THE VULNERABLE SELF OF THE

ADULT CHILD OF AN ALCOHOLIC:

A PHENOMENOLOGICALLY DERIVED THEORY

by

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DEDICATION

Embrace Me You Child

At night in bed I heard God whisper lullabyes
While Daddy next door whistled whiskey tunes.
And sometimes when I wanted, they would harmonize,
There was nothing that those two couldn't do.

Embrace me you child, you're a child of mine
And I'm leaving everything I am to you.
Go chase the wild and nightime streets sang Daddy
And God sang: Pray the devil doesn't get to you.

Carly Simon
from No Secrets

This is dedicated to my sisters Christy and Jan, and my brother Billy.

Chapter One

GROUNDWORK

> I'm sure that none of what has happened
> this week is coincidental. Even now,
> so many years later, the intensity and
> sense of present that these feelings
> retain belies any notion I may ever
> articulate of having put the past to
> rest. To be the child of an alcoholic
> is to be forever angry. At a parent
> for not being parental. At the world
> for having revealed its frailty so
> early on.

This statement was written by Ted (a pseudonym) as part of his participation in the present study. Ted's feelings in many ways reflect the thematicized portrait of the Adult Child of an Alcoholic (ACA) which is the result of this study. He, like the 16 other subjects, kept a journal of their experiences for one week and then were asked to reflect upon their phenomenology as well as the origins of their present-day experiences. The 17 subjects were varied as to their past and present experiences as well as demographics, yet they were strikingly similar in their struggle to free themselves from the emotionally imprisoning alcoholic family paradigm.

This freedom, in most cases, is incomplete, as witnessed by Ted's statement. Alcoholics have chosen alcohol as their buffer against frailty. And, in doing

so, they have robbed their children of their own buffer against the frailties of childhood and the world in which they exist. The children of alcoholics must therefore make early accommodations to their unprotected frailty in order to survive.

The accommodations the children of an alcoholic have made to their "frail" world is portrayed with moving detail in the reported experiences and reflections of the subjects in this study. The struggle to free themselves from the prison of these childhood accommodations is also vividly detailed. Knowing that one is imprisoned by one's childhood developmental deficits and the resulting character accommodations is the crucial first step in gaining freedom for a vital adult life. The seventeen subjects who participated in this study all share the fortune of having acknowledged this first step. The struggle continues for them but with measured successes.

Although it is realized that sampling only "psychologically sophisticated" ACAs imposes a considerable delimitation on the study, it was the author's intention to sample just such a population in order to access the phenomenology of the ACA. In order to understand how the ACA structures his/her world and how these experiential structures are connected to their origins,

the subjects must be able to reflect upon their own psychology and, indeed, be committed to the value of such an endeavor. All of the subjects have exhibited such a value orientation: Four of the subjects have struggled with and succeeded in their own battle with alcoholism, five are themselves psychotherapists and the remaining eight have involved themselves in some form of psychotherapy.

This study will present a theory that describes some of the salient psychological features of the ACA's experience. The theory was grounded in the experiential life and reflections of the subjects themselves and a phenomenological method was used to guide and analyze the data. The rest of this chapter will develop the problem to be studied as well as its purpose and significance. Following that, the background of the problem will be developed by reviewing the available literature on alcoholic families and ACAs.

The Problem: Its Emergence and Statement

In a survey made for the National Institute of Alcohol Abuse and Alcoholism (Booz, Allen, & Hamilton, 1974) it was estimated that in America today there are 28 million or more persons who are children of alcoholics. Globetti (1973) found that children of alco-

holic parents are twice as likely to become alcoholics themselves as children of non-alcoholic parents.

Black's (1981) extensive work with alcoholic family populations has led her to estimate that another thirty percent of the ACAs marry alcoholics, often repeating the pattern in multiple marriages, and the remainder suffer serious psychological wounds that are difficult to heal. Goodwin and Guze (1979) have found an "excess" of psychopathologies present in the offspring of alcoholics.

Despite the breadth of this distinct population and the potential depth of psychological problems, the offspring of the alcoholic have, until recently, received surprisingly little attention in the literature (Huber, 1977; Woititz, 1978). In the past, research attention has focused on this population's well established propensity for alcoholism. More recently, the alcoholic family system has received increased attention. Most of this literature is either an attempt to peg the alcoholic family into the established theory of family systems or a collage of clinical impressions. Corde (1977) is critical of the latter as being mostly assumptive and bearing little resemblance to the subjective experience of the family members.

Similar to the way things typically work in the

alcoholic home, the alcoholic and his/her problems have received the researcher's attention and the offspring are shuffled into the psychological shadows. However, currently, the ACA is receiving some focus as a salient population, one worthy of study in its own right. Most of this recent research is motivated by a need to understand this population clinically. The Stanford Alcohol Clinic has reported on its program developed specifically for the ACA (Brown & Cemak, 1980). The program was developed in response to findings that this population didn't necessarily manifest florid psychopathologies and were, therefore, often overlooked by traditional mental health criteria. The historic conception of the ACA as a potential alcoholic or as a juvenile delinquent has been replaced with a recognition of the ACA as someone who has adapted to a uniquely difficult situation but whose adaptations often result in adult psychological difficulties.

Despite the advances in the field, the subject remains complex and one which has had very little coherent illumination (Wilson & Orford, 1978). Given this, the first question to arise for this study is that of approach. How can this research effort best address the subject, one that is in its infancy and lacks a consensual or theoretical base, in the hope of creating an

empirically sound ground for both the clinical understanding of the subject and for further research in the area?

The phenomenological method was chosen by this author as the most suitable approach. The author agrees with Corde (1977) who proposes the disputations in the area result from the failure of the clinicians and researchers to systematically investigate whether their assumptions correlate with the alcoholic family members' own perceptions. She says:

> Ignoring a phenomenological perspective is particularly noteworthy in terms of assessing the impact of the alcoholic family on a child for the child is not the passive recipient of environmental influences; rather, he is an active interpreter of the stimuli which surround him. The child constructs the environment in which he lives by imbuing parental behavior with meaning. (p.2)

Phenomenology, which uses description as its way of handling data, can be contrasted with traditional or experimental science which seeks to discover explanatory laws that are ultimately reducible to mathematical terms. According to Merleau-Ponty (1962), explanation provides causes while description furnishes meaning.

The question at this point is not which is a better method of science -- for as Colaizzi (1973) contends, explanation is not necessarily a more developed

source of knowledge -- but which method will provide the best kind of knowing for the subject in its present status.

Being the child of an alcoholic is a unique status variable. There is no question as to what "caused" this status. However, what this experience means to the subjects is a question that has not been adequately answered. Phenomenology is the method best suited for investigating subjective experience and extracting the meanings from it.

Also, because the area of research concerning children of alcoholics is at present complex, confused and "lacks theoretical direction" (Wilson & Orford, 1978), phenomenology stands forth as an appropriate method as it is ideal for studying phenomena that are patently complex and about which little is known with certainty.

This study has been limited to adult children of alcoholic parents (ACA). The major criteria for selecting subjects in any phenomenological study are that they have experienced the phenomena under question and that they be able to articulate this experience. Each of the 17 "adult children" used as subjects in this study met these criteria.

The criterion used for "alcoholic parent" is

as well as its purposes and significances, the rest of this chapter will focus on the available literature on the adult children of the alcoholic and their development within the alcoholic family context.

Review of the Literature

Originally, the literature presented a picture of the alcoholic as a male social misfit and isolate, incapable of maintaining any ongoing interpersonal ties (Bailey, 1961). The field then evolved to a place where it recognized a major proportion of alcoholics function consistently within a family system. Family systems theory, an interactional approach, was used to explain the alcoholic family dynamics (Steinglass, 1976).

Female alcoholism was rarely addressed in the literature on alcoholism or on the alcoholic family. This study gives recognition to the current awareness of women alcoholics by including subjects who were raised by alcoholic mothers.

Focusing specifically on the child of an alcoholic parent has been an even more recent development. Most of the findings point to the alcoholic family context as a breeding ground for a plethora of psychological and behavioral problems, but a consistent picture of what these problems are has only recently begun to

coalesce.

This review of the literature will focus initially on the family context from which the ACA has sprung. Next, some studies that focus on the development of the self in the ACA will be reviewed. Lastly, the literature that pertains specifically to the ACA will be reviewed.

The Alcoholic Family System

Steinglass (1976), who coined the phrase "alcoholic system", contends the central tendency in the alcoholic family, that which maintains its dynamic equilibrium, is alcohol. Although superficially disruptive, alcohol, according to Steinglass, is really a stabilizing rather than a disruptive influence. Alcoholic behavior becomes the one predictable variable in an otherwise uncertain lifestyle.

Using the framework of a family systems theory, four elements of a system found to be common to the alcoholic family will be discussed. Following that, a study on the alcoholic family's interpersonal perceptions will be reviewed in greater detail because of its germaneness to the present study.

Conflicting Coalitions. One of the features of any system is that it is comprised of subsystems or

coalitions (Goldenberg & Goldenberg, 1980). In the alcoholic family this aspect often takes on the flavor of "warring factions" (Corde, 1977). Children often are pressured into taking positions as a rescuer, persecutor, or victim, and to form iron-clad alliances that put them in opposition to other members of the family, often the alcoholic parent. While entrenched in this position, they usually fail to have the objectivity needed to see the fault as being in the system or the marital interaction (Janzen, 1978).

One of the most commonly reported coalitions in the literature is that of the mother and son, triangulated with the alcoholic father. Fox (1962) has noted sons are often the target of the alcoholic father. Whether this creates the mother-son coalition or is a result of it is open to speculation.

Fox (1961, 1962) also has observed several other coalitions common to alcoholic families. One is the father-son alliance, triangulated with the mother. The son, in an attempt to identify with the father (and perhaps pressured by the father to do so), allies with the father in blaming the mother as the cause of the father's drinking. Father-daughter coalitions in the alcoholic family have been observed as being marked by seductiveness on the father's part. Parental coalitions

are sometimes formed with the child serving as the scapegoat for all of the family's ills. Also reported is the child refusing to become enmeshed in the warring factions and withdrawing into his or her own insular subsystem.

The Marital Subsystem. The subsystem in the alcoholic family that has received the most attention from researchers has been the relationship between the alcoholic husband and his wife. In any family system this subsystem is of crucial importance to the optimal functioning of the family (Goldenberg & Goldenberg, 1980). In the alcoholic family, it is often an area of extreme conflict. Studies using controls show the presence of alcoholism creates a situation where there are both significantly poorer marital relationships (Chafetz, Blane & Hill, 1971) and higher incidence of divorce (Kammeier, 1971; Nylander, 1960).

Early research in the area focused on the wife of the alcoholic, depicting her as a woman with complex dependency needs, lacking in self-esteem, and maintaining her own sense of power and adequacy by dominating a weak husband (Ablon, 1976). Resulting research has failed to substantiate any coherent personality type inherent in the woman who would choose an alcoholic

mate.   Interactional explanations, where the wife's disturbance, if present, is a response to the husband's alcoholism instead of its cause or a maintaining force, has received the most support in the literature (Edwards, Harvey, & Whitehead, 1973; Albon, 1976).

Gorad (1971) studied the interpersonal interactions among 20 alcoholics and their wives and compared them to 20 nonalcoholic couples who were matched on pertinent variables.   He found that the alcoholic couples' communication styles were marked by an escalation of symmetry (as opposed to a rigidity of complementarity).   Alcoholic couples used "one-up" messages significantly more than nonalcoholic couples.   These facts led Gorad to conclude that the alcoholic marriage interaction is marked by a competition for control. Furthermore, Gorad suggests that this power struggle is a part of the homeostatic balance of the marriage, rigidly maintained by both partners as witnessed by a competitive style that disallows much risk-taking and, therefore, the possibility of change.

Social Isolation and Family Secrets.   Lemert (1960) found that social isolation was reported in 69% of the 112 families he interviewed.   It was conjectured that women may withdraw their families from social

intercourse out of fear of exploding the myth of an idealized marriage or as a preference for avoiding the negative social consequences of her husband's alcoholism, such as embarrassment and shame. Flanzer (1981) expands this thought: Besides social embarrassment, family victims of alcoholism isolate themselves because of an internalization of blame. Feelings may be generated that they deserve such negative consequences, that they are at fault. This system component works because the alcohol abuser is apt to be a blame projector and thus a symbiotic unity is established.

Often attending the presence of social stigma and isolation is the "family secret" which grows up around the alcoholism. In an attempt to stabilize an unstable situation and thus perpetuate the system, the family may expend a lot of its energy protecting the family secret, not only from the extramural world but within the family system. Fox (1962) has observed the role of guardian of the family secret often falls to the mother when the father is the alcoholic. Lies become common: "Daddy isn't drunk." "There is no drinking problem in this family."

According to Black (1981), this dynamic, which takes on the power of an unwritten family law, creates a sense of unreality that pervades the family

atmosphere. Family members are implicitly instructed to forget what happened last night or to deny its meaning-fulness. Black has observed many of her clinical sub-jects buy into this family ruling, often unquestion-ingly. She suggests questioning the situation may seem like an overwhelming task for the children, especially considering the guilt, embarrassment, and trauma in the family situation. It is easier to minimize or deny feelings than to stand apart from the family system, alone with the intensity of these feelings.

Inconsistency and Role Confusion. Probably the most agreed upon characteristic of the alcoholic family milieu by professional observers is its unpredictability and inconsistency. This characteristic is seen to con-tribute to a considerable number of ills found in the family members: low self-concept, problems with inter-personal relationships, faulty sex-role identification (Bailey, 1968; Bosma, 1972; Fox, 1968; Hecht, 1973; Hindman, 1975/76).

The children in such a family are seen as being unable to determine which of their behaviors will pro-vide love and which will bring about the withdrawal of love. When the father is drunk, he may be violent and when sober, attentive and loving; or, when drunk, one

father may be loving in a maudlin way and when sober, withdrawn and unresponsive. Wives sometimes compensate as a steadying influence, but, as has been noted, are often erratic themselves in response to the spousal alcoholism (Hindman, 1975/76). Bailey (1968) has suggested this inconsistent and unpredictable state of affairs results in children having alternating experiences of hope and fear.

The erratic atmosphere of the alcoholic family often results in a confusion and distortion of role models. The father may become like another child, forcing the mother to take on the role of the father in the family (Bosma, 1972). Because these transmutations of roles are seldom accompanied by a sense of willingness and affirmation, the sex-role images can become blurred and ugly.

Hecht (1973) focuses on the natural process of identification which is thwarted in the alcoholic family. Normally, a son learns what it is to be a man by role playing and identifying with the father. Because the alcoholic father presents such a confused and inconsistent model, the son may begin to see alcoholism, probably the most consistent behavior, as the role model for masculine behavior. Woititz (1978) suggests the distorted male role model can cause the daughter to

equate masculinity and independence with alcohol. Theo-
retically, this could account for the observation that
so many daughters of alcoholics are more likely than
daughters of non-alcoholics to marry an alcoholic
(Bailey, 1968).

Interpersonal Perceptions. A 1977 dissertation
by Corde attempted to investigate the interpersonal
perceptions of 20 families in which the father was an
alcoholic. One of Corde's stated purposes for under-
taking the investigation was to add an objective
measurement that has both established reliability and
validity to a subject that has been mostly comprehended
with clinical impressions. Corde's study has relevance
to this review because the subjective impressions of the
family members, quantified and objectively analyzed,
elucidate some of the family systems concepts already
discussed, as well as the phenomenology of the indivi-
dual members of an alcoholic family.

The alcoholic family units tested for their
phenomenological experiences of the home environment
each consisted of an alcoholic father, a non-alcoholic
mother, and at least one child in junior or senior high
school. Using the Interpersonal Checklist as her objec-
tive measure, distance comparisons were made that con-

trasted each family member's perceptions of self and others during states of drinking and sobriety. The study is limited by the facts that only male alcoholics were used and the sample of offspring were by and large female (85% daughters, 15% sons).

The families' subjective impressions were that there was a decrease in affectionate behavior during drinking. Quantification of the data revealed, however, there is hostility present during sobriety as well as drinking states; the shift is from lesser to greater hostility. These differences between the subjective perceptions of the family and the objective analysis of them could be explained by the dynamic of denial which has often been noted in alcoholic families. As long as the illusion can be maintained that all is well within the family while the alcoholic is sober and that all of the familial troubles are a result of alcohol, then the deeper interpersonal difficulties can be denied. In other words, alcoholism becomes the "identified patient" and the system can maintain its homeostasis. This idea is supported by Ballard's (1959) study which compared MMPI scores of alcoholic families with non-alcoholic ones.

Corde also attempted to examine the issue of coalitions by looking for congruence of family member

perceptions during sobriety and drinking on the dominance dimension, but no significant results were obtained. However, a look at the subjective perceptions of the subjects shows everyone has a differing view of the power allocations. There is a discrepancy between the father's and the child's perceptions of who is the more powerful parent during sobriety: The father perceives it is himself and the child considers the power to reside with the mother. This situation can easily be seen as a breeding ground for confusion and conflict, with the child left without consistent behavioral guidelines.

During the drinking state, the conflict appears to be around the confusion of family roles. As Corde noted, both states are underpinned by the same two problems: "The parents' inability to function as a unit which leads to the parents' inability to establish appropriate boundaries between the parental and child subsystems" (p.68). During the drinking state, all family members allocate power to the mother which serves to split the parental subsystem. Furthermore, the mother sees the child in equal position to herself, and the father and child both place the father in an equal position to the child.

Because the mother no longer holds the

> expectation that the father will be her
> equal, she may function in relationship
> to the father the way the child desires
> her to function in relationship to
> himself. Thus, the mother may treat
> her spouse as her child while treating
> her child as her spouse. (p.67)

The picture the families in the Corde study present of themselves is one of dominance conflicts, inappropriate subsystem membership, lack of appropriate boundary maintenance, confused expectations for the child, and a "perverse triangle" (p.70) involves the coalition of a member of the parent generation with the child against the other member of the parent generation.

Corde's study also is interesting because it highlights how a different picture can be drawn when the subjectivities of the persons involved are accessed. Objective measures failed to show any power conflicts. Only when the subjective impressions of the participants were viewed did the battleground of family conflict emerge.

It is just such a family situation -- where the defensive use of denial invalidates the child's feelings and perceptions, where there is no consistent structure that can soothe the child's natural feelings of help-lessness nor any affirmed powerful figure the child can merge with and idealize -- that produces problems in the development of a firm self. These thoughts will be

taken up again in Chapter Four when the author's theory is discussed. At this point, the available literature that speaks to the problems of the self in the ACA will be addressed.

The Development of the ACA's Self.

A person with a healthy self will be one who has natural contact with his/her own feelings, will be secure in asserting his/her feeling self, and will therefore view him/herself as worthy. Also, aggressive impulses are tolerated and effectively neutralized (Miller, 1981). According to Kohut (1977), the self is the center of productive initiative and the person realizes him/herself as autonomous, a separate center of being. As the following citations from the literature will show, the self of the children of alcoholics seldom benefit from these qualities and opportunities for the nourishment of a healthy development of the self is at a minimum.

There have been several studies that have shown the child of an alcoholic to suffer from a damaged self-esteem and self-concept. Three doctoral dissertations studied the grade school children of alcoholic parents in terms of these issues (Baraga, 1977; Jesse, 1977; Woititz, 1977) and all found problems occurred in this

area. Jesse, who enabled eight children to communicate their intrafamilial dilemmas, found that his subjects displayed a faulty self-identification. Woititz used matched controls and objective measures to report her findings. Baraga's research revealed that time separated from the alcoholic parent did have a favorable effect on the child's self-concept.

McLachlan, Walderman, and Thomas (1973) compared 54 adolescent offspring of married alcoholics in treatment with 54 matched controls. The adolescent whose parent was an alcoholic had significantly lower self-esteem than the controls. This, in fact, was the only significant difference to result from the data which consisted of several objective personality measures (including the MMPI).

O'Gorman (1975) also found his subjects, 29 middle-class adolescents from problem-drinking homes, to have a significantly poorer self-concept when compared to a group of adolescents from recovered alcoholic homes and another group of controls. Yet another study (Hughes, 1977) also found low self-esteem in a group of adolescents from alcoholic homes when compared to a group of matched controls and another group of teenagers who were members of Alateen.

The ACAs' self as a "center of productive ini-

tiative" (Kohut, 1977) also appears to be damaged in their journey through childhood and adolescence when the plethora of studies that deal with the emotional and behavioral difficulties of the child of an alcoholic are considered. Chaftez, Blane, and Hill (1971) compared 100 children, ages two to 19, of one or two alcoholic parents with a like number of matched controls in order to ascertain the effects of parental alcoholism on childhood development. It was found that serious illnesses and accidents were more common in the alcoholic group, especially in infancy and childhood. In adolescence, problems with school and law were more pronounced for the alcoholic family group.

Haberman (1966) found that a group of 65 children of alcoholics of various ages had a greater number of symptoms when compared with children of pathology-free parents. Goodwin and Guze (1979) concluded from their exhaustive review of the literature that there is an apparent excess of depression, criminality, sociopathy, and abnormal personality in the families of alcoholics with the female relatives tending toward depressive syndromes and male relatives manifesting more sociopathy.

The alcoholic's offspring have been viewed as more likely to act out internal conflicts and receive

more serious psychiatric diagnoses than the non-alcoholic's progeny (Kearney & Taylor, 1969). Several studies indicate drug and alcohol abuse is one common way the adolescent offspring of an alcoholic acts out (Haastrup & Thomsen, 1970; Mackay, 1963; Lidberg, 1970).

Bosma (1975) came up with some startling statistics that support this bleak picture. More than 50% of children ages two to 18 referred to an inner-city pediatric clinic for behavior disorders had an alcoholic parent; in the suburbs, 52% of the referrals to a mental health center had an alcoholic parent. In a survey of children on probation, 82 out of 128 males were the offspring of an alcoholic. Another survey showed that two-thirds of the successful adolescent suicides had an alcoholic parent. Bosma also claims that 58% of the children of alcoholics will become alcoholic and daughters of alcoholics have a six times greater chance of marrying an alcoholic than daughters of non-alcoholics.

Emotional difficulties also have been noted in children of alcoholics. Nylander (1960) compared 229 children, ages four to 12, who had an alcoholic father with a non-alcoholic control population matched on age, gender, and the father's socio-economic status, and found that the children of alcoholic fathers exhibited

significantly more emotional disturbance than the control group with depression and anxiety neurosis being the most common symptoms.

Several studies specifically point to aggression as being a problem for this population. (Fairchild, 1964; Fine, Yudin, Holmes & Heinemann, 1975; Parnitzke & Prussing, 1966). These studies often report dependency as an issue along with unneutralized aggression.

Huber (1977) studied 50 adolescents from alcoholic homes and compared them to two control groups. She found that while the female offspring tend to internalize their experience of the alcoholic father, the sons tend to identify with their fathers and act out their feelings. The sons of alcoholics scored significantly higher on the Finney Alcoholism Scale and saw their fathers as less rejecting than the daughters of alcoholics. A high score on this scale indicates attributes similar to those of alcoholics: high degrees of sentimentality; passive dependency or aggressive demands; a tendency toward impulsive action and regret; search for role models to believe in followed by frequent disappointment; needs kept under control through repression, faith, and inspiration.

Aronson and Gilberts (1963) found a similar

picture in their attempt to define the "prealcoholic personality" by comparing the sons of alcoholics to a matched random population. They found that the sons of alcoholics seem to resemble the personality patterns of their alcoholic fathers in the hypothesized direction in that they were acquisitive, dependent, self-dissatisfied and made inappropriate emotional expressions and evaded unpleasantness.

The alcoholic home does not appear to be a place where the child can dependably get his/her needs met. Unmet dependency needs are, therefore, common (Jesse, 1977). Aggression in these children often remains unneutralized because aggressive demands may be the only way they have of conveying their unmet needs.

Yet there are those children of alcoholics who respond to their situation by manifesting more psycho-neurotic conditions such as depression and anxiety. In fact, much of the most current work being done on the ACA has focused on the considerable number of this popu-lation who haven't exhibited behavioral problems but have been model children and well-adapted adults (Black, 1979; Brown & Cemak, 1980). Black found that the many children she has observed clinically have developed extreme adaption patterns that provide survival benefits in the inconsistent and threatening environment of the

alcoholic home. She describes these roles as: the Responsible One, the Adjuster, and the Placater.

Nardi (1981), who has also focused on these "model" children of alcoholics from a role-theoretical perspective, concurs with Black and has suggested these adaptive methods of survival can create later adult problems because they serve to block the expression of angry and sad feelings.

Nardi suggests a role-acquisition model for understanding the differences in this population. He claims the children of alcoholics must adopt some role in order to cope with a situation that is insecure with regard to their developmental needs.

> Some turn to a delinquent role, others flee (mentally, physically, emotionally), some take on the "perfect child" role (never does anything wrong), others become the "super coper" (does everything right, usually for others and not necessarily for himself), and some can't cope at all.

Why an ACA will adopt one role over another isn't exactly clear. One report (Booz-Allen & Hamilton, 1974) has found that supportiveness by the non-alcoholic parent and other siblings, as well as birth order and family size, does have a mediating influence on the child's ability to cope with his/her family problems. Obuchowska (1974) found that a positive emotional con-

tact with the mother was an important compensatory factor in the 64 children of alcoholics from otherwise "normal" families she studied. When children with an alcoholic father had positive emotional contact with their mothers, they exhibited dominant needs for achievement and affiliation, especially in school. When the mother-child contact was negative, the children were the same as the children with two alcoholic parents: They exhibited negative attitudes toward social values and were resigned aggressive.

The Adult Child of an Alcoholic

The present study focuses upon the adult child of an alcoholic (ACA). The empirical basis for such a population is, at present, limited to a cohesive body of literature that attempts to untangle the nature-nurture controversy on the transmission of alcoholism from one generation to the next and issues of psychopathology in the offspring.

Goodwin, Schulsinger, Hermansen, Guze & Winokur (1973) made an extensive study of 55 Danish sons of alcoholics separated from their biological parents in the first two months of life. This group was matched to two other groups for purposes of comparison and all subjects were interviewed blind. It was found that the

only significant difference between the sons of alco-
holics raised by non-alcoholic adopted parents and
adopted-out sons of non-alcoholics was that the former
group was four times as likely to become alcoholics
themselves than the latter group. Similar studies were
done by Goodwin, Schulsinger, Knop, Mednick, and Guze
(1977) on daughters of alcoholics raised by alcoholic
parents and those raised apart from their alcoholic
parent. Adopted-out daughters of alcoholics had a
higher rate of alcoholism when compared to the general
population (4% vs. .01%), but then so did adopted-out
controls.

This startling propensity toward alcoholism,
whether transmitted genetically or environmentally, has
become one of the most well-established findings in the
study of the alcoholic's offspring. Cotton (1979) made
an exhaustive review of the literature on this issue,
reviewing 39 studies that compared a total of 6,251
alcoholic families with 4,083 non-alcoholic families
covering the last 40 years. It was found, on the
average, one-third of any sample of alcoholics will have
at least one parent who is alcoholic. In every study
the incidence of alcoholism was higher in families of
alcoholics than families of non-alcoholics. Further-
more, alcoholics were more than twice as likely than

psychiatric patients and six times more likely than nonpsychiatric patients to report an alcoholic parent.

The 1977 study by Goodwin, et al., found that daughters of alcoholics raised by their alcoholic parent exhibited clinical depression significantly more often than controls. This study lent credence to an environmental basis for depression in daughters of alcoholics. It was discovered daughters of alcoholics raised by adoptive parents were no more depressed than controls.

A study by Winokur (1970) corroborates these findings. Sons and daughters of 259 alcoholic probands were studied and it was found that the sons exhibited an increased propensity for alcoholism and the daughters manifested more affective disorders. Interestingly, the morbidity of the affective disorder increased significantly when the daughters had an alcoholic mother.

A clear but limited pattern has emerged from this group of studies: Sons of alcoholics have a significantly higher incidence of alcoholism and this phenomenon appears to have a hereditary basis that becomes more pronounced with the severity of the alcoholism in the parent, daughters of alcoholics are more likely to manifest a depressive adult response to the world, and marital problems are significantly more in attendance

for both male and female offspring.

Although the empirical studies on the adult offspring of the alcoholic have succeeded in tracing a pattern for both the daughters and sons, the scientific literature has, until recently, virtually ignored the experiential life of the subjects as well as the non-psychiatrically labeled dimensions of their personality. Some interesting information based upon clinical impressions has come out of the Stanford Medical Center Alcohol Clinic and begins to fill in this gap.

Stephanie Brown and her associates (Brown & Cemak, 1980) at the Stanford clinic have found there is a "good kid" syndrome common to the children of alcoholics. They tend toward over-achievement and becoming model children and adults as a compensation for the parental alcoholism. Brown also has observed the adult offspring of the alcoholic to have problems with expressing anger and sadness along with a tremendous emphasis on control. Problems with intimacy are common. Often, the adult offspring see themselves as responsible for the drinking of their parent, believing it was their fault. It is hard for them to give up the myth that there is something they can do to prevent the tragedy of their alcoholic family situation. Often they

become rescuers. They learn how to "manage" the reactions of others rather than to predict the consequences of their actions. Because there is so much denial in the family, these adult offspring have little trust in the validity of their own feelings.

Conclusions

It is probably gratuitous at this point to say very little can be stated with certainty regarding the psycho-social development of the child of an alcoholic. Methodological flaws abound in the studies, confusion reigns as to what exactly constitutes alcoholism in the parent, and rarely is there a consensus or even a coherent theory to help us make sense of the often diffuse and contradictory findings.

In the area of research on the child of an alcoholic, only a few meaningful themes have emerged. Having an alcoholic parent is predictive of a low self-concept or lowered self-esteem in the offspring, a condition that is first noted when the child is in elementary school and continues through adolescence. The children are viewed, mostly by their mothers and teachers, as troubled in their early school years, acting out their conflicts in socially disruptive ways. By late adolescence and young adulthood a pattern

emerges that distinguishes the female from the male progeny in the manner in which conflicts are handled: The females tend to internalize conflicts, manifesting moodiness or depressive types of reactions; male off-spring tend more to externalize conflicts, acting them out in a pattern of identification with the alcoholic father.

This bleak picture of the child of an alcoholic as a self-devaluing depressive or sociopath is contrasted with the growing body of clinical-descriptive literature that has found the ACA to adapt to their developmental traumas by becoming model children and adults -- pleasing others, acquiring a heightened sense of responsibility, becoming quietly withdrawn.

The development of the self in the ACA has not been specifically addressed in the literature. However, issues pertaining to the narcissistic development of the ACA have been viewed resulting in the following cogent, albeit impressionistic, portrait of the child growing up in the alcoholic family: The alcoholic home is characterized by inconsistency in role assignations and unpredictability. The child in such a home often experiences feelings of hopelessness and powerlessness (Ackerman, 1978). Fears of abandonment are common (Homonoff & Stephen, 1979). In such a state of need deficit, the

child is forced into becoming a "reactor", vigilantly
scanning his/her untrustworthy environment for survival
clues (Brown & Cemak, 1980). These children either
survive by adopting various adaptive roles, often
assuming parental roles (Nardi, 1979), or expressing
conficts through behavioral problems. The alcoholic
family doesn't provide nourishment for the development
of a healthy and firm self, and as a result, the
children of alcoholics suffer from low self-esteem and
an infirm self-concept.

The elements of this portrait -- specifically
the "parentification" of the child and the problems of
the self -- will take on greater meaning later when they
are discussed in light of the theoretical conclusions of
the present study.

The most striking thing about this field of
study is its considerable lack of consensus. Given this
disarray, it is also striking that only a minimal number
of researchers have systematically investigated the
experiential life of the ACAs themselves. It is
suggested here a respect for the phenomenology of the
ACA in a rigorous empirical study could add a great deal
to the understanding of this maligned population and
bring a theoretical cogency to the subject that is cur-
rently lacking. This is the intention of the present

study.

The next chapter will discuss the general issues of phenomenology, both as a science and as a methodology. The three specific models of phenomenology that contribute to the author's methodology also will be discussed.

Chapter Three will detail the phenomenological method developed by the author as well as report on the procedures as they were utilized in this study.

Chapter Four will explicate the theory that was derived from the analysis of the data and will thus serve as the discussion portion of this dissertation. Because the theory that emerged focuses upon the vulnerable self of the ACA, the perspective of self psychology will be used to elaborate the findings.

Chapter Two

PHENOMENOLOGY: SCIENCE AND METHOD

Before the methodology for this research effort is detailed, a general discussion of the phenomeno- logical method will be offered. Initially, a justifica- tion of phenomenology as a viable empirical science will be presented. The two purposes of the phenomenological inquiry -- explication of meaning and generation of theory -- will be discussed. After that, a differentia- tion between existential, Husserlian, and cognitive phenomenology will be made. Husserl's method and a model of human cognitive processing (Beck, 1976) will be considered in greater detail: Husserl because his is the seminal work in the field and Beck's model because, in the author's view, it provides a particularly elegant access to the explication of meaning and structure for the present study.

Next, the issues of reliability, validity and sampling will be discussed as they pertain specifically to this phenomenological study.

Phenomenology as an Empirical Science

Phenomenology as a coherent discipline began with the work of Edmund Husserl. He found that logic,

which purports to deal with meaning, had been inadequate in understanding this phenomenon because it refused to incorporate the subjective way of knowing: the fact that the human confers meaning upon the world (Poole, 1972). Husserl's work was a refutation of the Cartesian-Newtonian model of the human which, by virtue of its positivistic perspective, substitutes a mathematized abstraction for the lived experience of the world -- emotion, perspective, and all that is subjective and primary to the human experience.

The existential philosophers Kierkegard, Heidegger, and Sartre all contributed significantly to the expansion of Husserl's concept of subjectivity and meaning. In their view, meaning is not just a psychic fact inherent to the human; the person is active in the process of conferring meaning. The person, through each act and choice, affirms a value and speaks to a future which is intended, the meaning of which can be known reflectively. The person, therefore, not only confers meaning upon the world by the way that s/he constitutes it, or sees it, but also through his/her actions and choices. Thus, the existentialists have brought phenomenology into the "ethical sphere" (Poole, 1972) by claiming the person as an active and responsible author in the creation of his/her world.

Cognitive psychology is a more recent school of thought which uses a phenomenological perspective. Here, the focus is on how people cognitively transform their experiences, ascribe meanings to them, and structure their unique view of the world through sets of experientially derived pre-reflective rules. Cognitive phenomenology uses an information processing model that proceeds on the following premises: One, behavior and emotions are based upon how the person interprets the meaning of all experience; two, these idiosyncratic interpretations are based upon structural rules; and three, these rules or structures of experience can be discovered through reflective attention (Beck, 1976).

Phenomenology, as a subjective-descriptive science, stands in stark contrast to traditional science which is "objective" and explanatory. Traditional science takes an <u>attitude</u> toward the human, derived from the Cartesian philosophy, which sees the person as an analogue of objects in the natural realm which are fixed and finite and thereby measurable. The traditional scientist's claim to objectivity is, therefore, an attitude toward reality, one that has been subjectively chosen and collectively affirmed as a value (Romanyshyn, 1978).

The phenomenologist adopts a different attitude

toward science. Abrogating a view of the world that is objective and, therefore, measurable by standardized tests, the phenomenologist views the person as a free consciousness participating in the meaningful construction of his/her world. The only truth is the individual person's subjective truth. The world exists and takes on meaning only in terms of how the person views it.

Another question that often arises in issues of research is that of empiricism. Giorgi (1970) states: "To be empirical does not necessarily mean to follow the methods of experimental science, although it is sometimes interpreted in that light today" (p.27). The Random House Dictionary of the English Language (1968) defines "empirical" as: "derived from or guided by experience or experiment" (p.434). Husserl founded phenomenology as a "radically empirical" science and claimed it to be so because what it first dealt with was experience (Ihde, 1977).

Another difference between traditional science and phenomenological science is the reliance upon quantified data versus qualitative data. The use of quantitative measures is the way traditional psychology satisfies its claim to empirical rigor. But, as Romanyshyn (1978) so lucidly points out, the difference is crucial with regard to the intended product of the research:

> Numbers . . . provide the neutral con-
> text of meaning which in fact allows
> psychology to abstract a phenomenon
> from its given context of meaning.
> Although this is not the only way which
> psychology achieves this abstraction,
> it is still true to say that measure-
> ment generally substitutes for meaning
> in psychology. (p.45)

If the meaning of an experience is the aim of a study, as it is in this one, then quantification of the data is clearly not in its best interest. It only makes sense that the methodology should service the kind of knowledge being sought instead of the other way around. The purpose of this study is to generate a theory about the meaning of the experience of being an ACA and phenomenology provides the most valid empirical method of science to further this aim.

The Phenomenological Method

The phenomenological method, in this author's view, is a process of research that involves two aims: one, the experiencing subject and the phenomenologist, acting as co-researchers, explicate the meaning and structures (or constructs) of the subject's lived exper- ience through description and reflection; and two, the phenomenologist inductively generates a theory grounded in the data -- the constructs of each experiencing sub- ject -- in order to discover the invariant archetypal

theme of the experience under question.

The Explication of Meanings and Structure

Phenomenological psychology centers itself upon the belief "that it is always man who interprets, who assigns meaning and that is the gist of the matter for psychology" (Jung, 1966, p.44-45). In the phenomenological scheme of things, the way in which the person construes or interprets and signifies his/her world and the way s/he thematically structures that world in accordance with those interpretations are the base-line data for understanding the human experience. The phenomenologist sees the person as a free consciousness capable of structuring meaning through the process of intentionality. This view of human experiencing is the conceptual core of the phenomenological method and what makes the fulfillment of its aims possible.

By taking such an "attitude" toward scientific inquiry, the researcher in this study is removed from the onerous and probably impossible task of trying to prove that whatever is found to exist for the ACA was caused by the alcoholic parent. Unencumbered by the why, the elucidation of the what and how of this population is more accessible. As a result, the researcher has a clearer and more direct path to the who (Ihde,

1977).

This path, which is made clear by bracketing out any concerns with causality and "objective" truth and thereby allowing the phenomena to make its appearance as an appearance, leads the phenomenologist to the meaning of a person's experience and by that route, to an understanding of how the subject structures his/her experience in the world. In the phenomenological view, the person structures his/her world instead of being structured by that world. This difference in point of view is crucial.

The structure of an individual's experience, his/her perspectival reality, when thematized, becomes a "profile" (Poole, 1972) of that person's subjectivity. When these profiles are viewed in a series and compared in terms of differences and similarities, an archetype of the experience in question will be found. The terms structure and archetype are essential to the method of this study and need to be clarified further.

By structure, the author is referring to the way in which an individual structures a particular experience, the particular angle or perspective from which s/he views the phenomena of his/her world. Poole (1972) suggests that in the forming or structuring of a world, the issues of gain and loss, hope and fear, and

existing belief systems bring coloring and shaping to bear on these structures. Structures, then, are the individual perspectives, colored by feelings and shaped by cosmologies, that form the individual's experience.

By archetype, the author is referring to the universally known, collectively held models of human experience. Therefore, what is invariantly thematic throughout the profiles of the different subjects will inform the researcher of the archetypal experience.

Valle and King (1978) explain these concepts by drawing an analogy to a mineral crystal. The crystal would appear to take on many different shapes and properties depending upon the angle, intensity, and color of light striking the surface. These various reflections and appearances, when combined, will reveal the crystalline structure. And when these individual crystalline structures are compared to other structures, a model or archetype of a mineral crystal will become known.

Thus, as Valle and King contend, the task of the phenomenologist becomes one of disclosing the nature of structure in the form of psychological meaning. By knowing what phenomena appear to the subject as well as how they make their appearances, we can know reflexively the originally enigmatic subject. (Ihde, 1977)

Intentionality, itself an invariant structure of experience, is the process by which a person is able to structure his/her world in a meaningful fashion. According to the phenomenological view, we know the world through our intents, by the very act of turning our mind toward an object and apprehending it. Through these acts of intentionality, we form a dialectic with the world in which meaning results (Ofman, 1976). Intentionality, therefore, is the uniquely human power to confer meaning upon the world (Poole, 1972).

In that meaningful dialectic that is created through intentionality, the person not only confers significance and value of some sort upon the objects that s/he apprehends, but refers meaning back upon him/herself. As Ihde succinctly puts it: "His seeing confirms him and his metaphysics" (p.38).

The phenomenologist, liberated from any philosophical commitment or concern with idealism or realism (whether a psychological event is an idea or a "real" fact), is free to pursue the questioning of the meaning of experience. For the phenomenologist, experience is "the conversation between an embodied intention and the world as meant and intended" (Romanyshyn, 1978, p.27). Thus, the full range of human behaviors, cognitions and affects -- the "embodied intentions" -- form a dia-

lectical relationship with a signified world and, because of this, reflect for observation the <u>meaning</u> of the otherwise "private" experience.

The Generation of Theory

The first phenomenological aim of this study -- that of elucidating the meaning of experience -- was covered in the preceding section in terms of its philosophical underpinnings. We now turn to the second phenomenological aim: that of generating a substantive theory of the ACA.

The generation of theory takes many forms and can be categorized in various ways: i.e., systematic vs. speculative (unsystematic), inductive vs. deductive, and phenomenological vs. logical. The theory generation process that will be employed in this study is systematic-inductive-phenomenological.

Traditional science employs the logical-deductive process, beginning with a priori assumptions and making logical deductions from there to the person. An example would be the psychoanalyst who assumes a theory of thanatos and then deduces death wishes. Another example would be the behaviorist who sees all human behavior in terms of conditioning. In these cases, the person becomes the "logical" deduction

of a stereotype. A phenomenological-inductive theorist, on the other hand, begins with subjective data and from this ground builds up or induces a model of the person.

The generation of theory can be contrasted with the verification of theory. Most psychological science deals with verifications or the provisions of proofs. In fact, this could be said to be the purpose of the experimental method. The purpose of the phenomenological method is different and in this difference, more in accord with the goal of generating theory. Strasser (1977) describes the phenomenological method as "a certain revelation of an archetype" and then goes on to explain:

> There is no absolute guarantee that among the innumerable possible modifications of an Eidos all typical forms will be discovered. A phenomenological typology can thus raise no claim to a priori completeness. Such completeness is, to be sure, also not its unconditional goal. The attempt of phenomenologists is simply directed to clarifying an archetype in a sufficient way, through the exhibition of some of its typical expressions. (p.324)

It is also important to note that generating theory is a different process than verification of theory. There is no argument here on the appropriateness of the experimental method of science for verifying theory. But it is arguable which method best serves the

process of generating theory. It has been contended that most valid science inductively produces theory and that often the scientist's theory that is eventually laid out for testing was generated through intuition, an introspection of the available data and an intentional subjectivity that focused his/her interest on the question in the first place (Larkin, 1979; Van Kaam, 1966).

The approach used in this research effort elevates the induction of theory to a rigorous empirical method instead of ignoring it. By concentrating on generation of theory, the end product is a systematic and carefully produced theory that has been presented in a scholarly fashion.

Three Ways of Phenomenological Knowing

The "knowing" of the person is accomplished phenomenologically through reflection upon a person's perspectival reality, purposeful action, and process. Although phenomenological inquiry takes into account all three, the different schools of psychological phenomenology currently operating tend to focus on one aspect as the primary means for accessing the signifying structures of experience. Traditional Husserlian phenomenology focuses upon the subject's perspective on objects

in his/her world. Existential phenomenology looks to human action as a meaningful reflection of human intents. Cognitive phenomenology looks for meaning in the cognitive processes of its subjects.

<u>Husserl's Method of Phenomenological Reductions.</u>

Husserl produced a method of phenomenological reduction which will be described here as interpreted by Ihde (1977). Husserl's phenomenological reductions were the "hermeneutic rules" (rules of interpretation) that were used to provide the shape of the inquiry.

The first level of inquiry is called the <u>epoque</u>, or the specification of the field. First, the observer is instructed to attend to the phenomena as they appear to the experiencer without regard to whether or not they actually exist and without regard to how they causally effect the experiencer.

According to Husserl (1952):

> If I do this, as I am fully free to do,
> I do not then deny this "world" as
> though I were a sophist, I do not deny
> that it is there as though I were a
> sceptic;   but   I   use   the
> "phenomenological"   <u>epoque</u>,   which
> completely bars me from using any
> judgement that concerns spatio-temporal
> existence (dasein). (p.100)

Only these appearances given in all of their mundanity and self-expression are accepted as evi-

dence. Secondly, the observer is instructed to include only description of these appearances and to exclude all explanation.

The third operation of the epoque is to horizontalize or equalize all immediate phenomena. In other words, consider all phenomena as equally real. The suspension of judgment regarding metaphysical concerns is still in effect until all evidence is in.

The second level of inquiry in Husserl's method is the discovery of essences. The fourth hermeneutic rule is to seek out structural or invariant features of the phenomena. This is called by Husserl the "eidetic reduction" (Husserl, 1952). Commonalities and universals are sought through the active probing of repeated patterns. This probing is accomplished in Husserlian phenomenology through the variational method. Systematically the phenomenologist seeks out as many examples and variations as is necessary to discover structural features.

The third level of inquiry is directed toward discovering the significance of phenomena. Through the concept of intentionality, which determines the "directional shape of experience" (Ihde, 1977, p.41), the phenomenologist is able to move from the "what" of experience to the "how" of experience, and ultimately to

the "I" or "who" of the experience. This final stage of phenomenological reduction is accomplished through the reflective mode or, as Ihde puts it, the reflexive move.

The reflexive move means intentionally reflecting back upon experience for the purpose of thematizing it. Intentionality is still the rule in reflective thinking as it is in pre-reflective experience. In the latter, the object or intention is the project-in-the-world toward which our being is directed or intended, as when we are engaged in the act of driving a car. In reflective thinking we reflect back onto yet another object, the experience itself. We look at, for example, the process of driving a car. The final reflection is upon the experiencing subject, the driver of the car. In phenomenology, the person is not known directly or taken as self-evident, as in introspective analysis, but known reflectively, through the prescribed analysis and retrogressive questioning of what the subject experiences and the process of his/her experience.

Existential Phenomenology

In this particular purview, as explicated by Ofman (1976), behavior can only be understood as an expression of its intention. The intentionality of the

behaviors can be known by reflection, by viewing them as an emergent pattern. As such, they can be viewed as a project that the person adopts for his/her relationship with the world, one that projects the person forward and speaks of his/her basic intentionality. May (1969) summarizes these points thusly:

> You cannot understand the overt behavior except as you see it in relation to, and as an expression of, its intention. Meaning has no meaning apart from intention. Each act of consciousness tends toward something, is a turning of the person toward something, and has within it, no matter how latent, some push toward a direction for action. (p.230)

The existential-phenomenologist places experience firmly in the world and thereby prevents it from being an irretrievable subjective or solipsistic event entrapped "within" another. Experience is visible to the keen observer through a person's actions and commitments in the world. And, because all humans live in-the-world, we have an indirect kind of intuitive access to the experience of another. "Experience is visible, then, for the other because your experience and my experience meet 'in' the world as a world" (Romanyshyn, 1978, p.35).

Knowing others phenomenologically through an intuitive understanding of their perceived world and by

their reported actions is, by itself, inadequate. A
dialectical procedure must be instituted in order to
bring the person's subjective reality into full
relief. This means, in effect, bringing in the subject
as a "co-researcher" in the quest for meaning. To not
do so would be to "infer" meaning from experience based
upon some a priori theory of human behavior. According
to Romanyshyn (1978), the existential-phenomenologist
"interprets" meaning from the lived-experience of the
subject, treating behavior as a meaning to be read:

> Infer means "to bring into", while inter-
> pret means "agent or negotiator." Thus
> it can be said that the interpreter is an
> agent of meaning, and/or that the meaning
> of observed behavior is an act of negoti-
> ation. Since, however, negotiation
> actively involves at least two parties,
> the interpretation of behavior indicates
> a stance in which meaning occurs between
> the observer and the observed. (p.30-31)

Cognitive Phenomenology

For the cognitively oriented phenomenologist,
meaning is encased in a cognition -- a thought or an
image. And, because cognitive phenomena are easily
identified through introspection, they may be readily
investigated (Beck, 1976). According to the cognitive
psychology point of view, the internalization of
experience follows an information processing model in
which external stimuli are interpreted according to

"rules" or constructs the person has developed through experience with the world. These rules are what underlie action and affect for the individual.

Cognitive psychology does not normally identify itself with the phenomenological movement yet, nevertheless, it finds congruity with the traditional focus of phenomenology which is upon how the individual structures his/her world.

In Hall and Lindzey's (1970) discussion of the central position of motivation in the existential-phenomenology model, they state that motivation presupposes an understanding or misunderstanding -- a cognition -- of cause and effect and that this cognition provides the person with a purpose or motive. They offer Medard Boss' example of a window being closed by the wind as opposed to a person. The wind causes the window to shut, but a person is motivated to close the window because s/he desires comfort and, with this purpose in mind, understands that if s/he closes the window, s/he will have comfort (his/her cognition of the cause-effect relationship). Thus, even for the existential psychologist desire and purpose (key concepts in their model) are fundamentally related to a cognition of how the world works for that person.

Beck (1976) also speaks about the importance of

"anticipations" in influencing action and feelings. Beck's statements concur with Poole's (1972) contention that "we select and arrange our phenomena in accordance with our deepest fears or ambitions or both" (p.120). When Beck speaks about the use of "rules" to structure a framework for understanding one's life situations, determining the meanings of stimuli and events and guiding conduct, he is congruent with the existential idea of "cosmology". Ofman (1976) defines this term as:

> That system of basic perceptions and the hierarchical organization of assumptions, assertions, and conceptions which culminate in a person's belief system, his view of how the world is, and of how he must be in that world in order to accomplish his major projects. (p.38)

Both cognitive and existential phenomenologists look at how persons structure experience and how they determine meaning. The major difference between the two schools of thought is the focal position given to cognitive processes versus interpersonal action. The constellation of experiential structuring, meaning attribution, and action is the same for both.

Beck (1976) provides a model for how the cognitive psychologist views this constellation. It will be detailed here because of its central place in the methodology developed for this study.

In this model, the processing of experience follows this sequence: 1) apprehension by the subject of an event or stimuli (the experience, which can be from external stimuli or an internal stimuli); 2) the interpretation of that experience; 3) an emotional or feeling response; 4) a general rule (or construct) leading to this interpretation/emotional response; 5) a self-instruction for action; 6) the action or behavioral response; 7) a general rule (or construct) leading to this self-instruction/action.

Beck offers the following example of two students (Miss A and Miss B) who were carrying on a conversation during a seminar. The instructor, in a casual manner, told them both that if they had anything to say to share it with the rest of the class or else be quiet. Miss A took action by criticizing the instructor; Miss B acted by remaining silent.

> The contrasting responses of these two girls can be understood in terms of different rules they applied in interpreting the situation and then in guiding their overt responses. Miss A interpreted the teacher's remark as "He is trying to control me. He is treating me like a child." Her emotional response was anger. The general rule leading to this interpretation was: "Correction by authority figures = domination and belittling." Her self-instruction was: "Tell him off." The rule behind her retaliation was: "I must get even with people who

> treat me badly. Miss B's interpreta-
> tion: "He has caught me doing something
> wrong. He will dislike me from now
> on." Emotion: shame and sadness.
> Rule: "Correction by authority =
> exposure and weakness, fault
> inferiority. Being corrected =
> disapproval." Self-instruction: "I
> should keep my mouth shut." Rule: "If
> I am quiet, I am less offensive."
> Also, "Being quiet will show I am sorry
> for my offensive behavior." (pp.43-44)

To reframe Beck's formulations of the proces-
sing of experience in more phenomenological terms: Steps
one (stimuli or event), three (emotional response) and
six (behavioral response) are all in-the-world
experiences and these pre-reflective events can be
reported or described by the subject with an easily
accessible level of reflection. They form the "what" of
the subject's experience. Steps two, four, five, and
seven (interpretations of event, construct leading to
emotional response, self-instruction, and construct
leading to action) constitute the internal processing or
structuring of experience and thus form the "how" of the
subject's experiencing. Access to these internaliza-
tions requires a more profound level of reflection on
the part of the person.

Beck (1976) uses the technique of refocusing
upon "automatic thoughts" to access this information.
Clients are instructed to focus back upon the chain of

thoughts that occurred just prior to their emotional and behavioral responses. By training subjects to reflect upon what is otherwise pre-reflective cognitions and then report them to the researcher, the explication of meaning and structure, which would otherwise remain implicit, is accomplished.

Research Issues and Phenomenological Inquiry

Three general issues common to all research endeavors -- reliability, validity, and sampling -- will now be discussed in terms of how they apply to the present phenomenological inquiry.

Reliability

Reliability means "roughly the extent to which different investigators using the same data collecting instrument on the same population will agree with the results" (Diesing, 1971, p.146). This concept implies the ideal of an impersonal, automatic investigator. Phenomenology is not automatic and impersonal; it is subjective and personal. The relationship with the subject provides the researcher with one of his/her most important sources of understanding the phenomenon. Therefore, reliability, a construct so crucial to logico-deductive science which seeks provisional proofs is not a factor in phenomenologico-inductive science

which aims at generation of theory.

Validity

This issue is as important in phenomenological research as it is in traditional research but it takes on a different weight as, once again, the aim of the research is generation of theory, not verification of it. Traditional science typically attempts to ensure validity by isolating natural processes from their context so that extraneous variables can be controlled and the phenomena can be described and explained mathematically (Romanyshyn, 1978). A phenomenological researcher does not want to remove a phenomenon from its context because to do so would neutralize the meaning of the phenomenon and thus sabotage the inquiry's main goal.

However, an appropriate and necessary question to be asked is whether or not the phenomenological descriptions are valid; whether they are true and accurate descriptions of the phenomenon. This question is especially important because the validity of the theory that results is dependent upon being informed by valid information. Although, as Diesing (1971) claims, the phenomenological inquiry "need not be concerned with the atomistic validity of an isolated test response or pro-

file predicting a single character trait or attribute" (p.147), the phenomenological inquiry does need to be concerned with the more general issues of validity. In the present study, the assurance of validity was accomplished in the following two ways:

First, a type of validation Diesing (1971) terms "contextual" was employed. Actually, it is a form of validation that is inherent to phenomenological process of research as prescribed for the present study. Validation of the phenomenological descriptions of the individual subject was carried out inter-subjectively by comparing different examples of the subjects' reported psychological and behavioral processes and finding the essential agreement among them. When the different descriptions all converged on the same themes and a pattern of invariant constituents was replicated, then the theory could be said to be validated (Van Kaam, 1961).

Another kind of validation was built into the procedures of this study. As suggested by Colaizzi (1978), it is a particularly phenomenological form of validating as the subjects themselves were asked whether or not the explicated description of their experience was accurate. Only when the subject deemed the descriptions valid were they considered to be so.

The preceeding discussion focused on issues of internal validity. External validity, which asks the question of generalizability, is more limited in this study. Because this research effort aimed at generating theory and not verifying it, this issue takes on less importance. No control group was employed and subjects were not chosen from a random sample. Subjects were chosen because of their abilities to reflect upon their psychology and provide the kind of data that was needed for a phenomenological study. Therefore, no secure statement of generalizability can be made beyond the 17 subjects participating in this study.

Sampling

In phenomenological research there are no pre-set guidelines or procedures for determining the sampling of subjects (Larkin, 1979). Glaser and Strauss' (1967) concept of _theoretical sampling_ best explains this idea: Subjects are systematically selected for their theoretical relevance to the emerging theory. The sampling process, therefore, is controlled by the theory as it develops. This can be contrasted with the more traditional approach where some pre-established sampling procedure is used to control the developing research product.

Glaser and Strauss suggest beginning with subjects chosen for their similarities in order to generate the core theoretical framework. Once the core of the theory has been accomplished, the researcher should seek to maximize differences among subjects in accordance with the developing theory. This allows the researcher "a more powerful means for stimulating the generation of theoretical properties once his basic framework has emerged" (p. 57).

An important question related to the issue of theoretical sampling is: how many subjects are necessary? Glaser and Strauss' (1967) concept of theoretical saturation was used as the criterion to make this decision in the present study. This concept means that the cessation of sampling occurs when no additional data are being found that extend the properties of the various themes of the theory. When the researcher determines s/he has sought out as much diversity of data as possible within the confines of the substantive theory area being developed and is discovering no new patterns or elaborations of patterns, then s/he can be "empirically confident" the theory has been saturated.

Conclusions

All phenomenological manner of inquiry could be

described as an investigation of human consciousness through description and reflection. Combining the various strains of phenomenology discussed in this chapter, the following statement can be made about human experiencing and the study of it: Experience is lived in the world and pre-reflectively; in order to understand the intentionality of this lived experience, the meaning it has for the person, and the manner in which s/he characteristically constructs his/her experience in the world, one must redirect his/her intentionality toward a different object -- the experience itself -- by adopting the reflective mode. In this way, the two major questions of phenomenological inquiry are answered: the what and the how of experience.

As Beck (1976) has noted, a person's internal processing of experience may vary according to circumstances but will generally be found to have the same themes. A phenomenological analysis of an individual's consciousness seeks out these themes, searching out where they converge and agree at more essential levels. When these individual thematic descriptions are combined with the phenomenological descriptions of other persons who have shared the same originating experience (being the child of an alcoholic parent, as in the present study) and agreement and convergence are found

at the most essentialistic level, then a theory has been generated that describes the archetypal theme of that experience.

The principles and methods discussed in this section have been utilized in the methodology designed by the author for the present study that will be presented in the next chapter.

Chapter Three

PHENOMENOLOGICAL RESEARCH PROCEDURES

The last chapter discussed the phenomenological method in general with a focus on three specific models of phenomenology. Husserlian, existential and cognitive phenomenology were discussed because they influenced the author's methodology which is detailed in this section.

Husserl's phenomenological method provided the "directional shape of the inquiry": horizontalizing all data, discovering essences, and explicating meanings. Existential phenomenology emphasized the importance of action and intentionality, concepts that brought into focus the way in which the ACAs protect their vulnerable selves. And Beck's model of cognitive processing provided a practical method by which the researcher could access the phenomenology of the subjects.

This chapter will describe the step-by-step procedures designed by the author for the phenomenological analysis of data and the derivation of a theory describing the ACA's psychology. The aim of this chapter is to provide a clear and concise representation of the method so other researchers wishing to pursue a phenomenological inquiry can do so using these procedures. A report of how these procedures were utilized

in the present study is also included so the reader can get a clearer view of this method in practice.

Following this, an example will be offered that will show an actual enactment of this method with one of the subjects.

Procedures

The author's methodology will be presented in six phases: collection of data, reduction of data, co-researching the data, reflection on origins, generation of theory, validation of the themes, and explication of the theory.

Collection of Data

Before the actual theoretical sampling procedure began, everyone in the author's subject pool (which was developed through referrals from clinicians in the Los Angeles area) was given a questionnaire which had been designed to elicit information that would be used to guide the theoretical sampling: age of subject, gender of subject, years of education completed, number and ages of siblings, age and occupation of parents, marital status of parents, socio-economic status of family, ethnic background, which parent is alcoholic and the criteria used by the subject to ascertain this status, and the quality of the relationship with both

parents.

Each subject was given a booklet of 5x7 index
cards along with the following instructions:

> For one week, at a set time each day,
> describe your significant experiences
> encountered during that day. Write a
> separate card for each experience and
> be sure and include in your descrip-
> tions the following three things: One,
> what happened; two, how you felt about
> what happened; and three, what you did
> in response to what happened.

These instructions were kept intentionally
spare so as to allow for the free reign of the person's
phenomenology. It was important each individual sub-
jectively decide which of their experiences were "sig-
nificant" and not be entrapped by the author's
objectively imposed criteria.

The subject was instructed to return this
experience journal to the researcher at the end of the
seven day period. An interview with the subject was
then scheduled.

Using theoretical sampling as a guide, this
research effort began by sampling subjects who consti-
tuted approximately "parallel cases" (Deising, 1971) in
terms of their important personalogical variables. The
importance of these variables had been determined by the
review of the literature presented in Chapter One. They
are socio-economic status of the family of origin, and

the affective relationship with the mother when the father is the alcoholic.

Thus, for the initial sampling group, it was decided to sample two females ("Jan" and "Liz") and two males ("Ted" and "Moe"), all of whom had an alcoholic father and a positive relationship with a non-alcoholic mother. These four subjects, ages 31, 33, 30, and 37, respectively, all come from middle class families of origin and are themselves college-educated profes-sionals. The data collected from this group resulted in the first six themes which, in turn, comprised the core theoretical framework.

The task of the researcher then became one of maximizing the differences among the comparative groups and thereby maximizing differences in data.

The first variation in the theoretical sampling consisted of a male subject ("Bob", age 41) and a female subject ("Pam", age 41), both of whom had an alcoholic father and indicated they had a negative relationship with their non-alcoholic mother. They were both from middle class families of origin and were themselves college-educated working professionals. The next five themes (themes #7 through #11) emerged from this first variational group.

The second variation group of subjects con-

sisted of one female ("Sue", age 41) and one male ("Dan", age 41) who also had an alcoholic father and a negative relationship with a non-alcoholic mother. However, these subjects came from a lower socio-economic class family of origin and were themselves (recovered) alcoholics. Two themes, #12 and #13, emerged from this sampling group.

The third variation group consisted of three subjects who had an alcoholic mother. All three came from a middle or upper-middle class family of origin and indicated that they had an average to slightly above average relationship with their non-alcoholic fathers. The subjects in this group were: "Cat", age 31; "Ann", age 46; and "Ron", age 50. All three were college-educated, working professionals. The last theme, #14, emerged from this group.

The fourth variation group of subjects consisted of two females ("Joy", age 33; and "Fay", age 33) and two males ("Tip", age 34; and "Pat", age 31) who reported having both an alcoholic mother and an alcoholic father. Three of the subjects came from upper-middle class families of origin, one from a middle class family. All four were college-educated and working professionals. No new themes emerged from this sampling group.

A <u>fifth variation</u> group was added for the pur-
pose of checking to see if any new themes emerged. Two
subjects comprised this group: "Nan", age 37, had an
alcoholic father, an average relationship with her non-
alcoholic mother, and came from an upper-middle class
family. She is a recovered alcoholic and not college
educated. "Sam" is 34, from a middle class family, with
an alcoholic father and a positive relationship with his
non-alcoholic mother. He reported himself to be a heavy
drinker and has attended college. Both earn their
living in non-professional work. No new themes resulted
from this group.

At this point, 17 ACA subjects had been
sampled, no new themes had emerged in the sampling of
the last six subjects and the 14 themes that had emerged
were considered to be saturated.

Reduction of Data

Each subject's written material, his/her ex-
perience journal, was reduced by the researcher prior to
the interview in accordance with the following two
specified procedures:

1.) <u>Organize experiential descriptions into
categories</u>. This required the researcher review the
different descriptions while looking for redundancies.

In this operation, the researcher was "horizontalizing" all of the data, treating each described experience as equally real while at the same time, "shuffling the cards" in order to find contiguities among the phenomena.

The researcher critically reviewed the grouped descriptions in order to discover any deeper structural elements that unified the subject's perspective (how s/he feels about his/her experience) and process (how s/he typically interacts with the content of his/her experience). In this operation, the researcher was attempting to understand the diversity of the data by seeing the characteristic ways the subject structures experience in his/her interpersonal enactments. This reduction was accomplished by looking for points at which different descriptions agreed on a more essential level and required moving to a greater level of generality. However, by making this move, the researcher was cautioned to remain closely connected to, and grounded in, the available data.

2. <u>Reformulate the data into a series of paradigms</u>, the structure of which is in accordance with Beck's (1976) model of cognitive processing presented earlier. The paradigm had the following structure:

1. Stimuli or event:

   *2. Interpretation:

    3. Emotional response:

   *4. Emotion construct:

    5. Action:

   *6. Action construct.

The information for numbers one, three and five were provided by the data already collected, organized and reduced and was written onto the paradigmatic forms prior to the interview. Steps two, four and six (*) were left blank, the information to be provided by the collaboration between the subject and the researcher that took place in the second interview.

A total of 78 paradigms were generated from the experience journals of the 17 subjects.

Co-researching the Data

The scheduled interview was considered to be a working session in which the subject and researcher interacted as co-researchers in order to explicate the meaning and constructs of the subject's experience. There were three crucial aspects to this interview:

1. Validate the paradigms. The researcher presented the paradigms to the subject and asked if they were accurate descriptions of his/her experience. If the subject validated them, then they were considered to have validity and the session proceeded. If the subject

questioned their validity, the researcher worked with the subject to reformulate the descriptions until the subject deemed them accurate.

2. <u>Instruct the subject to reflect</u>. Using a didactic approach, the researcher informed the subject about the difference between pre-reflective thought and reflective thought. Beck's (1976) concept of "automatic thoughts" was useful here. These are the chain of thoughts that occur automatically, or pre-reflectively, preceding or posterior to experiential events. These automatic thoughts are seminal to our emotional and behavioral responses. Once this concept was fully understood by the subject, s/he was instructed to focus back (reflect) on what went through his/her mind during the experiential sequences s/he had encountered.

3. <u>Explicate the meanings and constructs</u>. Using the reflective mode, the researcher and subject worked together toward what Beck calls "filling in the blanks." This was done literally as the subject reflected upon the experience (in terms of how s/he interpreted the events, what rules s/he applied to generate his/her typical emotional and behavioral responses to stimuli) and the information derived was written into the blank spaces on the paradigmatic forms.

The researcher also maintained a reflective

mode by reflecting the subject's expressed ruminations for purposes of clarification. The aim of this session was consistent with the rest of the analysis in that the focus was on retaining the integrity of the subject's phenomenal field.

Once each experiential paradigm had been completed, the subject was asked a second time to validate his/her data. If there was any question in the subject's mind regarding the validity of the material, the paradigms were revised until a clear statement of validation could be made. The researcher then carefully explained the procedure for the next step -- reflection upon origins -- and the interview was terminated.

Reflection Upon Origins

At the end of the interview with each subject, the researcher delivered Xeroxed copy of each of the subject's experiential paradigms stapled together with a blank form. This form instructed the subject to reflect upon memories from his/her original family situation that seemed connected to each paradigm and write them down.

This step presented the most difficulty for the subjects. Those who were unclear as to what to do were instructed to schedule a quiet, uninterupted time for

themselves, read over each paradigm and write down the first memories that came into their consciousness in association with these present-day patterns of experience. It was emphasized they did not have to analyze the memory for any logical causality. Five subjects indicated they were most comfortable in presenting their associations to original family material orally to the author.

Generation of the Theory

Once the completed and validated experiential paradigms and the origins were received from each of the original sampling group, the process of generating the theory began.

This was accomplished through the comparative method. This method uses the logic of comparisons and, in this respect, is similar to experimental and statistical methods (Glaser & Strauss, 1967). The aim was to compare each of the paradigms and attached origins serially, looking for differences and similarities. The theory expanded as differences among the subjects were noted and described at greater levels of generality and the emerging theory was intensified when similarities were noted. As Diesing (1971) states: The comparative method "provides a bridge between the variability and

uniqueness of a case and the generality of theory" (p. 184).

By reflecting upon the differences and similarities of each succeeding paradigm, underlying unifying structures that explained the richness and diversity of the data with greater elegance quickly emerged. These structures were viewed as __themes__ and given a label. The themes were revised, expanded, or diminished as new paradigms were reviewed and their information was woven into the fabric of the emerging theory.

The first theme to emerge was "conflict over meeting the needs of another." This theme was saturated fairly early. A theme was considered saturated when at least four subjects reported it and five paradigms reflected it. By the end of the theory-generation process, nine of the 17 subjects reported this theme with 12 different paradigms. The theme became clearer and more circumscribed as new paradigms showed up reporting the same theme and the information was utilized. For example, more definition came to the theme when it became apparent this conflict results when the ACAs see the other's need as conflicting with their own. Even further understanding was brought to this theme when childhood experiences of being pressed into meeting the needs of a needy parent were found to be consistently

attached to this present-day conflict for these 10 sub-jects.

The second theme -- "vulnerability to narcis-sistic injury" -- was the most densely saturated theme, with 20 different paradigms exampling it and 14 out of the 17 subjects reporting it. With such breadth and depth of saturation, this theme became the core of the emerging theory.

It also provides an example of how a theme was refined with the addition of new material. Originally, categories emerged that spoke to the issues of rejec-tion, disrespect, dependency on affirmation from others, self-esteem problems, etc. The categories became unweildly and a more elegant conceptulization was needed to make sense out of the diverse, yet structurally similar, data. Reconsidering the data thematically, the "vulnerability to narcissistic injury" concept became a way of unifying the data in question. The author referred back to the paradigms initially selected as pertinent of these issues to see if the new concept of narcissistic injury accurately described the original material. With the theme built into the emerging theory, newly considered paradigms came to light as manifestations of this theme.

With theme #2 entrenched into the theory and

the vulnerability of the ACA solidly exposed, it was decided to generate themes that specified other but related vulnerabilities. The next four themes generated did just that: theme #3, emotional distress over the exposure of one's vulnerable self; theme #4, vulnerability to the powerfulness of another; theme #5, vulnerability to abandonment; theme #6, vulnerability to another's anger.

The original sampling group of four subjects generated 31 paradigms between them. Nineteen of these paradigms were used in the generation of the first six themes. The remaining 12 paradigms from this group were set aside to be eventually used to support new themes that emerged later. Likewise, as the sampling procedure continued with the remaining five variational groups, new paradigms from these subjects that reflected the six themes comprising the theme's core were categorized appropriately.

At the completion of the sampling of each new group of subjects, the author would resume the theory generation process. He would review the paradigms of that group in serial fashion and look for where these new slices of data would reflect, intensify or expand the existing themes. When the new paradigms could not be placed within the established themes, then new themes

would be generated that could account for this new information. When a new theme emerged, previously used paradigms were considered again with regard to the new theme. In most cases, paradigms were used to support two themes.

When the first variational group's paradigms were considered, it became evident that information contained in the paradigms already considered and newly emerging information that did not fit into the first six themes appeared to be about how the ACA protects his/her vulnerable self. Therefore, new themes were generated that explained these protective actions and intentions. They were: theme #7, withdrawal; theme #8, withholding of difficult feelings; theme #9, pleasing others; theme #10, being aggressive; theme #11, willful control of self; theme #12, controlling others; theme #13, being heroic; theme #14, cognitively transforming reality.

At the conclusion of theme #14, all of the paradigms from the 17 subjects had been explained and categorized.

With such a huge bulk of data, the author needed to find a way to catalogue the information in a manageable form. <u>Theme charts</u> were utilized to accomplish this. This required the author to further

reduce the data, condensing the original verbiage in the paradigms into statements that retained the original sense of the subjects' reports and did not alter the meanings. These condensations of each paradigm were then transcribed onto the appropriate theme chart. These theme charts are presented in their entirety in Appendix A.

Once the theme charts for all 14 themes were completed, the author reviewed them and further condensed the information into a straightforward state-ment of the theory describing each of the themes. These statements will be presented at the beginning of the next chapter.

Validation of the Themes

A copy of the "statement of the theory" was sent to each of the 17 subjects. They were asked to respond to the themes for purposes of validation by marking a "2" if the theme was "consistently true" for them, a "1" if the theme was "sometimes true" for them, and a "0" if it was "seldom if ever true" for them. Furthermore, they were asked to make this decision for both their current life and their childhood past.

(The reader is asked to refer to Appendix B which provides a chart showing the specific validation

responses of each subject.)

Because this was a qualitative study, it would have been a spurious effort to use the validation responses in some kind of quantified measure of proof. Instead, the author utilized these responses descriptively in his explication of the theory.

Explication of the Theory

Once all of the subjects had responded to the themes, the author then turned to the task of explicating the theory -- explaining it with greater detail and developing its implications. The author's responsibility at this final stage was to reweave the 14 validated themes into a tapestry that accurately reflected this archetypal experience which was generated from and grounded in the experiential lives of the subjects. It was at this point the reported "origins" were considered and woven into the theory.

A second responsibility was to illuminate the results in such a way that they would provide insight to the clinician who may work with the ACA.

Because the themes came to focus on the self of the ACA, a self psychology perspective was chosen as the best way to accomplish these goals. The theory, entitled "The Vulnerable Self of the ACA", will be

explicated in Chapter Four.

An Example of the Method

Because of space limitations, it would be impossible to publish the phenomonological analyses of all the paradigms. This chapter will conclude with a presentation of one excerpt from the journal of Dan, the experiential paradigm that resulted from it, the origins, the condensed version of the information as published in the appropriate theme chart, and the subject's validation response. By providing this information, it is hoped the reader will have a clearer understanding of the step-by-step working-through process of the author's method.

Excerpt from Dan's Journal

> I pick my (non-alcoholic) mother up and we go to dinner at my aunt's house. The one hour drive is filled with our usual small talk with brief moments of my mother crying, saying she needs my help, needs me to tell her what she should do with my brother, my sister, her car, her plants. I'm angry. I don't give into her but force her to talk about something else.

Experiential Paradigm

Following is a reproduction of Dan's paradigm #1. Steps #1, #3, and #5 were filled in by the researcher prior to the interview, having been culled

from the journal excerpt quoted above. Steps #2, #4, and #6 were produced by Dan during the interview when he was asked to reflect back upon his pre-reflective cognitions regarding these events.

1. EVENT: <u>Visit with my mother. She expresses her need for me to parent her.</u>

2. INTERPRETATION: <u>This is really bullshit. She doesn't really care for me, love me. She knows her needs but not that I exist.</u>

3. EMOTIONAL RESPONSE: <u>Initially I am angry at my mother, then I become sad.</u>

4. EMOTIONAL CONSTRUCT: <u>I'm a non-entity. There is no Dan here; just my mother's self-object.</u>

5. ACTION: <u>Sidestep or change the arena. Talk about some subject that has nothing to do with the elicited emotions.</u>

6. ACTION CONSTRUCT: <u>This helps me get away from her, push her away.</u>

The Origins Connected to the Paradigm

Following is an excerpt from the associations to original family material that Dan provided for this paradigm:

> My mother always pets me a lot. She wants a whole lot of me. This is expressed with a real whiney voice. I can hear the need in there. When younger, I used to set up little trials or traps to test if she really loved me. She failed every time. So did my ex-wife . . . With my mother, there were always signals, never direct communication. I always had to be alert for meaning . . . I would have taken any kind of beating (which I did from my alcoholic step-father) to get my mother to acknowledge me in the world.

Condensation of Material into Theme Charts

Dan's paradigm #1 was seen as supporting Theme #1, "conflict over meeting the needs of another." The way this condensation appeared in Theme Chart #1 is as follows:

[Specifics] Interpretations	Feeling	Emotion Construct
[Mother wants me to take care of her needs] She doesn't really care for me. She knows her needs but not that I exist.	Anger, sadness	I'm a non-entity; there is no Dan here, just my mother's self-object.

Action [Intentionality]	Origins
Change the subject [In order to get away from her, push her away.]	Mother's extreme dependency; her failure to acknowledge me, my needs, in the world.

This same paradigm was noted as also supporting Theme #12: "Protection of the vulnerable self through controlling others."

The Subject's Validation Response

Dan was asked to respond to the statement of the 14 themes and discern whether or not they were true for him. Specific to this example (which involves Themes #1 and #12), Dan replied that Theme #1 ("Conflict over meeting the needs of another") was "consistently true" for him, both currently and in the past. He also validated Theme #12 ("Protection of the vulnerable self by controlling others") by responding that it was "sometimes true" for him currently, and "consistently true" for him in the past.

Conclusions

The purpose of this chapter has been to describe the phenomenological method used in the current study. The author's intention was to present a clear and precise set of procedures so the method could be used by others wishing to study a subject phenomeno-

logically.

This intention has been accomplished by specifying the procedures in six phases, reporting on how they were utilized in this study, and by giving a detailed example of the analysis of a subject's paradigm.

The theme charts, which are replicated in Appendix A, provide a condensation of the bulk of experiential data collected from the 17 subjects. Referral to this appendix should further aid the reader in understanding the process of phenomenological analysis as accomplished by this author.

Fourteen themes were generated which describe the psychology of the ACAs sampled. These themes constitute the author's theory which will be explicated in the next chapter.

Chapter Four

THE VULNERABLE SELF OF THE ACA:
EXPLICATION OF A THEORY

Using the phenomenological method detailed in the last chapter, the author analyzed the experiential data of 17 ACAs. The analyses resulted in 14 saturated themes. These themes, when taken together, constitute the author's theory of the ACAs' psychology.

The purpose of this chapter is to fulfill the sixth procedure of the method: explication of the theory. This will be accomplished by first presenting a statement of the theory (the 14 themes). Because the theory focuses on the self of the ACA, the author will then discuss the persepctive of self psychology which was chosen as the most appropriate psychological theory for illuminating the theory.

Following that, the explication of the theory will begin. The 14 themes have been recategorized into three sections which more cogently connect the properties of the theory. The three sections are: (1) the vulnerable self of the ACA and its origins (the core of the theory, incorporating themes number one, two and three), (2) expressions of the vulnerable self in the interpersonal sphere (incorporating themes number four, five and six), and (3) protection of the ACA's vulner-

able self through (a) retroflexive operations (themes number seven, eight, eleven and fourteen) and (b) reactive operations (incorporating themes number ten, twelve, nine and thirteen).

Statement of the Theory

Theme #1: Conflict over Meeting the Needs of Another

The Adult Children of an Alcoholic (ACAs) encounter significant ambivalence when called upon to meet the needs of another, especially when those needs conflict with their own. ACAs respond to such a situation typically with feelings of vulnerability, anger, anxiety and guilt: vulnerable to being "trapped" by another's needs and giving up their own needs, angry at being "wiped out" by the demanding other person, anxious about being "drained" or "depleted" by such an experience, and guilty because the refusal to meet the demands of another will cause ACAs to feel "irresponsible, unattractive, villainous or inadequate." Most ACAs feel a great personal need to be of service to another (which usually reflects a role they played in their original family situation) but are ambivalent about the price they must pay for doing so.

Theme #2: The ACAs' Vulnerability to Narcissistic Injury

All persons need and/or appreciate self-esteem ("narcissism") enhancing experiences such as being admired, respected, cared for, understood, etc. And most persons will feel deflated to some degree when these experiences are not forthcoming. However, when the person feels "injured" (angry, hurt, anxious) when someone fails to admire them, approve of them or their products, understand them, etc., and they experience a significant deflation of their self-esteem, then it could be said the person has a vulnerability to "narcissistic injury". ACAs are vulnerable to such injuries, specifically when they have experienced neglect from a significant other, disapproval, rejection, loss of power and control and when they have a sense of themselves as not being important.

Theme #3: Emotional Distress over the Exposure of One's Vulnerable Self

This theme speaks to the ACAs' feelings of anxiety and guilt which result from the exposure of themselves -- either to themselves or to others -- as vulnerable. This distress occurs when the ACAs become aware of themselves as lacking control over their environment, themselves (their desires, goals, ideals), and/or when they are exposed to others as not being in

control or as "imperfect."

Theme #4: Vulnerability to the Powerfulness of Another

In many cases, when ACAs encounter someone whom they view to be powerful they will typically respond to the situation with feelings of intimidation and, in some cases, anxiety and resentment. These responses are connected to a lowered sense of their own worth vis-a-vis the other.

Theme #5: Vulnerability to Abandonment

ACAs seem to live in fear, either conscious or unconscious, of being left by another. Emotional abandonment (when a significant other withdraws from them emotionally) is a more common trauma than actual physical abandonment. In either case, ACAs will typically respond by feeling "worthless", often feeling like it was their fault the other person withdrew from them or wondering what they could have done differently to have prevented the withdrawal.

Theme #6: Vulnerability to Another's Anger

More often than not, ACAs grew up in a family where anger-related conflicts were not handled well. As adults, these ACAs find themselves to be vulnerable, not on a firm ground, when encountering another person's

anger. This becomes an unpredictable, potentially dangerous situation for them. Similar to the last theme, ACAs will often take on the responsibility for the angry situation: They can feel bad, weak and at fault. As a result, their self-esteem is endangered.

Theme #7: Protection of the Vulnerable Self by Withdrawal

One of the ways ACAs protect themselves from hurt and bad feelings about themselves is to withdraw from the scene: cut off contact with the agent of the hurt. This withdrawal may take the form of going off to "lick the wounds alone", or may result in withdrawal into a depression.

Theme #8: Protection of the Vulnerable Self by Withholding of Difficult Feelings

Closely related to the last theme is the protective measure of withholding (or "swallowing") one's feelings of anger, hurt or anxiety in response to a situation that is emotionally difficult. ACAs may simply keep their feelings to themselves when they have been hurt or their self-esteem has been endangered.

Theme #9:   Protection of the Vulnerable Self by Pleasing
Others

Being nice or pleasing to others is another way
ACAs attempt to handle emotionally difficult
situations. When an interaction results in feelings of
anger, irritation, hurt, or anxiety, the ACA may try to
avoid a confrontation by being the "nice guy."

Theme #10:   Protection of the Vulnerable Self Through
Acts of Aggression

When difficult feelings (anger, hurt, sadness)
occur, some ACAs will take an opposite position from the
previous theme. They may handle the threatening situa-
tion by pushing the other person away with harsh, cold,
angry responses or by retaliation.

Theme #11: Protection of the Vulnerable Self by Willful
Control of the Expansive Self

In this mode, ACAs will attempt to protect
themselves from further deflations to their self-esteem
by self-control: "putting a lid on" themselves. If
they are experiencing an uncomfortable feeling,
resulting from either an inflation or deflation of the
self, they will make a willful choice to cut off the
feelings or stop the resulting behaviors.

Theme #12:   Protection of the Vulnerable Self by Controlling Others

When ACAs experience their vulnerability, either due to the demands of another upon them or realizing the capability of another to hurt them, they may try to protect themselves by attempting to control the threatening other person. This may be done through manipulation of the other or by moving quickly into a more powerful position vis-a-vis the other.

Theme #13:   Protection of the Vulnerable Self by Being "Heroic"

The ACA often exhibits a great need to be of service to others, to be productive in the world, to be important. By taking care of others (one common example of heroism), they are able to bolster their flagging self-esteem and feel good about themselves.

Theme #14:   Protection of the Vulnerable Self by Cognitively Transforming Reality

When the environment and/or other persons are interpreted as threatening, or difficult feelings are experienced, ACAs may try to protect themselves by altering the way they think about the situation. This may be done consciously (convincing themselves that the situation is <u>not</u> threatening), through fantasizing, or

with the aid of alcohol and drugs.

The Self Psychology Perspective

According to Slipp (1982), the clinically-derived theory of Heinz Kohut falls into the "nurturant-reconstructive" approach to psychodynamic psychology. This approach focuses on the pre-Oedipal issues of dependency and aggression. It also focuses on the quality of the early facilitating environment which promotes a sense of security and trust in the child. This approach can be contrasted with what Slipp (1982) calls the "neutral-interpretive" approach of more traditional Freudian psychoanalysts which focuses on Oedipal issues such as drive conflicts.

Heinz Kohut developed a metapsychology which places the self at the core of the personality. The self, according to Kohut (1977), is the independent center of initiative which serves as a focus of perception and experiences, including those of heightened or lowered self-esteem. The self is the subjective core of the individual, the equivalent of all his/her feelings, desires, hopes and fears. Kohut viewed a weakened or defective self, a self that has not been confirmed by the parents, as the core of the person's psychopathology (Slipp, 1982).

Because of space limitations, a thorough discourse of Kohut's complex theory of the self will not be offered here. However, his concept of the self-object and the role it plays in the development or arrest of the healthy self will be explained as it is essential to understanding the explication of the author's theory which follows. Further aspects of Kohut's ideas, as well as those of Winnicott (1965) and Miller (1981), will be integrated into the chapter as appropriate.

The Role of the Self-object in Psychological Development

Self-objects are other persons who are experienced by one as "a part of the self, merged with the self or in the service of the self" (Brandchaft & Stolorow, 1982, p. 18). Control is a pertinent issue here as the self-object is subjectively experienced (usually unconsciously) as under one's control. The availability of self-objects in early life are essential to one's psychological development. Through merger with the self-object, the infant "gradually acquires, bit by bit, the psychological structure it needs to maintain its own regulatory capability and to establish a cohesive sense of self" (Brandchaft & Stolorow, 1982, p. 18).

There are two types of self-objects whose

availability to the developing child are necessary: the mirroring self-object and the idealized parent imago. Traditionally, the first type is constellated by the mother and the later by the father although this certainly isn't always the case, especially in recent times. Kohut and Wolf (1982) describe the mirroring self-object and the idealized one respectively as:

> (1) those who respond to and confirm the child's innate sense of vigor, greatness, and perfection, and (2) those whom the child can admire and merge with as an image of calmness, infallibility, and omnipotence. (p.45)

Initially, in order for the infant to adequately consolidate a nuclear self, s/he must be able to participate in the self-object's already developed psychic structure through empathic contact. When the infant's developing feeling states and expanded expressions of self are "mirrored" by the "mother" (whether it be the actual mother or another caretaking adult fulfilling this archetypal role), the developing self of the infant is resonated with and begins to consolidate. This soothing merger with the mirroring self-object "sets up the base line from which optimum (non-traumatic, phase appropriate) failures of the self-object lead, under normal circumstances, to structure building via transmuting internalization (Kohut, 1977,

p. 87). In other words, the optimum failures on the part of the self-object with regard to the infant's mirroring needs allows the infant to ingest the function of the self-object and transform it into his/her own self-structure. The infant develops a sense of who s/he is which is not totally dependent on the other.

Just as the infant needs to have available to him/her a mirroring self-object in order to build up a self structure, s/he also needs an idealized self-object: one that s/he can look up to as a source of consistent strength. In fact, if the mirroring self-object fails the child, s/he gets a second chance to develop compensatory self-structures with the successful internalization of the idealized self-object.

Kohut and Wolf (1982) describe the best possible development of the self in the child this way:

> If the parents are at peace with their own needs to shine and to succeed insofar as these needs can be realistically gratified, if, in other words, the parents' self-confidence is secure, then the proud exhibitionism of the budding self of their child will be responded to acceptingly. However grave the real-life blows to the child's grandiosity, the proud smile of the parents will keep alive a bit of the original omnipotence, which will form the nucleus of self-confidence and inner security that sustains the healthy person throughout life. And the same holds true with regard to our ideals. Despite our disappointment

> when we discover the weaknesses and
> limitations of the idealized self-
> object of our early life, their strong,
> confident, secure caretaking, and
> merging of our anxious selves with
> their tranquility -- via their calm
> voices or via our closeness with their
> relaxed bodies as they hold us -- will
> be retained by us as the nucleus of the
> strength and calmness that we
> experience as adults under the guidance
> of our inner goals. (p. 49)

However, if the self-object fails to offer its availability to the child, the result may be a self that is infirm, incohesive, or vulnerable. This faulty inter-action between the child and the self-object is a conse-quence more of who the self-object is rather than what s/he does. If the mirroring self-object is depressed, s/he will be unavailable to resonate to the developing feeling states of the child. If s/he is narcissistically needy, s/he may compete with the child for narcissistic supplies. If the idealized self-object is insecure and inconsistent because of his/her own infirm self, s/he will be threatened and therefore rejecting of the child's need to merge with his/her "strength."

When the child has experienced traumatizing self-object failures, the normal development and consolidation of the self is interrupted and a vulnerable self results. Furthermore, the need for self-objects persists and will be searched for in one's adult interpersonal

relationships and used as a substitute for the missing self-structure (Brandchaft & Stolorow, 1982).

The relevance of Kohut's theory to the lives of the ACAs should become apparent in the explcation of the author's theory which follows.

The Vulnerable Self of the ACA

The child of the alcoholic parent typically grows up in an environment that is prone to self-object failures. As a result, s/he may reach adulthood with a vulnerable self. Exposure of this vulnerable self creates emotional distress in ACAs. The vulnerable self cannot easily withstand narcissistic injuries and self-esteem is often derailed. And, because their childhood was chaotic in terms of need fulfillment, as adults they are in con-flict over meeting the needs of another.

The above statements abstract the core of the author's theory. This core is based upon the first three themes. Theme number one -- conflict over meeting the needs of another -- was the first theme to become apparent in the theory generation process. It was saturated with nine subjects (out of 17) reporting it and in 12 paradigms. Theme number two -- vulnerability to narcis-sistic injury -- was the most densely saturated theme with all but three of the subjects reporting it and with 20

paradigms. Theme number three -- emotional distress over the exposure of one's vulnerable self -- was saturated with eight subjects reporting it in eight paradigms. All three of these themes were consistently validated by the subjects for both their past and present lives (see Appendix B).

Conflict over Meeting the Needs of Another

ACAs exhibit a profound ambivalence over meeting the needs of another person. This struggle is especially difficult when the needs of another conflict with their own and is even more pronounced when others are seen as demanding, manipulative and obvious in their dependency.

Anger, vulnerability, guilt, and anxiety were the reported emotional reactions to this type of situation. The ACA is angry about being "wiped out" when confronted with another's needs or, as Dan said with considerable psychological sophistication, becoming a non-entity when being annexed by another as their self-object. Sue spoke of her anger at being controlled by other's needs when she said: "The way people try to control me is by being good to me. I am left with no choice -- trapped because I am obligated. I can't be hurtful to someone who is good to me."

It isn't surprising ACAs would also feel vul-

nerable, *"trapped"* or *"unprotected"* *when* *their* *very* *self* *is* *seen,* *phenomenologically,* *in* *danger* *of* *being* *negated.* Jan stated this vulnerability most clearly when she said that doing what others wanted meant "giving up my self." But she also rationalized this by contending that doing so was important in the long run, a statement that brings the ACA's extreme ambivalence on this issue back into relief.

Guilt as a feeling response to the encroachment of another's needs is not surprising when the subjects' self-statements are reviewed thematically. To avoid meeting another's needs, even if the price of self-abnegation is high, is viewed by these subjects as bad, unattractive, villainous, irresponsible. Nan felt a pressure to take the blame for what went wrong in her significant relationships or else suffer a self-view of imperfection. Ron clarified the guilt most succinctly when he said: "I'm really being an s.o.b. for leaving someone to their misery."

According to Kohut (1977), guilt has been rein-forced in a child with a vulnerable self because of the tendency of the self-objects to blame their children for their own inability to respond adequately to the child's emotional requirements. As the literature on alcoholic families suggest, the children of an alcoholic parent are raised in a home where conflict, blame, anger and guilt

are characteristic and, because they are often left to believe they are responsible for the parents' drinking, they feel insecure (Woodside, 1982). Blame projection was noted by Flanzer (1981) as being common to alcoholic homes.

If the ACAs' very self is at stake when the needs of another are forced upon them, it is also not surprising that anxiety would result. Bob became anxious because he held the belief that he would be inadequate if he failed to give another what he wanted. Cat became panicky when she saw someone in emotional need and realized that his pain was not being seen by others in attendance. Her extreme anxiety followed from her subjective view that to rush in and help this person would drain her yet at the same time feeling an overwhelming compulsion to give to this person.

According to Kohut (1977), there are two types of anxiety: one that relates to specific fears and another that results from a subjective sense of danger to the state of self. When Cat feared she would be "drained" by helping the man in pain, she apparently sensed the danger of her self becoming depleted and therefore precarious.

When Ron said he has difficulty letting go of others and that this results in his withholding his true feelings in order to meet the needs of another (and thus

secure the connection to the object), he is focusing a truth that is at least implicit in all of the ACA subjects reporting this theme: the dependency and neediness of others, viewed with anxiety and anger by the ACA, is a projected reflection of the ACA's own unresolved dependency needs. This interpretation finds support in the literature surveyed in Chapter Two. Jesse (1977) found that all of his children of an alcoholic parent had unmet dependency needs. Fine, et al. (1975) also found that children of alcoholics showed a significantly greater amount of pathology on issues of dependency and emotional attachment. Bailey (1968) suggested that alcoholic family members experience unmet dependency needs and ties this to the inconsistency and unpredictableness of the alcoholic which engenders alternating experiences of hope and fear in the children.

A look at the origins of these subjects shows ACAs were consistently called upon to meet the needs of a dependent, childlike alcoholic parent or, in many cases, the non-alcoholic parent who was, it can be conjectured, dependent upon the child to mitigate his/her depression resulting from a frustrating alcoholic marriage. Corde (1977) lends support to this conjecture when she looked at the coalitions in her alcoholic families and found a "perverse triangle" was common in which the non-alcoholic

wife was allied with her child against her alcoholic mate. As she said: "The mother may treat her spouse as her child while treating her child as her spouse" (p. 67).

Thus, it could be said these subjects were compelled to meet the needs of a parent, either a childlike, inconsistent alcoholic one or a frustrated non-alcoholic parent, and that this secured a connection, faulty at best, with the crucial parental object but at the terrible price of not having a parent on whom they could depend to meet their own needs. In Kohutian terms: These ACAs, as children, became the self-object of their parents and were denied the crucially important developmental phase of cathecting an empathic parent as a self-object. As has been mentioned, this developmental failure can have serious consequences in the formation of a firm and cohesive self. It is no wonder these people, as adults, would be in such conflict when presented with the demand to meet another's needs.

Following are some verbatim excerpts from the experience journals that most descriptively convey the experience of the ACAs with regard to this issue.

Jan and Ron both wrote about their entrapment by their alcoholic parent's neediness:

> Jan: My (alcoholic) father was very
> needy. He always felt neglected by
> everyone in the family. I often was

the one who tried to spend extra time
with him so he wouldn't be unhappy,
even though I frequently didn't enjoy
myself very much. I felt it was my
duty.

Ron: My (alcoholic) mother managed to
keep us all -- myself and my father
especially -- in a constant game of
trying to anticipate and care for her
needs. I did this out of both sympathy
and fear, although she never turned her
anger on me when drunk, but rather it
was directed at my father. But I was
afraid of her rage as far back as I can
remember . . . I know I never again
want to be around anyone whose sense of
well being is tied to how I act and
feel. This is the case with my wife.

Cat talks of the storm of difficult feelings

that is connected to her experience of having had a

needy alcoholic mother and an emotionally abandoning

non-alcoholic father:

Many, many times, when in high
school, mom would get drunk and dad
would withdraw . . . and I felt like
the only one to help her . . . My
world seemed to revolve around
dreading mom's drinking, how she
would be, how angry she would be at
me, or how she would sob that I
didn't love her. And I felt so
awful. I would try to take care of
her just to make the experiences
end. I would work for two hours to
get her upstairs and her clothes
off. Back then I didn't feel like I
had a choice. And if I got angry, my
dad wouldn't accept it.   And he
wouldn't or my mom wouldn't let me
call anyone for help for mom. So, I
did feel a horrible dread and that I
was the only one . . . trapped. I
remember how relieved I would feel

when mom would be hospitalized . . .
and how guilty I felt feeling that
. . . This is such a big one. I
feel so pissed at my father, so
pissed that he tried to make things
look normal, to ignore, to not listen
to my feelings. I think that was
more painful and crazymaking to me
than directly experiencing mom.

Jan, Sue, and Dan talk, with varying levels of

ambivalence, about the experience of meeting the needs

of a non-alcoholic parent.

Jan: I always liked being the "good
girl" of the family. My brother was
always getting into trouble and my
sister was very shy. I was smart,
friendly, etc., and my mom was very
proud of me.

Sue: My mother was "good" to me. She
was self-sacrificing and did things
because she cared about me, but in that
caring, I felt violated. I had to be a
certain way because of her caring. Out
of her concern for me, she read my
diary when I was fourteen. She was
hurt and upset because of some of the
things I had done. I felt angry and
embarrassed because she had invaded my
private thoughts. I screamed at her,
and she instantly burst into tears.
Then I was guilty. Not only had I hurt
her with my original actions, I had
hurt her again by being angry. I have
never before interpreted these situa-
tions as her need for me, but only as
her protection of me.

Dan: My mother and I have two rela-
tionships. I am either her parent or
her lover. Neither one is mother-
son. A trip to Palm Springs is an
example. Driving down, she put her
head on my chest, stroking me and
crying about how much she loves/needs

> me, how my lifetime is her fault. I
> responded with extreme anxiety in my
> chest . . . When my mother screwed my
> (alcoholic) step-father, she would come
> in and lay her head on my chest and
> tell me that she screwed him for me,
> because if she didn't screw him he
> would beat me up. In a sense, she was
> my prostitute.

This theme has described the anger, guilt, vulnerability and, in one case, the narcissistic gratification, that was aroused in the ACA when pressed into meeting the needs of another. These emotions went beyond those that would be experienced by someone who is dealing with the vicissitudes of existential choice but resulted from the experience of the self being placed in a precarious situation. Furthermore, the subjects reporting this theme were very clear about its origin in their childhood experiences of accomodating their parent's needs.

It is fortuitous, in terms of theoretical construction, that this was the first theme to emerge, for it lays the foundation for what emerges next as the most deeply saturated issue for the ACA: a vulnerability to narcissistic injury.

The ACA's Vulnerability to Narcissistic Injury

In the last section, it was established that, in childhood, ACAs were often pressed into foresaking

their true expressions of their self (i.e. feelings) because these experiences were threatening to the narcissistic balance of one or both of their parents. Typical to the alcoholic home is a reversed self-object constellation with the child accommodating to the parent's emotional needs. According to Miller (1981), this situation often leads to the establishment of a "false self" in the child:

> The parents have found in their child's "false self" the confirmation they were looking for, a substitute for their own missing structures; the child, who has been unable to build up his own structures, is first consciously and then unconsciously (through the introject) dependent on his parents. He cannot rely on his own emotions, has gained no experience in trial and error with them, has no sense of his own real needs, and is alienated from himself to the highest degree. (p. 14)

The subjects in this study consistently reported self-object failures from their childhoods. Tip described the failure of the mirroring self-object when he wrote:

> I couldn't rely on my parents, couldn't trust them, yet they were the only ones I could turn to when I was hurt. My hurt wasn't recognized and I didn't get what I wanted.

Ted wrote of the failure of his alcoholic father to provide a strong and consistent object for him to idealize and merge with:

Father would come into my room late at night and would sometimes sleep in the other bed in order to avoid a confrontation with my mother. The smell of his breath was noxious to me. He would murmer either love or inanity. Who could tell? This repulsed me because when he would murmer love it wasn't really that; it was incoherent. His declaration of love was like an apology. Anything said while drunk is tainted, robs the meaning of something that would otherwise have meaning. It is threatening to see your father is not your father -- that he smells differ- ent, sounds different, etc. Your world isn't as you know it. My father's own identity changes were problematic for me, especially in adolescence when my own identity was up for grabs.

Tolpin has said (1982):

Children whose self-objects con- sistently fail them begin to suffer from what amounts to faults and failings in their own self-maintaining and restoring psychic structures . . . Self-object functions (mirroring, partnering, and/or idealizing) fail to undergo adequate internalization, and are insufficiently established 'inside.' Hence, these are the functions which are still needed. (p. 2, 18)

ACAs, whose chaotic and inconsistent alcoholic family structure has provided a fertile growth for self- object failures, are therefore still in need narcis- sistically. Narcissistic needs can be described as a need for respect, echoing, understanding, participation, mirroring, and being taken seriously (Miller, 1981;

Tolpin, 1982). When the ACA is subject to an alcoholic family structure that disallows the possibility of these needs being met in a consistent fashion, s/he hasn't had the phase appropriate opportunity to internalize the self-soothing and esteem-producing functions and must depend on others in the environment to provide them. When these narcissistic supplies are not forthcoming, the self of the ACA, which is already vulnerable, is "injured."

The subjects in this study reported injuries to the self ("narcissistic injuries" or self-esteem derailments) when experiencing neglect, disapproval, loss of power and control, rejection or a sense of themselves as not being important. Their responses to these injuries were typically a deflation of the self; specifically, 1) feeling one's self to be helpless, powerless, unimportant; 2) feeling one's self to be inferior, inadequate or vulnerable to reality; and 3) an experiencing of a loss of self or identity fragmentation.

Dan provided an interesting illustration of this constellation of issues. He experienced his son as ignoring him when he attempted to give the son direction. Dan's interpretation was that the son did not appreciate him. As a consequence, Dan felt a profound

rage. Upon deeper reflection on his emotional reaction
to the narcissistic injury, Dan realized his rage was
connected, in part, to his seeing his own self-denial
reflected in the personality of the son. By becoming
aware of this projected identification, Dan realized
that he, like his son, will easily give up what is
important to him in order to maintain a relationship,
and the relationship is more important than his inner
needs. He connected this self-denial pattern to his
relationship with his mother for whom he served as a
self-object in order to create a tenuous but vital sem-
blance of security for himself in a particularly chaotic
alcoholic household.

Dan often spoke about his mother's extreme love
for him that, in later years, came to be viewed by him
as suffocating and responsible for his chronic chest
pains. This is how Miller (1981) described the family
situation, so common in alcoholic homes such as Dan's,
that encourages narcissistic vulnerability:

> What happens if the mother not only is
> unable to take over the narcissistic
> functions for the child but also, as
> very often happens, is herself in need
> of narcissistic supplies? Quite uncon-
> sciously, and despite her own good
> intentions, the mother then tries to
> assuage her own narcissistic needs
> through her child, that is, she
> cathects him narcissistically. This
> does not rule out strong affection. On

> the contrary, the mother often loves
> her child as her self-object, passion-
> ately, but not in the way he needs to
> be loved. Therefore, the continuity
> and constancy that would be so
> important for the child are missing,
> among other things, from his love.
> Yet, what is missing above all is the
> framework within which the child could
> experience his feelings and his
> emotions. Instead, he develops some-
> thing his mother needs, and this cer-
> tainly saves his life (the mother's or
> the father's love) at the time, but it
> nevertheless may prevent him, through-
> out his life, from being himself.
> (p.34-35)

A damaged self does not have easy access to its vital feelings (Miller, 1981). However, the most common feeling reported by these subjects in response to a narcissistic injury was anger. All of the subjects in this study have engaged in a fight to regain their lost selves, either through their own therapeutic endeavors or their war against their own alcoholism. It is not surprising that anger would be the feeling that has become accessible to them and has come to serve as fuel for this fight. The present-day anger felt in response to narcissistic injury has, in many cases, its origin in the early alcoholic family situation. Fay described it this way:

> When my (alcoholic) mother and I were
> alone, I sat back with my opinions.
> She was very passive and I thought I
> would hurt her. I never bugged her
> about her drinking even though I was

> angry about it. I was angry that she
> didn't take me clothes shopping, do
> the motherly things. I only yelled
> at her once. I never took the offen-
> sive. I never trusted my feelings
> with her. I felt outrage but respon-
> sible. She looked so pathetic and I
> didn't want to burden her anymore.

This passage illuminates the denial of the nascent self (expressed in her anger) in order to honor the reversed self-object relationship created by the narcissistically needy parent.

Moe's childhood anger at his alcoholic father for narcissistically depriving him takes on a more venomous expression:

> Since as a kid I constantly struggled
> to gain his affection with little or no
> success. I developed feelings of
> alienation, rejection, etc. I hated my
> father and on many occasions wanted to
> kill him. I saw him as a mean, cruel,
> unfeeling person who I was afraid of
> and in fact lived in fear of most of my
> childhood. These feelings came up
> particularly when he was drinking.

Kohut (1977) has said anger, particularly destructive rage, is always motivated by an injury to the self. The psychological "bedrock" of this rage is not some destructive biological drive but an awareness "of the presence of a serious narcissistic injury, an injury that threatened the cohesion of the self, especially a narcissistic injury inflicted by the self-object of childhood" (p. 116-117).

Many of the present-tense angry responses to narcissistic injury experienced by these subjects were connected by them to early experiences of rejection by their alcoholic parent. When Moe experienced a current rejection, he recalled how his father devalued him when he didn't live up to his father's need for him to be a certain way (interested in sports) and favored his brother who did conform to this image. Dan described a particularly traumatic family situation in which his alcoholic stepfather used a more abusive form of humiliation: thumping him on the head with a spoon and then laughing, bending his fingers back and twisting his arm behind his back in front of his peers, making him beg the step-father to stop the abuse.

Dan also gave a dramatic illustration of how the self-contempt of the alcoholic parent is acted out on the child when he described how his stepfather would hit him repeatedly in the testicles after he (the step-father) was impotent with his mother.

Miller (1981) has termed this situation the "vicious circle of contempt" which she claims to be common in narcissistically disturbed families. Parents, who themselves were humiliated and made to feel powerless when they were small, helpless, and dependent children, can regain, at least for the moment, a sense

of power as well as revenge against their offending parents by humiliating their own child. A narcissistic injury (impotency) brought about by the narcissistic rage was then turned upon Dan by his stepfather. And likewise, Dan experienced a narcissistic rage and impulse to physically harm his own son when his advice was ignored, although in Dan's case, the rage was contained by his psychological understanding of the situation.

The familial origins of the ACA's present-day anger reaction to narcissistic injury quite often has less overtly brutal origins than in Dan's case. For example, Sam had experienced a rejection from a studio executive (when he read for a part in a movie) which left him feeling disrespected. This sent him into a narcissistic rage which he tried to contain with alcohol, an action that only exacerbated the situation. He turned his rage toward his mate when she failed to resonate with his depressive despair. When asked to connect his experience to an early childhood memory, Sam was stumped, claiming his relationship with his parents was free of similar injuries. After some hesitation, however, he produced the following information:

When things went bad as a kid, I was

usually consoled by my parents. When I
finished last in a diving meet, there
was a big party at my house that was
designed to celebrate me. Everyone was
congratulating me. I was very upset
about my performance but I learned
there that it was best to hide my true
feelings. In a game that I lost, my
parents would typically react by
remembering the one good or funny part
of this bad situation.

Sam recalled this memory with affection and, in
doing so, was being true to his family pattern of
idealizing a bad situation. This conforms to Miller's
(1981) theory of how narcissistic parents wound their
gifted children by treating them in accordance with
their own needs (to make everything "happy") instead of
empathically resonating with the emotional state of the
child (Sam's hurt and shame).

This example is also consistent with Corde's
(1977) study that found her alcoholic families would use
denial in order to maintain the illusion all was well
within the family and only alcohol was the culprit for
the family's troubles. Kohut's (1977) statement about
narcissistic rage resulting from empathic failures of
crucial self-objects is also instructive here. When Sam
experienced a derailment of his self-esteem, both in
childhood and in his adult life, his self-objects (his
parents, his mate) failed to empathically respond to his
emotional hurt and instead tried to transform the situa-

tion into one of placidity in order to secure their own apparent needs. Sam responded to his childhood self-wounding by abandoning his "true self" ("I learned there that it was best to hide my true feelings") and adopting a "false self on a conformity basis" (Winnicott, 1965). According to Miller (1981), the narcissistically wounded child will idealize his basically well-meaning parents in order to escape the painful realization that he has sacrificed his very self (his true feelings) in order to maintain the illusion he was loved, admired, respected, etc. The price the adult child must pay for this welcomed escape from pain is a repetition of the old injury as was illustrated by Sam's experience with the studio executive and then his mate.

Tip provided another example of this compulsion to repetition when he reflected upon his experience of being continually drawn to a lover who could not express love for him:

> With my (alcoholic) father, I learned I couldn't make him love me. I tried for a long time to make him love, care, respect me. It took me 24 years to learn I couldn't. All of my awards, going fishing with him, etc., didn't make him express his love for me. I never knew why he couldn't express it, why he remained isolated and bitter. There's a certain repetitiveness: wanting someone to express how much they love me but are unable to do so. This is negative but I suppose

comforting because it is familiar.

Traditional psychoanalytic theorists would most likely interpret Tip's repetition compulsion as a result of self-aggressive wishes, but Tolpin (1982) contends this dynamic results from deficits:

> A compulsive urge to repeat does not originate in inherent destructive (sadistic), self-destructive (masochistic) drive wishes of a small child. Repetitions of painful experience originate in the whole configuration which includes structural deficits; thwarted developmental needs; and defenses against deficits and the persisting, pathologically intensified needs which themselves threaten self-cohesion. (p. 17)

In Tip's case, it could be said the alcoholic father's retreat into the emotional isolation tank of alcohol caused him to be unavailable to his son as a source of crucial narcissistic supplies (love, care, respect, approval). It was this deficit that intensified his need and vulnerability in these areas which further resulted in his vain and futile efforts to receive what he never got originally from a structurally similar source.

Second to anger, the most commonly reported emotional reaction to narcissistic injuries by these subjects was anxiety. The anxiety was most typically connected to self-statements that were deprecating of

their own adequacy, superiority, or potency. In other words, when the narcissistic rage came up in response to a narcissistic injury, some of the ACA subjects showed a more neurotic pattern of turning their anger inward upon the self. This is how Ron explicated his response to a hurtful rejection by a woman:

> The issue that connects most directly is my lack of feelings of anger to women. No matter what they say to me (e.g., "you are a shit", etc.) I feel nothing other than a vague sense of personal inadequacy (not solving the problem, being inept) plus a very strong sense of armour plate around myself. I was a failure as a child and youth at controlling my mother's drinking and must have felt inadequate inside.

Pat described a situation in which his narcissistic needs were gratified when he received attention from a group of people. Although he said he longed for such attention, he still felt a profound kind of anxiety and vulnerability. More specifically, Pat experienced what could be called a castration anxiety: "I need to be on guard so that I will get through this situation without getting castrated." He felt as though he didn't deserve this attention and that he would somehow be exposed as a fraud.

Kohut (1977) contended that the castration threat was more of a threat of the destruction of the

nuclear self than a fear of passivity vis-a-vis other males. He claimed that when the child's nuclear ambitions and ideals are formed, through parental induction, with the "primacy of phallic-exhibitionistic physical survival and triumphant active dominance," then this could result in a situation for the child (and later, the adult) where "survival and social dominance can be bought at the price of the abandonment of the core of the self and lead, despite seeming victory, to a sense of meaninglessness and despair" (p. 117). Pat described this thought phenomenologically as feeling like a "sham".

No matter what the emotional reaction of the ACA respondents was to a currently experienced narcisisstic injury -- whether it be anger, anxiety or, in some cases, sadness and depression -- they each described a vulnerability in this area. And, in each case, the subject produced memories or associations that clearly connected these troubling experiences to an original family situation in which the parent (or parents) either failed to respond to their emotional states with empathy, and/or cathected them narcisistically. As a result, these ACAs were left with selves that are vulnerable to repetitive narcissistic woundings.

Most all of the subjects sampled for this study indicated they were engaged in a struggle to strengthen their vulnerable selves. The words varied but the import was the same: "I fight becoming cut off from my self" (Dan), "I withstand rejection better as my self-image improves" (Moe), "I shouldn't let the disapproval of others impede my goals" (Liz), "I work hard at trying to trust myself and my own vision of reality" (Cat). During the week Fay kept her journal for this study, she spoke to her alcoholic mother on the telephone which resulted in a flood of feelings and memories about which she wrote in her journal. These passages movingly portray the narcissistic struggle of the ACA:

> I remember: I come home from school and she is watching soap operas. I sit in a chair beside her -- she with her first drink of the day (or so I want to believe) and me with my Coke. We watch together and talk somewhat glibly about the show and the people in it during the commercials. She asks me how my day went but does not hear the answer; she makes no comments, looks at me occasionally but with little emotion. The story returns and it is a dull, lifeless encounter between us -- our connection lies in their lives, not in ours. Many other situations are similar. We go shopping and she wants me to buy the first thing I see regardless of how I feel.
>
> Lately, when I talk with my mom, a strange feeling of wanting, combined with apathy, results. I tell her very intimate feelings yet they do not lead

> to any greater depth of experience. I
> share my life and she sounds bored but
> not punitive . . . I felt sad that the
> connection feels one way -- but I do
> not feel wiped out. I sense that it
> would be too much for my mother to
> reach out for me who has left -- too
> much perhaps if she senses the depth of
> my need for her. The ambivalence goes
> unresolved . . . I feel her limita-
> tions and mine (oh yes) and that is
> that. I must go on without her
> reassurance which is symbolic of my own
> insecurity.

Exposure of the ACA's Vulnerable Self

When the vulnerabilities of the ACA are "seen", either by others or by themselves, s/he may react with feelings of anxiety and guilt. The narcissistic issue of reflection is important here: When the vulnerability is reflected back to the ACA, either by others or by a moment of ego apprehension, then the vulnerability becomes "real." The false self of strength is denuded and the vulnerability is exposed. For reasons that should become clear, this can be an especially difficult position for the ACA.

Several of the subjects experienced this emotional distress when they became aware of themselves as lacking control over their environment. When Sue became lost in a bewildering urban maze, she felt "small, hungry and helpless." While reflecting upon this experience, she recalled a memory of when she was six:

Her alcoholic father had taken her to a large building where he was working as the night custodian. While she was happily off playing, he got drunk, forgot she was with him, and left her alone in the frightening building. At first, she searched for ways to solve the problem, then finally gave in to her overwhelming feelings of helplessness when she realized there was no one to save her.

In many ways, this memory encapsulates the plight of many children of alcoholics. Abandoned by their alcoholic parent in their need to rely on, merge with, and be soothed by a reliable idealized-parent-imago, the child is left exposed to and unsoothed in his/her vulnerability and helplessness. Self-soothing functions are, therefore, not internalized and made a reliable part of the child's self-structure. As an adult, the exposure of that untransformed vulnerability can recapitulate the ACA into that place Sue described as "small, hungry and helpless."

Many ACAs learn to handle this unfortunate situation by reacting in stark opposition to the vulnerable self with an overdeveloped attitude about responsibility. Jan experienced a day in which nothing worked out as she had wanted resulting in a serious deflation of her self-esteem. The genesis of these feelings was

her view of responsibility which causes her to think it is always her fault when things don't go well. She connected this to her alcoholic father's disavowal of responsibility:

> If something doesn't go right, it's probably because of the person's weakness, stupidity, etc. My father's drinking was like that. I always felt he could overcome it if he really wanted to, he could stop if he were tough. In some ways I think this idea of responsibility is an over-reaction to my dad always feeling that his defeats were always someone else's fault. Nothing was ever his responsibility.

Similar to Jan, both Moe and Ted clearly implicated their alcoholic fathers' inconsistency and emotional chaos and their own reaction formation against these elements as germane to their own adult strivings for emotional stability and/or success. Cat, Anne, and Fay, who were each raised by an alcoholic mother and have managed successful professional lives as adults, expressed similar kinds of issues. These findings reflect Black's (1981) clinically derived conclusion that one of the roles adopted by children of alcoholics in order to compensate for the chaotic family drama is "The Responsible One."

Several subjects also reported a vulnerability to experiencing themselves as not in control of them-

selves.   Liz   felt   fragmented   and   internally "unstructured" and responded by condemning herself as being a bad example to others, undependable and non-contributory to good interpersonal relationships. She related this to her family situation where she felt she would never be loved if anyone knew she had problems.

Moe experienced a similar kind of guilt about himself when he gave into an impulse to participate in a casual sexual encounter. Both of these examples conform to the self psychology view (Kohut, 1977; Miller, 1981) of narcissistic disturbance: the development of a healthy self-feeling will be arrested when the child's impulses or depressions (manifestations of their true self) are experienced as threatening to the self-cohesion of the parent and are therefore punished or dishonored by the parent.

Many of the subjects reported an emotional distress when their vulnerable selves were exposed publicly. Nan felt the exposure of herself to others as anything less than perfect would be tantamount to her being rejected and disapproved of, a direct consequence of her childhood when she felt she had to be perfect in order to receive narcissistic supplies from her parents. Tip lost confidence in himself when he assumed another person viewed him as not in control of his

feelings about a lover.

Both Fay and Cat expressed a vulnerability in exposing themselves in this study. Fay said that, as a child: "I felt like any production of my inner self was being patronized (by my parents)." Cat realized that she was hungry for feedback, a "looking glass," knowledge of how others see her; yet, at the same time, feared that if she were seen as she really is, she would be seen as needy -- like her alcoholic mother -- and then would be abandoned.

Two thematic origins for this category emerged from the data. Theoretically, it could be stated that ACAs are raised in a home where it may not be safe for them to show their phase-appropriate vulnerabilities because of the threat this poses to a narcissistically vulnerable parent. The exposed self would be experienced as humiliated (as in Fay's case) or punished, as in Moe's experience when he was disciplined for crying or expressing fears. It could be assumed that Moe's alcoholic father required his son to be strong in order to make up for or not reflect his own alcoholic weakness.

The other origin of this theme is the alcoholic parent's irresponsibility or inconsistency and the ACA's strong reaction against these qualities. The ACAs'

exposure of their selves as vulnerable can result in a flood of anxiety over their identification with their "weak" alcoholic parent.

When these two origins are viewed psycho-dynamically, the distress these subjects experience is even more understandable. The alcoholic parent's own subjective sense of weakness is warded off and exacerbated by alcohol and then projected onto his/her child who is an easy target for the projection because s/he <u>is</u> helpless and dependent. When the alcoholic "sees" his/her own weakness in the child, s/he punishes or humiliates the child for reflecting the guilt-laden part of him/herself and for not compensating for it. The vulnerability-punishing aspect of the parent is then introjected by the child and becomes a part of his/her psychic structure. When the ACA is exposed as vulner-able, the punitive parental introject is activated.

When it is also considered how the exposure of the ACAs' vulnerability brings them into an unsavory identification with the "weak" alcoholic parent, it is easy to see where the ACAs are, phenomenologically, in double jeopardy. Guilt, anxiety, and self-esteem defla-tions can result from such a jeopardy.

Conclusions

In alcoholic families, drinking is usually considered to be the cause of the family's ills. However, by using the depth psychology perspective employed here, the situation can be seen in a different light. Alcohol addiction is used by the alcoholics as a defense against his/her own vulnerabilities. Vulnerability, then, is the "shadow" of the alcoholic family, that which is defended against. The child's normal, phase-appropriate helplessness is not honored because it upsets the tenuous narcissistic balance of the alcoholic and/or co-alcoholic parent. The child's shadow (his/her vulnerableness as expressed in fears, sadness, anger, etc.) is not mirrored or "held" by the parents. Because the parents' defenses against the vulnerability are so brittle, a merging with an idealized self-object is at a minimum. The child of an alcoholic is, therefore, prone to developing a false self that conforms to the family's defense against vulnerability. The vulnerable true self of the ACA, however, remains in its struggle to attain a firmer self that is reliable and esteemed from within.

Interpersonal Vulnerabilities

Having established the ACA's vulnerable self at the core of the theory, the focus now turns to three issues with which the ACA's vulnerable self experiences

difficulties in the interpersonal arena. The three issues that emerged from the data are power, abandonment, and anger.

Vulnerability to the Powerfulness of Another

This theme was saturated with five subjects reporting it. It was validated by the respondents as being more true for them in the past than present (see Appendix B). In each case, the subject encountered someone whom they viewed as being powerful and to whom they responded with feelings of intimidation and, in some cases, anxiety and resentment. These feelings were based on pre-reflective self-statements that, in every case, deflated the subject's self-esteem (see Appendix A).

Jan encountered a female professional colleague whom she viewed as forceful and aggressive. Her automatic comparison to this woman left her bereft of her own sense of agency. This was due to a pre-reflective belief that said aggressive people have the power to hurt her. She associated this with the "Jekyll and Hyde" quality of her alcoholic father's personality:

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

kill someone.

Both Sue and Dan felt self-doubt and self-recrimination when someone who they viewed as more powerful disagreed with them. Both of them had childhood histories of contact with authoritarian adults who discounted their feelings or dictated what they should feel. Both subjects came from childhood situations where there was paternal abandonment. And in both cases, they were prone to acquiesce to the power of the reigning authority figure in order to ensure some security. As Dan expressed it:

> They demanded that I see things through
> their eyes. Something outside of my-
> self always dictated how I saw things
> or felt . . . I was always little Dan,
> trying hard to find a way to be for
> them so they wouldn't send me away.

Joy came from an upper-middle class family situation that was stable, temporally speaking, yet she felt very similar to Dan and Sue -- like a small child eager to please -- when she encountered an authority figure whom she interpreted as patronizing her. Her present-day experience was related to the past this way:

> With both parents (more so my father),
> I remember feeling proud that I had
> accomplished something but receiving an
> absent minded, vague, listless response
> of praise from them. I told my mother
> that I had been elected president of
> the student body and her response was
> "that's nice if it's really what you

want dear." I said nothing but felt
very deflated and angry (for a split
second).

Mirroring of the child's grandiosity is part of

the process Kohut (1977) has described as necessary for

building a healthy self-feeling within. If the

distressed parental self-objects are unavailable for

such a mirroring task, as in Joy's case, then the ACA

remains in need of such a mirror. The person who can

provide this mirror is inflated with an aura of power

and the ACA deflates to the position of a child eager to

please the powerful provider of crucial narcissistic

supplies.

Pat provided an experience that examples this

theme and is true for many, but certainly not all,

ACAs. He encountered someone who didn't appear to take

him seriously and suffered a narcissistic injury. He

responded by inflating the other person's value and

deflating his own. His straightforward realization

about this experience was: "Someone else's perception

defines me."

Vulnerability to Abandonment

The literature on children of alcoholics has

often mentioned the issue of abandonment as common to

this population. For example, Chafetz, et al. (1971)

found there was significantly more separation from

parents among children of alcoholics as well as marital separation and divorce when compared to a group of matched controls. However, of the 17 subjects sampled in this study, only two (Liz and Sue) were raised in homes where the alcoholic parent was not in permanent attendance. Therefore, it could be stated that the vulnerability expressed in this theme is more reflective of psychological or emotional abandonment than of actual physical abandonment. Five subjects reported this issue in six paradigms. The respondents validated this theme with only slightly more consistency for the past than in the present (see Appendix B).

Fay specified this kind of abandonment very clearly:

> Only occasionally did my parents not come across on their promises. Where I did feel let down was emotionally. I remember once when my dad and I had a fight and I was sent to my room. My mom came in with a message and I begged her to stay. I wrapped my arms around her legs and she started kicking me away like she would a humping dog. I only wanted to talk to her.

Fay experienced two instances of abandonment in the week she kept her journal. In both cases, her emotional reactions of terror and rage were apparent reflections of the frustration of her feelings of narcissistic entitlement. She realized she harbored the

private expectation that she could control the other from leaving her and her anger could prevent this from happening. In both cases, Fay made the association to childhood memories in which her parents would shame her or fail to support her in her unhappy feelings, claiming that her emotional life brought trouble upon the family.

Winnicott's (1965) theory of child development is illuminating here. According to him, the child, when in a stage of absolute dependence, requires a "good enough mother" who can respond to or mirror her child's growing and extending sense of self. Only under these circumstances can the child experience the illusion of omnipotent creating and controlling. A phase-appropriate sense of omnipotence is essential for the child to feel secure in psychologically enlarging him/herself without the fear of annihilation through abandonment. When this hasn't been the case, as with Fay and many other ACAs, the child (and later adult) has difficulty giving up his/her need to control out of fear of abandonment.

Liz, Nan and Cat all experienced serious deflations of their self-esteem when they encountered abandonment. Nan and Liz both saw abandonment as proof of their "worthlessness." When the author asked Nan to reflect upon the origins of this pre-reflective cogni-

tion, she went blank and felt ill. She surmised that she must have been abandoned a lot as a child and has blocked out the trauma. Cat's experience of abandonment came when she encountered someone who was in emotional pain but refused to share it with her. This left her feeling helpless and unimportant. She reflected upon her original family dynamics:

> Thinking now . . . I think that I felt so helpless to help mom. I didn't understand her alcoholic illness. Dad was very controlled and stoic, withdrawing in conflict. I felt so much pain with mom and hated all the shit she gave him. And then he wouldn't talk about what was going on inside at all. So I felt so left out and helpless. Here is the person in childhood and adolescence that I loved so much and couldn't help.

Cat's experience poignantly portrays the narcissistically wounding situation in an alcoholic family where the alcoholic parent has abandoned the child for alcohol and the non-alcoholic parent has abandoned the child's desperate need for compensatory support due to his (or her) own defensive measures against depression. With nowhere to turn, the child of an alcoholic is left with his/her vulnerability unsoothed. The old wound reopens when structurally similar adult situations occur and the ACA is flooded once again with helplessness and self-deflating feelings.

Vulnerability to Another's Anger

The literature on alcoholic families reports a surfeit of anger in the home and a deficit in the ability to handle anger-related conflicts. Five subjects reported experiences in which a continuing vulnerability to the anger of another was exposed. The validation response to this theme was interesting in that every subject reported the theme as "consistently" or "sometimes" true for them in their childhood. This vulnerability lessened considerably for them, however, in adult life (refer to Appendix B).

Anxiety, guilt, and, to a lesser degree, anger were the emotional reactions to such a situation. In four out of the five cases, a serious derailment of the subject's self-esteem occurred. They saw themselves as like a "bad" child, weak, and at fault. Whether or not they saw the other person's anger as justified, these troubling self-feelings remained.

Those subjects who felt anxious or frightened in this situation tied their feelings to a childhood fear of their alcoholic parent's anger. When Joy encountered someone who was angry with her, she felt as if she were in "unknown and dangerous territory." She lost trust in her ability to hold onto her own feelings and, therefore, chose to withhold them from the other

person. She instructed herself (pre-reflectively) to "Be careful! Be on guard because I don't know what to expect." Once again, the alcoholic parent's unpredictable emotional states were implicated:

> Numerous times I would be upset that my mother was drunk but would say nothing. I was afraid to confront her and of my own anger towards her and her anger towards everything (seemingly including me) which would seep out.

Meeting the anger of another with one's own anger was only twice reported by these subjects. This makes sense when you consider how dangerous it is for the child to express or even feel anger in a narcissistically competitive family. To use Miller's (1981) metaphor, these feelings are quickly imprisoned in childhood because they are threatening to the tenuous narcissistic balance of the parent(s).

Similar to Joy, Dan expressed a fear of his own anger and related this to his childhood need to find a way to please his parents in order to ensure against the constant threat of abandonment. Cat recalled she would get angry at her alcoholic mother's angry resentment of her but would then feel trapped: "If I said anything to her, I would be called 'disrespectful' or she would say I didn't love her."

Each subject who reported the emotional

response of guilt to the experience of another's anger tied this reaction to their childhood fear of offending the parent. They assumed the guilt of being the "bad child" whenever their once spontaneous "bad" feelings were revealed. Consistent with Cat and Dan, described above, Jan readily anticipated the possibility of rejection from her mother when she broke a lunch date with her and the mother became angry. She described herself as having a special bond with her mother and, as a child, causing her the least amount of trouble by being a "nice girl". She also described the incarceration of this role when she recalled feeling as though her mother might die of anger or grief whenever she did anything that was, in her mother's terms, bad.

Jan, like most of these psychologically sophisticated subjects, has waged a valiant war against these entrapments of her childhood alcoholic family situation. She wrote:

> I think I've had a fair amount of rebellion against the feeling that I can control my mom's feelings by my actions. (As an adult) I consciously don't want to be manipulated by them.

Conclusions

Encapsulated in Jan's experience are all of the elements present in the ACA's narcissistic vulnerability

so far discussed: the archaic omnipotence, the threat to a narcissistically enfeebled parent, the deep fear of abandonment that is connected to the child's vulnerability to the power and anger of another and, finally, the struggle of the ACA to overcome this constellatin of vulnerabilities.

The ACAs' struggle to heal the narcissistic wounds of childhood shows up most often in their behavioral responses to self-endangering situations. Here, many of them try hard to set limits and put up a fight for their selves against the persons who recapitulate original alcoholic family dynamics. It is when the phenomenology of these subjects is accessed, as this research effort did, that the vulnerability of the self is revealed as extant. The old wounds still bleed; derailments of self still occur. The self remains, in varying degrees, malnourished and hungry.

Yet the ACAs in this study are all survivors. They have found ways to protect their vulnerable selves against adult-world brutalizations. It is to these patterns of protection this theory now turns its focus.

The Protection of the ACA's Vulnerable Self

A self that is vulnerable to narcissistic injury, abandonment, and displays of power and anger in

others must find a way to protect itself in order to survive in the world. Eight such protective measures were found to be employed by the ACAs in this study when confronted with a potentially self-damaging situation. They were withdrawal (theme #7), withholding of feelings (theme #8), pleasing others (theme #9), aggression against others (theme #10), willful control of the expansive self (theme #11), being "heroic" (theme #13), and cognitive transformation of reality (theme #14).

In the broadest sense, all of these protective measures could be viewed as measures of control. The literature on children of alcoholics has reported the issue of control as germane to this population (Brown & Cemak, 1980). When the ACA feels threatened by environmental stimuli, the danger to the vulnerable self of the ACA becomes significant: Having been brought up in an alcoholic environment in which their normal phase-appropriate helplessness was, in most cases, exacerbated instead of soothed, ACAs were unable to internalize these self-soothing qualities and make them a reliable part of their self-structure. Protective measures are, therefore, required to regain control and offset the terrible anxiety that results from being thrown back into that state of childhood helplessness.

Many of the subjects conceptualized their

various actions in response to difficult situations as measures of control. For example, when Bob realized he protected himself from a threatening situation by trying to please the other, he reflected: "If I give another what they [sic] want, I gain control; I become the powerful person in the relationship." Using another protective measure -- willful control of self -- Ted determined giving another what he wanted would make him vulnerable and so decided to set limits. He shared this belief: "Because I believe that psychosis is the absence of buffers against strong emotion, this (setting limits) becomes an exercise of the ego."

Bob's and Ted's examples each illustrate the two sub-categories of the ACA's protective measures: the retroflexive position and the reactive position. Ted exhibited the retroflexive position when he felt angry at his stepfather for demanding he meet his needs, interpreted this anger as unattractive and responded by exercising ego control -- in effect, creating a "buffer" between himself and the agent of his "strong emotions" (his stepfather's need). Ted feared without such buffers, "psychosis" would result. Since Ted exhibits a considerable amount of ego strength, it could be interpreted that this expressed fear of psychosis is really a fear of being out-of-control. Ofman (1976) has

described the retroflexive position in terms of control: As a magical way of regaining control when the world is glimpsed as free and therefore not under one's control. For ACAs, the retroflexive maneuver can be described thusly: When the illusion of archaic omnipotence is shattered and others are revealed as capable of hurting them through the withholding of narcissistic supplies or by overwhelming them with the demands of their needs (as in Ted's example), ACAs may protect themselves by "bending back" into themselves and effectuating control there. Buffers against narcissistic injury are thereby exacted.

The response of people pleasing, as exhibited by Bob, is an example of what the author has chosen to call the reactive position which was found to also be typical of many ACAs. Although retroflexive responses are motivated by difficult interpersonal stimuli, the action is to retreat from the world into the self. By contrast, the reactive response stays actively engaged with the interpersonal world. Webster's New Collegiate Dictionary (1976) defines reaction as "an action induced by vital resistance to another action." Reactive protective measures are, therefore, those that result when the ACA experiences a threat to the self through the action of another and resists the deflating consequences

of the action through vital measures that keep him/her animated in the interpersonal arena. Both reactive and retroflexive actions share the common intentionality of restoring control and equilibrium to the exposed vulnerable self.

For purposes of greater theoretical elegance, the author has categorized the eight remaining themes in the following manner. Withdrawal, withholding of feelings, willful control of the expansive self, and cognitive transformation of reality will be discussed as manifestations of the retroflexive position. The reactive position will describe the measures of controlling others, acts of aggression, pleasing others, and being "heroic."

Retroflexive Operations for Protecting the ACAs Vulnerable Self

Withdrawal. This theme was reported 18 times and by 13 of the subjects making it the second most densely saturated theme. This theme was adequately validated by the respondents for both their past and present lives. The majority of the subjects reporting this theme did so with qualification. They saw withdrawal from the hurtful or threatening stimuli as negative, something that would bring them only further

harm. Several subjects admitted to the impulse, even
need, to withdraw but indicated they fought it.

Perhaps Dan expressed this struggle most
succinctly when he said: "I play the role of confronta-
tion until I get locked into a situation that triggers
childhood stuff. That is when I run away, like I was
continually doing as a kid." In Dan's case, he protects
himself with withdrawal from others when he anticipates
getting "beat up" by an authority or when he doesn't
feel as though he is being "seen" by a woman, both
instances recapitulating traumas he experienced as a
child with his alcoholic stepfather and his narcis-
sistically cathecting mother.

Joy spoke of the origins of this protective
measure as well as her perception of its harmful
potential when she wrote:

> I generally backed off from the
> feelings (of anger) very quickly. For
> example, when father was cold and dis-
> tant with me (he ran hot and cold with
> all of us) which baffled me, hurt my
> feelings, etc., I never asked him
> what's wrong. I simply very passively
> retreated, feeling that if I said any-
> thing, he would get worse or get
> angry. I also sense that by not saying
> or doing anything I was going to feel
> worse.

The week that Pam kept her journal for this
study she experienced a storm of angry and hurt feelings

that resulted, in part, from its being the anniversary of her brother's death from alcoholism. She handled her profound despair by withdrawing from others because she didn't feel anyone else could really help her. This mistrust reflected her childhood experience:

> I remember always going off by myself to heal my pain. I had no experience that being with another person could help me or that anyone could understand me. I remember aloneness whenever I was hurt or feeling any emotion.

A variety of difficult situations encountered by these ACAs produced the retroflexive maneuver of withdrawal. When Liz experienced abandonment, she withdrew into depression after making a futile attempt at receiving reassurance from another. Bob became lethargic and withdrawn when he sensed another person didn't like him and wouldn't admit to it. Ann literally withdrew from the room when a therapy client of hers presented himself as "adequate" and she was left feeling unneeded.

Several of the subjects indicated withdrawal was their means of reclaiming a sense of their selves from an enmeshing, entrapping situation. Ron, who was going through a difficult marital separation, wrote:

> I never figured out how to stay in my home and be separate; it was impossible . . . As a child I read voraciously. This was my means for separating.

Ron often wrote of his childhood feelings of responsibility for his mother's alcoholic problems and his role as the caretaker in the family. Such a position has its rewards, but is also a terrible burden for a child who himself needs to be taken care of. Withdrawal, therefore, becomes for many ACAs the only haven where the self can be safe from this burden. Tip expressed this same idea as well as the incarceration, the helplessness, of such a situation, when he wrote:

> I remember going shopping with my (alcoholic) mother while she's in a wheelchair. I'm embarrassed that things weren't perfect, that I didn't have a normal family. I was the person who was with her, the one who was controlling the situation literally. Yet, paradoxically, there were many situations like this where I really experienced a loss of freedom and control. I wanted to get away from my family. One of the ways was leaving the house, going to a shopping mall. My (alcoholic) father represented what I was trying to get away from. He interfered with who I wanted to be as a person. He put me down continuously, hurt me.

Withholding of Feelings. Cat described this retroflexive maneuver which was reported by six subjects and 10 paradigms, as "swallowing":

> My big way of learning to deal with not getting what I wanted was to swallow, to turn my anger inward. I read a journal I wrote in my senior year of high school. Every time, I practically

> whispered any negative feelings I had
> about my (alcoholic) mother or not
> getting my needs met. I would apolo-
> gize, put myself down, say how selfish
> I knew I was, how I shouldn't feel that
> way . . . to swallow and rationalize my
> anger away and turn it inward.

Cat reported this theme when she felt in danger of being viewed negatively by others. When her "dark side" was exposed, she felt in danger of being seen as like her alcoholic mother.

Fay felt the need to withhold her feelings of joy from her professional colleagues when she was excited about moving into a new office. She decided these feelings were inappropriate. Like Cat, Fay also tied her retroflexive response to her alcoholic mother. She said: "This reminds me of my mother. She is weak. I can't wipe her out. If I become my mother's equal, this will happen."

Fay's joy and excitement, like Cat's "darker" feelings of anger and desire, separate the daughters from their alcoholic mothers and break the symbiosis so common in alcoholic families; the offspring's indivi-duated feelings breaks the reversed self-object bargain that is implicitly struck to the detriment of the ACA. Swallowing these feelings, originally a way of surviving in the alcoholic family, is retained as a operation of protection for many ACAs. The validation responses

(Appendix B) show that the subjects tend to view this protective measure as more operative for them in their childhood than presently.

Willful control of the expansive self. This protective operation was reported by five different subjects. It was a moderately validated theme (refer to Appendix B).

"Getting a grip on oneself" when one feels matters going out of control is a common experience for many. What appears to be specific to this ACA population is how and when this protective measure is employed. When the ACA's narcissistic needs are exposed or denied, this measure is sometimes employed to restore an equilibrium to the self.

Ann experienced an inflation of her self when she felt pleased about her progress on a project. Yet her joy was mitigated by a fear that she would "spin out" and then crash. She chose to willfully restrain herself in order to "navigate" through her daily life. As a child she recalled spinning out into moments of ecstatic happiness only to become deflated. She wrote: "My childhood spinouts kept me momentarily away from my mother's drinking and the dreariness of our existence together." One could easily picture the

little girl who so desperately needed an escape from the alcoholic turmoil surrounding her and yet was punished, either implicitly (through shaming) or explicitly, because her manner of escape -- her ecstacies -- didn't resonate with the depression of the alcoholic parent and were, therefore, experienced by the narcissistically hungry mother as an abandonment of her by the child. Ann's original mode of protection -- ecstatic spinouts -- were therefore forsaken for another mode -- willful control of her expansive self -- in order to survive the threat of a broken connection with her alcoholic mother.

Pam found herself receiving a lot of the attention she had always desired from men. Yet her joy was also mitigated by shame. She told herself, pre-reflectively, that she was "too needy" and it was wrong to want this attention so much. Likewise, Tip became unhappy with himself when his need for affection was exposed by a lover who denied him this kind of narcissistic supply. Both Tip and Pam responded to these situations by willfully controlling their desires.

As has already been established, the ACA grows up in a household in which a child's normal narcissistic needs (i.e. for expansion, attention, and affection) are tenuously or chaotically satisfied. As a result, these needs are still extant for many ACAs. Furthermore,

since these needs are often experienced as threatening to the narcissistically imbalanced parents, the child will feel ashamed or guilty for having them, a situation that is recapitulated as an adult. When the issue of narcissistic needs arises, the ACA will sometimes respond by willfully controlling the expansive and hungry self.

Cognitively transforming reality. Effectuating this mode of protection allows the ACA the opportunity to cope with a negative reality by retroflexively altering it with a different perception. This mode most closely reflects the use of alcohol by many alcoholics where the substance is used to artificially induce a way of seeing reality that isn't fragmenting to the self. As one subject described it: Alcohol strangles the persecuting voice inside her and she is no longer divided against herself. She has, for the moment at least, a sense of being whole.

One of Sam's paradigms most vividly captured this issue. He had done some construction work for a client who expressed her displeasure at his work. He felt guilty (persecuting himself, telling himself that she was right, and that he was an "irresponsible fuck"). His response to this fragmenting situation was

to get drunk and in that manner, he found his
"escape." In the twilight of intoxication, his cogni-
tive apprehension of himself changed; self-esteem was
restored for a time. Sam claimed he had a "guarded
respect" for alcohol and what it could do for him.

This theme was reported by five subjects and in
six paradigms. It was well validated by the respondents
(see Appendix B). Most of the subjects didn't use
alcohol as a way of inducing a cognitive transformation
of reality.

Moe picked someone up for an anonymous sexual
encounter and then became very angry with himself for
being so "compulsive." His way of handling this uncom-
fortable fragmented state of self was to "blow it off,"
change the way he viewed the situation in order to pre-
vent further persecution of himself. Although Moe
didn't report using alcohol to strangle this inner per-
secutor, the cognitive "tricking" of oneself is the same
as in Sam's case.

Perhaps Ann best described how this protective
measure works to soothe a reality that induces vulnera-
bility in the ACA. When her lover became angry with her
because she couldn't see him, she decided his anger
meant he still liked her. She escaped into fantasizing,
claiming that "if the environment loses the poetry, I

put the poetry in." She remembered escaping into fantasy as a child whenever her mother was drinking heavily and was especially loud.

Fay was stood up for a date by a friend and experienced a narcissistic type of rage. She handled this situation by consciously choosing to change the way she viewed herself in the situation. She claimed she did this in order to avoid feeling disappointment and to keep out the injury of a lifetime of flucuating dependence and wanting something that is out of reach. Fay saw changing her thoughts as positive, a way of having control in a world she has come to learn as not being under her control with respect to meeting her needs. She recalled a childhood where she was sent to her room, "exiled", not acknowledged, whenever she expressed an emotional need. Children who are consistently exiled to their rooms in a state of emotional need deficit must find a way to soothe their narcissistic injuries in a retroflexive manner. Cognitively transforming their reality can become one of the ways available to such children.

Reactive Operations for Protecting the ACA's Vulnerable Self

Acts of Aggression. As the literature on the

children of alcoholics has shown (see Chapter Two), this population manifests either aggressive acting out responses to its conflicts or may become "good" in response (placating, appeasing, overly responsible, etc.). This study has focused on a population who, as adults, tend toward high achievement and socialized values. Yet aggressive acts or impulses were reported by seven subjects and in eight paradigms. However, it was the least validated theme. Perhaps the narcissistic vulnerability of these ACAs makes it difficult for them to reflect upon themselves as aggressive.

The acts of aggression reported were typically a result of anger and/or hurt and were in response to a narcissistic injury.

Tip's needs were denied by a recalcitrant lover and he responded by punishing the offending party. His pre-reflective cognition about this was: "If I can actually punish someone, then I am in control, the one with the power. This relieves my hurt and anxiety over being betrayed."

Control, or the regaining of it, is the implicit intentionality of this mode of protection, as is the case for the other protective measures of the ACA. The following reflection by Tip on his origins highlights this constellation of anger, self-injury, and

regaining a sense of control for the self through acts
of aggression:

> I used to be accused of cutting people
> off when they didn't want to be as a
> way of dealing with conflict. I've cut
> my father off completely as a way of
> self-preservation. He could never pay
> the price to get him back into my
> life. When you think someone is
> disturbed, you don't want to be around
> them. I only had one friend as a
> child. I was confused about my
> parent's relationship. I didn't like
> feeling I was always on the line: that
> I was being watched, criticized, not
> living up to my father's ideal of what
> I should be. I never had a real rela-
> tionship with him. He was seldom
> around and when he was, he was drunk
> and yelling at us.

Jan saw herself as not in control and helpless
when someone neglected her. Her angry aggressive
response to this injury took the form of a
retaliation. Nan was abandoned by someone, leaving her
hurt and angry and with a seriously deflated self-
esteem. Her archaic impulse was also to retaliate and
make the other suffer. She held the unconscious belief
that: "I can't be wrong so I should blame the other."
Nan had spoken candidly about her defensive need to be
"perfect" (a need apparently introjected as a result of
her experiences in her original alcoholic home). In
order for her to protect herself from the self-deflating
experience ("I am bad"; "I am worthless"), she restored

and equilibrium to her self by swinging to the opposite self-view ("I am perfect"), accomplishing this by recreating in her mind the other as "bad".

This maneuver suggests the defense of splitting that many theorists have claimed to be common to persons with narcissistic disturbances (Kernberg, 1967). This defensive operation is used by the individual to keep self and object images split into all good and all bad. It is as if the individual is saying: "If you are all 'bad', then I can be all 'good'"; or, conversely, "If you are to blame (bad), then the 'badness' is pro- jected onto and carried by you and I can be perfect (good)." Aggressively determined self -- and object -- images are, therefore, given freedom for expression.

As has been shown in this theoretical study, ACAs are prone to problems of splitting off their feeling self, resulting in a fragmented self, due to experiences in an alcoholic home where many natural feelings of the child were considered endangering to the narcissistic balance of the parents. Moe described an experience where he confronted his new staff at work and came on strong and intimidating. He saw himself as cut off from his feelings, "on automatic," not very human. He wrote:

This pattern began with my feelings of

> being known, exposed and thus losing
> power . . . Being cut off from my
> feelings goes all the way back. Most
> of my childhood was spent in blocking
> my feelings. I was not allowed to cry
> as a child without being punished. I
> think the way I act now is a result of
> my early life. I'm afraid of
> expressing or appearing vulnerable.

In this one passage, the whole drama of the ACA, as understood in this theory, is revealed: the emotional abandonment, the archaic fear of exposing the vulnerable self, and the resulting desperate need to protect it in the world.

In the provocative passage which follows, Ron reveals the relationship between the use of aggression and the ACA's narcissistic vunerability.

> My old response to not being under-
> stood, etc., was to go on the attack:
> make myself visible. But at the level
> of my emotional response, I never knew
> how to make my needs known, to lean on
> anyone, to ask for help. I felt like a
> man in a tin suit with wounds under-
> neath that didn't show.

Controlling others. Issues of control have been established as germane to the ACA population. These issues have been theorized to be at least implicit in all of the protective measures discussed in this study. In some cases, the ACAs will make a direct attempt at controlling another as a way of protecting them threatened and vulnerable self. This theme was

reported by four subjects and in five paradigms. It was moderately well validated by the respondents.

The ACA's particularly vulnerable situation of feeling entrapped by the dependency of a significant other was highlighted by Sue. Her boyfriend showed his childlike need for her (according to her interpretation), and she saw herself in danger of being manipulated, "captured", by his helplessness. She felt vulnerable, unprotected, angry, and resentful. She also encountered anxiety which was connected to her feelings of obligation to someone who had been good to her. Her protective response was to make a plan of action in which she was in control and, therefore, "more protected from his dependency."

Jan expressed the same kind of obligation to her mother, whom she saw as both a good mother and dependent upon her to be the good daughter. As an adult, when the mother became angry at Jan for not meeting her needs, Jan felt both upset and guilty. This pair of emotions, linked together, recapitulates the unfortunate and traumatizing childhood condition so typical for many ACAs: feeling upset (angry or hurt) yet simultaneously guilty for having these emotions which are threatening to the parent's narcissistic need for them to be "good." Such an untenable double bind

must surely throw the ACA into a position of helpless-
ness. Jan responded to her mother by taking control:
In effect, she attempted to regain the power lost to the
double-binding emotional situation by acting in the
parent role toward her mother.

Fay provided another reflection of the narcis-
sistic issues involved in this self-protective opera-
tion. When she found herself fantasizing that her
estranged husband was with another woman, she felt
terror. This emotional response was tied to a fear of
being abandoned. Her impulse in the face of this was to
try and control her husband. With considerable candor,
she said: "I will try to change what I cannot and I'm
sure I do this in order to maintain the illusion of my
specialness."

Pleasing others. Being pleasant, accommodating
or nice to others -- "people pleasing" -- was reported
by six subjects and in six paradigms. It was a well
validated theme. In the scheme of the author's theory,
"people pleasing" is regarded not as a personality trait
typical of the ACA, but as a protection, a defense, for
the ACA's vulnerable self.

Miller (1981) wrote about the need of persons
raised in a narcissistically wounding family situation

to find ways to defend themselves against feelings of
abandonment. As has already been established, the ACAs
in this study were most typically abandoned at the level
of feelings. In order to survive, the child accom-
modates to the parent's needs so that the wounding aban-
donment will not recur. According to Miller, such
people can develop in such a way that they learn to
reveal only what is expected of them by others.
Winnicott (1965) has termed this the "false self."

This process of abandonment-fear contained
through accommodation to others was apparent in several
of the subjects' paradigms. Pam became angry at some-
one, felt guilty about exposing this anger, then made up
to the other with "niceness" in order to find out if
"they still love me." Ann realized in attending to one
person in a group, she was not pleasing another. She
became upset with herself and reacted by diverting
attention from herself to others "because I want to
please everyone and it brings back the person I was
offending."

Fay spoke expressly about these issues when she
wrote in her journal: "If I call the shots, I fear I
won't be liked, my world will be narrow and I will be
alone." When she experienced hurt and disappointment
with regard to a friend, she contemplated expressing

these feelings to him but then reflected on her impulse
to present her false self instead:

> But knowing me I will not establish a
> boundary. I will be kind and flexible
> and understanding . . . and so pay the
> price again someday. I am not one to
> cut people off . . . I am more afraid
> of being alone with too strict
> boundaries than being as I am.

Fay also provided the following candid state-
ment which illuminates the people-pleasing-false-self as
a defensive operation: "Sometimes acting flexible gives
others the impression that inside I am flexible . . .
and this is a lie."

People pleasing also protects the ACA from
negative emotional reactions in others. A vulnerability
to the anger of another has already been theorized to be
germane to this population. Ron found himself
expressing dishonest (but inoffensive) feelings to some-
one in order to avoid suffering a loss as well as an
explosive situation. Pat also hid his true feelings of
anger from someone and pretended everything was alright
in order to avoid dealing with any negative conse-
quences.

The origins of this theme are quite clear from
the data. Consistently, these ACAs reported alcoholic
family situations in which "negative" emotions such as
anger and sadness were denied, left unmirrored (which is

to say the child was abandoned in their feeling) or even punished. Pam recalled anger being treated in her family as a "capital sin." Liz could never recall her mother, the wife of an alcoholic, ever being sad or angry. Pat recalled how unacceptable it was in his family to have "negative emotions" and how he and his siblings would be punished for expressing them.

Bereft of a proper "holding" experience for their naturally developing feelings, such children must find a way to survive a chaotic alcoholic family environment. For many ACAs, a turning away from their true feelings (which are thought to be threatening to others) and putting forth a people-pleasing-false-self becomes the best defense against abandonment.

Being "Heroic". This theme was saturated with eight subjects reporting it in 12 paradigms. It was also solidly validated by the respondents (see Appendix B). It is a theme that is familiar in the literature on ACAs. Black (1981) has talked about the propensity of ACAs for being the "rescuer" in their alcoholic families. It also has been described as the "parentifi-cation" of the child in an alcoholic family (Nardi, 1981).

Children of alcoholics could be said to be the

children of failed heroes. Although many of the alcoholic parents of the subjects in this study have attained and maintained a financial success and have provided well for their families on a material level, they also are viewed by their offspring as embittered failures in life. The picture of the alcoholic parent can become a confusing one to the child. For example, the alcoholic father who appears strong, successful in the world, and even stoic in his sober moments, can become like a helpless and weak baby, gushing out his needs and emotions when drunk. For those ACAs with less functional alcoholic fathers, the father may appear normally as a weak failure in the world and then suddenly "strong" and brutally powerful when emboldened by alcohol. Either way, the ACA is left without a consistent, soothing "hero" to idealize and merge with. Thus, a developmental step Kohut (1977) has contended is crucial in the forming of a cohesive and healthy self, is denied to the child.

Campbell (1949) has written an essential part of the archetypal journey of the hero (which is, psychologically, the journey to the self), is an atonement (at-one-ment) with the father. This requires the fledgling hero be able to rectify both the "good father" and the "bad father": The father who is both just and

wrathful. According to Campbell, the initiate into life must develop "faith that the father is merciful, and then a reliance on that mercy" (p. 130).

For the ACA, this step of atonement becomes problematical if not impossible. Because of the alcoholic parent's irratic, inconsistent, and oftentimes either/or behavior, the child cannot have the experience with the parent that would allow him/her a rectification of the "good" and "bad" parent. Therefore, for many ACAs, their journey to the self results in their by-passing the atonement with the "father" and taking on the hero's mantle prematurely. The ACA becomes the "good" hero-child, passing on into the larger world without the proper initiation (to use Campbell's phraseology).

Psychologically speaking, this means the hero-child of the alcoholic takes on the mantle that the parent has dropped and because s/he has not had the opportunity to merge with the idealized self-object (the hero) and build up self-structures in that developmentally normal manner, the heroism of the child becomes defensive in nature. In other words, the self of the ACA has not undergone a transformation through its experience with the hero archetype (the idealized self-object), the vulnerable self remains, and heroism is a

role that is adopted as a protection of that vulnerable self.

The reported experiences of the subjects in this study lend considerable support to the foregoing theoretical statements. In many ways, the following statement by Nan encapsulates this theme. She experienced her boyfriend acting in an irresponsible manner and reflected to herself: "Why do I have to do everything? When is there going to be someone to take care of me?"

Ann, as a child, used to pray she would be of use to the world. In the following passage, she reveals how the hero theme can constellate between a daughter and her alcoholic mother. She also expresses the torment experienced by ACAs in this area.

> As a child, if I got sick, my grand-
> parents or cousin would have to come
> over to see if they could help because
> they knew my mother couldn't take care
> of me. I felt I was causing them
> trouble. I also felt that my mother
> caused the family so many problems that
> I should try and not be as troublesome
> as she was. I saw so much of how my
> mother's life was wasted from the time
> she was 35 on. I didn't want to live
> what I called as a child "a useless
> life." I felt "I must improve
> things. I must keep things running
> smoothly." Now I realize that is
> impossible!! Still, old guilt pangs
> return.

During the week Ted kept his journal, he

experienced a professional triumph that brought him fame and national exposure. Yet, amidst this triumph, he turned his attention and concern towards his sister whom he saw as dealing with her tensions as a graduate student in a dangerous fashion (by turning increasingly to alcohol and recreational drugs). The origins of this turn were clear to him:

> As an older brother, I felt I had the emotional responsibility for my sisters. I was an older male stable figure, taking on the parental role. My real rage at my father is that he became more like a child than a parent. His greatest failure was to not act like a parent. I'm acting out the parental role I wish he had taken.

At another point, Ted reflected further on this:

> I was always competitive with my father and knew early on that I would exceed him. With his condition, I triumphed in some Oedipal way. It was a forbidden battle and the winnings are tainted. This has left me with the fear that it can all come crashing down on me at any moment. I live with more than my share of fear of catastrophe.

The above statement reveals the tension that is inherent in using the hero mode as a defensive operation. Dan expressed this thought directly when he said being a hero was "setting myself up." He realized at some point he would reach his limits and not be able to heroically rescue the other and would end up feeling

inadequate. This would bring him back to his original feeling of vulnerability. Dan is clear about the origins of this theme: His constant attempts as a child to rescue his mother from his alcoholic step-father. He said it took him until age 34 to give up this role with his mother: "I walked into their house and found him kicking mother in the stomach. I got a cup of coffee and let them have it." He admits, however, his need to be heroic is still extant with women in his current life.

Sam reported the same kind of origin for his heroic defense:

> The only time I was anxious about my father's drinking was when they fought. They were always affectionate in front of us. The fighting was all late at night, after we went to bed. I would worry about whether he was taking care of mom right. I went through a thing of letting her know I loved her and I could take care of her if anything happened to her.

The inappropriate pressures on a child to become the co-alcoholic's saviour are clear from this passage. Ron wrote about how he was pressed into becoming a "caretaker" at an early age in his alcoholic family. The pressures on him to become perfect and achieve were also enormous. Ron, who is himself a sober alcoholic, turned to alcohol as an adult to soothe these

pressures:

> I went along with (my parents') general
> idea . . (I) tried to achieve and gain
> recognition. I guess none of this had
> much to do with real needs. I felt
> driven and then inadequate. I couldn't
> do everything or achieve everything.
> Alcohol let me off the hook. I could
> relax and say inside "fuck it."

Like Dan, Ron has struggled with the hero
issue. Although he reports some relief from it, he also
admits it is still difficult for him to reveal any
inadequacies or ignorance. He recalls that as a child
in an alcoholic home, he learned not to ask others for
help, to not reveal his vulnerability. The caretaker
role had been abdicated by the parent(s) and assigned to
him. Who would be there to "hold" his vulnerability?
In such an atmosphere of unsoothed helplessness, the
hero-child of an alcoholic is born.

Conclusions

The explication of this theory began with "con-
flict over meeting the needs of another" and ended with
"being heroic." In the process of theory building, the
theory has come full circle: What began in the alco-
holic home as a conflict over need fulfillment on the
emotional level, results in adults who, in many cases,
adopt the project of meeting the needs of another. In
all cases, the journey these ACAs make from the original

conflict to adulthood is filled with the struggle around the issue of needs.

In the childhood of most of these subjects, basic needs were provided. Many expressed a gratitude for their parent(s) -- usually the co-alcoholic -- having supported them. But on closer inspection, it could be explicated that these subjects were abandoned on the most profound need level: their crucial developmental need to have available to them a mirroring self-object and one that they could idealize. In deference to the parents' own vulnerable selves, the child is left without the opportunity to merge with a soothing self-object and then to build up a firm self-structure through transmuting internalizations.

Alcoholism is often considered to be the alcoholic family's disease that is passed along from generation to generation. Yet, if the issues are viewed from a psychodynamic perspective, it can be seen that it is the vulnerable self which is the generationally transmitted "disease."

Chapter Five

SUMMARY AND RECOMMENDATIONS

Children of alcoholic parents have been termed the forgotten children at risk. Increasingly, they are being recognized, both by clinicians and in the literature, as a population with its own salient characteristics. One such recognition is that adults who were raised in an alcoholic family environment have certain psychological problems that have reverberated from that experience.

The literature on adult children of alcoholics (ACAs) has been inconclusive and incohesive. Several studies have reported interesting clinical impressions. Most of the others have been methodologically flawed. The phenomenology of the ACA has been considered but has not been investigated in an empirical fashion.

The literature has suggested the alcoholic family environment is not conducive to providing for the developmental needs of the children. Specifically, the inconsistency in role assignments and unpredictability of the alcoholic's behavior are implicated. However, the effect of these factors on the narcissistic development of these children has never been directly

addressed. A low self-esteem in the offspring of an alcoholic has been established with some consistency. Unmet dependency needs and fears of abandonment have also been suggested.

The purpose of this study was to investigate the experiential realities of the ACA (their phenomenology) in a prescribed empirical manner and to generate a theory, grounded in these data, about the psychology of an ACA and its origins. Using a phenomenological methodology designed by the author, a theory was generated that described the vulnerable self of the ACA and its origins. A brief review of the methodology and the results follow.

Summary of the Methodology

A phenomenological methodology was designed for this study based upon the works of Husserl, the existentialists, and Beck's cognitive processing model. Seventeen subjects were sampled: nine females, eight males, ranging in age from 31 to 50. Participants included ACAs with an alcoholic mother, an alcoholic father, or with both parents alcoholics. The majority of the subjects came from middle class families where the parents remained married throughout their childhood.

These subjects were asked to keep a journal for

one week in which they wrote down their significant experiences, how they felt about these experiences, and what actions they took in response to the situations described. The researcher then reduced these raw data from each subject into a paradigmatic form on which the significant constellation of event-feeling-action was transcribed. An interview was held with each subject in which s/he was asked to reflect on how s/he cognitively processed these experiences; specifically, how s/he interpreted the events, what self-statements were made pre-reflectively, and what pre-reflective rules of action were employed. This information was transcribed onto the paradigms and, in this way, the phenomenology of the subject was accessed.

Once these steps for each subject were completed, the researcher began the process of theory generation in which he compared in a serial fashion, the paradigms of one subject with those that preceeded. Using the comparative method, in which similarities and differences between the subjects' experiences were noted, the researcher generated 14 themes that described various aspects of these subjects' psychology with greater elegance.

A description of these themes was sent to each subject and they were asked to respond to them for pur-

poses of validation. Once validated, the 14 themes were rewritten into a theory that was explicated using descriptive material from the original data. Because of the nature of the findings, the perspective of self psychology was employed to illuminate the theory.

Summary of the Theory and Its Explication

The product of this research effort was a theory comprised of the 14 themes that were generated from the data. These themes describe some salient aspects of the ACAs' psychology and their experience in the world. The theory can be stated in three parts: 1) the vulnerable self of the ACA, 2) interpersonal vulnerabilities of the ACA, and 3) the protection of the ACA's vulnerable self.

The Vulnerable Self of the ACA

The first three themes comprised the core of the theory and spoke of the vulnerable self of the ACA and its origins. ACAs appear to be in conflict over meeting the needs of another, especially when those needs conflict with their own. They are prone to providing need fulfillment for others yet, at the same time, sense their selves to be in danger of depletion in such a situation. This conflict is a result of their childhoods in a narcissistically competitive alcoholic

family in which they were often pressed into meeting the needs of a needy parent (or parents) and were, therefore, left in a state of unresolved narcissistic need themselves.

As adults, they are bereft of a firm self and are, therefore, vulnerable to narcissistic injuries. They are still hungry for narcissistic supplies and their self-esteem is easily derailed when they are not forthcoming. Narcissistic injuries that are particularly difficult for ACAs are: neglect, disapproval, loss of power and control, rejection, and being made to feel unimportant.

ACAs experience a considerable emotional distress when their vulnerable selves are exposed, either to themselves or to others. Because they have developed a false self which defends against their vulnerability, the exposure of their vulnerability makes it real, resulting in anxiety. They may also experience a profound guilt for what they view as their "weakness." This feeling recapitulates their childhood when their phase-appropriate vulnerabilities were not "held" by the parents but either shamed or punished.

Interpersonal Vulnerabilities of the ACA

The second part of the theory focused on three

areas of the interpersonal world where the ACA experiences difficulty: power, abandonment, and anger.

Whenever ACAs encounter someone whom they view as powerful, they typically become on guard, responding to them with feelings of intimidation, anxiety or resentment. Usually, they will deflate their self-esteem vis-a-vis the powerful other.

ACAs are particularly sensitive to the emotional abandonment of others. This reflects the trauma of their childhood when their parents, drowning in their alcoholism or depression, abandoned them on the emotional level.

Experiencing the anger of another is as difficult for ACAs as it was for them in their original alcoholic families where anger-relatd conflicts were poorly handled. In the face of another's anger, ACAs will typically feel guilty (at fault) or anxious and in danger of being abandoned. These feelings reflect the problems the ACAs experienced with the unpredictable and inconsistent emotional states of their alcoholic parent.

All three of these vulnerabilities highlight the vulnerable self of the ACA in the interpersonal arena. Serious self-esteem deflations will typically occur when these situations are met.

Protection of the ACA's Vulnerable Self

Because ACAs have experienced childhood situations that have left them vulnerable to narcissistic injury, exposure of their weaknesses, abandonment and issues of power and anger, they must find ways to protect the fragile self in order to survive in the world.

The third part of the theory focused on the protective operations found to be typical of ACAs. This population will adopt either a retroflexive or a reactive position whenever they experience their selves as threatened.

In the retroflexive position, the ACAs will bend back into their selves and exercise control there. Most typical of this position is withdrawal from the interpersonal arena. They may also attempt to protect themselves by withholding their feelings ("swollowing" them), willfully controlling their expansive selves, or cognitively transforming reality through the aid of alcohol or drugs, or through mental distractions.

The reactive protection operations keep the ACAs actively involved in the interpersonal world in an attempt to salvage the vulnerable self. The most common example of this is by being heroic, taking care of others by attending to their needs. Other reactive

operations typical of this population are: trying to
please others, attempts at controlling others, and, to a
lesser degree, acts or aggression.

All of the protective operations employed by
ACAs share the same intentionality: exacting control
and rescuing the ACA from the overwhelming feelings of
archaic helplessness.

Explication of the Theory

Each of the subjects provided reflections on
the origins of their adult experiences from their
original alcoholic families. These origins, along with
the perspective of Kohut's (1977) model of self psycho-
logy, were used to explicate the theory in the following
manner:

It was theorized that the ACA has encountered
an original alcoholic family situation that was bereft
of security and self-esteem enhancing conditions. Such
families are typically narcissistically competitive.
Needs are chaotically fulfilled and the child may be
pressed into meeting the needs of parent(s) or may with-
draw into their own isolated world.

In either case, the child will not get his
crucial developmental needs adequately met. Because of
the co-alcoholic's reactive depression to his/her diffi-

cult situation, s/he is unable to mirror the child's feeling states, especially when they are "negative" and may reflect, or fail to compensate for, his/her depression. The child may learn to cut off from these feelings (and therefore, from the self) and develop a false self that will ensure the mirroring self-object's love. The alcoholic parent, whose own vulnerable self is drowning in and/or being numbed by alcohol, may be unable to allow the child his/her crucial developmental need to merge with an idealized self-object that presents a consistent and secure source of strength.

Because of these failures, the child of an alcoholic has not been able to make them a reliable part of his/her self structure. As a result, the ACA is prone to developing a vulnerable self and remains narcissistically in need.

Therefore, by using a depth psychological perspective, it was hypothesized that the real alcoholic family "disease" is not alcoholism but the vulnerable self. Alcoholism in the parent is the symptom, the defense against his/her untransformed vulnerability. Vulnerability is the "shadow" of the alcoholic family, that whish is unaccepted. When the ACA's vulnerable self is exposed, through narcissistic injury, abandonment, or through the power and anger of another, guilt

and anxiety overwhelms and the self is seriously deflated. Finding some measure of control to piece back the fragmented self and protect it from further harm becomes imperative.

Recommendations

The purposes of this study were to generate heuristic value for other researchers studying ACAs and to provide a greater understanding of the salient psychological issues of this population for the clinician. Because the theory developed to a focus on the self and the author chose a depth psychology perspective to explicate it, this study has taken on more import for those with clinical concerns.

Certainly the issue of damaged narcissism is not unique to ACAs. Non-alcoholic families can constellate self-object failures adn thereby damage the selves of its members. Likewise, the protective operations described in this study are not the exclusive province of ACAs. Therefore, it would seem to be a vain move to suggest the theoretical results of this study be used to develop an objective measure for descriminating ACAs from the general population.

However, the following recommendation for research can be derived from this study. It is

suggested that a qualitative study be done that focuses on the interpersonal dynamics of one (or more) alcoholic family in terms of its narcissistic issues and competitiveness. Such an effort would take the breadth of this theory-generation study and move to more depth. One of the issues that wasn't addressed in this study was the differences in siblings raised in the same alcoholic home. It is possible the narcissistically needy parents may cathect their children in different ways in order to meet different needs. This may account for the observation (Black, 1981; Nardi, 1981), that children of alcoholics adopt different roles in order to survive in the alcoholic family chaos.

Clinical Recommendations

As has already been noted, the greatest benefit of this study will be to the clinician. By becoming acquainted with the phenomenology of the ACA, as well as its development context, the clinician can have a better grasp on the salient psychological issues plaguing this population. Following are four specific suggestions for the therapist working with an ACA client:

1. Clarify the process adopted by the ACA client to deal with his/her needs and feelings and how this process was developed in childhood in order to find

a way to survive the alcoholic family chaos. In many cases the ACA will have survived by cutting off from an awareness of needs and feelings. Especially in these cases, it is crucial the therapist take <u>all</u> of the client's feelings, including those of shame and guilt, seriously. The reader is referred to Miller (1981) for more on this subject.

2. Keep in mind the serious threat to self-cohesion, and the anxieties associated with it, that the ACA lives with. The ACA is prone to self-esteem deflations when environmental supports are withdrawn or not forthcoming in accordance with archaic needs. This is likely to occur within the therapy session. It is also important to understand, and help the client to understand, how s/he has developed a strong need to control in order to contain experiences of abandonment, anger, and other experiences that threaten his/her vulnerable self.

3. Understand self-object transferences and, specific to each ACA, how his/her self-objects in childhood failed him/her. Clients who have experienced developmental deficits resulting in a vulnerable self are prone to setting up a self-object transference with the therapist. The client's unconscious hope in such a transference is to resume the self-object relationship

that failed in childhood as well as the developmental process. The fear, of course, is that the new self-object will fail him/her and an assault on the tenuous self will be re-experienced. It is also important for the therapist to develop an understanding of how the self-object failures typically occur in the alcoholic home. Reverse self-object relationships are common where the child will develop a false self that will conform to the depressed co-alcoholic's needs. Also common is the failure of the alcoholic parent to allow the child to make an idealized self-object relationship with him/her.

4.   Utilize the ACA groups that are being offered by the Alcoholics Anonymous organization as an adjunct to individual therapy. Participation in these groups will help mitigate the feelings of aloneness with a shameful secret that is typical to persons having been raised in an alcoholic family.

5.   Develop an understanding and respect for the ACA's phenomenology. ACAs typically have been abandoned at the emotional level and were forced into viewing the world in accordance with the alcoholic family mythology while eschewing their own view of the world. Having been required to see things from another's point of view, they are in need of having

their own subjective view respected. The therapist, by treating these clients phenomenologically, through empathic contact, can help them regain what was lost in childhood: the true and vital self.

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Appendix A

THEME CHARTS

The following fourteen theme charts are provided so that the reader can gain a closer look at the phenomenological analytic process as well as access to the theory's data base. The charts represent a condensation of all the subjects' experiential paradigms. The following explanations should aid the reader in reading them.

The first column notes the paradigm's author as well as its number.

The second column contains information pertaining to the specifics of the situation that the subject encountered (in brackets) and the pre-reflective interpretations s/he made of that situation.

The third column provides the feeling reaction of the subject that was reported in his/her journal.

The fourth column, titled "emotion construct," contains the self-statements the subjects made to themselves pre-reflectively which founded the feeling.

The fifth column presents the action that the subject reported taking in response to the situation. A statement of the subject's intentionality for this action is contained in brackets.

The last column provides a condensation of the alcoholic family origins of this experiential sequence.

THEME #1: Conflict Over Meeting the Needs of Another

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Jan (1)	[Dealing with a patient] She is manipulative, demanding, needy. This means a lot of work for me.	Anger	I'm going to have to be her mother. I'm being punished. I'm in danger of being inadequate.	To become objective, distant, rationalize [In order not to be manipulated.]	Alc. father's neediness; my "duty" to tend to his needs.
Jan (2)	[Work obligations contradict what I want to do] If I do what they want I will get postive feedback from others and will be happier.	Anger, vulnerability	Doing what others want means giving up my self for something that is important in the long run.	Do what the others want [In order to be a responsible person.]	Family's expectations; mother's favor.
Ted (1)	[Step-father is hospitalized] I have had too much emotional involvement. This is an exhausting situation. I really don't care for him.	Anger	I avoid these feelings of anger because it isn't attractive to not be empathic to another's suffering.	Set limits on those with whom I will be involved [In order to create buffers against strong emotions.]	Alc. father's unpredictability.
Bob (1)	[Someone tells me that my job is to make them feel better] If I don't do what he wants, then he thinks I'm a bad person.	Anxiety	I am inadequate in some way if I don't give him what he wants.	Ambivalent struggle with the demand. [If I give another what they want, I gain control, become the powerful person in the relationship.]	Feeling inadequate when my mother was sick.
Sue (1)	[Boyfriend expresses neediness] I am being manipuated, controlled, entrapped.	Vulnerability	I am unprotected; if I follow my impulse to disappear, I will be the villain.	Make a plan of action in which I will be in control. [To be protected from the other's dependency, regain my power.]	Imprisonment of feelings due to mother's sacrificing for me.

THEME #1: Conflict Over Meeting the Needs of Another (page 2)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Dan (1)	[Mother wants me to take care of her needs] She doesn't really care for me. She knows her needs but not that I exist.	Anger, sadness,	I'm a non-entity; there is no Dan here, just my mother's self-object.	Change the subject [In order to get away from her, push her away.]	Mother's extreme dependency; her failure to ack-knowledge me "in the world."
Cat (1)	[Someone prevails upon me with their needs.] They see me as someone who can help them. If I'm not going to help them, no one will. I could be abused, lose control and be trapped. It's my needs versus their needs.	Dread, guilt	When another shows extreme dependency, then I am the responsible one.	Ambivalent struggle with the demand. [I have to be there for them yet I need to assess whether I have given enough of myself.	Feeling like I was the only one who could help my alc. mother.
Cat (2)	[Knowing someone is in emo-tional pain but being ignored] She needs someone and I can't ignore her like everyone else. I don't want to help because it is draining but I'm stuck because I'm going to have to give.	Panic	I'm crazy and full of self doubt because I see what others evi-dently don't.	Flee or withdraw from the situation] [In order to get out of this crazy-making situation.]	Seeing my alc. mother in pain and my father ignoring it.
Ann (1)	[Do something for me even though it denies others] When you make yourself available to others, they hang on you.	Guilt	I'm a bad person who deserts others.	Set limits for myself [In order to take my-self seriously.]	Not wanting to be like alc. mother who was a trouble maker.

THEME #1: Conflict Over Meeting the Needs of Another (page 3)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Ron (1)	[My true feelings could cause another pain if expressed.] They can't handle it; they will fall apart if I don't make things alright. I'll suffer a loss.	Trapped	I have a hell of a time letting go of people.	Withhold true feelings and say what I think they want to hear. [In order to diffuse an explosive situation.]	Fear of alc. mother's rage; the family conspiracy of coddling her.
Ron (3)	[My need to separate emotionally from wife is troubling to her.] Her sense of well-being is tied to how I act or feel. This is overwhelming.	Trapped, guilt	I'm really being an s.o.b. for leaving someone to their misery.	If I can't find an easy way to separate, I literally run out. [In order to find a refuge.]	Feeling responsible for the feelings of other family members.
Nan (1)	[Boyfriend acts in an irresponsible manner] Why do I have to do everything? When is there going to be someone there to take care of me?	Anger, guilt	I feel a pressure to be perfect in these situations and take the blame for what went wrong.	Struggle with the inclination to rescue the other. [Rescuing others means crippling them and should be avoided. Yet if I don't take responsibility I will feel guilty for the fall-out.]	Alc. father's demands that I assume responsibilities as a child.

THEME #2: Vulnerability to Narcissistic Injury

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Jan (4)	[Being neglected by another] The other has the power to do something to hurt me.	Anger	I am not in control. I am helpless.	Retaliation. [In order to insure that I am never in this position again.]	Feeling vulnerable when older brother was unhappy with me or neglected me.
Liz (1)	[Sister fails to show me love.] This situation is a result of my inability to relate to the other in such a way as to bring me warmth and love.	Needy, frag- mented, tense	I am alone, I am an outsider, a failure. I question my own identity.	Talk more about it, give more of my expressions of love. [In order to try and please the other more.]	Childhood feeling that my alc. father's episodic withdrawal was my fault.
Liz (2)	[Grandmother fails to approve of my goals and desires.] She is out of touch with my needs. Yet maybe she's right and I am wrong.	Anger, fear, self- doubt	I am all alone. I am inferior. The opinion of others is too important to me; their disapproval impedes my goals.	Seek approval and validation from someone else. [In order to find better justification for my desires and prove myself to be O.K.]	Mother was always depressed and didn't understand me.
Ted (3)	[Wife becomes intoxicated] Impaled by memories of my father's drinking. I've made myself vulnerable to her, put my faith in her and seeing her like this shakes my faith. This event is traumatic be- cause it is in the context of intimacy.	Anger, revul- sion, fear	I am impotent to make it all better. I can't extend myself or main- tain faith when faced with this.	Withdraw, then scream my anger at her, then try and break through and help her. [All of my actions were coming from fear. They were floundering and visceral.]	Childhood feeling of fear and repulsion when alc. father was drunk.

THEME #2: Vulnerability to Narcissistic Injury (page 2)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Moe (1)	[Not getting accepted into a volunteer program.] These people are flakes. They wasted my time. It is a political situation. My ex-lover (who recommended me for program) set me up for another rejection.	Anger	I don't handle rejection well. My motivation was wrong; if I had been in touch with myself I wouldn't have gone.	Judge negatively those who have offended me. Focus on me and my good qualities. [In order to obtain a better sense of myself.]	Unsuccessful attempts at gaining alc. father's approval. Being blamed by him for his problem.
Moe (2)	[Not receiving a response from ex-lover after my rejection from the volunteer program.] He has the power to pull me to him and then slap me away. His power comes from his being like a little boy.	Anger	Unlike (ex-lover), I am not now or never was the "perfect" little boy.	Pledge to myself to get away from people like this in my life. [In order to find my own power and be less susceptible to his power over me.]	Alc. father's constant rejection of me no matter what I did.
Bob (2)	[A date with a friend] He doesn't like me and won't be straight with me about it. He's jealous of me.	Depression (hopeless)	I am helpless, powerless, impotent.	Withdraw physically and psychologically. [In order to not waste my energy (because I have learned that charming or assaulting another into liking me doesn't work.]	Alc. father's lack of support even when asked for.
Dan (2)	[Son refuses to listen to me when I give him direction.] He doesn't appreciate my efforts on his behalf. I'm really mad at him because he is just like me: he will deny himself in order to maintain a relationship with a woman.	Rage	Maintaining a relationship is more important to me than my inner needs.	Refuse to compete with significant other. Find out what I can do for us to get along. Deny my own importance. [In order to maintain the relationship at all costs.]	As a boy, trying to save my mother from my alc. father; she stayed and I lost the "competition."

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Dan (3)	[Ex-wife indicates to me that she wants to be with a man who is a doctor.] She is acting concerned but she really isn't. I'm the the one who has worked hard to support her and yet I don't get to be her hero.	Anger	I am inferior in comparison to the other. They have what I don't. I can't be the hero.	Give to the other. Deny myself. Then become cut off from my self. [In order to not let go of the relationship.]	My unsuccessful attempts as a child to save my mother from my alc. father's abuse.
Ann (2)	[A client appears to be functioning well.] He's the competent one. He doesn't need me; there's nothing I can do here.	Anxious	I am inadequate, not a good therapist. I should be more competent.	Start coughing and leave the room for a moment. [In order to escape and get away from my negative self-judgments as as well as the intimacy with the other.]	My alc. mother's extreme capabilities when sober. My father's idealization of her after she was gone.
Ron (4)	[My lover rejects me] She is right. I don't blame her or feel anger towards her.	Anxious	I am inadequate.	Blame self and continue with responsibilities [In order to find refuge from anxiety.]	Feeling inadequate as a child for not being able to control alc. mother's drinking.
Ron (5)	[Suffer a series of narcissistic injuries from women.] This is what I deserve.	Desperate	I am someone who doesn't clarify what he wants and act on it.	Withdraw [In order to not get hurt by the anger of another.]	Alc. mother's demand that I be perfect and live up to her high ideals for me.
Fay (1)	[Give up trying to control husband while on date.] I put so much emotional energy into a relationship that gives so little back. If I don't do anything, nothing would happen.	Sadness	I am not really that important.	Hold in feelings and try to self validate them. [In order to break my dependency and feel more self fulfilled.]	Not being allowed to trust my own opinion of myself; getting into trouble everytime I fought for it.

THEME #2: Vulnerability to Narcissistic Injury (page 4)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Tip (1)	[A lover doesn't give me the affection I need.] He is uncomfortable, fears losing control. He exhibits a desperation for me, however, which I find appealing.	Needy, unhappy	I don't like needing someone, especially when he doesn't express his care for me. It takes me a long time to find this out.	Turn cold. Suddenly cut off my caring and value for this relationship. [In order to ease the pain of not getting what I want from another.]	My constant and unsuccessful attempts as a child to get my isolated alc. father to love me.
Tip (2)	[A friend makes a date with my lover.] Friend is insensitive and devious. He should have known that he is being disruptive to me. I'm being betrayed.	Angry, hurt	I am vulnerable in this position. I feel the "temporariness" of relationships.	Confront friend with my anger. [In order to find out what is more important: our friendship or moving in on the lover.]	Not being able to rely on alc. parents when I was hurt.
Tip (3)	[Lover denies me] He is not in touch with his feelings and so he is hurting me and not realizing it.	Anger, hurt	I have no control or power when I have been hurt.	Punish the offending party. [In order to relieve hurt and anxiety over being betrayed, regain control and power, and get the other to see what it feels like.]	Cutting off alc. father as a way of self-preservation.
Pat (1)	[Receive attention from a group] I long for this. I need to feel loved and special. Yet this is a confusing situation.	Anxiety	I am vulnerable here. I don't deserve the notice. I'm going to fuck up in some way, be exposed as a sham.	I'm not sure how to behave so I usually just "walk through it" but part of me isn't there. [I need to be on guard so that I will get through the situation without getting "castrated."	

THEME #2:   Vulnerability to Narcissistic Injury (page 5)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Sam (1)	[Read for an acting job] She (the woman for whom I am trying out) treats me with no respect. She's a total cunt. This ruins my whole day.	Bitter, helpless	Her disrespect is proof that I am a nobody. I stupid and inadequate. I let this wipe out all that is good.	Get drunk and then "bite (lover's) head off" when she insists upon talking about it. [My silence means I don't want to talk about my hurt. Her insistance means she's asking for it.	Family refused to deal with negative feelings and I learned it was best to hide them.

THEME #3: Emotional Distress Over Exposure of One's Vulnerable Self.

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Jan (6)	[Events don't go as I want them to.] When things don't go well, it's my fault.	Anger, frustra- tion	If only I were more capable, smart, clever, etc., everything would be fine	Withdrawal from scene [In order to protect self from frustration.]	My feelings totally responsible for what happens is a reaction against my alc. father's total denial of responsibility for his actions.
Liz (3)	[I experience myself as lacking structure, both internally and externally.] This quality complicates personal relationships.	Guilt	I am a bad example for those who depend on me. I am not dependable and have little value to others.	Engage in willful and obsessive activity (i.e. dieting). [In order to bring about discipline and structure, feel better about myself and avoid sinking into depression.]	Childhood feeling that no one would love me if they knew I had problems.
Moe (3)	[Meet for the first time with new staff and I take charge.] I intimidate others. They see me as a real "prick."	Anxiety	I cut off from feelings, both my own and those of others. I am dogmatic and self-righteous, not conscious of what I am doing to others.	Go into "power drive", come on strong. [In order to cut off communication and not allow my authority to be questioned or myself to be known.]	Tremendous childhood fears of being exposed as vulnerable. Punished by alc. father for crying.
Moe (4)	[Pick someone up for sex] My cock is so powerful. This is compulsive behavior.	Guilt	I am not like my ideal image. I trick myself. How I am is not like how I want to be.	Blow it off, resist thinking about it. [In order to not beat myself up.]	Discipline was the house rule in childhood family. Present guilt for lack of discipline is a hangover from that.

THEME #3: Emotional Distress Over Exposure of One's Vulnerable Self. (page 2)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Sue (3)	[Lose control over a situation when then becomes messy] I'm in a system I can't deal with. Life is too complex.	Scared, exhausted	I am "small" and "hungry" and helpless. I am not big enough to deal with the complexities of life.	Struggle with desire to give up and withdraw. [Retreating is an old pattern and must be fought.]	Memory of alc. father forgetting I was with him and stranding me in a strange place when I was six.
Cat (3)	[Exposing my insecurities to another.] I often assume others won't like or accept me. They will see me as needy and will leave.	Anxious, vulnerable	I am hungry for feedback, knowledge of how others see me. I am needy and and unlovable. I am like my mother.	Explain myself while at the same time withholding (doing what is requested by another my way instead of of theirs.) [Withholding as a way of regaining control. Explaining myself is a way of getting approval at the same time.]	In order to get love from alc. mother as a child, I had to be "good". When I had negative feelings, I had to withhold them.
Fay (2)	[Resist keeping this journal.] This task brings up all of my painful issues; dependency, rescuing others, my competency, separation. They will be seen in concrete situations.	Vulnerable	I fear being overwhelmed, exposed.	Struggle with identifying the feelings and conflicts. [Vulnerability for me comes from not knowing.]	Feeling patronized, lied to when praised by parents. Alc. father would make me self-conscious by never commenting on the product of my endeavors but on how I was doing it.

THEME #3: Emotional Distress Over Exposure of One's Vulnerable Self. (page 3)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Tip (4)	[Exposing self to a professional colleague as not resolved or in control of personal life.] They need to feel I know what I am doing. They can see that I don't have the strength to resolve something in my life that isn't good for me.	Vulnerable	I am weak. I'm not confident about me.	Withdraw from the encounter after a constructive point. [In order to regain a sense of value for myself.]	Feeling trapped as a child with the care of my alc. mother and wanting to run away.
Nan (2)	[Being exposed or exposing self as someone with troubles.] Less than perfect is not o.k. Only perfection is acceptable. Anything less than perfect means not getting approval.	Anxious, angry, hurt	I'm sick and it shows.	Struggle with inclination to withdraw, make excuses. [If I can't do well I don't do it. If I make a mistake, I should hide my responsibility.]	Mother's demand that I be perfect as a child.

THEME #4:   Vulnerability to the Powerfulness of Another

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Jan (5)	[Encounter with a female peer] She is aggressive and force-ful. Aggressive people have the power to hurt me.	Intimida-tion	I am less smart, capable and powerful than she is.	Quietly agree to do something I don't want to do. [In order to appear mature and not emotion-al or threatened.]	Alc. father's aggressiveness when drunk which contradicted his passive sober behavior.
Sue (2)	[Someone "significant" dis-agrees with me.] This person is more powerful than me so I must have made a mistake.	Intimida-tion, lonely	I'm invalid. I'm wrong. I'm small, like a child.	Became insecure, acquiesce to the view of the other, struggle with maintaining a sense of self. [Don't say anything be-cause if I say anything more I will look stupid.]	Mother often abandoned me to to the care of a domineering aunt.
Dan (5)	[Business partner disagrees with me about my convictions.] My idealism will hold me back from attaining worldly success.	Immobil-ized	I doubt if I can make it in the world, be success-ful. .	Withdraw from the situa-tion. [In order to protect self from the frustra-tion in trying to follow the rules of others that I disagree with.]	Significant others in child-hood demanding that I see things through their eyes, dictating how I should feel.
Joy (1)	[An authority figure encour-ages me by saying "good girl".] I respect him because he knows more than I do. I am being patronized. He isn't sensitive. He's impersonal.	Intimida-tion, resentment	I am like a little girl who has to try hard, try to please, be good.	Withhold response and rationalize.] [In order to talk self out of anger quickly.]	Alc. father would respond with vague praise to my accomplishments. Felt intimidated by him but want-ing to please him.

THEME #4: Vulnerability to the Powerfulness of Another (page 2)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality] Origins
Pat (2)	[Someone doesn't take me seriously.] The other has power and is strong.	Anxiety, resent- ment	I am weak in comparison. Someone else's perception of me defines me.	Attempt to be winning, charming, lovable (to act just the opposite of how I am feeling.) [In order to convince the other that I am o.k. and get their approval.]

THEME #5: Vulnerability to Abandonment

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Liz (5)	[Father is mute with me. A co-worker dies.] Others can see the world more clearly than I can. There is no possibility for me to give when there is no one to take.	Guilt	I live in a fantasy world where everyone should be happy. I want too much. I'm immature, unworthy of maintaining an intimate relationship.	Withdraw into depression . . . [In order to distance myself from the pain of of others or my own pain of loneliness and and loss.]	Alc. father was inconsistent, either manically present or withdrawn and depressed.
Ted (4)	[I have a professional triumph and think of recently deceased mother.] This is absurd, a collosal irony. She was the well-spring of my inspiration and she isn't here to share my triumph.	Hollow-ness, unreality, grief	I attach undue meaning to societal events. I am driven because of her. I lose myself in work to forget my grief.	Articulate my feelings to wife. [Strong feelings became exagerrated when allowed to reside within.]	Feeling hollow when alc. father failed to come see a play I was in. Being embarrassed when father showed up drunk to see a play I had directed in college.
Cat (4)	[Encountering someone close to me who is in emotional pain but won't share it with me.] They are needing to take care of themself without me. They don't need anything from me.	Sad, helpless, lonely, angry	I am unimportant, not needed.	Struggle with shutting down my feelings and withdrawing. [Doing this wipes out my needs but also pro-tects me from over-whelming feelings of helplessness.]	Feeling so help-less to help alc. mother with her problems and my father with-drawing from me and not giving me any support.
Fay (3)	[Wondering where ex-husband is.] He is with some other woman.	Terror	I have a fear of being left that often leads me to wanting to control others.	Try to find a way to change what I intel-lectually know I can't. [Do this in order to to maintain the illu-sion of my specialness.]	Family moved often and I always felt I was being left. Father shamed me for my feelings.

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Fay (4)	[Stood up for a date by a friend.] He should be reliable. I should be able to trust him.	Rage, disap- pointment	My anger can prevent this from happening. I think I can control another, but really can't. My expectations are so great.	Replace one set of needs with another. Change the way I view myself. [Do this in order to keep out the injury of a lifetime of fluctu- ating dependence and wanting something that is out of reach. Also to avoid overwhelming feelings of disappoint- ment.]	My unhappy childhood feelings were never accept- able to parents. Parents kept promises to me but abandoned me emotionally.
Nan (3)	[Significant other abandons me.] Abandonment is proof of my worthlessness.	Hurt, anger	I am unimportant, insig- nificant, not worth being with.	Retaliation. [I can't be wrong so I should blame the other.]	"I really seem to block this out and even thinking about it makes me ill. I must have been left a lot and just don't remember."

THEME #6: Vulnerability to Another's Anger

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Jan (6)	[Mother is angry at me for for breaking a date with her.] I'm being rejected. It isn't fair because I didn't have control over the situation. She is justified, however.	Guilt	I'm not a good kid. I am unworthy. It is all my fault.	Tell mother to either be flexible or don't make plans with me. [Where there is a confrontation, I must react and assert myself.]	I caused my mother the least amount of grief and was a "nice girl". Whenever I was "bad", I felt she might die of grief or anger.
Dan (6)	[I've displeased someone and must face him.] He is like my angry parent. He doesn't think I'm living up to his expectations.	Anxiety, guilt	I am weak, puny. A real man would have handled it differently. I'm not like that.	Drive around in circles. Avoid the other person. Get stuck in my head. [In order to calm down and not give in to my impulse to attack the other.]	Running away from home continuously as a child in order to escape from alc. father's abusive rage and my own anger.
Cat (5)	[I make a woman angry by going to lunch with her husband.] She is rejecting me because I am threatening to her. She is an aggressive woman.	Guilty, frighten- ed, angry	I am a bad girl for taking something away from her.	Resolve to not back off my position, stay con- nected to my feelings. [In order to not get swollowed up by catas- trophic fantasies.]	Felt same feelings as a child with alc. mother who would be resent- ful of my rela- tionship with my father.
Joy (2)	[In an angry situation.] This person is being unfair and judging me negatively. Their anger is probably justified. This is unknown and dangerous territory for me.	Anxious	I don't trust myself in these situations to hold onto my feelings. I've gotten a "low grade."	Withhold my feelings and withdraw from the other. [Be careful! Be on guard because I don't know what to expect. Withdraw in order to protect myself from conflict which I .fear.]	Scared and im- mobilized by alc. father's occasional out- bursts of anger. Fear to confront alc. mother with my anger about her drinking be- cause of her anger.

THEME #6: Vulnerability to Another's Anger (page 2)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
San (2)	[Mate is angry at me for not picking up after myself.] She is petty and emotional. She is as guilty as I am.	Angry	I do have control over this situation. I am o.k. I'm being misjudged.	Give into her: resolve to do better. [When someone is over-reacting I should comply in order to make things alright. (This is a basic desire of mine.)]	Felt parent's anger was justified. Mother raved emotionally. Alc. father expressed his anger with cutting disapproval which was worse.

THEME #7: Protection of Vulnerable Self by Withdrawal

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Pam (1)	[Anniversary of brother's death; he died of alcoholism.] This hurt is never going to get better. This pain is too much.	Despair, hopeless, anxious	I wish I had died instead of him. I am lonely, empty.	Withdraw. Sleep for three hours. [Be by myself because no one can help or make me feel any better.]	Having no experience that being with another person could help me.
Pam (2)	[Saw Frances, the film biography of Frances Farmer.] It's as if they are talking about me. I hate what they did to her. They didn't understand or accept her anger. She had good reason to be angry with parents like that.	Depressed, angry, hurt	I am as angry as Frances. I shouldn't be because my parents weren't that blatently crazy. If I ever really let my anger out they might lock me up.	To be alone, solitary. [I need nourishment to quiet the emotional storm. No one will understand this and I can nourish myself if I am alone.]	Parents absolute judgment that expressing anger was bad, "crazy".
Joy (3)	[Someone offers to do a a favor for me.] I will cause trouble for him if he has to go out of his way for me.	Guilty	I am not a nice or good person if I let this person do this.	Usually, I will decline, or refuse the favor. [Don't let this person do this for you. It is wrong to be extra trouble.]	Never felt free to bother my parents with my emotional upsets.

This theme is also contained in the experiential paradigms previously reported:
From Theme #1: Ron (3), Cat (2); from Theme #2: Moe (2), Bob (2), Ann (2), Ron (4), Ron (5);
from Theme #3: Sue (3), Tip (4), Nan (2), Jan (6); from Theme #4: Dan (5);
from Theme #5: Liz (5), Cat (4); from Theme #6: Dan (6).

THEME #8: Protection of Vulnerable Self by Withholding

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Sue (4)	[I am part of a "triangle" involving two men.] My relationships with men always have a sexual aspect to them. Without this, they wouldn't be interested in me.	Uncom-fortable	I am in danger of losing out in triangulated situations.	I pretend or withhold the truth. [This is a threatening situation, therefore I I should not say or reveal anything.]	I always felt like my alc. father and others only liked me because I was pretty.
Cat (7)	[I don't get what I want.] I'm going to have to make a big deal to get what I want. The person will probably be angry at me.	Anger	I will be seen as a bitch, complaining, a pain in the ass. I don't want to hear it.	Instead of immediately expressing anger to other, hold it in and get mad at myself, then talk to the person later.	Thinking I was selfish and wrong as a child every time I felt anger at my alc. mother.
Fay (5)	[I became an official member of a professional group.] This is symbolic of my growing up professionally. I am being accepted. This is fun yet slightly off: like in my family where things are always changing with people's feelings.	Ambiva-lence; joy and fear	I can never really relax trust anything. I want this so much; I'm afraid I'll fuck it up if I want it so much.	Keep my feelings to myself. [To talk of my feelings with so much going on is inappropriate.]	Reminds me of my alc. mother. She's weak; I can't wipe her out. If I become her equal, this will happen.

This theme is also contained in the experiential paradigms previously reported:

From Theme #2: Fay (1); from Theme #3: Cat (3); from Theme #4: Jan (5), Sue (2), Joy (1); from Theme #6: Joy (2).

THEME #9:   Protection of Vulnerable Self by Pleasing Others

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Pam (3)	[Confront another with my anger.] I shouldn't do this, I should understand them. They don't like me. There is a threat of loss. They'll think I'm just this "angry woman."	Anxious, guilty	I am angry and that is bad, bad, bad. I am mean, not feminine, not loving, not o.k.	Make up to the other with "niceness." [Show the other that you are loving besides angry and find out if they still love me.]	Memories of mother saying "just forget it" if I dared to show any upsetness or anger. Learning that anger was a "capital sin."
Ann (3)	[In a group, I make contact with one person and turn another off.] I'm not pleasing everyone. Why is this so important to me? Why can't I take this gracefully?	Upset	I am too sensitive.	Became quieter. Turn from my needs to the needs of others. [Divert attention (needs) from self to others because I want to please everyone and it brings back the person I was offending.]	Trying to compensate for my mother's drinking.
Pat (3)	[I encounter someone who I consider to be "weak".] He is passive, opting for affability instead of being definite, specific.	Resentment, intolerance, fear	I identify with this weakness. I am passive and fail to set boundaries. I'm afraid people will see me this way.	Act good natured but slightly irritable. I hide my true feelings. [I pretend everything is alright so that I don't have to deal with any negative consequences.]	Negative feelings were not acknowledged in family. Alc. father punished us for any expressions of anger.

This theme is also contained in the experiential paradigms previously reported:

  From Theme #1: Ron (1); from Theme #2: Liz (1), Dan (2); from Theme #4: Pat (2);
  from Theme #6: Sam (2).

THEME #10: Protection of Vulnerable Self Through Acts of Aggression

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Pam (5)	[Participate in a training group on the anniversary of my brother's death.] I want all the attention from the group. They won't give me enough.	Cold, hard, angry, hurt	I am bad and I don't care. I am not anxious about it.	Cold, harsh, angry responses to the others. [I don't want others to to get close to me.]	I was left alone when I was hurting as a child.
Dan (6)	[Presented with the opportunity to develop intimacy with another, someone from A.A.] Fuck them. I gave them (AA) the best years of my life and they spit on me. I was betrayed.	Hurt (mostly), angry, sad, lonely	I feel like I am going to fall apart if I don't let someone in and die if I do.	Push the person away, treat her coldly. [This is my best protection against the hurt of betrayal.]	Even when I was good or innocent, my alc. step-father would brutally punish me.

This theme is also contained in the experiential paradigms previously reported:

From Theme #2: Jan (4), Moe (1), Tip (3), Sam (1); from Theme #3: Moe (3);
from Theme #5: Nan (3).

THEME #11: Protection of Vulnerable Self through Willful Control of the Expansive Self

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Pam (4)	[I receive attention from a man.] He likes me.	Good about self. Yet also: shame.	His attention means I am o.k. Yet also: I am liking this too much. I'm too needy, like a sponge.	Criticize self, respond with shame (for my liking the attention). Close up. [I am showing how needy I am for male attention so I must make myself stop it.]	Belief that my family didn't want me because I was a girl.
Ann (4)	[I experience a sense of inflation about my work.] This is important and special work, important in the world.	Joyful yet fearful, deflation	I go to extremes: too up or too down. I will "spin out", get too much off the ground.	Willful resentment; put lid on myself. [I shouldn't get blown up, I should stay low because otherwise I can't navigate.]	My childhood "spinouts" kept me momentarily away from my mother's drinking and the dreariness of our existence togther.

This theme is also contained in the experiential paradigms previously reported:

   From Theme #1: Ted (1); from Theme #2: Tip (1); from Theme #3: Liz (3).

THEME #12:   Protection of Vulnerable Self Controlling Others

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Sue (5)	[Boyfriend shows me that he isn't in control.]	Anxious, angry, resent-ful	I am in danger of being entrapped. I am both protective of the other and terrified.	Take over control; move into a more powerful position.	Feeling helpless when mother was out of control, fearful because I couldn't help her.
	He is immature, vulnerable, childlike. This is his way of manipulating me. He's trying to capture me by making me into his mother.			[I take charge so that I won't retreat and and become "small" and to destroy his weakness without hurting him.]	

This theme is also contained in the experiential paradigms previously reported:

Fran Theme #1: Sue (1), Dan (1); from Theme #5: Fay (3); fran Theme #6: Jan (7).

THEME #13: Compensation for Vulnerable Self through "Heriosm"

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Ted (2)	[Amidst much attention over my professional work, my attention focuses on my sister and her drinking.] She is like me, trying to balance a complex life. She is vulnerable to alcohol because of our father and her tensions.	Worried	I feel responsible for my sister.	Confront her about my concern. [By directly connecting with others in a parental role, I get peace of mind. Showing concon expresses my love and connection.]	I was the older, male figure at home. I acted out the parental role I wish my alc. father would have taken.
Dan (7)	[I make a call on a client who hasn't indicated a desire to speak with me.] This looks like I am not successful, that I am needy.	Anxiety, embarrassment, shame	I am like a little kid. I have a great need to be a hero and have others seek me out for this.	Do something constructive (i.e. clean my room). [Usually, I would do something for someone else. I must never show another that I really need something. I go and find someone needier and give to them, thus fulfilling my need without letting them know of it.]	Being a good kid, meeting the needs of others, got me security. My needs were ignored or put down.
Cat (6)	[I do something that is not "productive".] I am fortunate yet this is not o.k. unless I am accomplishing something. Otherwise, I will deteriorate.	Guilt	If I am not productive in the world then I am uninteresting, worthless, etc.: I'm just like my (alc.) mother.	Struggle with guilt by trying to convince myself that it is o.k. to do something selfish. [This part of me seems driven. I want to fight this pattern because I yearn to relax.]	I would do busy things in order to push away my anger and sadness which wasn't allowed expression in my family.

THEME #13: Compensation for Vulnerable Self through "Heriosm" (page 2)

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Ann (6)	[I'm ill, feeling run down.] This is my fault.	Guilt	I am not being productive.	Do health-inducing things. [In order to restore myself so that I can be of use in the world.]	Alc. mother couldn't care for me when I was sick. Felt like I was trouble to relatives who did (and was therefor like mother). Thought it was up to me to improve things.
Ron (2)	[Someone asks me for help.] This is a rewarding situation for me.	Feel strong about myself.	I'm a nice guy, I'm competent, I know things.	Help them solve their problem. [In order to increase my self-esteem.]	I adopted the role of care-taker in my alc. family.

This theme is also contained in the experiential paradigms previously reported:

From Theme #1: Jan (1), Jan (2), Bob (1), Cat (1), Nan (1); from Theme #2: Dan (3).

THEME #14: Protection of Vulnerable Self by Cognitively Transforming Reality

Subject	[Specifics] Interpretations	Feeling	Emotion Construct	Action [Intentionality]	Origins
Ann (5)	[Lover gets angry with me because I can't see him.] He's angry but this means he still likes me. He wishes I were there.	Mixed: pleased and sad.	If the environment loses the poetry, I put the the poetry in. I'm an escape artist.	Fantasize. [In order to escape the dullness of reality.]	Escaped into fantasies when my mother was drinking heavily and was especially loud.
Pat (4)	[A friend is murdered.] This is so unfair. He is peer who embodies qualities that I Strive for.	Haunting sadness.	I wonder if I would leave the same kind of legacy as this person.	Became paralized, unable to do anything about my feelings. Get caught up in the excitement of his death. [I attend to the excitement instead of the feelings in order to protect myself fran the sadness.]	
Pat (5)	[Someone asks me to make a commitment.]	Anxious	I don't carry through with commitments. I have an inability to complete relationships, projects, etc.	I overcompensate for the fear with incredible enthusiasm. [I go in the opposite direction in order to overcome fear and to illicit commitment fran the other.	
Sam (3)	[A client is displeased with my work, feels cheated.] In some way she's right. But she knows how busy I am and should understand.	Guilty	I am an irresponsible fuck who isn't clear. I can easily get trapped.	Get drunk and stoned with a friend. [Drinking is a way of relaxing fran a tense situation. I have to be abusive with alcohol in order to escape my negative feelings.]	Family used alcohol to manage emotions: either intensify them or minimize them.

This theme is also contained in the experiential paradigms previously reported:

From Theme #4: Moe (4); from Theme #5: Fay (4).

Appendix B

VALIDATION RESPONSES

The seventeen subjects were sent a statement of the theory and asked to respond to each of the fourteen themes individually. They were asked to mark a "2" if that theme was "consistently true" for them; a "1" if it was "sometimes true"; a "0" if the theme was "seldom if ever true" for them. Furthermore, they were asked to make this decision for both their current life and their childhood in the alcoholic family.

In the chart which follows, the numbers refer to the above schema. The letter "N" refers to "now" and reflects the subjects' validation responses for their current adult life. The letter "P" symbolizes "past" and reflects the subjects' validation responses for their childhood past.

The reader may refer back to Chapter Four for a description of the fourteen themes.

Subjects

Theme		Ann	Pam	Sam	Cat	Jan	Nan	Dan	Sue	Moe	Joy	Ron	Fay	Tip	Bob	Pat	Liz	'ed
1	N	1	1	2	2	2	0	2	2	0	2	2	1	0	0	2	2	0
	P	2	2	2	2	2	2	2	2	2	1	2	1	0	1	2	2	1
2	N	1	2	2	2	2	1	2	2	1	2	1	1	1	0	2	2	2
	P	2	0	2	2	2	2	2	2	2	1	1	2	2	1	2	2	2
3	N	1	1	1	2	1	1	1	2	1	2	2	1	1	0	2	2	0
	P	2	2	2	2	1	2	2	2	2	2	2	1	2	0	2	2	0
4	N	0	0	1	2	2	0	1	2	1	2	0	0	0	0	2	1	1
	P	2	2	2	2	2	1	2	2	2	0	0	1	0	0	2	2	1
5	N	1	1	0	2	1	1	2	1	0	1	0	1	2	1	1	2	2
	P	2	2	0	2	1	1	2	1	2	2	0	1	2	2	1	2	2
6	N	1	0	1	1	2	1	2	1	0	2	1	1	1	0	2	1	1
	P	2	2	1	2	2	2	2	1	2	2	2	2	2	2	2	2	1
7	N	0	1	2	2	1	0	2	1	1	1	1	0	2	1	1	2	1
	P	1	2	1	2	1	0	2	1	2	1	1	0	2	2	1	2	1
8	N	1	1	1	1	1	0	2	2	0	2	1	1	1	1	2	2	1
	P	2	2	2	2	2	0	2	2	1	2	1	0	2	2	2	2	2
9	N	2	1	2	1	2	0	2	0	1	2	1	1	0	0	2	2	1
	P	2	2	2	2	2	1	2	0	2	2	2	2	0	0	2	2	2
10	N	0	1	1	1	1	1	0	0	0	0	0	1	1	1	1	1	0
	P	1	0	1	0	0	2	1	0	2	0	0	1	2	2	1	1	0
11	N	1	1	1	2	1	0	0	0	0	1	1	0	1	0	1	2	0
	P	1	2	2	2	1	0	0	0	2	2	1	0	2	0	1	2	0
12	N	0	1	1	1	1	2	1	0	0	0	1	2	1	1	1	1	2
	P	1	0	0	1	1	2	2	0	2	0	2	1	2	2	1	1	1
13	N	2	1	2	1	2	2	2	0	1	0	1	2	2	1	2	2	1
	P	2	2	1	2	2	2	2	0	1	2	2	1	2	2	2	2	2
14	N	1	1	2	1	0	0	0	0	1	1	1	0	0	0	2	1	0
	P	2	2	2	2	0	2	2	2	2	2	0	0	0	0	1	1	0