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UNIVERSITY OF SOUTHAMPTON

FACULTY OF HEALTH SCIENCES

**CREATING AND CONTROLLING A PERSONAL SOCIAL WORLD: THE
EXPERIENCES OF ADULTS GROWING UP IN AN ENVIRONMENT OF PROBLEM
DRINKING**

by

Tracey Anne Harding

Thesis for the degree of Doctor of Clinical Practice

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UNIVERSITY OF SOUTHAMPTON

ABSTRACT

FACULTY OF HEALTH SCIENCES

Nursing

Doctor of Clinical Practice

CREATING AND CONTROLLING A PERSONAL SOCIAL WORLD: THE EXPERIENCES OF ADULTS GROWING UP IN AN ENVIRONMENT OF PROBLEM DRINKING

Tracey Anne Harding

Approximately one million children in the UK are living in families where at least one parent has problem drinking tendencies. Evidence explores risks to children growing up in this environment. However, there is limited evidence exploring what influences an adult who grew up in a home where a parent drank alcohol to excess to drink within recommended limits, and whether behaviour/decision making with respect to drinking alcohol within recommended limits is deliberate.

This study used a constructivist grounded theory design. Eleven participants were selected via purposeful sampling for their experience of growing up in a family where problem drinking had been observed. Data were collected from one to one individual semi-structured interviews over a period of 23 months. There were three main stages in the analysis of the data, initial coding, focused coding and theoretical coding, and theoretical saturation.

The constructivist grounded theory gave consideration to human nature and social control, applying this to the creation and control of one's own immediate personal social world where its influence stems from the impact of a parent/s problem drinking behaviour which were for the most part unpredictable and an environment that was largely unstable. Participants appeared to take control of, and responsibility for, the direction their lives have taken.

Two key related aspects worthy of consideration in the context of clinical practice arising from this study are firstly, in relation to the attributes of resilience; harnessing it, and developing it, whilst acknowledging that not everyone has the same opportunities, or resources or ability to access these resources. Secondly, recognising the intensity of strategy development for maintaining drinking within recommended limits as a conscious decision where individuals develop personal strategies for achieving personal control.

It is essential that services acknowledge the impact these experiences can have and the variability of resources available to individuals. The Alcohol Liaison role needs to develop to include identifying those in a family where there is problem drinking behaviour and those with a family history of problem drinking behaviour. An individual approach is required for developing strategies for promoting resilience and prevention strategies need to be determined and agreed on an individual basis enabling the individual to take control of drinking alcohol within recommended limits.

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DECLARATION OF AUTHORSHIP

I, **Tracey Anne Harding**, declare that this thesis and the work presented within are both my own, and have been generated by me as the result of my own original research:

CREATING AND CONTROLLING A PERSONAL SOCIAL WORLD: THE EXPERIENCES OF ADULTS GROWING UP IN AN ENVIRONMENT OF PROBLEM DRINKING

I confirm that:

- this work was done wholly or mainly while in candidature for a research degree at this University;
- where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
- where I have consulted the published work of others, this is always clearly attributed;
- where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
- I have acknowledged all main sources of help;
- where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
- none of this work has been published before submission

Signed:

Date:.....

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This has been a journey. It's been long, enjoyable, interesting and challenging. We are here, nearing the end, or is it the beginning.

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Definitions

Problem drinking

As defined by participants: Alcohol changes the person. Behaviours associated with problem drinking impacts others; there is potential for risk of harm, feelings of uncertainty about the stability of the environment and there is a threat to mental and physical wellbeing now and in the future.

Home

Implies the environment in which the adult grew up as a child and includes those with whom the child lives; parents, siblings and/or any extended family members.

Parent/s

Refers to non-biological as well as biological parent/s parent or main carer of participant.

Chapter 1: Introduction

1.1 Context

This is a study about the impact of alcohol. Alcoholic beverages are readily available in most parts of the world and its production and marketing are increasing globally where advertising to promote the sale of alcoholic beverages is rising, causing widespread concern (WHO, 2007). However the National Institute for Health and Clinical Excellence in the United Kingdom (UK) (NICE, 2010) have published guidance highlighting what they consider to be the most effective measures that can be adopted to reduce alcohol related harm. The NICE guidance is aimed at achieving lower-risk drinking by making alcohol less affordable and less easy to purchase, limiting amounts imported by individuals and giving legal obligations to licensed premises to consider the health of the customer to whom they are selling alcohol. Recommendations are also made relating to resources for identifying and supporting people with alcohol related concerns. Albeit debatable, alcohol can provide some health benefits at low levels for certain age and gender groups (Emberson et al, 2005 and Fuchs et al, 2004), for example, physical benefits such as decreased risk of cardiovascular disease and social benefits assisting relaxation. In moderation, alcohol can impact positively on an adult's wellbeing, in particular where this encourages sociability (HM Government, 2012). However, when taken to excess there is the potential for negative health and social outcomes (WHO, 2007).

According to Plant and Plant (2006) problems associated with heavy drinking have been evident for centuries but it was not until the nineteenth century that a scientific medical perspective began to emerge. One of the major causes of liver disease worldwide is chronic alcohol consumption (Williams, 2006; Velleman and Orford, 2001 and Friedman and Keeffe, 2004) accounting for 5000 deaths each year from cirrhosis in the UK (Ryder, 2003). Deaths arising from liver cirrhosis have increased at least eight times in the UK since the 1970s and it is anticipated this will continue to increase, though within the rest of Europe deaths from liver cirrhosis are decreasing (Verill et al, 2009). Although liver disease is not caused only by excessive alcohol consumption, it is the main contributor. There has been a 25% increase in liver disease in the UK between 2001 and 2009, with alcohol related liver disease accounting for over a third, (37%) of all liver disease deaths (Government's Alcohol Strategy, 2012).

According to NICE (2010) approximately one in four men and women currently drink dangerous amounts of alcohol, which causes or has the potential to cause physical, as well as mental health problems. Alcohol misuse gives rise to huge social problems as well as medical problems (Velleman and Templeton, 2005). According to the National Alcohol Harm Reduction Strategy for

Chapter 1 - Introduction

England in the UK, results in an expenditure of approximately £20 billion a year on related health problems, crime, anti-social behaviour, loss of productivity in the workplace and domestic violence (Prime Minister's Strategy Unit, 2004). Excess alcohol consumption is a legitimate area of concern and for some, alcohol misuse has serious consequences for the drinkers themselves and indeed their families (DH, 2002). The Governments Alcohol Strategy (2012) reported that in 2010, £42.1 billion was spent on alcohol in England and Wales alone.

There is a plethora of research about the transmission of a drinking culture within the family and the development of illness and/or problem drinking within the offspring in adulthood (Orford and Velleman, 1990; Velleman and Orford, 1991; Velleman and Orford, 2001, Velleman and Templeton, 2005). In 1992, Orford noted a wealth of research concerned with excessive drinking by a family member, but where the focus had largely been on the person drinking excessively. However, within the last few years knowledge has developed with regard to understanding the experiences of people who are close to and/or affected by someone's addiction (Copello and Orford, 2002).

Numerous studies have investigated the impact on children from parental problem drinking (Orford et al, 1992). The numbers of people with problem drinking tendencies who are parents with children or adolescents in their care were noted in 2001 as being in excess of one million in Britain (Velleman and Orford, 2001). This has implications for children who may experience stress as a result of problems with the cohesion of the family where evidence of parental conflict, violence and difficult relationships with parents exist (Orford et al, 2003).

Although it is acknowledged that problem drinking remains largely hidden, Alcohol Concern, in 2008 estimated that within the UK, approximately one million children were living in families where at least one parent has problem drinking tendencies. The Office of National Statistics reported that in 2009, 8% of men and 4% of women between the ages of 25-64 admitted to drinking levels more than twice the lower risk guidelines where many in this age group are parents (Office of National Statistics, 2011). Indeed The Governments Alcohol Strategy, published in March 2012, proposed strategies to support parents to consider their behaviour and how this might impact their children's attitudes towards alcohol as they grow and become adults themselves. This strategy recognised that 33% of adults receiving alcohol related treatment are parents with childcare responsibilities; it aimed for local treatment services and children's and family services to identify and respond to alcohol-related problems, including provision of parenting and prevention programmes (The Governments Alcohol Strategy, 2012).

This is a study about what influences an adult, who grew up in a home where a parent/s drank alcohol to excess, to drink within recommended limits. Their experiences of someone else's drinking are explored and whether behaviour/decision making with respect to drinking alcohol within recommended limits is deliberate. New knowledge gained from this study will contribute to on-going debates about the transmission of drinking cultures within the family. It seeks to complement developing intervention strategies for individuals, families and children focusing on psychosocial elements of drinking alcohol and its 'role' in people's lives and will include health promotion as a consideration for health care.

1.2 Justification for undertaking this research study

My previous role as a senior nurse sister working for many years within a gastrointestinal and liver speciality has provided me with much experience caring for, and managing, the treatment of patients with alcohol related illness, as well as supporting their families and carers. I have been interested in patients' experiences of drinking alcohol and what effect this has on those around them. In particular I have noticed concern and worry of other family members, seen disbelief that they had missed signs of excessive drinking, and the hurt witnessed from the deceit that existed. The dynamics of the families have also been surprising. For example, in some families a family member may have 'stood out' or was more 'noticeable' as having taken the lead in driving the support for the person who is drinking. Whilst in others, some family members have 'ignored' or colluded with the drinking behaviour, and others have been intolerant of it.

Personal experiences of growing up in a family where my mother drank alcohol to excess, dying from liver cirrhosis and multiple organ failure, further added to my curiosity in this area prompting deeper exploration of the evidence. I was interested to learn about potential effects on the lives of people who grew up in an environment where someone drank alcohol to excess. I became familiar with the purpose of, and support for, members of a group referred to as Al-Anon, a support group for family and friends of problem drinkers. One reason for attending the monthly group meetings was to gain an insight into some of the feelings I have about my mother's drinking and to develop an awareness of its potential impact.

Ideas for my research began in 2007 when I knew prior to registering for my doctorate I wanted to explore problem drinking behaviours. However, I did not develop these ideas more deeply until after reading literature about children of 'alcoholics' becoming 'alcoholics'. This prompted further questions about what influenced the culture of drinking to continue in the family. In considering the

Chapter 1 - Introduction

idea of ‘things running in the family’, I was led to question how some people avoid the risks such as those identified by Rogers and McMillin (1992).

‘If you’re the child of an alcoholic, you have a four to five times greater risk of developing the disease yourself.’

(Rogers and McMillin, 1992, p1)

Literature exploring the risks of the transmission of drinking cultures within the family highlights distinct areas such as genetics (Heath, 1995; Heath et al, 2002; Edenberg, 2002; Namkoong et al, 2008), the environment and psychosocial/neurobiological effects and social learning processes (Rogers and McMillin, 1992; Chassin et al, 1996; Hill et al, 2000; Munroe et al, 2006). However, whilst important in terms of providing multifactorial explanations of drinking cultures, the focus of this study centres on those people who grew up in these cultures and who make decisions that run counter to the expected norm. In other words within the context of these numerous risk factors I wanted to explore adults’ experiences of growing up in a home where a parent/s drank alcohol to excess and understand their perceptions of the drinking behaviour. I wanted to explore; environmental influences, relational dynamics with other family members, siblings and importantly their own relationship with alcohol. I was curious to understand whether drinking within recommended limits was/is a conscious decision or not and, if so, what factors influence this.

As a Doctor of Clinical Practice student and lecturer in healthcare this study offered the opportunity to develop greater knowledge in this area which in turn seeks to contribute to deeper understanding, knowledge and awareness of drinking behaviour. Fundamentally, I was seeking to identify how risks associated with growing up in a home where there is problem drinking are avoided in order to inform nursing practice in caring for people with problem drinking and supporting those who experience the impact of problem drinking behaviour.

In order to clarify the focus of this study, the term ‘home’ implies the environment in which the adult grew up as a child and includes those with whom the child lives; parents, siblings and/or any extended family members. I wanted to examine issues from the perspective of those living with a parent or main carer who exhibited problem drinking behaviour. Participants in this study who refer to parents may include non-biological as well as biological parent/s. Therefore the issue of genetic influence or biological relationships where traits are inherited is not the focus. The wealth of research highlighting the relevance of genetics in the development of alcoholism is fully acknowledged (Heath, 1995; Heath et al, 2002; Edenberg, 2002; Namkoong et al, 2008) and reference is made to this in the review of the literature. However this study is fundamentally about

social, environmental and psychosocial processes that impact the person living with someone displaying problem drinking behaviour (see Table 1).

Table 1 Provides explanation of biological/non-biological influence

Genetics	Environment	Social learning processes	Psychosocial
↓	↓	↓	↓
Significant if known biological relative	Relevant to both biological and non-biological	Relevant to both biological and non-biological	Relevant to both biological and non-biological

1.3 Aim and objectives of the study

This study aims to explore the experiences of adults who drink within recommended limits who grew up in a home where a parent/s drank alcohol to excess, and to explain what influences their own drinking behaviour.

The four objectives of this study are:

1. Identify and define problem drinking through participants' descriptions of what is experienced,
2. Explore childhood/adolescent experiences and impact of parent/s drinking,
3. Understand factors that may influence participants' drinking within recommended limits,
4. Examine whether decision-making with respect to drinking within recommended limits is a deliberate conscious act.

To achieve the aim and objectives of this study a grounded theory approach was chosen. The themes developed in this study are psychosocial in nature. Mills (1959) argued that individuals can understand their own experience and gauge their own fate. Grounded theory processes permit hunches and possible related analytical ideas to be pursued, serving as a way to learn about what is studied and a method for developing theories to understand them (Charmaz, 2006). Charmaz (2000) makes explicit that any theoretical rendering from the data is not an exact picture of it, but an interpretive portrayal of what is studied. Therefore grounded theory method was considered appropriate for studying people's experiences.

1.4 Purpose of the study

It is anticipated that the findings from this study will inform the practice, education and training of professionals in health and social care. It will seek to strengthen risk factor identification and

intervention strategies, including health promotion and support networks. In addition it will contribute to the expanding debate on the transmission of drinking behaviour within the family.

1.5 Structure of thesis

The chapters within this thesis are in part swayed by the process undertaken to produce a qualitative research study. Therefore the format remains logical in its presentation. The reader is first introduced to the focus of the study; the context of the research study is made explicit within this first chapter, where the rationale for exploring the study focus, background and the methodological approach adopted is given.

The literature review in chapter two identifies the need to undertake research in this area and seeks evidence relating to the experiences of people who have grown up with excessive drinking in the family. This chapter reviews literature that explores experiences from a number of people's perspectives, the drinkers themselves or from the perspective of the children, with particular interest in literature that specifically focuses on adults who as children grew up in an environment where a parent/s drank alcohol to excess. The purpose of undertaking an initial review of the literature is explained. Conclusions are drawn from the literature determining where gaps in knowledge exist, enabling a focus for the investigation to be identified. This is followed by chapter three, where a critical review of grounded theory is given that leads to justification for adopting a constructivist grounded theory approach.

The findings from this study are presented in chapter four where a theoretical rendering of the data is presented. A theoretical framework is constructed giving a perspective of the analysis. Reflexivity continues throughout the process of gathering data and analysis and some examples of this are included. Personal reflection is given as well as reflection on the research process. It is considered important to include this, not only as a way of justifying the findings, but as a way of exploring further providing clarity of and credibility of the theory. Chapter five provides a discussion of the findings and gives justification for the theoretical framework offered, along with its underpinning concepts. Relevant literature is interwoven within this to further argue the frameworks position. Critical reflection of the study's design and processes are made in chapter six. Implications for practice and recommendations are also made along with any recommendations for future research. Conclusions are presented and place the findings in the context of health and psychosocial care.

Chapter 2: Background and literature review

2.1 Introduction

This chapter explains the role of literature in this grounded theory study and presents the arguments for when literature was acknowledged. The chapter demonstrates how an initial review of the literature informed the investigation by enabling the focus to be defined and the approach to gathering and analysing data formalised. Further contextual information that supports justification for why this research was needed is also provided. It is important to emphasise that only literature reviewed at the initial stage of the literature search is presented where it informed the emerging research focus and identified gaps in knowledge. Key authors in the field of study related to the transmission of drinking cultures within the family are identified and have informed the research aims. In chapter five, further reference to literature will be made identifying how the constructed theory is located and its position defended, critically arguing evidence that is accepted and that which is challenged. This approach is consistent with Charmaz's (2006) position regarding this where importance is placed on returning to the literature and theoretical frameworks, to justify how decisions have been made about the findings.

2.2 Background

Researchers undertaking qualitative research do not generally begin with an extensive literature review; some argue that no literature review should be undertaken prior to the start of the inquiry, while others accept that a brief review of the literature may help focus the work (Speziale and Carpenter, 2003). The idea that suppositions and biases may be made in advance of the investigation, leading to premature closure of ideas, are the causes of the concern (Stern, 1980). Charmaz (2006) recognised the need for knowledge of leading studies and theories in the field of inquiry in the form of a proposal, as part of the process for preparing a research study but at the same time argued that the material should be put aside until after the development of categories during analysis of the data. The aim of reviewing the literature, for this study was to find research previously undertaken with a similar focus and find studies that enabled conclusions to be drawn through comparing, analysing and summarising the focus of the studies explored.

Within a grounded theory approach there is general agreement that the literature review should be conducted following, or simultaneously with, analysis of the data. Findings can then be placed in the context of what is already known, identifying its fit with known understanding about the phenomena, as opposed to confirming or arguing existing findings, as with quantitative approaches

Chapter 2 – Background and literature review

(Speziale and Carpenter, 2003 and Munhall, 2012). The work can then, argued Charmaz (2006) begin to be located within the relevant literatures.

Grounded theory is often described as inductive in nature (Glaser and Strauss, 1967 and Morse, 2001), in that the researcher has no preconceived ideas to prove or disprove, but that issues of importance emerges from the data (Mills at al, 2006). There is on-going debate, particularly between traditional and evolved grounded theorists, regarding when literature reviews should be undertaken in grounded theory (Mills at al, 2006 and Charmaz, 2006). Glaser and Strauss (1967) advocated that review of the literature comes after the analysis is completed, arguing that the researcher may otherwise explore their own data through ideas gained from other studies and risk forcing their data into pre-existing categories. Charmaz (2006) explains Glaser and Strauss' (1967) position further by stating that delaying the literature review avoids importing preconceived ideas onto one's own work. However, Strauss and Corbin (1998) argued for engaging with the literature from the outset of the research process where the literature can contribute to the theoretical reconstruction of the data and stimulate thinking.

As a doctoral student, when and how literature was identified and included was an important consideration; whilst recognising the ambiguity of grounded theory approaches, being familiar with relevant literature was necessary to informing the investigation. It seems reasonable, if not inevitable, that many researchers will have some understanding of a particular area of interest prior to undertaking a study in that field. Strauss and Corbin (1990) recognised that researchers bring to an investigation a background of knowledge in professional and disciplinary literature. This acknowledgement is further reinforced by Bryman (2008) who argued reasons for reviewing the literature help the researcher become familiar with the different theoretical and methodological approaches, in addition to prompting further questions about the focus. Indeed the research process for this study began with an already informed knowledge surrounding drinking cultures from professional and personal experience of the effects of someone's drinking on themselves and others. As a prerequisite of gaining permission to undertake this research, it was a requirement to present an understanding of what is already known in the area and what needs to be known to the assigned research supervisors and a faculty ethics panel. However the literature review needed to be more than simply determining what had been written and by whom; it was seen as an opportunity to enable the focus to be refined as well as help identify a suitable research method for ascertaining information regarding peoples experiences.

2.3 Search

An initial search of the literature was undertaken in 2007, when thoughts regarding focus began to emerge, enabling the development of a rationale for undertaking the study. During informal meetings with colleagues with professional backgrounds in mental health care and psychology, motivation and behavioural factors were acknowledged that might influence whether the consumption of alcohol is problematic as an adult for whom experiences in childhood of excessive intakes of alcohol had been witnessed. Behaviour theories on behaviour change, centering on individual's attitudes and beliefs (Ajzen, 1991 and Ajzen and Madden, 1986) and a cognitive model suggesting behaviour is determined by a number of beliefs about threats to an individual's well-being and the effectiveness of particular actions and behaviours (Becker, 1974) referred to as the health belief model were discussed. Whilst literature specific to these theories was not explored as part of the literature review here, they did none the less assist in generating a focus. Giving consideration to the idea that behaviour could be influenced, modified and changed helped provide focus. With regard to providing insight into the search terms however 'behaviour' was only considered in relation to 'problem drinking'. The key words used to search the data bases were 'drinking cultures within families', 'transmission of drinking cultures', alcohol and families', 'problem drinking behaviour', 'children of alcoholics', 'adult children of alcoholics'.

The data bases and online resources searched were as follows: psychINFO an abstracting and indexing database holding research pertaining to the field of psychology, produced by the American Psychological Association; the British Nursing Index (BNI) which is a comprehensive index concerning aspects of nursing, midwifery and community health care; and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) which offers access to nursing and allied health journals. Literature dating back 25-30 years was identified. No restriction was placed on the age of the literature searched; a book written in the early 1990s, called *If it runs in your family. Alcoholism reducing your risk* (Rogers and McMillins, 1992) revealed interesting studies and their findings, and prompted an open, broad approach and wide date range to the search. In addition to these data bases, search terms as detailed above were entered into the search engines Google and Google Scholar.

Government policy was also included, such as proposals to reduce alcohol related harm (Alcohol Harm Reduction Strategy for England 2004). This considered the impact of alcohol misuse on health and society, the numbers of problem drinking parents with children or adolescents in their care and drinking cultures within families.

Chapter 2 – Background and literature review

An initial impression of the literature was of an ongoing debate in relation to the idea of ‘things running in the family’; where alcohol taken to excess by a parent is reflected in the behaviour of the next generation, similarly to that observed with drug taking. Furthermore, the literature explored the negative effect on mental and physical health and behaviour of the off spring of these parents. Whilst the intention was to explore literature relating only to parents who drank to excess and their children, the search highlighted other relevant literature regarding partner relationships. Useful studies included those where one person is drinking alcohol to excess or misusing drugs and the impact of this on the relationship, introducing concepts such as collusion and confrontation (Orford 1992). The literature reviewed ranged from that written in the late 1970’s to late-2000. This date range in part reflects the abandonment of alcohol rationing following the Second World War, where the UK then saw an increase in alcohol consumption. It is also a period of developing research interest in this field, from largely a medically orientated perspective (Plant and Plant, 2006) to one including research exploring social and environmental influences. The initial literature review process concluded when the focus for the study emerged and where it was clear that a meaningful contribution to knowledge could be made. The data collection for this study then began.

2.3.1 Defining terms

The definition of ‘problem drinking’ is argued by Cooper (2000) as being socially determined, in that what is seen as problematic in one culture or subculture may not be deemed so in another. Cooper (2000) recognised that the language used to describe people who drink to excess has changed over time; ‘drunkard’, ‘alcoholic’, ‘alcohol dependent’ and ‘problem drinker’ are but a few, but the phenomena displayed by people who drink to excess is not fixed. ‘Binge drinking,’ for example, has been used to describe excessive or heavy drinking. However it is noted by Plant and Plant (2006) as being used in two distinct ways. The first, a ‘bender,’ is often used by psychiatrists or health professionals. This is where individuals would normally drink socially and then suddenly drinks excessively for days ignoring responsibilities relating to work and family. The second and more increasingly popular term is ‘binge’ and relates to a single drinking session intended to lead to intoxication. Cooper (2000) noted that for those whose drinking is personally affective and who drink frequently are those likely to be labelled ‘problem drinkers’.

Terms used by the World Health Organisation to describe the pattern of drinking rather than a diagnostic term for the drinking (WHO, 2007) are ‘harmful drinking’ and ‘hazardous drinking’. WHO (2007) recognised ‘harmful drinking’ as a pattern of alcohol consumption that causes mental or physical damage and ‘hazardous drinking’ as a pattern of alcohol consumption that increases

someone's risk of harm and often includes social consequences. WHO (2007) refer to 'alcohol-related harm' and 'problems related to alcohol consumption' as equivalent terms, where these refer to a wide variety of health and social problems to the drinker and to others, and where alcohol plays a causal role. NICE (2010, p7) describe 'alcohol dependence' as a 'cluster of behavioural, cognitive and physiological factors that typically include a strong desire to drink alcohol with difficulties in controlling its use'.

Many of these definitions reveal similar traits and expectations; alcohol is given a higher priority by the consumers compared to other activities and obligations, for example punctuality for work, collecting the children from school or doing the shopping. It is recognised that young people in particular have a sense of immunity with regard to risk-taking activities and perhaps explains why efforts to alert young people to potential dangers associated with substance or alcohol misuse for example, have been limited in their success (May, 1991 and Tones, 1993).

The definitions given above explain consequences of drinking alcohol to excess, the varying degrees to which this is seen and gives indication of its effects on others. The associated behaviours of drinking alcohol that participants see as problematic are of interest to this study. It is not within the scope of this study to determine the level of drinking undertaken by their parent/s; the study aims to explore participants' experiences of the associated behaviours and the influences on their drinking behaviour. The definitions together reveal that drinking alcohol can lead to problems with behaviour, rather than providing a label for the individual who is drinking, so it is this terminology that will be used and later on a definition of this sought with participants.

2.4 Literature

The literature review revealed four broadly overlapping areas namely; genetics, the environment, social learning processes and psychosocial elements. Many authors argue that there are a combination of factors affecting the development of problem drinking, particularly genetics and the environment (Heath and Nelson, 2002; Ehringer and Sikela, 2002; Dick and Foroud, 2002; Edenberg, 2002; Munroe et al, 2006 and Ball, 2007). Hung et al (2009) argued that the family is the main environment where children are socialised and learn individual behaviour. Heath et al (2002) suggested that if using a purely epidemiological approach the finding that alcoholism tends to follow in families could infer that social learning processes are the main factor in its development. Heath (1995) recognised a high correlation between an immediate relative's risk of alcohol dependence largely resulting from shared genetic risk factors rather than from purely environmental influences. This is supported by Ehringer, and Sikela (2002) and Dick and Foroud

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(2002) who have suggested that complex disorders, such as alcoholism, result from a combination of numerous genetic and environmental factors. Investigations into genetic factors have been associated with identifying risk of problem drinking (Namkoong, et al, 2008; Cotton, 1979 and Andersson et al, 2007).

Further suggestions have been made that genetics, biological development along with the environment express themselves in the psychological processes underlying adolescent decisions about whether to drink. Cotton (1979) found that first-degree relatives of problem drinkers are three to four times more probable to develop problem drinking tendencies than other relatives but noted further that twins who have a problem drinking twin are twice as likely to have alcohol dependence as first-degree relatives.

To assist in identifying relevant questions from the literature or areas of interest providing substance to, and informing, the background of this study, a checklist created by Crombie (1996) to determine the usefulness as well as the quality of studies, was utilised. Crombie (1996) suggested that, because research papers are presented in four main sections: introduction, methods, results/findings and discussion, these can be read by asking a set of questions designed to address each of the various sections, eliciting salient information about the study providing a platform for the assessment of its quality. This use of Crombie's (1996) suggested questioning: is it of interest; why and how was it done; what has it found and what are the implications and lastly what else is of interest, enabled appraisal of the evidence where an overall impression of the strengths of the evidence in this area is given.

The literature is discussed here in two sections; some authors consider genetics and environmental influences separately, though distinct from each other, their combined 'influence' is considered in some literature and so genetics and the environment are combined and likewise social learning processes and psychosocial elements.

2.4.1 Genetics and the family environment

Investigations into genetic factors have been associated with influencing drinking behaviour and the risk of problem drinking (Namkoong, et al (2008). These are numerous and whilst they have value in contributing to contextual understanding due to the psychosocial element of this research, a purely genetic influence will not be explored to any depth. The reason for this is this study's primary focus being the psychosocial influences of the family on an individual's decision making around drinking behaviour.

A broad definition of the term ‘family’ is employed to capture data about significant individuals who had a family relationship with the participant(s) of this research. Therefore the term ‘family’ is taken to imply any person or person’s living in the home who was considered by the participant to be a member of the family during the time the participant was growing up. This could therefore include biological as well as non-biological relatives or carers. Even though genetic influence is not the focus of this study its potential risk needs to be acknowledged. These stem from awareness from a professional perspective of the possible hereditary links (Edenberg, 2002) but also from a personal consideration of a genetic disposition and so being mindful that this could be something participants mention was crucial. It was therefore deemed necessary to have a better understanding of its relevance in potentially affecting the transmission of a drinking culture within the family.

Studies in this field have acknowledged the evidence of the role of genetic disposition in the prevalence of alcohol dependence (Edenberg, 2002; Andersson et al, 2007; Namkoong et al, 2008). Edenberg (2002) completed a large-scale family study to identify genes that affect the risk for alcoholism and alcohol-related characteristics and behaviours, referred to as the Collaborative Study on the Genetics of Alcoholism (COGA). Participants were systematically recruited from outpatient and inpatient alcohol treatment centres across seven sites within the United States, as well as including a large sample of control families randomly selected from the community. The strategies for genetic analyses in the study needed to accommodate the expected genetic complexity of alcoholism and the multiple phenotypes that would be collected, recognising that two people may have had the same diagnosis of alcohol dependence, but may have presented with a different set of symptoms, thus complicating the genetic analysis. Inheritance patterns were monitored within families with alcoholic members, identifying chromosomal regions that influenced alcohol-related traits. Edenberg (2002) recognised the complexities of alcoholism and that multiple genes would contribute to the risk. The findings suggested that no single gene but variations in numerous different genes together interact with the environment and place people at significantly higher risk for alcoholism. This suggestion that both genes and environment could contribute to the risks associated with alcoholism lacks conviction because of the number of variables affecting the findings, making the picture less clear in terms of alcohol dependence diagnosis and presentation of symptoms, so the difficulty here is then differentiating between the two.

Andersson et al (2007) completed a study aimed at describing alcohol involvement in relation to age and gender among Swedish university students. A secondary aim of the study was to investigate whether the results were associated with the student being in a serious relationship and/or had a first degree relative with alcohol problems. The findings indicated that a high level of

alcohol involvement was affected by, amongst others, heredity of alcohol problems. Whilst the significance of the findings intimate a genetic link of alcohol problems there would seem to be many other potentially highly influential factors affecting alcohol consumption, such as peer pressure within a university setting. This would suggest that caution is needed with acknowledging these findings. As with Edenberg's (2002) study these 'other factors' would be difficult to expose or separate from purely a genetic influence.

Namkoong et al (2008) aimed to identify genetic factors associated with a high risk of developing alcohol dependence in children of 'alcoholics', using a type of polymorphism to compare these results with results from children of 'non-alcoholics'. The study population were offspring of individuals with a diagnosis of alcohol dependence from within three Korean hospitals. One of the hospitals in the study was a mental health hospital, part of the 'non-alcoholic' group, where participants whose parents did not have alcohol –related or psychological problems. Genotyping was carried out where the results suggested the possibility that children of 'alcoholics' are more likely to develop alcohol or substance abuse in adolescence or adulthood than children of 'non-alcoholics'. In addition to the genetic influence, a number of psychological characteristics were seen as likely to have a role in whether children of 'alcoholics' develop alcoholism or substance abuse. Behavioural problems identified were for example, impulsive sensation seeking. Limitations of the study were the small sample size and the inclusion and exclusion criteria, where a diagnosis criteria for alcohol dependence was used to assess parents, but which excluded those drinking problems that fell short of the assessment criteria. More significantly perhaps, the study was unable to control other variables such as comorbid mental health disorders, socioeconomic background and gender. Recommendations were made for a future larger scale study to be undertaken, where the intention was to consider these factors. However a further possible limitation of this study not acknowledged by Namkoong et al (2008) were the variable factors denoting signs and symptoms of alcohol dependence, also acknowledged as a limitation in Edenberg's (2002) study.

Whilst Edenberg (2002) and Namkoong et al (2008) have all argued there is evidence of significant risk factors for developing alcohol dependence or other drug use disorders relating to a family history of alcoholism, it is also acknowledged that most people have tried alcohol yet few develop an addiction (Heath, 1995; Heath et al, 2002). The abuse of alcohol requires the presence of a vulnerable substrate to develop the abuse potential, this being influenced by the interplay between genetics and the environment (Munroe et al, 2006). Rogers and McMillin (1992) also argued that inheritance does not necessarily imply that all essential aspects of a disease are carried in the genes, but that external factors, for example, repeated exposure to alcohol, are required to initiate problem drinking behaviour.

The literature above highlights studies where findings have presented a combination of factors that have been found to impact the development of problem drinking arguing that problem drinking results from a relationship between genetic influence, biological processes and the environment. However Ball (2007) has suggested that despite the mostly accepted concept that there is a familial nature to addiction, the extent to which it is attributable to genetics remains controversial, where proof of purely a genetic mode is limited.

2.4.2 Social learning processes and psychosocial elements

There has been a wealth of research concerned with excessive drinking by a family member, where its focus has largely been on the person who is drinking excessively. Later research focused on children with problem drinking parents but did not focus on how the children were coping and instead explored the family history of drinking to excess (Orford, 1992). However, interest in this area of research began to shift towards, and focus on, the children of problem drinking parents and advances in knowledge in the last few years have been made with regards to gaining a more detailed understanding of people's experiences of knowing someone and being affected by, someone else's drinking (Copello and Orford, 2002). The literature that will be reviewed here will explore parental drinking or drug taking and the impact to offspring.

The literature reveals much controversy over what causes alcohol-related problems and numerous studies have proposed that having a family member with an alcohol problem leads to varied negative health outcomes for the children and/or later in adulthood. Studies have consistently suggested that children of problem drinking parents are more likely to have psychological problems or in adulthood become a parent with alcohol dependence (Connelly et al, 1993; Velleman and Templeton, 2007; Ray et al, 2009; Orford et al, 1992 and Rafferty and Hartley, 2006). Coyle et al (2009) argued that stress challenges a family's ability to cope and that alcohol abuse significantly impacts families. Ray et al (2009) acknowledged that a conceptual framework of family functioning exists, and argued that the more stressful home environments are, for example, families where there are alcohol use disorders, poorer functioning and physical health results. Ray et al (2009) summarised findings from literature identifying that having a family member with an alcohol problem affects the way the family functions and that this may lead to greater risk of illness and behavioural patterns becoming evident. The key factors included medical costs and prevalence of health conditions of family members with alcohol or drug dependence (Velleman & Templeton, 2005 & Ray et al, 2009), how individuals cope with someone's drinking (Orford, 1992 & Orford et al, 1998), exploring any stress caused by someone's drinking in relation to development of physical and psychological symptoms (Copello et al, 2000) emotional, behavioural and learning difficulties

(Orford & Velleman, 1990) and disharmony within the family as a risk factor for children of problem drinkers in adult life (Rafferty & Hartley, 2006).

Templeton et al (2009) reported on the English findings of a Europe-wide collaboration where their study was part of an ongoing programme of research by ENCARE (European Network for Children Affected by Risky Environment within the Family). A core methodology was adopted by all partner countries participating in the study, where the aim was to interview young people aged 12-18 years about their experiences of living with parental alcohol misuse and parental domestic abuse. To be eligible for the study, the young person had to live with a parent (or identified person with parenting responsibility) who at the time of recruitment had to have an active alcohol problem for which they were receiving treatment. In recognising the complexity of the many potential problems within the environment, parents and children were excluded from the study where *significant* mental health problems or learning difficulties were present. Structured interviews were undertaken where additional qualitative data, either from open-ended questions or from any further information participants wanted to offer, supplemented the responses from the questionnaires. The focus of Templeton et al's (2009) report was on the qualitative data, which were analysed using thematic analysis. It was a relatively small element of the study, where eight participants from five families were included, one of which was male. This was acknowledged by the researchers and recommendations made for future work.

The study revealed that common to participants was the existence of verbal aggression, with physical violence being less evident. Despite the prevalence of domestic abuse the impact of the parents drinking was talked about more in relation to key events in their lives, rather than the aggression; with participants wishing for themselves that the drinking would stop. A possible explanation for this was offered in that the abuse would decrease if the drinking stopped or decreased. Coping strategies were explored and were noted as being different from those in the main European sample.

Recommendations were once again made for future research, with specific interest in cultural factors. The data revealed insights into what Templeton et al (2009) referred to as 'protective factors' indicative of resilience, believed to be where another person, for example, the non-drinking parent, or friend, was able to provide support. Findings from the study would not be generalisable, but whilst small in size, the study was able to offer interesting areas for further exploration. One area identified was to develop an understanding of protective factors and their role in promoting resilience. Greater clarity within the report perhaps needed to be given to explaining how ill mental health was determined in order for this to be considered criteria that would exclude participants from the study. Templeton et al (2009) excluded those with '*significant* mental health problems'

(p141) but did not indicate what was considered *significant*. The implications of this in relation to exploring coping strategies appeared to have been overlooked.

The focus in the following study explored sibling relationships as well as family cohesion. Orford et al (2003) investigated the bonds between young adult offspring of parents with drinking problems and made comparisons with participants of non-problem drinking parents. Semi-structured interviews were conducted producing quantitative data regarding the quality of the relationships between the participants and both parents. As part of the interviews participants were asked to describe in detail the nature of each (or bond attached to) relationship they considered part of their immediate family during childhood. Participants then assisted the interviewer in developing a family diagram where a particular design of line (straight line, no line, dotted line) from the participant to each family member denoted a level of bond between them; mild positive bond, almost or absent bond and negative bond.

Previous research findings of the detrimental effects of problem drinking on family relationships were noted as increased arguing and violence and poor communication (Orford et al, 1998; Velleman and Orford, 1999). With this in mind, the findings from Orford et al's (2003) study were not unsurprising. The two groups did differ significantly in relation to overall family cohesion with participants. Families with problem drinking parents had deficiencies in relation to family cohesion and non-problem drinking family's relationships were mostly preserved. The bond between parents of participants in the 'offspring' group was less positive than for participants in the 'comparison' group.

However there was expectation that sibling bonds would be strengthened as a result of parental problem drinking but the study's findings contradicted this hypothesis. Conclusions drawn were that parental problem drinking affects relationships siblings had with each other as well as the relationships between the problem drinking parent and other members of the family. Unique to this study is of its focus on the effects of problem drinking on the whole family, as opposed to identified individuals with a specific relationship, for example, parents with children and partner with partner. However, findings were limited in their detail of the sibling relationships in the family examples given. From the reader's perspective the sibling relationships were hard to gauge, with the findings arguing that sibling relationships were 'adversely' affected. The degree to which and the way in which sibling relationships were affected is not disclosed.

Numerous researchers have argued that parental problem drinking affects parenting and increases risk for alcohol use in children (Chassin et al, 1996; Hill et al, 2000; Sher, 1991; Hung et al, 2009 and Lieb et al, 2002). In these studies significant relations are made between parental problem

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drinking and parenting. However a contradiction to this is acknowledged in the main finding in van der Zwaluw et al's (2008) longitudinal study showing that, except for alcohol specific behavioural control, parental problem drinking did not affect parenting over time, highlighting that more alcohol-related problems did not result in less behavioural control, or less support.

Van der Zwaluw et al (2008) acknowledged that research exploring the link between parenting and adolescent alcohol use has tended to focus on general parenting rather than exploring the actions of parents to discourage or prevent their offspring from drinking alcohol. Amongst other parenting attributes such as support and general parenting, alcohol-specific parenting was a focus which included questions about parental permissions in relation to alcohol use. Participants were required to rate the applicability of the question to them for example, 'I am allowed to drink alcohol during weekdays', within a scale from 1-5 that is, completely applicable to not at all applicable. Van der Zwaluw et al (2008) argued that whilst parental problem drinking was not associated with parenting in general, higher levels of both parenting and problem drinking related to less engagement in drinking over time. Implications of these findings concluded that environmental factors such as parenting and modelling influence the development of alcohol use in adolescents. The study also noted that during adolescence the importance of parental influence decreased over time and peer influences increased. However whilst the authors acknowledged that environmental factors, for example, parenting and parental modelling, identified as shared factors affect adolescent alcohol consumption they also acknowledged that non-shared factors such as genetics and peer pressure may also have impact. Limited attention was given to either within the findings and was recommended as an area for future research, although peer influence would seem a complex variable to explore along with genetic disposition.

Hung et al (2009) argued that the family is the main environment where children are socialised and learn individual behaviour. Hung et al's (2009) study, undertaken in Taiwan, a country of low alcohol consumption, investigated first time users of alcohol in teenagers and determined factors within the family associated with this first use of alcohol. The findings identified that students with both parents using alcohol had less parental support and more family conflict. Whilst Hung et al (2009) recognised the research that supported genetic factors contribution to the initiation of alcohol use; they also acknowledged literature that advocated alcohol use in early adolescence being strongly influenced by social and familial environmental factors.

Their study made reference to social learning theory and social control theory, one emphasising the effect of modelling behaviour and the other emphasising the behaviour of social bonds in relation to parents, and /or peers for example. Hung et al (2009) explored models relating to social learning and modelling within the data and later in the analysis. They collected data through self-completed

student questionnaires and parent self-completed questionnaires, seeking information regarding parental support, family conflict, parents' education level, sex, cultural aspects such as residential area. Hung et al (2009) concluded that the earlier young people start to drink alcohol, the greater the risk of misuse, in terms of dependence. The role of parents' use of alcohol and family interaction were highlighted as influential in the first use of alcohol in children and in van der Zwaluw et al's (2008) study findings indicated that higher levels of drinking were reported by adolescents where parents permitted its use. Robson (2001) highlighted the important position of parents as role models to their children and suggested that responsible drinking in the home may be essential to protecting children against alcohol misuse. Hung et al (2009) collected a wide range of data that would have produced a number of outcomes where influence could have been attributed to first time use of alcohol and perhaps this limited the strength of this evidence where these numerous variables such as; education, sex, culture and residential area, the socioeconomic factors, could in addition to parental influence, impact student's first use of alcohol.

Orford and Velleman (1990) recognised that much of the evidence supporting intergenerational transmission of problem drinking had been determined through retrospective accounts of adults whom developed problem drinking behaviours but that few studies adopted prospective designs of adults who had problem drinking parents.

Velleman and Orford (2001) explored a range of issues relating to adult adjustment following growing up in a home where there was problem drinking by a parent and recognised literature from the USA that reported intergenerational transmission of alcohol problems. Where alcohol problems ran in the family, these problems were seen in one generation and in the next within families (Cotton, 1979 and Goodwin, 1979). However, Rogers and McMillin (1992) argued that though most descendants of alcoholics do not develop problem drinking tendencies, the increase in risk remains a statistical reality. Velleman and Orford (2001) noted research providing evidence of the harmful effects on children lasting into adulthood from physical abuse.

Assumptions appear to have been made in previous years of the inevitability that abuse will lead to abuse. However research in the last few years has recognised that this picture is complex. Within the family dysfunction, identifying where the effect originates is difficult, but has similarities with the long term effects of having had a parent with a drinking problem and that childhood to adulthood continuities are not always the case. As noted by Velleman and Orford (2001) many children grow into well-adjusted/functioning adults. Rafferty and Hartley (2006) recognised that while the difficulties of many children of problem drinkers, as children and as adults, legitimises the need to explore their experiences, this should not obviate a tendency to assume that growing up with problem drinking inevitably implies a negative future.

The extent and the approach to which this issue has been explored has led to opposing and contrasting thoughts about intergenerational transmission of problem drinking within families, where perhaps the cause for any continuity within the family has not been made clear in the literature. Furthermore it is apparent in the literature that the path from childhood to adulthood is not straightforward and that it is not inevitable that problem drinking will be transmitted from one generation to the next. The emerging picture of adversity in childhood is however complex and appears to be influenced by many factors.

Much research explores the future risks for children in adulthood rather than how they are coping with the problem drinking within the family. Whilst there is much evidence that argues that children are affected by parental alcohol misuse spanning a wide variety of harms, such as the development of alcohol/drug and/or mental health problems in addition to an increased risk of behavioural problems and difficulties with personal relationships, there is also evidence that there are children who, despite their parents' alcohol problems, have managed to lead healthy and positive lives in adulthood (Velleman and Orford, 2001; Tweed and Rhyff, 1999 and Velleman and Templeton, 2007).

In their book; *Risk and Resilience. Adults who were children of problem drinkers'* Velleman and Orford (2002) present their study methodology and findings following a review of the literature. The book identifies what was already known in the area, and included acknowledgement of emerging evidence regarding the effects of childhood stressors like parental divorce, where children in these situations were considered to have problems that revealed themselves later in adulthood (Velleman and Orford, 2001). In Velleman and Orford's (2001) study resilience, amongst other things, following childhood adversity was explored (Woodside, 1988 and Orford, 1990) and despite the complex nature of the relationships of those being studied as well as the numerous variables that existed, Velleman and Orford's (2001) study was consistent in their findings that the effects on children who have a parent/s with problem drinking behaviour have an increased risk of emotional and behavioural disorders. These findings are consistent with those mentioned.

Velleman and Templeton (2007) explored literature on the potentially negative impact of growing up in a family with a parent who has a drug or alcohol problem, with specific interest in resilience. This idea of children being resilient was discussed in the findings suggesting there are protective factors that minimise negative effects of parental alcohol misuse. Velleman and Templeton (2007) argued that resilience results from an individual's interaction with their social environment and can therefore be influenced. Strategies for coping with the parental drinking were identified, where

these were recognised as protective factors that enable a child to recover from adversity. Whilst they recognised caution of some of these strategies, such as detachment or withdrawal from a person or situation, they observed key transition points in a person's life that may impact the development of resilience. However, in terms of the reality of the varied home and social circumstances of individuals, this is limited and generalisations appear to be made against that which is clearly inconsistent.

To understand resilience further, definitions were explored and were found to be fairly consistent. They refer to individuals being resourceful and responding to problems positively, they talk about the ability to continue despite trauma or adversity (Hart and Blincow, 2007; Ungar, 2004; Hawley and Dehaan, 2004). Walker et al (2004) argued that definitions of the term resilience vary and cause confusion. Whilst contexts may vary it seems that the meaning still can be shared, for example when talking about social ecological systems, resilience refers to aspects that govern a systems dynamics (Walker et al, 2004). However, words such as adaptability and transformability are used to describe the system's ability with regard to resilience. Interestingly Walker et al (2007) described the system as having the ability to absorb dysfunction and reorganise. Similarities can be seen here in the meaning of resilience. It seems that it is this ability to 'absorb dysfunction and reorganise' (Walker et al, 2007) that enables other attributes of strength and resourcefulness to become evident. This lends itself to the idea that resilience means people 'survive;' they are resourceful and have strength to carry on, adjusting in or to life.

Velleman and Templeton (2007, p82) argued that as a process, resilience should be considered the result of an 'interaction between the individual and their social context', leaving it exposed and accessible to other influences. Flynn et al (2004) argued that resilience is a characteristic inherent in everyone, but that it may be difficult to retrieve with the depth of some problems faced (Velleman and Templeton, 2007). The presence of risk and stress are considered factors that will cause a family to adjust and adapt and develop resilience (Velleman and Templeton, 2007; Coyle et al, 2009). Velleman and Templeton's (2007) exploration of literature relating to resilience was not confined just to children in families where there is substance misuse problems, they acknowledged evidence that children can experience a variety of difficult circumstances within families without developing significant problems.

2.5 Focus

In finding a focus and justifying the area of investigation it became apparent from the literature presented that, whilst ill health was a common factor in many children and/or later in adulthood, it

was important to note that behaviours relating to alcohol intake would not be focused on, unless alcohol was taken to excess. The idea of children being resilient was discussed in the findings and led to this being a consideration in relation to what might need to be explored during interviews with participants. With the many aspects of resilience, risk and stress in mind, it seemed important to become aware of coping mechanisms/strategies when listening to, and when developing the analysis of the data of participants' experiences of a parents drinking, and how this may impact their own relationship with alcohol.

Little appears to be known specifically about how experiences of a parent/s problem drinking in the home influences adults, who have grown up in this environment, and their drinking within recommended limits. The current research leaves many unanswered questions. These relate to: whether drinking alcohol within these limits is a conscious or deliberate act; whether it is guided by previous experiences such as behaviour of those doing the drinking; whether it is impacted by having knowledge of the potential for the transmission of a drinking culture within the family.

2.6 Summary

It is apparent in the literature reviewed in this chapter that there is a great deal of knowledge regarding links between genetics and the environment and how parental drinking behaviour can influence children during their childhood and later as adults and more specifically the impact this can have regarding adopting similar behaviour of problem drinking tendencies. In addition, the literature argues that the environment impacts mental health and wellbeing of children during their development and again in adulthood. However, whilst the literature reveals increased risk to family functioning and mental and physical ill health, no literature was found which specifically explores the experiences of those who currently drink alcohol within recommended limits, irrespective of whether there is physical or mental ill health present. Further the literature does not specifically examine the relationship with alcohol of those who grew up in such an environment where drinking is within recommended limits.

Alcohol misuse is sometimes referred to in the literature as an addiction. However, although some authors (Munroe et al, 2006; Ball, 2007) use this term, identifying whether problem drinking is an addiction will not be explored. The focus this study will take does not lend itself to argue for, or against, any causes of problem drinking, it will not seek to determine whether it should be referred to as a disorder, a disease or an addiction.

The literature presented clearly identifies a gap in knowledge. Evidence is not conclusive whether problem drinking behaviours are transmitted through the family and, in fact, this picture is compounded by the numerous variables that influence this. It is recognised however that whilst an increased risk of problem drinking exists to adults who grew up in an environment where there was problem drinking by a parent, it does not automatically mean this behaviour will be adopted. This makes the case for this study, to consider that if the risk is there what influences participants to drink alcohol but within recommended limits. Drinking behaviour and modifying behaviour were considerations given to the direction of the enquiry and whether this could be linked to theories about behaviours adopted. In light of the literature presented, this study's central question and aims are to explore the experiences of adults who drink within recommended limits but who grew up in a home where a parent/s drank alcohol to excess and to explain what influences their own drinking behaviour. It will seek to explain what influences participants own drinking behaviour, by way of; exploring and understanding what affects their drinking and whether decision making with regard to this is deliberate; whether experiences are consciously thought about and form part of the drinking episode.

Although mental ill health and physical ill health will not be explored with participants in this study, they may exist/have existed and may impact their drinking behaviour. This will have implications for the study in that any additional complication of ill health is a factor that will need considering when exploring options for supporting families where problem drinking is or has been a concern.

The literature included a plethora of research about the transmission of a drinking culture within the family and the development of problem drinking in adulthood, where much of the research explored the future risks for children as adults rather than how they are coping with the problem drinking within the family. However, little was known about how a family member's problem drinking behaviour influences these individuals as adults and their own drinking within recommended limits.

This appears to be a gap in the literature and therefore an area for further research. The study's focus became the exploration of **'the experiences of adults who grew up in a home with problem drinking parent/s, but who drink within recommended limits'**

Furthermore this acknowledgement of the literature permitted an improved and informed position regarding the research design to be undertaken. A number of methodological approaches have been taken in the literature presented; both quantitative and qualitative designs are seen. These were largely questionnaires or structured or semi-structured interviewing. However, grounded theory as

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a study design is not seen in the literature for exploring this focus. Chapter three presents the methodological approach taken to explore ‘the experiences of adults, who drink within recommended limits and who grew up in a home with problem drinking parent/s’. The chapter provides justification for adopting grounded theory as the study design and for the decisions made regarding analysis of the data.

Chapter 3: Methodology, design and methods

3.1 Introduction

Given the nature of the research question it was necessary to identify a research method that lends itself to the exploration of people's experiences and generates theory. This chapter seeks to provide justification for the use of a qualitative methodology, and grounded theory in particular. Issues surrounding recruitment are explored, along with related ethical considerations. A transparent and detailed description of the process by which data were collected and analysed is also provided and justified.

3.2 Constructivist Grounded Theory and its philosophical underpinnings

3.2.1 Adopting a qualitative paradigm

The qualitative paradigm has developed from a range of disciplinary traditions (Mason, 1996), lending itself to research that intends to explore people's experiences, emphasising discovery and meaning (Smith, 1998; Munhall, 2011) and is invariably concerned with human behaviour and functioning (Strauss and Corbin, 1990). In contrast, quantitative research tends to draw on the positivist and post-positivist paradigms. It is often deterministic, supporting the notion of cause and effect (Parahoo, 1997; Munhall, 2011) where a hypothesis is developed about a phenomena and the research then seeks to confirm it (Speziale and Carpenter, 2003, Charmaz, 2006). Positivist researchers insist upon researcher neutrality and objectivity (Lather, 1986; Hesse-Biber and Leavy, 2007). However in this post positivist era researchers have become increasingly critical of positivist paradigm in relation to the complexities of the human experience recognising that objectivity is logically impossible in the human sciences (Lather, 1986; Speziale and Carpernter, 2003). It is argued that knowledge created from interpretation of phenomena is subjective and qualitative in nature, and is 'created from understanding and interpretation of phenomena within context' (Speziale and Carpenter, 2003, p8). In other words, the aim is not to arrive at ultimate truth, as with post positivism, but to make meaning (Munhall, 2012). The phenomena of interest in this study explore human experiences and what influence these have on behaviour, and so the significance of objective, rational science is of less concern. Qualitative inquiry places value on the study of human experiences and as part of the scientific inquiry, subjectivity is acknowledged and valued.

3.2.2 Justification for choice of methodology

Qualitative research has been most commonly associated with the interpretivist sociological tradition particularly phenomenology (Mason, 1996). The area of investigation in this study suggested a sociological interest, in that it sought to explore behaviours amongst humans implying that this refers to sociological processes. Initially considered was phenomenology which; aims to understand the lived experience of individuals, is interested in the perception of the world created by people, the idea of natural attitude, the essence of people, the perception of reality (Van Manen, 1984; Sarantakos, 1997; Munhall, 2012) and in how participants give meaning to their experience (Munhall, 2012). In such research, the researcher brackets his/her own presuppositions about the phenomenon being studied, so that they may not interfere or influence the participants' experience (Sarantakos, 1997; Parahoo, 1997). An expectation of the researcher might be that they will see through the eyes of participants, which has potential practical implications, in that the research may only see through the eyes of some and not all. As Bryman (2004) argued this then has the potential to lose sight of what is being studied. Parahoo (1997) suggested that phenomenology stresses the notion that only those who experience phenomena are capable of communicating this to others and that it is the researcher's task to describe phenomena as experienced and expressed.

Due to its sociological perspective, in that it explores not just the individual, but the forces that shape them and their actions, phenomenology was initially considered appropriate for this research. However aspects about its approach did not suit the question or the researcher 'position'. In both phenomenology and grounded theory, the researcher recognises personal biases, assumptions and presuppositions. Grounded theory, however does not ask the researcher to set these aside, but to use this to construct meaning within the data. Munhall (2012) explains that for a grounded theory study, the research constructs both the problem and the way it is processed through analysis of the data; therefore it begins with a statement of purpose, rather than a list of research questions or hypotheses. The aim of this study was to explore peoples' experiences of growing up in a home where there was problem drinking by a parent with the purpose of exploring factors that have influenced participants own drinking behaviour. Personal experiences of growing up in an environment where a parent drank alcohol to excess were brought to this study and are reflected upon during the research process. The psychosocial element (the combination of psychological and social behaviour) to the investigation was apparent from the outset. Factors such as the environment, relationships and support and how they impacted participants' psychological state were a focus of the investigation/study. Insight from personal and professional experiences with regard to the area under investigation, along with relevant literature, enabled the focus to be refined and the aims and objectives to be established.

Grounded theory was initially developed by two researchers, Barney Glaser and Anslem Strauss over 40 years ago and, following their divergence in the late 1980s, interest in grounded theory

methods gained momentum (Bryant and Charmaz, 2013). The approach, termed by Glaser as ‘traditional’ or ‘classic’, representing the method in its original form was originally used to explore people’s experiences of illness. However it is now more widely adopted within social and health research with researchers adhering to the basic principles of grounded theory, albeit not necessarily using a purist form.

A constructivist grounded theory approach has been taken in this study to explain meanings, actions, beliefs and social structures (Charmaz, 2007). Hardley and Mulhall (1994) suggested that grounded theory has been used to uncover unidentified concepts or processes that will promote the understanding of phenomena and has the potential to highlight problem solving strategies. In grounded theory, the researcher does not start with a theory and then tries to prove it; the approach allows what is relevant to the study to emerge (Glaser and Strauss, 1967; Strauss & Corbin, 1990; Saldana, 2011).

Charmaz (2007) argued that grounded theory ‘serves as a way to learn about worlds we study and a method for developing theories to understand them’ (p10). Constructivism, according to Denzin & Lincoln (1998), means that individuals do not find or discover knowledge but, more likely, construct or make it. This view goes against that of Glaser (2002) who maintained conclusions emerge from the data. In contrast, Charmaz (2007) assumed neither data nor theories are discovered; suggesting that the researcher is part of the world studied and the data collected and that theory is constructed through interaction with people. Authors such as Mills et al (2012) and Charmaz (2006) recognised the constructivist approach as adopting robust principles and processes of data analysis where the intention remains, as with more traditional forms, to develop theory from the data. To provide further clarity regarding the principles of these approaches, table 2 was developed.

This table does not take into account methodological development of grounded theory processes where Glaser has been referred to as Traditional Grounded Theorist and Strauss and Corbin as Evolved Grounded Theorists, where they agreed to constructivist research values (Mills et al, 2006). The table is provided to illustrate the commonalities and differences between traditional grounded theory and constructivist approach.

Table 2 Traditional and Constructivist Grounded Theory

Traditional <i>Glaser</i>	Constructivist <i>Charmaz</i>
<p>Grounded theory methodology seeks to construct theory about peoples' lives. Data collection is described as inductive, the researcher has no preconceived ideas to prove or disprove. Important issues for the participants emerge from the data about an area of interest to the researcher (Glaser and Strauss, 1967)</p>	
<p>Common characteristics exist: theoretical sensitivity, theoretical sampling, constant comparative methods, coding, meaning of verification, diagramming, measuring rigor (McCann and Clarke, 2003)</p>	
<p>Ontological position - Truth is discovered in the data that represents reality.</p>	<p>Ontological and epistemological position – relativist and subjectivist. Importance is placed on the interaction between the researcher and the participant in the research process, promoting the idea of researcher as author.</p>
<p>The researcher enters the field with as few predetermined thoughts as possible and advocates delaying the literature review until the analysis is completed, thereby avoiding seeing the data through previously developed ideas (Glaser, 1978), not being tainted by extant ideas (Glaser, 1992 and 1998).</p>	<p>Data are discovered from the interactive process.</p> <p>The literature review can set the stage for subsequent chapters. This material can then lie low until categories are developed and analytical relationships made between them (Charmaz, 2006).</p>
<p>Reliance is placed on the researcher's immersion in the emerging data to increase theoretical sensitivity.</p> <p>Objectivity is seen to be maintained if there is personal and analytical distance from the data (Glaser and Holton, 2004).</p>	<p>Meaning (which can be multiple) is constructed from the data, questioning tacit meanings about values, beliefs and ideologies (Mills et al, 2006). Interaction between the researcher and the participant produces the data.</p> <p>The researcher positions themselves as co-producer (Holstein and Gubrium, 2003).</p>

Traditional <i>Glaser</i>	Constructivist <i>Charmaz</i>
Coding from the data uncovers an emergent grounded theory from the field of inquiry.	The researchers immerse themselves in the data, maintaining the participants' narrative in the final research outcome. Raw data are included in the theoretical memos and as these develop and become more complex and analytical the participants voice* and meaning remain. Context and mood, for example, are captured to envisage the experiences of participants.
Facts and values are separated and presented as a description of what is studied and not a creation of them (Charmaz, 2006). The focus is on emergence of conceptualisation within the data through constant comparative analysis (Glaser, 2013).	Value is placed on the participants contributing to the grounded theory presenting it as readable theoretical interpretations (Charmaz, 2001).

**Voice is discussed later under 3.8.1*

Perceptions exist that grounded theory techniques lack structure (Glaser, 2004). However this is in contrast to Charmaz (2007) who views grounded theory methods as a set of principles and purposes but not as prescriptions. This study applies principles of data analysis outlined by Charmaz (2006) which are presented later in chapter four of this thesis.

Charmaz (2000, 2007) proposed that a constructivist approach places priority on the phenomena being studied. Interpretative theory requires imaginative understanding of the phenomenon and the acknowledgement that multiple realities exist, allowing for indeterminacy and giving priority to patterns and connections within the data (Charmaz, 2007). The resulting theory from a constructivist approach is an interpretation assuming that data and analysis are social constructions that reflect the findings (Bryant, 2002; Charmaz, 2000). This concept of 'imaginative understanding' appeared at first to lack boundaries. Bryant (2002) and Charmaz (2000) justified their viewpoint by arguing that social constructions should reflect the findings and should not feel constricted by the data and its construction. A reality needs to exist in the construction so that it is not far removed from the world, and is understandable.

In reflecting on this position, whilst it seemed evident that Charmaz (2000) was not proposing that to have 'imaginative understanding', is to be 'wild' of thought, it did seem to suggest an opportunity to be original and take inspiration from the data. Equally the word 'imaginative' could

be seen as a caution to ensure that *we do not see what is not there to be seen*. Glaser and Strauss (1999) argued for a more systematised approach to coding, emphasising this should not restrict creativity, and promoted the idea that researchers should find their ‘own’ methods for generating theory. This seems to be reflected in Charmaz’s (2002) suggestion, *to find your own path through the data*.

3.2.3 Principles of Grounded Theory

Knowledge can be generated from either an inductive or deductive approach. Both are important forms of developing knowledge; however their use will depend on the question being asked (Batavia, 2001; Speziale and Carpenter, 2002). An inductive approach is one where conclusions may be drawn or theories developed about a particular phenomenon whilst a deductive approach is one where researchers formulate a theory or hypothesis and collect data to prove or disprove the theory/hypothesis (Parahoo, 1997; Batavia, 2001; Speziale and Carpenter, 2002).

For this study, grounded theory will be used as an approach to analyse data. The study phenomena will be inductively derived from the data and will therefore allow what is relevant to the study to be explained (Strauss and Corbin, 1990; Miller and Fredericks, 1999). However, because grounded theory strategies includes reasoning about experiences for making theoretical conjectures and then checking them through further experience (Charmaz, 2007) both inductive and deductive approaches seemed appropriate for this research. Furthermore, due to the nature of the reasoning relating to experiences within grounded theory, it is also abductive in nature, where one begins with the data and subsequently moves toward the formation of a hypothesis (Rosenthal, 2004).

It is acknowledged that researchers bring personal experience to a study and some researchers suggest that preconceived ideas may impact development of the research or that this can enhance understanding of the phenomena (Speziale and Carpenter, 2002). Nevertheless, the researcher needs to recognise and avoid bias. An important element of the grounded theory methods is reflexivity, where the researchers’ own thoughts and questions about the process and data are written (captured) in order to make explicit within the analyses the research participants beliefs, reasons for actions and influences. Charmaz (2007) stated that preconceived ideas may be brought into the research should the researcher be unaware of assumptions at the outset, thus importance is placed on reflexivity about the researchers own interpretations, in addition to those of the participants. My personal experiences of growing up in a home where there was a parent with problem drinking behaviour, has meant that I needed to reflect on my own beliefs and values and experiences during data analysis, recognising any presuppositions I might have brought to the process of analysing the data and how this had been influential in the development of the theory. Chapter four gives examples of reflective notes.

A further substantiating rationale for selecting constructivist grounded theory is in the use of the literature which is seen as having potential for stimulating thinking and being intertwined with the researchers developing theoretical reconstruction (Charmaz, 2007). This is in contrast to traditional grounded theorists who argued that the literature can contaminate or constrain the researcher's analysis, therefore making the data separate from the participant and the researcher (Mills et al, 2006). Lempert (2007, cited in Bryant and Charmaz, 2007, p20) argued that a literature review provides the existing parameters of the conversation the researcher hopes to become part of, but does not, however, define the research. The balance, argued Bryant and Charmaz (2007) is in using the literature to provide the starting framework with having a level of understanding to provide orientation. Numerous forms of data exist in grounded theory and Charmaz (2009) viewed data as not separate from the participants and the researcher, but that through interaction data are mutually constructed. The constructions aim for an interpretative understanding which is demonstrated through a process of rigorous analysis, relative to its historical beginning.

As grounded theory is recognised as an approach that explains social processes (Burns and Grove, 1993; Hardley and Mulhall, 1994; Morse, 2001 and Speziale and Carpenter, 2002) this seemed to provide justification for the use of grounded theory to explore experiences of adults who grew up in a home where there was problem drinking behaviour.

In summary, Charmaz's (2009) strategies were chosen for this study in relation to the analysis of the data; as this approach proposes that knowledge is socially produced and that multiple views of both the research participants and the grounded theorist exist. Furthermore data are constructed, rather than discovered, and analysis is seen as interpretive, hence promoting a reflexive attitude towards the researcher's analytic constructions of the data (Charmaz, 2007: 2009).

3.2.4 Role as researcher and theoretical perspective

To provide further clarity regarding the methodological choice for this research and the epistemological and ontological stance and its relationship to the study Weaver and Olson (2005) and Guba and Lincoln (1994) suggested that the paradigms, beliefs and practices that regulate enquiry are made explicit. Munhall (2012) asserted that the way grounded theory is undertaken is influenced by the paradigm orientation. Over the years there have been diverging approaches and positions to undertaking grounded theory, where the form followed is determined by the clarification of the nature of the researcher and participant relationship as well as the explication of the area of investigation of what can be known (Mills et al, 2006).

Constructivist grounded theory forms part of the interpretivist tradition (understanding the meaning of social actions), and studies how and in some cases why participants construct meanings and actions in specific circumstances. This theory sees both data and analysis as developed from shared experiences with participants and other data sources (Charmaz, 2000, 2007). In this constructivist approach, a reflexive stance is taken toward the research process and with regard to the researcher's own interpretations as well as the participants, enabling the researcher to become aware of any assumptions and presuppositions and how these may affect the research and how their theories evolve (Bryant, 2002; Charmaz, 2007).

The interpretive paradigm 'emphasises the meaning individuals ascribe to their actions' (Weaver & Olson, 2005, p460). Charmaz (2000) argued that most grounded theory is objectivist, implying that social phenomena and their meaning are independent of social actors (Bryman, 2008). Guba and Lincoln (1994) argued that this is aligned with post-positivist assumptions; that a single reality exists, that objectivity is a regulatory ideal and that findings are established through replication and relate to existing knowledge. Charmaz (2000) proposed that an alternative approach, constructionist or constructivist, is preferable where the researcher becomes an active participant in the construction of the research.

This acknowledgment that the researcher is seen as active in the construction of research conclusions is significantly different from the objectivist position (Munhall, 2012). Constructivism and constructionism share a critical view of the empiricist paradigm of knowledge generation. Both challenge the idea of absolute truth (Charmaz, 2000). However an essential difference between the two exists; constructionism focuses on the social setting – placing the human relationship in the foreground, and so is concerned with negotiation, conflict and roles for example. Social Constructionist inquiry is principally concerned with the processes by which people describe or explain the world in which they live, where it attempts to give common forms of understanding as to how they exist now, how they have existed and how they might exist (Gergen, 1985). Alternatively constructivism focuses on the individual in the social setting and centres on psychological processes (Robbins, 2003 In Vygotsky and Leontiev, 2003). Constructivism, whilst implying relativism does not indicate an extreme position of just opinion. Instead it indicates a meaningful construction of reality, therefore, building something profound from the data and not merely a judgement of it where little exploration and depth of thinking has been undertaken (Lincoln, 1996).

Historically researchers have maintained a position of distance from the research/participants. However, within constructivist grounded theory the researcher is positioned as the author of the reconstruction of experience and meaning (Charmaz, 2000; Mills et al, 2006). Charmaz (2000) advised that data are narrative reconstructions of experiences and not indicators of an external

reality. Thus the constructed theory is a theoretical rendering. As it does not constitute participant reality it is, therefore, one interpretation amongst many. That said many constructions, of course, may be shared by individuals. Mills et al (2006) observed constructivist intent within the work of Strauss and Strauss and Corbin where theory is constructed from interpretation of participants' stories. However it is recognised that the researcher, Charmaz (2007) places emphasis on maintaining the participants' presence through keeping their words integral to the research process.

Mills et al (2006) argued that the form the researcher takes with grounded theory reflects the nature of the relationship between the researcher and the participant. Furthermore Mills et al (2006) suggested that the methodological development depends on the researcher's ontological and epistemological beliefs which may influence departure from the method. It is however, this underlying principle of the constructivist approach to maintain the participant's presence within the theoretical outcome that influenced this analysis.

To summarise the position taken within this study, Charmaz, (2009, cited in Morse et al, 2009) argued that constructivist grounded theory is a revised and modern form of Glaser's (1978) classic grounded theory. It assumes a relativist epistemology, where it sees knowledge as being socially produced. It acknowledges numerous perspectives of participants and researcher and takes a reflexive stance when exploring context and actions and their analytical constructions. Furthermore Strauss (1987) recognised philosophical traditions that informed grounded theory, for example that of pragmatism, where change is a feature of life and that interaction, process and social change are appreciated through a comprehension of another's view point (Munhall, 2012). In addition, in this pragmatists position, all participants' views and their implications are made explicit, to include the researchers as well as various participants (Charmaz, 2007). As a constructivist grounded theorist the pragmatist traditions are followed.

3.3 Participants

3.3.1 Sample

Participants within this grounded theory investigation were selected for their experience of growing up in a family where problem drinking behaviour had been observed. This is recognised as purposeful sampling (Patton, 1980), a practice considered usual in qualitative research (Speziale and Carpernter, 2003). At the start of the study it was not known how many participants would be involved as the sample size is determined by the data that are generated, where the data are collected until a point where saturation is achieved. This could be as few as five but no more than 20 participants (Speziale and Carpenter, 2002). Theoretical sampling, as mentioned previously, primarily used within grounded theory, serves to seek out data with theoretical relevance to the

evolving theory (Strauss and Corbin, 1990). These types of sampling, purposeful and theoretical, enabled data to be collected with people who have experience of the phenomenon of interest; thus the data becomes rich. In fact a total of eleven participants were interviewed all of whom met the inclusion criteria given in **Table 3**.

Table 3 Inclusion and exclusion criteria for sample

Inclusion criteria	Exclusion criteria
Over 18 years of age, male/female	Under 18 years of age
Alcohol consumption within recommended limits	Problem drinking tendencies: binge/moderate/problem Tee Total/Abstinence
No known liver disease	Confirmed liver disease/cirrhosis as a result of excessive alcohol intake
Grew up in a home where a parent drank alcohol to excess	Illicit or prescribed drug-taking
Completion of alcohol screening tool indicates drinking within recommended limits	Completion of alcohol screening tool indicates drinking outside of what is considered a recommended drinking pattern/limit
	Inability to understand English language
	A disability – blindness/deafness
	Unable to give informed consent due to lack of capacity

The rationale for the criteria given in table 3 is largely self-explanatory. The focus is on adults; therefore the age limit is 18 years. There was no upper age limit, as long as each participant has capacity and is able to give consent. The study was open to any sex, gender, culture, socioeconomic background. Only where a belief would not permit the drinking of alcohol would this exclude someone from the study. Any previous problem drinking that may or may not have resulted in liver disease would not be appropriate due to the aim of the study. It was deemed sensible to avoid any addictive practices that may confuse the research picture. Asking participants to undertake an alcohol screen enabled a clearer view of drinking behaviours to be determined and the suitability of inclusion calculated. Due to the limitations of resources available to the researcher, only participants who could understand/speak English could be included, in the same way that anyone with a disability such as blindness or deafness excluded due to accessibility of facilities to support this.

3.3.2 Recruitment

Participants were recruited by advertising for volunteers to join the study. Posters (**Appendix One**) displaying details of the research were placed in public places, for example in supermarkets,

colleges, universities, libraries, church halls and leisure centres, after having first gained permission to advertise as appropriate (**Appendix Two**). The posters included details such as the scope of participant involvement and their length of involvement.

Two options for contact with the researcher were available to potential participants who were interested in taking part in the study - email or telephone, as both options were offered. It was necessary to ensure participants met the inclusion criteria for the study, therefore an information pack was sent to those who expressed interest which included: a participant information sheet, giving details about the study (**Appendix Three**), a letter of invitation to take part in the study (**Appendix Four**) and the reply slip for return to the researcher (**Appendix Five**). In addition to this, a screening tool to assess drinking pattern and behaviour (**Appendix Six**) was included.

Whilst it was not the aim of this research to purposely identify hazardous drinking, it was necessary for participants to meet the inclusion criteria of drinking alcohol within recommended limits, and therefore knowing how much they consumed and how frequently was relevant to the study. As alcohol use can range from none to light, to heavy consumption and dependence (Anderson, 1993), screening tools vary in the type of alcohol use they are designed to detect. The choice of alcohol screening tool used here was one that provides information about the pattern of consumption as well as detecting hazardous drinking, referred to as quantity frequency questionnaires (Alcohol Concern 1997). According to Wallace (2001), the best questionnaires consist of a combination of questions which measure quantity and frequency of alcohol consumption. The Five-Shot Screening tool developed by Seppa et al (1998), which uses aspects of two tools, was chosen. It is classed as a quantity frequency questionnaire, and is used within primary care settings. All eleven participants completed and returned the alcohol screening tool and met the inclusion criteria.

Recruitment to the study was a slow process, and so in October 2011, following discussions regarding recruitment challenges with thesis supervisors an extension from the Faculty Ethics Committee was granted with a request to write to Al-Anon, a support group for family and friends of people who drink alcohol to excess. Permission was sought to contact Al-Anon where consent and a request to inform local coordinators of the research and for these coordinators to share this with their members (by way of a poster advertising the study at meetings) was approved. Al-Anon agreed to share this information with coordinators; however this did not result in anyone coming forward and showing interest in the study.

Due to the potentially sensitive nature of the investigation recruitment difficulties were not unexpected, therefore other recruitment strategies were considered. Mason (1996) advised drawing from other sampling frames and highlighted the use of snowball sampling where the sampling frame is not available. Snowball sampling is a form of convenience sample, where the researcher

makes initial contact with a small group of people relevant to the focus of the research (Bryman, 2008). These people are then used to make contact with others (Bryman, 2008). Where appropriate some participants were asked, at the end of their interview if they knew anyone, for example, a friend, colleague, or another family member who grew up in a home where there was problem drinking by a parent/s and whether they would be willing to pass on a research advert to them. As a result, one participant made contact with a colleague and forwarded their name with the colleague's consent, culminating in their involvement as a participant in the study.

Other recruitment strategies included making contact with colleagues in the relevant research fields, as well as using professional networks, where there is academic knowledge and interest. The aim of this was to give people who wanted to be involved in the study maximum opportunity. Media support was a further option such as placing advertisements in local newspapers, church bulletins, and radio announcements (Diekmann and Smith, 1989). Whilst strategies were considered they were not required.

During the recruitment process two people showed interest in the study, although after further consideration, felt unable to take part. Of the eleven participants interviewed, two participants were recruited from having seen the study poster advertising for volunteers and the remaining nine from hearing about the study, either from participants already involved, or where the study focus had been discussed with friends, colleagues and students which seemed to promote interest and their willingness to take part.

Table 4 gives the number of participants recruited and through which recruitment method

Table 4 Participant recruitment

Participant number	Participant code	Recruitment method
1	Daphne	Pilot
2	Wilma	Advert
3	Paul	Heard about research/word of mouth
4	Sarah	Heard about research/word of mouth
5	Sam	Advert
6	Susan	Heard about research/word of mouth
7	Jane	Heard about research/word of mouth
8	Gwen	Heard about research/word of mouth
9	Rose	Heard about research/word of mouth
10	Deborah	Heard about research/word of mouth
11	Trudy	Heard about research/word of mouth

3.4 Data collection

3.4.1 Interviews

Data were collected from one-to-one semi-structured interviews over a period of 23 months from February 2011 until December 2012. It is argued by Kvale (1996) and Holstein and Gubrium (2003) that interviews are a form of self-report and can represent the views of participants themselves and is a way of generating data about people's social world by asking them to talk about their lives. Interviewing therefore seemed the most appropriate way of collecting data about participants' personal experiences.

In considering the setting for the interviews, Speziale and Carpenter (1995) suggested interviews take place in a setting acceptable to participants and researcher and at a time suitable to the participant and researcher (Speziale and Carpenter, 2003). In this case, this could have included the participant's home or their place of work for example. In the event all interviews took place within a mutually agreed setting. Each interview lasted between one and two hours. The University of Southampton risk assessment strategy was an important consideration in the process of ensuring appropriate management of all health and safety risks.

Prior to commencing the interviews, participants were asked if they had read and understood the details of the study and were willing to take part in the study and agree to sign a consent form. It was furthermore made clear that at any point during, or after, the interview, participants could withdraw without giving any reasons and the wishes would be acknowledged without prejudice or bias. Ethical considerations are detailed later in this chapter, including exploring the process of acquiring ethical agreement and the steps taken to ensure anonymity of participants.

To facilitate dialogue during the interviews, time was made at the beginning of each interview for greeting each participant, in order to build a rapport. Speziale and Carpenter (2003) suggested this as being essential to the success of the interview. A full explanation of the interview process was given, affirming that confidentiality would be maintained. Each participant was welcomed to the interview and introductions were exchanged. In order to make participants feel more relaxed, some interviews commenced with conversations about, for example, the weather and whether the location was easy to find.

McDougall (2000) argued there is value in building trust in the interview process. This was important, given the nature of the research and the potential for participants to become upset or

emotional about some of the experiences they would be sharing. Charmaz (2007) argued that people who have emotional experiences may seek direction from the interviewer regarding the depth of their response. The interviewer, Charmaz (2007) suggested, learns how and when to explore a point as they become aware of the participants' vulnerabilities. Previous experience as a novice researcher and as an experienced nurse supported the development of interviewing skills required to manage emotions expressed during the interviews. On a few occasions participants became tearful and where appropriate the recording was stopped and restarted when the participants confirmed they were happy to continue. At times participants made jokes about their emotions and felt comfortable for the recording to continue during this time. As the interviewer I was very much guided by participants, so that the situation was not more difficult for them. The use of pauses, waiting and smiling seemed to positively support the participants. The strengths of participants to talk about their lives in this way to someone they may not under other circumstances, share their experiences with is acknowledged.

It was recognised that the participants' wellbeing is more important than the needs of the research. The research topic may mean participants sharing experiences of a sensitive nature and so various points of contact were offered if required, namely the Samaritans, a 24 hour service, the participant's general practitioner, and support group details. Had the situation arisen where the interview needed to be terminated due to a participant becoming distressed, the Faculty of Health Sciences research office would need to have been informed along with the research supervisor, where advice and support for future interviewing would need to have been discussed. **Appendix Seven** shows a letter designed for participants following interview thanking them for their time and contribution. Options for further support were briefly discussed with one participant. At no time did any participants become distressed resulting in the need to discontinue.

Due to the potential for participants to disclose sensitive information, a non-judgmental attitude is required (Lee, 1993; Charmaz, 2007). A few broad open-ended non-judgmental questions were devised and although an interview schedule was used to focus the interview, probing and subsequent follow up of participants' points, as necessary, was possible. This meant that if a participant had mentioned something similar to a previous participant, it could be explored further with the aim of gaining more depth. This permitted flexibility and although there was no specific order to the questions, the usefulness of the semi-structured nature of the interview was recognised to ensure the required information was collected. These approaches to interviewing in grounded theory are supported by Hardley and Mulhall (1994) where the interview questions can be focused to encourage detailed discussion of a topic (Charmaz, 2007). The semi-structured interview schedule can be seen in **Appendix Eight**. In-depth qualitative interviewing fits well with grounded theory methods in that the interview as suggested above can illicit views of the participant's subjective world and is a flexible and emergent technique where ideas and issues can be explored.

Grounded theory methods rely on this flexibility where, in addition to pursuing themes during interviewing, ideas within the data are pursued and explored and the field can be returned to so that focused data can be gathered (Charmaz, 2003, in Holstein and Gubrium, 2003, p311).

One of the opening questions aimed to establish the family background of the participants, where they grew up, the culture and whether they had any older or younger siblings. They had freedom to say anything about their family that they wanted to share. This helped to set the scene and enabled visualisation of the family, identifying who was who, where the participant came in relation to age with other siblings and their role as a brother or sister. It was also interesting to hear how as children participants managed the behaviour of the parent/s who was drinking, and what strategies they employed for coping, as well as what skills/actions meant in relation to their characters/personality, their strengths and weaknesses and how this might influence their relationship with alcohol.

3.4.2 Pilot study

A pilot study was carried out with a participant who fulfilled the inclusion criteria of the study to trial the semi-structured interview schedule. The schedule had been developed following consideration of the research question and relevant literature (**Appendix Eight**). The purpose of the pilot study was to identify the appropriateness of the questions within the schedule, to determine whether any amendments were necessary and to assess the quality of the data gained. Pilot interviews are recognised as being used to modify interview questions (Kim, 2011; Sampson, 2004) and are seen as serving to highlight gaps and potential for wastage of data collection (Sampson, 2004). Whilst the data from the pilot interview were included in the analysis, the pilot interview revealed several areas for modification of the interview schedule.

During reflection of the pilot interview, the data obtained, revealed a lack of focus on exploring the participants own drinking behaviour in any depth. Questioning was directed to ensure this aspect was explored during the following interview (interview two) with a new participant. After this it was considered necessary to return to the pilot study participant and undertake a further shortened interview to gain greater insight into the participants' drinking behaviour and what influenced it. The participant was agreeable to this, having already previously volunteered further time for interviewing if required.

3.5 Analysis and interpretation of data

According to Charmaz (2007) and Glaser and Strauss (1967) grounded theory methods are systematic enabling the collection and analysis of qualitative data to construct theories found within the data. The process of analysis offered is not linear, rather the steps interweave. To highlight the process analytically, the researcher must show the evolving nature of events (Strauss and Corbin, 1990). Speziale and Carpenter (2003) highlighted the discovery of a core variable as being the goal of grounded theory, with line by line coding being the first step in this process (Charmaz, 2006 and Glaser, 1978).

The purpose of coding in qualitative research is to define what the data indicates before moving beyond a statement about the data to making analytical interpretations (Charmaz, 2006). Coding is therefore seen as an analytic frame from which the analysis develops and meaning identified. Charmaz (2007) recognised three main stages in the analysis of the data; initial coding and focused coding, theoretical coding and theoretical saturation. Initial coding involves naming a word or segment of data and incidents whilst focused coding involves sorting of the data where the most significant or frequently used initial codes are seen. Organisation and theoretical integration of the data then begins and core categories become evident. A further type of coding, known as axial coding, is seen as a useful framework to this process where the properties and dimensions of a category are stipulated (Strauss and Corbin, 1998 and Strauss, 1987). Whilst providing further structure to the process Charmaz (2006) argued that axial coding can mean less flexibility and may limit the researcher's vision when exploring the data.

Larger segments of data then become categories developed from the most salient pieces of data. Theoretical coding is described as a sophisticated level of coding that follows the focused coding stage and it is here that possible relationships between categories are identified (Charmaz, 2007). Greater clarity of the codes are made at this stage and the analysis becomes more comprehensible through a process referred to as memo writing by which data and codes are explained and questioned and theoretical insights and possibilities are analysed (Charmaz, 2007).

Core to the grounded theory process is that data collection and analysis occur simultaneously (Strauss and Corbin, 1990; Charmaz, 2007). Theoretical sampling is a process of collecting data where the researcher collects, codes and analyses data. Through this process what to collect and where to collect it from is identified (Glaser and Strauss, 1999), and more data that focuses on a category is gathered with the intention that data is sought to elaborate and refine categories in the emerging theory (Charmaz, 2007). When tentative categories emerge steps can either be retraced or a new path taken to evolve ideas. An advantage of this methodological strategy is that emerging questions can be explored within the data as data are compared and gaps can be identified early on in the research process.

Reflective data in the form of field notes (notes made during the course of observations and conversations) and memo writing (informal analytic comments about data) are considered material that can be coded. It is argued that these actions or social meanings are represented in the data or inferred in the data and can be coded directly (Saldana, 2011). It is further argued that grounded theory prioritises the studied phenomenon and process over a description of the setting and that field notes are integral to the data where conceptual interpretations may be made about what might be happening (Charmaz, 2007). It is suggested that comparisons can be made when reading field notes or interviews with what is seen through initial coding reducing the likelihood of imposing preconceived ideas on the data (Charmaz, 2007). Glaser (1978) argued that in traditional grounded theory the researcher enters the field with as few predetermined thoughts as possible thus remaining sensitive to the data without first considering them in light of pre-existing hypotheses or biases. However Strauss and Corbin (1998) suggested that employing such techniques as questioning the data enhances the researcher's sensitivity during analysis and stimulates a reflective approach to the process.

A process referred to as 'clustering' is one where data are mapped diagrammatically with a central idea or category situated in the centre and where outwards from this its related properties are identified (Charmaz, 2006). The diagram provides visual representation of the properties and their relationships. Chapter four demonstrates how through the process of 'clustering' categories are visualised in this study.

Engaging with the literature in grounded theory means that the literature is part of the process of uncovering new knowledge with the existing literature supporting the creation of ideas and enabling comparisons to be made, demonstrating where new knowledge sits. According to Charmaz (2006, p166) the art of using the literature is not to let it 'stifle your creativity or strangle your work', suggesting that the researcher analyse the most significant studies related to the developed grounded theory. This will be seen in chapter five, where the findings are discussed. Consideration of the literature as part of theoretical sampling in collecting further data about the properties, in addition to writing memos and integrating them within the properties enables the process to become more analytic (Charmaz, 2006; Munhall, 2012).

It is agreed that theoretical saturation is not simply seeing the same patterns repeated in the data (Glaser, 2001; Charmaz, 2006). Instead a point should come when gathering data and undertaking analysis where no new data reveals theoretical insight or where no new properties can be seen within the categories developed. A term known as theoretical sorting refers to a process whereby theoretical links between categories may be refined and theoretical integration of categories can be

developed and leads toward the emerging theory (Charmaz, 2006). Chapter four makes explicit how the categories shape the core categories.

In order to establish if the grounded theory study offers theory/theories, it is first relevant to consider what the term means within some of the varying approaches to the methodology. The rationale here for seeking verification of theory for interpretivist and constructivist approaches only is that constructivist grounded theory is acknowledged as part of the interpretive tradition. Interpretative theories according to Charmaz (2006, p126) 'allow for indeterminacy rather than seek causality and give priority to showing patterns and connections rather than to linear reasoning'. This theory assumes multiple realities of understanding in abstract terms and acknowledges subjectivity in theorising. Constructivists acknowledge that the resulting theory is an interpretation (Charmaz, 2002).

Mills et al (2006) recognised that once ontological and epistemological positions are identified a point on the methodological spiral may be chosen and that direction taken. Additional to the coding process presented above there are other important steps required to maintain the rigorous nature of the analysis. This will become evident within the process of data collection undertaken and furthermore accounted for in chapter four where the findings are presented through the analysis.

The figure below offers a presentation of the stages described taken from Strauss and Corbin (1990), Glaser and Strauss (1999) and Charmaz (2006).

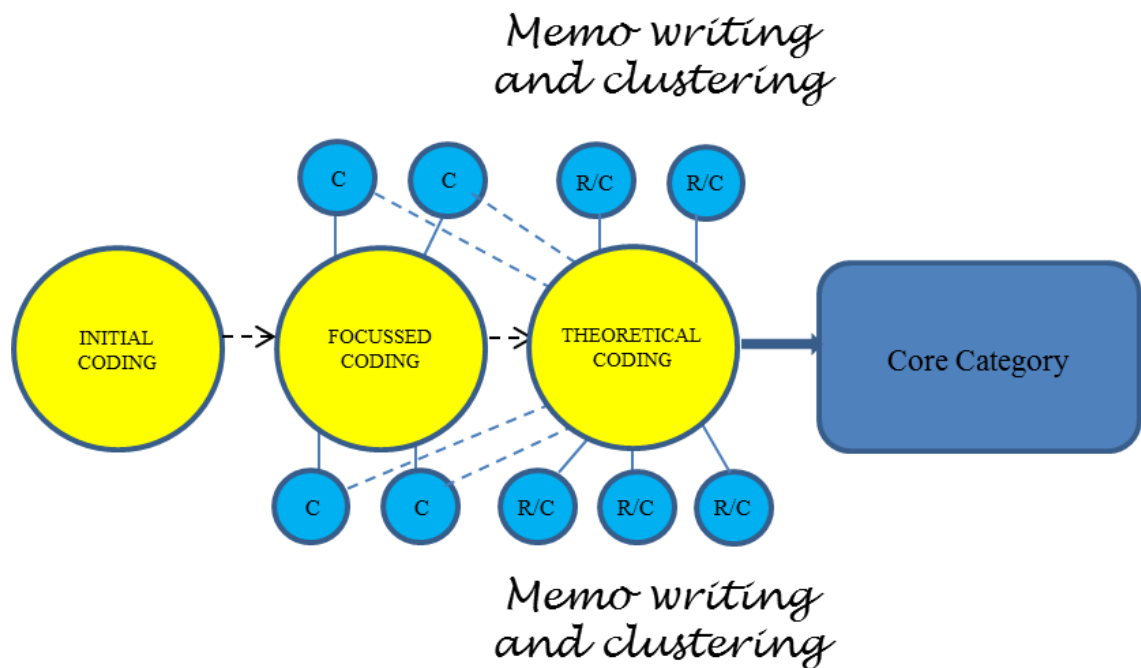


Figure 1 Coding stages

Key: C = Category

R/C = Relationship between categories

3.6 Ethical considerations

It is recognised that research involving people is socially important but is, however, morally complicated as it can expose people to potential risk. Therefore, ethically justified research is required to satisfy a number of conditions including; ‘protection of privacy and confidentiality’; ‘a reasonable prospect that the research will generate knowledge that is sought’; ‘a favourable balance of potential benefits over risk to participants’ (Beauchamp and Childress, 2009, p318). Ethical approval to carry out the study was obtained from a University Ethics Committee (**Appendix Nine**) and indemnity and research governance requirements within the same University were fulfilled.

Ethical concerns permeate every aspect of a study’s design and the execution of the design (Polit and Beck, 2004). Full ethical approval was given for this study after first clarifying a few queries and making some amendments to the proposal. These amendments related to: consistency of information within the ethics form and the proposal; confirming the maximum number of participants within the study; confirming the environment where the participants would be interviewed where confidence regarding privacy was ensured and considering implications of not excluding people known to the researcher, for example, in a professional capacity. The rationale for the latter was to ensure opportunity for people interested in taking part regardless of whether they were from within the same organisation as the researcher or not. A list of locations the study poster

would be advertised together with confirmation of approval from each location was requested. A list of these locations was submitted. However, it was indicated that waiting for confirmation to advertise from each location would delay achieving ethical approval. This was acknowledged and ethical approval was granted.

The anonymity of participants has been maintained; no names of participants are used within the transcribed data and pseudonyms have been given to each participant. To ensure security and confidentiality of data, interview recordings have been stored on a password protected computer, and transcripts and field notes kept in a locked cupboard in the University. This information will be retained for a period of 10 years as per University policy.

It was not necessary to exclude anyone from the study who had volunteered to take part. However a realistic consideration was that a reply might be received from a potential participant confirming their willingness to take part, who did not meet the inclusion criteria. If this had been the case, a letter would have been sent to them (**Appendix Ten**) which included thanking them for their response, stating that they would not be required for one of these following reasons; the sample size had been achieved (or when theoretical saturation had occurred) or that they did not meet all aspects of the inclusion criteria. Ethical consideration was also given to the situation where it might have been necessary to exclude an individual from the study because for example, of a negative alcohol screen.

The letter shown in **Appendix Ten** is a standard reply for those who may not have met the inclusion criteria, and gives details of relevant support groups. If during an interview with a participant, it had become apparent that there was drinking outside of recommended limits, details of relevant support groups would have been offered. At no point during any of the interviews did this become a concern.

In protecting the integrity of the research subject it is necessary to explore any potential conflicts of interest between the researcher's needs and those of the research participants (Smith, 1998). Therefore, prior to commencing each interview, each participant was asked if they had read and understood the information letter and were willing to take part in the study and agree to sign a consent form (**Appendix Eleven**). Furthermore it was made clear to participants that at any point during, or after, the interview they may withdraw without giving any reasons.

Moral principles need to be reflected within research. Beauchamp and Childress (2009) offered rationale for this stating that because society supports research and, because there is an imbalance of knowledge and vulnerability between researchers and research participants, it is essential that public policy and review committees exist to ensure research meets these principles. Beauchamp

and Childress (2009) asserted that historically non-maleficence (avoiding causing harm) and beneficence (relieving, lessening or preventing harm) have played a significant role within ethics and that only more recently autonomy (respect and support of autonomous decisions) and justice (fair distribution of benefits, risks and costs), where previously neglected in medical ethics, are now more prominent.

Non-maleficence and beneficence whilst being distinctly different with one referring to obligation not to cause harm and the other having obligations to help are sometimes discussed as a single principle. The aim of this study was not to harm and, where required, to help. During interviewing it was not the intention to cause the participant to become upset. The very nature of the study and its focus, however, meant that there was a risk of this for participants when recalling some memories. In aiming to abide by these very principles it was important to be aware of this and not ignore it if it happened whilst managing the interview sensitively.

Autonomy relates to participants' involvement in the study, their intentions/actions that are done so with understanding. All participants were sent information about the study which they were able to read prior to replying stating their interest in taking part. Before undertaking the interviews each participant was asked if they had read and understood the study information and if they were willing to consent to taking part, they were further reminded that they were under no obligation to continue and could withdraw at any point.

The principle of equality is common within theories of justice (Sampson, 1975). It is related here to each participant having equal opportunity for support. For example, if a participant scored negatively in the alcohol screening, indicating a higher outcome than desired, thus excluding them from the study, support groups are detailed in the returning letter. Furthermore this applied to treatment and behaviour towards all participants in the interviews in that treatment and behaviour was consistent, for example, in offering similar approaches to the interview process. There appears to be little distinction between justice and non-maleficence and beneficence, here, where the intention to lessen, prevent and cause no harm prevailed.

Koch's (1994) suggestions that an audit trail should be provided by the researcher that gives clear evidence of theoretical, methodological and analytic decisions made throughout the study, and according to Strauss & Corbin (1990) what is relevant to the area being studied is 'allowed to emerge' (p23). The systematic approach to data collection and analysis for this study is therefore made explicit through the presentation of examples within this and the following chapter demonstrating faithful judgment and interpretation of the data and evidence of the coding process. Finally, it is recognised that the researcher has intimate involvement in both the process and product of the research and therefore it becomes necessary for the researcher to assess the extent of

their involvement and its potential effect upon the findings (Horsburgh, 2003). It was necessary to identify if my own experiences of growing up in a family where there was problem drinking behaviour influenced the interpretation of the data. Therefore the field notes, along with transcripts and data analysis has been critically appraised throughout so that, my own feelings are revealed, explored and documented.

3.7 Trustworthiness

According to Horsburgh (2003) a criticism aimed at qualitative research is that it ‘allegedly lacks the ‘scientific’ rigour and credibility associated with traditionally accepted quantitative methods’ (p308), which, Horsburgh (2003) continued is assumed to be value-free and relies on the measurement and analysis of causal relationships between variables.

The use of rigorous methods of assessing truth and consistency demonstrate that a researcher’s findings represent reality (Slevin and Sines, 2000). It is acknowledged that judgements will be made by reviewers of the research, where the adequacy of the lucidity within the study will be evaluated, along with its usefulness to practice (Burns, 1989). In determining the quality of research Lincoln and Guba (1984) use the term ‘trustworthiness’ and have suggested four issues that relate to this; credibility, dependability, confirmability and transferability. Credibility, relates to truth value, where engagement with the data is sought. This replaces internal validity, that is associated with quantitative research, however, Sandelowski (1993) recognised that participants do not have the credentials to validate the research findings, neither do researchers have the understanding of another’s research to validate the findings (Sandelowski, 1998). With this in mind, it is the interpretative meaning that needs to be made explicit; where dependability relates to consistency; confirmability relates to neutrality and lastly transferability relates to applicability, thus demonstrating where the findings can be transferred to a comparable context (Lincoln and Guba, 1984).

Trustworthiness will be explored in chapter five following discussion of the findings, discussing how these issues apply to this study.

3.7.1 Reflexivity (*Field Notes/informal analytic notes/memo writing/reflections*)

According to Tobin and Begley (2004) the legitimacy of the research process is demonstrated through the researcher’s competence and honesty though these are subjective values. Within this study dedication is given to reflexivity, as a way of addressing rigor. A reflexive stance of scrutiny of the research experience is taken including how data were interpreted and meaning given and

decisions made during the process of theory generation. Charmaz (2007) argued that reflexivity in this way enables the reader to assess how the researcher's interests and positions have influenced inquiry. My own experiences are acknowledged and as in keeping with the constructivist approach, subjectivity is acknowledged that impact the construction of meaning within the data.

In terms of formal rigour associated with data analysis, May (1996) argued that where procedures are interpretive and implicit it may provide challenges for the data analysis. Horsburgh (2002) therefore suggested it is necessary for the researcher to evaluate his/her involvement within the study and refers to this as reflexivity. Opportunities were taken to reflect on the process being used to gather data and how the data were analysed. Avis (1995) argued that the credibility of findings refers to the researcher's reflection on the research process and the participants' ability to reflect their experiences in the findings.

Thoughts regarding reflexivity have evolved over the years mirroring the developments of qualitative research. No longer does qualitative research argue for distance between researcher and research participant, instead arguing for transparency (Fontana, 2004). Although it is acknowledged that reflexivity is difficult to convey in terms of defining meaning and its methods (Mauthner and Doucet, 2003; Dowling, 2006), it is generally accepted that reflexivity is where the researcher engages in self-appraisal, exploring his/her own subjectivity and justifying how personal experiences have or have not influenced the research process (Koch and Harrington, 1998; Peshkin, 1988).

Further contribution to this view is that this on-going awareness of 'self' throughout the research process aims to make visible to others the construction of knowledge within the research (Hertz, 1997; Pillow, 2003; Hand, 2003). In other words reflexivity is generally viewed as giving credibility to qualitative research (Dowling, 2006) and in particular within grounded theory where the researcher's personal thoughts are captured about phenomena being studied through the use of, for example, a personal journal. Reflexivity includes continuous debate about experience throughout the research process and questions are asked about how interpretations of data are constructed (Van Maanen, 1988) giving insight into the research and how it became knowledge. The positivistic model of the researcher where objectivity is attempted through the use of, for example, computer aided technology to analyse qualitative data which is essentially regarded as a subjective and interpretative process renders the researcher, according to Mauthner and Doucet (2003) invisible to the process and so therefore does not complement this study.

Various styles of reflexivity are proposed in the literature, with a number seeming to share meaning and are relevant to the methodological approach of constructivist grounded theory used here. Reflexivity from a feminist standpoint promotes the reciprocal nature of the researcher-participant

relationship and argues that the researcher is constantly aware of how their personal beliefs and values and perceptions influence the research process (Dowling, 2006). Similarly epistemological reflexivity encourages the researcher to reflect upon assumptions (Dowling, 2006). In this self-critique, which lends itself to being very personal in nature, openness to the idea that many accounts of the research is required. Grounded theory accepts that personal experiences are brought into the data and that multiple realities exist (Charmaz, 2006).

The importance of maintaining the participant's presence within the theoretical outcome has been mentioned. Hertz (1997) recognises this as 'voice' acknowledging that this has numerous dimensions; the author's voice, the presentation of voices of one participant and a third voice where the self is the subject of inquiry. Hertz (1997) explains that reflexivity encompasses voice, but this focuses more upon the process of representation. Hertz (1997) recognises that, invariably, the participants voice is filtered through the researchers account and that decisions are made by the researcher regarding whose stories and quotes are included, while developing theories out of the data collected.

Prior to summarising the analysis in chapter four, dedication is given to 'reflexivity'. This will include how my 'voice' is presented in the account, giving my perspective with regard to a particular concept or theme, recognising that my experiences are mine and, whilst they may offer insight into this research, it is acknowledged that these experiences are subjective and individual and cannot be essentialised, but may help with the construction of meaning. Sharing and integrating these experiences aims to validate the participants' 'voice' and so maintain their presence.

Although largely a reflexive position is taken during analysis of the data, a reflexive stance is also taken throughout the research process by exploring and justifying actions, processes and decision making/reasoning.

3.8 Summary

This chapter has sought to detail the methodology, study design and data collection method employed within a sound ethical framework. An overview of grounded theory has been presented where constructivist grounded theory has been justified as the methodological choice. The position of researcher has been revealed and will continue to be evident within the analysis of the data in the following chapter.

The data collection process has been presented and, although occurs simultaneously with the analysis, chapter four takes the data and embeds them within the analysis showing how the two

worked together. The findings are thus presented, from the construction of the data, and the process by which this was achieved is further explained.

Chapter 4: Findings - Analysis: my path through the data

4.1 Introduction

This chapter adopts a constructivist grounded theory method for analysing data. The aim of the analysis was to study what influences participants drinking within recommended limits by exploring their experiences of growing up in a home where there was problem drinking by a parent/s.

The data analysis is represented through the construction of the core theoretical concepts/categories. Charmaz, (2009, cited in Morse et al, 2009, p127) recognised that interpreting and constructing meaning within the data as being influenced by the researcher's perspectives and interactions. These principles and the idea of shared meaning between researcher and participants are upheld within this. The analysis conducted on the data collected is explained in three stages:

Stage one - initial coding

Stage two - focused coding

Stage three - theoretical coding

The analysis is referred to as 'my path through the data'. Analysis of data using this method is complex and multifaceted, a belief held by Munhall (2012, p238) who further recognised it as an infinitely messy process. From analysis of the data, a perspective (view) was constructed by researcher, participants and the context (Figure 2).

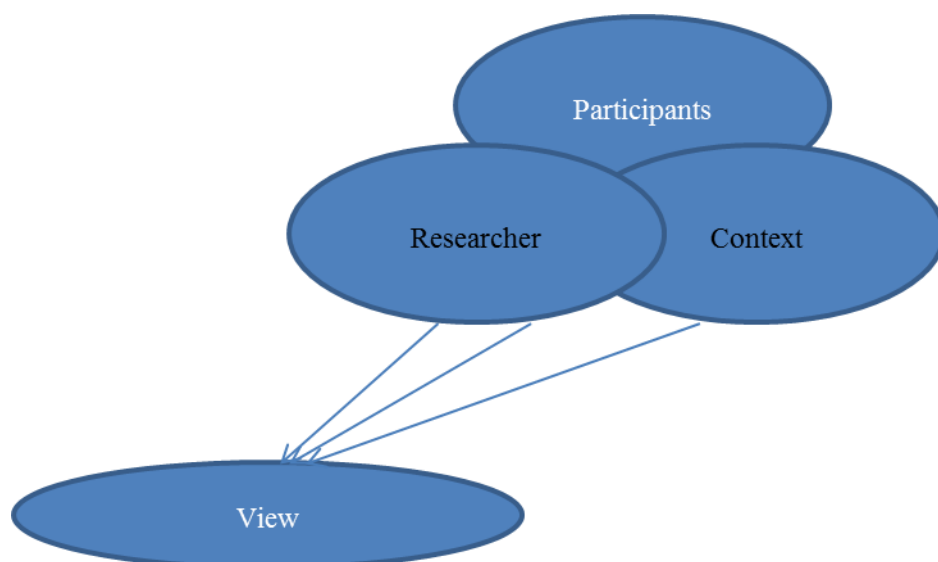


Figure 2 A study with a view

As part of the data preparation process, the recorded interviews were listened to repeatedly which facilitated greater familiarity with what the participants said along with the evolving nature of the analysis (Munhall, 2012). These interviews were then transcribed verbatim, enabling further familiarity with the data. On reflection, it was apparent that transcribing all the ‘urms’ and ‘mmms’ was not essential, as it did not change meaning. Notes made during the interviews, whilst listening to the recordings of the interviews and during analysis were kept to record the context of what had been said.

Throughout the analysis memo-writing was carried out which supported the development of the analysis of ideas regarding the data and codes given. According to Charmaz (2007) this process makes clear how concepts are integrated with one another by capturing thoughts and making connections between the data. However, knowing what was important and what was not was challenging. It was comforting to read of Saldana’s (2011) warning that after years of analysing qualitative data it is only with experience that he is able to code what ‘rises to the surface’ (p15). At times it was difficult to ‘let go’ of the data, but as themes began to become visible, less guilt was felt about ‘letting go’ of participants words and experiences. This coincided with the realisation that this did not imply certain aspects of the data did not matter, only that it was not significant to what was developing.

The analytical journey began prior to data collection. Preconceived ideas or personal thoughts brought to the research were acknowledged. These preconceptions consisted of experiences gained from practice of caring for people affected by the effects of drinking alcohol to excess and caring for those close to them such as family and friends. Preconceptions also came from experiences of

drinking alcohol as an adult, with memories of my Mother's drinking and with thoughts about my own alcohol consumption. These thoughts centred on how I felt about reasons for my own limited drinking and the feelings associated with the drinking of alcohol and helped untangle concepts in my own mind.

Grounded theory approach means that reflection upon personal biases or presuppositions forms part of the data analysis process (Charmaz, 2006) and recognition given to how they influenced the construction of meaning within the data. This reflection on assumptions that I may bring to the data enabled an open way of looking at and exploring the data. It therefore seemed an acceptable part of this process if the data prompted a feeling or memory as long as in that physical or mental remembering an awareness of its origin and how it impacted the analysis was recognised. A rather simple declaration of how I checked if I was imposing my beliefs or assumptions on the data or if there was shared understanding and meaning was to question the process undertaken. Charmaz (2009) acknowledged that subjectivities enter the analysis and that constructivists therefore argue how their positions and interactions have influenced analytic renderings.

4.2 Stage one – initial coding

Care was taken to remain open (minded) with the analysis of the data to ensure that the analysis was not inhibited by what is already known (Charmaz, 2006). Charmaz (2007) proposed that field notes may include; prompts, ideas or points made by participants that are felt to be interesting, a record of the context of the interview and key analytic ideas. Field notes (including random thoughts) were made throughout the research process to record the context of the interviews and insights, methodological issues and intuitive feelings. At the start of the interviews it was explained to participants that notes may be made. However, at times, making notes during the interviews was a distraction, and so note taking was avoided where possible and notes made afterwards and/or during the first time the recording of the interview was played. Field notes are considered a supplementary source of data (Charmaz, 2007). During this process I recognised that data from these notes informed the analysis and were considered simultaneously within the coding. As coding is an emergent process it is recognised that field notes can therefore inform the analysis at any time (Charmaz, 2007).

During stage one of the initial coding phase, Charmaz (2007) advised that the researcher should remain open to exploring theoretical possibilities discerned in the data and suggests that reading the data with speed can ignite thinking and present a fresh view of the data. Initial codes were made using words to reflect action, thus avoiding attempts to develop conceptual theories too early. At

Chapter 4 - Findings

this stage the codes remained provisional. As a result of this process gaps in the data were seen (an example has been provided within the pilot study). As the process of data collection and analysis occurred simultaneously, future data gathering was influenced by the analysis. In other words, subsequent interviews with participants were guided by initial analysis of earlier data collection.

During initial coding fragments of data, lines, words, and incidents were explored. Any *in vivo* codes were noted, as were special terms participants used to explain an experience/s, for example, 'alcohol journey', 'alcohol monster' and 'that trap'. At times initial coding of the data seemed somewhat uninformed, as random words would be highlighted, and not all data highlighted were complete sentences. Charmaz (2007) suggested that grounded theory contains methods that reduce the likelihood of researchers imposing their own ideas on the data. To this end, analysis of the data was questioned as thoughts emerged about what words meant. Later in the data, these words held more meaning, as they were explained through the experiences shared. Line by line coding is also advised and at times, paragraph by paragraph coding occurred, which Saldana (2011) argued is permissible. Terms/phrases/meaning that occurred frequently in the data were sought. However, at times, this initial disciplined coding approach was difficult to maintain without considering other aspects, for example, the context of how something was being said, the intention, the humour and meaning. A process that aimed to be logical began as a process of disparate thought, emotion and confusion along with occasional awareness of potential concepts and links within the data. Whilst the need for structure to start the process of analysis was acknowledged, questioning the data early on felt as though fewer assumptions were being made about what was there.

Saldana (2011) argued that some interpretation and creativity is needed in qualitative research to achieve new perspectives about the data. The challenge of thinking creatively about the data and the complex nature of the depth and meaning that was developing within the analysis were at times combined with a more structured process where constant comparison of data was made. This combined approach may not be visibly seen as distinct from each other within the analysis.

Boxes 1 and 2 demonstrate examples of initial coding of data.

Box 1 Initial coding

Excerpt from transcript	Initial coding	Comments/notes
You kind of look back and think, you try to analyse it don't you . . . I do, I look back and you see things differently or you, you listen to other people talking about it and you think, gosh, that's, you know have, have I got it wrong . . . did I perceive it quite urm . . . (Daphne 2011)	Have I got it wrong?	?Doubting own interpretation/perception of events
<i>Talking about home life in the North of England, 'two ups, two downs'.</i> I can remember when, as a young girl, I wouldn't bring boyfriends home . . . well I never took friends home . . . the first time he (<i>her boyfriend</i>)knocked at the door, I was horrified, ah, my God, oh it was, he'd find out who I am and things . . . (Daphne 2011)	He'd find out who I am AND THINGS	'Who I am' – does your home define you? AND THINGS – is she referring to her Dad's drinking and behaviour?
<i>In relation to influences on own drinking.</i> I thought, oh God, I'm gonna be more like my Dad, I need to change. (Daphne 2011) I'm obviously measured in my limits of how I drink, because I'm so terrified of that, becoming that type of person , because I have a violent temper, when I want to have one. And again because you have, you know you've got that in your family . . . you're continuously, you know, not wanting to be like your Father . (Sarah 2011)	I'm gonna be more like my Dad, I need to change That type of person ...not wanting to be like your Father	Doesn't want to be like her Dad. Fear of following in same footsteps/being like parent Changed! Linked to determination/responsibility Violent/addictive behaviour Fear of following in same footsteps/being like parent

Box 2 Initial coding

Excerpts from pilot study transcript	Initial coding	Comments/notes
I kind of see different phases in my life of drinking. I think the first phase is very much, um partly determined by my environment , that living in the	Phases	Phases – are these circumstances and/or age related?

Excerpts from pilot study transcript	Initial coding	Comments/notes
<p>North of England where pubs were on every corner, the culture was, you finished work and you went to the pubs...</p> <p><i>Moving to the South became the second phase</i></p> <p>I kind of think well perhaps I should have been drinking less. But even though I didn't have the pub culture . . . I fell into a group that was exactly the same as the Northern culture that it was ok to drink.</p> <p><i>Due to changes to family network and starting a family -</i> we started to drink at home. . . so you kind of develop a new group of people and different habits I think. . . what was the purpose of sitting in a pub, if you went out for a meal, so that was a bottle of wine, nice bottle of wine, between the two of us. . . I kind of matured in my drinking habits I think. . . I thought oh God, I'm gonna be like my Dad I need to change. . . I don't think I woke up and thought I don't want to be like me Dad and drink like that. Urm it was more of a</p>	<p>Environment and culture</p> <p>Should have been drinking less – felt it was wrong to be drinking as much as was</p> <p>Culture was ok to drink</p> <p>New group of people and new habits</p> <p>Gonna be like me Dad, I need to change</p>	<p>Environment and culture extends to home, from social?</p> <p>How much of this is influenced by the circumstances and how much is influenced by her own determination to change the direction of her life and take responsibility?</p> <p>New habits – habits, way of life – less risk</p> <p>Taking control</p>

Excerpts from pilot study transcript	Initial coding	Comments/notes
<p>mellowing and maturing, mm, a maturity of life really, my lifestyle at this time has changed</p> <p><i>Referring to drinking . . . but as I kind of get older I think, what's the purpose, you know the purpose really. . . I can easily say 'thanks I don't want another glass I'm fine' . . . you know you're comfortable with family and friends . . . you think I've had enough now.</i></p> <p>(Daphne 2011)</p>	<p>Maturing and mellowing</p> <p>Maturity of life</p> <p>The purpose of drinking</p> <p>Comfortable</p> <p>I've had enough now</p>	<p>Does young = drinking more and ageing = drinking less? Not always, but does sense come into this? Is it health considerations and responsibility that plays a part?</p> <p>Is there always one?</p> <p>Safety? Less risk</p> <p>Able to determine own behaviour - control</p>

Initial coding and focused coding occurred following which gaps that needed to be explored further within the data were able to be identified. This led to returning to the pilot interviewee and exploring the influences on her own drinking behaviour in more depth. This further pilot interview focused on the participant's drinking patterns/behaviour where questions such as asking the participant about anything she recalled whilst drinking alcohol were included. For example, during the interview it was explored if any of her experiences impacted her drinking, and also if she was aware of any thoughts about her experiences being part of her drinking episode. Charmaz (2007) suggested this is an advantage of grounded theory strategies, where in learning early on where any gaps exist, researchers are able to seek this data from future participants, thus simultaneous data collection and analysis assists with deep exploration of the research focus.

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Whilst not asking these specific questions, it was explored with participants during subsequent interviews if the drinking environment was a consideration, who if anyone they drank with, if there was a purpose to the drinking episode and the reason/s for it coming to an end. Where it is evident that there is too much that is assumed, or unknown, further data can be gathered that focuses on the category and its properties. This is referred to as theoretical sampling, meaning to seek and collect pertinent data to elaborate categories in the emerging theory (Charmaz, 2007). Charmaz (2007) acknowledged that developing ideas may occur during this process that requires further exploration.

This nature of grounded theory where data collection and analysis occur simultaneously promoting a deeper explanatory function to this strategy (Charmaz, 2006; Glaser, 1998) became evident. As the study progressed, this strategy known as theoretical sampling was employed, where more data were gathered with subsequent participants during interview that focused and elaborated on a particular aspect.

Box 3 provides an excerpt from a subsequent interview

Box 3 Initial coding

Excerpts from a study transcript	Initial coding	Comments/notes
I think urm until I urm thought about doing this study I hadn't really thought about it, but I suppose in small ways like I would never drink on my own, I would never come home from work and think oh that was a tough day I'll have a glass of wine, I would never do that because I suppose just because my Mum telling us one day we're going to be alcoholics and I would never want to fall in the trap of drinking alcohol to relax . . . I don't want to start relying on it I suppose, in the same way that she did. . . If it's a kind of social event and people are going to the pub and its people I've not seen in a while you I'm quite comfortable to drink there and have a couple of drinks and not feel guilty	The trap Rely on it Quite comfortable?	Does not want to mimic Mother's behaviour The alcohol trap! Relying on alcohol Does it sound

Excerpts from a study transcript	Initial coding	Comments/notes
<p>about it but urm yeh I suppose I just kind of avoid drinking in any way that might replicate the way she did it... If you're drinking with other people then you're I don't know it's more, it's a social thing to do it's not, you're not drinking the alcohol because you need the alcohol, you're just socialising I suppose.</p> <p>... It's not so much the fear to do with the healthy side of alcohol ... probably more to do with not becoming an alcoholic ... that scares me more than drinking a bit more than you should do.</p> <p>(Susan 2012)</p>	<p>Guilty</p> <p>Replicate</p> <p>Social thing</p>	<p>comfortable?</p> <p>Associates drinking with socialising – sets parameters for drinking, what are acceptable circumstances? Control.</p> <p>Needing alcohol</p> <p>Becoming an alcoholic, feared</p>

The initial coding began by simply using words taken from the transcribed data, words that stood out, for example 'the trap'. In the comments column in Box 3 the term 'the alcohol trap', was used which seemed to explain the text.

4.3 Stage two - focused coding

Focused coding was used to explain larger pieces of data, where data shared explanations. Focused coding is more directive and conceptual and seeks to synthesise and explain these larger segments of data. The codes were more selective and conceptual and became more focused where the need to explore earlier coding, making decisions about their adequacy in explaining the data became necessary. This is seen in Box 4, where for example, 'perception' and 'completely different story', was suggesting 'doubt'.

Box 4 Focused coding

Excerpts from transcriptions	Focused coding	Comments/notes
And you know what your perception is not necessarily what they, no, no, you know if I had my Mum here talking about it, it might be a completely different story (March 2011)	Perception/recall of events Doubting/perception	Is this about childhood versus adulthood/ or about what people block out/chose not to remember – protective or is she doubting her own account of events
There were many times I didn't feel cared for . . . trying to work out the exit routes. (Sarah 2011)	Determination or is it logic/sense? Mental strength	Strength of character/determination/responsibility Consistent in other data is that element of strength , working a situation out, being sensible

During this phase it was necessary to return to earlier interviews and explore certain areas that had been overlooked or to revisit how an experience had been described. Key notes had been made during and/or after the interviews and points were noted to explore with the participant during the interview. Tentative categories were beginning to develop from initial and focused coding and categories became linked to other categories to reflect how the data had been interpreted. It was during these two coding stages that the possibility of a definition of problem drinking started to appear. I located words within the data that presented the behaviour in terms of what participants' heard, felt and had seen.

4.3.1 Defining/describing problem drinking

One of the objectives of this study was to identify and define problem drinking through participants' descriptions of what was experienced. By exploring participants childhood/adolescent experiences of the parent/s drinking enabled them to explain in depth what it was like growing up in a home where a parent/s drank alcohol and demonstrated what participants considered to be problem drinking behaviour. Various terms were used to describe the drinking and behaviour and participants shared how the drinking or the behaviour made them feel.

In hearing the words participants used to build a picture of behaviour associated with problem drinking became both visual and audible. Certain words or phrases used to relate what was

happening during the drinking could be linked. For example, 'fights', 'aggressive', 'snap', 'yell', 'throw stuff', 'violent', 'verbal/physical abuse', 'inappropriate' (towards me) and 'incapable'. These words portray a volatile and emotionally fuelled environment. Some participants described this behaviour as different to the behaviour, the parent showed without the alcohol, implying the behaviour during drinking was a change to their personality, described by one participant as, 'Jekyll and Hyde'. Rose told me *'I didn't want to be around him when he was like that because that was not my Dad; he was a completely different person . . . hyped up and so unpredictable.'*

Box 5 presents an excerpt from a transcript illustrating behaviour associated with problem drinking as perceived by a participant and Figure 3 associates behaviours with risk of harm. Safety would appear to be compromised where violence, inappropriate behaviour and an incapable adult places a child at risk of harm. Aggression and yelling may relate more to mental harm than physical.

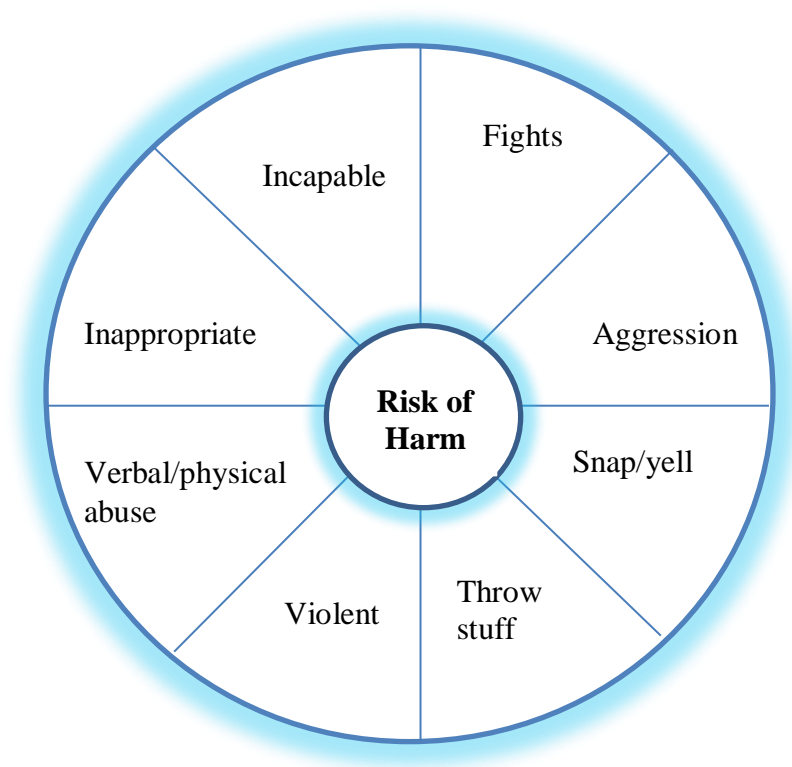


Figure 3 Risk of harm

Box 5 Initial/focused coding

Excerpts from transcripts	Initial coding/focused coding	Comments/notes
<p>There was a lot of violence to me and my Mum</p> <p>(November 2012)</p>	Violence	Risk
<p>With drinking he would slur his words and if you did something wrong he would get aggressive and he'd start yelling and throw stuff, so I would spend most of my time in the kitchen . . . then he would accuse me of not wanting to spend with him and would get quite nasty</p> <p>(Gwen 2012)</p>	Violent environment	<p>Risk</p> <p>Harm</p> <p>Danger</p> <p>Physical</p>

The following terms ‘that mood’, ‘that state’, ‘that person’, ‘quite nasty’, ‘bastard’, ‘slurred words’, ‘pissed’, ‘unpredictable’, ‘destructive’, ‘horrendous’, ‘vile’ and ‘lies’ as shown in Figure 4 further enabled a sense to be gained of what might be happening. The participants chosen words, how they were expressed and the associated body language, created a rich picture of the situation (‘it’) which quickly changed ‘turns’, reflecting how moods and behaviours change.

The terms used were very emotive and together with hearing how they were spoken gave insight into the unstableness of the environment and atmosphere (see Box 6), as well as hearing a dislike for what they were experiencing. The term ‘destructive’ described the problem drinker’s behaviour towards themselves as well as the impact of their behaviour on those around them. The terms ‘that mood’ and ‘that state’ suggested that the participants have experience of the parents drinking and recognise signs in them that they had consumed alcohol. Certain behaviours were then to be



Excerpts from transcripts	Initial coding/focused coding	Comments/notes
<p>He was pissed and he was driving (Jane 2012)</p> <p><i>When her Mother was drunk – quite unpredictable, a little bit irrational and quite nasty really</i></p>	<p>Pissed</p> <p>Unpredictable</p> <p>Irrational</p> <p>Nasty</p>	<p>The degree to which her Mum was unpredictable for example seems understated, words used are ‘quite’, and ‘little bit’ and then ‘really’. What was not being said here seemed more</p>

Excerpts from transcripts	Initial coding/focused coding	Comments/notes
(Susan 2012)		significant

The word ‘uncertainty’ is used here to portray the battle with trying to gauge the person who is drinking. Although participants were invariably able to recognise that alcohol had been consumed and at times were able to predict various behaviours that would follow, they still needed to remain alert to the shifting temperament and uneasy atmosphere. The reality of these experiences seems insufficient to capture with a single word. However using ‘uncertainty’ does shed light on the changeable environment and what might be felt in trying to pre-empt behaviours in trying to guess and prepare for what might be ahead. As part of the uncertainty, disappointment as well as resignation was heard in participants’ voices. The resignation was not without fear but seemed to continue alongside the disappointment, wishing it was not going to be like that mixed with the knowledge that it was.

The participants expressed how the behaviour made them feel (Figure 5 and Box 7), the impact of this revealing a challenge to manage or cope ‘successfully’. Participants said they felt ‘fear’, were ‘scared’, felt ‘panic’, ‘tension’, ‘uncomfortable’, ‘vulnerable’, ‘pressure’. They felt they were ‘walking on egg shells’, they ‘knew it would end badly’, ‘tiptoed around’ and were ‘always guessing’ and ‘hated it’. In explaining these feelings the alcohol was being blamed for the behaviour and the person who was drinking was someone participants did not want to be around. Within this there was acceptance that this was how they lived, this was how the parent/s behaved, although at times some participants felt hope that things might change, though this was rarely based on any evidence that it might.

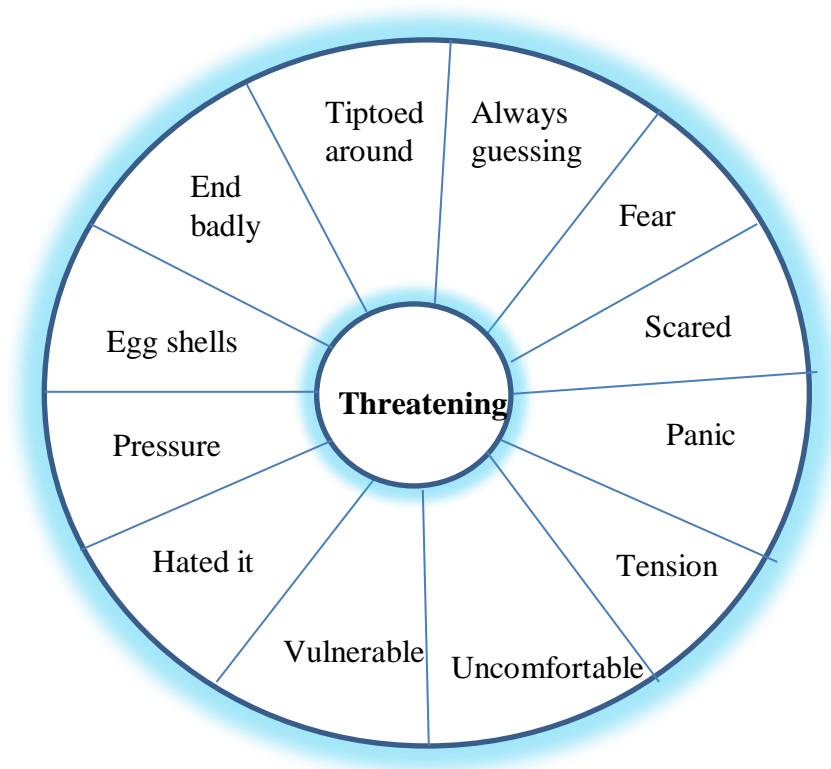


Figure 5 Threatening

Box 7 Initial/focused coding

Excerpts from transcripts	Initial coding	Focused coding
<p>You could tell when he'd had a drink by the type of games he would play – <i>describes a game where her Dad was supposed to try to catch them (her and sibling) when they jumped; if he caught them, they'd continue playing, but if he tried to knock them over, then they wouldn't carry on playing</i> – you were always guessing, guessing what's, what, what mood he's in.</p>	<p>Always guessing</p>	<p>Exhausting</p> <p>Being on guard</p> <p>Assessing risk involved with game</p> <p>Unpredictable or predictable</p>

Excerpts from transcripts	Initial coding	Focused coding
<p>I'd spend most of my time hiding behind my bed . . . I'd stash treats and things. . . til he'd either gone to work or gone to sleep . . . And then he'd come back and it was like shit, the whole house would, you'd just feel the tension coming up</p> <p>(Jane 2012)</p>	<p>Hid</p> <p>Stash stuff</p> <p>Tension</p>	<p>Strategies for avoiding the behaviour – planning ahead for future need – anticipation, prediction of events, purposeful thinking</p>
<p>. . . it used to be like being with a stranger and he'd take me to the pub and be drinking and it was uncomfortable. . .</p> <p>(Gwen 2012)</p>	<p>Uncomfortable</p>	<p>About what he might do? The embarrassment, the risk of what might happen?</p>

In figure 5 the word 'threatening' is used to construct meaning from the words participants used. Collectively they infer a threat to self, the mindful self, the environment or atmosphere. This study did not specifically explore whether participants experiences impacted their mental and physical health, so whether this has the potential to affect health was not sought within the data. However, conclusions were drawn from the analysis regarding impact on wellbeing and are included as part of the definition of problem drinking.

The participants were not asked, nor did they stipulate, the level of alcohol consumption they believed would constitute problem drinking. However, their experiences suggest that more than

numbers are needed to satisfy the impact of problem drinking to do justice to a definition.

Therefore in an attempt to provide a definition of problem drinking in this study, it needs to be mindful of what is observed and heard about the behaviour and what is felt about the behaviour. Put simply, it can be understood that the behaviour impacts others. A person's normal behaviour is either exaggerated by alcohol or becomes different as a result, thus concluding that alcohol changes the person.

The definition of problem drinking behaviour is conceived through the participants' descriptions of what was experienced. In seeking a definition, it was not deemed necessary to acquire information regarding the amount of alcohol thought to have been taken during drinking episodes. The amount of alcohol taken by the participants' parent/s did not seem important, and this was emphasised in the data. The behaviours of the problem drinking parent/s and their impact is however emphasised by participants and is of interest and value to this study.

Definition:

Alcohol changes the person. Behaviours associated with problem drinking impacts others; there is potential for risk of harm, feelings of uncertainty about the stability of the environment and there is a threat to mental and physical wellbeing now and in the future.

The word 'wellbeing' has been chosen in this definition as opposed to 'health' as 'wellbeing' encompasses words such as 'happiness', 'comfort', 'security' and 'safety'. The concepts of 'security' and 'safety' were particularly significant for participants as adults, when exploring the impact on their own drinking behaviour. Importantly this definition is developed from participants' recollection of experiences of growing up in an environment where a parent/s drank alcohol but draws attention to the reality of the situations many people face.

This definition informs the continuous analysis of data where it contributes to later meaning. The terms 'risk of harm', 'uncertainty' and 'threatening' became properties of later developed categories.

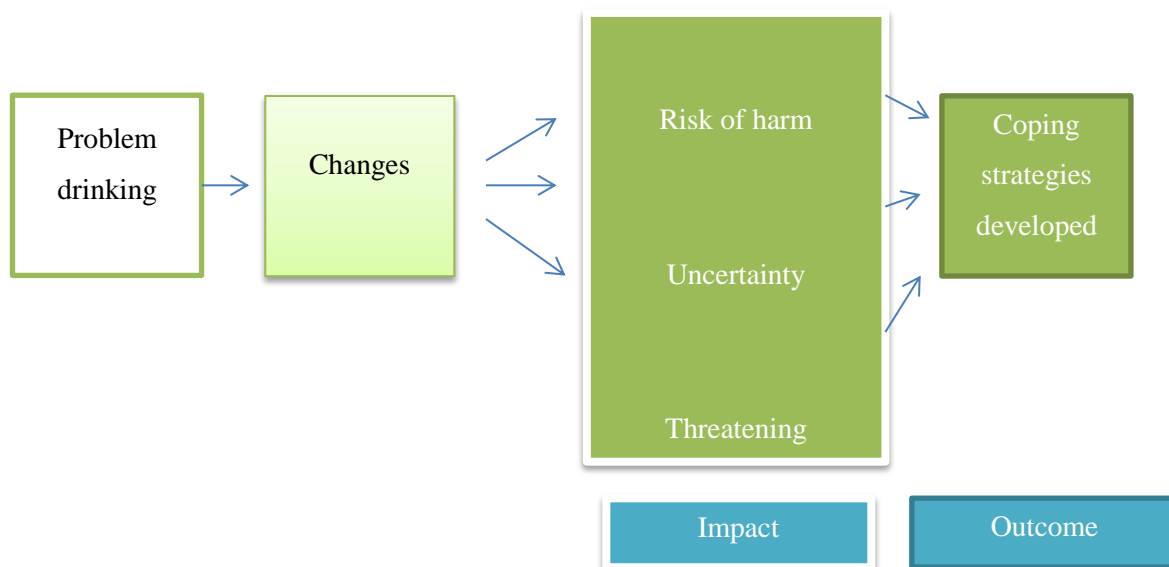


Figure 6 Surviving

Figure 6 consolidates elements from Figures 3-5. Risk of harm, uncertainty and threatening are words identified to construct further meaning to the experiences. It is possible that these feelings or this knowledge helped participants to develop their own ways of coping as a child and informed strategies as an adult. This diagram has been labelled ‘surviving’, a life recognised by participants as ‘our way of life’ and ‘it was how we lived’. This seems to portray an acceptance of the way their lives were, not a belief that it was right, but just that it happened. The final box termed ‘coping strategies’ continued to be questioned during the analysis. The use of the word ‘surviving’ came from re-exploring the data and ascertaining meaning - ‘surviving’ lends itself to the idea of coping, being able to manage or even to get by. The word ‘survival’ seemed to have greater relevance and reflected more the fight needed to live beyond the experiences. Furthermore, the word ‘coping’ can leave the level with which this is done open to interpretation. The word ‘survival’ was also a word used by two participants when reflecting back on the experience ‘I survived him’ and ‘we did manage to survive’. The idea that ‘surviving’ the experiences was a challenge became a property of the later developed category ‘resilience’.

Figure 7 illustrates an example of some notes I made during the analysis. These were thoughts that came to mind, connecting data and possible concepts with lines, which enabled integration of the data and codes.



Figure 7 Rich picture

As a result of focused coding five categories developed. Their development is presented below using quotes from participants' transcripts to demonstrate the category content and construct.

4.3.2 Acceptance

The category 'acceptance' was developed from the way participants talked about life as a child, with the recognition that this was *their* life. Acceptance remained as an adult and linked to how the experiences and their impact were viewed and how this influenced how they let it affect them.

Deborah – *I suppose years of trying to cover up, you know, we're alright . . . We never spoke about it again* (referring to a 'big bust up' about her Mum's drinking), *that's just how our family handled it.*

Sarah – *I just accept it as it is and get on with it.*

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Samantha . . . *I think it's up to me to make my own luck in life . . . you can either whinge forever, or park it and move on.*

Rose – *we knew that we'd get an apology in the morning but we knew it would be the same in the evening and it would start all over again, so urm, it was just something we expected really*

4.3.3 Self-efficacy

In the interviews participants were asked to talk about their strengths; this revealed insight into their own character and personality consistent with the experiences they shared. Ideas about resilience and determination became clearer. Participants thought about their strengths and replied:

Trudy - *I'm not a quitter*

Susan - *I like to think I'm not as angry as I used to be, I think I'm a lot more er, more accepting now*

Sarah - . . . *interested in people and this has made me successful in business . . . open and generous . . . it's the tenacity as a child . . . most of the time glass half full . . . and trusting in yourself*

Samantha - *I'm a very strong person, I'm very determined . . . I think fairness is important . . . I have good values*

Wilma - *loyal, don't lie, cheat*

Paul - . . . *dependable, faithful*

The above replies are taken from a number of participant's transcripts, and some of these replies were replicated amongst participants, determination was a key strength. Relying on oneself to lead a life participants' determined for themselves was also significant. These statements revealed strong, driven and tenacious characters.

4.3.4 Influence/strategy

During the interviews participants shared details of some of the actions they took as a child during a parent/s drinking episode. The terms identified earlier in the analysis where a definition of problem drinking was determined contributed to the category relating to strategies, the way participants 'coped' with the behaviours witnessed from their parent/s drinking. The phrase 'that mood' showed understanding of the patterns of behaviour that was seen during drinking episodes

and enabled participants' individual strategies to be put in place. It seemed that participants in knowing how this made them feel enabled a strategy to be implemented.

Sarah - . . . *I just got very clever working things out*

Daphne - . . . *pub time . . . tension . . . collapse . . . state . . . bad . . . same kind of routine, I was out of the way/we put covers over our heads so he didn't react to us kind of being there . . . hide really and be very quiet*

This 'thinking' by participants included avoidance, self-protection and protection of others (links to responsibility/protectiveness) and disablement. Disablement refers to where a participant has intentionally noted the course their parent's drinking took and at what point following an amount of alcohol, the parent become 'quiet'. The participant recalls assisting the parent to get to this 'quiet' stage more quickly:

Paul - . . . *I left home when I was 16, so I got myself out of the situation.*

Sarah – '*...just need to go to the toilet Dad, get you a beer while I'm out' because if I had him completely plastered and asleep, then he was of no bother. . . the worst bits of drinking were after three or four pints*

This category built on and included initial coding of the element 'purposeful thinking'. One participant talked about how she listened to what was happening downstairs between her parents, where one was being violent to the other, she talked about making judgments about the sounds she could hear, and thinking about how much she could ignore. This suggests intervention as opposed to avoidance or getting out of a situation, but includes strategic thinking.

In developing this category the following notes were made:

Memo Interview 1 – frequent experience, heard sounds before, making judgments about what hearing, mature/sensible, assessing risk.

In terms of strategic thinking, the situation is appraised, risk is assessed, and judgments are made. This category was developed acknowledging the processes involved in participants judgment. As in the above scenario, the participant, as a child, made judgments about what she was hearing and what would be acceptable. She was listening to physical abuse and turning sounds into actions, and where she states, 'how much can I ignore' she refers to damage and what amount of damage would

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be ‘acceptable’. Her thinking was purposeful. These decisions and tactical thinking are purposeful and have consequences of their own.

In this category, where participants have experience of their parent/s drinking behaviours, they knew what to expect or knew they could expect unpredictability. They knew what might trigger a reaction they did not want or like. These strategies used as a child were seen later in adulthood, the participant as they are now in managing their own drinking. The word ‘managing’ is used here, as the participants’ own drinking does appear to be managed, where one participant talked about ‘mentally taking charge of the drinking’, that is, her own drinking and those around her. Chapter five will discuss this further as part of the justification of the theoretical framework. This category has overlap with ‘risk and control’ (see 4.3.5), the participant is trying to manage a situation, but it stood out on its own at this point in the coding process; the thinking seemed tactical and strategic in its purpose.

Contributing to the development of this category ‘influence/strategy’ are the references participants made with regard to their own feelings towards and are influential in their opinion of ‘the drinking of alcohol’. Participants talked about the experiences as memories that bring powerful reminders to their own drinking, never allowing them to forget what was or what could be for them. One participant stated it is ‘always being there as a reminder’. Another participant stated they were ‘terrified of becoming that person.’ Similarly another participant said, ‘the thought of becoming an alcoholic scares me’. The statement ‘I don’t want to be that person’ shares the associated fear as well as the conviction they will not let *it* happen to them. For these reasons, with the strength of the influence their parents drinking had on them, strategies developed for example, ‘never drink on my own’ said one, ‘mentally take charge of the drinking’ said another.

Gwen - *It’s a conscious thing to stop drinking, because you respond to a feeling* (this participant is referring to the feeling of the alcohol taking effect and the need to take action)

Samantha - *I think I’ve got good insight into myself and my personality. . . I’m very aware that I could become an alcoholic . . . I love wine . . . I have to think, right that’s enough now and I always do a mental stop, now that’s enough*

Jane - *...but that’s me done. And I just stop. I’ll have a routine*

Susan – *I never drink alone*

Rose – *when I do have a drink, it’s like I’m very aware of it*

Gwen - *I'm aware of how much I'm drinking and how it's affecting me*

Daphne - *I don't want to be like me Dad and drink like that. I thought oh God I'm gonna be like me Dad, I need to change.*

Consideration was also given to the environment, who participants are drinking with and where, the type of drink being drunk (memories associated with the smell of alcohol and the experiences this brought to their mind, impacted the type of alcohol they drank). Further statements made by participants were 'not relaxed when drinking' and 'it's not attractive . . . I can't see the attraction'. One participant gives consideration to her drinking habits and whether it was a conscious decision or a lifestyle change that influenced the change to her drinking behaviour. This participant explored the phases in her life and wondered if as she matured so did her drinking habits, noting that when she was younger and prior to becoming a Mother her alcohol intake was higher.

Daphne - *So I kind of matured in terms of my drinking. So you kind of develop a different group of people and different habits I think.* Whilst Daphne had commented that she did not think she '*woke up and thought, I don't want to be like me Dad and drink like that*', she also said she '*was not going to be like her Dad*' and so recognised a need to change. Although, the circumstances may have influenced the patterns of events that is the environment and the friends, there also seemed to be a deliberate decision made to '*not drink like that*'.

These strategies seemed to influence the participants' ability to remain in control of their drinking and although was considered a separate category here from the category 'risk and control', this later became a property of the theoretical code 'being in control'.

4.3.5 Risk and control

This category links risk and control; connections are made between them and themes are seen that can be aligned to each other. When participants talked about the effects of drinking alcohol, participants identified risks associated with health, safety and genetics.

Trudy - *. . . the feelings, the changes (to your behaviour), things happening (risk to safety), the genetic thing as well.* Whilst food shopping Trudy talks about purchasing wine as part of the shopping list and the risk she feels is associated with buying a bottle of wine that is nice to taste . . . *if you get one that actually tastes nice as well that can put a different spin on it for me, I think oh crikey, I could become an alcoholic because that was a nice glass of wine.*

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Deborah - *I did have a friend who was an alcoholic and er, we don't see each other anymore; she was evoking the same sort of getting under my skin and self-pity. . . I don't know if I have internalised a way of living to make sure it doesn't happen.*

Jane - *I don't feel safe around people who drink . . . I note what alcohol is in the house.*

Participants have experience of how drinking alcohol can affect behaviour (see definition of problem drinking given earlier in the chapter) and risk assessment activities undertaken by participants are seen in the data, judgements then follow and actions taken to avoid or limit risk. Limiting exposure to alcohol and to people who may pose risk to the safety and stability of their life/environment is evident and participants talk of '*seeking out safe relationships*', '*avoiding harmful situations*' and '*never wanting to risk it*' (problem drinking) which contribute to the concept that the associated risks of drinking alcohol to excess are assessed and this in turn impacts control of their drinking.

The reference to control relates to; being in control of oneself, not being influenced by excess intake of alcohol, being in control of one's finances and future and not losing this control to someone else by having to rely on them. The reliability comes from trusting oneself - '*I'm it*' said Sarah.

Whilst participants have not described their parent who is drinking as being out of control, the behaviours they describe suggest these are influenced by the alcohol and, when not drinking to excess, the behaviour would be different. Being out of control appears to be seen as negative both emotionally and physically.

Gwen - *I don't like to not know what I'm doing . . . not to be out of control. And I never get out of control like that* (referring to her Dad's behaviour) *I've always been in control of what I'm doing; always know what I'm doing*

Samantha - *I never thought I was going to become an alcoholic, but I think it's because I refuse to be, I refuse to put myself in that position.*

Trudy - *I think all the preaching I've done to my children, what would it look like if I was to lose control?*

Paul -... *being out of control, I don't like that feeling . . . I do know where my limits are.*

Sarah - . . . *I will never, ever, ever, let myself or J (daughter) get into a situation that is out of control, you know either financially, you just manage it . . . make sure that you are never in a situation where you are reliant on people . . . I do like alcohol and you worry yourself silly that it could become you know out of control, well no actually I don't worry about that I, you know that it's in the back of your mind . . . so then you make yourself, right well I'm not going to do that . . . and you have everything under control*

This aspect of control related to when participants' drink, how much they drink and the circumstances under which they drink. Each participant described having had excess alcohol at least once in their adult life. Ten out of the eleven participants did not like the feeling of being out of control, so invariably avoided this. One participant on occasions planned the drinking episode knowing intoxication would result. However, remained in control of her drinking - she was comfortable with the environment, being in the company of family members where children were older and were part of the social drinking episode.

In these circumstances decisions were made by the participants' as to the amount of alcohol taken and when. This was an informed and planned decision to drink to excess on this occasion, taking into consideration those around her, the circumstances and the environment. As with an earlier category 'responsibility/protection', this also indicates an element of responsibility in addition to giving consideration to how vulnerable one allows oneself to be, if it was perceived that drinking to excess may lead to vulnerability. On further scrutiny of the data this type of planning was seen in other participants where on occasions drinking with friends was considered appropriate and they could feel comfortable, but as another participant stated, the 'drinking would be managed.'

'Risk and control' therefore became a shared category as participants revealed a sense of risk assessment to their drinking in terms of where and when and who with, in addition to assessing risk with regard to relationships and life, avoiding unstable environments and placing themselves in situations where they may become vulnerable. Hence shared meaning with control in that making judgements about risk influenced the control taken.

4.3.6 Mimicking behaviours

In aiming to establish with participants their experiences of someone else's drinking and to understand how this impacted their own drinking participants were asked about their childhood, where they grew up, their siblings and who was drinking alcohol to excess in their family. These stories supported and revealed the development of a definition of what drinking to excess meant to

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them. Participants spoke about the behaviours they witnessed and how these were things they did not like in their mother or father and would not want their own children seeing in them. It seemed as though they did not want to be remembered in this way and did not want their own children to experience what they had. Whilst this category also implies more of a protective instinct here, it lends itself to the idea of being responsible. The category was named 'responsibility'. Participants seemed to see themselves as having a responsibility to the self and others to '*not let this happen*' and to protect others from themselves.

Daphne - *There have been patches in my life when I've drunk too much . . . I'd be devastated if {my son} saw me as being, remember me being, after I'd gone, remember me as drinking heavily . . . I'm sure his drinking has influenced me.*

Paul - *I've certainly witnessed and been part of the effect that drink can have in other ways, so I would never want to, to do that to anybody else.* He refers to his sons and says *I just can't ever imagine being so drunk and aggressive towards them, it would just slay me really to think that.*

Gwen - . . . *he wasn't someone I wanted to be around.. . . not to get in the state my Dad did. . . I don't want to end up like my Dad.*

Samantha - *I will never be a horrible drunk Mother.*

Deborah - *I didn't want my children to go through what I'd been through.*

Rose – *it scares me to death that I'm going to turn out like him*

Where participants remember how someone else's actions have impacted them it has meant they feel strongly about how their own behaviour may impact others. Therefore they show responsibility for avoiding behaviours witnessed in their parent/s. Although 'responsibility' at this stage of analysis remained as a focused code it was later, during theoretical coding seen to share meaning with 'control'. However 'responsibility' was considered to have better fit with the adoption of behaviours and mimicking and so became a property of 'mimicking behaviours'.

Doubts about the data or my ability to 'decipher it' came and went fluctuating in intensity throughout the early stages of analysis. I justified these doubts as a complex process of impatience, carefulness with the data and contemplation. **Text Box 1** provides an example of where I questioned the purpose of the study.

Text Box 1 Example of notes/reflections

During a post interview reflection (interview 3) there was a moment where I doubted the purpose of my study: *'What am I hoping to achieve here? Am I eliciting relevant information that informs my aims?'* I began asking myself questions out loud and in answering them, became more assured that the data was addressing my aims: *'On further reading of the data, I am beginning to 'see' what is here.'*

March 2011

Opportunities to talk about my research aims with friends and colleagues, hearing myself talk out loud explaining the purpose of my study and where it was hoped findings would contribute to further discussions were helpful. It enabled me to remain with the investigation and I was encouraged by people's interest as well as challenged by their questions.

Whilst listening to the interviews and simultaneously reading the transcripts it was possible to make comments regarding the tone of participants' voices in relation to what they were saying. Additional comments were also made about whether participants were laughing and how they were laughing; whether it appeared they were laughing at something funny, laughing off something, or were incredulous were noted. This helped to further interpret meaning within the data.

Questions I posed to, and debated with myself early on in the analysis process when a theme became obvious prompted personal dialogue/memo writing about the data (**Text Box 2**):

Text Box 2 Can it be this obvious?


I wrote:

The issue of 'control', is this too 'obvious'? Does it matter if it is? Did I anticipate this in the data and direct my questioning to produce it or would it have been there anyway? The interview questions were developed from the literature and my experiences; the questions were structured using an example by Charmaz. I thought about my own use of the word 'control' in my life. Having and keeping order to things, not just things of my own doing, so minimising disorder to others and from others (close to me, others). I considered the use of the word 'control' by participants, explored it in relation to its context, giving meaning to it and then returned to my own experiences, my own meaning of the word. Scrutinising my actions on the data. How did the way the word was used, compare?

The analysis that followed these early stages saw emerging relationships between these and other categories and began providing clarity in explaining phenomena. Prior to being satisfied with the categories that were being seen the analysis went through a process of deconstruction, where the data was returned to, the coding process began again, and categories formed. Glaser (1978) warns of coding strategy trends that risk forcing data in certain boxes. I wanted to disbelieve the developing categories and to see if the analysis could take another course. Previously data had been placed under headings which linked themes in the data (determined by what stood out in the data and taken from the objectives of the study), for example, character and their (parent/s) behaviour. This was put to one side and the process begun again. Initial coding was lifted from the data and focused coding was explored, not deliberately avoiding their initial fit, but to see if the data fit with other coding more comfortably. Words were placed together that might share meaning, prompting questions about the previous code names, and whether they represented the categories respectfully and meaningfully, and if they were relevant to the research focus. Some properties sat together in different categories but because of earlier overlap this did not seem to matter. What the properties were meaning and how this was shaping or leading to a theoretical framework seemed more important. I was satisfied I had given the data the scrutiny it deserved.

Table 5 provides an example of how stage one and two coding identified the category ‘risk and control’, showing related properties. A similar process was undertaken for all categories discussed in earlier sections of this chapter and where each of the five main categories presents their properties.

Table 5 Stage one/two coding to category

Stage one coding	Properties	Category
I'm it – <i>control</i>	Self-reliance	 Risk and control
Don't put yourself in that position – <i>control/risk</i>	Protect self and take responsibility for self	
Setting boundaries, limit exposure/alcohol – <i>control/risk</i>	Mentally taking charge of drinking	
Protecting self and others – track alcohol intake of others – <i>control</i>	Responsibility and protect	

Driven by theoretical sampling throughout the analysis and the constant comparison of data and properties, categories developed from the focused coding. Connections within the categories were being seen where some had fit with others. Following further analysis, exploration of field notes and reflection, these categories led to theoretical coding.

4.4 Stage three - theoretical coding

Reflecting on the above coding processes, it was recognised that as further interviews had been undertaken and transcribed, the analysis became more complex due to increased data with emerging categories becoming related. They had some overlap, however I was aware of feeling under pressure to reduce them or bring them together without first seeing them separately. The idea of staying open to all theoretical directions was important to this process and it was appreciated that with further data analysis these categories would be challenged.

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During theoretical coding the data was further studied to explore possible relationships between the categories, with the aim of developing clarity regarding particular participant/s experience/s.

Categories were developed from the focused coding and from these categories theoretical coding began. This did not occur in a linear way, categories were already appearing as though they needed to be united and named. Theoretical sampling was continuous where data were being further explored to clarify categories. Categories were linked revealing similar properties and relationships among the concepts (Munhall, 2012). Glaser (1978) argued that theoretical coding is conceptualising how codes are related and Charmaz (2006) added that this process is integrative and provides form to the focused coding giving a coherent analytic story that has theoretical direction.

Whilst coding becomes a theoretical integration of data, Charmaz (2007) argued that the most vital concept of grounded theory is the continuous comparison of data until the researcher has found a theoretical code that fits. Indeed, finding a code that had fit with the categories was time consuming and thought provoking. Ensuring I was content with the participants' 'voice' in this process was important as exploring and appreciating the data and categories continued. A theoretical code according to Saldana (2011) encompasses and accounts for all other codes and categories within the analysis and the integration is where the researcher finds the primary theme of the research, the central or core category. The core category as explained by Strauss and Corbin (1998) is a condensed account of the analysis that explains the purpose of the research. The conceptual theory or theoretical framework was coming to light and a story was unfolding.

Memos, as well as supporting the ongoing theoretical analysis (Munhall, 2012) served as prompts for category integration (Charmaz, 2007) which helped in strengthening and justifying each category. This was important in raising categories into theoretical codes. I refer to a memo I wrote in December of 2013, where I began reasoning and justifying theory that I was holding on to for explaining some of the data, categories and codes.

Text Box 3 Memo – critical conflict theory

Thinking about locating literature to help me explore some of the findings from the data. Thinking about words such as mental strength, mindfulness, stability, determination, tenacity, control, choice, protectiveness, risk averse and resilience.

I recently read in a book something I read early on in my analysis, about critical conflict theory,

where now it seems to have more meaning. I felt it was applicable then but only as a concept that I considered, I did not 'hang on' to it, but now with more data, I can hear it in the data. The passage read:

Humans must create a world in which to live. They must in effect alter or destroy the natural setting and construct something new. The human survival mechanism is the ability to change the environment in a creative fashion in order to produce the necessities of life (Allan, 2013, p74).

I found this to be relevant to what I was seeing in the data, I then read that it came from Marx's sociological imagination; Critical conflict theory. Conflict for many of the participants is something they tried to avoid in their childhoods, learning about the drinking, what affects mood and behaviour and what they needed to do to 'get through it' / 'survive'. The idea that something new is constructed brings to mind the idea that participants are in 'control' of their lives, they put together the life they feel will provide stability. They seek out friends and partners who will maintain the stable life they want/need. They control their drinking, by measuring when and how they drink, who with, the risk of being the person they did not want to become, overshadowing the drinking.

Does this critical conflict theory link control and risk management?

Exploring the idea of conflict avoidance affirmed thinking about personal control and striving to control life circumstances. Consideration was also given to what else impacts control. Self – efficacy came to mind and this challenged a category. Bryant and Charmaz (2013) argued that researchers risk producing only adequate conceptual theory that may lack depth if theoretical coding possibilities are not considered (Glaser, 1992) and that irrespective of how robust a theoretical code may be, theoretical integration should not be forced by a preconceived theoretical model (Bryant and Charmaz, 2007; Partington, 2002). The memo above felt exciting to write and although it was necessary to further scrutinise the categories there was an awareness that the theoretical framework was developing.

Theoretical sorting assists the emerging theory, giving ways of refining theoretical links (Charmaz, 2007) where theoretical decisions can be made about the similarities and connections (Bryant and Charmaz, 2007). In seeking clarification for how this sorting is undertaken, it became apparent that this process is not structured and falls to the researcher to present this in a form that is clear to the reader. However Charmaz (2007) argued that once logic is found that makes sense this process falls

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into place. Although diagramming is suggested as a way of helping to portray the analysis (Charmaz, 2007) conveying thoughts as visual displays can look messy but can help produce theoretical logic of the analysis. Identifying meaning within the categories and the properties these held, one category at a time, providing justification for each and detailing how the analysis led to the formation of each code provided reassurance of the meaning that was building at this stage. Whilst a conceptual theory was developing in the memos, the course of the empirical experiences within the analysis was reassured by the process that data had not been forced in a specific direction. The analysis was continuously questioned with regard to my own presuppositions about what I would see in the data. The memos facilitated internal debate with myself and challenged the process as well as the categories and codes that developed.

Two theoretical codes developed ‘resilience’ and ‘being in control’, which in turn housed a number of categories as presented below: five categories and two theoretical codes formed the theoretical framework which provided an interpretive portrayal of the participants’ experiences. Holstein and Gubrium (2003, p314) argued that a constructivist approach takes ‘implicit meanings, experiential views and grounded theory analyses as constructions of reality’.

The theoretical codes ‘resilience’ and ‘being in control’ were developed through the integration of categories. Participants’ words were used within the categories and the essences of their words were considered in the code names given. The explanation of the codes below furthermore reflects my thinking, as researcher in this study.

4.4.1 Resilience_ self-efficacy and acceptance

These categories became integrated and were named ‘resilience’. The characters and strengths of participants stood out, their determination in life and their courage. Participants’ use of words like ‘*in spite of...*’ and ‘*I survived him*’ and ‘*you just deal with it*’ together with how they demonstrated bravery and responsibility by taking the lead and not letting their parent/s get the ‘*better of them*’ connects the categories and seemed fitting to link to resilience. Participants appeared to take responsibility for the direction their life was taking, not letting things get the better of them and seeing the necessity for change, believing this can be achieved. Also what seems to be implied here is the self-belief that participants had in themselves to achieve what they needed/wanted to. Accepting the ways things were, dealing with what came along and how it was dealt with linked the categories within this theoretical code.

4.4.2 Being in control – mimicking behaviours, risk and control and influence/ strategies

It was interesting to see how ‘being in control’ became a theoretical code that encompassed three strong categories which included: not wanting to be like their parent/s, their need to maintain a stable environment, to avoid vulnerable situations, relying on themselves, staying in control of things around them, their own drinking, the drinking by others, their finances, identifying need for change where necessary. Evident within the data is the determination of participants not to become like their mother or father, the parent who is drinking alcohol to excess. Participants talked about ‘*not wanting to be like them*’. Being in control seems to adopt the idea of responsibility and seems to be a strategy adopted; for drinking within recommended limits, limiting alcohol intake, not drinking alcohol alone, awareness of own behaviour and, of course, beyond this. When referring to influences on their drinking behaviour remaining in *control* seems to be significant, and although not in the forefront of their minds while drinking alcohol, it is sometimes an unconscious thought that ‘*they don’t want to be like them*’. Participants also talked about the measures taken to avoid the person (parent) during their drinking where it appeared that a strategy/strategies had been developed to protect themselves and, in some cases, others. Participants appeared to be purposeful thinkers where assessing risk to self and others, and making judgements about their relationships to ascertain whether there is risk to the stability of their life seemed to form part of this. Being in control comes from; participants’ action or ability or need for assessing risk, developing strategies for maintaining drinking within recommended limits and identifying behaviours that made them uncomfortable and which they do not want to be around and replicate.

4.4.3 Theoretical saturation

A goal within grounded theory analysis is that saturation of the data will be achieved and is suggested that this is when no new properties or dimensions or concepts are seen within the data and that category development is dense (Strauss and Corbin, 1990 and 1998). It is considered a general principle that theoretical sampling will continue until this point is achieved (Glaser, 1978; Glaser and Strauss, 1967). Theoretical sampling sought to seek and collect relevant data that were able to expand or hone categories in the developing theory (Charmaz, 2007), but saturation was not easy to determine. The process of analysis was not so *systematic* that it could be argued that all data had been consumed with thought. Saturation is argued as not merely seeing repetition of data (Glaser, 2001). In coming to make decisions about whether indeed saturation point had been reached, it felt more comfortable arguing that no new theoretical insights were being revealed in the data, as proposed by Charmaz (2007) as a determinant of saturation. Nothing new was being seen in the data and there did not appear to be anything relevant left unaccounted for that further would inform the research ‘view’. Charmaz (cited in Morse et al, 2009, p131) argued that

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constructivists 'favour thorough knowledge over efficient completion of our analyses.' Dey (1999) argued that this is more adequately termed 'theoretical sufficiency' and recognised that the search for new data has to eventually come to an end. Completion of the process of analysis indicated there was sufficient data for meaning to be interpreted to construct the theoretical framework and to recognise that the constructivist analyses offers an interpretation of the knowledge of participants (Charmaz, cited in Morse et al, 2009, p127).

Charmaz (2004, 2006) discounts the relevance of a core category arguing that in classic grounded theory this identifies a main concern for participants and thus ignores that the most important processes are tacit. Rather Bryant and Charmaz (2013) argued the end result is an integrated theoretical framework for the overall grounded theory. The central meaning in this analysis of the data relates as many categories and their properties as possible and all have relevance. Therefore in seeking an interpretative rendering of the data, Figure 8 presents the proposed theoretical framework of this grounded theory analysis. All the categories from theoretical coding could be related to 'personal control'. However 'personal control' did not appear to do the complex nature of this theoretical framework justice. When diagramming the elements to this it revealed a complex building of meaning for participants drinking alcohol within recommended limits developed from circumstance, feelings, risk assessment, judgment, and memories. The elements were so complex that 'personal control' extended beyond the self, to the participants immediate personal social world. This is illustrated in Figure 8.

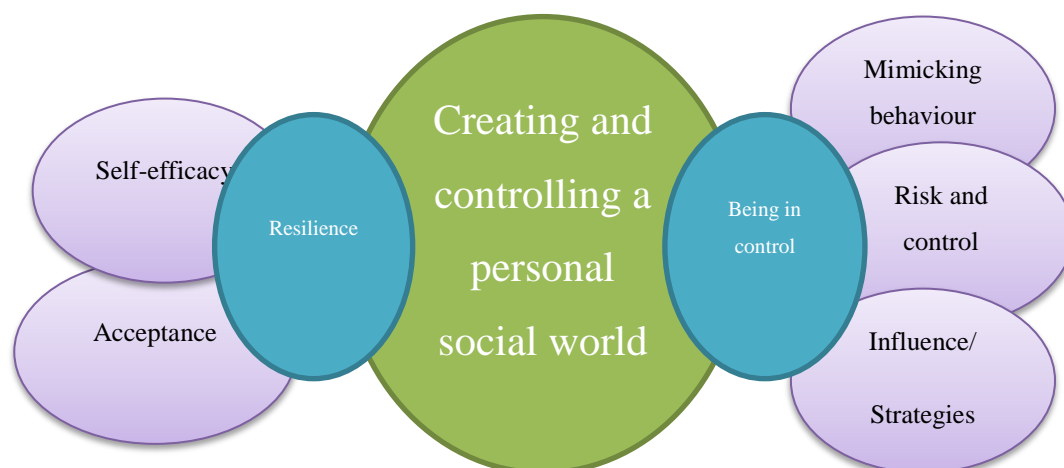


Figure 8 The theoretical framework

Through the undertaking of constructivist grounded theory analysis, a theoretical framework has been produced, rather than a theory. The findings of this study lend itself to a constructivist view where it shows how people's actions affect their local worlds and where the complexities of these worlds are numerous. The term 'theory' according to Charmaz (2006) remains loosely defined in grounded theory discourse. There are many broad definitions of theory within in social science research. Strauss and Corbin (1998) describe theory as a 'set of well-developed concepts related through statements of relationships, which together constitute an integrated framework that can be used to explain or predict phenomena' (p15). Charmaz (2006) discusses what constitutes theory in grounded theory, arguing that most grounded theory studies lend themselves to a conception of theory, as opposed to the construction of either substantive or formal theories. Theoretical frameworks have typically been described as the development of a theoretical perspective providing a guide to a study both in the collection and analysis of data (Lusk, 1997). The theoretical framework referred to in this study provides an integration of concepts on which meaning is constructed and thus provides opportunity for future research to consider the framework presented.

Meaning was constructed from the analysis of the data where a theoretical framework was developed that participants' **create and control a personal social world**. This world aims to provide and maintain a stable and predictable environment where problem drinking behaviours are limited. To create and control this environment requires judgements and decisions to be made and these appear either conscious and deliberate or unconscious, but still with intention. Consistent with all participants is a choice/decision not to become someone with problem drinking behaviour

and the absolute belief that they would never let this happen. However, it is recognised that realities vary regarding the degree to which participants' immediate world can be created and controlled to reduce the risk of developing problem drinking behaviour. Personal strategies are seen in all participants for drinking within recommended limits, and being in control of themselves seems essential to their strategy/ behaviour. These behaviours include; assessing the environment in which drinking of alcohol is taking place; limiting alcohol consumptions; choosing with whom drinking of alcohol is undertaken and the extent of the drinking episode; not drinking alone and giving consideration to who is involved in their world.

The theoretical framework developed from the findings of this study give consideration to human nature and social control applying this to the creation and control of one's own immediate personal and social world, where its influence stems from the impact of a parent/s problem drinking behaviour. Within this world is a complexity of meaning and rationality that justifies the need to 'control'. Growing up in an *alcohol fuelled* home and experiencing behaviours that were, for the most part, unpredictable and an environment that was largely unstable presented uncomfortable risk to participants. Participants in this study appeared to have taken control of, and responsibility for, the direction their lives have taken. Chapter 5 explores this further presenting argument for this interpretation of participant's experiences.

4.5 Summary

Effective communication has been central to the process of the participant interviews, data collection and data analysis. Rogers (2004) recognised that a chief barrier to mutual interpersonal communication is the natural tendency to make judgment about what is being said. Real communication Rogers (2004) argued occurs when we listen with understanding and the evaluative tendency is avoided, thereby facilitating a sense of how it might feel to them with regard to what is being spoken about.

This chapter has presented the findings where a theoretical framework has been constructed. Within the findings it is recognised that participants are determined and purposeful thinkers who appear to have taken control of their lives and are directing the course it takes, assessing where change needs to be made. The acknowledgment that people's starting points in life vary and are impacted by nature and the families they were born into as well as the various inequalities that relate to this in terms of, for example, gender, age, ethnicity, sexuality, disability and social class will be explored in chapter five when discussing these findings.

The challenges of the process of analysis along with the mental conflict between the data and an enthusiastic and impatient mind have been acknowledged. Being in a position to listen to participants' experiences and scrutinise the data, clarify and interpret meaning within this, situating it within the context of the circumstances, environment and other data, has been a privilege.

The following chapter will discuss the theoretical framework developed from the analysis in detail interpreting the relevance of the categories and theoretical codes.

Chapter 5: Discussion – theoretical framework

5.1 Introduction

This study aimed to explore the experiences of adults, who drink within recommended limits, but who grew up in a home where a parent/s drank alcohol to excess. It attempts to explain what influences decisions around drinking behaviour and, in doing so, aims to inform clinical practice where intervention strategies and health promotion activities are employed with patients/clients/service users.

Through constructivist grounded theory analysis a theoretical framework has been constructed giving meaning to participants' identification and definition of problem drinking through their descriptions of their experiences. In exploring participants experience and reaching an understanding of factors which influence their own drinking within recommended limits, the study seeks to reveal insights to inform clinical practice.

The discussion of the findings will be written in three sections. The first two sections will discuss the two theoretical codes within the theoretical framework; 'resilience' and 'being in control'. The section that follows will discuss the interpretation of the theoretical framework that presents a perspective that participants **'create and control a personal social world'**. It is during this discussion of the findings that Charmaz (2006) advised that the researcher claims, locates, evaluates and defends their position.

The key theories and concepts that will be drawn upon relate to; the idea that experiencing adversity contributes to the development of resilience and how self-efficacy and agency relate to this; transgenerational transmission of patterns of behaviour; human behaviour/social learning theory and risk. The significance of these theories and concepts relate to participants where strengths of determination and the ability to influence the direction their lives take, assessing risk, behaviours and consequences and taking control of their world are demonstrated. Leading studies in related fields will be appraised determining whether or not they support the theoretical framework and the resulting constructivist grounded theory. Furthermore opportunity will be taken to consider any associations with other fields. Implications for practice and professional knowledge, including issues of rigor and transferability of the research findings will be acknowledged and a summary of the chapter will be provided.

Chapter 5 - Discussion

5.1.1 Summary of key findings

The findings from this study are consistent with a psychosocial perspective. This combines a sociological dimension relating to society and social factors and a psychological dimension relating to the mind. This concurs with Mills (1959) and Goodman and Ley's (2012) suggestion that both disciplines overlap with society affecting the way people think, and this then affecting society.

In 1954, Allport, gave consideration to the idea that the goal of social psychology is the understanding and explanation of how others can influence individuals thinking and behaviour. Mills (1959) argued that people see themselves with sociological imagination and it is with this imagination that they get an understanding of their own experience and can therefore gauge their own fate by locating themselves within their past. Allan (2013) talked about modern society being intentional where ideas and theories regarding human nature, knowledge and society were considered and were then purposely used to improve human condition such as philosophies of human law and nature. The term modern or modernity in this context refers to a world that assumes a rational actor and an ordered world that can be directed (Allan, 2013). It appears that the social context into which an individual is born is important and in this study social context refers to the immediate social context of family, that is, the home environment.

The theoretical framework developed from the findings of this study focuses on the participant's world that is created and controlled by them. The foundation for the theoretical framework were 'self-efficacy', 'acceptance' and 'resilience', 'mimicking behaviour', 'risk' and 'control', 'influence/strategies' and 'being in control'. This framework provided the substance for interpretation and creation of meaning. To provide clarity of expression and to avoid repetition, throughout this discussion the term 'the participants' will be used to refer to those people who participated in this study.

The findings from this study suggest that participants create and control a world that affects them personally and socially. They control who is allowed access to their lives, and this control is assured by their own self-reliance, control of finances, finding a job, observing and monitoring other people's alcohol consumption. Strategies have been developed for drinking within recommended limits, controlling their own behaviour (being aware of their own behaviour) when drinking, limiting their alcohol intakes and assessing and controlling risk of their drinking to their personal and social world.

Participants' home life when growing up was unpredictable and unstable, it was 'alcohol fuelled' and so meant there was also risk. The participants have demonstrated that they have made choices

and decisions about their lives and this is seen clearly in the data. They have shown ability to take control of their future, achieve their goals, not be like their parent/s with problem drinking behaviour, and to not behave in the same way. This control is prompted by the problem drinking behaviours seen and heard as a child. The impact of this seems to have been effective on their drinking within recommended limits however is complicated. Participants in this study are seen as being in control rather than controlling. They appear to make up an immediate world which provides the stability they want or need. Participants appear in control of, and responsible for, the future they want or need.

A definition of problem drinking was drawn out of the data and the impact of this definition on participants' own drinking behaviours is evident.

Alcohol changes the person. Behaviours associated with problem drinking impacts others; there is potential for risk of harm, feelings of uncertainty about the stability of the environment and there is a threat to mental and physical wellbeing now and in the future.

Participants' experiences of growing up in a home where a parent or parents drank alcohol to excess varied. However, it emerged that many experiences shared particular features to include behaviours described of the person drinking and personal actions of participants' response to the drinking and strength. Despite the overlap of themes a number of interesting concepts stood out while listening to participants experiences. These included; participants' determination and tenacity to persevere in life as children and achieve their goals as adults; the skill and tactical thinking that was shown in fulfilling strategy for staying safe as children and reducing risk to themselves and others as adults, and their feelings towards the behaviours that resulted from their parent/s problem drinking and how these impacted their own drinking within recommended limits.

5.1.2 Use of literature

Personal and professional experiences, through recognition of literature and observations of patients and their families, assisted in the identification and development of the theoretical framework. Strauss and Corbin (1998) argued that consistent with grounded theory is the on-going review of the literature throughout the research process. Following an initial review of the literature to identify gaps in knowledge, the literature review continued during more in depth data analysis which helped promote the conceptuality of the analysis. Once the theoretical framework became

evident the literature was revisited and, it is within this chapter that, the literature is woven into the conceptual analysis of participants' experiences.

Glaser and Strauss (1967) argued for reviewing the literature after completion of the analysis, the aim being to avoid importing preconceived ideas and instead encouraging articulation of the researcher's ideas. However, Charmaz (2007, p165) contradicted this use of the literature and argued that through comparing other authors' evidence and findings with 'your grounded theory, it may show where and how their ideas illuminate your theoretical categories and how your theory extends, transcends or challenges dominant ideas in your field'. Mills et al (2006) argued that creative expression to communicate how participants construct their worlds is essential to this discussion.

5.2 Resilience

To explore resilience in greater depth theoretical work such as Bandura's will be considered where its limitations will be determined.

Velleman and Orford (1993) explored adult adjustment of offspring of problem drinkers making a comparison with a group of participants who were not offspring of problem drinkers. Velleman and Orford (1993) noted that intergenerational transmission of patterns of behaviour are numerous and recommended that children's resilience to upbringing-induced stress should be a consideration.

There was suggestion that having a parent with problem drinking behaviour might sometimes be a strengthening experience thus promoting the acknowledgement of children's resilience to factors relating to upbringing. However, they identified that many links existed between childhood factors and adult adjustment such as feeling demoralised, mood disturbances, not taking risks and problem drinking. Acknowledging these associations with childhood issues lends weight to theories which place importance on developmental factors. Later Velleman and Templeton (2007) acknowledged that resilient children and adults shared key characteristics such as self-efficacy, the ability to manage change, the ability to problem-solve and to feel as though they have choices.

In interviews, participants described their strengths and, whilst this seemed uncomfortable for them, in that some participants appeared embarrassed to recognise positive aspects in their character, what they shared was consistent with what was heard and seen in the data of their fight to get through and cope with life at home. The use of words such as 'surviving' their parent/s drinking suggested it was a battle, one that needed strength and determination.

As with participants in Velleman and Templeton's (2007) study, participants also revealed ways in which they managed or coped with perceived risk factors and the strategies participants used to deal with the effects of parental drinking are consistent with this and other literature. Velleman and Templeton (2007) referred to the idea of escape to another room to be away from the person who is drinking, or visiting friends. Studies by Orford (1992) and Orford et al (1998) explored family members' ways of coping with excessive drinking, drug taking or gambling, by a close relative. Their studies focused on the responses by a spouse, rather than children's actions and in spite of the difference in age and life experience between participants there are shared features in the coping mechanisms. Orford (1992) and Orford et al (1998) refer to keeping out of the way as 'avoiding' and feeling too frightened to do anything or accepting this as part of life as 'inactive'.

Whilst these strategies of escape or avoidance are acknowledged by participants they appear more complex and are referred to as 'tactical thinking'. It is much more than leaving a room to escape or avoid someone, it is about what the consequences of staying might be and knowing when they could come back. These tactics/strategies appear more than simply a way of avoiding the perceived risks. There is preparedness for the behaviour and a manipulation of the behaviour to provide protection. For example, a participant's strategy of hiding in the bed had been planned for with a stock of food placed in the bed for when the need to hide arose.

A further example of a participant's tactical thinking was revealed by Sarah from previous experience of her Dad's drinking which meant she could recognise behaviour traits during the drinking episodes and how these traits related to the amount of alcohol that had been drunk. By offering to get her Dad more alcohol meant that Sarah could progress the behaviour to something that was more manageable and a safer option for Sarah – which was alcohol induced sleep. Purposeful thinking and tactical thinking influenced this strategy for coping with the behaviour. The behaviours and the environments were often described by participants as 'unpredictable'. However, knowing this meant participants could predict a number of behaviours that could occur allowing for an adaptive preparedness (Bandura, 1977) even though sometimes there was an inability to influence the pattern of events.

Situations that present an unstable environment or make someone feel vulnerable may lead to stress being experienced. However, it is recognised that stress may not be a stressor if a person does not perceive it as such (Goodman and Ley, 2012). In a study undertaken by Orford and Velleman in 1990 they reported that children living in a home where a parent was identified with an alcohol problem were exposed to stress. Similar conclusions were noted by Orford et al (2003) and are further evidenced by Ray et al (2009) who acknowledged that having a family member with an alcohol problem affects how the family functions and the dynamics within it noting increased

prevalence of medical and psychiatric conditions. Whilst the term stress was not articulated by participants, the words they used included 'risk of harm', 'uncertainty' and 'threatening'. They all suggested stress was present but perhaps understate the possible realities of these experiences suggesting a growing hardiness.

It is recognised that personality variables may affect one's response to stress and Kobasa (1979) made reference to the idea of personal hardiness and studied how this decreases illness as a response to stressful life events. Kobasa (1979) argued that hardiness is to have a stronger commitment to self and an internal locus of control. Bandura (1977) proposed that threats are more likely to be viewed as challenges if a person has a high degree of self-efficacy whilst Ungar (2011) noted efficacy as a similar and related psychological principle that adds to the complex picture of resilience.

Self-efficacy was a category that became an element of 'resilience' and included participants' ability to show courage, to take the lead, take responsibility, and to protect self and others. This was perceived as aligning to the concept of hardiness. Participants were strong and determined, perhaps perceiving survival as a motivator rather than threats, for example, seeing safety as a challenge. Participants' acknowledged the need to change their own behaviour and identified what they knew they did not want to become. Not letting their parent/s get the better of them as well as their dislike of feeling out of control, also contributed to this category.

Bandura (1997) argued that the level of motivation an individual has, their affective state as well as their actions is based more on what they believe than on what is objectively true. Therefore unless people believe they can action desired effects their incentive to try is reduced. This had resonance with the data in that participants' were confident they would not drink to excess and they believed in themselves to not let this happen. Bandura (1997) argued that perceived self-efficacy pertains to the belief one has in one's own capabilities with regard to the organisation and execution of actions needed to realise personal aims.

McCarthy et al (2006) argued that there is a complex interrelationship between person and world which acknowledges an individual's particular responses and values and therefore attention needs to be given to agency. Agency is seen as extending beyond having the ability to initiate action to achieve a purpose (McCarthy et al, 2006). The social and cultural background of participants varied and so this does raise questions about resilience in terms of how it is developed and how it can be promoted. The influence people have over what they do reflects personal agency (Bandura, 1997). McCarthy et al (2006) pointed out that, whilst agency is concerned with an individual's ability to

make choices and act independently, it is affected by the position an individual is born into, their values, environment, difference and diversity, society and individual personal experiences.

Bruner's (1990) arguments regarding agency, whilst has recognised a diverse range of stories available to people, has resulted in an impersonal approach suggesting generalisations about how people deal with what is, with little consideration to what can be. Ratner (2000) has been critical of theoretical accounts of agency presented by Bruner (1990). Ratner (2000) argued that Bruner (1990) has a narrow concept of agency in that his attention to culture is limited, focusing entirely on the individual, people's personal experience of agency, their ability to initiate change rather than exploring if certain actions seek specific rewards. Little attention is therefore given to other influences, such as the media, religion and other institutional dynamics of agency. Ratner (2000) and McCarthy et al (2006) furthermore recognised structural inequalities in resources as well as access to resources, meaning that individuals cannot be viewed as equally agentive. Aranda et al (2012) explored narratives of resilience to determine the significance of the 'subject, subjectivity, identity and the body' (p559) questioning the idea that resilience is inbuilt and should be promoted as beneficial. This is therefore significant when exploring options with individuals.

Resilience as a discipline has been largely based in developmental psychology where children particularly have become the subject of research regarding their resilience, especially those who are considered at risk of psychosocial harm (Masten, 2001; Ungar, 2011; Aranda et al, 2012). Much is written about resilience and many definitions exist. Consistent in these definitions is the argument that resilience occurs in the presence of adversity (Rutter, 2007; Ungar, 2008). The term resilience is understood to have a number of uses; however there appears to be overlap within these concepts (Ungar, 2008). These concepts refer to characteristics of children when despite being raised in challenging circumstances, grow successfully; showing competence when managing threats to their well-being or where resilience refers to positive functioning utilising coping strategies to recover from trauma (Kirby and Fraser, 1997). However Fraser (1997) and Secombe (2002) advised this understanding should go beyond the individual and family and extend to include the environment.

Masten (2001) is known for her research into adversity amongst children finding that it is more common that those who are exposed to adversity demonstrate successful development resulting from a combination of a person's capabilities and their environmental supports. Ungar (2011) argued that the evidence regarding resilience in children is more about the quality of the child's social and physical ecology and less about an individual trait. Masten and Doherty Wright (2010, cited in Neenan and Drydon, 2014) identified that research shows resilience is not a fixed characteristic and that resilience may vary depending on the circumstances, for example, whether facing adversity alone or with support. Within this context, giving consideration to participants'

home circumstances all varied in terms of the environment and who was at home in the family. The support available also varied from the input of the non-problem drinking parent (where this was applicable), to other siblings, grandparent involvement and school. Therefore it is difficult here to determine whether the resilience is developed from the individual's personality, character and capabilities or the environment or whether resilience is a combination of these factors.

It is recognised that resilience may in some people take time to appear and to be self-righting. In other words regaining or finding purpose and direction in life can be a long process (Neenan and Drydon, 2014). Bandura (1997) argued that if people select and create environmental supports for what they want to achieve this will have influence on the direction their life takes. There is evidence in the participants' stories which demonstrates purpose and direction where they have control and create surroundings that will influence their goals. There is clarity in participants' minds in relation to what they do not want to become and, indeed, how they do not want to be perceived by, and behave towards others. However there are many interacting factors that impact human behaviour and, whilst people have the ability to contribute to what happens to them, it is acknowledged they are not the sole determiners in this (Bandura, 1997). Whilst not entirely disapproving of the work of Bandura (1997) and others to include Bruner (1990), McCarthy et al (2000) have however suggested that the theoretical focus needs to be reoriented towards the 'emotional, feelings and values that are involved in social relationships' (p425).

Research regarding resilience focuses on exploring whether there is an adaptive process of recovery which is surviving and thriving (Masten, 2011 and Ungar, 2008). It is therefore important to acknowledge that various outcomes may also include a personal cost. Some researchers claim that if surviving adversity results in bitterness or self-pity this may be deficient in terms of a resilient outcome. However due to participants' responses this is not explored further in this study. There are examples of an adaptive and positive approach to life given in chapter four where the development and details of the category 'acceptance' is discussed. Here this perhaps suggests participants find a way to live through or persevere through the circumstances they shared.

The explanation of resilience that Neenan and Drydon (2014) offer seems to concur with this study's findings, where they talk about people organising resources to cope with tough times and emerging from them stronger, wiser, more capable. Neenan and Drydon (2014) explain that at the heart of resilience is the attitude to how one copes with what befalls someone in their life in addition to the level of accomplishment realised (Bandura, 1997). Attitude and self-belief and determination seemed important within participants' experiences shared. Neenan and Drydon (2014) argued that attitudes and judgements are things within personal control and therefore can be

changed if the choice is to do so. The idea of having choice has links with ‘being in control’ underpinning the grounded theory; being in control of surroundings, finances, drinking.

Velleman and Templeton (2007) outline the literature which explores the impact on children of growing up in a home with a parent who has a drug or alcohol problem, giving attention to resilience of children. They acknowledged, within the literature, that the negative impact of parental drug or alcohol misuse can be minimised and that some children are resilient and develop no significant problems relating to their parents substance misuse. Velleman and Templeton (2007) argued that resilience as a process is ‘the product of an interaction between the individual and their social context: hence, it is potentially open to influence’ ... ‘resilience is self-perpetuating: behaving in a resilient way increases the probability of further resilient behaviour’ (p82). Velleman and Templeton (2007) recognised commonalities of participants in previous studies citing a study undertaken in 1999 by Velleman and Orford, where moving beyond difficult past experiences was achieved through identifying goals and making them happen. This self-belief and commitment to taking action to achieve certain outcomes is seen in participants. However, whilst participants have attained certain goals, this happened through varied means.

Whilst it seems that current thinking regarding resilience is that it may not be something that individuals possess but that individuals have the potential to develop, there are other factors that need to be considered. Bottrell (2009) argued that interventions for building resilience need to recognise social inequalities advising that much literature regarding resilience is limited in acknowledging the dynamics of societal and political impact. Aranda et al (2012) also proposed that people do not have the same resources available to them and therefore understanding of equality and justice (Aranda et al, 2012) and the importance of resources to support and strengthen resilience needs to be explored (Bottrell, 2009) when helping people develop resilience.

In summary of this section of the theoretical framework it can be seen that participants have demonstrated resilience, showing strength and determination when faced with adversity and appear to have a certain amount of self-belief, therefore demonstrating self-efficacy. Participants have presented characteristics consistent with self-efficacy and the ability to think through circumstances and act in a manner to achieve various aims. As children and as adults, participants demonstrated skills where they have been able to identify what is needed to cope with their experiences and sought resources for this. Furthermore wider considerations need to be given to supporting and developing resilience to include factors such as political and societal influences, identity, equality and resources.

5.3 Being in control

To explore the concept of 'being in control' further reference will be made to policy and intergenerational patterns of behaviour, drawing on the theoretical work of Bandura, in addition to key theorists such as Glasser and Azjen.

The theory of control argues that behaviour is inspired by what a person wants most at any given time, be it survival, love, power or freedom (Glasser, 1998). A stable environment is what participants seek in their lives and participants promote this through a number of means. All participants spoke to varying degrees of violence and aggression that resulted from the parent/s who demonstrated problem drinking behaviour. Participants did not consider the violence and the aggression separately from the drinking of alcohol and none of the experiences shared related to violence or aggression outside of the excessive drinking. Therefore it was the problem drinking behaviour and all this entailed that were significant to participants own future drinking behaviour and life direction.

WHO (2007) acknowledged that excessive intake of alcohol has the potential to lead to violence recognising the adverse consequences for people other than the drinker. Referred to as social harms, these can relate to family relationships and other interpersonal problems where the quality of life to the family may be adversely affected. This is also reflected within the definition of problem drinking established through analysis of the data. The Alcohol Harm Reduction Strategy for England (2004) suggested the costs of harm from alcohol misuse, referred to under health harms, crime and anti-social behaviour harms, loss of productivity and profitability and harms to family and society are significant. It is the family and society where participants' definition has synergy. However, whilst many of the strategies and policies mention violence as part of the social harms these rarely express in detail the significance of its impact to individuals experiencing someone else's drinking. A number of authors argued that growing up in an environment where a parent/s drink alcohol to excess places children at risk of repeating this in adolescence and into adulthood (van der Zwaluw et al, 2008, Orford and Velleman, 1990, Cotton, 1979 and Goodwin, 1989).

In exploring the concept 'being in control' further the notion of certain traits or features transferring between generations, literature on abuse and violence was considered. The idea of mimicking substance misuse or violent behaviour (neglect or abuse) of parents is seen in literature often referred to as trans-generational patterns/problems or intergenerational transmission of patterns of behaviour. However it is recognised that trans-generational or intergenerational transmission of patterns of behaviour do not always follow. In fact Rafferty and Hartley (2006)

refer to research undertaken by Velleman and Orford (1999), where they highlighted children, notwithstanding their parents' alcohol problem, who have managed to lead healthy and positive lives into adulthood. It is recognised however, that early life trauma can increase risk of physical and mental ill health, and therefore has implications for public health policy (Neigh et al, 2009).

Ney (1989) noted that aspects of child abuse and neglect are often perpetuated from one generation to another. A number of researchers support the common belief that violence, for example, within the family holds risk for subsequent violence in future intimate relationships (Kalmuss, 1984 and Caesar, 1988). Murphy and Blumenthal (2000) identified data from two representative samples of the US population (Kalmuss, 1984 and Straus and Kaufman Kantor, 1994) where it was suggested that the witnessing of physical aggression amongst parents increased the risk of marital violence in children's marriages. However, the first of these studies showed that parent to child aggression during adolescence did not increase risk for subsequent marital violence (Kalmuss, 1984). Murphy and Blumenthal (2000) in exploring the evidence surrounding this subject drew conclusions that witnessing of abuse in the family appears to increase risk for both the execution as well as receipt of physical relationship aggression.

Complexities exist with regards to factors that mediate the association between violence in the family and subsequent intimate partner violence. A factor considered is developmental trajectories linking childhood family experiences to adult relationship behaviours suggesting that what is seen and learnt is the norm and so is repeated. Murphy and Blumenthal's (2000) findings support earlier findings that children exposed to violence in the family are at increased risk of a variety of interpersonal problems including approaching conflict with a coercive and controlling manner and is associated with the development of violence with both self and partner relationships. The use of the word 'controlling' here appears to reflect a different meaning to 'being in control'. However, what is of interest is the nature of this transmission of behaviour. The correlation that exists between these studies and this study is that behaviours, whether violent or aggressive or problem drinking have been observed and appear to provide the potential for these behaviours to be adopted. Participants have identified these risks and taken control of them. van der Zwaluw et al (2008) recognised attempts to explain the associations where behaviour in one generation is seen in another, where social theorists suggested that a modelling effect (Bandura, 1977) causes children to imitate their parents.

Murphy and Blumenthal (2000) argued that their findings are consistent with, albeit modified, an observational learning approach proposed by Bandura (1977). Their study findings recognised that the exposure to family violence, whether interparental aggression or parent to child aggression, may enhance the acquisition of a more generalised tendency toward domineering and controlling

interpersonal behaviour and intimate partner violence. Murphy and Blumenthal (2000) recognised that other theoretical accounts for the mediational findings could not be ruled out and related their findings not only to social learning theory but also to genetic explanation of intergenerational patterns of aggressive and domineering behaviour. Findings from my study suggest that participants are a contradiction to the idea that what is seen or learnt is repeated; instead they take control of their own destiny by making choices about the behaviours they want to show.

Despite a developing body of research regarding family, parent and peer influences on alcohol use during adolescence (Masten et al, 2008), Kerr et al (2012) argued that there has been less focus on examining parental influences on alcohol use in this age group. They suggested research is limited to the exploration of genetic factors or parental use of alcohol and are rarely examined from a prospective intergenerational perspective where parental influences may vary from, parents' not giving permission to children to drink alcohol to where drinking alcohol is encouraged. Kerr et al's (2012) study extended over a 20 year period where prospective data was collected to investigate direct and mediated associations of parental use of alcohol with their children's early use of alcohol. A finding indicated that both maternal and paternal use of alcohol contributed to early use of alcohol and is consistent with Cranford et al's (2010) findings that parental use of alcohol during middle childhood predicted drinking and intoxication in adolescence. The conclusion of both studies suggest that exposure to intoxication is a risk factor for its development in adolescence. The review of the literature indicates that participants are at increased risk of mimicking behaviours of their parents' problem drinking. However, participants' stated firmly they **"will not"** be like their parent/s with problem drinking behaviour and when making reference to their own children stated how they **"would not"** want their parent/s behaviours seen in them by their children. This seems significant as to why the adoption of problem drinking behaviour is not exhibited. Participants' acknowledged their dislike for certain types of behaviour and made a choice. They have taken control to ensure this is not a feature of their own personal life. This is, however, only a part of what seems to motivate participants to drink within recommended limits, albeit that control in their life appears to be a large aspect of this and is in contrast to their childhood of uncertainty and unpredictability.

A popular conceptual framework for the study of human action is the theory of planned behaviour (Ajzen, 2001). Perceived behavioural control has origins within self-efficacy (Bandura, 1977 and 1989), where self-efficacy is a perception people have regarding beliefs about their abilities to exercise control over matters that impact their lives (Bandura, 1991). These concepts appear to differ with perceived behavioural control relating to the ability to perform behaviour, and efficacy relating to expectation and the belief in one's self to execute an action successfully. The emphasis here being on control over behaviour and not outcomes or events (Ajzen, 2001). Perceived

behavioural control denotes the subjective degree of control, over performance. Efficacy is about expectation of the perceived ability and expected outcome (Bandura, 1977). This study's findings suggest that behaviour by participants, for which they are in control, has intended outcomes and by controlling the behaviour the appropriate outcome will follow. For example, participants set themselves an alcohol threshold and drink within recommended limits whereby personal risk is reduced. These theories of behaviour that relate to people's decisions to act or the way people intend to act include a personal evaluation of the act as well as recognising the social pressures to perform the behaviour/act (Fife-Shaw et al, 2007). Participants' experiences of behaviours they did not adopt, or behaviours they did not like in others led to control of their own behaviour and associated outcomes and to seek similar attitudes in others.

Considerations for these behaviours and outcomes necessitate consideration of the individual risks involved. The Royal Society (1992) referred to risk in terms of recognising the probability that an adverse event will occur. However this definition has been criticised for being too objective and ignores the values that people attach to different outcomes (Thompson and Dowding, 2002). Flynn (cited in Young and Cooke, 2002, p 347) defines a risk as a 'decision to exert influence (by action or inaction) on a particular event or set of circumstances to try to achieve a predetermined, desired outcome. Enoch and Goldman (2002) provided a definition of at-risk alcohol use, or problem drinking; for women, more than seven drinks per week or more than three drinks at any one time; and for men, more than 14 drinks per week or more than four drinks at any one time. The purpose of Enoch and Goldman's (2002) definition is not to describe behaviours that might be associated with problem drinking but give indication of the level of alcohol consumption needed for the term problem drinking to apply.

Alcohol has disinhibitory effects (Hopthrow et al, 2014) and when people are intoxicated they become more likely to, for example, use illicit drugs (Plant et al, 1989) or engage in violent and other criminal activity (Ensor and Godfrey, 1993), broadly classified as risk taking behaviours. Compounding this further is the tendency for alcohol to increase a person's propensity for risky decisions, due to the pharmacological effect that alcohol has on cognitive abilities (Hopthrow et al, 2014). Participants appeared to see problem drinking as a risk. Risks include the effects of someone's else's drinking to excess, being around people who are exhibiting problem drinking behaviour, and the risk of someone else's drinking to the environmental stability and safety. In addition to the risk of drinking alcohol to excess leading to problem drinking behaviours and participants' becoming like their parent/s.

It appears participants' believed they have choices about whether to drink alcohol to excess or not. They make judgements about their experiences and decisions regarding the action that follows.

With this in mind and with evidence from the findings that make reference to participants 'feelings' towards problem drinking behaviour, participants attach personal beliefs and values to behaviours that they choose to either accept or 'refuse' to adopt. 'Feelings' and 'refuse' are emphasised here as the first denotes a judgement and the second denotes an action/inaction, implying a decision. Human functioning is argued as being an interplay of personal, behavioural and environmental influences, so for instance, how people view their own behaviour informs and alters their environments and their personal being, which consequently informs subsequent behaviour (Pajares, 1996).

However, other influential forces mentioned previously such as position into which an individual is born, culture, access to resources and motivation could also be at play here. The environment participants grew up in, 'alcohol fuelled', 'unstable and unpredictable', is influenced by the behaviours resulting from the drinking of alcohol. Participants indicated their motivation for these experiences not to be repeated for themselves or those in their immediate personal and social world.

5.4 The theoretical framework - Creating and Controlling a Personal Social World

Social learning theory and social control theory are both given consideration here to explain the theoretical framework. Explanation will firstly be given as to how the theoretical framework is in keeping with the constructivist approach to grounded theory.

Finnemore and Sikkink (2001) explored principles of constructivism, recognising core aspects that have shaped its research approach. Finnemore and Sikkink (2001) argued that constructivism is a social theory that explores social life and social change using a framework that enables consideration to be given to social life and interaction. Furthermore constructivist inquiry aims to gain an understanding of identities where an ontological assumption of constructivists is that actors are shaped by social milieu in which they live (p394). Finnemore and Sikkink (2009) acknowledged that constructivism has developed recognising theories of agency and culture (Bukovansky, 2001) which has led to wider thinking about explanations of cause and effect in explaining behaviour and what causes it.

Constructivism appreciates that research involves interpretation and that a neutral position cannot be taken with complete objectivity. Glasser (1998) argued that most assume reality is the same for everyone, but that in fact people's perception of the world is not the same. Glasser (1998) argued

that a large portion of what we perceive as reality comes from how we want to see it.

Constructivism identifies intersubjective meaning within data and Price and Reus-Smit (1998) have offered two variants of the approach, 'modern' and 'postmodern'.

In the constructivist position, post modernism is taken to emphasise the relationship between researcher and research participants and the co-construction of data where multiple intentions of the data is reflected (Bastalich, 2009). Critics of this approach have argued that the research interview can be seen as an image of the researcher and, therefore, disclosure of the openness and interpretation of the data needs to be made (Scheurich, 1997). A further position of this post-modernist approach is constructionism which emphasises the social and cultural lenses that establish what stories are constructed within the research interview (Bastalich, 2009) where interest in the story being told is a priority. The aim here is to understand how people construct meaning in their daily lives (Denzin, 2001). Bastalich (2009) proposed that distinctive themes within the constructionists approach are seen as generalisable to similar social situations.

Alternatively the modernist approach informed by a scientific methodology, adopts a critical theory or an ethnographic stance that conceptualises society as structured where some groups have power over others. This can be linked to class, gender and race for example (Bastalich, 2009), and therefore experiences are related to wider social processes.

Complexity surrounding these paradigms is evident. There appears to be some overlap between them, making their delineation more difficult to ascertain. Categorically arguing if a shift in paradigm became noticeable is perhaps not as important as making an argument for the resulting theory. The constructivism discussed in this study is closer to a modernist paradigm. It started out with constructivist intent where the study retains a focus on the individual being in control and the analysis adopting this methodological approach. The theoretical framework is a story, an interpretation of the participants' stories, giving meaning to their lives in their social world. The lens through which the interviews were constructed was from interest in the influences of problem drinking behaviours towards themselves. This revealed other factors, highlighted during development of the theoretical framework that needed to be taken into consideration; factors that related to social and cultural influences. The interviews did not seek these, nor did they become evident within the data, the theoretical framework remained focussed on the individual placing them in a world participants try to control. In developing the framework wider social and cultural influences have been accepted. The resulting theoretical framework none the less lends itself to constructivism.

Chapter 5 - Discussion

The theoretical framework 'create and control a personal social world' is an interpretation of the findings. Participants' personal and social worlds appear not equally consciously and deliberately created and are, of course, affected by other influences such as social and cultural processes discussed earlier in this chapter.

Allan (2013) argued that as human beings we invest in the creations we make and that this outcome and intention holds deep and meaningful social connections. It is possible then that these connections influence the conscious decision making regarding participants drinking. Allan (2013) argued that family is 'one of the most basic of all social institutions' (p44). A function of the family is to provide models for relationships between men and women, emotional and physical support, socialisation and care for the young and elderly (Allan, 2013). Glasser (1998) argued that adolescents need good parent-child relationships in order to avoid self-destructive behaviours.

Problem drinking behaviours modelled within the home by problem drinking parent/s were not considered behaviours that participants wanted to adopt. It was these behaviours along with environmental factors, such as instability, that are seen as drivers for participants' relationships with their own drinking of alcohol. Fromm (1961) articulated Marx's vision of human beings in their natural state as those who have created, controlled and understood themselves through a world they have made. It is suggested that participants consciously make the decision to drink alcohol within recommended limits as the instigator of this control.

The types of control seen in this study relate to participants' not wanting to be like their parent/behaving like their parent, wanting stability and not liking the feeling of being out of control and this seems to drive their drinking behaviour and lead to aspects for controlling circumstances and surroundings. The risk of mimicking behaviours of the parent is considered and is a driving force behind developing behaviours that ensure personal control and stability. Holding on to the control seems important, as does not being reliant on others. The home life had little control, and although the participants attempted their own element of control by employing strategies for coping, the unpredictable nature of the home meant 'control' or stability was a limited feature.

Morris et al (2012) acknowledged numerous ways in which behaviour is explored, where a number of theories, predominantly from within psychology, focus on the individual, whilst it is recognised that behaviour is impacted by societal factors, these theories argue that behaviour is the result of an individual's decisions about what influences behaviour, highlighting the significance of individual agency.

Social learning theory is generally acknowledged as a theory that argues that people learn through the observation of others, where behaviour for example is modelled and mimicked (Bandura, 1977). Bandura (1977) argued that the social world influences a person's behaviour and that this is reciprocal, with the environment also influencing individual behaviour. This he referred to as 'reciprocal determinism'. Factors influencing this Bandura (1977) believed were, cognitive, behavioural and environmental with personality interacting within these components. Social learning theory has furthermore been used in research to explain and understand variances of criminal and non-criminal behaviour (Akers and Sellers, 2004) and has been associated with attempting to explain crime and delinquency (Akers and Jensen, 2003).

Akers and Sellers (2004) argued that fundamental premises exist within the conceptualisation of social learning theory. The one of particular interest for this study is that of 'imitation'. Akers and Sellers (2004) suggested that imitation refers to the idea that people will engage in behaviour they have witnessed in others and the extent to which the behaviours are mimicked depend on the characteristics of the model, the behaviour itself and the consequences of the behaviours. When applying this concept to participants it engages the idea of remodelling of behaviour, or choice. The choice was made not to mimic behaviours of the parents in relation to problem drinking, perhaps due to the consequences associated with the behaviours suggesting the decision making is conscious and that the participant is in control. The problem drinking behaviours themselves were not liked and nor were the consequences of them. Participants had stated they would not want others to experience what they had and they would not want their own children thinking thoughts of them that they had had of their own parents.

This theory suggests that increased associations with peers who carry out risky or extreme activities, for example drinking to excess, increases the risk of adopting less favourable behaviour. However Siegel and McCormick (2006) argued that less favourable attitudes and values can develop without exposure and individuals will seek out friendships or the company of people with similar behaviours. In this way then, it may be possible that any attitudes and values that are agreeable and consistent with one's own will be sought in others. So perhaps someone who, for example, drinks within recommended limits, someone who appears to have a 'low risk' lifestyle, someone whose behaviour are similar to their own will be sought. What is apparent in this study is that problem drinking behaviour is not seen as favourable and therefore participants attempt to create and control a personal and social world that has stability and is not fuelled by alcohol. This was seen as a deliberate act. Participants' individual agency therefore facilitating the evaluation of any competing influences to enable a decision to be made about their own behaviour.

Social Control Theory argues that peoples relationships, commitments, values and beliefs discourage people from breaking the law and that if individuals have investment in their wider community this will prevent criminal activity (Toby, 1957). If this theory were applied to the context of participants immediate personal and social world, it could be determined that they have investment in people they come into contact with, for example, family and friends and this brings with it responsibility to be in control provide stability and to protect those around them. All participants with the exception of two, had children and all provided comment. Whilst the wording varied, there was a generally shared family context and implication that they did not want their own children to experience what they had. Similarly the two participants without children spoke of the future where if children became a feature of their lives, they too would not want their children's experiences to be that of parental problem drinking behaviour. Bandura (1997) has argued that people strive to control events that affect their lives and that by influencing aspects on which they possess some element of control places them in a better position to discern desired outcomes and prevent undesired ones.

Acknowledging that human functioning is embedded in social conditions, Bandura (1977) argued that by selecting and creating environmental supports for what people want to become means people contribute to the direction their lives take. However, Bandura (1977) also stated that this is created both individually and in conjunction with others. From what has been shared by participants and the emphasis and expressions that accompanied the verbal data, the creation seems largely undertaken by the individual and their personal social world which consists of a carefully (consciously and subconsciously) selected team of people. Their need to 'be in control' of their surroundings seems to be significant to their mental and physical comfort.

It is recognised that people need to work together with others to promote a shared destiny. Although it might at first seem like participants are working alone to be in control of their surroundings, perhaps they do select or create an immediate world or people who appear to have common goals or life expectations and values. Although a team is made up of different people, each playing unique roles, there is a common goal and a shared desired outcome. In this study the participants vision to maintain stability which avoids or excludes problem drinking behaviours, those of their own and of others, is perhaps also a feature of the lives of individuals they include in their world. It does not appear in the data that this level of being in control is a constant and at all times conscious pursuit as there may be intermittent periods of relaxation of control that are permitted, and where the burden of control is lifted, but not consciously passed to someone else. Burden is used here to express what seems to be an exhausting endeavour (if more conscious than subconscious effort). This reflects the findings and represents the mindfulness that participants

have to fulfil their life desires. That said it needs to be emphasised that the degree of control and the degree of the need for control amongst participants did vary.

Personal efficacy as a mechanism of personal agency is recognised as contributing to psychosocial functioning, unless it is believed that actions can achieve the desired effects, where incentive to act is minimal. Efficacy is not only about the exercise of control over action but is also concerned with regulation of thought processes and motivation (Bandura, 1997). However, perceived self-efficacy refers to the certainty of one's abilities to organise and execute the courses of action required to produce given attainments (Bandura, 1997). The beliefs one has about one's own efficacy has diverse effects and can influence the path chosen, the length and duration, the effort made, the level of resilience to adversity and how much stress is experienced in coping with any demands (Bandura, 1977). It is apparent participants had belief in themselves to lead the life they want, or a life that is other than what they were exposed to whilst growing up. Either way, it is one they perhaps direct.

The idea of being able to create and to control a personal social world appears to be contingent on the notion that one has the choice to do so. People have choices, but not everyone has the same choices available or ability to make certain choices. To an extent choice can be controlled and indeed created, but what presents itself may be influenced by other factors so these choices may also need direction.

These discussions have revealed two key but related aspects that are worthy of consideration in the context of clinical practice. Firstly, acknowledging that individuals possess attributes of resilience that may be harnessed and developed, whilst also acknowledging that not everyone has the same opportunities or resources or ability to access these resources. Secondly the intensity of strategy development for maintaining drinking within recommended limits as a conscious decision and where individuals develop personal strategies for achieving personal control. These strategies relate not only to the drinking of alcohol but fall wider to include the personal and social world and therefore have many more implications beyond control of drinking behaviour alone. Both these aspects will now be explored in relation to the development of clinical interventions for individuals and family members who have exposure to such behaviour.

5.5 Implications for practice and professional knowledge

In 2010, a Public Health report (NICE, 2010) focused on prevention and intervention strategies for children, adolescents and adults who are drinking to a harmful level. The National Institute for

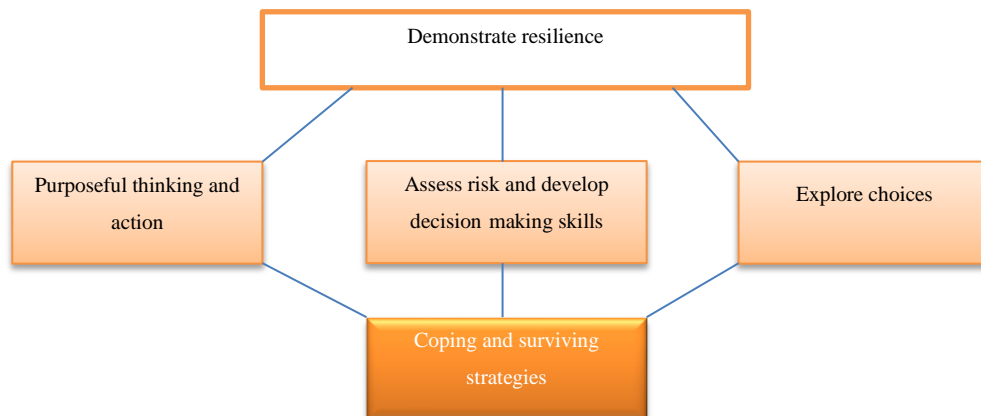
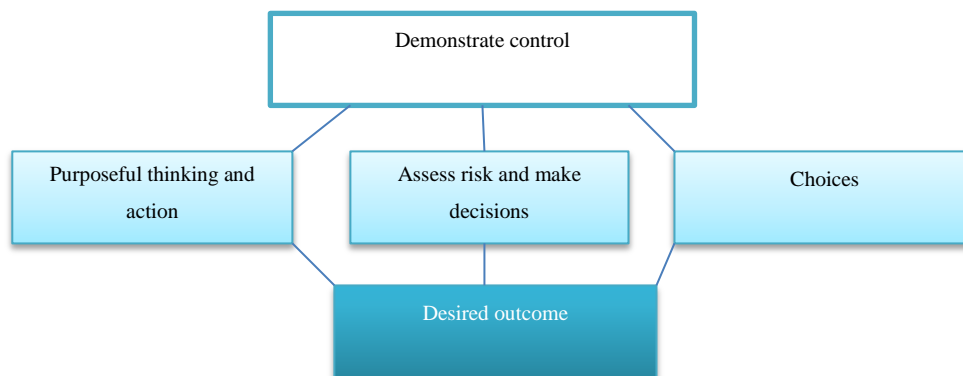
Health and Care Excellence (NICE, 2010) proposed a number of recommendations to address trends in pricing and consumption of alcohol, socioeconomic factors and screening. These strategies predominantly looked at reducing the drinking of the population and the situations that give rise to the increased drinking culture. Later, in 2012 the Government's Alcohol Strategy (2012) included a focus of supporting behaviour change where the risks promoting a change to drinking patterns be addressed, for example change to social groups, partner, family, or work pressures. In addition to this the strategy addressed risks in relation to young people's health from drinking alcohol at an early age. Of significance to the focus of my study, the strategy advocated support to families where parenting style can influence the drinking behaviour of children as well as the influence adults can have on their own children. Furthermore the strategy explored the role schools play in promoting health and wellbeing and promoting protective factors against early drinking such as strong relationships and opportunities. The findings from my study have potential to contribute to these initiatives and strengthen the knowledge of how, and what, support can be given.

More recently a policy for the Department of Health, 'Reducing Harmful Drinking' (DoH, 2013) was written. The aim of the policy was to reduce alcohol use and the harm it causes. However, it did not reveal anything new focussing on behaviour change of those drinking to excess and a cultural change in drinking. It promotes a message of shared responsibility with industry for reducing the influence its marketing has on alcohol consumption.

This study was ultimately driven by a desire to understand clinical practice and to develop more sophisticated prevention and intervention strategies for adults through service development support. Several strong themes emerged which are pertinent to practice. These are taken from the discussion of the theoretical framework and will be further explored in the context of clinical practice.

The findings of this study have two key areas of contribution: firstly in **supporting families**, focusing on children's responses to drinking within the family and secondly **strategy development in adults** for drinking within recommended limits.

The strategies employed by participants to drink within recommended limits and maintain stability within their lives have the potential for harnessing, adapting and applying to individual circumstances to address and promote healthy drinking practices. Indeed the approaches participants took as children to cope with the drinking behaviour could furthermore be adapted and developed to promote child and family functioning and safety. The participants' journey is seen in Figure 9 in childhood and in adulthood.

In childhood:**In adulthood:****Figure 9 Participants' journey**

Considerations that will need to be given for future developments to service/support initiatives are detailed in Figure 10.

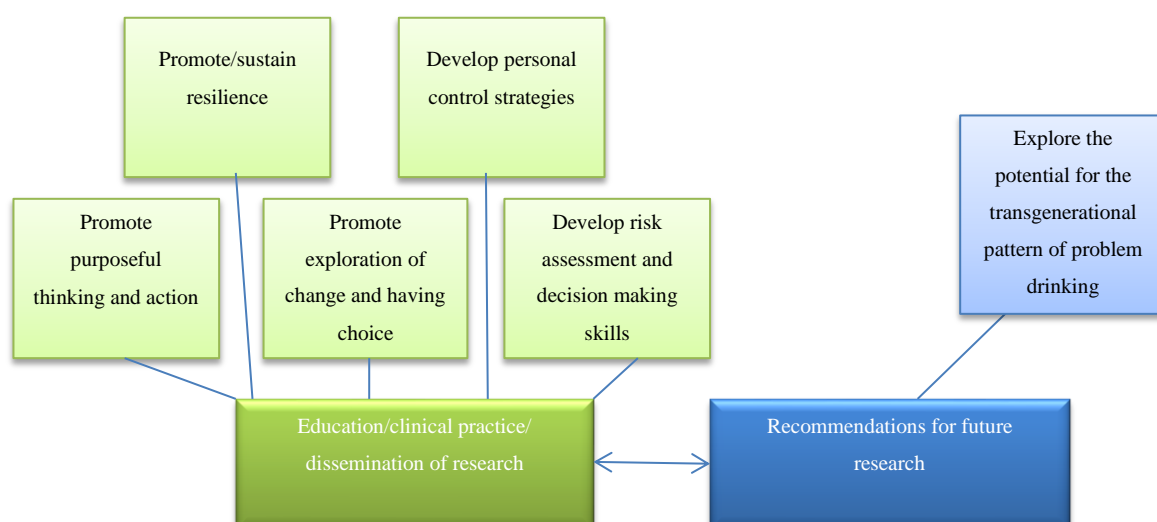


Figure 10 Implications map

A Practice Development Strategy is discussed that has points of direction for children and adolescents in the home environment and adults who have been exposed to this risk. A practitioner to assess and coordinate resources will be required, for example an Alcohol Liaison Nurse. The following discussion is constructed around the elements within the map above promoting purposeful thinking and action, developing risk assessment strategies and decision making and promoting exploration of change and having choice.

These elements have implications for The Governments Alcohol Strategy (2012) where Family Intervention Projects aim to reduce drug and alcohol problems. The Governments Alcohol Strategy (2012) furthermore proposes to invest in young people's health and development ensuring they are aware of the risks associated with alcohol. It is also suggested that with regard to transgenerational transmission of patterns of behaviour (neglect, abuse) interventions are developed to offer mental health counsellors tools for ameliorating the effects of transgenerational trauma with this client population where the influence of trauma is acknowledged (Frazier et al, 2009) and where health professionals understand specific needs and inspire trust (Dumaret, 2009).

The National Collaborating Centre for Mental Health advised that identification and assessment should be carried out in all clinical settings where staff working in services provided and funded by the NHS who care for people who potentially misuse alcohol should be competent to identify harmful drinking and alcohol dependence (NICE, 2011). Enoch and Goldman (2002) discuss strategies for identifying problem drinking and refer to the use of screening tools, whilst useful do need compliance from the individual. It appears in the literature that problem drinking is possibly something that is recognised as an alarm or possible precursor to alcohol dependence. Enoch and

Goldman (2002) acknowledged that once problem drinking has been established further assessment for alcoholism or alcohol dependence can be made. Similarly here, once problem drinking has been established, further family and environment assessment can take place to explore parental responsibilities such as children in their care and support networks.

The National Treatment Agency for Substance Misuse (2013) reported that, although long term trends have yet to emerge as the data accumulates latest figures demonstrate that while more people came into treatment for alcohol problems during the year, more people with alcohol related problems improved over the same time, indicating that the total number in treatment fell. This is taken to understand that treatment services have improved. However, also noted is the need to concentrate on two key areas, firstly identifying problem drinking and secondly making referral for treatment. Screening may lead to early identification and intervention, and, importantly, may also lead to identifying the circumstances and environment of individuals. Where children are acknowledged as part of this, strategies for prevention can begin.

There needs to be collaborative working between schools and general practice staff, hospital based practitioners and social service teams. Alcohol screening practices inside and outside of hospital emergency departments should be part of routine assessment which may identify adults with problem drinking behaviour. This, in turn, may highlight adults with child care responsibilities, prompting further assessment and support to be identified. Prevention strategies for children need to be developed which support children in their environment (where appropriate). Perhaps strategic/purposeful thinking strategies can be taught and continued into adulthood where risks to self from adopting/mimicking behaviour of parent/s can be recognised. To identify adults who are at risk of adopting the problem drinking behaviours seen in childhood, an Alcohol Liaison Nurse could be a point of contact for people with a family history of problem drinking within the General Practice setting, where participants control strategies can be shared and/or choice therapy implemented as highlighted below.

Promoting the idea of choice in future decision making may be essential to informing a practice development strategy. Developing risk assessment skills and abilities to make judgments and thus decisions regarding desired outcomes could support choosing the life a person wants to lead. Glasser (1998) argued that ‘we choose everything we do. . .’ (p3), ‘we choose all our actions and our thoughts . . .’ (p4), ‘we are much more in control of our lives than we realise’ (p4). Glasser (1998) suggested adopting an internal control psychology such as choice theory which lends itself to a therapy technique used within counselling where someone can come to understand how and why they make the choices they make, and how this impacts the course their life takes. The therapy focuses on enabling more satisfying relationships basing its principles on personal responsibility

and conscious choice (Glasser, 1998). Having an understanding of how problem drinking behaviours can make one feel and think has potential to lead to choices being made. In this context of relationships this theory is limited here but in the context of people believing there are choices, and in recognising parental and environmental influences on paths chosen for oneself it can contribute to a personal strategy development. This links well with the Government's Alcohol Strategy (2012) where priority is being given to addressing drinking patterns.

Choice therapy does appear to have some relevance to developing skills associated with risk assessment and decision making in children, adolescents and adults and therefore has some place within those prevention and intervention strategies proposed by The Governments Alcohol Strategy (2012). The figure below (Figure 12) sets out the stages involved taken from the study findings and relevant literature. The diagram suggests it is a stepped process that may also be cyclical in nature, one step leading to another; however, there may also be need to return to a step, before proceeding to the next.

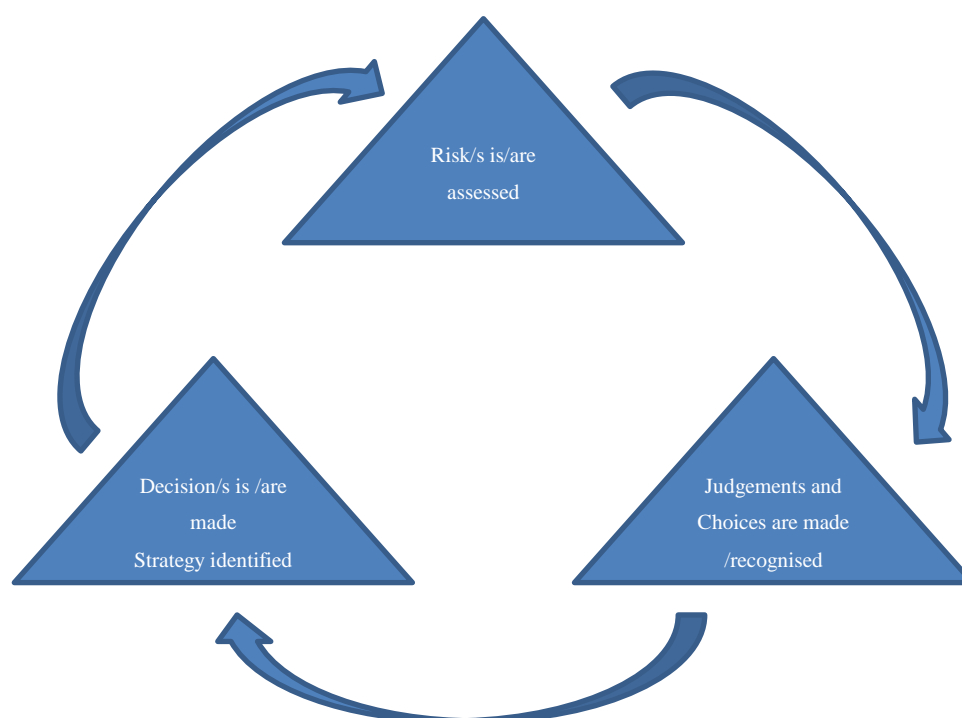


Figure 11 Reasoned Action/inaction

In the same way that social inequalities impact resilience and children's and adults use of and access to, resources individual choice is affected by a number of factors and consideration needs to be given to this when supporting children and adults to move forward. Furthermore, caution needs to be taken to place this theory in perspective with other theoretical models. Various theories and models regarding human behaviour offer opportunity to support the development of health

promotion and education. Behaviour change models and what motivates individuals to continue or discontinue behaviour needs to be considered. Similarly consideration needs to be given to what promotes or enables choices to be made. All of which emphasise the complex nature of any strategy that may be developed.

For those identified as drinking alcohol to hazardous or harmful levels, NICE (2010) have recommended a session of structured brief advice on alcohol which covers the potential harm caused by drinking and reasons for the need to change behaviour, outlining strategies to help reduce alcohol consumption. Motivational Interviewing (MI) is one such intervention suggested regarded as a low-intensity intervention (NICE, 2010c). Rollnick and Miller (1995) describe MI as a client-centered counselling style that focuses on behaviour change and which is facilitative in nature. This approach may suit the family approach and may be suitable where individual child intervention in terms of purposeful and strategic thinking skills can be supported. Furthermore this approach could complement prevention strategies for adolescents to develop personal worlds to enable drinking within recommended limits that could continue into adulthood. Whilst NICE (2010) do not specify an approach to support adults who currently drink within recommended limits and whose family history of alcohol consumption is one of problem drinking, NICE (2010) do advocate the promotion of prevention strategies and participants strategies for drinking within recommended limits. This complements the Governments Alcohol Strategy (2012), an aspect of which seeks to promote healthier drinking practices.

The Governments Alcohol Strategy (2012) devoted a section on ‘supporting individuals to change’ and as part of this, proposed to strengthen public awareness of the risks of drinking alcohol to excess, aiming to enable informed choices to be made about responsible drinking. The strategy pledged to promote healthy drinking practices through engaging with those people who may have the greatest influence on others, for young people in particular, and recognised parenting style and schools as influential. The strategy proposed alcohol screening that identifies those at risk as a mechanism for promoting healthy drinking practices. The strategy refers to opportunities and protection in preventing early drinking and misuse of alcohol; this presents opportunities for the findings of this study to have impact. The discussion above explores resilience, being in control and creating a world that reduces risk to self and others, where personal strategies for drinking within recommended limits are adopted and lends itself to exploring prevention strategies with children in their homes and with adults who have experienced the impact of problem drinking behaviour of a parent/s and how this is communicated to their own children. This would need to take into account all those inequalities and diversities identified previously to develop a plausible prevention strategy that will be practical and represent the needs of individuals. In the same way exploring protective factors needs to examine family and local networks of support in shaping a

useful and effective and realistic and coordinated approach. Effective use of practitioner interpersonal skills and communication skills will be central to exploring any warning signs of various risks to the environment, such as instability, and family members, such as unpredictability and plans can be agreed and problems pre-empted.

Furthermore, this knowledge will inform clinical practitioners by providing a view of the complex nature of growing up in an environment where there was problem drinking behaviour and how this relates with other research in this field. The support for family members of someone with problem drinking is also recognised as part of this. There may indeed be a role in practice for survivors of problem drinking families to support young children and adolescents, providing hope that survival is possible. Practitioners, for example, those in Alcohol Liaison roles, will be able to make use of this knowledge with having a greater appreciation and understanding of the complexities of experiences that people who have grown up in an alcohol fuelled environment have known. Practitioners will have greater insight into the potential influence someone else's drinking can have on other people's lives. The behaviours associated with participants own drinking sheds light onto how control goes beyond their own drinking to those of others, including the need to control finances and relationships.

Recognising theories with regard to models of behaviour and how this relates to what is observed, the environment and where personal strength impacts this, will be interesting for practitioners to explore and to consider in relation to the findings of this study. Making their own judgments and justifying where the constructivist grounded theory coincides with other research and at what point the behaviours discussed deviate from the theoretical concepts will furthermore be fascinating to appreciate.

This enhanced understanding will inform practice from an education perspective in this field where the sharing of new knowledge and how this informs wider debate in this area will give a greater depth to the drivers of control and the power of behaviour.

Dissemination of new knowledge to practitioners undertaking post qualifying and post graduate education programmes as well as those undertaking pre-registration nursing programmes will be encouraged within university programmes. There is opportunity too here for survivors to come into class room settings, or through other means of enhanced education delivery/support, to share with students of nursing, social work, medicine and psychology, for example, their experiences of growing up in a home where a parent/s was problem drinking and how they survived the experiences.

The findings from this study have important implications for the way current services are delivered. These findings will inform prevention strategies or early intervention strategies and therefore add value to current understanding, where a strategic/purposeful thinker being in control of personal and social outcomes may be developed. This can be applied not just in planning/protecting personal safety and interest, but also in managing own drinking, all of which may impact a person's ability to make choices and take the lead in their lives.

Furthermore the findings will contribute to the promotion of healthier drinking practices in a wider context reducing health and social costs. It will also present research opportunities which will continue to strengthen the developing knowledge of the transmission of drinking behaviour within families.

5.6 Trustworthiness

It is essential to review whether the process undertaken throughout the research has been trustworthy. There is agreement amongst many authors that it is necessary to demonstrate rigor of the research process (Hall and Callery, 2001; Chiovitti and Piran, 2003; Charmaz, 2006; Strauss and Corbin, 1998; Glaser, 1978). Guba and Lincoln (1994) highlighted concerns regarding the application of reliability and validity criteria to qualitative research for the reason that in this research approach absolute truth about the social world is not argued but instead recognises that there can be more than one or several accounts of what is understood.

Chiovitti and Piran (2003) noted that with regards to assessing rigor attention is focused more on recognising that each of the varying qualitative approaches have their own distinctive features and that it is these that should be acknowledged in place of emphasising commonalities within qualitative methods. Within grounded theory analysis the theory is derived from the data (Stern, 1985) and, because of this, the participants drive what is explored in the research as well as the number of participants involved in the study, therefore the process of inquiry in constructing a theory needs to be explained (Stern, 1985; Cutcliffe, 2000; Chiovitti and Piran, 2003).

Chiovitti and Piran (2003) discussed the practical application of grounded theory procedures and related this to rigor identifying methods of research practice to enhance rigor within grounded theory. These included the use of participants' actual words in the theory, letting the participants guide the inquiry process and describing how the literature relates to the categories and theory constructed.

Chapter 5 - Discussion

Charmaz (2006) added to Glaser's (1978) criteria for evaluating research of 'fit', 'work', 'relevance' and 'modifiability' by suggesting 'credibility', 'originality', 'resonance' and 'usefulness'. To explore rigor within the research process undertaken in this study, theoretical construction and participants' meaning and how my personal views and insights regarding phenomena explored is considered, demonstrating the shared meaning that many of the terms above have. The following discussion will explore; the usefulness of the research; resonance and will identify if the theoretical framework made sense to participants; the believability and trustworthiness of the process and findings; faithfulness; originality, so determining the significance of the findings and whether it challenges or refines current thinking, and relevance. This will be presented using the terms described in chapter three; 'credibility', 'dependability', 'confirmability' and 'transferability' (Lincoln and Guba, 1984). Duplication of meaning will undoubtedly be made within these terms, where, for example, Carpenter Rinaldi (1995) recognises fittingness (transferability) within credibility.

The application of the four criteria, whilst acknowledging the multiple accounts of social reality, will place importance on the feasibility of the account in permitting others to determine its acceptability (Bryman, 2008).

5.6.1 Credibility

There appears to be overlap of the meaning associated with various terms used amongst authors. For example, credibility means the faithful description of participants experiences (Beck, 1993) and so relates to how participants words, views and insights are presented in the findings. Charmaz (2006) relates credibility to, amongst other things, whether there are strong links between the gathered data, the researcher's argument and the analysis and whether there is evidence for the researcher's claims to permit the reader to form independent thought and be in agreement with the claims made.

According to Carpenter Rinaldi (1995) credibility relates to the trustworthiness of the findings and can be demonstrated when participants recognise the researcher's described experiences as their own. To assist with demonstrating credibility of the findings, notes were taken during and/or after the interview and these were highlighted to the participants to check that interpretation of their contributions was made correctly. This time was also used as an opportunity to reflect on the interview experience. Although this could be brief it was an important aspect of ensuring this process was seen as reliable. Moreover this not only gave additional opportunity for any further

comment or elaboration to be made by the participant but also aided deeper appreciation of the experience.

Chiovitti and Piran (2003) and Hutchinson (1986) suggested the use of personal journals to record how constructions of the data were made. The construction of the data is detailed in chapter four and in chapter two how the literature review was used is discussed. Explaining the use of the data and how it informed future interviews with participants is acknowledged as important in enhancing the credibility of the inquiry. For example, certain words used by participants to describe behaviour or the ambience in the home were noted or highlighted in the transcript. These became prompts for exploration in subsequent interviews. With regard to the homes ambience, whilst this was explored with participants, the words they used to share what the atmosphere was like in the home varied. Details of what was felt about the atmosphere had commonalities and again prompted further scrutiny of the transcripts. The words were considered for their meaning and how, or if, they shared meaning with each other. Whether they were words that described the atmosphere from an audible perspective or from a visual one, meaning was constructed from the words used to share the experience.

Informal meetings were also arranged with a number of participants on a one to one basis where the findings and the constructivist grounded theory were discussed. One participant said '*...do you know, that's it, that's it. It's so interesting*'. Bryman (2008) suggested this is an example of good practice where participants' involved in the study have opportunity to comment on the researchers interpretation of the social world.

5.6.2 Dependability

A transparent process of data collection and analysis is required to demonstrate dependability. This was difficult to articulate; chapter four presents the findings and identifies that the process was not straight forward. However, coding has been made explicit and sets out the complex nature of analysis that was occurring alongside data collection. Asking questions of the data and codes during this process was useful in challenging the thinking that was happening. A semi-structured interview guide was used for all interviews and a similar approach was used during the stages of analysis for each of the transcripts. Thinking was exposed where subsequent interviews were challenged from data collected during a previous interview. Rationale for the evidence for emerging themes is explained within the analysis which includes the reasoning that was undertaken where definition was given to ideas that best fit the interpretation of the data. Examples of this have been presented. Glaser (1978) suggested identifying whether codes were related to other codes and

if the codes reflected similar patterns. These were considerations that were given to the data during analysis.

Presentations regarding research methods using this research study as an example to explain grounded theory to undergraduate students and justifying the approach taken not only proved useful to students (*'being able to link grounded theory to a working study helps me to understand it'*) but also proved useful to this investigation. The students asked relevant questions about the process which enabled time to pause and think which helped in being able to express clearly the analysis.

5.6.3 Confirmability

Confirmability is where Charmaz (2006) refers to resonance asking if the categories portray the fullness of the studied experience and whether the grounded theory makes sense to participants. In other words it is the extent to how well the findings have been interpreted based on the data collected. The categories were identified and how meaning was constructed given, along with how the memos and reflexive journals contributed to the thinking. This is seen as an interesting part of this process that included reflection of researcher 'involvement' with the data. According to Speziale and Carpenter (2002) researcher's personal experience can enhance understanding of the problem. Throughout the study the intimate role I have with participants has been acknowledged by documenting thoughts and feelings of participants' contributions and what influenced the interpretation of the data. Charmaz (2007) proposed that constructivists argue for making explicit their standpoints and how their interactions have influenced their analytic interpretation of the data.

Opportunity was taken to share developing findings with participants of the study. In addition to this, the findings were discussed with people who shared participants' circumstances and the findings were validated. My involvement in the research process and the analysis of the data has been reflected upon and excerpts from my personal reflective records have been presented in chapter four. Personal reflexivity of the research journey will be made separately in chapter six of this thesis.

5.6.4 Transferability

Qualitative research typically involves the study of smaller groups or individuals sharing certain traits, seeking depth over breadth of information and, therefore, findings tend to be associated with the uniqueness or the significance of social worlds. The term transferability (of research findings)

can apply in varying degrees to most types of research. It is possible for grounded theory methods, according to Charmaz (2006), to theorise connections between local worlds and larger social connections. Transferability seeks not to make broad claims from the research but instead provides opportunity for others to make relationships between elements of the study and their own experiences. Bryman (2008) confirmed this by adding that judgements are made regarding the transferability of findings to other settings, in order that these judgements can be made it has been necessary to maintain a detailed account of aspects of the research process such as the family environment and study sample. This enables the reader to decide whether the environment is similar to another with which he or she is familiar and judge whether the findings can justifiably be applied within that setting (Shenton, 2004).

The findings from this study will be shared with gastroenterology and hepatology nursing and medical clinical practitioners as well as organisations such as Alcohol Concern and Drink Aware, in the form of publications and presentation at relevant conferences, for example, the Royal College of Nursing (RCN) International Research Conference, the British Society of Gastroenterology (BSG) conference and Alcohol Concern conference. Practitioners' use of findings will become evident from involvement in clinical practice settings and with clinical experts in relevant nursing and medical fields with future research in this and similar areas. Liaison with lay audiences/support groups for families and carers of people who drink alcohol to excess will continue.

It is concluded that overall this study can be considered trustworthy where it has demonstrated the process by which faithful construction of meaning within the data has been discerned. The theoretical framework being debated with and against relevant literature.

5.7 Summary

This chapter has presented a discussion of the perceived theoretical framework in light of relevant literature and theory. The theoretical framework proposed that participants to varying degrees **create and control a personal social world** has been explored. Similarities within other disciplines regarding transmission of behaviours, cultural or otherwise have been identified such as transgenerational behaviours. The impact of participants' experiences of growing up in a home where a parent/s drank alcohol to excess on their own drinking is at the root of their created personal social world. Implications for policy and practice, clinical and educational have been presented where the acknowledgement of relevant theory in supporting strategy development in both the younger and older age groups has been made.

Findings from this study are expected to contribute to the developing knowledge of the transmission of drinking behaviour within families. It is hoped that learning about these experiences may support the development of the health care personnel roles in supporting families where there is problem drinking by a parent/s. In addition to supporting other roles to identify ways in which children can develop strategies for managing in that environment and develop into adulthood without problem drinking behaviours.

There is a clear relationship between the findings and the aims of this study where what influences participants own drinking behaviour can be identified and how this knowledge can inform practice. Chapter 6 will present conclusions from the study summarising key elements and making recommendations for future research. A reflexive position will be taken when exploring the study design and processes and recognising any limitations of the study.

Chapter 6: Conclusions

6.1 Introduction

This chapter draws conclusions from this study by revisiting the aims of the study and by reflecting critically on the design and processes undertaken in order to identify its strengths and limitations. Plans for dissemination of the findings will be proposed and recommendations for future research will be made.

As previously indicated my interest in undertaking this study was influenced by personal experiences and professional experiences in clinical practice and education. Personal reasons for exploring the experiences of this group were driven by my own experiences of growing up in an environment where my mother drank alcohol to excess resulting in her death at the age of 63 years. Discussions with my sister about our own drinking behaviours were numerous and thought provoking. We identified how our mother's drinking influenced our individual relationships with alcohol and was a motivator for exploring whether similar patterns exist in other families and whether drinking within recommended limits is a conscious decision.

Professional experiences in clinical practice of managing the care of someone with liver disease resulting from drinking alcohol to excess and supporting members of their family or relative/carer was also part of this motivation to explore this subject area further and was influential in determining the focus. Further professional experiences in my role as a lecturer in the field of health sciences where academic study was undertaken by clinical colleagues from gastrointestinal and liver medicine specialities helped shape the direction of the study. The content of my lectures was influenced by the individual modules objectives and largely meant that the delivery took an anatomy and physiology focus of the liver or presented the treatment and management options for someone with a failing liver. Due to my clinical background, the learning inevitably took a bio clinical orientation and did not include the psychosocial factors impacting alcohol consumption encountered in this study.

6.2 Aims of my study

The aim of this study was to explore in detail accounts of the experiences of adults who had decided to drink within recommended limits, who grew up in a home where a parent/s drank to excess. In doing so, to examine what influenced their drinking behaviour and to look for patterns that would deepen understanding of the phenomena. The ultimate purpose was to elicit findings

that would inform current practice knowledge, to contribute to the promotion of healthier drinking practices through an understanding of psychosocial dimensions and to widen awareness amongst healthcare practitioners.

This chapter will include personal reflection on the research process, experience, decisions and interpretations, and consideration of the position of insider researcher. This will be followed by concluding comments on the broader implications of this research for theory and practice within healthcare. Finally, consideration will be given to dissemination of the research into practice and opportunities for further research.

6.2.1 Reflexivity

Reflexivity is a feature that pervades constructivist grounded theory and as such it is difficult to draw out specific and individual reflexive activity. In fact, Hertz (1997) confirms this by advising that reflexivity is an ongoing conversation about experience at the same time as living in the moment (pviii). However Charmaz (2006) proposed a logical approach advising that, in reflecting on the research process, the researcher looks back at the journey and forward to what has been presented visualising how this may appear to the reader/s. Whilst Charmaz (2006) does not provide a framework for exploring reflexivity, prompts are offered for the researcher to consider and this will be used as the framework to guide this discussion.

Personal reflection on my research experiences, decisions and interpretations:

My knowledge and appreciation of the process of undertaking research has expanded. A previously undertaken empirical study using thematic analysis permitted a level of understanding of qualitative research methods. However this study required me to deconstruct and deepen understanding of my research methodology and constructivist grounded theory to fully appreciate its complexity and its value. It was not until I began collecting and analysing the data that the realisation came that I initially felt disassociated from the process. Initially I struggled with not following a prescriptive approach with the data, subsequently allowing myself to have more freedom than was necessary. I was concerned about themes peaking too early in the analysis resulting in misinterpretation of meaning of the participants' experiences. In addressing this I became more questioning of the data and questioning of the meaning, rather than the process, which resulted in both explication of conclusions as well as justification for my approach.

The complexity of grounded theory has been surprising. Confidence about my own understanding of grounded theory at times has battled with confusion when considering the various approaches

and from what perspective this may be undertaken. Confidence in my knowledge of constructivist grounded theory was frequently affirmed when explaining the process and my findings to others which has either been through conversations with my research supervisors, one to one conversations with friends or colleagues who have been interested in hearing about progress made or when giving lectures on post qualifying programmes about qualitative research methods.

Despite being acknowledged as being a deceptively complex concept, reflexivity is something with which qualitative health researchers need to engage (Bryman, 2008; Holloway and Biley, 2011; Bishop and Shepherd, 2011; Doyle, 2013). It is advised that reflexivity should provide a balance of self-knowledge without the over emotive nature of thinking that accompanies the process (Holloway and Biley, 2011) and should avoid any self-indulgence (Riach, 2009). I appreciate this as a formal process; however, the nature of the study lent itself to varying types of emotions being displayed. In my personal reflections, participants' emotions were reflected on as well as my own. On a number of occasions when listening to the recorded interviews or when reading the transcribed data, the participants' experiences prompted a recall of aspects of my own life. Experiences of my mum's problem drinking behaviour were more often in my thoughts when listening to the interview recording of participants' experiences and when exploring and analysing the data. Whilst there appeared to be things in common between myself and the participants' stories, at no time did I argue for them being the same; however my own experiences seemed to provide insight into their experiences. It was important that, as the researcher, I ensured that I disentangled my own issues from those of the participants and the data. Keeping memos and reflecting on the data assisted in determining my own perspective and what I understood the data to mean. Staying 'present' in the interviews also was important in focusing on the participants' words and body language and meant that I could keep thoughts about my own past from conscious thought.

I was aware of feeling quite protective towards the participants and this had resonance with their protective natures towards their siblings. At times, to further authenticate the data and meaning, I explored something with a participant in more depth, clarifying details and feelings. Indeed Riach (2009) argued that the participants' voice should be placed at the centre of the research interpretations. Interestingly, whilst many participants' experiences of their parent/s problem drinking varied in terms of the images and sounds their descriptions portrayed they shared commonalities such as 'violence' and 'aggression' from the problem drinking parent, 'unpredictability' and 'instability' of the parent/s and the environment. These are examples of specific terminology used by participants. Constructing meaning in this sense felt more straight forward, being perhaps more descriptive. Participants used similar words to share their experiences. However, developing meaning for participants drinking behaviours, was constructed from

numerous sources of data, to include interviews, field notes, memos, and the ‘comments’ column of the transcribed interviews.

The comments column was where I made notes, statements, questions, repeated words used by participants, a further description of my interpretation of what might be happening. The interpretations of the data were discussed with a few participants who appeared comfortable with the developing framework. Providing rationale for the construction of meaning within the data reaffirmed my thinking. I avoid the word accuracy in this sense, acknowledging that multiple realities exist (Morse et al, 2009). The use of memos aided the generation of themes and as Bryman (2008) suggests memos serve as reminders regarding what is meant by terms being used and contribute to reflection.

Maintaining focus on what I sought to explore was hard as every bit of participants’ data was of interest, and so making decisions about its relevance took discipline and courage and a critical stance of the data’s meaning. The analysis was a continuous process of moving to, from and within the various stages of coding. Trains of thought were at times hard to capture, not only due to the speed of thought, but also coming to terms with making sense of what was experienced within the data. I was very conscious of not making judgments about the data too early; whether this excused my deliberations or just allowed me time to let the concepts settle I am not sure. However I continued with an open mind, suspending judgement until there was more data to explore (Goodman and Ley, 2012).

Analysing the data has so far been the most challenging aspect to the research process, the need to do this justice has been overwhelming. I recognised a developing discipline in me not to allow my mind to wander with thoughts about the data too early. At times I have stopped and thought about what might be emerging during this research journey, thinking on one occasion about the picture as a whole rather than in small segments. This was not to form any concrete ideas, but to internally debate the findings. Some questions I had early on in the analysis process I wrote in my reflective notes in early October 2012:

Am I looking for something in the participants? Is it their characters that are similar, are they strong, what makes them the way they are – is it the experiences they’ve had, or did they start life this way? If it’s character, how can this be harnessed into something transferable to others, can character be taught? Where will this inform practice? In childhood, to reduce risks to character in adolescent and adulthood? Too early to tell and too simple to explain.

I also considered the grounded theory analysis on many occasions wondering if personality of the researcher plays a part in the development of constructivism and whether in its freedom to be creative suited my personality. In June 2010, I wrote about the methodology I had selected in my reflective notes:

. . . I say creative because it appears more than following a set of principles, it appears more than reflecting on the process, how data are coded, and their rationale, I think data analysis brings in your personality as well as your understanding of the theory. Munhall (2011) whilst recognising advice that the method chosen should be determined by the research question argued that the choice of research method should consider one's propensities and suggests reflecting on personal skills as the most suitable way to choose the method.

Hertz (1996) argued that through self –reflexivity we become aware of our social location and personal assumptions and how this affects the stages of the research and interpretations. By comparison, Doyle's (2013) summary of the process of reflexivity appears rather mechanical explaining it as an 'intersubjective process operationalised in the context of a thinking state of mind' (p253).

My conduct of the research process, in relation to participants and how they are represented:

The methodological approach of this research has permitted the focus to be maintained and relevant avenues to be explored. Allan (2003) recognised that during the analysis of an interview the researcher becomes aware of participants' use of words and phrases that highlight an important issue or interest to the research. Glaser (2002) is harsh in his critique of constructivism, arguing that if data are gathered through an interview guide that 'forces and feeds interviewee responses' then he argued holds 'interviewer imposed interactive bias' (p3). However Glaser (2002) softens slightly by adding that if the interview is non-structured questioning then constructivism is evident to a 'minimum' (p3). Whilst the interviews used semi-structured questioning it did permit an open approach to the interview where other avenues of inquiry could be explored and followed up in subsequent interviews. This is demonstrated within chapter four where aspects of one interview influenced further exploration of experiences of another participant in a subsequent interview. This is confirmed by Elliott and Higgins (2012) who suggested that grounded theorists can demonstrate their line of inquiry by identifying the questions used to gather data and how data analysis informed subsequent interview questions. They offered a way of demonstrating this by presenting the progressive modification of the interview questions from the initial interview to the final interview. This was not seen so much as a progressive process in my study, the format did not always need to be sequentially followed and additional questions were needed to draw out experiences from

participants. However the questions were broad which offered scope for participants to share their experiences thus further arguing its open approach.

Throughout the analysis of the data and the presentation of findings issues relating to trustworthiness have been explicated. This study sought to make the findings transferable to other contexts and chapter five revealed associations with other literature. The coding in the main was explanatory; however at times it was descriptive. How the theoretical framework was constructed from the data is made clear in this study, where merging of categories and connected themes are shown. The choice of participants, in that inclusion criterion were followed, was explained. However at the outset the number of participants was not known and when sufficient data where no new themes came to light was achieved, no further recruitment was necessary. Manuj and Pohlen (2012) gave an example of researcher's weak justification for theoretical saturation, as interviews stopping when no new information was obtained, thus raising questions about the methodological rigor. Whilst I have not been able to articulate exactly when I became aware of saturation or sufficient data collection and analysis it was not until further examination of the data led to moments where I began to articulate a theoretical framework of the findings. My argument for saturation in chapter four was perhaps a cursory explanation of how and when data became saturated. Explaining saturation or sufficiency as something I felt had occurred, due to there being no new insights in the data, perhaps does not provide sufficient rigor methodologically. However, I was seeing theoretical meaning in the data, it was convincing and plausible and felt like a story being told that gave meaning to participants' earlier stories. As Charmaz (2006) advocated in-depth knowledge over exhaustive completion of analysis, I remain confident justice has been given to the analysis of the data and more importantly to the participants.

Consistent with the constructivist grounded theory approach, emphasis has been given to locating the data in context; the context of each interview, the context of each participant's life, the contextual aspects of the study and the research problem within the setting and society (Holstein and Gubrium, 2003). Only one male participant was recruited to this study and could be considered a limitation in terms of representation of perspectives. That said, the study would not have generalised comments and would not have generalised male and female perspectives. However, greater male contribution could have offered further insight into the multiple social realities within the research (Charmaz, 2000) and further inform strategy development. This will be explored later in this chapter as a recommendation for future research.

Noticeable was that all participants were white middle class and all were in employment. This was not an intention of the recruitment strategy. Perhaps if the implications of where advertisements for the study were placed had been considered more fully, and greater thought given to the people who

might have seen the advert, it could have yielded a wider social class mix. For example, displaying the study advert in leisure centres staffs resting rooms had the potential only to have been seen by those working in the centre, in other words, those in employment. If, however, sites displaying the study advert included community information boards, bus stop shelters and community centres, for example, this may have broadened the participant sample and thus the social groups within the research. **Table 6** shows details of participants, their family, who demonstrated problem drinking behaviour and whether they had become sober, continued to drink alcohol or had died.

The similarities regarding social class of participants in the study aside, a robust recruitment process was undertaken where inclusion and exclusion criteria were identified and were met by all participants. Whilst family details of siblings or offspring of participants was not a consideration and was therefore not part of the recruitment criteria, they were still acknowledged. All participants with the exception of two had children and all but one had siblings. The position of each participant in terms of their siblings varied, some were the older sibling and some were near the middle and some were the youngest of siblings. It was interesting to hear the family dynamics and the impact this had on their experiences. Although it was not influential in terms of the study objectives, the context of their experiences did however contribute to the constructivist analysis of the data. All participants had at least one parent exhibiting problem drinking behaviour with one participant who experienced problem drinking by both parents. One participant had a problem drinking parent who was now in an abstinent state and had been sober for approximately 10 years. A further two participants whose problem drinking parent continued to drink alcohol, albeit in reduced amounts and was now not considered to be problematic. The remaining problem drinking parents had either died or continued to drink alcohol to excess.

All participants were between the age of 18-65 years, were English speaking, articulate and in employment. An alcohol screen was completed as part of the recruitment process and these were all negative to excessive alcohol intake. During interviews at no time was there any cause for concern regarding participants' own consumption of alcohol being a problem.

Table 6 Details of Participants

Participant Name	Problem Drinker (Parent)	Problem Drinker Status	Participant Siblings		Participant has Children	Participant in Employment
			No of Brothers	No of Sisters	Yes/No	Yes/No
Deborah	Mother	Continues to drink	1 (deceased)	2	Yes	Yes
Sam	Mother Father	Continues to drink Deceased	2	0	Yes	Yes
Trudy	Father	Continues to drink	0	0	Yes	Yes
Wilma	Father	Sober	2	2	Yes	Yes
Sarah	Father	Deceased	1 (deceased)	1 half sister	Yes	Yes
Paul	Father	Sober	0	2	Yes	Yes
Daphne	Father	Deceased	1	0	Yes	Yes
Rose	Father	Sober	0	4	Yes	Yes
Susan	Mother	Deceased	1 + half brother	0	No	Yes
Gwen	Father	Continues to drink	0	0	No	Yes
Jane	Father	Continues to drink	0	1	Yes	Yes

Strength of the research is the depth of the interview data, to include that which was spoken, that which was observed and noted in memo format. I avoided making notes during the interviews, I did not want to be distracted or be distracting as the participants' words were important. When I listened to the recording of the interview it was then that I recalled images of the interview so I could note anything relevant, such as body language. I also made comments regarding tone of voice when I transcribed the interview, recalling memories of how and what was said. In this way I felt I captured more of the words, their meaning and the story within, which further helped explain the context of each interview. Furthermore this depth of knowledge of the participants meant that, when writing up the analysis in chapter four, I was able to refer to each participant by their given pseudonym with an ease of familiarity.

In collecting the data and conducting the analysis I sought to maintain respect for equality and diversity by pursuing an equal relationship between myself (researcher) and participant, each having a role in providing data, with the participant sharing his or her experiences with me, and by me sharing how these experiences were interpreted and meaning constructed. Goodman and Ley (2012), Colledge (2002) and Rogers (2004) acknowledged the importance of having a sense of who we are to be effective in our relationships and Rogers (2004) argued, from a psychotherapy perspective the need for being aware of one's own feelings and not presenting a front, instead promoting the genuine reality of the relationship. Holstein and Gubrium (2003) argued that because constructivists construct meaning and actions they need to be as close to the experiences of participants as possible. That said Charmaz (1991) argued that grounded theory researchers should use in depth interviewing to explore their topic area and not to interrogate the participant. Whilst I was very much aware of the purpose of undertaking the interviews more important was the welfare of the participant. I agreed with Charmaz (1991) and drew on many years' experience of listening to patients and their relatives and interviewing staff where I had learnt how to put someone at their ease, at the same time as knowing what the priorities are with regards to obtaining relevant information. To share with participants the value I placed on their involvement in the study, I explained how the research hoped to contribute to practice.

6.2.2 Insider researcher

I acknowledged how the researcher/participant relationship might be shaped by my own experiences of growing up in a home where there was problem drinking by a parent. As a nurse I acknowledge the work of Carper (1978) who identified four patterns that emerge as the way nurses 'come to know'. With specific interest I recognised 'personal knowing' which supports the qualitative paradigm. Speziale and Carpenter (2003) argued that an awareness of one's beliefs and

understandings is essential to fully discover the subject area studied. They concluded that there is subjectivity in the pursuit of meaning and understanding as the very nature of human interactions is based on subjective knowledge. Carper (1978) emphasised that personal knowing is a commitment to authentication of relationships and the sensitisation people bring to genuine human interactions.

The term ‘insider research’ is given to where the researcher is directly connected with the research setting in some way (Robson, 2002) causing concern with regard to validity of the research. Kvale (1995) recognised that positivists may question the objectivity of the research where distortion of the data may result, where perhaps false assumptions may be made. Recognising that complete objectivity is not achievable and that subjectiveness will always be present, the skill is in minimising biases within the research process. Insider research could be seen as having advantages where, compared to outsider research, relevant in depth knowledge and experience may exist. It could be seen that I might be both insider researcher as well as outsider researcher due to my links with the university and formerly practice. However, it is the insider researcher that is seen as having potential impact here. Certainly it could be argued that, in this instance, an appreciation of our backgrounds may have meant participants felt able to relate their experiences to me without judgement. Rabe (2003) a well-educated white female fluent in Afrikaans and English was advised that she should not conduct her own interviews with male workers in the mining sector to explore fatherhood. The argument given was that due to the differences in gender, race, language and class, it would be difficult to conduct meaningful research. This may have implications for how people may be able to relate with one another. Whilst a more historical issue, particularly in South Africa, there is a position of power the researcher with the power and the researched without power (Rabe, 2003). The relationships that developed between the participants and I felt equal perhaps partly due to our family history connection.

Trends in research have changed over the years and the ontological and epistemological models have been challenged. For example, constructivists’ epistemological premise is that meaning is created by the human mind on a personal level and instead of uncovering objective truths; meaning is created through interacting with reality (Crotty, 1998). So as an insider researcher understanding and insightfulness regarding meaning of the data was apparent.

Perhaps with this insider researcher knowledge, my own white middle class background could have narrowed my exploration of the data. However as a nurse I appreciated the diverse cultural and social positions which provided a balance of perspectives to explore the data fairly and with an open mind.

Personal assumptions about what I might find in the data related to issues of control. I had almost a quest at the start of the research to avoid seeing this within the data. Thinking that not finding ‘control’ as a theme would mean I had not placed my own biases about my experiences on the data. But ‘control’ kept presenting itself and was something all participants talked about. I realised that the visibility of this within the data, provided the authenticity of the finding and furthermore acknowledged, that the insider researcher position need not be seen as negative, but had advantages for offering a perspective of the data.

I have felt enormously privileged to listen to participants’ stories of their lives as children and as adults. I have respect for their worlds and am grateful to them for taking part and enabling this study to be undertaken. For my own relationship with alcohol, one day I hope to learn to enjoy drinking alcohol as opposed to it being a controlled and monitored activity. I remain sad, and suspect always will be, in relation to my Mum’s drinking, but hope she will continue to drive my interest and enthusiasm for helping and supporting people to have healthier drinking practices.

6.3 Summary of key findings and dissemination

This study is concerned with how the findings will influence policy, practice, research and education. Chapter five has explored the implications for practice. This section will discuss how the dissemination of findings from this research will be made. It is recognised that the researcher has a responsibility to ensure the best use of their findings is made (Crosswaite & Curtice, 1994 & Oermann et al, 2008). Important to this and the sharing of the findings of this study are in showing respect for the culture of the community of practice/research it relates to. Identifying appropriate avenues for publication, for example, will be necessary where thinking about the audience the findings most effectively need to target need to be considered.

Plant and Plant (2006) recognised that there is a lack of awareness of what scientific evidence shows with regard to alcohol policies and their impact where this suggests a gap between the evidence and the public. A number of authors have written about the research /practice gap (Hutchinson & Johnston, 2004 & Duffy, 2005) and therefore dissemination of the study’s findings is essential to sharing knowledge.

It will be necessary for the theoretical framework to be placed alongside other strategies for prevention and intervention and explore options for two key areas; risk management and coping strategies and promotion of resilience in children in the home, and developing strategies for drinking within recommended limits as seen in Figure 12.

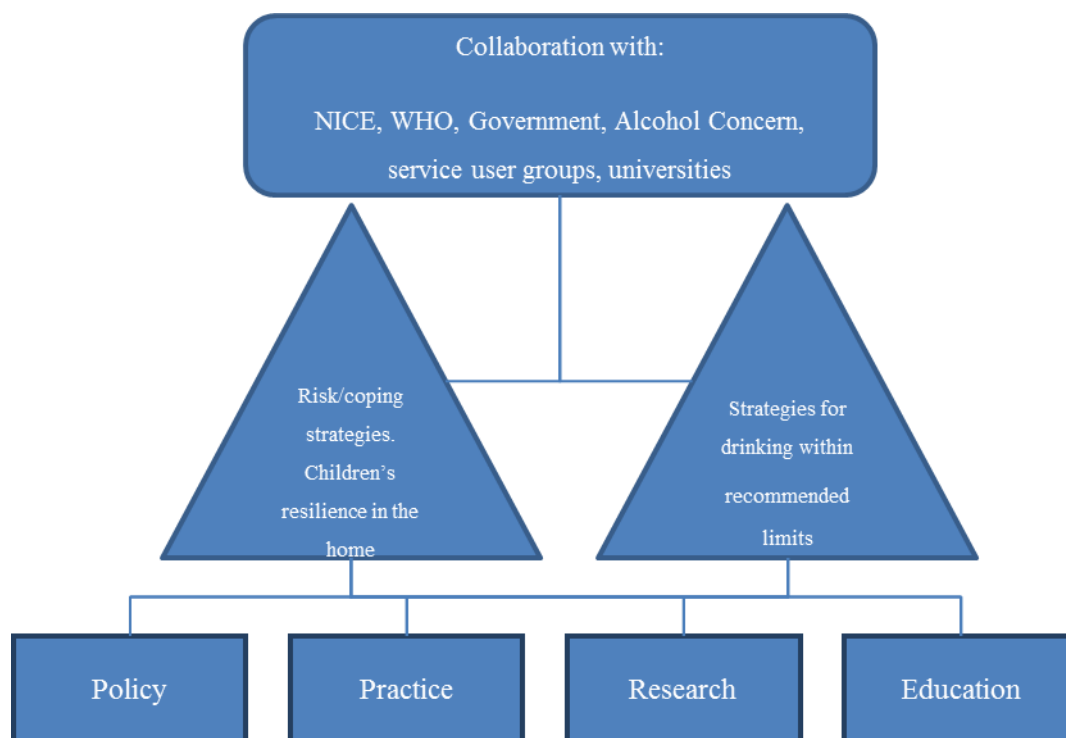


Figure 12 Prevention and Intervention

There are a number of initiatives where the findings from this study can have influence. The issues surrounding parental alcohol misuse is hugely topical and has been for some time. It has gathered momentum in commitment from the Government and other influential bodies such as WHO to radically change the culture toward drinking alcohol in the United Kingdom. Examples include: The Governments Alcohol Strategy (2012), Models of Care for Alcohol Misusers (DoH, 2006), WHO Expert Committee on Problems Related to Alcohol Consumption (WHO, 2007) and a Public Health guidance namely Alcohol –use disorders: preventing harmful drinking (NICE, 2010). These initiatives have a common aim to promote responsible drinking through changing behaviour which has the potential to impact many aspects associated with alcohol harms.

Alcohol Concern, for example, whilst a small charity has a high profile in its influence and contribution to research on the effects of alcohol. A partnership project managed by Alcohol Concern is Drugs and Alcohol Findings which focuses on research in the UK bringing together research and practice regarding drug and alcohol problems and interventions. A yearly conference led by Alcohol Concern takes place in London and presents as an excellent opportunity to share the findings of this study.

The findings from this study aim to influence nursing roles which are developing to include opportunistic individual patient/client alcohol screening and identifying appropriate support and

developing education and training of health care professionals (WHO, 2007). Knowledge developed from these findings will be able to inform and compliment holistic assessment and strategy development for children living in a home environment where a parent/s is problem drinking. This should include risk mitigation and risk reduction considerations that promote longevity of the strategies into adulthood. Promoting the development of personal control strategies and offering choice therapy to adults as a way of addressing some of the psychosocial damage that happens within families and individuals to help them make healthier choices and perhaps avoid controlling the world and each other, and to take manageable risks.

6.4 Recommendations for future research

This study highlights the hopeful nature of the findings and in this their unique contribution to knowledge. Chapter two acknowledges the concept of a familial nature to addiction, that children of problem drinking parents will become a parent with alcohol dependence. But it is argued that a combination of factors impact the development of problem drinking, including biological processes, the environment and a genetic influence (Ball, 2007). A number of studies also suggest there are, in addition to the development of alcohol or drug problems, other future risks for children in adulthood, for example, the development of mental health problems, behavioural problems and difficulties with personal relationships (Connelly et al, 1993; Velleman and Templeton, 2007; Ray et al, 2009). However, participants in this study have adopted a low risk lifestyle. There is positivity within the findings regarding resilience in relation to the complexities surrounding the survival strategies that participants developed in ensuring they did not conform to the expectation that things would automatically run in the family.

This study contributes to the ongoing debate regarding drinking cultures within the family. Ideas for future research should include the acknowledgement of the broader concepts of resilience in order to support its development in childhood and in sustaining resilience through adolescence into adulthood. Strategies need to consider an individual's access to recourses and factors that might impact its use, such as societal factors, culture and identity. Participants' strategies for drinking within recommended limits support the promotion of healthier drinking practices. Both these approaches link to the Governments Alcohol Strategy (2012).

Participants in this study demonstrated strategies that supported drinking alcohol within recommended limits. This centred on creating and being in control of a world where risk assessment of who enters their world is made. With regard to the future strategy of problem drinking in the home, the study's findings support van der Zwaluw et al's (2008) suggestion that as

a recommendation for future research enhancing resilience in children and adolescents, by protecting them against harmful influences of one parent, through developing strong relationships with the other parent, siblings or peers should be examined. This is in addition to exploring the benefits of developing tactical thinking skills for staying safe. Resilience in the participants as children and into adulthood was seen, however as discussed in chapter five, the importance of recognising social and political inequalities is emphasised.

The research was restricted in its exploration of socioeconomic and cultural factors. Further empirical evidence is needed which would complement the findings here where it seeks in its recruitment strategy more diverse social contexts. The study could likewise aim to recruit a balance of male and female participants to see where, and if, strategies for drinking within recommended limits have commonalities and explore the reasons for this. The aim here would be to strengthen the knowledge of strategy development to support people who are growing up with and have grown up with a parent/s with problem drinking behaviour as well as promote more general healthier drinking practices, contributing to change in behaviour.

Whether the strategies participants employed could be deemed as them having a healthy relationship with alcohol may well be debatable and would be interesting to investigate in a future study. Similarly whether there is an emotional burden to being aware of the potential risks of mimicking behaviours of parents' problem drinking would be of interest and provide a broader appreciation of the complexities surrounding this area.

6.5 Summary

This study's contribution to the wider debate in this area is most relevant to prevention and intervention strategies and does not encompass any treatment of alcohol dependency. It does not inform screening for alcohol misuse but supports the screening strategy where it could highlight areas of concern so risk assessments can be made in the homes and appropriate support identified.

This study has provided a theoretical framework through a constructivist grounded theory to data collection and analysis. The theoretical framework proposes that to a lesser or greater degree people who grow up in a home where there was problem drinking behaviour exhibited by a parent/s seek to **'create and control a personal social world'** where drinking within recommended limits is a conscious activity.

The theoretical framework shows the resilience of participants and the need for them to be in control, control of finances, of the drinking of those around them, the environment and their own drinking of alcohol and their behaviour. Risks are assessed, judgements and decision made about the world, and who and what is permitted to influence it. This strategy influences many aspects of their lives, finances, friendships/relationships, the drinking behaviours of others. The findings indicate that for the participants' of this study drinking within recommended limits is for the most part a conscious decision and when the decision is to drink over the recommended amount in one drinking episode, the risk of the environment and whom the drinking is undertaken with is assessed. Problem drinking behaviours seen and heard of their parent/s as a child have been the result of alcohol consumption impacting the characteristics and personality of the individual. These behaviours have not been liked and do want to be repeated by participants. The decision not to be like their parent who demonstrates problem drinking behaviour is consciously made.

Areas of clinical and educational practice that the findings could contribute to have been presented and recommendations for further research have also been offered. In terms of my own personal and professional use of this knowledge in my practice, I acknowledge a greater appreciation and understanding of the complexities of the experiences participants have shared, how someone else's drinking has influenced their lives and as adults and what has influenced their behaviour in relation to their own drinking.

If services for people are to change/develop then research into the impact of problem drinking behaviours to others needs to impact the support available to children and adolescents in a problem drinking environment and for adults who have as children experienced the behaviours from drinking by others. Services need to acknowledge the impact these experiences can have and the variability of resources available to individuals. A standard approach cannot address the needs of all. Prevention strategies that enable the individual to take control of drinking alcohol within recommended limits need to be determined and agreed on an individual basis. The support that is offered needs to take an individual approach based on developing strategies that realistically adapt to what is accessible to someone and which is available.

Appendices

Appendix One - Poster

Did you grow up in a home where a
 parent/s drank alcohol to excess?

Are you over 18 years of age and drink
 alcohol within **recommended limits**?

Volunteers wanted for research project

I am a Clinical Practice Doctoral student carrying out a study to explore the experiences of adults, who drink within recommended limits, who grew up in a home where a parent/s drank alcohol to excess.

I would like to talk with you about your experiences of your parent/s drinking alcohol to excess and what influences your own drinking behaviour. This would involve a face to face interview or an interview by telephone, which would take no more than two hours.

The study has been approved by the School of Health Sciences Ethics Committee, University of Southampton (ref:).

If you would be willing to talk with me and would like to know more about the study, please contact me. Tracey Harding, DClinP Student Researcher
 Tel: 023 80598238 | Email: T.A.Harding@soton.ac.uk

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Appendix Two - Permission to advertise letter

UNIVERSITY OF
Southampton
School of Health Sciences

University Road
Southampton
SO17 1BJ

To:
Address:

From: Tracey Harding DClInP Student Researcher

Dear

I am a Clinical Practice Doctoral student carrying out a study to explore the experiences of adults, who drink alcohol within recommended limits, who grew up in a home where a parent/s drank alcohol to excess.

I am writing to ask for your permission to advertise an A4 poster in your establishment giving details of my study. The poster will be asking for volunteers (potential research participants) who will be willing to talk about their experiences of their parent/s drinking and what influences their own drinking behaviour. Tear off strips with my contact details will be added to the poster for anyone to remove if interested to find out more about my study. There will be no requirement of your staff to be involved in anyway to explain details of the poster to any person/s interested in taking part.

Please complete the section below confirming your decision and return to me in the stamped addressed envelop provided.

Thank you for your time.

Yours faithfully

Tracey Harding
DClInP Student Researcher
Faculty of Health Sciences

Address:

Please delete as appropriate:

I agree/do not agree to the request to advertise an A4 poster for research participants in this establishment.

Signed:

Designation:

Date:

Appendix Three – Participant Information Sheet



Participant Information Sheet

Study number:

Study title: The experiences of adults, who drink within recommended limits and who grew up in a home with problem drinking parent/s.

Name of researcher: Tracey Harding

Supervisors: Dr Magi Sque and Dr Steve Tee

I would like to invite you to take part in a research study that will explore your experiences of growing up in a home where a parent/s drank alcohol to excess and to explain what influences your own drinking behaviour. I have a number of years experience caring for patients in the hospital setting with a diagnosis of liver disease/cirrhosis resulting from excessive alcohol intake, and with supporting their families and friends. These experiences have provided not only the clinical management knowledge of signs and symptoms of liver disease, but also its psychological and sociological impact.

Prior to making a decision about whether you would like to take part in this study, it is important for you to understand why the research is being undertaken and how you would be involved. Please give consideration to the following information which describes the study.

What is the purpose of the study?

The purpose of this study is to explore the experiences of adults who grew up where a parent/s drank alcohol to excess and to explain what influences their own drinking behaviour. Within this, the study will explore:

1. To identify and define problem drinking.
2. To explore childhood/adolescent experiences of parent/s drinking.
3. To explore and understand factors which may influence participants drinking within recommended limits.
4. To explore whether decision making with respect to drinking within recommended limits was/is deliberate.

It is hoped that as a result of undertaking this study the findings will contribute to the expanding debate on the transmission of problem drinking within the family/similar drinking behaviour within the family.

Who has been invited to take part?

Anyone may take part in this study who meets the criteria as stated below:

- You need to be a male or female, over 18 years of age
- Consume alcohol within recommended limits

- Not be aware of any liver disease
- Have grown up in a home where there was known problem drinking behaviour by a parent/s
- Positive result to alcohol screen indicating drinking within recommended limits

Who is undertaking this study?

My name is Tracey Harding, I am undertaking this study as part of my Doctorate in Clinical Practice.

How will the study be undertaken?

Data/information will be collected from a one to one interview, at time and place convenient to both you and me. During the interview we will explore your experiences of growing up in a home where a parent/s drank alcohol to excess. This will enable me to learn about your views, beliefs, feelings, home life.

What is the purpose of one to one interviews?

The purpose of undertaking one to one interviews is to enable flexibility in exploring your experiences of growing up in a home where a parent/s drank alcohol to excess and to enable discovery of any factors that may be associated or influenced with/by it. One to one interviews can encourage a focused and detailed discussion of your experiences.

As a result of my interview with you and others I hope the findings will contribute to the expanding debate on the transmission of drinking behaviour within the family/on similar drinking behaviour within the family. It may contribute to current understanding of people's experiences and in turn may add to the developing knowledge and awareness of drinking behaviour and any associated risk of growing up in a home where there is problem drinking, and may inform nursing and other health care professionals about caring for people with problem drinking and those with experiences of others problem drinking.

What will happen when I take part?

The interview will involve you talking with me at a time and place convenient to both you and me. I have developed an interview schedule and whilst there will be no specific order to the questions, it will help guide the interview; however I may also ask you questions to further gain insight into something you have shared. The interview is expected to last between one and two hours. The interview will take place between September 2010 and March 2011 and I will contact you to confirm the date, time and place of the interview. Following the interview, we will take a few minutes talking about how you felt during the interview.

What if I don't know what to say?

It might be difficult at times to share/tell your experiences, you may have much to share, and then forget what you had hoped to say by the time we meet, so you may find it useful to write down your thoughts/feelings, anything you think you may like to say during your interview, these may then act as prompts for yourself. I will be asking you semi-structured questions, some will follow on from what you tell me, some may prompt a memory, an experience that you would like to share.

Will the interview be recorded?

Yes. With your permission the interview will be digitally recorded to enable an accurate written account of the interview to be made.

Will what I say be confidential?

Yes. The procedures for handling, processing, storage and destruction of the data comply with the 1988 Data Protection Act. All information regarding your contact details and information you share with me will be confidential and kept in a secure place and will be seen by myself and my two supervisors. Your identity as a participant will be protected and digital recordings and written accounts will be stored anonymously and you will not be identified to anyone else but me. Documentation stored in a computer file is password protected.

What are the possible benefits of taking part?

It is not possible to say how you will benefit individually from taking part in this study; however you may take some benefit from exploring your experiences. The study aims to inform nursing and other health care professionals about caring for people with problem drinking and those with experiences of others problem drinking.

What will happen to the findings of the study?

The findings of the study will be stored in a secure place at all times and I will be the only person to have access to the data. Once the data has been collected and analysed, I will present the findings in my thesis and later publish findings in nursing, education and research journals. It will not be possible to identify you within this. If you are interested in receiving a summary of these findings, please let me know and a copy can be sent to you.

Who has reviewed the study proposal?

The study has been Peer Reviewed and reviewed by School of Health Sciences Ethics Committee.

What if I change my mind about taking part and being interviewed?

You can change your mind about taking part at any time. If you have consented to taking part you will still be able to change your mind, at any time, by either contacting me by phone or email. You do not have to give a reason for wanting to withdraw.

What if I have a concern or a complaint?

Should you have a concern about this study, please contact:

Susan Rogers

Head of Research & Enterprise

School of Health Sciences

University of Southampton

University Road

Southampton

BH17 1BJ

Tel: +44 (0)23 80597942

Email: S.J.S.Rogers@soton.ac.uk

Should you remain unhappy, Susan Rogers can provide you with further details of how to manage this.

What do I do if I am interested in taking part in this study?

If you would like to take part in this study please:

- Complete the reply slip indicating you would like to take part
- Complete the alcohol screen tool

- Place both the reply slip and completed alcohol screening tool in the envelope provided and return to:
Tracey Harding
DClinP Student Researcher
School of Health Sciences
University of Southampton
University Road
Southampton
BH17 1BJ
- Please can you return this information within 7 days of receiving this invitation

Appendix Four – Participant Invitation Sheet**Participant invitation letter****Study number:**

Study title: The experiences of adults, who drink within recommended limits and who grew up in a home with problem drinking parent/s.

Name of researcher: Tracey Harding

Supervisors; Dr Magi Sque and Dr Steve Tee

Dear

I am a university student undertaking a Doctorate in Clinical Practice. I would like to invite you to take part in a study that will explore the experiences of adults, who drink within recommended limits and who grew up in a home where a parent/s drank alcohol to excess and to explain what influences their own drinking.

You will find enclosed:

- an information sheet, providing details of the study
- inclusion criteria, that includes an alcohol screening tool, which will be assessed for whether you are suitable for inclusion in the study
- a reply slip.

If after reading the information sheet, you feel you would like to take part, please complete the alcohol screening tool and return this with the reply slip indicating your willingness to take part, to me in the envelope provided.

I will acknowledge your reply and will confirm in writing to you, if you meet the criteria for participation in this study.

I would like to take the opportunity to thank you for your time in reading the information and giving consideration to this study.

Yours sincerely

Tracey Harding
DClinP Student Researcher
Tel: +44 (0)23 80598238
Email: T.A.Harding@soton.ac.uk

Appendix Five – Reply Slip**Reply Slip****Study No:****Study Title:** The experiences of adults, who drink within recommended limits and who grew up in a home with problem drinking parent/s.

I am willing to participate in this study

☐

I wish to have more information about the study before deciding to participate

☐

I do not wish to be contacted again about this study

☐

So that I can contact you about this study please provide me with the following details.

Please print your name _____**Your telephone contact number** _____**Your contact address** _____

Or**Email address** _____**When is the best time of day to contact you?** _____

Appendix Six – Alcohol Screening Tool

Alcohol Screening Tool

AUDIT

1. How often do you have a drink containing alcohol?
 Never ☐ Monthly or less ☐ 2 to 4 times a month ☐ 2 or 3 times a week ☐
 4 or more times a week ☐
 (0) (1) (2) (4)
2. How many standard drinks containing alcohol do you have on a typical day when you are drinking?
 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more ☐
 (0) (1) (2) (3) (4)
3. How often do you have 6 or more standard drinks on one occasion?
 Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐
 (0) (1) (2) (3) (4)
4. How often during the last year have you found that you were not able to stop drinking once you had started?
 Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐
 (0) (1) (2) (3) (4)
5. How often during the last year have you failed to do what was normally expected from you because of your drinking?
 Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐
 (0) (1) (2) (3) (4)
6. How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
 Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐
 (0) (1) (2) (3) (4)
7. How often during the last year have you had a feeling of guilt or remorse after drinking?
 Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐
 (0) (1) (2) (3) (4)
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
 Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily ☐
 (0) (1) (2) (3) (4)
9. Have you or someone else been injured as a result of your drinking?

No ☐ Yes, but not in the last year ☐ Yes during the last year ☐
(0) (2) (4)

10. Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

No ☐ Yes, but not in the last year ☐ Yes during the last year ☐
(0) (2) (4)

Five-Shot Questionnaire

Please circle your responses

1. How often do you have a drink containing alcohol?

(0.0) Never (0.5) Monthly or less (1.0) Two to four times a month
(1.5) Two to three times a week (2.0) Four or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

(0.0) 1 or 2 (0.5) 3 or 4 (1.0) 5 or 6 (1.5) 7 to 9 (2.0) 10 or more

3. Have people annoyed you by criticizing your drinking?

(0.0) No
(1.0) Yes

4. Have you ever felt bad or guilty about your drinking?

(0.0) No
(1.0) Yes

5. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hang-over?

(0.0) No
(1.0) Yes

(Seppa et al, 1998)

Appendix Seven – Thank you letter



Thank You letter

Study number:

Study title: The experiences of adults, who drink within recommended limits and who grew up in a home with problem drinking parent/s

Dear

Thank you for taking part in this study and for your contribution and time. Following interpretation and analysis of the experiences participants have shared with me, I will produce an executive summary of the project. Please indicate below if you would like a copy of this summary and return to me at the address below.

Yours sincerely

Tracey Harding
DClinP Student Researcher
School of Health Sciences
University of Southampton
University Road
Southampton
SO17 1BJ

Tel: +44 (0)23 80598238
Email: T.A.Harding@soton.ac.uk

Appendix Eight – Semi-structured Interview Schedule

Semi-structured Interview Schedule

Initial open-ended questions

Tell me about your home, your parent/s, siblings, area (age of siblings, occupation of parent/s, which parent or both/any other who drank to excess)

Who in your home had problem drinking tendencies? What happened when a parent/s drank alcohol? Can you describe the/their behaviours during an episode of drinking?

How did his/her/their drinking make you feel?

What, if anything do you remember contributing to the drinking?

How did your parents discuss alcohol with you? What advice/information was given to you about drinking alcohol from your parent/s?

How was problem drinking discussed within the home, were you able to talk about this with your parent/s, if so with whom and how?

When did you experience your first alcoholic drink, where were you, who were you with? What was going on in your life at that time?

Intermediate questions

Tell about your family, who, if anyone were you close to and why do you think this was?

Tell me about what you did when a parent/s were drinking? How did you handle this?

Are there any events which stand out in your mind when you were growing up?

What, if any, influences has his/her/their drinking had on you? How would you describe yourself? How does this relate to your own drinking?

How do you feel about his/her/their lifestyle? What do you think you have learnt through this experience?

How aware were you of problem drinking of your parent/s? Have you changed in how you manage this, yourself? What/who helps you to manage? Have you accessed an organisation/support group? Which one/s? How has/have this/these helped?

Ending questions

Tell me about your strengths, values

Appendix Eight

What do you think are the most important ways to cope with these experiences?

Is there anything else that you think I should know to understand your experiences better?

Would you like to ask me anything?

Appendix Nine – Ethics Approval

UNIVERSITY OF
Southampton

EO4/Aug 2010/ v1.1

Tracey Harding
Faculty of Health Sciences
University of Southampton

01 December 2010

Dear Tracey

Ethics Submission No: FoHS-ETHICS-2010-028
Title: Growing up with problem drinking parent/s

I am pleased to confirm **full approval** for your study has now been given. The approval has been granted by the Faculty of Health Sciences Ethics Committee.

You are required to complete a University Insurance and Research Governance Application Form (IRGA) in order to receive insurance clearance before you begin data collection. The blank form can be found at

<http://www.soton.ac.uk/corporateresources/rgo/resources/irgaforms.html>

You need to submit the following documentation in a plastic wallet to Dr Martina Prude in the Research Governance Office (RGO, University of Southampton, Highfield Campus, Bldg. 37, Southampton SO17 1BJ):

- Completed IRGA Research Governance form
- Copy of your research protocol/School Ethics Form (final and approved version)
- Copy of participant information sheet
- Copy of SoHS Risk Assessment form, **signed**
- Copy of your information sheet and consent form
- Copy of this SoHS Ethical approval letter

Continued overleaf

Building 45
Faculty of Health Sciences, University of Southampton, Highfield Campus, Southampton SO17 1BJ United Kingdom
Tel: +44 (0)23 8059 7979 Fax: +44 (0)23 8059 7900 www.southampton.ac.uk/healthsciences

Your project will be registered at the RGO, and then automatically transferred to the Finance Department for insurance cover. **You can not begin recruiting until you have received a letter stating that you have received insurance clearance.**

Please note that you have ethics approval only for the project described in your submission. If you want to change any aspect of your project (e.g. recruitment or data collection) you must request permission from the Ethics Committee and RGO (students should discuss changes with their supervisor before submitting the request to the Ethics Committee).

Yours sincerely

Dr Maggie Donovan-Hall
Vice Chair, FoHS Ethics Committee

t: +44 (0)23 8059 8880
e: mh699@soton.ac.uk
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Building 45
Faculty of Health Sciences, University of Southampton, Highfield Campus, Southampton, SO17 1BJ United Kingdom

Appendix Ten – Volunteers not required in the study – reply letter**Volunteers not required in the study – reply letter****Study number:**

Study title: The experiences of adults, who drink within recommended limits and who grew up in a home with problem drinking parent/s.

Dear

Thank you for volunteering to take part in this study. For one of the following reasons you are not required for this study:

1. The required sample size has been achieved
2. You did not meet part/s of the inclusion criteria

I would like to take this opportunity to thank you for your involvement to date. Should you have any questions or concerns about alcohol and health related issues either for yourself or another then there are a number of services who can offer information and support:

Al-Anon, their website is www.al-anonuk.org.uk,
Alcoholics Anonymous, the National Helpline is 0845 769 7555
www.nhs.uk/Livewell/alcohol/Pages/Alcoholsupport.aspx
www.alcoholconcern.org.uk

Many thanks once again

Yours sincerely

Tracey Harding
DClinP Student Researcher
Tel: +44 (0)23 80598238
Email: T.A.Harding@soton.ac.uk

Appendix Eleven – Consent form

CONSENT FORM

Participant Identification Number:

Title of Research: The experiences of adults, who drink within recommended limits and who grew up in a home with problem drinking parent/s.

Researcher: Tracey Harding

Please initial box

- 1) I confirm that I have read and understood the Information Sheet, version no: 1, April 2010, provided for the research project entitled above and have had the opportunity to ask questions.

Yes

☐

No

☐

- 2) I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

Yes

☐

No

☐

- 3) I agree that anything I may say during the course of the interview may be used as anonymous quotes in any presentation of the research (verbal presentation or paper publication).

Yes

☐

No

☐

- 4) I agree to have my interview recorded

Yes

☐

No

☐

If **No** then I agree to have notes taken by the researcher during the Interview

Yes

☐

No

☐

- 5) I agree to take part in the above research

Yes

☐

No

☐

Name of Participant

Date

Signature

Name of Researcher

Date

Signature

1 copy to remain with Participant
1 copy for Researcher

Glossary

Category	concept given to a group of data
Code	name given to a piece/s of data
Concept	see category
Constructivism	constructivism means that individuals do not find or discover knowledge but, more likely, construct or make it (Denzin & Lincoln, 1998). Focuses on the individual in the social setting and centres on psychological processes (Robbins, 2003)
Constructionism	principally concerned with the processes by which people describe or explain the world in which they live, where it attempts to give common forms of understanding as to how they exist now, how they have existed and how they might exist (Gergen, 1985). The aim here is to understand how people construct meaning in their daily lives (Denzin, 2001).
Element	collections of codes that informs the category
Memos	notes made by the researcher that can contribute to the data and inform the analysis
Property	see element - collections of codes that informs the category
Theoretical framework	concepts built that forms a theoretical framework constructed during analysis of the data that gives meaning to participants' identification and definition of problem drinking through their descriptions of their experiences
Theoretical sampling	data is sought that has theoretical relevance to the evolving theory (Strauss and Corbin, 1990)
Theoretical saturation/sufficiency	where the researcher can find no new insights or meaning
Theoretical sorting	theoretical sorting refers to a process whereby theoretical links between categories may be refined and theoretical integration of categories can be developed and leads toward the emerging theory (Charmaz, 2006).

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