

“Wine Moms” and Violent Dads: Social Expectations and the Experiences of Children of Alcoholics

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ABSTRACT

Alcohol use disorder (AUD), colloquially referred to as alcoholism, is a disease that currently impacts more than 14.5 million Americans. Alcoholism is commonly referred to as a family disease, both because of its genetic components and because of its impact on family members of those living with AUD. It is estimated that there are 28.6 million children of alcoholics (COAs) in the United States, including those over 18. Research on COAs has established a link between having a parent or caregiver with AUD and diminished psychosocial functioning in adulthood. Little research, however, has examined identity formation in COAs and how this identity shapes experiences in a college context. This research asks *How does the process of identity formation in children of alcoholics (COAs) shape their college experience and life outcomes?* Through interviews with 15 COAs, this study argues that COA identity formation is contingent on how COAs situate themselves within cultural narratives of substance abuse, which rely on gendered, classed, and racialized stereotypes. This identity then shapes the college experience in ways that matter both for the experience itself and overall life outcomes, including how COAs navigate alcohol use, relationships with others, personal development, and career choices. This research expands the sociological understanding of what it means to be a COA, and why this identity matters in an institutional setting where drinking is culturally prevalent.

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INTRODUCTION

As I took my seat in the church basement, I made a mental note of my surroundings. It was dark, musty, and not particularly welcoming. The aura of the room was somber as people filed in looking haggard, almost as if they hadn't felt a moment of peace in weeks. I was the youngest person in the room, and I was terrified. I had never spoken to anyone outside of my immediate family about what life in a family impacted by addiction was like, and I suddenly found myself sitting in a room full of strangers who might actually understand the experiences that had shaped a fundamental part of my identity. This was my first, and only, experience attending an Al-Anon meeting, a support group for those affected by a loved one's alcoholism.

Growing up, if there was one thing I understood about parental alcoholism, it was that I should never discuss it with anyone outside of my family. It was taboo, and it would make us look bad. Regardless of the incredible qualities my parent possessed, how hard they worked to put food on the table, or the parenting skills that turned me into the person I became, once this information became public, it would become an all-encompassing label. Because of this stigma, I kept it to myself. I never returned to Al-Anon after this initial meeting for a few reasons. Mostly everyone there was a spouse of an alcoholic. I couldn't relate to them as much, felt afraid of speaking up as a young person, and wished I could connect with people my own age who understood how alcoholism shapes a parent-child dynamic and childhood development. However, I left this meeting entirely changed. For the first time in my life, I was aware that there were people in the world who were like *me*. There were people who understood what I was going through, why I found it distressing to be around alcohol, and how addiction has ripple effects on family systems. For the first time, I knew I wasn't alone. This feeling of being connected through shared experiences is what has motivated my thesis research.

Each year, the National Survey on Drug Use and Health (NSDUH), which is sponsored by the U.S. Department of Health and Human Services, aims to provide an image of alcohol and drug related health issues in the United States with the goal of monitoring substance use trends, estimating the need for treatment programs, supporting these prevention and treatment programs, and informing public health policy (NSDUH, 2021). Data from the NSDUH on the widespread presence of alcohol use disorder (AUD) reveals an expansive public health concern. Alcohol use disorder, colloquially referred to as alcoholism, is defined as a chronic brain disorder characterized by compulsive drinking, loss of control over alcohol use, and negative emotions when not drinking (NIAAA, 2021). AUD has mild, moderate, and severe subclassifications, and although previously separated into categories of alcohol abuse and alcohol dependence, the DSM-5, published by the American Psychiatric Association, now integrates these two disorders into a single disorder called AUD. According to data from the NSDUH, 14.5 million people ages 12 and over met the criteria for AUD in 2019. This number can be further broken down to reveal gender discrepancies, with 9 million men and 5.5 million women meeting the criteria for AUD. This also includes 414,000 youth ages 12 to 17 who meet the criteria for AUD. 7.2% of people meeting the criteria for AUD reported receiving any sort of treatment in the past year, with women being slightly more likely to receive treatment (NSDUH, 2021).

Alcoholism is a disease with unique properties. Alcoholism is commonly referred to as a family disease, both because of its genetic components and because of the impact alcoholism has on family members of those living with AUD. Psychological and public health research has explored the toll on family and friends of alcoholics, which has motivated the creation of groups such as Al-Anon and Alateen, which aim to offer support and hope to those impacted by the problematic drinking behavior of a family member or friend. According to a 2017 Substance

Abuse and Mental Health Services Administration (SAMHSA) report, approximately 10.5%, or 7.5 million, of U.S. children ages 17 or younger live with a parent or caregiver with AUD (NIAAA, 2021).

It is estimated that there are currently 28.6 million children of alcoholics (COAs) in the United States, including those over 18 (Cornell College Counseling Center, 2022). Given the far-reaching presence of AUD in the lives of American children and youth, a large body of research has established the link between growing up in a home with a parent or caregiver with AUD and diminished psychosocial functioning in adulthood. Risk factors present in the lives of COAs that lead to higher susceptibility to addiction and trouble in interpersonal relationships and self-image have been well explored. Less well explored, however, is the impact of growing up in a home impacted by AUD on the experiences of American college students from a sociological perspective. Considering this precedence, this research begins with the broad theoretical question of how children of alcoholics navigate college and young adulthood through the lens of their personal identity development, and the implications of these findings for what it means to be a COA in a context so closely linked to alcohol use.

This research asks *How does the process of identity formation in children of alcoholics (COAs) shape their college experience and life outcomes?* When formulating my initial research question, I did not intend to focus so heavily on COA identity formation. Rather, I began this project with the goal of narrating a coherent story of COA social identity that goes beyond traditional narratives that are highly medicalized and focus primarily on the negative emotional, social, and health consequences of parental alcoholism. However, this was challenging, as the patterns that emerged over the course of 15 in-depth interviews with COAs reflect the diversity

of COAs as a group and the heterogeneity of experiences that have impacted their understanding of their own identity in profoundly different ways.

Based on these findings, I argue that COA identity formation is contingent on the ways COAs situate themselves and their life experiences within cultural narratives surrounding substance use. These narratives reflect the social meanings that are ascribed to substance use, which shift across social contexts and are dependent on gendered, classed, and racialized stereotypes. This identity then comes to uniquely shape the experiences of COAs in college in ways that matter both for the college experience and overall life outcomes, shaping how they navigate alcohol use, relationship with others, academics, personal development, and future career choices.

This study focuses on COAs in a higher education setting given the unique social properties of college campuses, where alcohol and drinking serve as a key form of group socialization that carries distinctive consequences for COAs. A study focusing on this population provides a useful addition to the existing body of literature on COAs, as both the topics of identity formation in COAs and COA experiences in college have thus far been understudied. Considering that college presents a particular challenge to COAs given the prevalence of party culture, and that college is a key mechanism for driving inequality, understanding the experiences of this particular population on college campuses is of sociological importance.

Interview research offers a unique opportunity for understanding the individual stories of COAs in a way that is more in-depth than other methods. Allowing participants to discuss their experiences freely through interviews offers a means for understanding the social mechanisms through which experiences with parental alcoholism operate, while contextualizing this facet of an individual identity within a broader social context. This research fills an existing gap in the

body of literature addressing COA experiences by providing insight into how this identity shapes experiences in a university context. In addition to filling this specific gap in knowledge, this project's significance comes from its examination of COA experiences in a sociological context. COAs have rarely been the subject of sociological research, and have mostly been studied through the lens of public health or psychology. By taking a sociological approach, this project aims to redefine academic discourse and dominant narratives about COAs, looking at what it means to hold this identity in a context largely centered around alcohol use.

The significance of this project is both sociological and personal, and the personal significance is embodied by the responses of my interview participants. Across all 15 interviews, participants expressed excitement about the project and noted that they had never heard of research being conducted on COA experiences. Most participants were excited about the prospect of connecting with another COA and sharing their stories, as they had previously had limited opportunities to do so. Several participants reached out to me a few weeks after their interviews had concluded to let me know how meaningful the experience had been for them. They noted that having the opportunity to discuss what being a COA means to them had been a foundational step in their journeys of self-discovery. For several participants, doing the interview and being able to reflect on their experiences was empowering and important for coming to terms with what they had been through and how it had shaped them. In addition to a unique contribution to the literature, this sentiment is why this project is important. The COA experience is often one of loneliness and stigma, and offering a space to discuss this with honesty and empathy is why this project is of personal and social significance.

LITERATURE REVIEW

Alcoholism as a Social Problem

In his 1959 book *The Sociological Imagination*, sociologist C. Wright Mills developed a quintessential theory of modern American sociology, providing a framework for understanding the stories of individuals and their personal troubles through their broader social context. In coining the term “sociological imagination”, Mills encourages sociologists to find the general in the particular by making connections between personal experiences and wider society and its historical processes. Put more simply, every individual is a product of their social context. The things we do as people are shaped by the situations in which we find ourselves, our cultural values, and the actions of the people with whom we interact (1959).

Alcoholism and its effects are not often the subject of sociological research. Alcohol use disorder is treated as a public health issue, the root causes of which fall under the jurisdiction of psychologists and public health experts. While this research plays a fundamental role in combating the pervasiveness of alcohol abuse through public health policy, alcoholism is at its core a social problem that has thus far been underexplored as a sociological issue.

According to research conducted by the National Institutes of Health (NIH), structural disadvantage plays a key role in the development and impact of alcohol use issues. Particularly strong predictive factors include exposure to neighborhood and familial poverty, residential instability, and social isolation (Cerdá et al., 2010). Neighborhood disorder, stressful life events, and economic hardship increases vulnerability to the psychological distress that leads to problem drinking (Mulia et al., 2008). Considering this relationship, conventional conceptualizations of alcoholism and who is impacted by it have come to be associated with certain socioeconomic and racial demographics. However, according to research by the NIH and NIAAA, rates of

problematic drinking across racial and ethnic groups, as well as individuals with high and low SES, do not differ dramatically (2016). While rates of heavy drinking tend to be relatively consistent, the negative consequences of heavy drinking disproportionately impact people of color and individuals with a low SES (Collins, 2016). Public health research has suggested that the severity of negative consequences tied to alcoholism is directly related to socioeconomic status, and excessive drinkers in socially disadvantaged areas are 11 times more likely to experience the harms and health repercussions of alcohol use than drinkers in advantaged areas (Katikireddi, 2017).

Alcohol has carried immense sociocultural significance in nearly every human society, with its consumption relating closely to social norms and traditional social practices. However, the cultural prominence of alcohol as a social activity in the United States reflects its similar level of prominence in the creation of childhood trauma. According to the Adverse Childhood Experiences Study, conducted by the Centers for Disease Control and Kaiser Permanente, nearly a quarter of all Americans grew up with at least one alcoholic relative (Felitti et al., 1998). Given this level of social prominence, it is vital for sociologists to consider the impacts of family trauma caused by alcoholism on our social systems and institutions, as well as individuals.

Identity Formation and Cultural Narratives

The scholarly focus on the social construction of identity has led to an emerging sociological interest in the study of identity formation. In her examination of the narrative constitution of identity, Margaret Somers pushes back on conventional scholarship that conflates social identities with fixed “essentialist” categories, arguing instead that people construct identities and make sense of their social worlds by locating themselves within social and cultural narratives (Somers 1994:606). Somers argues that social life is itself storied, and social narratives

that shape how we understand who we are are rarely of our own making. This approach contradicts conceptualizations of identity that treat identity categories as rigid, and rather treats them as relationally situated and something that someone becomes, rather than something that someone inherently is, given that cultural narratives are socially constructed and fluid across time, space, and shifting power relations (614). This view of the social construction of identity provides a framework for understanding social action and behavior, as well as how individuals make sense of their lives and their social being in the world, as the result of relational places within a narrative, rather than a categorical classification.

Somers also argues that identity formation takes shape within relational settings of contested but patterned relations among narratives, people, and institutions (626). She notes the significance of alternative public narratives, as singular dominant narratives have the potential to damage the identity formation of individuals whose life experiences do not reflect dominant narratives. She argues that struggles over narrations are thus struggles over identity (631). Narrativity is closely linked to history, social knowledge, and institutional and cultural practices. Somers' examination of the influence of narrativity on identity formation, social identity, and agency informs much of this examination of COA identity formation.

While Somers' work provides a theoretical framework for identity formation as it relates to cultural narratives, this notion of "dominant scripts" has been an area of focus for sociologists studying a wide range of social identities. In his work on transgender identity narratives, Spencer Garrison uses interview data to assess the identity narratives of two cohorts of transgender respondents who are either binary or non-binary identified. Garrison found that respondents often worried about being "trans enough," utilizing narrative strategies to establish themselves as "authentically" trans, and expressed anxiety over whether their gender experiences could be

distilled to others into an intelligible and consistent narrative. In order to affirm themselves as trans, Garrison noted that respondents tended to construct narratives that minimized potential inconsistencies in order to reflect dominant cultural narratives of the trans experience (Garrison 2018).

The Self and Social Stigma

The foundation for stigma research began with Erving Goffman's 1963 book *Stigma: Notes on the Management of Spoiled Identity*, which offers a sociological examination of individuals who are disqualified from full social acceptance on the basis of identity. Goffman's theory of stigma analyzes how stigmatized individuals feel about themselves and their relationship to people deemed "normal," as well as strategies that stigmatized people use to cope with rejection from others and the complex images of self that they project to others. According to Goffman, society constructs means for classifying people, and "social identities" create frameworks that allow individuals to attribute characteristics to others. When these characteristics are undesirable and lead to a reduction in value and social power, this is the process of stigmatization. Stigmatization is closely linked to socially constructed conceptualizations of "deviance," social control, and what is deemed acceptable or not in society.

Goffman identifies three types of stigma— stigma of character traits, physical stigma, and stigma of group identity. This first type, stigma of character traits, is the type of stigma Goffman argues is ascribed to those who struggle with drug or alcohol addictions. As Goffman writes, stigma of character traits are: "...blemishes of individual character perceived as weak will, domineering, or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction,

alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior” (1963:14).

Goffman identifies several response strategies that stigmatized people can take, including attempting to compensate for their stigma, using their stigma as an excuse for lack of success, or hiding. Goffman notes that the strategy of hiding can increase levels of isolation, depression, anxiety, self-consciousness, and fear. Stigmatized people may also turn to other stigmatized people for coping support, in the form of support groups, clubs, or groups that promote a sense of belonging (24).

Since Goffman’s essay, the tendency to associate human differences with negative attributes has been applied to a wide range of social identities and experiences. Research published by the journal of *Alcohol and Alcoholism* has shown that stigma is likely to aggravate the medical and social consequences of alcohol dependence. When compared to other substance-unrelated mental disorders, individuals struggling with alcohol dependence are less frequently regarded as mentally ill, are held more personally responsible for their condition, provoke more negative emotions and social rejection, and are at particular risk for structural discrimination as a result of stigma (Schomerus et al., 2010). Alcoholism is a particularly stigmatized mental disorder given the societal association between alcohol dependency, personal responsibility, and moral choice.

In one study published by the NIH, Marie Haverfield and Jennifer Theiss argue that both alcohol-dependent individuals and their family members experience stigmatization (2016). Their research reveals that family members’ perceptions of stigma are heavily dependent on the severity of their parent’s alcoholism and levels of family topic avoidance. Perceived stigmatization correlated with depressive symptoms, self-esteem, and resilience in COAs. Their

research focuses heavily on ideas of concealment and disclosure stigma, as perceived stigma led to a reluctance in COAs to discuss their parent's alcoholism with others due to a pressure to keep it a secret and avoid negative stereotypes, which serves as a barrier to coping and addressing personal trauma (Haverfield and Theiss, 2016). Popular conceptions of alcoholism as a "moral failing" play a large role in its persistence, as social stigmatization discourages disclosure and help-seeking and encourages isolation. While stigma has been heavily researched in the context of those who use alcohol and drugs, less research has been conducted on how this stigma impacts their families and friends. While alcoholism is often called a "family disease" because of the impact it has on the loved ones of the individual struggling with alcohol dependence, associative stigma has been understudied, particularly in the lives of COAs.

Erving Goffman's 1959 book *The Presentation of Self in Everyday Life* presents his theory of social interaction and social performance, likening social interactions to theatrical role-playing and reactions to others' performances. Central to Goffman's argument is his theory of impression management, in which people interacting in social settings attempt to present themselves and behave in a way that prevents the embarrassment of themselves and others. While Goffman's theories of social performance and impression management are most commonly used in the context of sticking to established "social norms" during social interactions, impression management has also been the subject of stigma research as a means of managing stigma (1959). Impression management refers to people's attempts to control the perceptions others have of them, and stigma management is a form of impression management in which individuals may choose to either conceal or disclose certain parts of their identity to minimize social stigma.

Recent research has also begun to link stigma theory to theories of “self.” In her research on chronic illness and “the self,” Kathy Charmaz defines “self-concept” as the taken for granted ways of thinking, feeling, and acting that become defining characteristics of an individual and distinguish them from other people (Charmaz, 2002). Charmaz argues that certain identities, particularly being an individual with a chronic illness, can disrupt taken for granted notions of self and habitual ways of defining self. Through qualitative interview data, Charmaz finds that individuals with chronic illnesses avoid constructing an altered sense of self that revolves around viewing themselves as chronically ill.

Charmaz’s research on chronic illness and the self provides an interesting insight into how certain identities, particularly those that are accompanied by a level of social stigma, can impact an individual’s personal identity and self-concept in profound ways. Years of stigma research has examined the process of stigmatization as it relates to mental illness, sexual orientation, HIV/AIDS, addiction, incarceration, poverty, unemployment, and race and ethnicity (Link and Phelan 2001). Sociologists Bruce Link and Jo Phelan define stigma as the co-occurrence of its components, labeling, stereotyping, separation, status loss, and discrimination, which lead to people constructing cognitive categories that are linked to stereotyped beliefs. In order for stigmatization to occur, power must be exercised, which can then have dramatic consequences for an individual’s life chances in areas such as earnings, housing, criminal involvement, and health (2001:363).

COAs and Cultural Narratives: How Academic Discourse Has Structured the Conventional Narrative of COA Identity

The sociological imagination enables us to view individual stories and experiences as rooted in broader society. Rarely is an individual struggle unique to one singular person, as

scores of others are subject to the social causes of struggle and hardship. As noted previously, alcoholism is a social issue with social causes and effects. There are currently 28.6 million children of alcoholics in the United States (Cornell College Counseling Center, 2022), each of whom has their own story of growing up facing the impacts of alcoholism. However, there are two canonical versions of the story of being a child of an alcoholic: the story of overcoming adversity and achieving resilience, and the story of those whose adverse experiences lead to diminished psychosocial functioning and often spur the continuation of the cycle of addiction.

This latter story is more commonly explored in psychological and public health research, as scores of studies have established the prevalence of the adverse impacts of growing up with an alcoholic parent. This is often referred to as “vulnerability,” which researchers Sihyun Park and Karen Schepp define as the experiences that cause stress and anxiety to an individual in a way that can negatively influence their physiological, psychological, and social functions (2014). For example, according to research by the American Academy of Child and Adolescent Psychiatry, COAs are at far greater risk for developing emotional problems than children without parents who are alcoholics.

COAs often experience feelings of guilt spurred by thinking they are the cause of their parent’s drinking, anxiety or embarrassment over their home situation, anger at their parent, and depression caused by feelings of helplessness. Additionally, COAs may struggle with an inability to form close relationships, as repeated disappointment in a parent or caregiver may lead to deeply ingrained trust issues. These feelings may lead to failure in school, truancy, a lack of friends, delinquent behavior such as violence or theft, risk taking behaviors, aggression toward other children, depression, suicidal thoughts or behaviors, and abuse of alcohol or drugs. COAs are four times more likely than other children to become alcoholics themselves, given the

tendency of alcoholism to run in families and the adverse emotional impacts of family alcoholism that may lead to alcohol abuse as a coping mechanism (AACAP, 2019). AACAP research has also found that these children may cope with familial alcoholism by taking on a “responsible parent” role both in their families and friendships, which is often referred to as “parentification,” and become successful, overachieving students. However, emotional isolation from other students and adults is still likely to be present in students who engage in this manner of coping, and may lead to the development of emotional problems in adulthood (AACAP, 2019). These problems are not only prevalent amongst young children, as research has shown that adult children of alcoholics (ACOAs) experienced more anxiety and shame about interpersonal relationships when compared to non-ACOAs, as a result of fearful attachment styles and low self-esteem which hinder the development of healthy interpersonal relationships (Rafferty and Hartley, 2019).

The majority of research on the adverse impacts of growing up with an alcoholic parent focuses on elementary aged children. However, psychologists Valarie Schroeder and Michelle Kelley have published several studies focusing on the executive functioning and coping behavior of COAs in college. In one study, Schroeder and Kelly found that COAs in college were significantly more likely than non-COAs to report depressive symptoms, and to engage in coping behaviors of behavioral disengagement, denial, and substance abuse (2011). Similarly, in a study that compared 84 college aged COAs to 188 non-COAs, Schroeder and Kelly found that COAs in college are at greater risk for experiencing difficulties in higher order processes relating to behavioral regulation stemming directly from the characteristics of the family environment and family responsibility in their family of origin. When compared to non-COAs, COAs are at greater risk for alcohol and drug abuse, aggressive behavior, and psychiatric disorders, all of

which can contribute to academic underachievement. The research of Schroeder and Kelly asserts that family environment greatly attributes both to underachievement and to difficulties in controlling one's behaviors, thoughts, and emotions. These are skills that are critical for academic, interpersonal, and occupational success, suggesting that environments in families impacted by alcoholism may hinder collegiate success and occupational success later in life (2008).

The sociological implications of this research by Schroeder and Kelly are supported by the research of economist Ana Balsa, who has found that parental problem-drinking has negative effects on COAs' labor market outcomes later in life. Balsa found that COAs were more likely to experience longer periods out of the labor force, lengthier unemployment, and overall lower wages than non-COAs. Balsa attributes this phenomenon to COAs' increased likelihood of abusing alcohol themselves and experiencing health problems (2008). This research explores the intergenerational effects of alcohol abuse and the indirect economic effects of alcoholism. Additionally, Balsa's research exemplifies the sociological implications of the perpetuation of intergenerational inequalities and economic disadvantage as a result of alcohol abuse, while building on the research of Schroeder and Kelly to show how disadvantage begins at a young age in the family environment and spreads into adulthood. Considering the fact that poverty is one of the most predictive risk factors in the development of substance use issues and adverse developmental outcomes, the cyclical relationship of poverty and alcoholism has significant implications for how researchers can view alcoholism through a sociological lens.

The vulnerability of COAs when it comes to psychiatric disorders, suicidal ideation, substance abuse, and interpersonal difficulties have been well documented, and are often the dominant narrative, or social script, of the COA experience. An additional topic of existing

research on COAs, albeit less well explored, is the narrative of resilience in COAs. In research published in the *Journal of Child and Family Studies*, psychologists Sihyun Park and Karen Schepp explore the individual, parental, familial, and social factors that fall into the categories of either risk or protective factors in the development of resilience or vulnerability in COAs. Park and Schepp define resilience as exhibiting positive outcomes in spite of adverse life experiences or serious threats to one's adaptation or development, and the ability to recover from change and misfortune (2018). Park and Schepp define "protective factors" as factors that promote resilience and act as a buffer against adverse experiences, and "risk factors" are behaviors, attitudes, beliefs, and environmental circumstances that increase vulnerability (2015).

Children are easily affected by the environment in which they have grown up, hence the association between growing up with an alcoholic parent and negative outcomes that are either externalized, such as ADHD or aggression, or internalized, such as low-self esteem or depression. However, not all COAs incur these negative consequences, as some are more vulnerable or more resilient to their parents' problem drinking. Through a systematic review of existing literature on risk and protective factors, Park and Schepp identified a series of factors that influence the resilience or vulnerability of COAs, which are summarized in Figure 1 (2015).

Figure 1: COA Risk and Protective Factors

	Vulnerable	Factors	Resilient
Individual level	Younger Female or male Low Low Low Difficult	Age Gender Self-esteem Self-regulation Academic & Cognitive ability Child temperament	Older Female or male High High High Flexible & optimistic
Parental level	Insecure attachment Conflict Negative and inconsistent High	Attachment with non-alcoholic caregiver Parent-child relationship Parenting Parentification	Secure attachment Positive Positive and consistent Less
Familial level	Two High Present High Low None	The number of alcoholic parent Family density of alcoholism Comorbid psychopathology in parents Family violence and conflicts Family cohesion, adaptability and interaction Other trustable family members	One Low None Low High Present
Social level	None None None	Social support Extra-curricular activities Later positive interpersonal relationship	Present Participating Present

As exhibited by Figure 1, factors such as self-esteem, temperament and outlook, familial relationships and support, family cohesion, levels of familial responsibility, and social and interpersonal support are some of the key factors in determining whether COAs develop resilience later in life. Resilience occurs when an individual succeeds despite being exposed to multiple risk factors. The development of a resilience pathway is often due to the presence of protective factors, such as those explored by the research of Park and Schepp. In her research on resilience, Ann Masten utilizes the Risk and Protective Factor Theoretical Model to identify ten protective factors that play a role in the development of child resilience. These factors include “effective parenting; connections to other competent adults; appeal to other people, particularly adults; good intellectual skills; areas of talent or accomplishment valued by self and others; self-efficacy, self-worth, and hopefulness; religious faith or affiliations; socioeconomic

advantages; good schools and other community assets; and good fortune” (1994). These factors play key roles in sending children down a resilience pathway. Conversely, children become more likely to follow a vulnerability pathway as the number of risk factors increase.

In a study published in the *Journal of Substance Use and Misuse*, researcher Jerry Moe found that some COAs may actually score higher than non-COAs on measures of self-esteem and locus of control, have a greater ability to reframe negative experiences in a positive light, and be more likely to seek out emotional support when needed. Moe’s research explored the development of resilience in COAs through 50 semi-structured interviews with young COAs, in which they were asked to self-report their perceptions of achieving resilience in the face of their parents’ problem drinking (2009). Moe was able to identify three themes that these children indicated helped them achieve resilience. The first theme was “substance abuse behavior,” which centered on the importance of the absence of alcohol from their own lives, their parents’ lives, and the world in general. The second theme was “perceptions of substance abuse behavior,” which centered on the importance of overcoming guilt, treatment and recovery, and both positive and negative parental role models. The third and final theme that emerged was “internal resources,” which included an ability to express feelings to others, gaining knowledge about the truth of what causes addiction, and choosing to both have a good attitude and engage in healthy and productive activities (2009).

Researchers in the field of urban sociology have examined how scholarship focusing on urban Black communities often follows one of two frameworks: the deficit frame and the asset frame. Deficit-based portrayals emphasize the negative structural factors impacting Black urban life, and the cultural “deficits” that are either an adaptation to structural realities or a cause of hardship. Asset-based portrayals focus on the agency and cultural contributions of urban Black

Americans (Hunter and Robinson, 2016). Tensions within the deficit/asset dialectic reveal the sociological strain between structure and agency. Hunter and Robinson argue that structure and agency can coexist, as the social world is the result of multiple paths and factors that interact to create the human condition.

While academic research across disciplines has not completely ignored the complexity and heterogeneity of COA experiences, the tendency of academic discourse to focus predominantly on deficit-based portrayals of COA vulnerability and adverse life outcomes has contributed to a dominant narrative or social script of the vulnerable COA, which has emerged as the quintessential image of a COA. While this is important research, especially considering that COAs are more likely to experience negative life outcomes as a result of early childhood trauma, it does not fully grasp the multifaceted nature of what it means to be a COA and how these experiences contribute to identity formation and self-understanding. This aspect of the COA experience has yet to be formally explored in academic literature, particularly from a sociological perspective. By examining COA experiences holistically, sociological research can better understand the diversity of life outcomes and experiences for COAs.

Alcohol Use in College Students

While some studies on COAs have been conducted on college-aged populations, most research in this area explores the experiences of young children. However, considering the centrality of alcohol use to college culture, the experiences of COAs are particularly relevant when examined in a college or university setting. According to research by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), 33% of full time college students aged 18-22 reported binge drinking in the past month. The NIAAA estimates that over 1,500 students aged 18-24 die annually from alcohol related causes, including unintentional injuries and binge

drinking, and 97,000 students annually report alcohol related sexual assaults. Additionally, about 1 in 4 college students reported experiencing academic difficulties as a result of drinking, and 9% of full time college students aged 18-22 meet the criteria for AUD (NIAAA, 2021).

The experience of COAs is particularly relevant in the context of college drinking, because college students have higher rates of binge drinking and driving while under the influence than non-college peers. Many students come to college with already established drinking habits, which then escalate due to widespread availability of alcohol, unstructured time, newfound independence and limited interaction with other adults, and lax enforcement of underage drinking laws. Additionally, even for students who come to college with no drinking experience, the first 6 weeks of freshman year are often characterized by social pressures and expectations that can lead to the development of heavy drinking habits. This is particularly prevalent on college campuses with strong Greek life systems and athletic programs (NIAAA, 2021).

In his book *Getting Wasted*, sociologist Thomas Vander Ven explores college drinking patterns and how heavy drinking and being in college came to be viewed as synonymous through the social processes of excessive drinking and how college students drink together. Vander Ven argues that rather than being a solitary activity, college drinking culture is very much a social one, defined by rituals and rites of passage. Vander Ven asserts that despite repeated negative experiences as a direct result of drinking, excessive drinking continues in college due to the social support students give each other and the creative ways in which they reframe embarrassing or regretful drunken behavior and events (2011).

Sociologist Karen Weiss also explores the negative consequences of college drinking culture in her book *Party School: Crime, Campus, and Community*. Weiss investigates the “party

school” as an organizational setting, and partying as subculture. The typical party school, Weiss writes, is a large state university, often located in a geographically isolated town, with a prominent Greek life scene and large athletics program. Weiss’ central argument is that partying at these schools, while normalized to many students, affects everyone negatively, including partying students, non-partying students, and residents in the surrounding communities. Weiss focuses her book on the crime and negative behavior that is often caused and normalized by partying culture (Weiss, 2013).

Weiss’ focuses her research on a university deemed “Party University,” or PU. At PU, 40% of students are “heavy partiers,” who drink five to eight drinks in a typical night, drink two to three nights a week, and occasionally use drugs. 14% were defined as “extreme partiers,” who drink nine drinks on a typical night, drink four or more nights a week, and use drugs several times a month. Weiss notes that the remaining student body, defined as light or non-partiers, often find themselves feeling left out or “under siege” as a result of the heavy partying culture at PU. Weiss discusses the many ways in which partying at PU comes with collateral damage, including blackouts, personal injuries, hangovers, missed classes, physical assault, sexual assault, and community nuisances such as vandalism, noise, and litter. Much of these collateral consequences have been normalized as “the price of having a good time,” normalizing injury, abuse, victimization, and the underreporting of criminal behavior.

Weiss’ research is primarily criminological, and does not focus on many of the social functions of partying that I aim to address through my research. For example, Weiss’ analysis largely avoids the topics of gender, race, and social class in college drinking culture, which overlooks many of the ways in which social life on college campuses is shaped by social inequalities. Additionally, while Weiss touches on the ways in which college drinking culture has

negative impacts on everyone, including non-drinkers and community members in the form of victimization or “feeling left out,” her research leaves room to explore the negative effects of college drinking on the demographic of students who may find drinking to be emotionally distressing, triggering, or especially risky given a predisposition to addiction.

The social processes behind excessive drinking in college students make it a particularly interesting area of research for sociologists. Additionally, the social pressures and expectations around drinking in college creates a unique environment for COAs, who may face certain pressures that trigger emotional distress, impact their identity as a member of the campus community, or increase their personal risk for developing a substance dependency. Most academic research on the topics of both alcohol use in college students and COAs has yet to explore the specific subject area of the impact of holding a COA identity in college students, especially surrounding the topics of social development and identity formation.

METHODOLOGY

Over the course of three months in the Fall of 2021, I conducted 15 in-depth interviews with self-identifying COAs using a predetermined set of interview questions. Interview research offers a unique mechanism for understanding the diversity of COAs identities through the power of their individual stories. This researched design also allows individuals to tell their story of parental alcoholism on their own terms, with enough freedom and space to go into detail about specific experiences and stories. My motivation for choosing this method was that I felt it would allow for more than just a surface level glimpse into an individual’s life experiences. Interviews take these experiences and place them in a broader social context in order to understand an individual’s motivations and the social drivers of their current circumstances, exhibiting how their outlooks are connected to their COA identity in a way that other methods would not.

Recruitment

Recruitment consisted largely of social media flyering using a graphic advertising the study eligibility and participation requirements. The flier was posted on Instagram and forums for student organizations such as GroupMe and Slack. The flier also advertised the financial incentive attached to the study.

Figure 2: Study Recruitment Flier

PAID STUDY OPPORTUNITY

M | LSA SOCIOLOGY
UNIVERSITY OF MICHIGAN

The purpose of this study is to examine the experiences and opinions of college students / recent graduates who have experienced parental alcoholism or identify as a child of an alcoholic (COA)

Compensation: \$20 Visa gift card

Seeking interview participants who are 18+, have some experience with higher education, and have experienced living with a parent or guardian impacted by alcohol abuse or dependence

Interviews can be conducted virtually and range in length from 60-90 minutes

Contact anedoss@umich.edu if interested or with any questions

UNIVERSITY OF MICHIGAN DEPARTMENT OF SOCIOLOGY
HONORS THESIS

While most interview participants were recruited through social media flyering, two were recruited through snowball sampling. The most notable aspect of the recruitment process was the willingness and eagerness of COAs to speak on their experiences. Within twelve hours of the above flier being distributed, thirteen self-identifying COAs reached out over email, Instagram, GroupMe, or text message to express their desire to participate in an interview. Several of these

interest messages indicated excitement about the project and the chance to speak on their experiences. While I did not expect to find sociologically intriguing data at this stage of recruitment, this overwhelming response to my recruitment materials demonstrated that many COAs are remarkably willing to disclose their experiences to others, and are excited at the prospect of a socially acceptable opportunity to discuss experiences often viewed as socially taboo. I believe that my own identity as a COA, which was disclosed to interviewees at the beginning of the conversation and could be inferred by participants who did not know me based on my choice of thesis topic, may have contributed to their comfort opening up about their experiences. Participants were also offered a financial incentive in the form of a \$20 Visa gift card, which may have increased willingness to participate.

When beginning the recruitment process, my central goal was to recruit a diverse sample of COAs, exhibiting a wide range of racial identities, gender identities, and class backgrounds. Therefore, I attempted to recruit across a range of student organizations that would hopefully yield a minimally homogeneous interview sample. Since COA identities are not outwardly visible, it was challenging to explicitly recruit diverse participants, as I was relying on who saw my flier and felt comfortable enough to reach out and participate.

Participants

The participants in this study were 15 self-identifying COAs with some experience in a higher education setting. COA status was determined largely through an interview respondent's self-identification. In recruiting interview participants, I chose not to utilize a screening survey to determine eligibility through a predetermined definition of "alcoholic" or alcohol dependent. This was a choice I made due to differing psychiatric and colloquial definitions of what it means to be an "alcoholic", and the belief that if an individual felt that their parent or guardian fit under

the label of “alcoholic” and that this had become a meaningful part of their identity in a way that impacted their experiences and worldview, then their perspectives were worthy of being included in the study.

This study examined the experiences of COAs who were either current college undergraduates, recent graduates or graduate students, or individuals who had recently been enrolled in undergraduate education but not completed their degree. I had three justificatory reasons for this. Firstly, college students or individuals close to a college setting are arguably the most accessible population for research conducted at the undergraduate level. Secondly, the college environment is infamous for its social glorification of heavy drinking, which can serve as a catalyst for the development of substance abuse issues. Thirdly, previous research has primarily focused on young COAs or older adult COAs, often neglecting the liminal space of young adulthood that college students are tasked with navigating.

My initial plan for this project was to recruit a diverse sample of COAs to examine how individual social identities impact COA experiences, but I found myself limited in this endeavor by the relative homogeneity of the interview sample. Participants are referred to using pseudonyms. The demographics of the interview sample were as follows.

Table 1: Participant Demographic Information

Participant	Age	Gender of COA	Parent Impacted by Alcoholism	Race/Ethnicity	Class
Alexis	21	Cisgender woman	Father	White	Working
Brian	21	Cisgender man	Mother, Father (Recovered)	White	Upper
Sarah	23	Cisgender woman	Mother	White	Working
Allison	22	Cisgender woman	Father	White	Upper middle
Kaitlyn	19	Cisgender woman	Mother	White	Working
Matthew	20	Transgender man	Father	White	Upper middle
Claire	21	Cisgender woman	Mother and father	White	Working
Sophie	21	Nonbinary	Father	White	Middle
Ashley	20	Cisgender woman	Father	Latinx	Working
Alex	22	Cisgender woman	Father	Latinx	Lower middle
Annie	23	Cisgender woman	Father	White	Middle
Leah	22	Cisgender woman	Stepmother (Recovered), Father (Recovered)	White	Upper middle
Eva	21	Cisgender woman	Mother	White	Middle
Stephanie	22	Nonbinary	Mother	White	Upper middle
Lydia	21	Nonbinary	Mother	White	Middle

Out of the 15 interviews conducted, 8 were conducted with white women. Out of all participants, six identified as coming from a working class or lower middle class background, four considered themselves to be solidly middle class, and five considered their backgrounds to be upper-middle to upper class. Two participants identified as Mexican-American women of color, both from working class backgrounds. Only two participants identified as male, and three identified as nonbinary. One participant identified as transgender. 12 participants identified as a member of the LGBTQ+ community. Participants were mostly undergraduate students at the University of Michigan and a few were from other colleges or universities. Given this

distribution, I initially questioned if I could make meaningful comparisons and claims across identity groups. The homogeneity of the sample in terms of race and gender identity presents both a limitation and a piece of sociological data. Initially, I felt this sample did not allow for a sociologically significant comparison of racial differences in the experiences of COAs. However, many interview participants did offer insights that revealed the role of race in COA experiences. A limitation of this data is that much of it speaks on POC experiences from the perspective of white people. Increased willingness of white women to respond to the recruitment materials could have something to do with my own identity as a white woman, the sampling method, the increased likelihood of women being comfortable with speaking on their own emotions, or the fact that women tend to overwhelmingly volunteer for interview research.

Interviews

Interviews took place both in person and over Zoom, and ranged in length from one to two hours. All interviews were digitally recorded with the participants' consent through IRB-approved guidelines and then transcribed verbatim. Since interview questions involved the discussion of sensitive topics, participants were made aware of the fact that they could choose to disclose or not disclose as much as they were comfortable. I began each interview by disclosing my own status as a COA and explaining the purpose of the study, making sure that each participant knew that I do not think there are any "correct" answers to the interview questions. All participants were interviewed using the same interview guide (Appendix A).

At the beginning of each interview, I prompted participants to tell me a few words about themselves, discuss who they are and the social identities they hold, and allowed them an open-ended space to discuss their experiences with parental alcoholism on their own terms. Participants answered general questions about their perceptions of their childhood, the role their

experiences play in their formation of social relationships, and how they perceive and came to recognize their COA identity. Many participants chose to tell me a chronological life story or specific stories that exemplify how their parent's alcohol use has impacted them. Questions then touched on how they perceive the impact of their COA identity on their experiences in college and higher education. Questions included *"Do your experiences with parental alcoholism ever impact your ability to focus on your schoolwork?"* *"Do your experiences with parental alcoholism ever impact your sense of belonging on campus?"* and *"How have your experiences with parental alcoholism impacted your view of college party culture?"* Participants were also asked to discuss their transition into college as a freshman, how they navigated the adjustment period and making new friends, if they chose to get involved with Greek life, and their future career goals.

The final set of interview questions asked participants to discuss their self-perceptions of concepts of resilience and healing in the context of their experiences with parental alcoholism. Drawing on past research about the development of resilience in response to childhood trauma and specifically in the lives of COAs, these questions aimed to understand how participants viewed the concept of resiliency, and the role that their social identities played in their experiences and relationship with their COA identity in adulthood. Questions asked about the role of their racial identity, gender identity, sexual orientation, and socioeconomic status in navigating the emotional hardships that come with experiences of parental alcoholism. Questions also touched on how participants view the social stigmatization or glorification of substance abuse in certain contexts, and how they perceive these social views while holding a COA identity. Questions in this section aimed to solidify a sociological perspective of parental alcoholism. Some questions in this section included *"In what ways do you believe your*

experiences with parental alcoholism have negatively impacted you during college?” “How do you feel this has impacted your overall success and life course both now and after college?” and “Do you feel that your experiences with parental alcoholism have personally impacted you, your character, and your growth in any ways that are positive?”

Analysis

After each interview concluded, I wrote a summary of the interview and a thematic memo that analyzed the themes that emerged during the interview. Summaries included basic demographic information about the respondent, their story of parental alcoholism and how they learned to make sense of it, their perceptions of how this part of their identity interacts with their college environment, and how social identities have shaped their experiences. After reading through these memos and interview transcripts, I identified two central themes, which I then broke down into five sub-themes. Firstly, I identified the theme of identity formation and how COAs made sense of their parent’s alcoholism during their childhood. Secondly, I identified the theme of how this identity shapes college experiences. Themes were determined by reading through interview transcripts and highlighting specific quotes that reflected a sociological concept, which were then turned into thematic memos based on the five sub-themes within these two groups. The first two sub-themes are *Recognition and Sensemaking* and *Management and Childhood Impact*, which fall under the larger theme of identity formation. The last three sub-themes are *COA Experiences in College*, *Relationships to Others*, and *Future Trajectory*, which fall under the larger theme of COA identity as it shapes college experiences and life outcomes. The frequency of these concepts was tracked throughout each interview and differences were compared in the context of the personal identities of each interview respondent.

Limitations

The largest limitation of this research design is the homogeneity of the sample population. As noted previously, most interview participants were white, female undergraduates at the University of Michigan. While the sample was stratified in terms of class and sexual orientation and had a small amount of male and POC representation, it lacked enough variability to adequately represent all COA perspectives. Additionally, the primary sampling method that was used, social media flyering, has the limitation of biasing the sample toward similar and often like minded individuals, as those who were most likely to respond to the social media post were individuals who may have already followed me on social media and were thus more likely to see my post. This response bias and potential sampling bias presents certain limitations for the generalizability of the theories about the college experiences of COAs that emerge from this study.

RESULTS

This data begins with an examination of how COAs navigate identity formation and come to identify as a COA, beginning in childhood and adolescence. Firstly, I argue that COA identity formation is contingent on the ways in which COAs situate themselves and their life experiences within cultural narratives surrounding substance use. These narratives depend on the social meanings ascribed to substance use, which shift across social and institutional contexts and are shaped by stereotypes that are gendered, classed, and racialized. These cultural narratives and stereotypes have a powerful influence on personal identity and self-understanding, which COAs become highly attuned to.

Secondly, I argue that COA identity uniquely shapes the college experience in ways that matter for both the experience itself and overall life outcomes. In a college social setting, substance use carries a distinctive social meaning that comes with consequences for COAs. COA

identity shapes how these students navigate alcohol use, relationships with others, their career choices, and personal development in college. This matters for the college experience in ways that are of sociological interest, as COAs face unique barriers in college that impact academic performance, mental health, and comfort on campus.

These results are divided into two central themes, which are *COA Identity Formation* and *COA Identity in College*. Each of these two themes is broken down into sub-themes. *COA Identity Formation* shows how COAs learn from a young age how to situate themselves and their own life experiences into learned cultural narratives around alcohol use and alcoholism. This section also details the ways in which parental alcoholism impacts COAs' childhood development, and the life consequences COAs experience before college. *COA Identity in College* details how COA identity interacts with the college environment, as this institutional setting and its corresponding 'party culture' creates different 'pathways' that COAs follow. This section also examines how COA identity influences social connections during young adulthood. Lastly, this section concludes with where the COAs I interviewed are headed in the future, as COA identity has profound implications for future career paths and personal development. These five sections present a holistic image of what it means to navigate COA identity over time, and how these individuals find meaning in their COA identity across social contexts.

COA Identity Formation

Recognition and Sensemaking

Near the beginning of each interview, I asked participants to share their experiences with parental alcoholism, followed by what images come to mind when they picture an alcoholic or a COA. Nearly all 15 interview participants reported holding a mental image of alcoholism influenced by gendered, classed, and racialized stereotypes, regardless of whether these mental

images reflected their own experiences. The social meanings associated with substance use differ across gender, class, race, age, sexuality, and institutional setting. These social meanings and their associated cultural narratives come to have a significant impact on COA experiences, with salient effects on self-understanding. From a young age, COAs attempt to situate themselves within these cultural narratives and social expectations, which in many cases, serve as either a barrier or a mechanism for coming to identify as a COA in the first place.

Nearly all participants discussed the ways in which their COA experiences have been particularly saliently affected by gender, encompassing both the gender of their parent and their own gender. A key theme that emerged is that gendered stereotypes influence how parental alcoholism is dealt with, or not dealt with, as well as how a COA comes to define their parent as an alcoholic. Gendered experiences shape how participants experienced their parent's drinking, and the gender of both the participants themselves and their impacted parent proved to be influential.

Gender differences in the COA experience were something I overlooked in my initial hypothesis. However, these interviews provided nearly enough data on the integral role of gender and gendered socialization to produce a separate study on this topic alone. Alcoholism affects both men and women, but the greater statistical probability of alcoholism in men was reflected in this interview data. In particular, interview participants noted that alcoholism runs counter to traditionally "feminine" traits, such as being "nurturing." An association of alcoholism with men, masculinity, and violence was consistent amongst most interview participants. During the interviews, I posed the question "*When you think of an alcoholic, what image or experience comes to mind?*" Nearly all participants reported a mental association with fathers, often characterized by violence or abuse, whether or not they had an alcoholic father themselves.

Ashley, a 20 year old undergraduate student whose father is an alcoholic, noted that she had been taught from a young age to view drinking as incompatible with femininity.

“I automatically picture a man who’s maybe older and kind of disappointed that things aren’t going right for him, and there’s usually some child abuse going on. My mom pounded it into my head that men just drink. Sometimes it’s disappointing, but it’s what they do. When a woman drinks, that’s ugly. She has no self-respect.”

Physical or emotional abuse from an alcoholic parent was a theme in all 15 interviews, with physical violence more frequently reported by participants with alcoholic fathers, and in one interview with a participant with an alcoholic mother. Emotional abuse was reported by all participants, regardless of the gender of their alcoholic parent, but participants maintained a stronger association with emotional abuse and alcoholic mothers. This represents a slight disconnect between perceived patterns and tactile observations of COAs, who all experienced emotional abuse regardless of their parent’s gender. These differing manifestations, expectations, and tropes surrounding alcohol use in men and women created different experiences for COAs depending on whether they had an alcoholic mother or father. Gendered cultural expectations surrounding the normalization of alcoholism in fathers, coupled with the “wine mom” trope embedded in popular culture, were particularly impactful for participants with alcoholic mothers.

Lydia, a 21 year old undergraduate student with an alcoholic mother, noted:

“I got the messaging of the violent alcoholic father as a child. So that was probably the caricature I had more strongly in my head when I was a kid, and there was not much room for other interpretations of that archetype of person. And my mom was never violent, which made her alcoholism hard for me to recognize. I remember once or twice I called my mom a wine mom without any second thought or without questioning if that was a good thing. I was like, yeah, my mom drinks wine, it’s her favorite drink. It’s the thing she drinks before she goes to bed. And that was the end of that conversation. And I think that does really normalize it and keep us from recognizing when someone has an actual addiction.”

Lydia shared that their mother’s alcoholism recently led to her developing neuropathy, which resulted in a permanent disability. This caused Lydia to spend several months home from

college in order to be their mother's full-time caretaker. They noted that the caricature of the "wine mom" is powerful in obscuring the actual harm of addiction, and can also be harmful to the person with the addiction themselves. As this quote exhibits, gender plays a significant role in the social meaning of alcohol use and how it is recognized or pathologized.

"We have these caricatures that we make up for people all the time, these stereotypes and these archetypes that we make for them. And making someone's archetype literally related to a substance is super minimizing for a person. When you're making an archetype for someone, you're saying the most important thing about them. And if the most important thing about someone is the substance they're using, that's very clearly a problem. It minimizes it in a way where it's like a quirky character and you don't think about the full dimensions of that person and the way that singular attribute actually impacts the rest of their life."

The "wine mom" trope is pervasive in popular culture. Several participants reported feeling as if their own experiences with familial addiction have been minimized by the popularity of items adorned with phrases such as "Mama needs a drink" or "It's wine o'clock." This was a central theme in Leah's interview, whose stepmother is now a recovered alcoholic after years of heavy drinking resulted in her having an emergency liver transplant. When asked what she pictures when she thinks of a "typical" alcoholic, Leah stated:

"I think of service industry workers. I think of loud guys at the bar. I think of a lot of beer. I think of vomit, passed out on the couch. But then I also think of wine mom drinking culture, quirky decor that says like, 'Mommy needs her mommy juice,' or whatever the fuck it is. I think about that period of my life anytime I see things like open bottles of wine, or 'I need to drink' cocktail napkins. And it's not stereotypical alcoholism, as much as it's alcoholics who don't really realize that they are alcoholics. The stereotypes don't always fit what's actually happening."

Similar to Lydia, Leah also felt that the idea of the "wine mom" makes it hard to recognize the problem and feel a sense of legitimacy as a COA. She stated:

"A lot of her drinking just was normalized by the people around her and the mommy wine culture. And with her being a woman, and wine mom culture, it makes it easier to dismiss when there's no outright violence. Like, the fights, the yelling, it wasn't like pushing and shoving. It wasn't a male voice yelling at another. It was just like, 'Oh, the girls are fighting.' And her comments towards me were just really passive aggressive and bitchy. But I still internalized them and was negatively affected by it even if she wasn't hitting me."

Stephanie, whose mother and brother both struggle with alcoholism, spoke at length about how gender influences how their family members are perceived differently. They noted that growing up, they received frequent emotional abuse from their mother while she was drinking, and physical abuse from their brother. They stated:

“There’s definitely gendered dynamics. I think nobody looked at my mom because she wasn’t violent. Whereas with my brother, it was clear that it was an issue. And I think that’s why it was noticed so much faster because he chose to be violent with it. The stereotype is probably more men are alcoholics than women, with men being violent and more women being emotionally abusive. People don’t like to think my mom is an alcoholic because she’s a woman, even if she drinks a whole bottle of wine a night. It becomes socially acceptable for a woman to drink an entire bottle of wine and be tipsy and have fun, because women aren’t typically alcoholics. She drinks more than she needs and she relies on it. She’s got issues. And my brother, he’s also drinking it and relying on it. But because he’s violent, that’s an alcoholic. That doesn’t match up.”

Although several COAs noted that “wine mom” culture and a lack of physical abuse caused them to feel like their experiences weren’t “as bad” as those of other COAs, Eva’s interview encapsulated many of the ways in which this normalization allows harm to prosper. Eva noted that her mother, who is a severe alcoholic and has been in rehab three times in the past year, has been emotionally abusive, stolen her life savings, and engaged in relationship infidelity, but attempts to obscure this harm by leaning into the trope of the “wine mom.”

“My mom is always like, ‘I’m such a fun, cool mom. Let’s have a drink together. And then I’ll be really mean to you after I’ve had one too many drinks. I’m not going to hit you, but I’m gonna scar you for life with my words.’”

Many participants noted the role that ‘toxic masculinity’ played in the normalization of alcoholism in men, the association of alcoholic men and violence, and unwillingness of alcoholic men to seek counseling or rehabilitative treatment. Allison, a 22 year old graduate student who currently lives with PTSD after experiencing prolonged physical and emotional abuse from her father, noted the ways in which her family’s alcoholism was intergenerational and tied up in issues of masculinity, normalization, and stigma:

“It's not addressed in my family because it's generational. And the trauma from alcoholism is generational. His dad was also an alcoholic, but it was kind of encompassed within the paradigm of a middle aged working man coming home and having a couple of drinks, you know, that was acceptable at the time. And no one was really talking about that. So any kind of trauma that he or his siblings suffered as a result of that, I don't think is touched on for that reason. And I think that's the reason that the rest of the family doesn't want to talk about it or haven't addressed the problems they saw in my dad. There was a time where my dad's drinking got really bad and he was suicidal. And he tried to go to therapy but he said it didn't work. That therapy was for people who are weak. It's not strong or manly. But it was just his unwillingness to humble himself and actually deal with the mental health problems that lead to addiction. That's why the substance abuse continues. Not having the courage to confront those experiences.”

Alex, a 22 year old recent college graduate, shared this sentiment. When I asked if her father had ever sought addiction treatment or counseling, she noted:

“No, I begged him and talked to him about it many, many times. He really feeds into the stigma of mental health and addiction, and he's always like, 'There's nothing wrong with me, therapy isn't gonna help. Counseling is not gonna help.' So that's just always been his answer when I asked him to. I absolutely think that's tied up in toxic masculinity and a refusal to seek help because of the ideals of masculinity.”

In addition to a strong association with fathers, nearly all interview participants reported a mental image of alcoholism as being strongly associated with the working class, poverty, and homelessness, which impacted self-conception, levels of shame, and willingness to disclose COA identity to others based on the class background of individual participants. Eva, a 21 year old undergraduate with an alcoholic mother, noted:

“[When I picture an alcoholic] Usually it's a man, actually, despite my mom being the closest person to me who's an alcoholic. It's usually a guy who's dirty and unshaven, like what you would picture a hobo to be like. So just kind of unkempt clothing. And this is so different from my experience so I don't know why this is what comes to mind, maybe because of the media. But he just smells pretty bad, and has vomit on his shirt from the alcoholism. Stumbling, not making any sense whatsoever, and slurring his words. That's definitely what I picture even though it's so contrary to my experience. Like my uncle for example. He's so put together. He's also super rich, so he is always super put together. But he always looks super classy and he loves red wine. You wouldn't even think he's an alcoholic because he is not this image I just described.”

Eva, who grew up in a middle to upper middle class community, reported feeling a lot of shame surrounding her mother's alcoholism. She noted that her mother has been open about her

journey with substance abuse on Facebook, which she finds deeply embarrassing and worries what people in her community will think about both her and her mother.

Several participants observed the fact that class privilege and the association of alcoholism with poverty has the ability to hinder recognition of patterns of problematic drinking. Continuing their analysis of the “wine mom” trope as it relates to class privilege, Lydia, who comes from a middle class background, noted:

“Class also obscured my ability to recognize that something was wrong because the wine mom is a rich aesthetic. Like winding down from a long day at a cushy corporate job. It's not associated with hard labor. The image I have in my head is someone on a swanky couch with a cute table, drinking wine, and reading a book. That's not something that people in lower classes have the time to do, or the money to furnish, and wine is an expensive alcohol to buy compared to other kinds of alcohol, so even that points to luxury. Someone who has time and luxury. So it didn't feel like a bad thing.”

Lydia noted that the “wine mom” aesthetic is not only gendered and classed, but deeply racialized. Their analysis provided interesting insight into how the intersection of these three identities made it challenging for them to come to terms with what was happening and begin identifying their mom as an alcoholic, and themselves as a COA. They continued:

“And my whiteness made me less likely to notice problems, because the wine mom aesthetic is so white. You don't see that applied to anyone who is not white, because anyone who's not white and is fulfilling the same behaviors is immediately classified as an alcoholic. Whereas, for white women, that's just not true, we normalize it much more for white women. So I think that being white has actually made it a little bit harder to recognize. It made it feel like it wasn't a thing when I was a kid. Like for people of color, they have to have conversations about how important it is not to get caught drinking in public. I never had to have those conversations in the same way, so it further removed me from an awareness of alcoholism and peoples' perception of it.”

Stephanie, who grew up in an upper middle class white family, also shared a reflection about how the intersections of race and class shaped their experience with recognition. They noted that class and social status are often reflected in the choice of drink for individuals who struggle with alcohol dependence, and this shapes whether their habits are viewed through the lens of being a hobby or being a problem.

“I didn't understand that my parents drinking a ton of beer or a bottle of wine a night wasn't exactly normal behavior. I knew how to pour a drink by the time I was 10, and I thought that was just a cool quirk. My parents are very big on craft beer and really nice wine from Canada. That was something we grew up around. I think that's why I didn't initially catch onto the red flags, because they enjoyed these things on a higher level. The drinks they chose had a level of status to them, which is different from drinking cheap beer or hard liquor.”

Stephanie continued by describing the way whiteness shapes social perceptions of drinking, as what is or is not acceptable public behavior shifts based on racial identity.

“Because we're a white family, nobody really looked twice at us. If we were at a restaurant and my mom was too drunk, nobody would ever question it. If we were of a different race, people would have questioned it more. Because I've seen families of color in which one of the parents will get too tipsy, and immediately everybody's like, yeah, on it, versus with a white family, nobody looked twice.”

Ashley, a first generation Mexican-American woman, noted that race was central to her experience of parental alcoholism. She felt her dad, who is undocumented, works in construction, and drinks only cheap beer, fits the stereotype that exists for Mexican men. Once again, Ashley touched on the recurring theme of normalization and expectations, but contrasted this with the experiences of many white COAs, stating:

“I feel like it's almost normal for me to be the child of an alcoholic because of my race. Sometimes I feel like it shouldn't be that big of a thing and I can even joke about it. I think race and citizenship are definitely a reason why I feel like I can't talk about it with people who also are going through it, because that's always a potential area of tension. Because people in this country have very strong opinions about it. I generally tend not to talk about it. But when you talk about it with other Hispanic kids, it's always kind of common, actually. It's very common, in a way it's kind of like a lovable stereotype. It's just expected.”

In interviews with participants from working class backgrounds, expectations and the normalization of alcoholism were a common theme. Claire, a white woman from a working class community with two alcoholic parents, noted:

“I feel like our class background normalized it. That's almost what people expect of you at that income level, which is upsetting. Because it is a stress response, it is a way to deal with trauma. And you want to be better than the stereotype of what you are. I guess my family is a stereotype of the white working class. I'd describe my hometown as redneck-adjacent, and my dad doesn't

have a high school diploma. Drinking heavily, usually hard liquor, has become almost expected. In that way it was almost easier for me to think nothing was wrong because I knew other people were going through the same thing, and it was normal. I didn't have friends whose parents didn't act like that so I didn't know that it was wrong."

Notably, participants from both working class and upper class communities shared the idea of "normalization" or not recognizing anything being wrong as a result of class factors, whether this be through the idea that parental alcoholism is a universal experience, as in the working class community described by Claire, or through the idea that this doesn't happen to upper class, white families. As Allison noted:

"No one wants to say that they're the kid from a dysfunctional family. So I think there's a stigma for the people who are abusing substances, which is part of the reason it doesn't get dealt with ever. Like my dad can't just be like, 'I'm an alcoholic, I'm in AA' and show up at the PTA meeting. That's really not gonna fly, especially in WASP-y [White Anglo-Saxon Protestant] neighborhoods like ours. I think that admitting that you could fail in that way is just not something that most people want to do. I also think it's very racialized. Because after talking about my experiences to other people, I noticed that there were a lot of white kids who just had this happening in their households and had never talked about it or didn't realize that that was wrong, because their parents have this very racialized idea that that didn't happen to white families. For kids who are the victims of the person who is abusing the substance, there's this idea that you should deal with that internally within your household and never talk about it. But then how do we recognize that it's wrong? Especially if it's happening within a household or a family, that's your entire world right there. And so it's very hard to understand that that's not what the world looks like, and it's not what your world should look like."

For some participants, the process of recognition did not primarily involve situating themselves within culturally imposed narratives, but making sense out of inconsistencies between their own lived experiences and a narrative that had been constructed by their family members. Matthew, a 20 year old undergraduate student, shared that his family made purposeful efforts to hide the alcoholism from him, until his father's substance use issues escalated to the point of being impossible to mask.

"I was largely unaware of the alcoholism until I was nine. I remember always asking, because the big thing I never understood as a child was why people's parents divorced. I was like, 'What do you mean? You just fell out of love? Love seems like an incredible thing, so why would you do

that?' My mom wanted to keep it a secret because there's like a sense of purity about the family. But when I was nine, my mom had pretty much had enough with trying to keep doing that. And she sat me down and she was like, 'Your dad's an alcoholic. And that's just not a way that I could live with him.' And I denied that for a long time, until it became painfully obvious. But the whole gist was the less I knew, the better."

While a significant number of participants expressed feeling like they exhibit all the "typical" characteristics of a COA, many participants conversely expressed feeling like they don't fit perfectly into this narrative of the "right" way to be a COA, which impacted their understanding of their COA identity and sense of legitimacy. A few participants even worried about their story not being good data for my project if they deviated from social expectations for ways COAs should feel or act. These participants often also reported wanting to join support groups for COAs and connect with other COAs, but were hesitant because they worried other peoples' experiences would be "worse" or more traumatizing and that they feel undeserving of being in a space meant to support people through trauma. In her interview, Sarah provided an interesting reflection about her experiences with connecting with other COAs. She noted that she found great comfort in discussing her experiences with her brother and his wife, who grew up in a similar family situation. She stated that connecting with other COAs in the form of a support group would be beneficial to her, but she worried about her experience not being "bad" enough. Despite experiencing extreme emotional abuse that continues to impact her mental health today, Sarah stated:

"I have this weird insecurity about joining support groups because the abuse wasn't physical all the time, so I almost feel like I wouldn't fit in. Like I don't match the, or at least what I think of as, the stereotype of a child of an alcoholic."

This is central to the idea of "identity formation" and how this often has points of tension with normative scripts about a wide range of social identities. This raises the question of where these normative scripts for COAs come from, and how COAs become exposed to them.

Oftentimes, interesting data about this particular topic came after I had stopped the interview recording and was casually chatting with the interview participant. After concluding the interview with Alexis, who noted that her father's drinking made him more pleasant to be around, she apologized to me and worried that she may have wasted my time because her story of being a COA didn't follow a typical narrative of having painful memories associated with being in the presence of an intoxicated parent. Obviously, this apology was unnecessary, as this project reveals the diversity within COA experiences and identities, and Alexis' experience did not make her any less of a COA.

As this section exhibits, coming to recognize and understand COA identity involves situating oneself within cultural narratives relating to the meaning of substance use, whose alcohol use should or should not be pathologized, and stereotypes surrounding substance use and substance users. In particular, alcoholism is understood differently in alcoholic mothers and fathers, lower and upper class communities, and across racial groups. For many COAs, this serves as a barrier to recognition or a mechanism for normalization, and ultimately shapes how they make sense of their COA experiences.

Management and Childhood Impact

For most COAs, an analysis of COA identity formation necessitates a discussion of their childhood experiences. COAs are often most directly impacted by the actions of their parents before the age of 18, while living in their home and being dependent on them for most means of subsistence. This means that most COAs have stories of personal childhood impacts and the management strategies they employed to cope with the experience of parental alcoholism. For many COAs, "parentification", a form of role reversal in which a child is forced to act as a parent to their own parent or a sibling, is one of the most commonly reported childhood impacts, and

one that comes with long term consequences for the life of the COA. In sharing her experiences with parentification and the ways it impacted her personal identity, Allison stated:

“When I was between the ages of six and eleven, I would come home from school and we would have a babysitter for a certain amount of time. But then it would just be my dad. And once the babysitter left, he'd start drinking. And I knew that my responsibility was to get my homework done before that point, because after that point I would have to be extra vigilant in making sure that my two younger siblings were next to me, that I could see them and they were not by him... I kind of felt like I was occupying the role of a mother or father and my mom was the other person taking care of the two kids. I just never felt like a child. I just didn't have that. I always felt really weird at school because of it too. At a certain age, I could understand that the other parents knew what was going on. And the other kids could just tell there was something different about the way we were seeing the world.”

Allison continued by explaining how parentification in her childhood impacted her sense of self:

“I don't really know if I had a very concrete concept of self. I had a concept of who my parents wanted me to be. And that's what I thought was my concept of self. But it wasn't. And I didn't understand that until college. And how that has impacted me now is recognizing that I really don't know who I am because I was never allowed to figure that out. I couldn't, because I was put in a position where two small children's safety was dependent on my actions. And at some points, the safety of my mother, whether it be emotional or physical. So that was just so demanding that I didn't develop a concrete sense of who I was. And in college I didn't realize that until I started going to therapy when I was like, 21. It took like three years of being out of that environment for me to recognize that I needed to talk to someone about what had happened. And that was really hard to recognize. I don't know who I am. I think that's almost the biggest impact of alcoholism on kids in families. You're just stripped of your sense of self. Because there's just too much going on. And it's too confusing. And there's not enough emotional security for you to have that. With the isolation and the responsibilities, I didn't know what it felt like to be a whole person. And now I'm learning so much about my capability and who I want to be.”

This sentiment was shared by Kaitlyn, whose experiences with parentification were also characterized by feeling a sense of grief for her childhood. She said:

“Oh, my God, I'm the parent. I am the parent. I am the third parent. I will scream from the rooftops that being the eldest daughter and being the oldest of a divorced family is like a one way ticket to being parentified. When I went to therapy for the first time I felt like I had to be the rock for these grown ass people. I was the anchor. I was the person to deal with their conflict. But the parentification really made me feel like I was an adult before I was actually an adult. It made me feel like I was a third parent. It made me feel, retroactively, a sense of loss. And because of the synergizing moment of my chronic illness, my parents divorce, and the lasting impact of this and

the alcoholism, it made me feel like my childhood was over at like age five. Because you're not really supposed to be your parents' therapist.”

The idea of grief and a sense of loss also came up for Alex, who stated:

“For a while I didn’t really consider how it made me feel. I just thought it was normal, because that was my normal, you know. Looking back, it makes me feel very frustrated and disappointed that he was supposed to be doing the parenting and the reverse was true. I was the one taking emotional responsibility for the abuse that my dad put my mom through, listening to her vent, and also consoling him and pacifying his emotions. Essentially, I felt like I missed out and will continue to miss out on the relationship that I see a lot of women get to have with their dad. So I guess also a sense of loss.”

For Claire, her experiences of parentification were uniquely shaped by having two alcoholic parents who would often drink together.

“I remember having to parent myself from a really young age, because they would stay out very late with friends and they'd be out until the morning. And then I would get super anxious because I was someone who was like, ‘I need to be at school on time, I need to be super perfect.’ And it would be 2am and they'd still be out in our backyard partying and being really loud, so I couldn’t go to bed, and I’d be so worried that they weren’t going to wake up to take me to school in the morning. It was a lot of worrying for people that I shouldn’t have to be worried about at that age. There’s a lot of stuff I didn’t realize was bad at the time, but looking back, it was a lot of late nights and a lot of lack of structure. It also made me very independent, but in a way that I shouldn’t have been. I was a child parenting the parents in a sense. I remember being like eight or nine years old, being like, ‘Go to bed. You have to get me to school in the morning. I can’t drive a fucking car.’ Or when I would wake up and they’d be yelling at each other. I would come downstairs, and I remember coming outside being like, ‘I’m not dealing with this. You’re being too loud. You need to stop.’ That’s always an odd thing to look back at.”

Claire, who has a twin brother, also noted in her discussion of parentification the way gender impacts childhood COA experiences differently.

“Since I have a twin brother, we’ve verbally acknowledged to each other that our experiences are different despite living the same childhood, and it is definitely because of gender. Like, I was always the maternal one, feeling that I was taking care of not only myself, but him too. So whereas I would have to show up more, he would shrink away. And you always hear about eldest daughter syndrome and stuff, but I definitely was in the caretaker role as the woman.”

Eva shared this perception, noting that while the gender of the parent plays a significant role in the way their alcoholism was perceived, the gender of the COA also created interesting

dynamics in the parent-child relationship and the way COAs understand their own role within their family unit. Gender was a recurring theme in the level of “parentification” experienced by COAs who felt they had to take on increased levels of responsibility due to the chronic absence of a parent as the result of drinking. Reflecting on her experiences with her mother’s alcoholism, Eva noted:

“I have two siblings, but being a woman I subconsciously felt like it was my job to step into her role in our family. To be a mom, to be the woman of the family. To take care of everyone else.”

Similar to Claire and Eva, Sophie’s experience with parentification was characterized by also having to parent a younger sibling. Sophie’s experience with parental alcoholism was severe, as her father’s drinking resulted in domestic violence against their mother, abuse, and threatening behavior that on several occasions involved brandishing a firearm. Reflecting on these experiences, she stated:

“It got to the point where me and my sister had escape plans, like we had hiding spots in the house with bags of stuff where we would just be ready to go. I felt like every day I was in fight or flight mode. I would always be looking for indications that I was gonna have to grab my bag and go. I hid all of my money from my job. I was hiding everything I could because he would take stuff. And I just didn't feel safe and secure. And I focused a lot of my time trying to figure out how to protect my sister. And so I just don't think that I had the space to feel secure. I felt really responsible for protecting my sister, but I also did all of the grocery shopping for my family. Like from sixth grade on, I did all of the family meals and lunches for me and my sister. I did almost all the cleaning in the house. I had to do a lot because my mom went back to work. And when I got into high school, I got a workers permit, I was working at 15. I was like, ‘Oh my god, I have to do this. I have to make money. I have to get these things.’ And then it was hard for me to let go of some of those responsibilities. Even now I feel like I have to do things for my sister, and I’ve had to be like, ‘Actually, no, you're an adult, maybe you could do it for yourself.’ Even with my mom too, like, ‘Actually, I think I don't need to do that for you. This is a thing you should be able to do.’”

For Sophie, these experiences at home impacted her ability to have a normal childhood and form friendships with other kids. She noted that this was particularly rooted in a fear of masculine figures that interfered with her social development.

“I had a really hard time going over to friends’ houses for a while when their dad was there even though their dads were nice. They were sweet. They were fine. Like, they didn’t drink in front of me. But it was just something about the masculine presence, fatherly figure that was really triggering for me. So that was a hard conversation to have with some of my friends. I was like, ‘Yeah, no, I don’t want to come to your sleepover. I don’t want to talk about it. But like, I just won’t be able to do that.’”

The experience of parentification not only increased the amount of responsibility COAs took on as children, but feeling isolated as a result of being different from other people. Feelings of isolation and difference were particularly common themes in interviews with COAs from families that did not fit the ideal image of the “nuclear family,” including families that were impacted by both addiction and divorce. Annie, who grew up as an only child in a divorced family, provided this reflection on her own experiences with parentification.

“I feel like I kind of had to grow up faster having someone in the family who was an alcoholic. There were a lot of times in which I felt like I played parental roles. So my dad would go through periods of time when he was not doing well. And he would call me at like three or four in the morning saying, like, I need you to take me to the hospital, things like that. So I think in that regard, I felt like I had to maybe grow up a little bit faster than some of my peers. I also think that when I was growing up, it didn’t seem that different to me when I was little, because my family was the only thing I knew. But looking back a little bit, it did feel a little bit isolating that I didn’t have the family unit that other people had. When your parents get divorced too, it makes it different from other people’s experience. Other people have this nuclear family. And their parents do things together, and they do things as a family. And I really didn’t have that with my dad a lot of the time. His activities would focus on drinking or being hungover and things like that. So that’s something that I think encapsulates my experience.”

Annie also noted that this feeling of “difference” is often tied to feelings of embarrassment in childhood. She stated:

“I felt kind of embarrassed as a kid. Once or twice, he did pick me up from school, and my friends needed a ride home. Sometimes it was embarrassing. Not so much because in that situation he was drinking, but it would be the post drinking, like, coming out of it and not really being able to hold a normal conversation, and the shakiness, and things like that. So I think that was sort of worrisome, just because you don’t know what people who don’t have an alcoholic parent will think of that.”

Embarrassment was a common theme for COAs while reflecting on their childhood. Eva noted that one of her most vivid childhood memories was from an instance in which her mother drank too much at her karate banquet. She stated:

“When I was 15, my dojo had a banquet and I was getting my black belt. And for some reason my mom brought mini bottles in and she drank way too much. And she was just really drunk and embarrassing me. And I'm like, really? This is about me, this is about my accomplishments. And to this day, it still really embarrasses me the way she acted, because it was a really big deal for me. It was something I worked for for years and years and years. The fact that she needed alcohol there, and then she drank so much that it was embarrassing is just really painful. Now looking back on it, I wasn't just being a teen with an attitude as my mom would say. Like, really? You shouldn't be acting like that around kids.”

For Leah, her childhood experiences were uniquely shaped by having ten siblings, which lessened the burden of parentification. However, Leah reflected on the fact that her concerns regarding her stepmother's alcoholism were never taken seriously by other adults in her life. She chose to share a memory of a time she was punished for having a panic attack over the heavy drinking she was witnessing, and the long-term impacts this had on her.

“It made me question the truth a lot. I was told things weren't as bad as they were. I was told I was wrong, even though I was right. And now I doubt myself all the time. It's hard for me to tell what's normal and what's not normal, because it was so difficult then. And even though objectively I was right, when you're told you're wrong so much, you just begin to believe it. Especially from a parental figure. It affects me in ways I can't even really unravel.”

Leah felt immense emotional distress over the fact that her concerns weren't taken seriously when her stepmother ended up in the hospital. Her stepmother was able to have an emergency liver transplant, and Leah felt that their privileged class background is the only reason she was able to survive. She noted that this event was traumatizing and represents the consequences of the normalization of drinking to excess.

“For years, it was just normalized. But then she started looking really bad. She started having jaundice. Her gut was sticking out and she looked pregnant because her liver was so bad, but she was skinny everywhere else. I remember hugging her right before she left. And it was unsettling. It felt like hugging a bag of bones but she had this protruding gut. I still think about her in that hospital bed. It was really scary. I'd never seen somebody be so yellow. The doctors told her she

had little to no chance of living. I forget what she had. It was something like acute alcohol poisoning. Anyway, she basically destroyed her liver.”

Stephanie’s childhood was also uniquely shaped by the fact that alcoholism impacted not only their mother, but also their brother. They described feeling a lack of safety and security as a teenager, both because their mother’s emotional abuse was detrimental to their self-esteem, and their brother’s physical abuse harmed their sense of physical safety. They felt that this childhood impact was emblematic of the way alcoholism operates as a family disease, attributing their brother’s heavy drinking to parental modeling.

“I think she just made it seem okay to drink that much. Because I didn't realize drinking that much every night wasn't normal until I got to college. I think he saw that and was just like, ‘Oh, she drinks this much. I can drink this much.’”

In response to the question *“When you think of a child of an alcoholic, what image or experience comes to mind?”* interview participants responded with terms such as anger, trauma, isolation, and fear. Many COAs noted that these terms may apply to their personal experiences, and found themselves largely fitting into some of these social scripts of what a COA looks like.

In her interview, Kaitlyn stated:

“One of my dad's friends gave us this book because he grew up with an alcoholic father. And they have a chapter with a list of qualities of children of alcoholics, and a huge one was having a lot of anger. So during my senior year of high school, I went to my school’s support group for children of alcoholics. And something that the guy leading it would always say was ‘You don't have control over it. It's out of your hands.’ And that's always the hardest thing for me to recognize, and to not feel sadness over it because I'm like, ‘No. I'm gonna be pissed off. I'm going to be sad about it. I'm going to be fucking angry.’ There's a lot of sadness and there's a lot of hurt. When you're a child and something like that is happening, you don't have that ability yet to not take things personally. You can't not say this is happening because I did something, this is about me. That pain sticks with you and it makes you fucking angry.”

Reflecting on his childhood, Matthew continued the trend shared by several other COAs of grieving a lost childhood, sharing his reflections on how the pain of a turbulent childhood is hard to let go:

“Sometimes my friends will be like, you know, it'd be so nice to just go home right now. And I'm like, as opposed to that, this is the most home I've ever felt. So it just kind of surprises me when people talk about home and have such a fun or positive relationship with it. That is especially what really hurts. And I try not to think about this too often. Because I think it's silly to try and dwell on it. But a lot of people have this sense of like, oh, I wish I was a kid again. And I wish I was doing whatever I wanted, didn't have to pay bills, didn't have to pay rent, get a job, do all this college stuff, and a lot of people will be very nostalgic for their past. And I don't have any nostalgia at all. I didn't have a good childhood. It was turbulent. I was always in the wrong place at the wrong time. And I was always being tugged in a million different directions. And that tugging feeling I could never miss.”

For many COAs, the negative impacts of parental alcoholism have detrimental effects on childhood development that decrease the likelihood of highschool completion and college matriculation. My interview sample, made up largely of students at an elite university, is thus unrepresentative of the experience of many COAs. However, for Matthew, focusing on schoolwork and excelling academically was something he employed as a childhood management strategy, which he credited as the reason he ended up as a University of Michigan student. He shared:

“I've often used schoolwork as a bit of an outlet. Like if everything in my life is turning to shit, specifically my home life, which a lot of the times it was, especially in high school, I still excelled in school because it was like a distraction. Every moment that I spent studying was a moment that I wasn't thinking. And I enjoyed the thought of schoolwork more than I enjoyed thinking about what was going on at home. And there were a lot of times where if I had a test or if I was studying, I didn't have to go to my dad's. But at the same time, I wonder how far I would have been able to get if nothing had happened to me. I do think that it has a little bit to do with control. Because when everything in my life was spiraling, it was good to know that there was something I had control over and that's school. And that became my island.”

The majority of COAs I interviewed did not use alcohol prior to starting college. For some, however, the normalization of problematic drinking in their childhood had negative effects beyond parentification and the mental anguish caused by household dysfunction. For Claire, having two alcoholic parents and feeling as if heavy alcohol use was the norm in her hometown

led to the development of a substance abuse problem in high school. Reflecting on this, she stated:

“I always admired my parents. I knew that they partied. And at some point I started to want to act out, and I made some bad decisions in high school. So I went through a phase of acting out and some of the ways I justified doing some bad things was by being like, ‘I’ve been too good of a child all these years, and they’ve done way worse.’ So I was a big partier in high school to the point of what I would say was substance abuse and alcoholism. It was a whole myriad of substances besides binge drinking. There were times in high school where I showed up drunk to school, and there were times I missed for dumb shit. It got to the point that I can never take [MDMA] again because I’m pretty sure I’ve done irreparable damage to my brain. And now I’ve kind of started to fix myself, and be like, ‘Oh, it’s not cool to be a hot fucking wreck mess all the time,’ even though it was kind of romanticized when I was younger. And looking back on it, I was raised in an atmosphere where that was just what adults did. And so I grew up being like, ‘This is what adults do.’ But now I know it’s not.”

In several interviews, participants shared that they had experienced a single key event during their childhood or held one identity that characterized their relationship with their COA identity. Alexis, a working class white woman whose father had struggled with mental illness and alcoholism, lost her father to suicide at age 16. When she thought about her father’s alcoholism, it was impossible to separate this experience from his death, as this part of her identity was inextricably linked to this single life-altering event. Similarly, Matthew, whose early experiences with his father’s alcoholism included a brief period where his father was incarcerated after a DUI (Driving under the influence) charge, described no longer having a relationship with his father after an incident involving sexually inappropriate behavior. In this case, the trauma of this specific experience was inseparable from Matthew’s conceptualization of his COA identity.

Several participants also described holding a specific identity that played an integral role in their relationship with their COA identity. Out of my 15 interview participants, 12 identified as a member of the LGBTQ community. For many participants who identified as queer or trans, homophobic or transphobic abuse from an alcoholic parent became a central aspect of their own

self-identity and relationship with their parent. This was also true for participants who identified themselves as overweight or plus-sized, as emotional abuse often targeted body size in a way that shaped identity formation. Participants with these experiences reported internalizing this emotional abuse in a way that negatively impacted their confidence and self-image, contributing to a significant amount of mental health issues that negatively impacted them through adulthood. Alex, who is Mexican-American and bisexual, noted that her father's verbal abuse specifically targeted many of her institutional vulnerabilities, stating:

“My dad has said a lot of racially targeted things towards me. I have heard him say a lot of homophobic things. He was very verbally abusive, and I noticed it was also always towards the women in my family. And only ever physically abusive to my brother. So sexism probably played a big role in that. My dad uses the excuse of being drunk as a way to verbalize his homophobia, his sexism, his racism. And he's a white man, and I think all white people hold internal biases, but he holds explicit racism, sexism, and homophobia. And I think that part of it is that he's white, and he is part of like, the blue collar boys kind of thing. I think that part of his alcoholism is using alcohol as a way for him to get that out. And then blame it on the alcohol speaking.”

Ashley, a working class Mexican-American woman, noted that her COA experience and identity was inseparable from the fact that both of her parents are undocumented, as her father was deported when she was younger. His deportation was an immensely damaging event that came to characterize the childhood impact of her father's alcoholism. She stated:

“My dad got deported when I was younger. We raised money and he's back in the country now. But it's always in my mind as a worry because I know that he does things that are risky. I know he has driven drunk, and I constantly think about what would happen if he got in trouble because he's already at higher risk for deportation. I remember like, when I was five or six, before he left, I would think about it as, ‘Oh, my dad's always having a beer,’ but I didn't realize there was anything wrong with it. And then as I got older, and when he finally came back, I was more aware of what went on with my family because I had to step up when he was gone and help my mom take care of me and my brother. But I've never actually made an effort really, to connect with other children of alcoholics. Because I feel like my experience is so different because of this.”

In addition to an added layer of concern for her father's wellbeing and increased responsibility, Ashley's experience with her father's deportation exhibits much of the structural

roots of alcoholism and how substance abuse is often situated in experiences of trauma. Although her father was able to return to the United States, the experience of being deported and separated from his family made his alcoholism more severe. Ashley noted:

“He has been an alcoholic for most of my life. And my dad's mother actually died when he was young because she was a victim of drunk driving, and that was very traumatic for him. Because his mom was like the person he was closest to. And my dad's biological father is a heavy drinker and abusive, and I think he went to jail because of it. So it's definitely familial. But he wasn't a grumpy drinker before he got deported. Before, he could take us out a lot. But when he came back, he was a really grumpy drinker. And he drank every day. I definitely think that the deportation increased his drinking. Drinking is almost like losing all sense of responsibility. And so it was easy for him to deal with what was happening just by not being there and drinking.”

Along with the deportation, Ashley's childhood experiences with parental alcoholism were defined by one incident which sparked a Child Protective Services investigation. She noted that this was immensely traumatic for her, and has developed a fear of speaking to professionals given the intersection of having undocumented parents and being interviewed by CPS. This childhood impact has had long term consequences for Ashley, as her fears of speaking to medical or mental health professionals have prevented her from going to therapy to address the effects of her adverse childhood experiences.

This section discusses many of the experiences COAs have before coming to college that shape their identity in fundamental ways. One of the key experiences that most COAs reflected upon was parentification, which had adverse effects on childhood development, security, and social connection. Other impacts included a sense of grief or loss over a normal childhood, early substance abuse, and abuse and mental distress. For several COAs, their childhood contained a single key incident that came to shape their COA identity, representing the ways in which identity formation is often fluid and contingent on individual identities.

COA Identity in College

College Experiences of COAs

A central motivation for my choice to focus this project on COAs who have completed some college is the centrality of substance use as a characteristic of the social landscape on many college campuses in the United States. It is challenging to disentangle the culture of excessive drinking from an analysis of college social life. For many college students, this environment can have negative impacts, including negative consequences for academic achievement or physical and mental health. For COAs, however, the consequences of drinking culture carry a different meaning that, for many, come to significantly shape aspects of their college experience and identity as a university student. During their interviews, all participants noted that the social meanings of substance use depend heavily on social context. While substance use in broader society is stigmatized as a moral failing, the opposite is true in a college environment, where substance use and excessive drinking are “glorified” or “romanticized.” Reflecting on this, Alex noted:

“People I’ve met in college love to brag about their alcohol tolerance and how much they can drink. It’s like being able to drink more means you’re on a higher social tier in college. If you can do that you’re better than everybody else.”

When asked about the college environment and the glorification of excessive drinking, Leah, who transferred to U-M from a smaller college, felt that glorification wasn’t a strong enough word to describe the relationship between drinking and college culture. She stated that her discomfort with this culture was a major barrier to her social integration when she started college.

“Glorification is an understatement of mass proportions. You have people bragging about their craziest nights, which sometimes can be fun, like it’s fun to have a wild night. But how fun is it when you’re blacking out throwing up on somebody’s lawn? There’s this idea that you need to drink to excess to have a good time. Everything about it is so glorified. And it is college, and I think sometimes it is okay to experiment and have fun. But it’s so intense, especially here at UofM. It was really hard to acclimate to that and it was tough to feel a sense of belonging because the drinking culture just did not feel right to me. I felt like I was just not relating to other people,

because I know so few people that had alcoholic parents that talk about it. It definitely made it harder to socialize.”

Notably, all 15 participants reported negative perceptions of Greek life and viewed it as socially harmful, regardless of their own frequency of substance use. Many participants felt that Greek life as an institution perpetuated a harmful culture of excessive drinking, as well as gendered stereotypes around alcohol use and partying. Discussing how gendered expectations are embedded in the glorification of substance use on college campuses, Sarah noted:

“It’s glorified and it’s gendered. I’m thinking about the fact that in Greek life, frat houses are allowed to throw parties, but sororities are not. Which ties into the male privilege aspect, where men are allowed to go crazy. And women are supposed to be pristine and proper. I think it glorifies men doing crazy and dangerous things. But I think it shames women for doing those same things.”

Matthew also noted the importance of how shifting contexts lead to shifting social meanings, as behavior that is normalized in college becomes pathologized in adulthood. Matthew, a resident of a student housing cooperative (co-op), pointed out the importance of specific living situations in the normalization of excessive substance use.

“Co-ops are a breeding ground for substance abuse. It becomes part of your life in communal living situations. You have so many people around you who will get piss drunk on a Tuesday and it’ll be fine, and they’re not alcoholics. You’ve got frat houses and co-ops with people that will come together and drink five out of the seven nights a week, or they’ll smoke weed every night of their lives, and they’re not alcoholics. But then it’s stigmatized when it gets out of the college years, like it’s totally taboo. And it’s wild that I have this huge part of me that my dad’s an alcoholic, but if I say that, people will just look at me weird.”

Nearly all participants spoke about their own relationship with alcohol once I began asking questions about their college social experiences, even without me asking directly about alcohol use. All participants reported a strained relationship with alcohol and party culture. Participants tended to follow one of three pathways: Reproducers, Abstainers, and Worriers. The first pathway, the Reproducers, involved a personal development of substance abuse problems in college, accompanied by adverse effects such as academic underachievement, withdrawing from

college, hospitalization, instability in social relationships, and in one case, criminal justice involvement. Participants following this pathway often attributed it to parental modeling and the normalization of substances as a coping mechanism. Alexis noted that her father's alcoholism made her more comfortable with beginning to use alcohol, and she developed an alcohol addiction during her first two years of college, which led to a decrease in academic performance and ultimately court involvement, noting:

“My dad used alcohol to basically self-medicate and cope with his mental illness. So his use of alcohol normalized it for me as a coping mechanism, because he was very emotionally abusive and it was actually better for us when he was drunk. I hadn't drunk at all in high school, I was a straight A student. But when I got to college I was really depressed, and I thought if he was better while he used it, then maybe I will be too. And then I went overboard. I drank every single night of the week, I partied three days a week, I had vodka every single night in my fridge. I was getting straight C's. Then I hit rock bottom. I was on probation and I had to take a semester off. And I was like 'I have got to stop drinking.'”

For many COAs, having an alcoholic parent not only provides them with firsthand knowledge of what alcoholism looks like, but also the fact that they themselves have a predisposition to alcoholism given its characterization as a generational disease. For many, this knowledge serves as a mechanism for learning how to drink responsibly. For others, however, being predisposed to alcoholism meant that becoming an alcoholic felt like an inevitability, or a self-fulfilling prophecy. While sharing his experience with substance abuse, Matthew stated:

“My mom was always telling me, especially when I got into high school, 'Do not start drinking. You have alcoholism in your family, you have it in your blood, there is a high chance, you have a heightened risk, and I'm not letting you become an alcoholic.' And for a long time that worked, and I didn't drink or smoke weed until way later than all my friends. But then my first sip of alcohol turned into eight drinks. It was like it was instant. I'll always remember exactly how I felt with the first drink I had. I was like, 'Oh, this is it. Now I understand.' It let me be closer to him when he wasn't there. Because becoming him allowed me to be close to him in a way that I wasn't before. In a way that I didn't get to be, especially in the later years when we didn't have a relationship. And thinking about what my mom used to say, like 'You are destined to become an alcoholic,' ... For a while that was a cautionary tale that I should be really careful about my alcohol consumption. But then when I started consuming alcohol, it removed my responsibility

from the equation, because I was like, ‘Well, if I was destined to become one the entire time, I didn't stand a chance.’”

Claire, who had struggled with substance abuse during high school, continued to struggle with problematic substance use in a college environment that glorified heavy partying. She noted that her substance use in college was in part due to her efforts to fit in as a low-income student on a wealthy university campus.

“I am a first generation student, but I came in and I blind roomed with a tall skinny blonde sorority girl from New York City. And I went out with her friends and I had never been around wealth like that before. I had never been around beauty standards like that before. I had never been around where being a size zero in jeans and going to boarding school was the norm. That was insane to me. I was not prepared for that at all. So I came to school here and I was like, ‘Okay, well, all these rich kids party hard. And I may not be rich, but I can party hard, so this is my in.’ So I got into all the Greek life functions. I was doing the Tuesday, Thursday, Friday, Saturday, going out on benders, chapter events and shit, like it was insane. I did not pay dues, I was too poor to rush, but I was incredibly involved. And once you're doing it, you're doing it. You're like, ‘Oh, cool. I can sit in my dorm room alone on Thursday, or I can go to a fraternity basement and get blackout drunk on Twisted Teas and run away from guys who I have no interest in talking to.’ I think I felt cool, but I also physically felt like shit. I didn't need to be doing that. But I wanted to because it was that quick dopamine hit.”

Claire, who withdrew from school during the COVID-19 pandemic as a result of mental health concerns, noted that her involvement with party culture negatively impacted both her academic performance and mental health.

“Going out and doing that felt good at the time, but then I'd wake up the next morning and feel so guilty. Because homework wasn't done and it was piling up. I felt like shit in the morning and had places to be but my willpower to get up and deal with those things got less and less and less as time went on. And regardless of if I was going out partying or not my grades would have been in the shitter just because of severe untreated depression, but it definitely didn't help. I definitely wasn't gonna make that 8am architecture lecture on North Campus because if my head hurts from being hungover, then I'm not getting on the bus. And I knew that I wasn't going to face any judgment from my parents, because they had normalized it. But that sort of culture is not sustainable. Holy shit. That's half the reason I almost ended up in the psych ward. That shit fucks you up.”

The second pathway, the Abstainers, involved a total aversion to substance use, party culture, and social events centered around alcohol. Some participants who followed this pathway

reported feeling emotionally triggered around alcohol or intoxication, occasionally feeling hindered in their ability to make friends given the centrality of alcohol in college socialization, and being fearful of being labeled a “prude” by peers for a refusal to drink. Annie, a 23 year old first-year graduate student who noted an aversion to substances, reflected on the social consequences of being a non-drinker, noting:

“I definitely think if I had gone out to more parties I probably would have made more friends, especially if I would have joined a typical sorority and things like that. People in typical sororities seem like they're very close, and it hindered my ability a little bit to have those friend connections that would have come through parties. As well as just having ‘typical’ college stories. I did feel different because I wasn’t a huge partier, and like, kind of left out in a way. Because a lot of these people are doing one thing, and I'm just kind of off not doing that. So I do feel like it made me feel left out.”

Eva’s experience is different from that of many COAs, because she only began considering her mother to be an alcoholic around the start of her junior year of college. However, coming into college, she felt afraid to drink given a strong, multigenerational family history of alcoholism. Eva felt that being an Abstainer would harm her image coming into college, and worried about how other people might see her. She stated:

“I feel like everyone looked at me like I was a nerd. And nothing against nerds, but I'm not a nerd. I do want to have fun, just not in this way. I didn't want to be around it. But I thought that I was gonna be pressured. And that there would just be like, a huge neon sign that says ‘She’s not drinking because she’s a prude,’ or something like that. But I do want to have fun and be a cool, fun person. But I'm just not ready for that yet. The risk isn’t worth it to me.”

Ideas of “normative scripts” not only applied to the identity of COA, but also the identity of being a college student and how to do it “the right way”. Several participants noted that they occasionally felt pressured into engaging in substance use in order to “get the college experience.” For students who struggled with being around substance use and alcohol, this often had a negative impact on their identity as a college student and occasionally made them feel left out as a member of the campus community. In her interview, Sarah noted that her aversion to

college party culture had the effect of stunting her social growth in college due to the drinking and party centric nature of college socialization, stating:

“I think socializing and making friends was probably harder for me, or it took longer for me to get closer and progress the relationships that I did develop. I can recall a lot of times where new friends that I've made would invite me to a party and I would make up an excuse not to go. I would tell them, I don't want to go because I know a lot of people are going to be there and there's probably going to be a lot of drinking. So I missed out on those larger gatherings or places where you can meet a lot of new people and friends of your friends who are probably going to have a lot in common with you. So I think it did stunt my social growth in college.”

Sarah noted that this social aversion occasionally impacted her sense of belonging on campus, stating:

“I identified a good chunk of the college experience as going to parties and you know, drinking, going to parties, hanging out with people, just basically being social. And I didn't want to do those things, because I was afraid. So I would say sometimes I felt like I didn't really belong or fit in.”

Many COAs on this pathway stated that although they occasionally felt concern over missing out on the “college experience,” they felt no regrets over choosing to avoid party culture during their college years. Alex, an Abstainer, noted:

“I just had no desire to be friends with that group of people or that collection of people because I felt unsafe. I didn't recognize the desire to do all those things. I will say, though, that while I did end up making good social groups, good friend groups in undergrad, I do sometimes think that I missed out on a key part of undergrad by not going to more parties and not drinking more. Because that's the ‘college experience.’ So I do sometimes think that I missed an opportunity that I'll never get back. But then I think to myself, an opportunity to be blacked out on my dorm floor doesn't sound like one I would have wanted to take anyways. And so I didn't. And with the college culture being very drinking heavy, I think it has strengthened my desire to not drink. I think it has strengthened my willpower to avoid those social situations. Because basically what I saw when I did go to a few parties was like, many people like my dad, people who will eventually grow up to be just like my dad. And so I think it just gave me a sense of willpower to not drink and stay out of that environment.”

The third pathway, the Worriers, describes COAs who attempt to have a healthy relationship with alcohol and partying, but find this difficult due to a fear of “becoming their parent.” Often, this fear leads to rigid monitoring of their own alcohol consumption and the

people around them who are drinking, which often interferes with their ability to have a good time in social situations. Kaitlyn, a 19 year old undergraduate with an alcoholic mother, stated:

“I moderate my drinking pretty heavily. I try really hard to be proactive about it. And I have never smoked weed at all because I'm too nervous. But I've woken up some mornings after drinking and I'm like, 'That was too much. I felt out of control.' There have been a couple times, one night in particular, where I had a meltdown where I was like, 'I'm not gonna be my mom. I can't be like her.' And I had to have people around me be like, 'You're not bad, and it's okay.' Because it comes down to that control, not only for the sake of not being like her, but for the sake of holding myself together.”

Eva, who began college as an Abstainer, began light social drinking later in her undergraduate career and ultimately became a Worrier. She noted that it is sometimes difficult for her to even have one drink without feeling like she is doing something wrong.

“I am very cautious. I don't drink a lot. I had to be very open with my friends and be like, 'Okay, if I ever start drinking before noon, like, I know a lot of people tailgate, and if you guys want to do that, that's cool. But if I do that, that is a red flag to me. So please stop me and please help me take a step back.' I said to my therapist, 'I went out this week. And I had a good time. I got drunk, but please let me know if you think that's a problem.' She was like, 'I don't think it's a problem. It's part of the social culture. I will tell you if I think it's a problem.' The line between social drinking and more serious events is not at all clear to me. I don't really know how to tell the difference. So that's why I think I'm super worried about myself. I got super scared a couple weeks ago, because I had a lot of social activities planned. And I was like, 'Oh my god, I had a drink every day for like the past four days. That makes me sound like an alcoholic.’”

This idea of being fearful of “becoming your parent” was a significant factor in the drinking behavior of nearly all participants. These three pathways appeared to be fluid, not fixed, as themes of fear and worry also played a role in the experiences of COAs who followed the first pathway, and occasionally served as a mechanism for moving between pathways. Continuing her discussion of her own substance abuse issues in college, Alexis noted:

“I think his alcoholism was a big factor in both my start with and my disengagement with party culture. I think initially, when I first got into it, I was worried that I was going to have an alcohol issue because my father did. It did end up happening, it was like a self-fulfilling prophecy and I should've known... but I think it helped me disengage because I didn't want to end up dependent on it. I didn't want to be like him.”

After her disengagement from party culture, Alexis experienced an upward swing in her grades. Despite this disengagement and improvement in her academic performance, Alexis noted that the impact of her partying and academic underachievement has impacted her overall success and life trajectory. She noted:

“I think it’s very much impacted my success. I’m very happy where I’m at now, but when I was in the middle of what I was going through.... I wanted to be an honors student and do a thesis, and I wanted to go to law school. I wanted to get into UChicago and get honors and do all that stuff, and be in extracurriculars and be the president of an org. I had all these lofty goals that were attainable within the university because we have so much opportunity here. Half of it was my own fault, but it was robbed from me. And I lost a ton of friendships when I was drinking really heavily. I can’t get those back. But I’m glad I’m happy where I’m at now because it would kind of suck if I wasn’t.”

Annie, an Abstainer, noted in her interview that she initially avoided party culture coming into college because it reminded her of her dad, which triggered negative emotions. However, reflecting on her college experience, she felt that party culture and exposure to widespread alcohol use had a slight positive impact on her in the sense that she was able to decrease her mental association between alcohol and her father, which made her slightly more comfortable being in the presence of people consuming alcohol.

“Before I went to college, I wasn’t around a lot of people drinking other than my dad. So when I was around people drinking, I felt that very strong connection to my dad. But then when I went to college, and kind of everybody was drinking, it sort of made alcoholism and alcohol less connected to my dad. So I would almost say ironically, college made it less salient and less of a clear connection between alcohol and my father. Whereas before college, like when not a lot of people around me drank, alcohol was just always connected to my dad and the detrimental impacts like alcohol.”

Leah shared Annie’s sentiment, stating that although it was a hard adjustment for her, her time as an undergraduate has helped her discover how to have a healthy relationship with alcohol.

“It was hard at first in college, with the drinking culture here, to acclimate to that. But I honestly think it got me to a point where it helped me be less afraid, or a lot more willing to live my life and have a couple of drinks with my friends and be okay with that. It took a little bit, because I

was also seeing the other side of it and seeing all these kids do stupid shit all the time. I'm definitely not fully comfortable with it yet. I'm reminded of it every time I smell Chardonnay. It was her drink of choice. I can't drink it. I can't smell it, it makes me sick. I've never told my friends the reason I don't drink Chardonnay, I just made up a story that it made me sick one time. So I still think about it when I see that.”

In popular culture and academic research, there is a significant amount of discourse on the problems that come with excessive drinking in college. However, this discourse focuses primarily on the negative consequences for those who drink and those immediately around them, including experiences such as fighting, sexual assault, injuries, ER visits, and poor grades (Weiss, 2013). What this data shows, however, is the fact that drinking culture has negative consequences for other students as well, such as those for whom it is triggering or highly risky. The long term consequences associated with problematic drinking in college has thus far been understudied and should be the subject of future research.

The majority of interview participants were University of Michigan undergraduate students. However, two students had transferred to U-M from smaller universities, specifically Wayne State University and Loyola University Chicago. Three participants had never been enrolled at U-M and attended other, much smaller institutions, including Eastern Michigan University, Washtenaw Community College, Western Michigan University, and Loyola University Chicago. Two participants were recent U-M graduates currently attending graduate school at Central Michigan University and Wayne State University. Interviews with participants who had attended both U-M and smaller universities were particularly interesting, as this allowed for a more direct comparison between institutions.

A common theme among participants with experience at multiple institutions was the significant increase in the normalization of excessive drinking at U-M, a large, public university. Flagship state universities often possess reputations of being “party schools.” Participants from

smaller universities noted that while excessive drinking was present on their campus, it was not nearly as pervasive as it is at large state universities, attributing this largely to the lack of presence of Greek life and a strong athletic culture. There is also a significant difference between the culture surrounding alcohol at universities that are mostly residential versus commuter schools with a large number of students living farther from campus. Stephanie, who attended a smaller university before moving to Ann Arbor, noted that the drinking culture at U-M was off-putting and shocking to them when they first arrived. They felt that partying dominated the social scene at U-M while being minimally present at their previous college, and struggled with peer pressure in response to their choice to abstain from alcohol use.

“I used to just tell people I was allergic to alcohol. Because I just didn't want to get drunk. But I was afraid of social judgment, and that's why I would say the allergic thing. Because I felt like it was a way to reject it without people peer pressuring me. Because if you say you're allergic, then nobody questions it. Whereas if you say 'No, I prefer not to drink,' they're like, 'But just one!' Because that was the first thing I did, saying, 'Oh, I prefer not to drink.' And they would just continue to keep offering.”

COA identity also shaped the college experience in ways other than how COAs navigate alcohol use. For several interview participants, the additional responsibilities that often come with being a COA impacted their college experience along the dimensions of personal development and academic achievement. One of the central themes of Allison's interview was the impact of her father's alcoholism on her personal identity. Allison spent so much time in a caretaker role for others that she arrived at college with a limited understanding of who she was, and didn't realize until arriving at college that she needed to figure that out and talk to somebody about what had happened, which led to her starting therapy and receiving a PTSD diagnosis. She stated:

“With my dad, I was just so done with cleaning up his messes and being the third alternate parent that would step in. And with my mom, I was really tired of having all the responsibility placed on me that should not have been at my age. And I just kind of felt like I didn't really know who I

was. And then I got to college. And, coming here, amongst a lot of high performing, high status people, I came in not knowing who I was and not having a sense of self. I felt even more lost than ever. I felt like I didn't really exist, and it was just a very weird time trying to figure that out. But I started figuring that out.”

She noted that figuring out her identity with her newfound independence from her family was challenging, as it was very hard for her to continue to be a support system to her younger siblings at home while being a full time student, which got in the way of doing her schoolwork and focusing on her identity as a college student. Occupying this role as caretaker and dealing with mental health issues lead to very poor grades at the beginning of her college career. She stated:

“The fact that this was still going on at home made doing my work and school a lot harder. It's really like whiplash. Like I'm out, but I'm not out. Being kind of their third parent and occupying that role with them, I almost have a deeper sense of attachment to each of them, because I feel like I raised them, you know, like, in a certain sense, and they look up to me so unconditionally, which is super scary, because I didn't even know who I was, or what I needed, or where I was going when I was like 18, 19, 20 years old. And I was still in that role of kind of guiding these young people through a lot of their firsts. And a lot of their really difficult adolescent experiences. And that was really, really hard. And I think the home situation, the dysfunction on top of that, being pulled back into that environment constantly because they needed me and were still too young to save themselves. Even though I knew at the end of the day they would have to get themselves out of that scenario and they would have to do the same work I was doing, they were just too young to just be left to their own devices. So having that responsibility was really, really taxing and I think that definitely played into my ability to perform as a student.”

Alex shared the sentiment expressed by Alison, stating that continuing to occupy a caretaker position in college was incredibly disruptive to her ability to focus on her schoolwork.

“When I was 18, maybe a month into my freshman year of college, I got a call from my aunt. She said my family had all been hanging out. He had, of course, been drinking. And she was begging me to come home, a 50 minute drive at midnight, saying that my dad punched my brother and basically knocked him out, and my dad fell and hit his head on the table. So I ended up driving home, got home at like one in the morning, had to physically take care of my dad because of how trashed he was and probably had a concussion also. It was a Saturday night and I had an exam that was on Monday. So I had to take away time that I would have spent studying to go home and console him. And then the next day, I was so worked up and overwhelmed that I really couldn't focus. And that was the first time I think I realized that I was an adult, and I could actually do something about the relationship we had.”

The idea of going away to college as an escape from a dysfunctional home life was consistent across several interviews. For Sophie, being able to get out of her home environment carried similar significance as it did for Allison, as she was able to develop a sense of self beyond constantly being in “fight or flight mode” at home. She stated:

“I just needed to get out. On moving day, I felt like I was finally safe and out of my house. Being able to get out of that environment was just really great in general. In a lot of ways, I saw college as an escape from a lot of things. I'm definitely in a much better, safer situation now than when I was at home. But I also think that college asks a lot of you, both in terms of academics and work, but also in opening yourself up and learning more about yourself. And sometimes I'm just not not ready for that. Sometimes I can't handle what's going on in this environment. But I think being able to get out of my house and be independent and be on my own has given me the perspective to process things in ways that I need to. So the fact that I had the ability to go to college at all has helped me become more aware of this part of my identity and what it means.”

For many college students, freshman year of college offers a newfound independence that was previously unfamiliar to them. Most COAs, however, shared the sentiment that increased independence and parentification as a child played a role in their college experience and often made them feel different than the other students they met in their first year. Claire reflected on this, stating:

“When I first came to college, I found that I had a lot of common sense compared to some people because I was used to taking care of myself. So there was like, a give and a take. Like I could do my own laundry and keep my own schedule. But then I also came to college at a time where the aforementioned substance abuse and untreated mental illness came to a head my first semester here. So I came in kind of already on a lower peg because of just socioeconomic status at this insane, insane university, and then got hit with that mental illness, substance abuse whammy and then had to put myself back together. But I felt like I had a lot more life experience than other people. And I also had a lot of resentment, and I still kind of do, toward kids whose parents controlled their whole lives, or who never really had time that wasn't an organized activity, especially in high school. So I definitely felt a little bit of a sense of superiority over kids who just woke up, went to school, did sports, private lessons, something something, then came home and went to bed. They never really had time to like, pursue other passions, which is sad, so they may come in with these shining stats, but they don't know anything else.”

Although Claire felt a sense of having more life experience than students she met in college from relatively privileged backgrounds, she also noted that coming to college caused her to think differently about her COA identity than she previously had. Claire, who noted that heavy alcohol use was almost expected in the working class community she grew up in, didn't experience embarrassment over her parents' alcoholism until being removed from that environment. In contrast with the normalization in her hometown, Claire felt that the shock of coming to a wealthy university brought her a new sense of shame and resentment surrounding her COA identity.

“[The college environment] has definitely caused some hard feelings about it, because your parents being alcoholics, in my hometown that's everybody's parents, it's just whatever, everybody's parents are going to the same bar. Now that I've been removed from it, it's caused me to resent a lot of it. Like... my college friends' parents and my parents should not be in a room together, because it's just going to make me feel bad. Those parts of my identity... I am ashamed of some of them. Even though I shouldn't be ashamed of my parents, because I like them so much. But it's caused some embarrassment. And me having that embarrassment at all is what makes me angry because it is a part of who I am and I don't want to have to feel like I should be hiding it or feel bad about it.”

In his interview, Brian noted the single most important thing that can be done to help COAs, and those struggling with addiction more broadly, is to make mental health care and addiction treatment more accessible and readily available, particularly on college campuses where heavy substance use is glorified. Most of the COAs I interviewed described struggling with their mental health during college, in ways that were often directly tied to their experiences with parental alcoholism, or just the general pressure of college and young adulthood. For many participants, going to therapy was vital for coping with these struggles and coming to terms with how their COA identity had shaped their life and their college experience. However, most participants felt that being able to access mental health care was directly related to socioeconomic privilege, especially considering the fact that university sponsored mental health

infrastructure is often poorly funded, overworked, and burdened by lengthy waitlists. For most participants, regardless of the institution they attended, a common theme was the idea that their college did not care about their mental health, leading to them often feeling unsupported by their institution. Reflecting on this, Alexis said:

“During my second semester my freshman year I was literally skipping every single class, I napped all the time, my room was filthy, I was drinking way too much, and finally sophomore year after it didn’t get better, I was like I have to do something about this, I am failing. So I went to CAPS [Counseling and Psychological Services] and I was like, ‘I need help, I think I’m depressed and I can’t do anything.’ And they were like ‘Go find a different therapist, we can’t do anything for you here,’ which just felt bad. I know CAPS is super overworked because there’s so many of us that need help. But the fact that it was in that stupid construction trailer? That felt like such an oversight on the part of a university with like 39,000 students. We’re sticking our only mental health support in an offshoot trailer behind a \$50 million business school? Really? It just felt so bad to me. But I’m incredibly privileged in the sense that I have health insurance that covers therapy, because I have more opportunities to seek help for these things versus other people.”

This section detailed the ways in which COA identity shapes the college experience profoundly, discussing how COAs navigate alcohol use and partying, academic achievement, personal development, and independence. As an institutional setting in which alcohol serves a unique social function, the college environment poses unique challenges for COAs. Thus, it is vital to understand how COAs experience this specific context and the distinctive consequences of party culture on these students.

Relationships with Others

When discussing how COA identity had impacted their experiences in college, adulthood, and day to day life, many COAs noted how this identity informs how they situate themselves in relation to others. In nearly all interviews, participants noted that their experiences with parental alcoholism had negative impacts on their social and romantic relationships, particularly in terms of their ability to trust others. Reflecting on this, Sophie noted:

“I have a lot of trust issues. Even with closer friends, there are things where I know I can and should trust people, but I still tend to lie a lot in social situations. And I think some of that comes from the fact that I would lie a lot when I was a kid about things like, ‘Why can't we go to your house?’ or, ‘What about your dad?’ I would just lie. That was a tactic that I learned really quickly. And I think I use it a lot in situations where I just socially feel anxious. I'm not lying to hide anything important, or anything emotional, even. It's just that I have trouble trusting people. So I'm trying to create something that is specific that I can control. And that's a reflex that I have been trying to unlearn, but it's really hard to unlearn that.”

A similar sentiment was shared by Sarah, who noted:

“I don't trust people very easily at all. I'm very skeptical of everyone. I feel the need to analyze other people, especially nonverbal cues, trying to look for any type of lie or deceit that's coming my way. The friends that I do have, it's a very small group, and even in those relationships I'm still worried, like, I'm waiting for the other shoe to drop. I'm always waiting for something bad to happen, for something to backfire. It's definitely caused a lot of relationships to end. I've had like few relationships in my life, romantic relationships. And they usually end because of stress, like me stressing out because I'm waiting for something bad to happen constantly. And my partner is stressing out because, obviously they feel like I don't trust them, because I don't fully trust them. And definitely a lot of friendships have ended. Because again, I'm always anxious. And I'm always asking when something bad's gonna happen, because I want to be prepared for it. It makes me feel isolated, but I'm also self isolating.”

The impact on social and romantic relationships was most prevalent amongst participants with alcoholic fathers, who expressed discomfort being around people who engaged in traditional presentations of masculinity. Sophie, who is bisexual, noted:

“I'm with my partner and he is male, and he's a total sweetheart and just a super soft creature. But I reflect on that a lot. I'm bisexual and I'm queer. And I think that even my romantic or sexual inclinations to people come from the fact that when I see more aggressive people, even just more masculine people, sometimes I feel have a hard time trusting them on an intimate or emotional level. Even my guy friends who are more masculine. But I definitely find that I don't don't have friends that are like, super, super masculine. Or that would represent that typical, like, dad type. I don't think that even if I was attracted to being around those people that I would be able to even open up in an intimate way with them because of that, which makes me kind of sad, because that's not their fault.”

This sentiment was shared by Alex, who is also a bisexual woman with an alcoholic father. She stated:

“I think trust issues impact me particularly in romantic relationships. I'm always expecting the worst to happen. I'm kind of always expecting or anticipating some form of verbal abuse, even if

that's nothing that's actually happening. I am just waiting for those things to happen. And then when they don't, I kind of get freaked out. And I'm like, 'Okay, this is not how it's supposed to be,' even though it actually is. And that can even cause me to push people away. And if someone is similar to my father, I don't trust them for that reason. But if they're not so much like my father, I also have trouble trusting them because it seems too good to be true. Like this isn't what should be happening, and that causes an internal panic."

For many COAs, especially for participants who identified as heterosexual or bisexual women with alcoholic fathers, they often reported that the area of their life which they feel has been most notably influenced by these parental relationships was their dating life. Several of these participants noted that they had never been in a relationship or been physically intimate with anyone because of fear, aversion, or distrust. Alexis reflected on how her experiences with her dad have influenced her dating life, stating:

"It definitely makes me hesitant to depend on anyone. But because I have those issues with my dad, especially when I was dating when I was younger, I would subconsciously seek out some sort of male figure similar to him to be with. My most recent ex-boyfriend, he acted just like my dad like to a T. A scary amount. And it was so familiar and comforting in a weird way... but he was also affectionate to me, so it was like supplementing that weird loss. It definitely affected me for a while, and it might still affect the way that I date. But when it comes to my relationships with people I think it's made me more independent in the sense that I don't want to have to rely on anybody for anything. Like my mom did have to rely on him and he always let her down."

In addition to trust issues, many participants noted that their experiences as a COA heavily influence the types of people they choose to be friends with, and most tended to be drawn to individuals who had experienced some level of family dysfunction in their childhood. Of the interview participants who had attended the University of Michigan, most observed that they had a hard time relating to many students on campus given the amount of privilege the average UM student has. Several participants noted feeling that they struggle to relate to people who have never experienced family dysfunction or related types of adversity. These participants also noted that they feel these types of people make up a large number of students at UM, a university with a student body that skews white and wealthy. This played a large role in

understanding their identity as a member of the campus community. Reflecting on this, Allison stated:

“People who didn't experience family dysfunction, I'm almost angry at them in a weird way. Not consciously, but it almost seems like I'm implying subconsciously in my actions or my words towards them that I feel better than them in some way, which is something that I've had to think about and work through, because that's obviously not true. And a lot of the time those people have been very unwilling to understand the perspectives of kids who've been put in those situations. And what they need from other people to feel a sense of safety. They just don't understand the gravity of that experience. Because I think a lot of the time alcoholism is a joke to them. And it's not a joke to me. So it just kind of makes it difficult to be friends with them. Being in that situation makes you very aware. You constantly have to be aware to protect your safety as a child in that scenario. And so I just feel much more observant than they do. And I just have stopped talking to a lot of people who have never experienced family dysfunction, because it sucks so much energy for me. I don't have time to educate them.”

This sentiment was shared by Alexis, who noted:

“In college, my friend circle is very similar, like-minded people. Mostly just other low-income people who have weird home situations we can all relate to. My two best friends have very similar upbringings to me, working class family, children of divorce, children of addicts. I feel like I can relate to them the most. I think a lot of the friends I have who don't have similar upbringings to me, I end up resenting them. In high school especially, I wouldn't say I was resentful necessarily but seeing people who had happy loving parents was very hard for me sometimes. Because I was jealous and sad that my dad couldn't be there in the way I wanted him to be there for me.”

In her interview, Kaitlyn noted that her mother's substance abuse has influenced the values she looks for in her social circle, particularly around attitudes toward substance abuse:

“I'm very vehemently against demonizing people who use substances. If I ever heard somebody say, ‘Oh, it's a character flaw, or it's a moral weakness,’ or some bullshit like that, I'd literally be like, ‘You're done. We can't be friends.’”

An interesting theme that emerged throughout these interviews was the fact that while all participants stated that they felt substance abuse was glorified and normalized in the college environment, this did not translate to decreased stigma when it comes to disclosing a COA identity to others. Allison noted that growing up, she only disclosed this part of her identity to close friends who would come to her house or be around her parents, as she felt it was important

information for contextualizing why her family behaved the way they did. However, when it comes to disclosure in college, Allison noted that she is cautious with discussing these experiences with other COAs because they may not have come to terms with what happened, or it may still actively be happening to them. Allison shared this interesting reflection:

“In college, I was more careful about it, because I think the first few years of college are a lot about presentation and looks and people trying to discern what they want their identity to be. And I didn't want other people to see me as the traumatized kid with an alcoholic dad. So I didn't talk very much to people generally about it. Still just like close friends. But when I started going to therapy, I started talking to people about it just openly, because I was like, people need to know this. Like, there are so many people who've had this experience and no one talks about it. Why?”

In her discussion of disclosure, Leah noted that she would really like to be able to discuss her experiences openly and connect with other COAs, but stigma prevents COAs from having these open conversations..

“I would say on college campuses specifically, it's a time for you to figure out who you are, be on your own for maybe the first time in your life, where you're independent of whatever general reputation you had at home. It's a time where you can just be judged for yourself. And I think that is one of the reasons why, especially at this age, people are less open about it because they don't want to be judged. It's also just not something fun to bring up. It is stigmatized. People don't know how to react when you share things like that. And it's hard to figure out if somebody else has had an alcoholic parent, because we just don't talk about it.”

Annie noted that when it comes to disclosure, she often feels uncomfortable speaking to her friends about these experiences out of concern for how they may react, stating:

“I don't really tell my friends about it. When I was dating a guy a while ago, he had a dysfunctional dad as well. And so I felt like I could confide in him about that, because a lot of our experiences were similar. But a lot of my friends have parents that either aren't divorced, or they don't have any substance use issues. So yeah, it's been difficult to try to share these things with my friends. When I have in the past, a lot of the time I would be met with people that didn't know how to respond, or they would be a little bit shocked. So I have just stopped telling a lot of my friends who can't relate. Because I don't want people to feel sorry for me, based on some of the things my dad might say, or think that something is wrong with my family, or something like that. Like I know that's not true, but you don't know what other people think.”

Annie also reflected on the fact that she has handled this hesitancy to disclose to people without similar experiences by joining a support group for Adult Children of Alcoholics (ACOAs), which has helped her come to terms with her own identity, the isolation she felt as a result of it, and her struggles with social anxiety stemming from parental alcoholism.

“I did actually do therapy last year, and my therapist suggested I go to the ACOA, or Adult Children of Alcoholics group. And that was helpful. And it did have me thinking about these things a lot more. So I think when I was in college, I didn't think about it as much, I just kind of thought like, that was just my life. But then afterwards, when I was really starting to reflect on everything I thought, you know, I would go to therapy, and I started to realize that a lot of the things that a lot of Adult Children of Alcoholics have are the same characteristics that I have. So I have been thinking about it more so in trying to be cognizant of how it just impacts my life and in particular, my social relationships and things like that. So I feel like recently I've been cognizant of it, and I've been reflecting on it, how it has impacted me, and how I can move past that.”

Across all of the themes I have identified, a few things stand out to me as being interconnected, namely ideas of normalization, stigmatization, and willingness to discuss alcoholism. Many participants expressed being extremely excited about my project and having the chance to speak on their experiences, especially because experiences of familial substance abuse are socially taboo and not often discussed. They also expressed excitement over being able to connect with another COA, as this is not an identity people often disclose freely. Responses to my recruitment materials were overwhelming, and many participants reported they would have been happy to talk to me even without a financial incentive. The fact that so many individuals felt excited about having an opportunity to discuss this part of their identity with me as a result of not having other opportunities to discuss it offers an interesting insight into how COAs feel this identity disclosure may be socially perceived. After the theme of stigma and disclosure emerged in early interviews, I began asking participants in later interviews why they volunteered for my research considering how stigmatized this topic tends to be. In her answer to this question, Alex noted:

“I used to not tell anyone about this. But I've been in therapy for about four years now, and I have become very comfortable expressing my emotions and how I feel in a healthy way. And when I tell my therapist about this next week, he's gonna be very proud of me for talking about the experience and giving myself some room and giving myself a space to think deeper about it.”

Annie shared a similar sentiment to Alex, but added that her choice to do this interview was also rooted in a desire to increase social awareness of substance abuse and its impacts.

“I like the idea of sharing awareness of substance abuse, and being a child of that. I often felt very isolated in it. And until I started joining the ACOA meetings, I didn't even really know that it was a group until my therapist suggested it. So I think just a lot of the time, I felt very isolated as a child. I've always just kind of seen my life as like, that's just how it was. And, you know, it just is what it is. But it's nice to be able to connect with other people about those things, and also share awareness on it. Because I do think that it's something that's not talked about as much as it should be.”

Leah noted that research on COAs is not only important for increasing awareness amongst people who haven't had these experiences, but for COAs' ability to understand their own experiences.

“This is such an important thing that I think is under-studied and underappreciated. It's not talked about enough. And as a child of an alcoholic parent, or parents, there are so many ways that it affected me that I don't even recognize sometimes. So I think this kind of research is so valuable.”

For Eva, connecting with other COAs has been particularly important in her journey of understanding her COA identity, because her mother's alcoholism didn't become severe until later in her life.

“Talking to other people and realizing that there's a lot of other people who have experienced this was a big thing for me when this started becoming my accepted reality. I think that people could be helped by knowing that other people have a wide variety of experiences. I was made to feel like I was crazy for a really long time. I was just like, ‘Am I making stuff up in my head?’ Like, I really thought it was fictional, like I was creating this whole insane narrative. But knowing there are other people out there who have experienced this same thing has made me feel more comfortable. It's helpful to open up to people about it.”

In nearly all interviews, COAs questioned why we as a society don't talk about alcoholism and the impacts of substance use, particularly on the children of the substance users.

For many COAs, this social stigmatization becomes internalized, impacting their view of themselves and their view of their family unit in a way that was most often negative. Reflecting on how the social stigmatization of substance abuse impacted both her disclosure and her understanding of her COA identity, Allison stated:

“I think I would have started talking about it earlier if there wasn't that stigma. I would have definitely probably told my teachers about it when I was a kid. And I think that's one of the big places that being white plays into that because no one who was a white person in my neighborhood wanted to admit that there was anything wrong in their family dynamics. And it was enforced onto us that like, ‘We are normal. This is a normal family. You don't need to talk to anyone about this. This is something we don't talk about.’ It was very much implied that this is not something that we're going to talk about, this is something we're going to internally deal with. And it's kind of unfortunate that I was the oldest child because the brunt of that responsibility was placed on me. It was super isolating.”

For other COAs, disclosing their experiences to others later in life was transformative for their own self understanding. In her interview, Sarah stated:

“I told one of my best friends in college, and he responded by just hugging me and offering his support. And it was very shocking to me, because of course, I wasn't used to that. And because to me, that was just a regular upbringing. Like those were just feelings that every kid had growing up. So for him to do that kind of made me feel like, ‘Oh, this isn't something that everyone goes through, this isn't normal, or this isn't average.’ It was overwhelming at first. But it definitely was helpful. It was very eye opening. It was very much revealing that my childhood was worse than normal. But that experience of hope and being supported is something I hadn't had before. And it made me realize there are people in the world who don't treat you like that. Who will actually support you.”

While COAs had different experiences, self-perceptions, and opinions, one position held to be nearly universal amongst the interview participants — the fact that more work needs to be done to destigmatize discussions around addiction and its adverse effects.

Future Trajectory

The majority of participants were current third or fourth year undergraduates, with a few first or second year graduate students and recent graduates. Participants ranged in age from 19-23. Given this age distribution, this study cannot speak definitively to COA identity in older

adulthood and the long-term consequences of COA experiences in college. However, the pattern that emerged through these interviews reveals that COAs make decisions about their future pathways in college that are directly related to aspects of their COA identity. In discussions surrounding academic performance in college, a large portion of interview participants stated that their COA identity and experiences with parental alcoholism had a direct impact on their major and career choices. More than half of participants were currently studying fields such as psychology, biopsychology and neuroscience, or sociology in order to pursue careers in social work, substance abuse recovery and counseling, trauma research, or substance abuse research.

Experiences with parental alcoholism were influential for COAs pursuing a wide range of career paths, even if they aren't directly related to substance abuse. For example, Sophie noted that she is pursuing a career in education, because school was her safe place when she felt unsafe at home. Eva, who initially wanted to work in the industry of entertainment law, recently decided to pursue family law instead, as she wants to help other families going through what her family did as a result of her mother's alcoholism. For Alexis, her personal experiences with substance abuse and the criminal justice system led her to working with a local homeless shelter in order to fulfill a court mandated community service requirement. Ultimately, she fell in love with doing this work and is pursuing a degree in macro-level social work to become the executive director of a homeless shelter. Sarah, who also works at a homeless shelter and studied social work as an undergraduate, noted that she approaches her work by keeping in mind the lessons she learned from her experiences with parental alcoholism. She stated:

“Since I was about 15, I want to say probably around the time that I started getting more of the abuse from my mom, I've wanted to go into social work. I've always wanted to be a therapist for youth, for kids who are around my age when I started going through this, and to help them through that situation. I keep going back and forth between wanting to be a therapist for youth and adolescents, and wanting to work in the substance use fields. As a professional, my childhood experiences make the work easier for me, because I have that understanding. I understand more of

the effects of substance use than people who didn't grow up in my position. Especially working at a homeless shelter, I work with clients every single day who have substance abuse issues. So I'm always reminded of situations from when I was younger, and now that I see it in other people, in adult people who are more disconnected to me, I feel like I understand a little bit more of why it happened to me when I was a kid. It's also a good way to bond with the clients. The particular floor that I work on actually has a program that's for clients who are in recovery specifically. So I do get to bond a lot with a lot of them because alcoholism is generational. So a lot of them understand trying to be that generation that stops the cycle, which is where I'm at in that generational cycle. I'm trying to stop it.”

In addition to influencing the career trajectory of many COAs, a particularly important theme that emerged across all fifteen interviews is that experiences with parental alcoholism imparted positive traits and personal qualities onto COAs that have shaped who they are in fundamental ways. As the data presented in this study shows, parental alcoholism has hugely consequential and negative long-term impacts on COAs, in terms of their self-image, mental health, relationships to others, academic success, and college experiences. Despite these adverse effects, interview participants noted that their COA experiences have not been purely negative. I concluded every interview with the question *“Do you feel that your experiences with parental alcoholism have personally impacted you, your character, and your growth in any ways that are positive?”* Interview participants tended to perk up at this question and felt excited to answer it. For most participants, this was also the question they put the most thought into and spent the most time answering. All participants noted that their experiences as a COA had impacted them in some ways that are positive, with answers ranging from increased levels of personal responsibility, trustworthiness, compassion, ability to care for others, self-reliance, appreciation of kindness from others, and selflessness. While these terms all contrast with characteristics that are most commonly associated with COAs, I feel that these positive traits cannot be overlooked in an analysis of COA identity.

These interviews have revealed the challenge that comes with attempting to narrate a single coherent COA identity, as COAs are not a monolithic group. However, a key takeaway from hearing COAs reflect on the positive impacts of their experiences on their personal identity is the idea that social scripts about the “typical COA” do not always encompass the true depth and complexity of a COA identity. While reflecting on how she finds positive meaning in her experiences, Alexis said:

“Without that, maybe I would have been a softer person, less confrontational. But I’m glad that I’m confrontational and not afraid to say things. I like myself. I’m happy with what I have. And I don’t know if I would have turned out differently if I had had a different experience with my dad. He gave me resilience and my ability to talk to people. He made me the person I am and I am forever grateful for that.”

Allison shared a similar sentiment, but added that the pain of her experiences outweighs the positive impacts.

“I think I value things so much more, like the kindness that other people show me is so much more meaningful, because of how much negativity I’ve gotten from people in my life. I’m so much more grateful if somebody offers to do my dishes at my co-op. That just is more meaningful to me, or if one of my friends just wants to express for some reason how much I mean to them, or just says something nice like that, that has so much value to me. I think that’s a positive thing, just being more appreciative of what I have. It left me with a really big appreciation for the little things, for details. And especially for kindness from other people. I think it also molded me into a very selfless person. That’s something that’s such a core piece of my identity, it’s very much part of who I am. I feel very not humble to say that, but I guess just the lengths that I’m willing to go to for other people is really what I mean, and I would never give that part of myself up. So yeah, I do think there are some positives. But I think the price that I paid for those positives is not worth it.”

Kaitlyn shared these reflections:

“It’s helped me be empathetic, and have knowledge and understanding about substance abuse. It’s helped me be knowledgeable, empathetic, and understanding about mental illness and the fact that sometimes our brains are just fucked up. And sometimes we go through shit that makes our brains be fucked up. And that doesn’t mean you’re a bad person, you didn’t do something wrong. I think it’s helped me learn how to handle things like, setting boundaries and not being someone’s therapist. Being able to be like, ‘Hey, I don’t have the capacity for this, or this is not my job. This is not my role.’ I’ve become very strong willed. I think the ultimate thing is that the things that

I've dealt with have come together to create an individual that is self-reflective as hell. And I care about things. I really give a shit.”

An example of a positive trait shared in nearly all 15 interviews was that COAs have developed a robust understanding of how substance abuse operates, and the importance of not demonizing substance abuse as a personal moral failing. The experience of having a loved one who struggles with substance dependence made COAs acutely aware of the structural roots of substance abuse, including socioeconomic disadvantages, trauma, abuse, and mental illness. This understanding was present in their relationships with their alcoholic parent, their career goals, and their mindfulness in the ways they discuss substance abuse. Relatedly, nearly all participants, even those who had themselves struggled with substance abuse in the past, felt that their experiences had equipped them with the tools necessary to “break the generational cycle” of alcoholism as they learn how to have a healthy relationship with drinking and substance use.

Several participants noted that one of the most positive traits they attribute to their experiences with parental alcoholism is their ability to handle adversity and overcome it.

Matthew spoke on this at length, stating:

“A lot of people are very anxious about the worst thing that's going to happen to them. And I already feel like I've been through my worst thing, the thing that happened with my dad. And if I go through a worse thing than what's already happened, I know the steps to get better. I know what it takes inside of me to get better. I'm very intensely good at being in tune with myself and in tune with my own patterns of thought. Because I've spent my entire life thinking about how to solve the issues inside of me. And some people have not worked on that at all. And some people are just having a very easy time flowing through life. But what happens when they don't and then they don't know how to deal with it? I have a lot of pride in myself for getting here despite everything. I have overcome so much and it is so nice to be living the life that I'm living today. And I think I have a lot more gratitude than I would if I didn't have an alcoholic parent.”

A common theme across interviews was the idea that experiencing adversity related to parental alcoholism contributed to the development of strength and resilience. However, several COAs made sure to note the problematic nature of the narrative that “adversity makes you

stronger,” which often unintentionally posits that trauma is a positive thing, rather than a social problem. Reflecting on this, Alex stated:

“I believe that I am a strong person. But I also would like to say that my trauma did not make me stronger. I made myself stronger because of my trauma. I did not deserve to go through the things that I have gone through. But because I did, and I am still here today and working through the things that I need to work through, I don't think that is specifically what makes me strong. I think what makes me strong or makes me resilient is actively doing the work I need to improve myself by going to therapy. But I really do hate when people say things like, ‘But didn't your trauma make you stronger? Like, wouldn't you be a weak person if it hadn't happened to you?’ They're trying to be optimistic about what happened, but it's like no, I really wish that stuff didn't happen, but I don't have a choice but to keep going. But I did all the work by myself. My father and other people who have traumatized me get no recognition in who I am today.”

Leah shared a similar sentiment about the importance of striking a balance between acknowledging how adversity has the capacity to impart strength on an individual, but shouldn't be romanticized as something positive.

“I think our lives are enriched by feeling all the feelings, which sometimes means sadness, anger, and negative emotions. I don't think we can enjoy life as much without it. You need a little rain to get the rainbow. So I'd say a lot of strength does come from adversity. But I have a bigger problem with that narrative. I think I have more of a problem with it than I think it is beneficial. Because you have to think about choice and when autonomous choice is not really an option. When people are like, ‘Oh, you're so strong, you've been through so much,’ like, what the fuck was the other option? As a kid, I had no choice in the matter. I think a lot of strength can come from that, but that's not where all strength comes from. Some of the strongest people in my life grew up in very healthy situations and were taught strength. So I think it can be problematic because it romanticizes it a little bit.”

A common subject across interviews was the work that COAs had done, and are continuing to do, in order to repair some of the pain they carry with them stemming from parental alcoholism. For several participants, the most important mechanism for achieving this goal was developing their own identity and sense of self that was separate from being a COA, and not letting themselves be defined by this part of their identity. Matthew reflected on this, stating:

“The most important thing for me has been becoming a person, instead of becoming a person with an alcoholic dad. Finding aspects of my personality that are in no way related to him or healing from what he did. And also taking things that I enjoyed as a child for the wrong reasons, or taking things that he influenced, that he did with me, and just doing them with myself. Doing all the kinds of things that he would do with me that I came to view negatively and doing them on my own. He took me to the gym. I go to the gym on my own now. He used to make me waffles in the morning, now I make my own. The music he showed me, I like it now. And I know it better than him. And as much as I don't want him to creep into my life that much, I take the small things like that and I've been able to reclaim them and enjoy them on my own without him. And enjoy them in a way that makes me happy naturally and organically instead of making me happy in spite of him. And I love parties. I really love dancing. I'm trying as much as possible right now to make partying my own. And to make my college experience my own, instead of having the shadow over me.”

Several COAs discussed the fact that one of the most difficult long-term effects of parental alcoholism is struggling with self-blame for a parent's addiction, and carrying feelings of guilt and shame as a result. For Lydia, letting go of those feelings meant intentionally working toward an understanding that they are not responsible for their mother's actions.

“A lot of my anger about it comes from the fact that I feel responsible in some shape or form. But I'm working toward absolving myself of responsibility from what she chooses to do. And acknowledging that she gets to make her own choices. I'm learning how to understand that you're not responsible for people's behaviors, and not just saying it, but internalizing it and removing yourself from a level of responsibility. And understanding that she has an addiction, and it is a mental illness. And it's not something that she chose to have. And acknowledging that part of her and accepting that part of her. And while acknowledging that, also putting in the work of not repeating generational cycles. And learning how to not be anxious in social situations that have those substances around and having a healthy relationship to those substances.”

For others, coming to terms with their COA identity meant addressing the fact that they hold resentment and anger toward their parent, and being consciously aware of the impact of these feelings. Alexis stated:

“I feel resentment. It fluctuates, but I'm still struggling a lot with that. But I'm trying to understand who he was as a person. Why he made the decisions that he did, and coming to terms with the fact that my dad could be a good person and a bad person at the same time. Coming to terms with the fact that my dad was emotionally abusive has been a big part of recovery for me. And learning that seeing parts of him in myself is not inherently bad. My dad had a lot of good qualities. And he was a very strong man. Seeing some of my dad in me is not a negative thing and coming to terms with that was really really hard, and I'm still doing that. And in my experiences

with my dad, there are some things where I'm like, alright we can apologize and we can move past it. But there's some things where it's like, things are never gonna be alright, and I'm fundamentally affected by that. But it's okay because I am the person I am now and I'm fine with her.”

This section examined how COA identity not only shapes the college experience itself, but life outcomes for COAs. In particular, COA identity influences major and career choices, which represents the life-long impacts of early experiences with parental alcoholism. In addition, COA identity fundamentally shapes personal attributes in a complex set of ways that are both negative and positive, challenging the dominant script of deficit-based portrayals of COAs. These interviews revealed that many COAs view positive parts of themselves as being intimately connected to their experiences with parental alcoholism. However, many participants noted that these stories of personal strength are not the result of experiencing trauma, but rather despite experiencing trauma. While many COAs expressed being better equipped to handle adversity, nearly all of them noted that the pain of their experiences sticks with them in ways that are detrimental to their personal wellbeing. This represents the fact that childhood trauma is a social problem with profound ramifications for future inequality, which carries important implications for sociological research.

DISCUSSION AND CONCLUSION

As these results show, COA identity formation is contingent on the ways COAs situate themselves within existing cultural narratives. Cultural narratives about substance use and its attached social meaning rely on gendered, classed, and racialized stereotypes that either normalize or pathologize heavy alcohol use. In *Recognition and Sensemaking*, I show that COAs learn these narratives from a young age, and come to understand their own relationship with parental alcoholism through the lens of where they situate themselves within these stories and

stereotypes. This has implications for what it means to be a COA, the ability to recognize the problematic nature of substance abuse, and identifying as a COA in the first place.

This section exhibits that substance use is perceived differently in men and women, upper and working class communities, and different racial groups. Alcoholism is associated with men and fathers, which shaped the recognition process for COAs with alcoholic mothers. For some COAs with non-violent alcoholic fathers, the stereotype of the violent father impacted their sense of legitimacy as a COA, representing the ways in which dominant narratives impact COAs with a variety of personal and family backgrounds. Alcoholism comes to be normalized in different ways along class lines, whether it is viewed as a universal experience or as something that must be kept secret as a result of a stigma inflected with classed and racialized biases. Alcoholism may be viewed as something that “doesn’t happen to white families,” a stereotype that is not only in direct contradiction with empirical reality, but serves as a barrier to recognition.

The role of cultural narratives and dominant scripts in identity formation was something I had not expected to be such a central theme, but nearly every COA I interviewed felt their sense of self-understanding was influenced by where they situated themselves within these stories of “typical” alcoholism. Most participants held a mental image of a “typical” alcoholic, regardless of whether this matched their personal experiences of parental alcoholism. This is an image of a white, working class father, coupled with child abuse, violence, and neglect. Other tropes, such as the “wine mom,” are similarly pervasive and often prevent COAs from recognizing that something is out of the ordinary, as these tropes contradict the dominant image of alcoholism. This raises the question of where these narratives come from and how COAs become so highly attuned to them early in life. Uncovering where these narratives originate, how COAs learn to internalize them, and why they persist is an area ripe for future research.

Management and Childhood Impact reveals many of the consequences of parental alcoholism before college and how COAs understand and respond to this. Amongst these consequences are parentification, embarrassment, loss of a sense of self, grief over a lost childhood, and low self-esteem. These consequences have long-term impacts, which survive across life stages and remain with COAs through college. A large body of research has examined the childhood impacts of parental alcoholism and their long-term effects, including poor mental health and adjustment outcomes. My research confirms many of these findings, and builds upon this research by examining how this impacts identity formation, how these impacts carry on into a college environment, and the consequences of this. While there is already a wealth of research on parentification in COAs and the long-term effects of adverse childhood experiences, my research speaks specifically to how students with alcohol related trauma navigate an environment in which heavy alcohol use is glorified and normalized. My findings reveal that there is much room for future research examining the impact of childhood trauma on college students.

College Experiences of COAs examines how COA identity plays a large role in how students navigate an environment in which drinking is central. The unique consequences of COA identity in college are evidence of the shifting meanings of substance abuse in different social contexts. While heavy drinking may be stigmatized in adulthood, this stigma seems to nearly disappear on college campuses. Heavy alcohol use is associated with social status and, in some cases, seen as a requirement for “fitting in” on campus. This sort of drinking culture negatively impacts many students, not just COAs, which has been documented in past research on college students. My research builds upon this and exhibits that drinking culture comes with unique consequences for COAs, who may be at higher risk for developing a substance abuse issue or feel emotional distress around alcohol. My research sample, consisting of individuals ages 19-23,

cannot speak to the long-term consequences of excessive drinking in college. These long-term effects, both for those who drink and those who choose not to, should be the subject of future research.

In college, COAs experience unique consequences of the culture of excessive drinking and normalization of problematic substance use. This manifests in COAs following three different pathways. The first pathway, the Reproducers, describes COAs who develop their own substance use problems in college, which they often attribute to parental modeling and normalization. This pathway comes with a range of negative consequences, including academic underachievement, withdrawal from school, hospitalization, and criminal justice involvement. The second pathway, the Abstainers, involved a total aversion to substance use, party culture, and social events centered around alcohol. For participants on this pathway, abstaining from alcohol use helped them avoid the emotional distress that often accompanied being around alcohol or intoxication, but came with negative social consequences, including difficulties in making friends, feeling ostracized, or worrying about missing out on being a “typical” college student. The third pathway, the Worriers, describes COAs who attempt to have a healthy relationship with alcohol and partying, but find this difficult due to a fear of “becoming their parent.” Participants on this pathway described a rigid monitoring of their own alcohol consumption and the people around them who are drinking, which often interfered with their ability to enjoy themselves in social situations. Some participants experienced mobility between pathways, but nearly all participants noted that the pathway they were on was a foundational aspect of their college experience. This raises the question of how some people end up on one pathway, while others end up on different pathways. The relationship between social identities, life circumstances, and pathways should be the subject of future research.

COAs also experienced other consequences in college beyond just the impacts of drinking culture. For some, this included dealing with the fallout of ongoing dysfunction at home, which impacted academic performance, mental health, sense of self, and the ability to grow independently as a college student. This raises questions about practical implications. In particular: What can colleges and universities be doing to better support COAs? Data from these interviews revealed two key findings. Firstly, drinking culture and the glorification of substance use negatively impacts all students, but has unique negative impacts on COAs. Secondly, colleges and universities do not have adequate infrastructure for mental health and substance abuse treatment, which worsens the problem. These two observations taken together reveal a social problem that needs to be addressed. While substance use education may decrease the glorification of heavy alcohol and drug use, interviews with COAs also shed light onto other potential solutions. Notably, students who struggle with substance abuse in college may have a hard time identifying their substance use as addiction given cultural glorification. Students need to be equipped with the tools to recognize when their substance use becomes an addiction, and treatment and counseling needs to be readily available. For students who struggled with their mental health or were able to come to the realization that they needed help with a substance abuse problem, a common theme was feeling that their university did not take mental health seriously, or did not provide enough resources for Counseling and Psychological Services (CAPS). In order to disrupt the cycle of addiction that entraps many COAs, colleges and universities need to address this problem and improve their commitment to student safety and support.

Additionally, while most of my research participants were undergraduate students at the University of Michigan, several of them were current or former students at smaller universities,

including Loyola University Chicago, Eastern Michigan University, Wayne State University, Central Michigan University, Washtenaw Community College, and Western Michigan University. Participants who had attended multiple institutions or one of these smaller universities noted a large difference in the prevalence of excessive drinking at large state schools, especially those with a strong presence of Greek life and a large athletic program. This raises the question of whether COAs feel better, or are healthier, at these places. Future research should consider a more systematic, comparative study of the spillover consequences of drinking culture at various universities, and how students are differently impacted by the culture of specific institutions.

Relationships with Others reveals how COA identity also shapes how these individuals situate themselves in relation to other people, and the consequences this has for forming healthy social ties. For many COAs, their experiences came with consequences for their social and romantic relationships, including an inability to trust other people and challenges in maintaining healthy relationships. Additionally, many COAs struggle with the stigma attached to parental alcoholism, which impacts disclosure to others. For some, disclosing COA identity to friends or peers was important for coming to terms with what it means to be a COA. COA identity also plays a role in who COAs choose to be friends with, as a common theme across interviews was the idea that COAs struggle to relate to people who have not experienced family dysfunction, which held constant in COAs across different class backgrounds. The stigma associated with addiction has been well documented in stigma-based research. However, my findings, particularly those on stigma and disclosure, come with practical implications. In order to better support COAs, it is important to destigmatize addiction, the way we talk about it, and how we support individuals who are struggling with addiction. For many COAs, stigma prevents them

from opening up about their experiences, which presents challenges managing the long-term effects of parental alcoholism. By decreasing the stigma that comes with addiction and seeking help, we can begin having open conversations about problematic substance use and break the intergenerational cycle of addiction.

Finally, *Future Trajectory* exhibits the long-term impacts of COA identity, particularly on personal and professional development. For many participants, their COA identity directly inspired their major and career choices. Additionally, this section explored the complexity that comes with how COA identity impacts personal development. Many COAs shared how they think this part of their identity has shaped who they are today, in ways which are both negative and positive. These stories go beyond traditional narratives that focus almost exclusively on the negative consequences of parental alcoholism that serve as a barrier to success for many COAs. By focusing only on COA vulnerability, researchers lose a holistic picture of what it means to be a COA, and the impacts of parental alcoholism on a broad variety of life outcomes. This focus creates a dominant narrative of a COA, and often fails to capture the complexity of the whole person behind the COA label. This section is a celebration of the resilience of the 15 COAs who shared their stories with me, and the ways in which they find strength and hope for the future.

This study leaves room for further research to examine the long-term effects of COA experiences in college into adulthood. Particular attention should be paid to the consequences of college drinking culture in the future, and how it interacts with the cyclical nature of substance abuse disorders. It is important to note that COAs are a diverse group of people with vastly different experiences, and the COAs I interviewed are not representative of the full range of their perspectives. These COAs were mostly students at an elite university, which does not reflect the experiences of COAs whose history with parental substance use are a barrier to accessing a

college education. Thus, the findings of this study cannot be generalized to represent COAs as a whole, and future research should consider a more diverse group of COAs, in terms of demographic backgrounds and access to opportunity.

Ultimately, this study offers an important contribution by examining a population that has been understudied, whose perspectives offer valuable insights into how we as a society think about and discuss substance abuse as a social problem. This study also speaks to a subsection of COAs that have thus far been understudied in sociological research, specifically research focusing on identity formation, COAs, and college students. This research speaks directly to past research that has been conducted on COAs, applying it to the unique setting and context of a university campus. Lastly, this study provides depth to research that has been done on COAs, utilizing interview research to show that what it means to be a COA cannot be encapsulated by any singular narrative.

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APPENDICES

Appendix A: Interview Guide

Part 1: Demographic Info

1. Please say a few words about who you are.
 - a. Age/Year in school
 - b. Race
 - c. Gender
 - d. Estimated family or personal income/parental occupations
 - e. Parental education levels
 - f. Major/minor

Part 2: Experiences with Familial Alcoholism

1. Tell me a little about your family.
 - a. What is your relationship with your family like?
 - b. Are your parents still together?
2. What do your parents do for a living?
3. Where do you perceive yourself to be on the class spectrum?
 - a. Do you usually have as much money to do stuff as your friends?
4. Have you ever experienced financial instability?
5. Have you ever experienced food insecurity?
6. If you need to see a doctor, is it easy and accessible for you to do so?
7. Where does your financial support in college come from?
8. Please elaborate, in as much detail as you are comfortable with, on your experiences with familial alcoholism.
 - a. Are one or both of your parents problem drinkers?
 - b. How severe is the problem?
 - c. Is your parent a recovering or active alcoholic?
 - d. Has your parent ever sought addiction treatment or counseling?
9. How do you think these experiences shaped your childhood?
 - a. Did you have a social support system in childhood?
 - b. How do you think your parent's drinking problem shaped the amount of responsibilities you had to take on as a kid?
 - c. Did you ever feel like you couldn't have friends over out of fear that a parent would be intoxicated?
 - d. Did you ever feel that your parent was too intoxicated to take care of you or take you to the doctor if you needed it?
 - e. Was your parent ever too intoxicated to pick you up from school?
 - f. Did you ever experience verbal or physical abuse from a parent as a result of alcohol use?

- g. Did you ever feel unsafe in your living environment?
 - h. Did you ever feel your family didn't love each other, look out for each other, feel close to each other, or support each other due to the alcohol use of a parent?
10. How often do you think about these experiences?
 11. Have you ever confided in your friends about these experiences?
 12. Can you tell me about how one of your friends responded?
 13. Have you ever spoken to a therapist or counselor about these experiences?
 14. How do you think these experiences play a role in your social relationships? Romantic relationships?
 15. Do you feel that these experiences have impacted your ability to trust others?
 16. How have these experiences impacted the way you view substance abuse?
 17. Do you feel that substance abuse is socially stigmatized?
 18. How has this impacted the way you think about these experiences?
 19. When you think of an alcoholic, what image or experience comes to mind?
 20. When you think of a child of an alcoholic, what image or experience comes to mind?
 21. Have you been able to connect with other COAs and discuss your experiences? How have their experiences been similar or different?
 22. Why did you choose to do this interview?

Part 3: COA Experiences in College

1. Describe your transition to college coming in as a freshman.
 - a. What was living in a residence hall like for you?
 - b. Was it easy for you to make new friends as a freshman?
2. What does your social network look like today?
3. Are you involved in Greek life? Why or why not?
4. What does your friendship circle look like?
5. What do these friendships mean to you?
6. Do most of your friends have similar or different upbringings to yourself?
 - a. Do you ever struggle to relate to people who had different upbringings?
7. How has your experience with parental alcoholism impacted your engagement with party culture?
8. How often have you attended parties in college?
9. What is your view on college party culture?
10. Do you feel the college environment glorifies alcoholism?
11. What are your relationships with your professors like? GSIs?
12. How supported do you feel by University of Michigan administrators and faculty members?
13. Have you ever utilized CAPS? Why or why not?
 - a. If you have, what was that experience like?
14. How often do you feel overwhelmed by your schoolwork?

- a. In these cases, do you feel comfortable asking professors or GSIs for extensions or accommodations?
15. What are your career goals?
16. Do you feel that your family history has in any way motivated your major or career choices?
17. Do your experiences with parental alcoholism ever impact your ability to focus on your schoolwork?
18. Do your experiences with parental alcoholism ever impact your sense of belonging on campus?
19. In what ways do you believe your experiences with parental alcoholism have negatively impacted you during college?
20. How do you feel this has impacted your overall success and life course both now and after college?
21. How has the college environment impacted your relationship with this part of your identity?

Part 4: COA Identity and Personal Development

1. In the context of your experiences with parental alcoholism, what does “healing” mean to you?
2. What has “healing” looked like for you?
3. What does “resilience” mean to you?
4. How do you view the role of “resilience” in your own life?
5. What does the concept of “forgiveness” mean to you?
6. What is your relationship with your alcoholic parent like today?
7. Have you managed to feel forgiveness toward them? Do you still feel resentment towards them?
8. How have your social identities impacted your experiences with parental alcoholism?
 - a. Race?
 - b. Gender?
 - c. Class?
9. What is your opinion of the narrative that experiencing adversity makes you stronger?
10. Statistically, COAs are less likely to make it to college. What about your life circumstances or yourself as a person do you believe is the reason you made it here?
11. What do you feel that you need in order to properly heal from your experiences with parental alcoholism?
12. Do you feel that your experiences with parental alcoholism have personally impacted you, your character, and your growth in any ways that are positive?
13. Is there anything I didn’t ask during the interview that you would like to share with me?