 INTRODUCTION

Adolescence is a period of vulnerability and alcoholism in the family may have a negative impact on the adolescent. The adverse effects of parental alcohol abuse on the growing child can make the transition from childhood through adolescence to adulthood a difficult one. A variety of problems ranging from behavioural disturbance, antisocial behaviour (conduct disorder), emotional difficulties, school problems and a 'precocious maturity' may result (Copello, Velleman & Templeton 2005:369-385). These consequences of parental alcohol abuse combined with the changes that usually occur during puberty make this a particularly stressful period for this group of adolescents, increasing their vulnerability to negative outcomes. Exposure to these risks result in them being more likely to have poor self-images and self-concepts which affect how they go about the task of forming an identity for themselves. Their life experiences, which are different from their peers, may also impact on their relationships in their life-world (Kroll 2004:129-140). Resilient adolescents, on the other hand, are able to overcome life's adversities by possessing an array of problem-solving skills, an easy-going temperament and high intelligence (Steyn 2006:20).

This chapter presents an overview of adolescence as a vulnerable stage of development, the formation of a stable identity in accordance with Erikson's fifth stage of psychosocial development, the life-world of the adolescent COA from the Relations Model perspective, and the phenomenon of parental alcoholism and its impact on family members, and in particular the developing adolescent.

It should be noted that where the pronoun he or she is used, the other gender is also included where applicable.

2.2 ADOLESCENCE

In the discussion of adolescence, attention is given to the definition, phases of adolescence, the vulnerability of the adolescent, the formation of a stable identity, the phenomenon of alcoholism and the life-world of the adolescent living with an alcohol-abusing parent.

2.2.1 Definition of adolescence

Adolescence is a developmental, transitional stage that lies between childhood and adulthood. The word is derived from the Latin 'adolescere', meaning to grow up or to grow into maturity (Lerner & Steinberg 2004:1). Adolescence begins with the onset of puberty (at around 12 or 13 years of age) and culminates with the attainment of maturity (into one's early 20's). Puberty is generally a marker for the beginning of adolescence. The definition of adolescence also reflects the nature of society's treatment of this period. By and large, society considers adolescents as a group of people at a given period of physical, sexual, emotional and intellectual maturity, who are no longer children, nor strictly adults (Strickland 2001:11). This may lead to feelings of uncertainties in the growing child.

Universally adolescence is regarded as the time when young people begin to function independently of their parents. It is also a critical time for the adolescent to establish a stable identity in order to become a healthy, successful and productive adult (Berk 2007:361; Rathus 2006:476; Santrock 2005:500; Strickland 2001:11). The adolescent goes through several phases before achieving full adulthood.

2.2.2 The phases of adolescence

Adolescence as a developmental period is commonly divided into the following three phases biologically:

- Early adolescence (11-12 to 14 years): a period of rapid pubertal change;
- Middle adolescence (14 to 16 years): pubertal changes are now nearly complete;
- Late adolescence (16 to 18 years): the young individual achieves full adult appearance and anticipates assumption of adult roles (Berk 2007:362).

Social theorists think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually. These transitions encompass the following facets: biological, cognitive, social, and emotional. These components touch upon many aspects of the individual's behaviour, development, and impact on his relationships (Lerner & Steinberg 2004:33) This phase may be complex, sometimes confusing, and even anxiety-provoking (De Guzman 2007b:1-2). Thus, adolescence commonly presents itself as a vulnerable stage of development for the individual.

2.2.3 Adolescence as a stage of vulnerability

Being vulnerable means 'being at risk' for negative developmental outcomes such as adjustment problems. Children with many risk factors are considered to have a 'high risk'

for problems in childhood and adolescence. However, not every one of these children or adolescents will develop such problems as some children develop resilience and are able to overcome adversity.

The risk factors for adolescent development may be broadly divided into two categories: endogenous and exogenous. In the section that follows, both risk factors are explained.

2.2.3.1 Endogenous risk factors

These are factors within the adolescent that contribute to adolescent adjustment problems. Some endogenous factors are:

■ **Puberty**

Puberty is the period when a person develops into sexual maturity. A girl or a boy undergoes the physical changes that make him or her capable of sexual reproduction. Although puberty is regarded as being a teenage event, the internal changes occur much earlier, at about age 8 for girls and age 11 for boys.

Hormones, which are specialised substances in our bodies released by glands, signal our bodies to develop in certain ways. Puberty occurs when hormones signal the development of organs related to sexual reproduction. For girls, this includes the development of ovaries and the fallopian tube. For boys, it is the development of gonads and other organs related to semen production (De Guzman 2007b:1-2).

These changes make teenagers self-conscious and anxious about the changes that are occurring within their own bodies. Hormonal fluctuations affect mood stability. There is a restructuring in social circles causing further instability. These factors leave adolescents even more vulnerable to adverse circumstances in an unstable family environment, which may result from substance abuse, poverty, physical or sexual abuse, marital conflict, parental separation or divorce. These negative family influences affect adolescent development emotionally, socially and psychologically.

■ **Physical changes**

According to Santrock (2005:502) and De Guzman (2007b:1-2), sexual maturation is accompanied by physical changes experienced by adolescents in the following ways:

Maturation of secondary sex characteristics – as early as age 8, girls experience the emergence of breasts. Hair growth under the arms and pubic areas also begin. In boys,

as early as age 11, growth in the testicular area, and the start of facial, underarm and pubic hair growth are experienced.

During puberty there are bodily changes in both boys and in girls, so much so that by the end of puberty boys have about 1,5 times as much muscle as girls. The muscle-to-fat ratio at the end of puberty is 3,1 for boys and 5,4 for girls (De Guzman 2007b:1-2; Rathus 2006:480; Santrock 2005:502). Again this may be a source of embarrassment and ridicule for young individuals with adverse implications, especially if they are growing up in a troubled environment.

■ **Changes occurring in the brain during puberty**

While these physical transformations are occurring during puberty, major changes in the brain are also taking place. These changes in the adolescent brain support advanced cognitive developments, including attention, planning, capacity to integrate information, and self-regulation (Berk 2007:367). Adolescents' cognitive development can be a protective factor that buffers individuals against stressful conditions such as substance-abusing families, abusive/violent environments or families with mental illness. However, individuals with limited cognitive abilities who grow up in an unhealthy environment may feel challenged and may not be able to handle their development as well as other stressors or relationships. This can also impact on their ability to achieve academically, the foundation for settling into a stable occupation and becoming productive members of society (Berk 2006:33).

When considering endogenous factors it becomes evident that a child growing up in a family in which parental alcohol abuse prevails may be plagued by emotional insecurity, unstable family relationships, conflict situations and a poor self-concept, and this continues during the adolescent phase.

■ **General**

Adolescents who do not seem to fit in with the same age group usually display problem behaviours such as minor delinquency, truancy, and misbehaviour at school. They associate with peers who engage in such behaviours in order to be accepted by them. These behaviours in the group gradually escalate to high risk behaviours such as using alcohol or other drugs, novelty seeking, impulsivity, risk taking and acting-out behaviour at an early age (in early adolescence). This may negatively affect the adolescent's health as well as his relationships in the family (Ge, Jin, Natsuaki, Gibbons, Brody & Cutrona 2006:404-414).

These changes have dire consequences for the individuals' total development, especially if superimposed on an unstable environment. These adolescents may choose to become reclusive or extroverted, or they may use various escape mechanisms to move away from their families, such as becoming psychologically detached or isolated from the family unit (Berk 2007:369; Rathus 2006:484).

2.2.3.2 Exogenous risk factors

Endogenous and exogenous factors work in tandem to contribute to the vulnerability of the adolescent. The following exogenous factors play a role:

■ **Family environment**

A family environment that is determined by warmth, acceptance and reasonable expectations for mature behaviour fosters positive feelings in children and adolescents. These adolescents feel competent and worthwhile and look to their parents to help them make sensible choices in their academic careers and social lives (Berk 2006:451). Under such supervision these children achieve greater success.

An atmosphere that is dictated by constant disapproval, criticism and insults, however, engenders the feeling of worthlessness on the part of the adolescent. Their self-worth fluctuates with every evaluative remark by an adult or peer (Berk 2006:451). Girls especially are negatively affected by unstable relationships with their parents and may be untrusting of others. This may cause them to believe that they have limited resources and feel that relationships are opportunistic. Their relationships, especially with members of the opposite sex, may be erratic resulting in them having multiple sexual partners, with possible detrimental consequences to their health (Mendle, Turkheimer, D'Onofrio, Lynch, Emery, Slutske & Martin 2006:533-542). Adolescent boys who are exposed to unstable relationships with parents may resort to acting-out behaviour, which may lead to adjustment problems.

When children are exposed to early adverse family experiences such as childhood stress, it is adaptive for them to reproduce early (Rathus 2006:484). This puts young adolescents at risk for teenage pregnancy, assuming adult responsibilities long before they are ready for the role of parent.

It is possible that when parents do not provide adequate nurturing to adolescents, they may seek this outside the home. They may also seek role models outside of their families if parents are unavailable or inadequate at fulfilling their duties (Santrock 2005:44, 509).

Adolescents from alcohol-abusing families may rely heavily on other adults for acceptance. If these non-familial adults are caring, their involvement in the adolescent's life may reduce the risk that parental alcohol abuse poses to the adolescent's development (Blum, McNeely & Nonnemaker 2002:28-39). Alternatively, adolescents may rely heavily on peers to affirm their self-esteem. If these peers' influence is negative serious adjustment difficulties for the adolescent may result (Berk 2006:451).

■ Peer group

Peers play an influential role in a child's life. It is through healthy peer relationships that adolescents are provided opportunities to explore the self and identity, to learn about social norms, to practise their autonomy and to develop empathy (Santrock 2005:44). This sensitivity to the needs and desires of others helps in the development of the self-concept, perspective-taking (knowing one's interests and abilities, for example, in choosing an appropriate career), as well as in the formation of one's identity. In this manner adolescents are able to find out who they are, know themselves better and find their direction in life (Berk 2007:417). This search for an identity and the exploring of roles or opportunities in a healthy manner is one of the most important developmental tasks during adolescence and will help circumvent the crisis of identity diffusion or confusion (see 2.2.3 below).

Peers also provide a foundation for future intimate relationships. Through self-disclosure between teenage friends in conversations about sexuality and romance, the foundations are laid for future intimate relationships, helping teenagers to establish and work out problems in romantic partnerships as well as to establish their sexual identities (Berk 2007:417).

Adolescents may easily succumb to peer pressure, however, increasing their vulnerability to negative outcomes (Rathus 2006:489; Steinberg 2007:55-60; Visser 2003:58-64). When adolescents feel isolated from their own-aged peers they seek acceptance from older peers. Berk (2007:367); Ge, Brody, Conger, Simons & Murray (2002:42-54); Ge *et al.* (2006:404-414) note that early maturing girls especially were at risk for initiation into older, deviant peer groups. They were most likely to emulate the behaviour of these older peers since they felt pressure to act older, resulting in early initiation into sexual activities, experimenting with alcohol and tobacco.

According to Berk (2007:367), De Guzman (2007a:1-3) and Santrock (2005:44), healthy friendships provide youth with social support for dealing with some of these challenges

during adolescence. Positive peer influences are likely to increase adolescents' resilience to negative influences that they may encounter during this period. The transition to high school can also prove to be a challenge for some adolescents who may then depend on the support of close friendships to help them cope with the demands of high school.

■ **School transition during adolescence**

Entering high school poses new challenges to the young adolescent. Their positions now shift from being the oldest and most experienced learners in primary school to being the juniors at high school. The opinions of their teachers and peers play an influential role in the development of their self-esteem. Their self-esteem also fluctuates according to the strength of their skills. They may desire increased autonomy, but this may not always be met by personnel in high school as they are still viewed as juniors. All of these changes are taking place concurrently as teenagers are going through the early stages of pubertal development. Therefore, a drop in self-esteem and an increase in psychological distress are likely to result (Lopez, Perez, Ochoa & Ruiz 2008:433-450; Rathus 2006:533).

The educational demands of high school may be experienced as a little more intensive by the young adolescent. Those adolescents who come from an environment of parental alcohol abuse are likely to have poor academic records and low self-esteem. This may impact negatively on their interactions with peers and teachers. Berk (2006:449) and Lopez *et al.* (2008:433-450) concur that when adolescents recognise school as a useful learning context that prepares individuals for a successful future as learners, workers and citizens, their psychosocial adjustments are ensured. However, children from homes where alcohol is abused may experience difficulties with their psychosocial adjustment if parents are uninvolved or do not show an active interest in their children's academic careers or academic careers and difficulties. It is possible that these adolescents will believe that they are academically incompetent and may be unmotivated to pursue with schooling or an academic career. Their ability to reach their potential may be stifled since they are incapable of establishing successful relationships or adapting to their environments (see Relations Theory 2.4.1). This may increase their vulnerability to negative influences outside the home and school.

Blum *et al.* (2002:28-39) nevertheless argue that some adolescents who are brought up under extremely adverse circumstances, such as in alcohol-abusing families, appear to live healthy and productive lives. They note that the adolescent's ability to adapt to the environment in which he lives or 'to maintain adaptive behaviour after insult' is what insulates him against harm, threat or danger. It then becomes obvious that to cope with

alcoholism in the family, adolescents need to show resilience. The more resilient they become, the less vulnerable they are to the negative effects of parental alcoholism. Therefore factors such as puberty, family environment (having a caring adult), peer influences and school connectedness (transition) can either foster or reduce resilience when combined with parental alcohol abuse, resulting in healthy or unhealthy development respectively.

The most important developmental task for adolescents is the formation of a stable and consistent identity. When adolescents are exposed to vulnerabilities such as those discussed above, it is very likely that achieving their developmental tasks will also be affected.

2.2.4 Formation of a stable identity

Erikson (1968 in Berk 2007:17) was the first to recognise identity development as the major personality achievement of adolescence and as a crucial step towards becoming a productive, happy adult. Adolescents who enter this stage in their development with a negative or poor self-image due to crises not being resolved in earlier stages, may experience feelings of distrust, shame, doubt and a sense of incompetence. The adolescent's relationships with significant others such as his parents, siblings, teachers, youth groups and peers, play a significant role in the formation of his identity (see 2.4.1).

Erikson referred to this stage as Identity vs. Identity Diffusion/ Confusion. The central task is the resolution of an identity crisis. Erikson believes this stage offers the individual a moratorium for the integration of all the identity elements established in the childhood stages (Erikson 1968 in Berk 2007:400). Identity fluctuates during the teen years as adolescents actively explore alternatives by trying out various roles offered by society. In their search for continuity and sameness, adolescents attempt to incorporate the morality learnt in childhood with personal aptitudes and the opportunities offered in social roles (Erikson 1950, 1968 in Berk 2007:400). The negative impact of parental alcohol abuse may interfere with the adolescent's ability to confidently step out into the world and explore the social roles offered by society, from a secure and supportive home base.

Through experimentation with various roles, adolescents become involved in the task of finding out who they are, what they are all about and where they are headed in life. If the adolescent explores such roles in a healthy manner and arrives at a positive path, then a positive identity will follow. Identity confusion may result from the following: if the adolescent is not given the opportunity to explore; if he does not adequately explore many

roles; if he is forced to take on an identity by perhaps alcohol-abusing parents or significant others; or if a positive path is not defined for him (Berk 2007:400). Identity diffusion/confusion occurs when adolescents are incapable of making any decisions about themselves and their roles, or when there is too little opportunity for experimentation with social roles. They may also appear to be disinterested in finding personally expressive adult roles and values. As a result, the adolescent may be confronted with conflicting value systems because he may lack the ability or self-confidence to make decisions (French, Seidman, Allen & Aber 2006:1-10). Adolescents who are exposed to parental alcohol abuse are likely to find it more difficult to adapt to new tasks and to experiment with various identities, which they may experience as challenging.

It is therefore imperative that we study the adverse impact of alcoholism on the adolescent growing up in a family in which one or both parents is abusing alcohol. A discussion of the nature of alcoholism and its risk factors follows.

2.3 THE PHENOMENON OF ALCOHOLISM

In this section attention is given to the nature of alcoholism and the risk factors that may predispose offspring of alcohol-abusing parents to alcohol abuse or dependence.

2.3.1 The nature of alcoholism

Though legal, alcohol is actually one of the most dangerous of recreational drugs, and its reach extends across the life span. As a central nervous system depressant, it slows the activity of the brain, reduces tensions and inhibitions and may interfere with a person's judgement, motor activity, and concentration. In any given year, 6,6 percent of the world population fall into a long-term pattern of alcohol abuse or dependence, either of which is known as alcoholism, and 13,2 percent experience one of the patterns at some point during their lifetime (Comer 2007:341).

Medical treatment, lost productivity, and losses due to deaths from alcoholism play a role in more than one-third of all suicides, homicides, assaults, rapes, and accidental deaths, including 41 percent of fatal automobile accidents in the United States (Comer 2007:344). The World Health Organisation (WHO 2004:1) has categorised the role of alcohol in the burden of disease. People who abuse alcohol usually drink large amounts regularly and rely on it to enable them to do things that would otherwise make them anxious. Eventually the drinking interferes with their social behaviour and ability to think and work. They may have frequent arguments with family members or friends, miss work repeatedly, and even lose their jobs. It is commonly believed to play a role in decreased productivity as a

worker, increased unintentional injuries, aggression and violence against others, and child and spouse abuse. Alcoholism thus destroys millions of families, social relationships, and careers (Gmel & Rehm 2003:50-62).

The following summary reflects aspects of the DSM-IV's definition of alcohol abuse that is pertinent to this study (Gmel & Rehm 2003:50-62):

1. Failure to fulfil major role obligations at work, school, or home (e.g. repeated absences or poor work performance, neglect of children or household);
2. Continued drinking even in situations where it is physically hazardous (e.g. driving an automobile or operating machinery);
3. Recurrent alcohol-related legal problems (e.g. arrests for disorderly conduct while drinking);
4. Continued drinking despite persistent or recurrent social or interpersonal problems it may cause (e.g. arguments with spouse, physical fights).

Regardless of whether individuals meet the criteria for substance dependence or abuse, the effects are widespread, affecting all areas of the individual's functioning. It does not only have an effect on the alcohol-abusing parent but also on family members – more especially on the adolescent.

2.3.2 Risk factors for alcoholism

There is strong scientific evidence that alcoholism tends to run in families. Children of alcohol-abusing parents, commonly referred to as COAs, are more at risk for alcoholism and other drug use than are children whose parents do not abuse alcohol. Also, the offspring of parents diagnosed with alcoholism are up to four times more likely to develop alcohol-related problems than individuals in the general population (DSM-IV TR; American Psychiatric Association 2000:221).

An understanding of the following risk factors for alcohol abuse or dependence can assist in protecting the offspring of alcohol abusers or dependents from becoming abusers or dependents themselves. These factors are:

2.3.2.1 Biopsychosocial factors

- Prenatal influences, e.g. foetal alcohol transmission via maternal alcohol abuse at the foetal stage, predispose the individual to alcohol-related problems in later life. South Africa reported the highest rates of foetal alcohol syndrome (FAS) in the

world (May, Gossage, Brooke, Snell, Marais, Hendricks, Croxford & Viljoen 2005:1190-1199);

- Since genetic vulnerability plays a significant role in the development of alcohol problems, high levels of dopamine in the brain may protect members of the same families in which alcoholism prevails by enabling them to respond better to stress - including the stress of living with an alcohol-abusing parent (Volkow, Wang, Begleiter & Porjesz 2006:999-1008).

2.3.2.2 Psychosocial factors

It is important to bear in mind that the psychosocial factors to which COAs are likely to be exposed may initiate or motivate them to use alcohol themselves. COAs may model substance misuse behaviour by observing alcohol misuse by significant figures in one's life. Children's perceptions of how much their parents drink, and the circumstances under which they drink, also appear to influence their own drinking frequency.

■ **Psychosocial problems**

The following psychosocial problems may be linked to problematic alcohol use in adolescents: easy accessibility of alcohol; a chaotic home environment; familial dysfunction such as marital discord, divorce or separation; poor parental monitoring; behavioural disorders; friendship with deviant peers; early age of first drug use; low commitment to school and poverty (DrugScope 1999).

■ **Personality**

Personality factors also play a major role in increasing adolescents' vulnerability to alcohol abuse or dependence. For example, negative mood or being anxiety-prone, having poor problem-solving skills, low self-esteem and low educational goals may lead adolescents to seek relief from alcohol dependence or abuse (DrugScope 1999). Since excessive use of alcohol is known to release inhibitions, it is possible that these adolescents, with bodies that are suddenly sexually mature, a high sex drive, vulnerability to peer pressure and limited experience at handling temptation may also experiment sexually (Rathus 2006:489; Steinberg 2007:55-60; Visser 2003:58-64).

Adolescents who display positive self-esteem, on the other hand, show resilience to negative family circumstances such as alcohol abuse in the home. Resilience thus fosters prosocial behaviours such as perspective- and role-taking and a rejection of problem behaviours such as sexual experimentation (Blum *et al.* 2002:28-39). Adolescents who are reared in a home in which alcohol is abused may lack the resilience that is needed to

protect them from the negative impact of parental alcohol abuse, which may lead to other problem behaviours.

Hence, one notes that as the number of risk factors in an adolescent's environment increases, so too will the adolescent's vulnerability to problematic alcohol use. Extensive research in the field of alcohol abuse indicates that this disease develops through a complex interaction between environmental and biologic-genetic factors, with genetic factors contributing 40-60 percent of the risk (Schuckit, Smith, Barnow, Preuss, Luczak & Radziminski 2003:559-567). No single cause can be pinpointed for the development of alcoholism. It thus makes sense to talk about predisposing factors for this behaviour.

Parental alcoholism is likely to play a major role in placing COAs at risk for a number of negative outcomes in their development. The following section explores the life-world of the child of an alcohol-abusing parent as well as his self-development according to the Relations Theory.

2.4 THE LIFE-WORLD OF THE CHILD OF AN ALCOHOL-ABUSING PARENT

Children growing up in an environment in which one or both parents abuse alcohol are exposed to many risks, making them vulnerable to negative outcomes. Resilient children, on the other hand, overcome adversities and thrive despite their negative circumstances. The various components of an adolescent's life-world contribute to either his vulnerability or resilience. In studying adolescent resilience, Steyn (2006:23) employed the Relations Theory, which she argues includes psycho-educational criteria necessary to give the concept of resilience form and structure according to a theoretical premise. Since vulnerability is on the opposite side of the continuum to resilience, the researcher also considered the entities of the Relations Theory appropriate in discussing the life-world of the adolescent growing up with an alcohol-abusing parent.

The Relations Theory as followed in the training of educational psychologists at Unisa assumes the viewpoint that people are spiritual beings, existing in their personal experiential worlds surrounded by other people and things (Steyn 2006:23). Hence, interaction between the self and various components in one's life-world are the focal point of this theory. The quality of these interactions may influence adolescent vulnerability, which can impact on adolescent adjustment.

2.4.1 The Relations Theory and the child growing up with an alcohol-abusing parent

The Relations Theory Model takes as its point of departure the individual as the centre of his life-world. Being social by nature, he does not live in isolation but stands in relation to different components (objects, ideas, people and the self) in his environment. Through the interactive process of involvement, experience and attribution and by means of intra-psychic dialogue, the individual evaluates the various identities that he acquires from the different components in his life-world. This contributes to a personal identity or a self-image, which contributes to the personality of the individual (Lessing & Jacobs 2000:76-87).

The self-image that one develops is based on one's self-concept, which influences identity formation. The nature of the self-concept, according to Roets (2002:23), will depend on how children experience their own situations, as in the home, and how they ascribe meaning to their experiences and the extent to which they are willing to become involved in these experiences. By becoming involved in people, things and experiences in their environment, adolescents develop a sense of who they are. This gives them a sense of how they are perceived by others and how they perceive themselves. Adolescents thus evaluate themselves based on their perceptions and on the beliefs that they have about themselves. All of this is acquired in their interactions with their internal and external environments, with significant others, other individuals, objects and ideas. What one thinks of oneself (self-concept) and the worth that one places on oneself (self-worth), are important elements of one's identity (knowing who one is) (Roets 2002:19-27).

Lessing and Jacobs (2000:76-87) explain that as the child goes through life, new identities are formed, e.g. a learner, a sibling, a friend or a prefect. One can also add on the identity of a COA as in the case of a child who is exposed to parental alcoholism. The child's evaluation of all these identities forms the core identities, which influence the self-concept. The detrimental effects of parental alcohol abuse are likely to influence one's evaluation of one's identities negatively, affecting one's self-concept. Intra-psychic dialogue, namely what one says to oneself about oneself, will also intensify as one's home experiences escalate on a negative dimension. Intra-psychic dialogue plays a significant role in shaping one's self-concept. Steyn (2006:10) explains that the nature of intra-psychic interaction that occurs when the individual encounters difficult or negative life experiences is linked to his tendency towards being resilient or vulnerable. The resilient individual would attribute meaning to the experience in a way that his self-concept remains intact, thereby facilitating continued involvement. She goes on to say that the resilient individual

will evaluate the identity of the self, in terms of the event, in a way that the self-concept remains realistic and no lasting unrealistic positive or negative meaning attribution results. Vulnerable adolescents, on the other hand, may allow negative events or life experiences to impact the rest of their lives.

Familial alcohol abuse by its very nature is likely to expose children to a variety of adverse experiences. Research has shown that COAs are more likely to experience traumatic experiences linked to poor levels of family functioning (Barnett 2003: 467-472). They may not be able to withstand the chaotic, abusive, insecure or deprived environment thus allowing the self to be defined by these experiences. Furthermore, COAs who possess personalities that are opposed to resilience such as being overly sensitive, having a difficult or disagreeable demeanour or being incapable of attracting others to themselves may find it difficult to overcome such adversities (Davey, Eaker & Walters 2003:347-362). They have been found to be aggressive, acting out, or adopting defensive behaviour patterns (Kroll 2004:129-140; Lambie & Sias 2005:266-273). Negative intra-psychic dialogue may also intensify with their adverse family experiences with alcoholism further impacting their self-image and their self-concept. This may affect the COA's identity as one who succumbs to stress and adversity, which may manifest in unacceptable behaviour. Hence the identity that is likely to emerge, which contributes to personality, may result in insufficient self-actualisation preventing the individual from becoming all that he can, wants to and should become (Roets 2002:19-27).

Thus, vulnerable adolescents may find it difficult to adapt to the environments in which they live and are reared. Coping daily with the effects of alcoholism on themselves and on their families damages their resourcefulness, patience, and courage (Davey *et al.* 2003:347-362). These negative outcomes are bound to affect the individual's intrapersonal and interpersonal relationships, impacting on his involvement with and the meanings that he attributes to his experiences in his life-world.

It is evident that the ego, the self and the identity of an individual as well as his experiences, personal involvement and attribution of meaning to these experiences contribute to the adolescent's total development. The type of home environment plays a significant role in either hampering or promoting the adolescent's development.

The following figure represents the possible self-development of the adolescent in an environment in which alcohol is abused, in accordance with the Relations Theory Model:

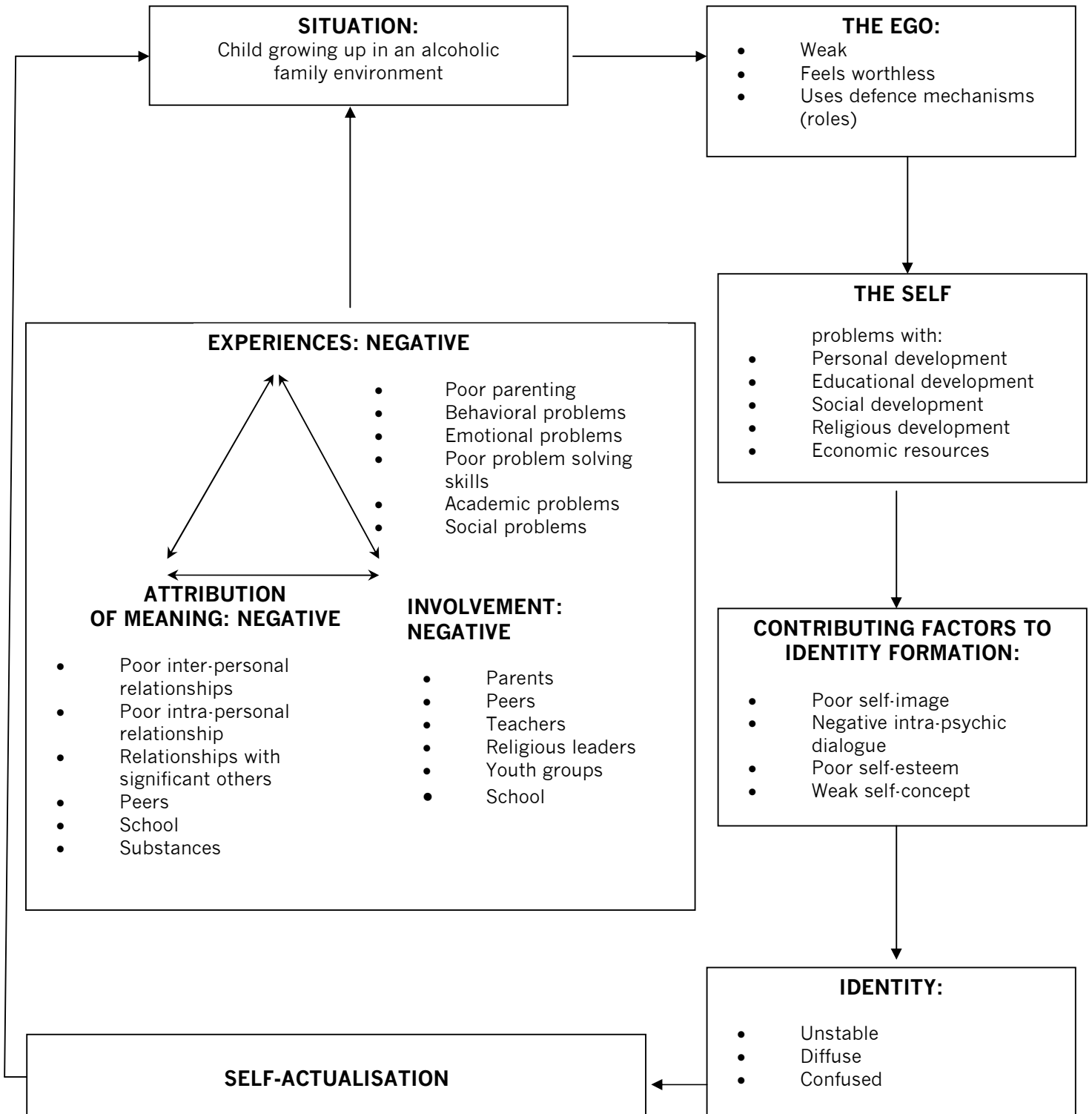


FIGURE 1

The possible self-development of the child growing up in an alcohol-abusing family

The following is a discussion of some of the significant effects that parental alcohol abuse may have on the self-development of the adolescent growing up in this environment.

■ **Personal development**

The adverse effects of parental alcoholism are likely to affect adolescents' self-concept, which affects their feelings of self-worth. A positive self-concept contributes to positive feelings about oneself, about significant others, one's social environment and one's ability to deal with life's challenges, and to control what happens to one (Davey *et al.* 2003:347-362). This will foster feelings of self-efficacy, or confidence at being able to control events in their surroundings (Berk 2006:399). Self-efficacy enables the adolescent to hope, to plan and to set personal goals thereby negating feelings of powerlessness (Steyn 2006:44). This is significant since COAs are likely to succumb to the pressures of parental alcoholism and use substances or resort to acting-out behaviour to alleviate their feelings of worthlessness. These lead to detrimental outcomes for their development (Ohannessian, Hesselbrock, Kramer, Kuperman, Bucholz, Schuckit & Nurnberger 2004:519-533).

■ **Educational development / Academic problems**

COAs are likely to experience problems with their academic performance. They tend to score lower on tests that measure cognitive and verbal skills. Their ability to express themselves may be impaired, which can impede their school performance, peer relationships, and hamper performance on job interviews (National Association for Children of Alcoholics 1998:1). Lower verbal scores, however, do not imply that COAs are intellectually impaired. Their low self-worth is reflected in their belief that they will be failures even if they do well academically. Their intra-psychic dialogue will probably reinforce the idea, though unrealistic, that they are not worthy students, leading to academic failure (Roets 2002:23). They are also more likely to play truant, drop out of school, repeat grades, or be referred to a school counsellor or psychologist. The resultant poor academic self-concept may increase their difficulty in bonding with teachers, other pupils and school; they may experience anxiety related to performance; or they may be afraid of failure (Parsons 2003:1-3). This may be due to an unrealistic negative self-image but the actual reason may be difficult to pinpoint.

Steyn (2006:43) states that resilience was linked to intelligence and that resilient children usually scored higher on verbal tests. Those who were intellectually capable often have socio-economic and educational advantages, as well as more able parents. These children are able to seek help and consequently adapt better in the face of adversity.

COAs, however, are reluctant to share their experiences of alcohol abuse in their families through fear of betraying family loyalties and 'letting out the family secret'. They therefore remain a largely 'invisible' population, increasing their risk for negative outcomes personally, academically, socially and economically (Kroll 2004:129-140).

One can conclude that parental alcoholism may affect one's self-image, self-esteem, and one's self-concept, and creates problems with one's identity formation and ultimately affects one's ability to self actualise. When adult COAs were compared to adult non-COAs, it was found that the adult COAs exhibited certain behavioural patterns, such as withdrawal from conflict, role confusion, difficulty with intimacy, interpersonal discomfort, decreased communicative competence, poor verbal ability, impulsive behaviour, and greater difficulty in family relationships (Richter & Richter 2001:182-194).

■ **Social development**

The social skills that an adolescent develops protect him against risk factors such as rejection from peer groups, substance abuse and association with deviant peer groups (Blum *et al.* 2002:28-39). As adolescents pursue a wide range of activities outside the parental home, relationships with other members in the community such as coaches, peers, religious leaders and educators become important. These relationships not only provide social support but also an alternative set of values and an arena for the development of social skills. Well-socialised children appreciate fairness, justice and equality and they respect social conventions (Gowers 2005:6-9). If parents fail to socialise their children appropriately then these external support systems serve an invaluable function for the adolescent. They buffer adolescents against stress and help them develop a sense of autonomy. According to Steyn (2006:49), external support systems can also reward the adolescent's abilities and skills and give him a sense of meaning and an internal locus of control or a belief system by which to live. In a chronically disordered environment such as in a home with one or both alcohol-abusing parents (Saatcioglu, Erim & Cakmak 2006:125-132), the adolescent may not get the kind of nurturing necessary to foster social skills that will facilitate healthy socialisation with individuals outside the family unit. This may impact on his development as a responsible member of the family and of society.

■ **Religious development**

Like social skills and educational competence, which protect children from negative outcomes, the belief in a higher power beyond oneself also plays a significant role in adolescent development (Blum *et al.* 2002:28-39). Adolescents who feel a connection to a

higher being may develop inner strengths. These include moral self-relevance and prosocial behaviours that protect against negative life events. Religious education and youth activities teach adolescents empathy for others, and promote engagement in moral discussions and civic activities (Berk 2006:498). Children growing up in an environment of alcohol-abusing parents may join deviant peer groups or engage in high risk behaviour such as substance abuse to alleviate the stresses associated with the environment. In this manner they isolate themselves from prosocial organisations such as youth groups or religious organisations, increasing their vulnerability to risks.

■ **Economic impact**

Since alcohol-abusing parents are likely to have less education and lower income this may affect the economic resources that are available to COAs. They are likely to be exposed to the stressors associated with poverty. Their financial deprivation affects their social environments, which are also likely to be less than ideal (Maton, Schellenbach, Leadbeater & Solarz 2004:140-141). Adolescents also experience the greatest pressure to conform to the most obvious aspects of peer culture as in dress, grooming, and participation in social activities, all of which can be costly (Berk 2007:418). Failure to conform may result in ridicule and rejection from the group causing further distress to COAs. Alternatively, they may opt to be reclusive or to isolate themselves from their peer groups, resulting in the development of poor social self-concept. Parents who may be unemployed due to alcohol abuse contribute to a reduction in the family's financial resources. Children from low income families may be at risk for poor academic achievement, they may show a lack of interest in school work and low academic self-esteem. Those who drop out of school and don't return to finish their education may be at risk for lifelong poverty. Adolescent COAs may eventually drop out of school and remain out, depriving themselves of the vocational preparation they need to contribute fully to society (Berk 2006:33). This will eventually affect their ability to self-actualise.

The above discussion on the personal, educational, social, religious and economic development of adolescents in an alcohol-abusing environment indicates that their self-concept may be affected. This implies that their self-actualisation may also be impacted upon, preventing them from becoming what they can, want to, and should become (Roets 2002:27). Significant others play a crucial role in providing adolescents with opportunities to self-actualise. Thus, the self-development of adolescents with alcohol-abusing parents is unlike that of adolescents who are able to interact meaningfully with other people, things and situations.

2.4.2 The impact of alcoholism on adolescents

It is likely that the tension that results from growing up in an environment that is stressful, such as one in which a parent abuses alcohol, causes children to become temperamentally difficult (Kroll 2004:129-140). Parents who adopt inadequate parenting patterns in the presence of adversity magnify children's problems, which eventually translate into poor adjustment for them in adulthood. Effective parenting presents a strong buffer against risks such as depression, poor school performance/school drop out, conduct problems and interpersonal relationship problems, all of which may be the consequences of negative life events, especially if occurring during adolescence. Parenting that is positive improves parent-child relationships and fosters children's mental and emotional development promoting greater intrapersonal and interpersonal satisfaction (Berk 2006:568; 580).

2.4.2.1 Positive parenting

Positive parenting goes a long way in reducing conflicts that normally increase during adolescence. Conflicts occur over the setting of limits but families that function well generally agree on such issues and adolescents generally accept parental values (Gowers 2005:6-9).

Adolescents growing up in alcohol-abusing homes may be exposed to different experiences as compared to their peers. Keller, Cummings and Davies (2005:943-951) suggest that alcohol-abusing parents make use of harsh discipline, authoritarian or permissive parenting styles and have unrealistic expectations of adolescents' abilities. This may lead to feelings of inadequacy, which affect their self-esteem. This inadvertently reinforces aggressive and antisocial behaviours such as substance abuse in children and adolescents. In contrast, adolescents exposed to parenting characterised by warmth and involvement instead of hostility, tend to display lower levels of externalising behaviour problems (Berk 2007:413; Parker & Benson 2004:520-530). Parental warmth and involvement fosters unproblematic monitoring of adolescents' activities, which is perceived as acceptance by adolescents. Being accepted by significant others advances acceptance of oneself. This is also an important aspect of Relations Theory as one's relationship with oneself and significant others serve as a basis for the formation of relationships outside the self. This promotes self-esteem or self-worth which is a significant component of one's identity (Ojanen & Perry 2007:1474-1483).

Children's self-esteem is also affected by parental behaviour that causes shame and embarrassment to them. This can impact on their ability to make friends and develop a

social circle. Tensions in the family and in relationships as experienced under adverse conditions, e.g. parental alcoholism, during adolescence can lead to problems in adjustment (Collings 2006:8-11). Positive parenting negates these adverse consequences by encouraging light-heartedness, greater self-control, persistence on tasks, co-operativeness, high self-esteem, social and moral maturity, positive decision-making and favourable school performance. These outcomes influence positive adolescent development (Steyn 2006:48).

2.4.2.2 Emotional and behavioural problems

International research indicates that COAs are vulnerable to many psychological problems during childhood, adolescence and young adulthood. Behavioural problems in COAs in general took the form of running away from home, and conduct problems such as physical aggression, lying, stealing, truancy, juvenile delinquency, disobedience, suicidality, somatic complaints, hyperactivity and impulsivity (Ge *et al.* 2006:404-414; Ohannessian *et al.* 2004:519-533; Ritter *et al.* 2002:113-122). Younger COAs may also have nightmares, bed-wetting and crying. The COA may develop dysfunctional behaviour patterns such as tiptoe-ing around the house while the drunken parent is asleep, throwing away his alcohol or isolating him/herself from the alcohol-abusing parent's environment (Parsons 2003:1-3).

They may view school as an unfriendly place, having no friends there as well as difficulties in establishing relationships with teachers and classmates. The result may be failing grades or dropping out of school.

According to Parsons (2003:1-3), COAs also experience emotional difficulties such as depression, low self-esteem, and anxiety. Depression may also take the form of being perfectionistic in their endeavours, hoarding, staying by themselves (in their rooms), and being excessively self-conscious. Teenage COAs may begin to develop phobias. When parental discord and/or violence occur in alcohol-abusing homes, causing stress and tension, adolescents tend to feel caught in the middle, with girls experiencing this more than boys. This may also result in conduct-disorder behaviour, substance use and joining peers who were older, as was noted in early-maturing female adolescents (see 2.2.2) (Anda *et al.* 2002:1001-1009).

COAs may feel that they are different from other children, contributing to a poor self-image. Research indicates that COAs were vulnerable to impaired emotional functioning (Hall 2007:49-54; Richter & Richter 2001:182-194; Smith 2004:3-11).

2.4.2.3 Gender of the alcohol-abusing parent

While the father's drinking was related to behavioural problems in adolescents, the mother's drinking was found to contribute to adolescent emotional disorders. Ge *et al.* (2006:404-414) suggest that adolescent boys are more likely to display conduct disorders such as impulsivity and hyperactivity. However, when both parents abused alcohol both types of disorders occurred with the same frequency amongst COAs (Dogan, Conger, Kim & Masyn 2007:335-349).

Alcohol-abusing mothers seemed to have a greater negative effect on COAs psychological functioning. Their children were prone to suffer from psychiatric disorders which included depression, low self-esteem, anxiety and psychosomatic reactions. A strong link was shown to exist between alcohol-abusing mothers and familial dysfunction. This was probably due to the mother generally being the primary caregiver in the family (Jester, Jacobson, Sokol, Tuttle & Jacobson 2000:1188-1197). These COAs are inclined to greater use of mental health services, being at greatest risk for mental illness, drug abuse, and acts of self-destruction (Ritter *et al.*, 2002:113-122; Wilens, Biederman, Bredin, Haesy, Abrantes, Neft, Millstein & Spencer 2002:41-51).

2.4.3 The impact of alcoholism on the other parent

This section focuses on some of the experiences of spouses of alcohol-abusing individuals and their impact on spousal relationships and their duties as parents.

When alcohol use becomes an addiction, drinking becomes the priority. The alcohol-abusing individuals' inhibitions are reduced, judgements are clouded and their ability to interpret social cues is impaired. It is inevitable that relationships with people around them suffer. They may find it difficult to develop and maintain stable relationships, especially with the spouse or partner. They may also experience feelings of hatred and self-pity, avoid social contacts, may suffer from exhaustion and become physically or mentally ill (Saatcioglu *et al.* 2006:125-132). Very often, the spouses have to perform the roles of both parents, increasing their responsibilities as parents and spouses. All this may contribute to poor marital satisfaction (Parsons 2003:1-3) and may interfere with their parenting behaviours towards their children. The other parent may, as a result, become inconsistent, demanding and neglectful of the children, subjecting COAs to inconsistent, hostile and coercive methods of discipline. This reduces opportunities for children with an alcohol-abusing parent to learn social skills from parents that are likely to draw others to them, such as kindness, empathy and sympathy (Berk 2006:410). Psychological control

from parents causes children to display adjustment problems involving both anxious, withdrawn, defiant and aggressive behaviours (Berk 2007:280).

Alcohol abusers are often insufficiently motivated to enter into couple therapy. Spouses are thus left on their own to develop ways as well as coping behaviour to deal with the stress that results (Hansson, Zetterlind, Aberg-Orbeck & Berglund 2004:135-140). One way of coping is to find employment outside the home. Spouses who do not abuse alcohol may devote greater amounts of time and energy to their careers with the result that a less nurturing home environment is being fostered (Schuckit, Smith, Eng & Kunovac 2002:1336-1343). Children from such homes may be deprived of adequate parental supervision and monitoring and may be left to their own devices in the absence of adult supervision, increasing their vulnerability to negative outcomes.

2.4.3.1 Interaction between the spouses

Financial instability is also stressful on the marriage, with arguments becoming more common and resentment building up between partners. This pattern of interaction between the couple discourages the use of positive problem solving skills such as open discussion and encouragement (Parsons 2003:1-3). Decisions regarding childrearing are not discussed nor resolved, further intensifying the emotional and behavioural problems that COAs are likely to exhibit (see 2.4.2.2). Their behaviour is likely to cause others around them to become angry, which may push others away from them. Adolescent COAs are likely to become lonely and isolated and may develop a negative identity based on what they observe around them. This may eventually lead to role confusion or role diffusion.

2.4.3.2 Father's drinking, violence in the home and the effect on the mother

Violence, aggression, and the risk of being battered as a wife have often been reported with alcohol misuse (Rodriguez, Lasch, Chandra & Lee 2001:172-178). Abrahams, Jewkes, Laubscher and Hoffman (2006:247-265) confirm in their study that alcohol-abusing men use violence on their partners/spouses more frequently when under the influence. According to Ali and Munaf (2006:17-27), when verbal and physical violence occur due to excessive use of alcohol, bonds between family members are destroyed. Relationships are impaired and the home life of the family is negatively impacted on. Harmony between the couple is lost and they no longer function in unison as a couple. This affects family functioning as a unit.

The psychosocial condition of parents and cohesion of the family unit have been strongly linked to the mental health outcomes and behaviour of children who are reared under conditions of adversity, such as with parental alcoholism (Ungar 2004:23-42).

2.4.3.3 Separation or divorce

If there is no change for the better in the alcohol abuser's drinking patterns, the relationship between the parents and the children will be severely strained and may eventually lead to separation or divorce. This in turn affects how members function as individuals as well as how they function as a family (Rodriguez *et al.* 2001:172-178). A disorganised family situation is likely to result with predictable events and routines like meals and bedtimes, household chores and joint parent-child activities disintegrating (Berk 2006:580). Discipline of the children may become lax or harsh and inconsistent. A combination of these factors leads to social, emotional, behavioural and academic problems in children of alcohol-abusing parents. However, if the non-alcohol-abusing parent displays resilience by maintaining competence as a parent despite the stressful and difficult life circumstances (Dass-Brailsford 2005:574-591) triggered by the alcohol abuse, this will serve as a buffer protecting these COAs from adjustment problems.

All children, according to Erikson's theory, are at various stages in their development. They therefore need the supervision, monitoring and guidance from their parents. Since the alcohol-abusing parent in all probability neglects their social, emotional, academic and perhaps financial needs, it becomes the responsibility of the other parent to fulfil these needs in the children. He/she may only be able to parent effectively if he/she is resilient enough to overcome the negative impact of the other spouse's alcohol abuse. The more parents argue and fail to provide children with warmth, involvement, and consistent guidance, the poorer will be the adjustment of children of alcohol-abusing parents (Berk 2006:580).

2.4.4 The impact of alcoholism on relations between the family members

A vast body of international literature exists on the psychosocial impact of parental alcoholism on the children growing up within this family environment. The lack of research on this aspect of parental alcoholism in the South African context, as indicated by searches on EbscoHost, Sabinet, Pubmed, Proquest and Biblioline databases, validates the need for work to be done in this area.

For the purposes of this study, the family will refer to first-degree relatives: the mother, father and siblings who are living together in the same home.

Some of the aspects of family functioning that are impacted upon by parental alcohol abuse are:

2.4.4.1 Interpersonal relations and communication

Alcoholism is known as a family disease. Alcohol abuse thus affects how each member of the family functions and causes harmful effects that can last a lifetime. This, in turn, affects family functioning, and can totally disrupt family life. These children experience difficulties in their lifestyles and in their personal relationships. Families in which one or both parents abused alcohol were found to display more negative interactions between members. They show lower levels of warmth, cohesion, and direct communication. They engage in greater levels of openly expressed anger therefore family problem-solving discussions do not occur naturally and smoothly (Barnett 2003:467-472; Johnson 2002:371-384). Generally these adolescents' own needs are ignored in the interests of family functioning (Walker 2002:1-3). They also display confusion in roles and identities (Saatcioglu *et al.* 2006:125-132).

2.4.4.2 Family structure and roles that children play

The family structure is also disrupted (Johnson 2002:371-384) and children in such families take on the roles that the parent is unable to fulfil. Children may take on executive roles in the family such as cooking, cleaning, managing budgets, paying bills, and caring for younger children, even from a young age. They may also take emotional care of family members, such as providing support for a depressed parent, and mediating in family conflicts. The older siblings may take the role of care-givers, looking after the well-being of the younger siblings when the parents are either intoxicated or when the non-alcohol-abusing spouse is caring for the intoxicated one (Kroll 2004:129-140). There are specific roles that children in these families are likely to assume: the hero, the adjuster, the scapegoat, the lost child and the mascot. They may occur singly or in combinations depending on the demands of the situation in the family. It is possible that these roles are enacted in well-functioning families perhaps temporarily and are supported by significant others. Under these circumstances, these roles are unlikely to cause adjustment problems for children. These children actually feel good about themselves by contributing to the well-being of the family (Goldblatt & Eisikovits 2005:644-657). These children may take on some of the following roles:

The hero

The oldest child generally assumes the role of 'hero' in these families. They assume responsibilities often beyond age expectations, for which they receive positive reinforcement, develop strong leadership skills and usually have a positive self-concept (Arneson, Triplett & Schweer 1983:107-112; Walker 2002:1-3). In addition, they meet the expectations of the family. They often take on a caretaker's role by striving to be perfect at home so as not to invoke the wrath of the alcohol-abusing parent. Heroes are likely to overachieve at school and excel at other activities to bring pride to the family and compensate for their negative home life. Because they fear an insecure environment full of broken childhood promises, they find it safer to trust only themselves. This leads them to adopting an isolationist approach to life (Glover 1994:185-190; Lambie & Sias 2005:266-273; Walker 2002:1-3).

The scapegoat

Saatgioglu *et al.* (2006:125-132) are of the opinion that heroes also become the scapegoat in the family after a period of time. The parent also uses the scapegoat as an outlet for his/her anger. This child is blamed for much of what goes wrong in the family and is often labelled as delinquent and a troublemaker who draws attention away from the chemically dependent person (Glover 1994:185-190; Walker 2002:1-3).

The adjustor

Adjustors flow with the tide and allow others to shape their futures. They learn never to expect or to plan anything. They often strive to be invisible and to avoid taking a stand or rocking the boat. They are the hardest to identify (Walker 2002:1-3).

The lost child

Walker (2002:1-3) suggests that this child disappears from family activities and usually positions himself in front of the television or in his room. Owing to an inactive lifestyle, this child may have issues with weight. This child does not make demands on the family system but sees much more than he is willing to vocalise. Walker also hypothesises that the family loses valuable insights about its functioning in ignoring what the lost child thinks and feels.

The mascot

The youngest children generally assume the role of a 'mascot'. They are considered to be funny and amusing for the suffering family. This causes these children to remain immature and lonely under the mask of a 'clown' (Saatgioglu *et al.* 2006:125-132). Walker (2002:1-3) suggests that the irony of the mascot's role is that the laughter prevents healing rather than produces it.

These roles are unhealthy adjustments or coping or defence mechanisms used by COAs to guide them through their daily difficulties. As a temporary measure, they may help COAs cope with stressful situations. This is how they personally adapt to their environment to ensure their survival. These defence mechanisms eventually become the 'core' of their personality in adulthood. When these roles become internalised, they affect and change the self. The child's/adolescent's true self (that who he really is) becomes hidden and the adapted self (that is, how he perceives other's see him) is projected (Goldblatt & Eisikovits 2005:644-657).

Playing age-inappropriate roles also undermines their feelings about their self-worth and interferes with the child's mastery of developmentally appropriate tasks that build self-concept and contribute to the development of their identity (Godsall, Jurkovic, Emshoff, Anderson & Stanwyck 2004:789-809). On the other hand, children feel good about themselves when they contribute to the stability of family members and the family as a whole if their caregiving behaviours are recognised and supported. This also contributes to a positive self-concept (Goldblatt & Eisikovits 2005:644-657). In a home in which parental alcohol abuse prevails, these roles are enacted in an unhealthy atmosphere and they are unlikely to be acknowledged, causing adjustment problems in children. Some of its immediate negative consequences for the COA are somatic, intellectual, and behavioural deficiencies and socio-emotional problems in their school life (Saatgioglu *et al.* 2006:125-132).

2.4.4.3 Long-term negative effects of roles that COAs play

Lambie and Sias (2005:266-273) add that over time, the following consequence results: the responsible one tends to manage the lives of loved ones, friends, family and co-workers, often with disastrous results. Placators' listening skills are frequently sought out by others, but their own needs and feelings are generally unmet. The adjustors continue to allow themselves to be manipulated by others and feel powerless to control their own destinies. When these age-inappropriate roles are extended from within the family context to other life situations of the adolescents as well as into adulthood, they may lead to

relational problems (Gavriel-Fried & Teichman 2007:83-95; Goldblatt & Eisikovits 2005:644-657).

2.4.4.4 Rules in the family

Families in which alcohol abuse prevails may develop their own set of rules, norms, communication patterns and boundaries. A common family rule is that the family's dysfunctionality, which is the 'family secret', is to be preserved at all costs. When these children interact with others outside the home, they are dictated by the 'Don't talk, don't feel' rule. In essence this means that they tend to be cut off from friends and supportive adults as they learn very early not to talk about what goes on at home and not to bring friends home. Talking about the parent's drinking outside the home is construed as an act of betrayal or disloyalty. Family members, especially children, are forced to deny their feelings, becoming increasingly isolated within their own closed system. Boundaries are closed and rigid in such co-dependent family situations. Intimacy among its members is eventually destroyed as the alcoholism progresses (Barnett 2003:467-472).

COAs learn not to trust people on the outside and any attempts at help or questions asked by others are viewed with suspicion (Kroll 2004:129-140). These norms and rules eventually become habitual and serve the function of keeping out other systems such as schools, other families, and health care agencies which may intervene or influence the family. This affects the adolescent's ability to form intimate relationships outside of the family (Kroll 2004:129-140; Lambie & Sias 2005:266-273).

2.4.4.5 Emotional insecurity

When children's emotional needs are unmet by their parents, it may result in insecure attachments for them, which may influence their ability to trust others. These children may be torn in their loyalties between father and mother and may repeatedly be called upon to make re-adjustments in an atmosphere that is characterised by continual quarrels, emotional turmoil, mutual blame, and threats of separation with temporary reconciliation between the parents, only to be followed by sad disappointments (Ali & Munaf 2006:17-27). Children may not feel emotionally secure growing up in such a hostile or uncertain family environment. These family environments may not provide the security needed for their optimal development (Richmond & Stocker 2008:231-240). Their interpersonal relationships, their psycho-affective development, their schooling and everyday behaviour are possibly affected (Malpique, Barrias, Morais, Salgado, Da Costa & Rodrigues 1998:42-46). They are then likely to seek social support and acceptance outside the family circle which may not always be healthy, such as in deviant peer groups.

2.4.4.6 Psycho-affective effect

Not all parents who misuse alcohol mistreat their children. COAs, however, may be more likely to be targets of physical abuse and to witness family violence. They may develop hostile feelings such as shame or anger towards their parents, which may later be expressed at a social level. According to Ali and Munaf (2006:17-27), these children experience both fear of discovery and embarrassment with regard to their parents' habits. They may even feel that the situation at home would be worsened if they talk about their problems. Feeling ashamed, embarrassed or fearful to talk about their problems they are likely to suffer in silence and become unnoticed.

2.4.4.7 Family rituals

The alcohol-abusing member's abnormal behaviour may interfere with the family's capacity to plan activities, and to adhere to family routines and rituals. Rituals or routines like celebrating birthdays, anniversaries, observing meal times, performing bedtime routines and observing annual holidays provide stability, structure and predictability in the everyday life of its members (Haugland 2005:225-241). Through engaging in routines and rituals, children learn the rules, roles and values of the family and the culture to which they belong. This also serves the purpose of reinforcing the family identity through which the roles, identity, and belonging of family members are established.

When faced with change or negative life events such as divorce, death of a parent or child, illness or even alcoholism, maintaining established patterns of behaviour allow them to cope. Hence, these established patterns of behaviour are likely to reduce vulnerability in children of alcohol-abusing parents to adjustment problems.

Several studies (Burnett *et al.* 2006:181-187; Haugland 2005:225-241; Maton *et al.* 2004:140) confirm that in alcohol-abusing families disruptions of family routines, instability and disorganisation are common. COAs who were exposed to unpredictable and inconsistent family practices may be left feeling alone, confused and out-of-control emotionally. Fathers who drank were found to no longer participate in family activities or when they did, they affected the emotional climate in which these routines and rituals were performed. Close mother-child relationships, however, helped to curb the negative impact of paternal alcohol abuse on children.

Although literature discusses these various roles played by children in alcohol-abusing families not much empirical research has been done in this area of parental alcoholism

(Nicholas & Rasmussen 2006:43-52). The lack of research in the area of parental substance abuse and its effect on the children was also noted by Collings (2006:8-11).

2.5 CONCLUSION

This chapter discussed adolescence as a vulnerable stage of development during which adolescents were engaged in the most important task of forming stable and consistent identities for themselves. The development of the self was examined from the perspective of Erikson's fifth stage of identity development as well as from the Relations Theory perspective. Various studies indicating the importance of family in providing adolescents with a secure and supportive home base from which to venture out into the world were examined. It was noted that when conditions in the home were less than ideal, these adolescents tended to experience many developmental difficulties in their personal, social, educational and religious development. This resulted in a poor self-concept which in turn may affect their ability to self-actualise.

Establishing fulfilling relationships, not only with their parents but also with peers, educators, objects, ideas and with themselves, are essential for adolescents to develop well-integrated identities and healthy egos. Parental alcoholism may affect how the family, as well as individual members, function within and outside the home. This is likely to present difficulties for adolescents in their establishment of stable identities or their development of strong egos, problems which may persist in adulthood.

In conclusion, one may say that while many adolescents may experience this phase as a smooth transitional period, a few may not be as fortunate. The findings from the literature will be used to examine the experiences of participants who are exposed to parental alcoholism to determine their vulnerability.

Chapter 3 presents a discussion of the research design of this study.

CHAPTER 3

RESEARCH DESIGN

3.1 INTRODUCTION

This chapter discusses the research design, methods for data collection and analysis of data within the qualitative research design. Consideration was given to ethical issues that were necessary to conduct the research in a professional and ethically sound manner. The following scientific processes and methods were used to gather information that would answer the research question: **“How do adolescents experience alcoholism in their families?”**

3.2 RESEARCH PROBLEM, AIMS AND RATIONALE OF THE EMPIRICAL RESEARCH

The research problem focuses on the need to explore and describe the experiences and perceptions of adolescents with regard to their parents' alcoholism in order to increase our understanding of their experiences. The preceding literature chapter presented the phenomenon of parental alcoholism as impacting on the lives of adolescents, which affects their functioning. However, not much information, as gathered from the literature studies, seems to be available on the adolescents' experiences of this phenomenon, especially in the South African context. The research question therefore seeks to obtain first-hand information on how adolescents experience this complex phenomenon of parental alcoholism.

The research aim and rationale of the study are now discussed.

The general aims of this study are:

- to establish adolescence as a vulnerable stage of development;
- to establish what the phenomenon of alcoholism is;
- to explore the life-world of adolescents growing up in this environment;
- to explore the impact of parental alcoholism on the other parent, the adolescent and on other members of the family;
- to explore the impact of parental alcoholism on family relationships.

The specific aim of the study is to explore by means of the empirical investigation the experiences of adolescents who are growing up in alcohol abusing homes.

3.3 RESEARCH SETTING, OUTLINE OF THE RESEARCH DESIGN AND THE RESEARCH METHOD (QUALITATIVE RESEARCH)

This section presents a discussion of the research setting, research design and the use of qualitative research as the research method.

3.3.1 Research setting

The study has been restricted to adolescents who are exposed to parental alcoholism. The research setting was the researcher's office, where she works as a remedial therapist. The choice of this setting was deemed appropriate by the researcher due to the complete privacy that it offers. Furthermore the participants and their consenting parent/s opted for this office instead of their homes, citing their need for complete confidentiality. Initial researcher-parent-participant interviews, to build trust between all parties concerned, took place in this office. To maintain a uniform procedure, all subsequent interviews with participants were also held in the same office.

3.3.2 Research paradigm

There are mainly two paradigms that a researcher may choose from when exploring and understanding social phenomena which are educational in nature, i.e. positivism and anti-positivism or naturalistic inquiry (Dash 2005). The nature of this study's empirical investigation aligns itself with the anti-positivistic approach which acknowledges that social reality is personally viewed and experienced by the individual rather than acquired from or imposed from outside. In keeping with this idea, anti-positivists believe that reality is multi-layered and complex and that a single phenomenon has multiple interpretations. Their concern was to investigate the various unexplored dimensions of a phenomenon rather than establishing specific relationships among the components of the phenomenon which positivism seeks to achieve (Dash 2005; Maxwell 2005:36). The positivist paradigm assumes that social reality is ready to be naturally observed and reported by the researcher as it 'really is' (Babbie 2007:294). To this end, the exploratory, explanatory and descriptive nature of qualitative research precludes the positivist approach as an approach to this study's empirical investigation.

Phenomenology, which is one of the schools of thought to which anti-positivists subscribe and is embedded in qualitative methodology, guided the empirical investigation of this study. Babbie (2007:294) concurs with Dash (2005) when he states that this approach relies on the researcher's ability to 'make sense' out of informants' perceptions of their world by gaining insight into and an understanding from the adolescents' perspectives. Their multiple (multi-layered) realities of phenomena make their experiences dynamic and

not static. In other words, their perceptions of events, persons, processes or objects are what they consider 'real' to them and what directs their actions, thoughts, and feelings (McMillan & Schumacher 2001:396). Dash (2005) elaborates that the researcher has to develop an empathic understanding of how the participants interpret phenomena so that she 'can reproduce in her mind feelings, motives and thoughts that are behind their actions'. Hence assessing for 'truth or falsity' is irrelevant (Maxwell 2005:22). The phenomenological orientation thus afforded the researcher the opportunity to explore or to describe the meaning of the lived experiences of individuals who share a common phenomenon, in this case, what it is like to be living with an alcohol abusing parent/s. This information was accessed via each participant's own account and opinion of his experiences, thoughts and feelings as well as his perceptions of how his parent's drinking affected others in the family.

The researcher also attempted to transform the lived experiences of these participants by describing its essence so that the 'text becomes a reflexive reliving' and a reflection of 'something meaningful' (McMillan & Schumacher 2001:36). This task went beyond just reporting what 'is out there'. The researcher thus analysed the data from participants using the thematic analysis to reconstruct their realities in order to elicit themes. This facilitated the use of the inductive model where theories were developed from the analysis of this research data (Babbie 2007:55).

3.3.3 The research method (qualitative research)

The studies discussed in Chapter Two indicate the complex nature of the phenomenon of parental alcoholism. Parental alcoholism has far-reaching consequences, not only on the functioning of the family, but also on the functioning of the adolescent whose experiences this study seeks to explore.

Complex phenomena are best explored by the qualitative research method which seeks a better understanding of such situations such as parental alcoholism. The researcher therefore deemed it important to explore the 'process rather than the outcomes' which would provide valuable insights into this phenomenon, in keeping with anti-positivism. This objective effectively ruled out the quantitative research methodology, which focuses on 'numbers and outcomes and whether and to what extent variance in x causes variance in y ' (Maxwell 2005:22-23).

The suitability of the qualitative research method for the present study was determined by the following identifying features of qualitative research:

- Its exploratory nature i.e. exploring specific situations or people;
- Its inductive approach;
- Its emphasis on words rather than on numbers;
- Its building of knowledge through observation from information rich data as supplied by participants (McMillan & Schumacher 2001:394).

The aptness of the qualitative research methodology for this study is further substantiated by the fact that this method is not constrained by predetermined categories of analysis or with testing a predetermined hypothesis. Therefore participants' accounts of their lived experiences form part of the reality that the researcher was trying to understand, as elaborated under 3.3.2. The researcher attempted to do this by answering the question: **How do adolescents experience alcoholism in their families?**

3.4 DATA COLLECTION METHODS

This section presents specific information on the sampling methods, the semi-structured interviews, the researcher as the instrument, and the observation and field notes and reflex records used in this study.

3.4.1 Sampling method

The convenience sampling method was employed as this was the most feasible way to learn about a group which is difficult to access (Maxwell 2005:88-89). The intention was to seek out information-rich informants. She approached community based organizations, church organisations and the AA (Alcoholics Anonymous) at the local hospital. The sample was made up of three boys and four girls. Their ages ranged from 12 to 16 years.

According to McMillan & Schumacher (2001:433), interviewing a small group of adolescents who are likely to be knowledgeable and informative about their lived experiences, and what their realities are regarding the phenomenon is deemed feasible. The researcher hoped to gain an understanding regarding the context within which her participants act, and the influence that this context has on their actions. By studying a small number of individuals she was also able to preserve the individuality of each of these participant's accounts in the analysis. This allows the qualitative researcher to understand how events, actions, and meanings are shaped by the unique circumstances in which these occur (Maxwell 2005:88-89). A small sample was also considered feasible by the researcher as saturation of information was reached after interviewing seven participants.

3.4.2 Semi-structured interviews

De Vos (2005:287) defines qualitative interviews as ‘attempts to understand the world from the participant’s point of view, to unfold the meaning of people’s experiences, [and] to uncover their lived world prior to scientific explanations’. The use of semi-structured interviews was consistent with the phenomenological orientation whereby an attempt was made to describe in detail the content and structure of the adolescent’s consciousness. These interviews provided an understanding of the qualitative diversity of their experiences to explain their meanings (Willig 2001:52). The researcher therefore attempted to understand not one, but multiple realities as presented by each adolescent in the semi-structured interviews (Creswell 2003:199). The focus was on understanding new discoveries and relationships (Maxwell 2005:22).

Participants were first asked a non-threatening, open ended question to access their experience and understanding: “How do you experience your parent/s’ alcoholism?” Other open-ended questions were prepared and asked when the researcher needed further clarification and elaboration to deepen her understanding of participants’ experiences (see Appendix A for these questions). Each interview lasted between 50 – 80 minutes.

Although the researcher agrees with Maxwell (2005:94) that observation often provides a direct and powerful way of learning about participants’ behaviour and the contexts in which these behaviour occur, it was not possible to do so in this study due to the sensitive nature of the topic. Nevertheless, Maxwell (2005:94) justifies interviewing by stating that it is often an efficient and valid way of understanding someone’s perspective on an issue.

Thus the researcher was the instrument in the process of gathering and interpreting the experiences of these adolescents.

3.4.3 The researcher as the instrument

In this study, in-depth, open-ended, face-to-face interviews have been conducted with the seven adolescents who are exposed to the use and abuse of alcohol by their parent/s. The researcher was the instrument and the research relationships were the means by which the research was conducted (Maxwell 2005:83). The researcher thus serves the purpose of a data gathering tool in the same way that intelligence tests, rating scales or sociograms do in quantitative research. Leedy and Ormrod (2005:162) are of the opinion that the researcher, as the primary data collection instrument, should disclose biases, personal values and assumptions at the outset. It is inevitable that the interpretation of data will be influenced to some extent by such biases and values.

3.4.4 Steps taken to minimise researcher bias

To minimise researcher bias and pre-conceptions about the effect of parental alcohol use/abuse on adolescents the following steps were taken:

- Data from the seven participating adolescents were examined and re-examined with the explicit purpose of looking for evidence to contradict the researcher's hypothesis that parental alcohol abuse has a negative impact on the adolescent.
- As the researcher listened to the participants' interviews, she was aware of her own assumptions that parental alcohol abuse impacts on the family functioning as well as on adolescent development. She attempted to keep an open mind on the topic. Husserl, the German philosopher, called this freedom from suppositions or Epoche. In Epoche, we set aside our prejudgements, biases, and preconceived ideas about things (Moustakas 1994:85).
- The researcher thus agrees with McMillan and Schumacher (2001:36) and Creswell (2003:15) that 'bracketing' or casting aside all pre-judgements when collecting data on how interviewees make sense of their experiences of parental alcoholism is essential. Being 'discovery-oriented', this approach minimises investigator manipulation of the study setting as far as possible and places no prior constraints on the outcomes of the research (Patton 2002:39; Rudestam & Newton 2001:37).
- Adopting a reflexive standpoint - the researcher acknowledged the importance of allowing things, events, and people to enter anew into one's consciousness, and to look and see them again, as if for the first time so that the actual 'nature and essence of things will be disclosed more fully' which will guide us (qualitative researchers) to 'knowledge and truth' (Moustakas 1994:85). This standpoint facilitated being open to either possibility i.e. of 'suspending beliefs in the realm' of parental alcoholism (Babbie 2007:292) – as having an impact or no impact on adolescents.

3.4.5 Observation and field notes

The field notes include observational notes which the researcher noted during the interviews. Observation gives one information which cannot be obtained from direct interaction as in interviews. In this study, written descriptions made during the interviews of participant's verbal and non-verbal behaviour were used (Maxwell 2005:94).

The data processing methods that were utilized are discussed below.

3.4.6 Data processing

After capturing the interviews, the recorded data were subjected to transcription and analysis.

Transcribing qualitative data

This took the form of reflex record writing and tape recording of data.

Reflex records

These were written immediately after leaving the site. The purpose was to synthesise the main interactions and to suggest questions and tentative interpretations which may be useful in subsequent data analysis. This is how the researcher applied critical self-monitoring to eliminate potential biases. This strategy also enabled her to extract important aspects of the interview and to re-arrange those aspects in a logical order (McMillan & Schumacher 2001:442; 465).

Tape recording

Each interview was recorded on audio-tape and transcribed to ensure that the whole discussion is captured more completely and objectively, and to provide complete data for analysis. To ensure confidentiality and anonymity numbers were used. The researcher's experience with tape recording interviews is that it can be intimidating to the participant therefore a small and unobtrusive recording device was used (McMillan & Schumacher 2001:271). Since the interviews were transcribed by a third party, the researcher read and re-read the transcriptions to ensure accuracy in transcription.

The next section discusses procedures followed in the analysis of the data collected.

3.5 ANALYSIS OF DATA

Analysis of data involves making sense of the mass of data collected in order to understand the data and to present the results in a way that communicates the most salient features. For the purpose of this study, the following techniques of analysing the data were adhered to, namely, content analysis and coding of the raw data as applied to data obtained from the interviews, observational notes and reflex records.

3.5.1 Content analysis

The researcher adhered to the following steps of content analysis as stated in Maxwell (2005:96):

- Listening to interview tapes prior to transcription.
- Reading the interview transcripts, observational notes and reflex records.
- During this reading or listening, writing notes in the margin of the transcripts or memos on what was seen or heard in the data, and developing tentative ideas about categories or themes and relationships.
- Parts of the data were then coded according to labels as they relate to or answer the research question.

3.5.2 Coding

De Vos (2005:340) notes the following major types of coding:

- *Open coding* is used as the initial code given to segments of the data that meaningfully relates to the research question.
- *Axial coding* is used by the researcher to group or link the open codes. The coded segments of the data are connected in this manner and this is often guided by the literature which is reviewed in the literature study.
- *Selective coding* is used when the researcher identifies a central category to which the other codes relate and is used in grounded theory.

In this study, the researcher inductively coded the data after transcription of the interviews using the axial coding system. Repeated themes were grouped together into categories and each category was named accordingly. The codes were not pre-determined but emerged from the data itself. The researcher's knowledge of the related literature was used to guide the presentation of these themes (De Vos 2005:340).

Measures to ensure objectivity in coding

To ensure that the researcher's assumptions about the phenomenon under investigation do not influence her coding or her findings, the following additional steps were taken:

- Reviewing all the categories that were grouped into themes and comparing these categories to the literature presented in Chapter Two.
- Re-examining the original texts to re-consider previously omitted data for inclusion.

Content analysis was thus a continuous process.

By following the above procedures of content analysis and coding carefully, the researcher hoped to address any validity threats to her research findings (Maxwell 2005:96). In qualitative research, threats to validity are possible since, according to Bogdan and Biklen (1992:96), the interview 'takes on a shape of its own in the hands of the qualitative researcher'. This makes researcher bias a possibility. Steps taken to minimize researcher bias are discussed above. (see 3.4.4)

3.6 MEASURES TO ENSURE TRUSTWORTHINESS

The strength of qualitative research depends on how valid and reliable its findings are. Only results that are honest, truthful or reliable can be considered trustworthy. Steps to ensure the credibility, transferability, confirmability and dependability of the researcher's findings were undertaken to warrant the trustworthiness of this study's results.

3.6.1 Credibility

This refers to the degree of confidence in the research findings and the believability of the findings (De Vos 2005:346). In this study, the issue of credibility was addressed by interviewing seven adolescents to investigate their experiences of parental alcohol abuse. These participants provided multiple sources of data on their experiences. Included are the full transcripts of two participants' interviews. The other five participants' interview transcripts are available on request.

3.6.2 Transferability

Transferability ensures that research findings can be applied or generalized to another situation. Qualitative research seeks not to generalise its findings but to gain a better and a deeper understanding of specific phenomena. However qualitative studies can generate working hypotheses that may allow some transferability to other similar situations. Since this study seeks to explore the experiences of the participants who are exposed to the phenomenon of parental alcohol abuse, it may be possible to transfer or generalise this study's findings to similar settings in which researchers may work. Direct quotes from the interviews with these participants are also included which make it easier for other researchers to determine whether transferability will be possible.

3.6.3 Confirmability

This refers to other's agreement with or whether the findings of the study can be confirmed (De Vos 2005:347). Rereading the interview transcripts repeatedly to check for over arching themes or for themes that contradict those that were identified ensures confirmability of the researcher's findings. Nieuwenhuis (2007:114) suggests the use of

stakeholder checks by asking participants to verify the analysis and conclusions reached. Respondent validation as Leedy and Ormrod (2005:106) suggest or stakeholder checks involved the researcher taking her conclusions back to some of the participants and asking them if they agreed with her conclusions and whether these conclusions made sense based on their own life experiences.

3.6.4 Dependability

This refers to consistency of findings, in other words, if the same procedure was to be repeated similar results would be obtained (Maxwell 2005:106). According to De Vos (2005:346), to help determine consistency of findings the researcher must describe the context and circumstances fully and explain the data collection process and analysis clearly. The data will be thematically analysed as presented in Chapter 4. The analysis will help address the dependability of the findings. Some participants were also approached to read their interviews and to check that the researcher's interpretation of them were dependable. Objectivity in the analysis of the data and the reporting of the findings is critical to qualitative research (Creswell 2003:195). The researcher stopped the interview process after interviewing seven participants as she was now assured that data saturation was reached which indicated dependability of her findings. Some participants were also approached to read their interviews and to check whether they agreed with the findings that were reached by the researcher.

Validity or trustworthiness in qualitative research is implied by how accurate the findings are as determined from the researcher's, participant's or the reader's perspective (Creswell 2003:195). By adhering to the above steps the researcher hoped to achieve validity or trustworthiness of her findings.

3.7 ETHICAL MEASURES

This section discusses ethical considerations and measures that were applied to this study.

3.7.1 Ethical considerations

Ethical considerations in social research obliges the researcher to 'conform to the standards of conduct of her profession' (Babbie 2007:62) first and foremost by respecting the 'rights, needs, values, and desires' of her participants (Creswell 2003:201). Furthermore, the researcher is bound by the Ethical Policy of the University of South Africa and the Ethical Code of Professional Conduct as laid down by the Health

Professions Council of South Africa to conduct research in an ethical manner. The Ethical Code sets out ethical principles and rules of ethical conduct.

According to Leedy (1993:129) a summary of a professional code of ethics indicates the following ethical considerations that should govern any qualitative research. It should be noted that only ethical considerations pertinent to this study are mentioned:

- The researcher must maintain scientific objectivity;
- The researcher should recognise the limitations of her competence;
- Every person is entitled to the right of privacy and dignity of treatment;
- All research should avoid causing personal harm to subjects used in the research;
- Confidential information provided by a research subject must be held in strict confidentiality by the researcher;
- All participation is to be voluntary;
- Participants have the right to withdraw their participation at any time with no consequences to their withdrawal;
- Research findings should be presented honestly, without distortion;
- The researcher must not use the prerogative of a researcher to obtain information for other professional purposes;
- The researcher must acknowledge all assistance, collaboration of others, or sources from which information was borrowed from others;
- The researcher must not accept any favours, grants or other means of assistance that would violate any of the ethical principles set above.

Since children or even adolescents are not always able to evaluate for themselves what participation in research will mean, the researcher met with the adolescents and their parent/s to explain fully the ethical measures outlined below that would guide the empirical investigation. All concerns raised by the participants and their parents were addressed at that discussion. Owing to the sensitive nature of this topic, the researcher continuously bore in mind her moral and ethical obligation to conduct the interviews with due concern for the dignity and welfare of her participants. Participant confidentiality and the protection from any harm to participants were assured.

3.7.2 Further ethical measures applied

Further ethical measures in the present study took the following form after all participants were briefed on the nature of the study:

- informed consent from the parents of the adolescents who participated in the study was sought (see Appendix D);
- informed consent from the participants themselves concerning the nature of the study and their voluntary participation in it (see Appendix E);
- protecting vulnerable research participants - the researcher informed participants in advance of the potential effect that the revelation of intensely personal experiences to a stranger may have on them, such as mental or psychological discomfort or harm to their self-image. In such an event they could terminate their participation immediately with no penalty or accept counselling;
- all participants were assured of their right to privacy and that the nature and quality of their interaction and performance would be treated as strictly confidential. Their identities would be protected by the use of numbers and all identifying details linking them to the research would be removed;
- the findings of the empirical study will be reported to the participants in an honest manner (Leedy & Ormrod 2005:107; McMillan & Schumacher 2001:196-199). This was done at the end of this study;
- permission was also sought to tape record the interviews. Verbatim transcriptions and written interpretations and reports would be made available to participants before publication of the study.

3.8 CONCLUSION

In this chapter, the researcher discussed and motivated the use of the qualitative research design with a phenomenological orientation within the anti-positivism paradigm. Data collection, sampling and data processing and analysis were discussed fully. Details of ethical issues and ethical measures relevant to this study were addressed in depth largely because of the sensitive nature of the phenomenon being studied. The researcher is also of the belief that respect for her participants should always be a priority.

In Chapter 4, a discussion of the results is presented.

CHAPTER 4

DATA ANALYSIS AND DISCUSSION OF RESULTS

4.1 INTRODUCTION

This chapter focuses on the findings of the empirical investigation with regards to the experiences of adolescents who are exposed to parental alcohol abuse. The findings are categorised into rich themes that emerged from the interview sessions. They are discussed and justified by the literature studies.

The next section is a brief overview of how the sample was realised, a detailed explanation of which was given in Chapter Three.

4.2 REALISATION OF SAMPLING

The seven adolescents who participated in the study were accessed using the convenience sampling method (see 3.4.1). Their participation was voluntary and was preceded by written consent of either parent. All the interviews were tape-recorded in the researcher's office which was considered appropriate due to its complete privacy (see 3.3.1). This proved to be extremely successful since, initially, the participants were clearly uncomfortable about being interviewed. Assurances from both the researcher and the parents put the participants' anxieties to rest.

The table below contains relevant biographical information on each of the participants. To maintain the anonymity of the participants, the researcher labelled the participants numerically.

Table 4.1 Background information on participants

Participant	1	2	3	4	5	6	7	Total
Age:								
16		x				x		2
15	x							1
14			x					1
13				x	x		x	3
Grade:								
11						x		1
10	x							1
8		x	x					2
7				x	x		x	3
Gender:								
Male		x	x		x			3
Female	x			x		x	x	4
Primary school learner								
				x	x			2
Secondary school learner								
	x	x	x			x	x	5
One alcohol abusing parent								
	x	x	x		x	x	x	6
Both alcohol abusing parents								
				x				1
Presently alcohol free								
					x			1
Dad's employment:								
Employed				x	x	x	x	4
Self-employed	x	x	x					3
Mum' Employment:								
Employed	x		x				x	3
Unemployed		x		x	x	x		4
No. of siblings:								
2	x	x	x	x	x	x		6
3							x	1

The data collection method, which was fully expounded in Chapter Three, is brief presented below.

4.3 DATA COLLECTION

Data were gathered from semi-structured, open-ended interviews which were conducted with the seven participants, each lasting approximately 60 minutes. The aim of the interviews was to answer the research question: **How do adolescents experience alcoholism in their families?** All the interviews are presented in Appendix C. Observational notes on participants' non-verbal language and reflex records about the researcher's tentative interpretation of the interviews also contributed to the data collected (see Appendix B). The codes used to indicate the themes that emerged from the interviews are listed in Appendix G.

In the following section, an analysis of the data, as related to significant themes, is discussed.

4.4 DISCUSSION OF RESULTS

The discussion that follows is a narrative analysis of the themes that emerged from all seven interviews. This discussion is a presentation of the participants' experiences with regard to their parent's abuse of alcohol. The themes are first grouped together under the broad headings of over-arching themes which are further divided into sub-headings for a more detailed presentation. After this general discussion covering all the themes gleaned from all the interviews, the chapter concludes with the findings from the interviews. The purpose of this conclusion is to determine the vulnerability of these participants as a result of their experiences with parental alcohol abuse.

Four of the participants in this study are in the early stages of adolescent development during which rapid pubertal changes are taking place and three participants are in middle adolescence when pubertal changes are now nearly complete (Berk 2007:362). This is a significant observation since the biological, cognitive, social, and emotional changes that adolescents experience impact in some way or the other on their behaviour, development and on their relationships (Lerner & Steinberg 2004:33).

The phase of adolescence itself may be experienced as a complex, sometimes confusing, and even an anxiety provoking period (De Guzman 2007b:1-2) thus increasing adolescents' vulnerability to adjustment problems. This was clearly evident during the interview sessions. The negative effects associated with parental alcoholism during this sensitive period in adolescents' lives may place them at a greater risk for adjustment problems. The section that follows is a presentation of the themes that emerged from the interviews. A summary of the themes from the interviews is first presented in table 4.2 and

then a detailed discussion of the themes with pertinent quotations as well as substantiation from the literature follows.

Table 4.2 Themes from the interviews

Over arching themes	Themes
Support structures	External support structures Internal support structures
Home and family	Atmosphere in the home Violence Stability of the family Having both parents abusing alcohol Financial constraints Types of parenting and monitoring of behaviour Roles in the family Rituals in the family
Externalising and internalising effects	Externalising (behavioural) problems Internalising (emotional) problems <ul style="list-style-type: none"> • Emotional withdrawal • Depression • Self-consciousness • Embarrassment • Trust • Denial of feelings
Academic impact	Positive impacts Negative impacts
Self	Self-perceptions
Belief system	Belief in a higher power Empathy for others Problem solving Future orientation Positive attitude

4.5 DISCUSSION OF THEMES

In analysing the experiences of the seven participants in the study, the researcher considered the effects of these experiences on the individuals' relationships with themselves as well as with significant others and others outside of the family. The effect of these experiences on their self-development was also considered. A discussion of the identified themes follows:

4.5.1 Support structures

Having a good network of support structures within and outside the home helps protect children from adverse life experiences such as the negative impact of parental alcohol abuse.

4.5.1.1 External support structures

Steyn (2006:49) identifies external support systems as an invaluable source of giving adolescents a sense of meaning and an internal locus of control or a belief system by which to live. These systems do this by rewarding adolescent's abilities and skills. They also buffer adolescents against stress and help them develop a sense of autonomy.

Of the seven participants, five display a vulnerability to the detrimental effects of parental alcohol abuse. They appear to be overwhelmed by their experiences as reflected in their behaviour. While the two participants who appear to be non-vulnerable could turn to external support structures as in the Ala-teen group, an educator or in the youth group at church, the other five had no access to such structured support outside of the home. Two participants confide in same-aged peers whose parents have divorced to know what life is like after divorce. The non-vulnerable participant gains much comfort from her neighbours whom she says, *"are like my other family (but) more understanding. I join the youth group at church. On Saturdays after youth we have lunch and then go to the ice-rink"*. She goes *"on M-Xit"* and humours herself by talking *"to friends about boys, school or when we're going out"*. She talks to her *"cousins on the telephone. We have fun ... watch sport together..."* She has a sound support in these structures which helps her cope with her stresses in the home. Communicating with these structures helps *"take my mind off the problems"*. This finding concurs with the views of Richmond and Stocker (2008:231-240) who state that children seek social support and acceptance outside the family circle when it is lacking within the family. Another participant says, *"When I don't feel happy I talk to my ma'am (educator)"*. He experiences this educator's pastoral care as nurturing and empathetic which gives him the confidence to discuss his problems in an open forum in class *"because they all have the same problems...We are all kind (to each other). We get*

together and talk...we help each other...". This participant's educator is developing the social skills of her charges and especially the participant's. The findings by Blum *et al.* (2002:28-39) support the view that support systems such as coaches, educators and religious leaders foster a development of social skills which protect adolescents from rejection from peers, abuse of substances and joining deviant peers groups. Another participant says, *"My friends... all have different problems... we are close and (share) our problems. My friend tells me how he lives without his father (who died)."* Sharing of problems helps one to be empathetic towards others' plights as is noticed in these participants. This is in accordance with the view of Gowers (2005:6-9) who states that it is important for COAs to connect with other support structures which will provide them with an alternative set of values and an opportunity for them to develop social skills.

Five of these seven participants have spoken about their problems to only their best friends and showed anxiety about talking to others for fear that their problems will become public knowledge. One participant says that they are instructed by the drinking parent *"not to talk to anyone outside the home on what happens"*. This finding coincides with the findings of Kroll (2004:129-140) and Lambie and Sias (2005:266-273) who agree that the 'family secret' is preserved at 'all costs' and that the 'don't talk' rule applies. In effect, these children become cut off from friends or caring adults outside the family who may be an invaluable source of support to them at critical times in their lives when there is no one at home to whom they can turn. Of the remaining two participants, one says that he *"doesn't talk to anyone outside the home, and says, "I just keep it to myself."* A similar situation exists with the other participant. These two participants do not seem to have the unconditional support of significant others within the home or outside. It is possible that in seeking social support they may venture out of the home and become easily initiated into deviant peer groups. This finding is confirmed by the studies of DrugScope (1999); Ohannessian *et al.* (2004:519-533) and Richmond and Stocker (2008:231-240) that COAs are likely to befriend deviant peers or begin using substances at an early age in their quest for social support and acceptance. It was found that these two participants are largely unsupervised when they leave their homes thus exposing themselves to the negative influences in their communities such as substance abuse and deviant peer influences.

4.5.1.2 Internal support structures

Saatcioglu *et al.* (2006:125-132) are of the opinion that the home paves the way for healthy socialisation outside the family unit. Internal support systems therefore complement the adolescent's external support networks which when combined, helps the

adolescent develop into a responsible member of the family and society. In this study, the two participants who appeared to be non-vulnerable could also turn to their mothers in times of need. One says, *"I tell my mother all my secrets."* She places great value in having an open relationship with her mother and says, *"a mother is someone you must be able to say anything to (or) something is wrong."* The other says, *"My mother understands (me)... unlike my father."* The other five participants do not confide in their non-drinking parents while one may confide in his mother but says that although *"my mother understands me ... she works long hours ... and is often tired..."* He is careful not to *"irritate her."* One says that she speaks *"to my sister or to my granny (who lives with her)"*. Another says that he may tell his adult sister who lives with him. This participant appears not to have anyone to confide in or turn to in times of need. No participants stated that they would approach their alcohol abusing parent in times of need. The comment *"When he drinks he doesn't worry about us"* echoes the sentiments of all the participants on their drinking parents' availability to them. This will affect their formation of secure emotional attachments with their parents. Thus lacking open, secure emotional relationships with both parents, as noted in five participants, affects children's self-worth which affects their self-concepts. One's feelings of self-worth and a positive self-concept form the basis for a stable identity.

This finding was supported by studies done by Blum *et al.*(2002:28-39), Gowers (2005:6-9), Lessing and Jacobs (2000:76-87), and Steyn (2006:49). These researchers confirm that as children venture out into the world, relationships outside of the home provide them with opportunities to evaluate their various identities, such as that of a learner, a sibling, a friend or even that of a COA. The stresses that are associated with parental alcohol abuse are likely to cause COAs to doubt their self-worth resulting in a poor self-concept. As one participant says, *"My father came to school and swore the teacher. My name went down. They used to think I was a good child. Now they say that I come from a bad family."* This participant evaluates his self-concept according to his educators' opinion of him based on his father's drunken behaviour at school. He therefore believes that his educators' perception of him is not a good one. This experience has impacted on his learner identity. However, fortunately for him, the nurturing support that he receives from his form teacher may help protect him from the long-lasting effects of the experience. This view is supported by Saatcioglu *et al.*(2006:125-132) who state that when the home fails to provide children with adequate nurturing to facilitate their socialisation, healthy relationships outside the home may impact on their development as responsible members of family and society. Support from external sources will assist these children or adolescents to negotiate healthy identities. Therefore relationships with responsible and

caring community members as in coaches, religious leaders, peers and educators (Blum *et al.* 2002:28-39) are important. Davey *et al.* (2003:347-362) notes that a positive self-concept results in positive feelings about oneself, about significant others, about one's social environment and about one's ability to deal with challenges and to control what happens to one. Possessing such attributes paves the way for the individual's self-actualisation i.e. becoming what one can become, wants to become and should become (Roets 2002:27).

From the above discussion it can be noted that the most prominent feeling experienced by the participants in the study is their need to be understood. It appears that this need is not fulfilled in the home neither are these participants able to reach out to outside structures due to their feelings of shame, embarrassment and fear about talking freely to outsiders. They are therefore effectively isolated from possible sources of support that may promote their resilience in these embattled times.

4.5.2 Home and family

The experiences in the life-world of the child emerged as the most important theme impacting on how adolescents experience parental alcohol abuse in their homes.

4.5.2.1 Atmosphere in the home

All participants experience a feeling of light-heartedness and happiness when their alcohol abusing parent is away from home or asleep. Comments such as *"The atmosphere is better when he's sleeping or not at home ... everyone's close together, we laugh, we joke, we have fun at home but not with my father around... we do not like to be around him when he's drunk We got to be careful about what we say, he thinks we're talking about him. He just gets angry,"* and *"My parents are always angry at each other. It's like a dead atmosphere..."*, and *"It's very quiet ... peace ... he's not there so I'm happy. We laugh more, we play"* were frequently reported by participants. These findings are consistent with the views of Hall (2007:49-54); Richter and Richter (2001:182-194) and Smith (2004:3-11) that COAs experience impaired emotional functioning due to tensions in family relationships (Collings 2006:8-11) caused by adverse conditions resulting from parental alcohol abuse.

4.5.2.2 Violence

In the main all participants were witness to some form of family violence while three were victims of it. Participants state, *"He hits my mother by punching her in her face. She was hurt badly...her face was blue,"* and *"He hit her off the computer ...was strangling her on*

the bed...I stepped in to help my mother. He hit me against the door. My father wanted to kill my mother" and *"we can hear the slaps... breaks down stuff,"* and *"he hit me badly"*. All participants report that their families are also subjected to verbal abuse by the drinking parent. Family violence destroys close bonds between and among members. This is illustrated in comments from participants such as *"I don't know who my father is anymore"* and *"...you wished he weren't your father..."* and *"... (we were) not like father and son..."* Another participant explained, *"... it feels like I lost my father to alcohol. (It's like) we are not his children and that's not his wife ... he doesn't even worry (about us)"*. She also expressed a learned helplessness when she says of the violence, *"We can't do anything (as) he'll turn on us."* These findings are supported by the studies of Ali and Munaf (2006:17-27) and Ungar (2004:23-42) who state that an acrimonious home atmosphere interferes with harmonious living exacerbated by both verbal and physical abuse. They add that when parents do not function in harmony or in unison, they affect the way the other members respond to one another. These children also model parent's responses to situations in the family as one of the mothers also displayed a learned helplessness to the violence. Therefore family cohesion and the psychosocial condition of parents are important in negating the effects of a negative climate in homes.

The most common feeling conveyed by these participants is the loss of a nurturing and warm home as they experience it in their drinking parents' violent behaviour towards the other parent and towards themselves.

4.5.2.3 Stability of the family

These participants' families are threatened by abandonment by their mothers in the form of divorce, running away or suicide ideations. The participants themselves express their anxieties in comments such as, *"I feel sad and confused,"* and *"I thought it (divorce) was a good idea at first but...I worry... my father will just be on the street. He has nowhere to go to... my mother says she wants to ...separate or run away,"* and *"My mother wants to kill herself"*. When children feel threatened by divorce, separation or suicidal ideation from parents their emotional security is threatened. This is likely to lead to social, emotional, behavioural and academic problems in these children. This finding is supported in studies by Ali and Munaf (2006:17-27) who confirm that an atmosphere of continual quarrels, emotional turmoil and threats of separation with contemporary reconciliation affect children's emotional stability. Dass-Brailsford (2005:574-591) point out that when non-alcohol-abusing spouses show resilience by remaining competent as parents despite their stressful and difficult life circumstances, COAs are protected from adjustment problems.

Unfortunately for these three female participants their mothers' threats of divorcing, running away or committing suicide only intensify their distressful circumstances.

4.5.2.4 Having both parents who abuse alcohol

A participant in the early phase of adolescence is faced with immense emotional turmoil as she searches for answers to her mother's decision to divorce at this point in the family's life. She questions herself "*How could this happen? She never said she was going to divorce him (previously)*". Her thoughts about the divorce are so intrusive that she "*lashes out and asks to be left alone. I get annoyed because ...I'm always thinking about it (divorce)*". According to her mother she displays behavioural problems by being "*stubborn and argumentative*". Her emotional problems are reflected in her constant worrying about the problems at home and worrying about life for all after the divorce. This leaves her "*confused as I'm trying to think about everything at once*". The divorce in this case is the direct result of the violence against her mum which results when both her parents are drunk. She says of them, "*They start drinking at...6 o'clock.*" In a troubled tone she adds, "*... all of a sudden something starts it (the fight). I don't know how... or what...*" Her behavioural and emotional response is in keeping with the findings of Ge *et al.* (2006:404-414) and Dogan *et al.* (2007:335-349) who stated that while fathers' drinking was related to behavioural problems, mothers' drinking was related to emotional problems. Her exposure to alcohol abuse from both her parents as well as being in the early phases of adolescence makes her vulnerable, thereby placing her at a greater risk for adjustment problems.

4.5.2.5 Financial constraints

When financial resources are depleted in the family, adolescents' socialisation is affected and they fear the stress of poverty. Some participants express their views in comments such as "*If there's no money and my friends ask me to go out with them I just say we're going elsewhere,*" and "*I like brand name clothing but I am satisfied with anything that looks good,*" and "*(If they divorce) and my father (doesn't) give us money it's going to be hard. My mother gets less pay*". These views are supported by Maton *et al.* (2004:140-141) and Berk (2007:418), who state that financial deprivation affects adolescents' social environment, resulting in their withdrawal from social contact. This may cause further distress in the lives of COAs as being part of the 'in crowd' is crucial for the development of their social concepts.

4.5.2.6 Types of parenting and monitoring of behaviour

Four participants are exposed to harsh, inconsistent parenting and others experience permissive parenting. It is not uncommon for alcohol abusing parents to lack warmth, consistency and understanding when interacting with their children. These participants say, *“He’s very strict and stern”* and *“He picks on us all the time... everything is a problem to him,”* and *“you don’t know what to expect from him... sometimes he’ll ...laugh ... with us, and ... if we don’t say hello (immediately) it’s a problem,”* and *“I don’t think he appreciates us ... he expects more from us,”* and *“He just hits us, swears us,”* and *“He does not understand that as a teenager (I) like to spend time with my friends or go shopping. He’ll just ruin everything... just gets crushed. He hit me for being with my neighbours”*. Warm, authoritative, understanding parenting of which these adolescents are deprived is effective in fostering feelings of acceptance and feelings of importance in children. This view is confirmed by Keller *et al.* (2005:943-951) who found that alcohol abusing parents use harsh, authoritarian or permissive parenting styles. Two of the participants are poorly monitored and are subjected to permissive parenting. Both preferred to be *“out of the house”* because of the *“swearing”*. These participants’ whereabouts are largely unsupervised. Their parents do not know where they are at most times. One says that he can be anywhere, *“playing soccer, going to the shop, looking after his cousins or playing at his granny’s games room”*. The other says that he goes *“fishing on my own (for) two or three nights. I’m alone. Sometimes I go with my friend,”* and *“I don’t like to stay in the house...to be free (of) him. I come home late”*. These participants clearly demonstrate a desire to be out of the home which makes parental monitoring difficult. These views are supported by Berk (2007:413) and Parker and Benson (2004:520-530) who reinforce the idea that parenting that is warm and involved makes monitoring of adolescent activities easier which in turn is perceived as acceptance by adolescents. When adolescents are effectively monitored they tend to display lower levels of externalising behaviour and initiation into deviant peer groups becomes less of a threat. These participants have also displayed behavioural problems like disobedience, hyperactivity and impulsivity. This finding is supported by the findings of studies by Ge *et al.* (2006:404-414); Ohannessian *et al.* (2004:519-533) and Ritter *et al.* (2002:113-122) that disobedience, aggression, truancy, hyperactivity and impulsivity are problems experienced by COAs.

The above discussion clearly indicates that the three male participants deal with their frustrations by leaving home perhaps to ‘cool off’. The female participants display internalising behaviour such as anger.

Effective parenting thus has far reaching benefits. It also improves parent-child relationships, fostering children's mental and emotional development leading to greater intrapersonal and interpersonal satisfaction (Berk 2006:568; 580). Furthermore the reduced levels of warmth, cohesion, direct communication and anger that prevail in these participants' homes are not conducive to natural, smooth flowing family discussions nor do these children feel accepted by their parents.

4.5.2.7 Roles in the family

Several participants found themselves playing the roles of the caregiver and the responsible one/hero. Their most popular experiences were:

- being strong *"for my little brother ... he's disturbed..."*
- being worried *"about everyone in the family ... I'm thinking about everything at once ... how will things be ... my granny is sick ... My little brother is disturbed. I have to help him through this"*
- caring for *"my little brother when he cries by taking him to bed."*
- pacifying her sibling *"when he's frightened"*
- watching over *"both my parents...my mother says she wants to kill herself...My father can do anything in his state"*
- playing with her sibling *"to get his mind off things"*
- grooming her younger sibling – she *"... drills it into him (not) to be like my father ... he may think that it's right to abuse his wife or girl friend"*
- instructing her father *"not to leave the house again"* after being involved in a drunken brawl
- worrying over others and not themselves.

Many of these participants also play the role of placators out of the home. They seem to attract friends who seek them out for comfort in times of trouble. Their most common experiences as placators are helping others in times of need:

- *"I go out of my way to help. People feel that they can tell me their problems"*
- *"I advise them to pray a lot ...express your troubles on drawings...focus on becoming a better person"*
- Of her father, one of the participants says, *"I can't see him lying like that... I attend to him. My sister says leave him to die."*

All of these participants display a sense of altruism and empathy for the suffering of others despite their own set-backs in life due to their parents' drinking. These are admirable qualities. However in focusing on the needs of others they are sacrificing their own needs

at this critical phase in their development. Godsall *et al.* (2004:789-809) warn that when these roles are played at inappropriate ages, COAs feelings of self-worth are undermined which interferes with the child's mastery of developmental skills appropriate at each stage. One participant's pre-occupation at this stage in her life (early adolescence) is on age-inappropriate family concerns which is preventing her from and depriving her of opportunities to answer the question "Who am I?" She says, "*I'm confused, lost. I don't understand my life.*" Taking on roles at appropriate stages in one's life and achieving success at them builds one's self-concept and contributes to the development of one's identity. Erikson views identity development as a major personality achievement of adolescence which is crucial towards becoming a productive, happy adult (Berk 2007:17). These participants therefore are at risk of forming unstable identities. Gavriel-Fried and Teichman (2007:83-95) and Goldblatt and Eisikovits (2005:644-657) conclude that age inappropriate roles that are extended from the family context into adulthood may eventually lead to problems in the individual's interpersonal and intrapersonal relationships.

4.5.2.8 Rituals in the family

In alcohol-abusing families disruptions of family routines, instability and disorganisation are common as indicated in research by Burnett *et al.* (2006:181-187), Haugland (2005:225-241), and Maton *et al.* (2004:140). Drinking fathers were found to no longer participate in family activities or when they did, they spoiled the emotional climate of these activities causing embarrassment for the family. Rituals are important in establishing a family identity and a sense of belonging. In this study it was disturbing to note that for six of these participants, rituals and routines have been abandoned due to alcoholism in their families. Their views are best encapsulated in these comments: "*We used to sit together outside, have fun ...playing volleyball or cricket... going to the beach now means to have drink with him. Shopping used to be a family event. Now the family does not eat together, nor at a set time*", and "*He gets angry easily and swears. The other fathers there don't behave like that.*" They have added that they preferred their drinking parents not to accompany them on outings due to their (parents') inclination to spoiling the fun and causing an embarrassment to them.

Only one of the participant's family adheres to rituals, routines and activities. They celebrate birthdays, go out for supper, exchange gifts at Christmas time, and they celebrate Easter and Diwali, a Hindu festival. The family has supper together when her dad is home early and "*he prepares Sunday breakfast ... the whole family joins in.*" Her

father takes them to the beach. She experiences this as extremely positive. This appears to be the only protective factor in her life.

4.5.3 Externalising and internalising effects

All participants showed some form of externalising and internalising behaviour problems. This section expands on these behaviours as experienced by the participants.

4.5.3.1 Externalising (behavioural) problems

Participants have shown emotional-out-of-control behaviour by becoming “*stubborn or argumentative, angry, upset*” or becoming defiant, displaying impulsivity or dishonesty, or becoming violent. In displaying these types of behaviour they indicate their frustration at their circumstances. When asked to do something one participant retorts to his father, “... *what do you live here for, just to eat and sleep?*” Another says, “*When he asks me to do things... I just don't do it.*” Two of the male participants may leave home without parental knowledge or consent. One says, “*If I had a chance I'll run away*”, while another displays extreme impulsivity and hyperactivity when he says, “*I just can't sit still.*” It was noted that this participant was easily distracted throughout the interview and impulsively jumped up to leave when he thought that the interview was over. A female participant allowed herself to be involved in a dishonest act of previewing examination papers before they were written. Although she acknowledged the wrongness of her action she does not accept full responsibility. She says, “*I know it was wrong but X showed (me) the papers... to win (my) friendship*”. Another participant says, “*My body became hot... I was angry... I hit him.*” Many of the participants preferred to isolate themselves from the rest of the family or withdraw from social contact by “*going to my room*” or “*being by myself*” when they were upset. The participants' experiences are in accordance with the views of Ohannessian *et al.* (2004:519-533) and Ritter *et al.* (2002:113-122) that physical aggression, lying, disobedience, juvenile delinquency, substance abuse, conduct problems, hyperactivity and impulsivity are some of the behavioural problems displayed by COAs. However, this study does not confirm the use of substances or delinquent behaviour by COAs.

4.5.3.2 Internalising (emotional) problems

The following emotional problems, such as emotional withdrawal, depression, self-consciousness, embarrassment, trust, and denial of feelings, were displayed by many of these adolescents:

■ Emotional withdrawal

Five of these participant's stressful life experiences cause them to withdraw emotionally. They experience internalising problems such as becoming fearful, sad, angry and frustrated. They say, *"I become scared... I don't know what to expect"* and *"I cry I just run to my room... fall off to sleep,"* and *"I just stay quiet because my mum knows we must agree with him or there will be a fight"* and *"We are like his audience, we can't leave..."* Three of the female participants are possibly displaying emotional difficulties such as depression and anxiety.

■ Depression

When children feel overwhelmed and trapped by their negative experiences it is inevitable that they will experience feelings of depression. These participants reported feeling sad and depressed. Two of the younger adolescent females became emotional during the interview as they were recounting their difficult experiences. At the end of the recorded interview these participants were given the opportunity to discuss their emotions and the events that triggered them in greater depth. A pervasive tone of sadness was detected in their voices during the interviews. Expressions such as *"How could this happen to me?"* and *"my father ... to realise that he has a family ... the bars are his family,"* and *"they keep pushing me off..."* and *"(I) feel depressed,... bad... can't think about anything else ..."*. are just some of the comments noting their feelings of depression. These participants' experiences are in accordance with the views of Parsons (2003:1-3) about COAs experiencing emotional difficulties such as depression.

■ Self-consciousness

One of these participants does not fit in with same-age peers at school. She feels conscious about her physical appearance and her intelligence. This implies that she is isolated from the 'in crowd' at school. Saatgioglu *et al.* (2006:125-132) report that when adolescents face adjustment difficulties they are prone to somatic and socio-emotional problems in their school life. This could possibly be the consequence for the participant who is referred to as a *"nerd"*, *"big mama"* and *"fatty"* by her peers due to her intelligence and size. She also adds that her confidence and self-image are influenced by what they say about her, *"This puts me down. I believe (them) I (also) say I'm ugly."* She also adds, *"Look at my hair"*. All these comments about herself make her feel self-conscious and out of place among them. Parsons (2003:1-3) supports the view that emotional difficulties such as depression, low self-esteem and anxiety manifested itself in behaviour such as wanting to be by themselves and being excessively self-conscious. This participant, who

is in the phase of early adolescence, displayed a variety of emotional problems as listed above.

■ Embarrassment

Six of the seven participants confirmed their feelings of embarrassment over the parent's alcohol abuse as the reason for their not bringing friends home. These participants also made some reference to the schools not being aware of their problems at home. One participant, however, reports that his educators said that *"he comes from a bad family"* saying that his father *"is a drunkard"*. This saddens him and has affected his reputation. It concerns him that they no longer *"think I'm a good child"*. However his close bond with his form teacher helps him cope with the other educators' rejection of him. Other pertinent comments from participants were, *"At school, my family is the perfect family. I don't want them to ... see what's really happening. (Her father's) screaming, crying and blasting of the music ... the neighbours can hear,"* and *"I wouldn't like to bring friends home ... it's embarrassing... he pinches my face... treats me like a baby... he acts silly uses bad language,"* and *"The neighbours hear and laugh, when he scolds me"*. When socializing with other families she says of her father, *"He's not fun when ... drunk ... gets angry very easily, swears a lot. It's embarrassing. No one else is behaving like that. You wish he wasn't your father."* These are all sources of embarrassment to these participants. Their feelings about their fathers' demeanour when they are drunk are in accordance with the findings of Ali and Munaf (2006: 17-27), Kroll (2004:129-140), Lambie and Sias (2005:266-273), and Malpique *et al.* (1998:42-46). As a result, other systems such as schools, other families and health care agencies are kept out, preventing any form of intervention. Hence COAs suffer in silence and become unnoticed (Lambie & Sias 2005:266-273).

■ Trust

Their experiences within the family, as a result of their parents' drinking, also affect their trust in others outside of the home. All report that they will not freely discuss their problems with others. One participant adopts a fatalistic attitude when she says that she *"finds it hard to ... trust...everyone's out to hurt me"*. Another says that she feels let down by her dad because of *"broken promises to stop drinking"* and acknowledges that *"I trust only my friend [whom she confided in] ... but adults I don't trust"*. She however has no trust in her same-aged peers at school because *"they do not keep secrets"*. To reinforce the assurance of confidentiality, this participant was assured again by her mother, in the researcher's presence that she could speak freely about her experiences with no fear of reprisals. She was also re-assured by the researcher. Another participant is so deeply

affected by her experiences at home that she says, *"I don't know if I must tell them (what's) bothering me. I don't know who to trust anymore."* She therefore adopts an isolationist approach to life - *"I go into my room and read"*. Another participant says, *"I like to be by myself. It's better."* This participant takes all his meals in his room. These participants display insecure emotional attachments with significant others, which in the long term, will affect their ability to form intimate relationships. These views are consistent with the views of Kroll (2004:129-140) and Lambie and Sias (2005:266-273) who believe that a lack of trust lowers one's self-esteem, shatters one's confidence and affects interpersonal and intrapersonal relationships.

■ Denial of feelings

Barnett (2003:467-472) suggests that when children discuss their parents' drinking outside the home it is viewed as an act of betrayal or disloyalty. The negative effect of this is that they are forced to deny their feelings. This was noticed when some of these participants initially responded to the question of how they experienced their parent's drinking with comments such as *"He doesn't drink a lot,"* or *"Not all the time"*. The researcher then used sensitive and subtle probing to elicit more detailed responses which revealed the intensity, frequency and the damaging effects of the alcohol abuse on these participants. A participant who spends his free time in the afternoons and over weekends delivering newspapers is perhaps avoiding confronting his feelings regarding his father's drinking. The time spent in this job after school and over weekends also takes away time that he could spend with his family and, of the time that he is left with, he prefers to be out of the house or on his own. His isolation from his family is in accordance with the findings of Walker (2002:1-3). Walker identifies the child who withdraws from family activities as the 'lost child' and who has valuable insights about how the family functions. This participant's non-elaborate responses during the interview are perhaps in accordance with what is stated in the literature that the lost child 'sees much more than he is willing to vocalise'. Another early adolescent participant who feels emotionally abused by her father when he wrongly accuses her and her mother of *"jollyng with"* other males says that she would *"rather keep quiet for peace or just say yes,"* after her repeated attempts to explain herself have failed. She is full of 'bottled up' anger and frustration towards her father when she says that *"He is horrible and cruel"* for thinking this way and for badgering her with these accusations. She also adds, *"We just have to play along"* (with whatever her father says or how he wants her to feel). She says that *"if we act angry or upset and he asks what's wrong ...we don't know what to say, we have to lie ... I'll just say nothing's wrong and he'll just leave me"*. This participant has also practised a denial of her true feelings in other areas of her life, for example, in school. If her educator accuses her of doing

something wrong when she is not, she agrees for fear of being thought disobedient and “rude for standing up to the teacher”. She admits that she is “*scared and not sure of how to react*”, a learned response that she has adopted through repeated exposure due to her father’s inconsistent moods. Another younger adolescent female says that although everyone in the family is scared when her father is drunk nobody shows it or says anything until the violence erupts and all withdraw to be by themselves. She is also afraid and angry but does not discuss her feelings. Thus she takes the cue from other family members not to acknowledge exactly how they feel. Another says, “*He accuses us of (diluting) his alcohol...we just keep quiet as he doesn’t believe us.*” These experiences are consistent with the findings of Barnett (2003:465-472) and Lambie and Sias (2005:266-273) who report that children in such families are forced to deny their feelings. The most prominent feeling expressed by these participants is that of anger and fear which they are forced to ‘bottle up’. Their continued suppressing of their intense negative emotions such as their anger will affect the psychological well-being of these participants.

These participants’ most common feelings were of sadness, fear, hurt, anger, depression, disappointment, confusion, feeling overwhelmed and lost, and lack of respect for their drinking parent. These participants became stubborn or argumentative. All the female participants began crying while some of the males and all the females, except one (only because her father won’t allow her to be on her own in her room), withdrew from social contact. All of these behaviour patterns, i.e. withdrawal from conflict, decreased communication, impulsive behaviour and difficulty in family relationships, have been confirmed by studies conducted by Richter and Richter (2001:182-194), Parsons (2003:1-3), and Anda *et al.* (2002:1001-1009). Hall (2007:49-54) and Smith (2004:3-11) reinforce these findings by their findings that COAs are vulnerable to impaired emotional and behavioural functioning.

When children’s emotional resources are continually taxed their feelings of self-worth are also affected. This furthermore affects their self-concept which influences the way in which they deal with life’s challenges and the control that they have over events around them. These children feel powerless and are unable to plan and to set personal goals (Davey *et al.* 2003:347-362).

4.5.4 Academic impact

Two major issues evolved from this theme viz. impact on school success and academic problems.

4.5.4.1 Positive impacts

Six of the seven participants value school and five of them achieve well. All these participants view school positively. Berk (2006:449) and Lopez *et al.* (2008:433-450) state that when individuals value school as a context for learning and enhancement of skills they achieve academic successes and experience a sense of belonging to school. These views are in keeping with the views of the six participants in the study. They convey their appreciation of school in their comments on their academic achievements and in their relationships with their educators and/or their school. Examples of such comments are: *"I'm good at orals teachers rely on me to do things for them,"* and *"I am an 'A' student ...,"* and *"I'm a bright student ...,"* and *"My teachers say I am hard working,"* and *"My Science teacher says I am smart (and insisted) I enter the Science Olympiad"*. One of the participants said that they (educators) have *"written good opinions about me"* and they have every confidence in her that she will not let the name of her school down. They say to her *"... mustn't be raw because my friends are... and I'm hard working"*. Four of these participants appear to be positively motivated by their educators. Walker (2002:1-3) explains that some children of alcohol abusing parents excel at academics, athletics, music or the arts. He believes that this is their way of compensating for their alcohol abusing parent's behaviour. In this study, five of the participants comment positively on their academic self-concept. One participant demonstrates self-efficacy by saying that her success in school depends on her *"doing this for myself"*. Another participant says of school *"I go to learn"*. He also states that when he sees the *"other children sitting and smoking"* he prefers to be at school. To this participant, being in school protects him from becoming involved in deviant peer activities. Clearly he demonstrates a weak internal locus of control and therefore looks up to the school to shield him from these negative influences in his environment. The school then may serve as a protective factor to him.

All these participants were upbeat in their comments about school which contradicts the findings by the National Association of Children of Alcoholics (1998:1) that COAs lack cognitive and verbal skills and that their ability to express themselves is impaired. All of these participants expressed themselves well except for one participant who has a poor academic record. These findings also contradict the view of Roets (2002:23) who states that these children's low self-worth influences their academic self-concept as reflected in their intra-psycho dialogues. Most of these participants, although experiencing a low self-worth, demonstrated positive academic self-concepts.

4.5.4.2 Negative impacts

Two of these participants, however, also say that their fathers' drinking keeps them up until the early hours of the morning. One says, *"I go to sleep at 2 or 3 o'clock in the morning and get up at 6 o'clock. I don't concentrate in class ... my marks drop ... I don't go to school for a week or a couple of days at a time."* Another says that her father's drinking affects her in a way that it prevents her and her siblings from organising themselves for school the next morning. She says of herself, *"I'm disorganised for school and forget my files and projects. Sometimes (I) go to school without homework being done. (It is then) that "my teachers think bad of (me). They don't know what's the real situation."* These two participants, however, do acknowledge that they do well at school despite the disruptions to their studies caused by their fathers' drinking.

The participant who faces the possibility of failure views the lack of control and discipline in high school positively. He does not see school as a context for learning but as a place of freedom. He says of high school, *"You can do what you want without telling anyone ... like in class we play cards. He (the teacher) is doing his work."* He disliked primary school saying, *"We only (did) work there."* One gets a sense that his lack of appreciation for the academic value of school stems from his history of a poor academic record and that he possibly has no hope of passing this year. This participant also invests a great deal of energy and time in his part-time job in the afternoons and on weekends which leaves him with little or no time to consolidate his school work. His mother informed the researcher that *"he stays away from school when he feels like it"*. This finding concurs with Roets' (2002:23) view that playing truant, dropping out of school, repeating grades or being referred to social services further impacts on one's self-concept. This participant has been referred to the Education Department for academic placement when he was in primary school. His remedial or special class placement did not materialise due to 'administrative bungling'. Berk (2006:33) holds the view that adolescents with limited cognitive abilities may experience coping with stressful situations, as with parental alcoholism, challenging. This is possibly the case with this participant who may be struggling to handle his development or other stresses in his relationships and in his academic performance. Another participant has defaulted by not handing in tasks and homework regularly. Although his educators have asked for his parents to call at school, he told them that: *"My mother ... is working and my father can't walk up hills ... they (his educators) forgot about it."*

Roets (2002:23) and Steyn (2006:43) suggest that intelligence is linked to resilience which is linked to a good self-concept. Poor intelligence as reflected in repeated failure and

continuous poor grades at school should be linked to vulnerability which will affect one's self-concept. These characteristics are evident in the responses of these participants.

4.5.5 Self-perceptions

Very often children's self-perceptions and a search for identity become very painful issues. Children need the warm, nurturing support of significant others in this critical phase in their lives. These participants, however, far from feeling their parents' support and understanding, experienced a great deal of fear and anxiety over their drinking parents' inconsistent moods and behaviour as noted in their varied comments. They reported, *"When he (dad) likes to dance, I feel that everything's okay but all of a sudden he gets angry... can see the look on his face. Everyone's scared,"* and *"You don't always know what to expect,"* and *"I feel afraid ... all of a sudden my father will come in the room, and I think ... 'Oh gosh, what did I do now?' I'm not too sure how (to) react,"* and *"...it's like terror"* (being with her father). One participant uses powerful images to express her feelings. She feels shattered and aptly likens herself to *"a broken glass"*. She also feels rejected, misused and unappreciated by her family as noted in her description of herself as an *"apple with a piece bitten off"* metaphor. Her despondency was noticed in her tone of voice in the words, *"I feel broken.... Like someone just pushed... kicked me over (and) I broke. Nobody's worried (about) glueing me together... (I'm) just lying there"*. She looks up to significant others *"to 'bring the pieces of the broken glass together"*. Two of these participants who are in early adolescence reported feeling *"confused"* ... *"lost"* ... *"...I don't understand my life"*. Another participant expressed a sense of loss of his childhood when he commented: *"We could have had fun Gone on holidays (have) remembrances"*. His remembrances of his childhood were: *"His (dad's) swearing, getting hiding. Maybe once in a while he was not drinking"*. These findings are supported by the views Kroll (2004:129-140) who suggests that COAs experience feelings of rejection, unimportance, 'a loss of childhood' and mistrust in others when their environment is dictated by confusion, fear, tension and anxieties as was noted above. Kroll further stated that these experiences impacted on their self-perceptions.

Powerful negative perceptions influence individuals' self evaluations (self-worth) and what they think of themselves (self-concept). These are important components of their identities (Roets 2002:19-27). If their emotional and psychological well-being are unstable, as is noted from the participants' comments above, their self-concept and self-images will be poor which will most likely lead to an unstable identity being formed. These findings are in agreement with the findings of Kroll (2004:129-140). These participants also experience escalating parental arguments due to the drinking. This pattern of interactions between

parents will affect their ability to provide their children with warmth, involvement and consistent guidance leading to poorer adjustments in these children which is in accordance with literature by Berk (2006:580). Three of the participants in these dysfunctional family systems are in the early stages of adolescence. A combination of these two factors i.e. early adolescence and a chaotic home environment, may lead to difficulties in their lifestyles and in their personal relationships as COAs. This view is noted by Johnson (2002:371-384) and Barnett (2003:467-472).

4.5.6 Belief system

A discussion of the participants' belief systems covers aspects such as their belief in a higher power, empathy, their problem solving abilities and future orientation.

4.5.6.1 Belief in a higher power

Five participants allude to believing in a higher power and that they are hopeful that life for them will change for the better with a cessation of their father's drinking. The following comments support this: *"Everything is going to be okay, they are going to recover ...,"* and *"to look to the future ... and (I) pray to help the family get together. It's like a heavy load off my shoulders (when she prays) ... things will change ..."* and *"the church made me into the person that I am today"*. It has taught her about empathy and good behaviour *"... how to behave and how to treat each other"*. Two of the participants' involvement either with the church's youth group activities or in the Ala-teen group fostered their belief in a power beyond themselves. These two participants display noticeably more resilience than any of the others perhaps due to their belief in a higher power coupled with having mothers to whom they can turn. They display more confidence than any of the other participants. These comments are in agreement with literature which confirms that feeling connected to a higher power builds inner strengths and fosters moral self-relevance and pro-social behaviours (Berk 2006:498; Blum *et al.* 2002:28-39). Two participants, however, did not allude to any such beliefs or any hopes although one states that he likes *"to go to youth..."* but his father disapproves.

4.5.6.2 Empathy

Five participants display empathy, both within their families and outside the home. They help friends *"by listening to their problems and advising them to focus on prayer"*. One participant says, *"lots of people at school come to me with their problems."* Another says, *"All my friends at school ... are all so close."* They help one another through their problems. Another says that his class friends know about his father's alcoholism but *"... they don't tell others... We talk. They also get a hiding (from their fathers when they are*

drunk)". These participants clearly demonstrate pro-social skills of caring for and helping others despite their own predicaments. This can perhaps be attributed to the belief in a power beyond their own.

One participant states that he "*didn't care about helping others*". He also spends much of his time, more often alone, outside the home. The value of being involved in youth activities is noted by Berk (2006:489). She explains that youth activities teach adolescents empathy for others and influence discussions of a moral nature and involvement in community projects (Berk 2006:489). In this way, adolescents are constructively engaged in healthy socialisation negating the effects of deviant peer groups. Unlike the other participants in the study, this participant is isolated from family and peers as noted in his words, "*I'm most of the time alone... on my own...*". This participant's disagreeable demeanour that he portrays may not have the positive effect of attracting others to him. Attracting others is a quality demonstrated by five of the participants. This participant did not allude to any belief beyond himself. Combined with a seemingly poor intellect, a poor self-concept, a lack of pro-social skills and the use of defensive behaviour against others, this participant will find it difficult to overcome the adversities of parental alcohol abuse. This view is consistent with the findings of Davey *et al.* (2003:347-362), Kroll (2004:129-140), and Lambie and Sias (2005:266-273) who all concur that COAs whose personalities are non-resilient develop poor self-concepts resulting in insufficient self-actualisation (Roets 2002:19-27).

4.5.6.3 Problem solving skills

Many of these participants channel their anger or irritability in constructive ways. These activities help to them calm down and to re-focus their energies positively. The comments noted are, "*I just read a book or else I just start drawing... I'll write it down on a piece of paper ...everything that's going through my head: how I am feeling, what made me angry and all that. Then I'll read over it then I'll sort of just let it go*". This participant then comes to the realisation that "*Nothing in this paper is your fault,*" and "*I relax by playing with my dog, ... I go out ... look up at the sky or I go on m-xit with friends,*" ... "*it's like another world chatting to other people ... you're happy ...I like watching sport on TV or talking to my cousins on the phone*". These resourceful means help her channel her anger. This participant involves herself in various activities, which is perhaps why she demonstrates a sense of resilience against the negative effects of her father's alcoholism. Another participant watches movies based on the difficulties that others' experiences - "*This helps me get my mind off (the drinking)*". It helps her appreciate what she has "*in case it gets worse*". Three participants "*talk to friends who are undergoing a similar experience... or*

“go to (their) room to listen to music or sleep”. Their positive problem solving skills combined with their intellectual abilities and belief in a power beyond their own buffer them against the negative outcomes of parental alcoholism. These findings agree with the findings of Steyn (2006:32) who notes that children’s ability to cope effectively with anxiety and stress distinguishes high-risk children from low-risk children. Low-risk children are resourceful and use constructive problem solving skills. They are altruistic, focus their attention elsewhere or believe in their own capabilities and consider the consequences of their actions. High-risk children withdraw or act out increasing their vulnerability. Although these participants resort to withdrawal behaviour as in going into their rooms or acting out behaviour as in becoming argumentative, many of them show good problem-solving skills. These problem solving skills may help reduce their vulnerability to risks associated with their fathers’ alcohol abuse.

4.5.6.4 Future orientation

Five participants wish to pursue their education at tertiary institutions. Having high educational goals are likely to increase one’s resilience to life’s negative events. All participants view their future as an ideal of the present. They hope for a successful future with good homes and good jobs. While one participant visualises *“a perfect life without her father”*, another participant is hopeful that her *“father will stop drinking”* which will restore the family to a state of perfection, as they were before the drinking. Another speaks about *“taking care of her mother only”*, another focuses on *“making it for herself”* and another has a great deal of confidence and looks up to his father now since he’s stopped drinking five months before the interview. Another participant is less hopeful in that although he would like to move away with his mother from the present home, he believes that his father will still drink.

It is clear that all adolescents have dreams and hopes for a better future irrespective of family circumstances. A common characteristic among all these participants is that they cherished hopes for a better future with or without their drinking parent. The researcher, in all her readings on COAs, has not come across this finding.

4.5.6.5 Positive attitudes

Despite their negative experiences with their drinking parents no participant demonstrated any malice or an unforgiving attitude towards their drinking parent. In fact, positive comments such as *“I’d like him to spend more time with us, take us out as a family,”* and *“My father really loves us,”* and *“He’s a really good man ... takes care of us ... is very loving, very kind,”* and *“We will forgive him,”* and *“He is my role model..,”* and *“no matter*

what he does I respect him," show that these participants still look up to, care for and want their fathers to be a part of their family. Perhaps again this could be attributed to their belief in God. While it is common knowledge and which is also supported by studies by Davey *et al.* (2003:347-362) which show that significant others play a critical role in shaping one's attitude, the researcher has not come across literature on COAs which cited positive feelings towards their drinking parent. Another admirable quality of these participants, which is a noteworthy point, is that no participant showed any signs of envy towards other adolescents whom they perceived as more fortunate than themselves. One participant was devastated by her experiences and described her feelings of rejection from her family by using the most potent metaphor of a *"torn blanket"* - the holes being the *"number of battles she had to defeat"*. She adds that *"the blanket is used to keep others (her family) warm but people can't make me warm"*. Despite these poignant feelings that she experiences she nevertheless expresses hope in *"its beautiful colours which are the happy times I'm searching for"*. It is the warm embrace of significant others that this participant seeks. Should this not be forthcoming in her life, *"Catechism which connects me to God"* is what will heal and rescue this participant from the grief of her painful experiences. These views are consistent with the findings of Blum *et al.* (2002:28-39) who states that adolescents develop inner strengths from their belief in a higher power. These participants' ability to forgive, to strive for happiness, and to still believe in their drinking parents is a remarkable feat that could only have been nurtured by their faith in God.

4.6 CONCLUSION

The major sections which evolved from the interviews centred around the following issues:

- Support structures
- Home and family
- Behavioural and emotional problems
- Academic impact
- Belief systems

The rich themes that emerged revolved around their feelings of anger, frustration, sadness, confusion and depression. It is important to note that each theme impacts on the adolescents' self-concept, confidence and socio-emotional development. In some cases there was a positive impact while in others the impact was negative.

The life-world of the adolescents as depicted by the home, family and community contributed, in the main, to the adolescent's constructive development and search for identity. This study found that all seven participants did not share a fulfilling or stress-free relationship with their alcohol-abusing parent/s while only two of them could turn to their

other parent as a consistent and a stable source of support. Owing to these two participants' openness to interactions with others, as noted in their wider social contacts outside the home, they appeared to be more confident about themselves and attracted people who could offer them support. These participants were the least vulnerable to the detrimental effects of parental alcoholism. By contrast, the other five participants appeared to be overwhelmed by their experiences in their families due to the alcoholism and did not experience much support within and outside of the home. While the male participants preferred to be out of the home when the drinking occurred, the female participants resorted to withdrawal behaviour.

The emotional development of these participants was also influenced by some of their experiences which demonstrated a lack of unconditional acceptance from significant others, especially their alcohol-abusing parent. The participants who are at greatest risk for adjustment problems appeared to be those in the early adolescent phase of their development. While one of these young adolescents presented herself as a misfit among her peers at school, the other used powerful metaphors to express her feelings of rejection from significant others. Despite one of these participants having the advantage of the family observing rituals, this was not a sufficient protective factor to shield her against feeling insecure and vulnerable. For another participant, being involved in a variety of constructive activities outside the home appeared to build an inner strength, making her the least vulnerable, while the most vulnerable participant appeared to be isolated from family and community. All but one participant experienced school as a success. The possibility of failure increases this participant's vulnerability at this sensitive period in his life.

None of the participants held positive images of themselves. This was expressed in their feelings of embarrassment over their parents' drinking behaviour, their belief in how others viewed them and the hurt, fear, anger and frustration that they experienced when interacting with their drinking parent. The feeling of loneliness also emerged as they did not have many friends. These participants were not involved in any community-based youth undertakings or recreational activities. Their trust in others was affected and they did not feel good enough about themselves. Their self-concepts were affected, which could affect their actualising of their potential.

It was evident that the participants in this study displayed varying degrees of vulnerability. This presented in their relationships within their families, their peers and others, their emotions, their behaviour and their perceptions of themselves.

Nonetheless, the most positive findings emerging from the interviews are participants' empathy for others despite their own suffering, their positive attitude towards school, their positive views of their career prospects, their faith in God and their belief that circumstances will improve. This belief as well as their positive future orientations may be viewed as factors that may liberate them from their present circumstances in the long term, provided that they are given unconditional support and nurturing from significant others.

All of the above information is a representation of the experiences of parental alcohol abuse of the seven participants as seen through their lenses, and provided the researcher with valuable insights into their vulnerability and resilience.

The conclusions, recommendations and limitations of the study will be discussed in Chapter 5.

CHAPTER 5

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

The results of the empirical investigation were discussed in the previous chapter. This chapter encompasses and explores the conclusions of the literature study and the empirical research with reference to the experiences of adolescents growing up with an alcohol-abusing parent. The limitations of the study are highlighted, and recommendations are made to assist these learners in school.

Recommendations for further research conclude the chapter.

5.2 CONCLUSIONS DRAWN FROM THE LITERATURE STUDY AND THE EMPIRICAL INVESTIGATION

The following conclusions were reached from the literature study and from data collected and analysed in the empirical investigation. The question that initiated this study was **“How do adolescents experience alcoholism in their families?”**

5.2.1 Conclusions from the literature study

The purpose of the literature study was to initiate an awareness of the impact of parental alcoholism on adolescents growing up in this environment.

The first part of the literature found that the endogenous and exogenous risk factors expose adolescents to adjustment problems. The literature reveals that Erikson’s fifth stage of development, i.e. the formation of a stable identity may be problematic for the adolescent.

Parental alcoholism has a negative influence on all aspects of the adolescents’ development, i.e. on their personal, educational, and psychosocial development. It was found that:

- Exposure of spouses of alcohol-abusing partners to violence, separation and divorce negatively impacts on the spouses’ functioning which in turn affects the adjustment of adolescents. (see 2.4.3.2)
- Alcohol-abusing parents made use of harsh discipline, and authoritarian or permissive parenting styles. Their monitoring of their adolescents’ activities was also compromised. (see 2.4.3; 2.4.2.1)

- Relationships between and among family members were affected which influenced the interaction of all members in the family. Chaotic, abusive, insecure or deprived family environments disrupted family functioning which affected bonds between and among the members. Harmony between the couple was also lost. This had the effect of discouraging the use of positive problem solving skills such as open communication and encouragement of their children. (see 2.4.2.2; 2.4.4)
- Vulnerable adolescents allowed the self to be defined by their negative experiences. (see 2.4.1)
- COAs displayed behavioural problems such as conduct problems, aggression, disobedience, hyperactivity, truancy, lying and running away while emotional difficulties took the form of depression, low self-esteem, and anxiety. (see 2.4.2.2)
- Alcohol abuse by both parents intensified both the emotional and behavioural difficulties in COAs. (see 2.4.2.3)
- When alcohol-abusing parents were unable to fulfil their duties COAs adopted roles such as that of a caregiver, being the responsible one, the adjuster, the lost child, the scapegoat or the placator in an effort to compensate for their parents' behaviour. In playing these age-inappropriate roles, their own needs are often unmet and their task of developing a stable identity becomes a difficult one. Confusion in roles and in their identities thus develop. (see 2.4.4)
- Unmet emotional needs in children lead to insecure emotional attachments causing them to distrust others, feel rejected and unimportant. They also experienced 'a loss of childhood'. This, in turn, leads to interpersonal and intrapersonal difficulties and they withdraw from social contact. (see 2.4.4)
- Childhood is one of the stages of human development during which important tasks are accomplished thus preparing the individual for optimal development. Successful achievement of tasks at each stage helps towards the formation of a stable identity, paving the path for self-actualization. (see 2.2.4)
- Family rituals and routines are often disrupted when alcohol abuse prevails. (see 2.4.4)
- COAs are often left feeling ashamed and embarrassed by their alcohol-abusing parents' behaviour and attempt to keep their family experiences a secret. This affects their ability to socialise with peers as they withdraw from social contact. As a result they generally have poor self-concepts. (see 2.4.4)
- External support systems protected COAs from the detrimental effects of their stressful environment. (see 2.4.1)

- The academic achievements of these children are also affected by parental alcohol-abuse. Walker (2002:1-3), however, offers a contrary view. He maintains that COAs excel at academics, athletics, music, and the arts as a means of compensating for the negative effects of their parents' alcohol related behaviour. (see 2.4.1)
- Believing in a power beyond the self fortified one from the negative life events such as parental alcohol abuse. (see 2.4.1)
- Alcohol-abusing families are prone to economic difficulties which impact on the adolescent's ability to socialise with peers who may accept or reject him/her on the basis of his/her dress code or participation in social activities which the adolescent may or may not be able to afford. (see 2.4.1)
- COAs abuse substances such as alcohol and are prone to joining deviant peers groups. (see 2.4.1)
- In addition, the combined effect of having an alcohol abusing parent with a non-resilient other parent increased the vulnerability of children growing up in this environment. (see 2.4.3)

5.2.2 Conclusions from the empirical study

The research question: **“How do adolescents experience alcoholism in their families?”** is clearly stated. Chapter Four presented the findings of the empirical research. The main findings of the empirical investigation will be discussed below.

The findings of this study appear to support previous research in that they concur with the view that adolescent development is negatively impacted upon by parental alcoholism. These findings were:

- The participants in the research study often seemed to be at the mercy of their parents when the parents were under the influence of alcohol. Perhaps they felt trapped in the cycle of verbal, emotional and sometimes physical abuse which left them feeling overwhelmed by their home circumstances, emotionally insecure and emotionally out of control. (see 4.5.3)
- Many of the participants appeared to be unable to utilise social systems (especially the school), peers and the community perhaps as a result of their feelings of discomfort and humiliation at exposing the problem and bringing shame to the family. (see 4.5.1)
- The participants who seemed not to have external support networks appeared to be the most vulnerable to the negative effects of their parents' alcohol abuse. The least vulnerable of these participants were possibly those who enjoyed a

wider network of external supports which they seemed to access regularly. (see 4.5.1)

- A non-resilient attitude displayed by the non-alcohol abusing parent may also contribute greatly to the risks of adjustment problems faced by the participants. This could have increased their feeling of being overwhelmed by their experiences (see 4.5.2.3)
- Early adolescence too may present itself as a particularly vulnerable stage as the young adolescent has to deal with pubertal changes which may lead to feelings of self-consciousness (see 4.5.1)
- Adolescence itself may present the individual with the challenging task of forming an identity for him or herself. All too often this identity is shaped by all the relationships in the individual's life. When these relationships are less than satisfactory and are unfulfilling, which was possibly true for the participants in the study, problems in adolescent functioning and the formation of a stable identity may develop. (see 4.5.5)
- The participants' experiences could have also affected their relationships with significant others, their peers, their educators and with themselves, which could have an impact on their self-concept. This may affect their identity formation and their ability to self-actualise and consequently may cause them to become unhappy with their lives in adulthood. (see 4.5.5)
- Two participants possibly experienced some degree of confusion and the feeling of being lost as a result of not understanding their home circumstances. (see 4.5.5)
- The early adolescents possibly felt rejected by significant others and unimportant to them while one early adolescent may be grieving the 'loss of his childhood'. (see 4.5.5)
- Many participants appear to mistrust others and some may be experiencing feelings of denial or of having to hide how they really feel at any given moment in their lives. (see 4.5.3.2)
- Having both parents who were alcohol-abusing and combined with early adolescence may increase the vulnerability of one participant to emotional and behavioural difficulties. (see 4.5.2.4)
- The school staff seems to have no knowledge of the plight of these participants.
- Disruptions of their routines such as bed times possibly impacted negatively on their ability to concentrate on academic activities. Although all seven participants experienced disruptions to their routines five of them appear to be performing well at school. (see 4.5.4)

- The study did not confirm COA's use of substances or alcohol or their accessing of deviant peer groups to alleviate their stresses.

5.3 CONCLUSIONS FROM THE STUDY

The following conclusions emanated from the primary and secondary findings:

- Both parents and children appear to be negatively affected by an alcohol-abusing home environment;
- Children seem to be emotionally abused by their alcohol-abusing parents;
- Children may feel emotionally burdened, unhappy, hurt and disappointed by their negative experiences;
- Children may feel rejected, unimportant and grieve the loss of their childhood.
- Children may feel ashamed and embarrassed over their home circumstances;
- Children generally appear to perform well in school although there may be exceptions to this rule;
- Children may need special attention in school though they should not be singled out;
- Parents seem to fail to provide adequate role models for these children.

5.4 RECOMMENDATIONS

The results of this empirical investigation indicate that parental alcoholism impacts negatively on the total development of the adolescent. Therefore all stakeholders in the life of the adolescent should work as a team in addressing this silent disease before it spirals out of control.

The following recommendations are aimed at these stakeholders, viz. the parents (both alcohol-abusing and non-alcohol-abusing), older siblings and peers of children of alcohol-abusing parents, and the education system.

5.4.1 Guidelines for parents

Parents play a key role in the total development of the adolescent as they are the primary role models in this important phase of their child's development. Workshops, seminars and talks must be organised by school counsellors and the education authorities so that the parents:

- recognise that alcohol abuse is a curable disease which impacts on all the family members;
- acknowledge that their alcohol abuse is problematic in their lives and that they require professional assistance to eliminate it;

- make a commitment and take practical steps to address this problem;
- can become better role models for their children;
- can offer better support for their children;
- can empower their children with the belief that they can control what happens in their lives;
- can maintain family structures necessary for building the family as a unit;
- can create a conducive atmosphere in the home for homework and other academic pursuits;
- can get involved in all aspects of their children's lives but at the same time respect their need for space to find themselves and for their privacy;
- can encourage participation in recreational activities in the community;
- can encourage constructive peer activities within and outside the home;
- can allow for the involvement of a wider network of support structures from within the community;
- can seek the assistance of school counsellors and other professionals when needed.

5.4.2 Guidelines for the child

Workshops and group therapy sessions and individual therapy sessions must be organised by education authorities and school counsellors so that these children:

- understand that they are not responsible for their parent's alcohol abuse;
- realise that they do not need to bear the guilt or shame of their parents' alcohol abuse;
- are capable of helping themselves;
- seek and accept assistance from professionals such as counsellors, educators and religious leaders or other responsible members of the community;
- nurture supportive relationships with trustworthy peers.

These workshops will also enable older siblings to realise that they are role models to the younger children in the family and that they should display responsible age-appropriate behaviour.

5.4.3 Guidelines for peers

Since peers play a vital role in the development of adolescents' self-concepts and identity formation, they (peers) should also be made aware, through Life Orientation programmes at school, of how to support their friends who come from alcohol-abusing homes, in the following ways:

- show unconditional acceptance and genuine caring;
- be available for the COA at all times;
- make it a point of enquiring about the COAs' afternoons or weekends;
- be attuned to the COA's change of moods and bring this to the attention of the school counsellor;
- initiate and influence involvement in recreational activities.

5.4.4 Guidelines for education role-players

The following are guidelines which may be helpful to education role players.

5.4.4.1 The Department of Education

The Department of Education should first and foremost recognise COAs as a population within schools, and develop a policy that provides for the special needs of these children. This can easily be incorporated into Life Orientation programmes. By providing learners with opportunities to address these issues within the structure of the school curriculum, the authorities will be fostering awareness among all learners of the plight of these children.

Sterling work is being done by groups such as the AA, Ala-non and Ala-teen in supporting and uplifting the morale of families battling against the detrimental effects of parental alcoholism; however, their closed membership and in-house assistance programmes prevent health professionals from accessing these organisations. A partnership between these organisations and the Department of Education will benefit all parties concerned, as addressing the issue of parental alcoholism will improve the outcomes for adolescents faced with this situation.

5.4.4.2 The educator

It is clear from the data collected that educators play a significant role in the adolescents' lives. This should be seized as an opportunity for the educator to intervene when adolescent learners are affected by such issues as parental alcohol abuse.

It is difficult to identify COAs as these learners do not fit a single profile. They exhibit a wide range of intellectual abilities and social and coping skills. Nevertheless, educators should be on the alert for frequent absenteeism, late-coming, problems with mood and behaviour, physical symptoms, sad affect, undue concern for parents, inconsistent school performance and disciplinary problems at school. They should refer these learners to the school counsellor as soon as these problems are observed.

Furthermore, educators should model behaviour that says to learners, 'I care for you as an individual and a human being whose well-being is always of paramount importance to me.' This will have the 'knock-on' effect of encouraging adolescents to build healthy and positive relationships with all significant people in their environment, including peers. The education and support programmes should therefore focus on assessing and accessing the needs of learners so that emotional problems can be attended to early in their development.

It is essential for learners and educators to learn about alcohol and substance abuse and its effects on the family. This will serve to:

- initiate awareness of the possible effects of alcohol abuse on all family members;
- break the silence around this 'secret' once COA learners experience the empathetic understanding of all those around them;
- normalise some of COA's negative feelings around this issue of parental alcohol-abuse;
- help COAs realise the value of self-help, healthy coping skills, empathy, and resilience;
- reduce COA's family dysfunctionality.

5.4.4.3 Role of the school guidance counsellor

Exposure to negative experiences in the home, which contribute largely to intrapersonal and interpersonal difficulties, place youth at a high risk for detrimental outcomes in adolescence as well as in adulthood. The school counsellor's specialist training in the development of children and interpersonal relationships should be seen as an immensely valuable resource in training the school staff in helping children of alcohol-abusing parents through their difficulties.

Early identification and intervention may help prevent possible substance and alcohol abuse in COAs and may reduce long-lasting physical, behavioural, social, emotional, and academic difficulties in these learners. The sooner these learners are identified and receive emotional support, the greater the effectiveness of such programmes in developing their coping skills. The therapeutic benefit of allowing children to tell their stories is unsurpassed.

5.4.5 Educational implications

A psycho-educational programme should therefore be implemented in schools to address the following:

- Promote social support between senior and junior grades e.g. through the use of mentors;
- Encourage open educator-learner relationships to develop problem-solving skills;
- Have more frequent parent-educator meetings so the learner's problems can be highlighted;
- Hold workshops on parenting skills on an on-going basis;
- Re-create an awareness of the effects of parent role modelling on adolescent development.

The above interventions may lead to the building of trust between COAs and their parents and other stakeholders in the school situation, which eventually may motivate COAs to converse about their experiences. This may have the spin-off of assuring concerned alcohol-abusing parents that schools are involved in the well-being of their children.

5.4.6 Partnership between parents and the school

Through parent-educator interactions by seminars and workshops, the detrimental effects of parental alcohol abuse can be addressed, and a supportive partnership between the school and the parents will be fostered. In this manner parents who have been negligent in their obligations to their children during the developmental phases have the opportunity of bouncing back and taking charge of their responsibilities. Parents who view schools as friendly, supportive organisations that are actively interested in and are investing in their children's total development will reciprocate with dignity and co-operation. This, in turn, has the effect of assuring adolescents that there is a protective 'safety net to catch them should they fall' in these sometimes difficult periods of their development.

5.5 LIMITATIONS OF THIS STUDY

The following limitations were noted:

- the experiences of only a small, convenience sample were accessed;
- only one data collection method was used in the empirical investigation which could have been limiting in terms of the type of information accessed;
- although the study offers an in-depth understanding of the phenomenon in the context of the adolescents' experiences, it does not claim any representativeness or generalisability. This, unfortunately, is the nature of qualitative research which trades generalisability for depth;

- the semi-structured interview proved to be effective in the case of those interviewees who were outspoken. However, adolescents who did not appear to be skilled verbally probably did not articulate their thoughts as effectively as they would have liked;
- the interviews were too lengthy - a maximum length of 30 minutes per interview should suffice;
- the sample did not include any adolescents from the low-socio-economic class.
- owing to its limited scope the study did not investigate whether the alcohol abusing parent or the other parent was afflicted with a mental or psychological condition which could have exacerbated the experiences for the adolescent within the family.

5.6 CONTRIBUTIONS OF THE STUDY

The study makes the following contributions to the field of educational psychology and the study of adolescents:

- It raises awareness of this 'invisible population' who do not readily seek help for their difficulties due to the stigma attached to parental alcohol abuse;
- It highlights the risk factors that the phase of adolescence is likely to introduce in an individual's life which, when combined with the detrimental effects of parental alcohol abuse, render adjustment problems unavoidable;
- It includes the necessity of holding regular workshops, seminars and group therapy sessions to help support those affected by alcohol-abusing environments.

5.7 FUTURE RESEARCH

From this study it has emerged that the problem of parental alcohol abuse has many challenges, as well as a significant impact on the adolescent in this environment. This problem should be given greater attention by encouraging more research on the phenomenon, the use of large-scale surveys to accurately determine the severity of the problem and the use of computational modelling to determine the total impact of the problem on society. When reviewing the literature, it was noted that studies addressing this problem are lacking in the South African context.

Future longitudinal research will provide greater insight into the vulnerability of COAs as not all COAs will have difficulties that can be attributed to parental alcohol-abuse only. Studies on their resilience will also add greater value to research on this phenomenon.

5.8 CONCLUSION

The findings of the study indicate that parental alcoholism negatively impacts on adolescents' relationships with the self, significant others, peers and educators. This affects their self-concepts which affect their formation of stable identities and eventually their self-actualisation.

However, should there be sufficient protective factors available in the lives of COAs, be it within the home, the extended family, the school system or the community, the impact of their parents' drinking would not be as detrimental, as this study has found. Nevertheless, COAs and their families are in dire need of help and understanding support from the community.

Since many of these families do not actively seek help for themselves until the problem spirals out of control, the Department of Education needs to be involved in the issues concerning COAs as a matter of urgency. Schools are seen as extensions of the community. The Department of Education should therefore lead the way forward to create awareness of this social phenomenon by getting all stakeholders involved.

The researcher's exploration of this problem has made her aware that COAs are like any other child victims of social problems which are best addressed at the start of problems in the learners' lives. The onus therefore is on us as parents, educators, psychologists and responsible community members to take the time to connect with our youth so that they can depend on us for help and support during critical developmental stages of their lives.

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APPENDIX A

Interview schedule

The following initial research question was asked:

‘How do you experience your parent’s alcoholism?’

The basic interview skills (e.g. listening, reflection, etc.) were applied and the following probing interview questions were used:

Probing questions:

How has it made you feel?

How has it affected your school life?

Were you able to make friends?

APPENDIX B**Observational notes**

Participant 1:

Reflex records

Confident	Experiences -/+ ?
At ease	What aspects of her life are affected?
Spoke freely – no inhibitions	
Articulate	
Pleasant disposition	

Participant 2:

Fidgety	Experiences -/+ ?
Continual dragging of his feet – picked up on tape	Is he not using his job as an escape from Dad's drinking behaviour or schoolwork?
Easily distracted	Is he learning disabled?
Impulsive	
Bites nails	
Very little eye contact – bites on nails and looks at them while responding	
Responses in monosyllables , very often long silences	
Used probing questions	
Poor verbal skills	
Failed twice before in primary school	
Couldn't wait for the interview to be over	

Participant 3:

Co-operative	Experiences -/+ ?
Seems a bit impulsive – as if in a hurry	Are his activities outside the home an excuse to get away from the home?
Verbal skills seem poor	

Participant 4:

Nervous – bites nails	Experiences -/+ ?
Sits with arms folded	Is she burdened by the impending divorce or her dad's drinking behaviour?
Quiet tone	Early adolescence- is in a state of confusion
Very articulate – excellent verbal skills	
Spoke clearly	
Worried expression	
Seemed burdened	
Emotional	
Co-operative	
Pleasant disposition	

Participant 5:

Co-operative – willing	Dad - a recovering alcoholic. Is participant coping better now?
Clear speech	Were his experiences with Dad's drinking positive or negative?
Friendly smile	
Pleasant disposition	
A little shy	

Participant 6:

Very outspoken – offers information freely	Experiences -/+ ?
Speaks matter-of-factly about experiences	Is she more affected by her mum's non-resilience?
Open posture	
Friendly smile	
Pleasant disposition	

Participant 7:

Co-operative	Experiences -/+ ?
Overwhelmed	How severe are the effects of the drinking on her self (refer to imagery used)?
Sad and depressed look	Early adolescence – confusion, unstable ID

	formation?
Emotional	Non-resilient mum – how it affects her?
Pleasant disposition	

APPENDIX D

Parent Consent Form

x3 Wxxxxxxxx Rxxx

Wxxxxxxxx

3xxx

Tel: 031 XXX XXXX

Dear Mr / Mrs

I am currently pursuing a M. Ed in Educational Psychology at the University of South Africa.

As part of my work I am conducting research exploring “How do adolescents experience alcoholism in their families?”

Your child has been selected to participate in this study. An interview with your child will be tape recorded for the purpose of this study.

All information will remain strictly confidential and anonymity will be maintained. Your consent for your child’s participation will be deeply appreciated.

Many thanks

MRS K REDDY

REPLY SLIP

I, hereby give permission for my child / ward to participate in the research being conducted by Mrs Reddy.

SIGNATURE:

Date:

APPENDIX E**Interviewee Consent Form**

x3 Wxxxxxxxxx

Rxxx

Wxxxxxxxxx

3xxx

Tel: 031 XXX XXXX

2 September 2008

Dear Student

I am currently engaged in a study on the experiences of adolescents who are exposed to parental alcoholism.

I would like to gain insight into this phenomenon by listening to your experiences. It is hoped that this study will be of assistance to the many children/ adolescents who have similar experiences as yours. Therefore your contribution is greatly appreciated and valued.

Please indicate whether you are willing to be interviewed. The interview will also be recorded on tape. All information discussed will be treated in the strictest of confidence and anonymity will be respected at all times.

YES

NO

Should you require counselling after this interview session, please inform me. This will be provided free of charge

Thank you for your co-operation.

Many thanks

(Mrs K Reddy)

Participant's Name

Signature

APPENDIX F**Permission to conduct research**

x3 Wxxxxxxxx Rxxx

Wxxxxxxxx

3xxx

12 May 2008

The Director
 Research Planning
For Attention: Mr S Alwar

Dear Sir

PERMISSION TO CONDUCT RESEARCH AT SCHOOLS

I am a Masters student in the field of Educational Psychology: School Guidance and Counselling at the University of South Africa.

I am working on my dissertation which is "Adolescents' Experience of the Impact of Alcoholism in their Families: an Educational-Psychological Perspective". It is hoped that this study will provide assistance to educators and curriculum developers in understanding the large number of children of alcoholics at school and catering for the positive development of their identities and self esteem.

I hereby request permission to interview adolescent learners from Grades 9 to 12 at schools in the eThekweni region of KwaZulu-Natal.

Should you need further clarification please contact either me or my supervisor, Professor A.C.Lessing of UNISA.

Yours sincerely

Kamaladevi Reddy (Mrs)

x3 Wxxxxxxxx Rxxx
Wxxxxxxxx
3xxx

2 September 2008

The Medical Officer
R. K. Khan Hospital
Croftdene
Chatsworth

For Attention: Dr Subban

Dear Sir

PERMISSION TO CONDUCT RESEARCH AT HOSPITAL

I am a Masters student in the field of Educational Psychology: School Guidance and Counselling at the University of South Africa.

I am currently working on my dissertation which is "Adolescents' Experience of the Impact of Alcoholism in their Families: an Educational-Psychological Perspective". It is hoped that this study will provide assistance to educators and curriculum developers, and related care-givers in understanding the large number of children of alcoholics at school and catering for the positive development of their identities and self esteem.

I hereby request permission to interview adolescents between the ages of 12-18 years of age in the eThekweni region of KwaZulu-Natal. I hope to access this sample either through your AA group as part of the EAP Programme or through your Psychology Department who may encounter parents who are alcoholic or their teenage children.

I would also like to bring to your attention that, as part of my internship programme (January – June 2007), I was personally responsible for assessing and recommending placement of children who were directed by R. K. Khan Hospital (Psychology) to the Psychological Services Department of Education (PGSES – Pinetown).

Yours sincerely

Kamaladevi Reddy (Mrs)

x3 Wxxxxxxxx Rxxx

Wxxxxxxxx

3xxx

26 August 2008

The Principal
Lotus Primary School
Westcliff

Dear Sir

PERMISSION TO CONDUCT RESEARCH

Thank you for facilitating my attempts to conduct research at your church. As discussed with you telephonically, here is my portfolio:

Alcoholism is well known as a destroyer of families, and its impact on the family lasts for many years, often affecting future generations of the family. While there are many organisations catering for the alcoholics and their families, no research has been done for these children at schools in South Africa. These children are affected in many ways by their parent's alcohol abuse, and often perform badly at school as a result of this.

By interviewing these children and understanding their plight from their own experiences, I hope to be able to make recommendations to education authorities, and provide assistance to educators and curriculum developers in understanding their needs. It is also hoped that the results of this study will be used to help parents and children break the cycle of alcoholism which is a multigenerational disease.

I hereby request permission to interview school-going children from the ages of 12–18 who are exposed to parental alcoholism in their families.

All interviews will be carried out in strict confidence, and no personal information will be divulged.

Should you need further clarification please contact either me.

Yours sincerely

K. Reddy (Mrs)

APPENDIX G

Coding used in interview transcripts

Axial coding :	
Atm.	Atmosphere in the house
Fam. Rel.	Family relationships
Fam. Envir. +/-	Family environment
Emot. Cli.	Emotional climate
Viol.	Violence
Ext. supp.	External support
Int. supp.	Internal support
Comm.	Communication
Incon. Par. / Mon.	Inconsistent parenting/ monitoring
Unempl.	Unemployment
Fin. Const./insec.	Financial constraints/ insecurities
Int. emot..	Intense emotions
Emot..	Emotions
Emot. With.	Emotional withdrawal
Beh. Prob	Problem behaviour
Sch. Prob.	School problems
Insec.	Insecurities
Ang.	Anger
Embr.	Embarrassment
Den. Of feel.	Denial of feelings
Conf.	Confusion
Dep.	Depression
Dis.	Disappointment
Rej.	Rejection
Happ.	Happiness
Emp.	Empathy
Resp.	Respect
Prob.sol. +/-	Problem solving
Constr. Act.	Constructive activities
Soc.	Socialization
Soc.acts	Social activities
Fam. Time	Family time
With. – soc. Act	Withdrawal from social activities
Tr.	Trust

Sch. Prob.	School problems
Self-per.	Self-perceptions
S.C.	Self concept
Soc. S.c.	Social self concept
Aca. S.c.	Academic self concept
Resp. role	Responsible role
Plac.	Placator
Ext. loc.	External locus of control
Int. loc.	Internal locus of control
Fut. Ori.	Future orientation
Rit.	Rituals
Pos.att.	Positive attitude
Bel.in H. pow.	Belief in higher power