

THE UNTOLD STORIES OF SOUTH ASIAN ADULT CHILDREN OF FATHERS WITH
ALCOHOL USE DISORDER

by

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DEDICATION

*This project is dedicated to my Appa, Vasee Pushparaj,
who passed before I could begin this journey.*

He inspired this research through his life.

*Vasee, my dad was an adult child of a parent with alcohol use disorder, but he was more than
his struggles with substance use.*

*He had a story that I couldn't comprehend, and that was greatly silenced and missed.
To this day we will never fully grasp the depths of his experiences because he passed before he
could share them.*

*However, through his life, I saw who he truly was. He was more than the cultural and systemic
burdens that were placed upon him; he was more than the substance that controlled him. He was
a son, a brother, a friend, a husband, and a father.*

He loved, laughed, and cared selflessly. He was adventurous, playful, and wise.

*My father didn't live an extraordinary life, but to me, he was a remarkable man. Despite his
adversities he gave everything he had.*

*I get to live this privileged life now because of him.
I have the opportunity to share my story now because of him.*

Thank you, Appa, for everything you could give me.

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Before I do this, I want to take a moment to acknowledge the labels that are being used in this project, “Alcoholism” and “Alcoholics.” These terms are used to maintain coherence with current literature. However, I also recognize how these labels overlook and minimize the intricate experiences of the individuals behind these labels. Therefore, I acknowledge that these labels are not sensitive to the individuals or the families. Despite their use, I hope this project honours and empowers the nuanced narratives of this diverse population who have lived these challenges. I also hope this project sheds light on the complexities of their narratives and the individual(s) behind the substance. Therefore, I express my heartfelt love to all affected by these labels and take a moment to personally thank those who have contributed their invaluable stories and support to this project.

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ABSTRACT

This thesis explores the narratives of South Asian Adult Children of Fathers with Alcohol Use Disorder (ACFAUDs) and how they construct meaning around alcohol use disorder (AUD). The study explores cultural nuances and family dynamics that influence the increasing rates of alcohol-related deaths and incidents within the South Asian population. This research emphasizes the participants' subjective experiences and acknowledges the present social-cultural discourses that shape their narratives. Therefore, the guiding research question of this study is: “How do South Asian ACFAUDs construct meaning around AUD through their narratives?” Using a narrative methodology, this researcher conducted semi-structured interviews to capture their experience. This culturally sensitive approach allowed participants to re-author their narratives while they contributed to a more comprehensive understanding of their experience as a South Asian ACFAUD. Also central to this thesis is advocacy for the human and families impacted by the substance, emphasizing agency over addiction and helping inform appropriate practices of care.

Keywords: South Asian culture, alcohol use disorder, narratives, meaning making, family dynamics

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CHAPTER 1: INTRODUCTION

I am both a second-generation South Asian immigrant and an ACFAUD. My father had AUD, and despite his challenges with recovery, it unfortunately led to his passing as it did his father. Therefore, my story and his story are shaped by parental substance use and the complexity of being a South Asian ACFAUD. My Sri Lankan descent crossed with my upbringing in a Western culture influenced how I made sense of my story and my father's addiction. The cultural expectations and the family dynamics that I experienced in my South Asian household contributed to both my resiliency and vulnerability. Despite my story, I defied my genetic predisposition to addiction, but this is not always the case for ACFAUDs. The cultural burden of being the youngest and only daughter of three siblings pushed me to take on a burdened sense of responsibility for my father's addiction. As a Sri Lankan daughter, there are traditional gendered conformities that enforce specific familial responsibilities, such as the emotional caretaker. However, these experiences led me towards personal growth to overcome my risk of developing AUD, despite this being a generational pattern of dysfunction.

Hence, I recognize that my father's narrative is significantly different and similar. In comprehending how culture shapes addiction, it is important to understand alcohol's influence within the context of South Asian culture. As he was a South Asian ACFAUD, also raised by a father with AUD and pushed into premature responsibility of caring for his family, his pain and suffering were greatly overlooked. His story and pain were silenced, and he sought comfort in alcohol, eventually leading to his addiction. Though this was a generational pattern, there was a lack of understanding of the sociocultural components that shaped not only my father's path into addiction but also his father's. Instead of recognizing addiction as a mental health concern, others saw my father's addiction as a selfish act or moral failure. To others, it was an

insignificant concern because excessive drinking was normalized, similar to Western cultural stereotypes, Sri Lankan culture perceives alcohol use among men as a social norm, but for Sri Lankan women, drinking is considered taboo. For men, this normalized perspective of drinking often may lead to the invisibility of their addiction. In addition to permissive cultural norms around alcohol use, South Asian men also contend with other unrecognized struggles that are often related to alcohol use. Some of these include intergenerational trauma, attachment challenges, family estrangements, and lack of support. Hence many South Asians, like my father, turn to drinking to cope with their circumstances.

Given the generational impact of AUD it sheds light on the importance of considering its social ramifications. The impact of alcohol use extends far beyond the individual and family; in fact, alcohol use has a profound effect on the public health and the criminal justice system demonstrating a significant economic burden of \$19.7 billion in Canada that sheds light on the widespread effects of AUD that impact our society system (Stockwell et al., 2023). The consequences of alcohol use can affect an individual and their families, particularly for children of parents with AUD, who have a greater disposition to psychological and social issues that may encourage addiction development (Haverfield & Theiss, 2014). Adult children of parents with AUD are often at higher risk of experiencing anxiety, depression, substance abuse, emotional dysregulation, poor cognitive abilities, and increased dependency and neuroticism (Haverfield & Theiss, 2014). In addition, through a familial context, it is distinguished that most adult children of parents with AUD experience parentification, taking on an increased sense of responsibility and helping to fulfill the parental role that is absent or lacking (Haverfield & Theiss, 2014).

Culturally diverse populations and visible minorities with family members who have AUD face additional systemic and mental health challenges. The lack of culturally appropriate

services, insufficient language diversity within helping professions, inadequate understanding of diverse cultural presentations, and low cultural competency among professionals contribute to the significant barriers that diverse families face (Narayan et al., 2023). Alongside these factors, South Asians are substantially susceptible to additional adverse health risks associated with alcohol, such as heart and liver disease that led to increased morbidity (Puri et al., 2020). Despite these concerns among South Asians with AUD, there are significant barriers to receiving support. Some of these barriers are problems with access, acculturation, trauma, family dynamics, cost, how patients and health care providers talk to each other, language barriers, health literacy, stigma, shame, situational challenges, and fear (Puri et al., 2020). Cultural, social, and structural barriers are intersecting aspects that considerably shape South Asians' access to support and the development of their identity, as well as how they construct meaning around AUD through their experience. Therefore, these narratives will expand on how cultural influences, family dynamics, and the intersectionality of these factors shape South Asian ACFAUDs narratives and their meaning around AUD. While also highlighting both their unique challenges and adaptations.

As most current literature explores the experiences of ACFAUDs from a Western context, this thesis introduces a diverse perspective that layers additional intricacy to understanding AUD in South Asian culture. Considering these contexts of cultural influences and family dynamics, the primary research question of this study is: How do South Asian ACFAUDs construct meaning around AUD through their narrative? In this thesis, this researcher defines ACFAUDs as individuals who were raised in families impacted by AUD or experienced adverse effects due to parental alcohol abuse during their developmental years. AUD is defined as chronic or problematic alcohol consumption behaviour that may lead to negative

consequences in various areas of an individual's life. Despite these challenges, it is notable to acknowledge that many ACFAUDs have a tacit sense of resiliency as they navigate the stress of living in high-risk family dynamics and adversity (Hagström, 2019). Therefore, this thesis uses a narrative methodology to invite South Asian ACFAUDs to share their stories from an empowering perspective. Research suggests that observing specific populations of ACFAUDs may help address and bring awareness to the individuals' and their families' distinctive psychological needs, thus enabling opportunities to provide more support to maintain protective factors (Rzeszutek et al., 2021). This hope is that listening to the unheard voices of South Asian ACFAUDs is a meaningful way to provide reflection, insight, and healing to this culturally diverse group (Briant et al., 2016). Therefore, the heart of this project is to prioritize understanding their experience of constructing meaning around AUD from their subjective perspective to empower their untold stories.

CHAPTER 2: LITERATURE REVIEW

The meaning-making experience of AUD in South Asian ACFAUDs narrative's is complex and multifaceted; with various structural and cultural barriers, the voices of South Asian ACFAUDs and their sense of self can become lost. This literature review gives us helpful information about the unique challenges South Asian ACFAUDs faced while addressing cultural stigma, family expectations, and the intersectionality of these factors that affected their mental health and well-being. Furthermore, this literature review explored other pertinent factors that affected their journey and subjective experiences, including chronic stress, attachment, morality, and acculturation. By shedding light on these multifaceted aspects, this research contributed to a more all-inclusive understanding of South Asian ACFAUDs. It advocated for enriched support systems that embody their unique needs. Therefore, the objective of this chapter is to illustrate an overview of relevant literature about ACFAUDs, South Asian culture, the meaning-making of AUD, and the narratives encompassing the intersecting identities and themes that can influence South Asian ACFAUDs' sense of self.

Experiences of ACFAUDs

Raised in unstable environments, ACFAUDs may struggle with interpersonal issues, behavioural issues, emotional regulation, attachment styles, and building a strong sense of self (Zakrzewska & Samochowiec, 2017). Children with parents of AUD face many tribulations and many long-term repercussions of growing up in families with parental alcohol abuse. The familial experiences of growing up with an alcohol-dependent parent impact the subjective perception of their world and often shape their future. Shame often acts as a destructive factor, causing family members to remain silent, which negatively impacts the development of trust. Thus, as children of parents with AUD progress through developmental stages, they are more

likely to be distrustful, have poor self-confidence, and have overall confusion about reality (Zakrzewska & Samochowiec, 2017).

Zakrzewska and Samochowiec's (2017) found that ACFAUDs are more likely to face lower levels of self-esteem, social support, and resiliency. Additionally, it was found that they were reluctant to share the memories of their childhood to avoid social pressure and stigmatization, hence rendering their ability to engage in solving interpersonal issues (Zakrzewska & Samochowiec, 2017). Families with a parent with AUD are complex and diverse; they are notably different from healthy families, and research shows these differences undeniably impact children of parents with AUD in distinct ways. Resiliency, for example, has been explored in the literature on ACFAUDs and is an empirically documented factor among them (Hagström, 2019). Children raised in dysfunctional family environments with parental AUD experience a lack of stability, support, consistency, and acceptance, which may affect their ability with hope, self-esteem, and life satisfaction (Zakrzewska & Samochowiec, 2017). Children of parents with AUD encounter many challenges in their family system, such as troubled relationships, lack of adequate rules and boundaries, and violence. These challenges can be traumatizing experiences that govern their development (Zakrzewska & Samochowiec, 2017). Therefore, ACFAUDs encountered further long-term consequences from their childhood upbringing that may impede their emotional and physical well-being.

In their correlational study on posttraumatic stress symptoms and substance use amongst different Asian American ethnic subgroups, they found South Asian ACFAUDs experienced cultural implications such as strict parenting, punishment, and shame that lead them to the further vulnerability of psychiatric disorders, alongside battling the burden of lofty demands, they confront escalated exposure to maladaptive coping stances such as engaging in chronic substance

use (Saraiya et al., 2019). The effects of traumatic stress and shame lead South Asian ACFAUDs to a greater likelihood of encountering psychological issues. South Asian ACFAUDs were at heightened risk due to factors influenced by the complexities of social, cultural, and family dynamics.

Therefore, this section highlights the unique complexities faced by South Asian ACFAUDs and the interplay of cultural, social, and familial dynamics that impact their psychological well-being. Understanding this multifaceted impact of South Asian culture and parental alcohol abuse is vital for emerging culturally sensitive support systems and interventions. Exploring the intricacies of their meaning-making experiences can help foster and improve this population's resilience, healing, and well-being. As well as addressing the unique complexities of South Asian ACFAUDs, it encourages a better understanding of the interplay of cultural, social, and familial dynamics that may contribute to their vulnerability. Additionally, it creates an opportunity to develop more culturally sensitive care systems to protect this population's well-being.

Psychological and Emotional Impact

Parental AUD is considered a persistent cause of chronic stress that can lead to long-term consequences for their children (Drapkin et al., 2015). When family and home are presumably meant to be a child's safe environment, being raised in a family with AUD present often can lead to long-lasting psychological, emotional, interpersonal, and social troubles that continue throughout adulthood (Omkarappa et al., 2019). Children of a parent with AUD, therefore, are at greater risk of behavioural and mental health problems in adulthood (Omkarappa et al., 2019). Rzeszutek et al. (2021) study looked at the heterogeneity of ACFAUDs. They found that the complexities of growing up in a family with a parent with AUD, particularly the unpredictability,

emotional burden, and potential parentification, lead many ACFAUDs to suffer from mental health issues, particularly instances of traumatic stress that may lead to disorders such as posttraumatic stress disorder or complex posttraumatic stress disorder. Additionally, they indicated that ACFAUDs are more likely to experience depression, anxiety, generalized distress, maladjustment patterns, low self-esteem, intimate relationship problems, and substance abuse (Rzeszutek et al., 2021).

Furthermore, a study by Hall et al. (2007a) examined the impact of various stressors during adolescence among adult children of alcoholics (ACOAs) and revealed that ACOAs were more vulnerable to social and emotional problems and were more avoidant. Additionally, their study shed light on the traumatic situations ACOAs experienced during childhood, which amplified their likelihood of emotional numbing, dissociation, and cognitive engagement compared to the control group. This illustrated how ACFAUDs struggled with regulating their anger, which led to further detrimental emotional responses and behaviours. Thus, the impact of their cumulative trauma reinforced the dissociative symptoms they experienced, which led to difficulty in establishing more adaptive coping mechanisms and trust that would lead to emotional openness. Therefore, their study emphasizes a need for ACFAUDs to emotionally reconnect and empower a sense of agency.

Nevertheless, in experiencing psychological distress, many ACFAUDs adapted and developed a strong sense of themselves through their resiliency (Kim, 2023). In contrast to the challenges ACFAUDs often encounter and being recognized as a high-risk population, some ACFAUDs did not suffer from psychopathology or demonstrated poor well-being (Kim, 2023). The differing trajectories of some ACFAUDs journeys highlighted the presence of protective factors that allowed them to achieve success in breaking familial addiction patterns (Kim, 2023).

Addressing these needs helps inform interventions to be more accessible and applicable to ACFAUDs. Hence, in considering the impacts of trauma and stress unique to ACFAUDs and the South Asian community, it highlights the complexity of suffering this unique population meets and, thereby, prioritizes understanding their meaning-making experience by illuminating the specific themes and psychological necessities to help inform support services for South Asian ACFAUDs. Additionally, in the exploration of South Asian ACFAUD's adverse childhood experiences, there was recognition of the developmental challenges in adapting to secure attachment relationships (Rajapakse et al., 2020). Therefore, understanding the specific psychological needs of South Asian ACFAUDs helps mental health practitioners better understand the psychological effects of growing up in a culturally diverse family with a parent with AUD. Hence, informing how mental health issues and stress were experienced, how protective factors and resilience were demonstrated, and how to tailor interventions better to empower their well-being and hear their untold stories.

Coping Mechanisms

Many ACFAUDs developed self-preserving coping mechanisms in response to growing up in a home with parental AUD. In a pilot study by Ross and Hill (2001), they described the unpredictability of home life coupled with the destructive nature of AUD, which often led ACFAUDs to seek ways to reduce emotional distress. They relied on coping mechanisms like constant vigilance of their surroundings, avoidance, or emotional suppression (Drapkin et al., 2015). Bijttebier and Goethals (2006) described the significance of parental socialization practices in early childhood, which were crucial for promoting child development. Therefore, it emphasized how children raised in homes with parental AUD were more at risk as they faced less cohesiveness and expressiveness, more conflict, and less support in their environments

(Bijttebier & Goethals, 2006). Hence, the development of their coping mechanisms, such as hypervigilance, emotional suppression, and avoidance, allowed children a parent with AUD to adapt to their circumstances, but this also significantly impacted their emotional and psychological well-being, social functioning, and resilience (Haverfield & Theiss, 2016).

According to research, these specific ways of coping are demonstrated as adaptive strategies, such as seeking support or maladaptive strategies, such as avoidance and emotional suppression (Drapkin et al., 2015). Similarly, a mixed-methods study by Lutsenko (2020), which explored the coping mechanisms of ACFAUDs who attended a twelve-step rehabilitation program, found avoidance was a developed strategy in response to their unstable family dynamics. Lutsenko emphasized the psychological impact of guilt on ACFAUDs and how it possibly reinforced avoidance to reduce the emotional burden of caregiving (2022). Avoidance was also represented as avoidance of responsibility influenced by childhood unpredictability and family dysfunction in early childhood (Lutsenko, 2020).

Therefore, coping mechanisms were strategies utilized to manage or change the meaning of a situation to lessen the threat or make the circumstances more tolerable. In their study on ACFAUDs and their experience of depressive mood symptoms and coping behaviours, Klostermann et al. (2011) describe how ACFAUDs were more likely to develop maladaptive coping responses, such as avoidance, which was linked to depressive symptoms. Their study suggested that parents who use alcohol to deal with problems created an environment of emotional instability and neglect. Thus, this study sheds light on the experiences of the ACFAUDs' parents and shows how these kinds of coping mechanisms of avoidance, substance use, and denial were linked to a higher risk of AUD (Klostermann et al., 2011). AUD was

heavily stigmatized, intensified family avoidance and disengaging behaviours, and intensified the cycle of silent suffering (Haverfield & Theiss, 2016).

In Haverfield and Theiss's (2016), they looked at the links between stigma and symptoms of depression, low self-esteem, and resilience; they attributed a reluctance from children of a parent with AUD in addressing their parent's AUD to the stigma that comes with it and kept their family problems a secret to avoid being judged. This acknowledges the influence of shame in preserving avoidance coping responses that prolonged emotional distress in ACFAUDs. Also, in a study by Tipsword et al. (2021), they explored the relationship between trauma-related shame, post-traumatic stress disorder symptoms and its association with avoidance. Their study shed light on how avoidance became a psychological factor that worsened interpersonal trauma symptoms as it inhibited individuals from processing their symptoms and seeking support to heal from their experience (Tipsword et al., 2021).

Therefore, in the context of South Asian ACFAUDs who experienced the added layer of cultural stigma, they were more prone to negative repercussions. The weight of cultural expectations and obligations upheld by cultural values intensified their psychological distress. Understanding South Asian ACFAUDs' families and their cultural dynamics were important for supporting their mental and emotional health and helping them develop better ways to deal with stress and problems. This can foster more emotional stability and resilience.

Family Dynamics

AUD is a sickness that impacts the whole family; it becomes a family disease that has widespread detrimental effects on the whole family, such as premature responsibilities and attachment challenges for children of parents with AUD that linger into adulthood (Kearns-Bodkin & Leonard, 2008). For some ACFAUDs, this was demonstrated as growing up too

quickly yet feeling the internal conflict of yearning for their lost childhood (Pasternak & Schier, 2012). For others, it presented as traumatic symptomology and chronic stress in response to their distressing childhood (Hall & Webster, 2002). Despite their resilience, ACFAUDs endured long-lasting consequences due to their upbringing in a home with parental AUD. Hence, some studies have illustrated this as carrying the damaging effects of their childhood into intimate relationships as adults (Kearns-Bodkin & Leonard, 2008). Whereas others speak to the burden of being raised in a home with a parent with AUD, resulting in an unpredictable home that can prolong patterns of secrecy and shame (Anda et al., 2002). Additionally, parental AUD is known to increase adverse childhood experiences that can later pose risks of psychological issues such as depression and anxiety. Therefore, AUD was not just an individual problem but rather a family disease that affected every member of the family.

Alcohol Use Disorder is a Family Disease

AUD was considered a primary cause of divorce, domestic violence, child abuse, neglect, and strained relationships among family members (Chinnusamy et al., 2021). Thus, being raised in an unstable home environment meant facing adverse life experiences that can increase children a parent with AUD risk of depression in adulthood (Anda et al., 2002). In a cross-sectional study by Chinnusamy et al. (2011), they questioned patients with a history of alcohol misuse to explore its effects on the family and found that its association led to an increased rate of suffering for family members. It also acknowledged how these effects become widespread, impacting family member's future experiences of alcohol abuse, interpersonal conflict, domestic violence, financial challenges, and psychological instabilities (Chinnusamy et al., 2011).

Similarly, Kaur and Ajinkya (2014), they conducted a literature investigation of AUD's impact on family members and identified various problems with coping. Their study affirmed

that families with AUD present were more likely to be less cohesive and face more conflicts. Likewise, they shed light on the increased connection of criminal offences that take place against other family members, such as violence, rape, assault, abuse, and neglect. Overall, their investigation found a significant connection between AUD in the home and an increased level of psychological stress and depression symptoms, intimate partner violence, aggressive behaviours, and psychological developmental issues that impacted children of a parent with AUD.

Additionally, further research demonstrated the significant negative impact on psychosocial functioning in children of a parent with AUD. Rangarajan and Kelly (2006), investigated the role of perceptions of family environment and communication as mediators of parental AUD's effects. Their study presented how children of a parent with AUD have more difficulty with psychosocial problems such as depression, agoraphobia, social phobia, and generalized anxiety; it also acknowledged challenges with interpersonal relationships, academic achievement, and substance use issues (Rangarajan & Kelly, 2006). This study was significant as it highlighted the relationship between parental AUD and its impact on ACFAUDs' self-esteem (Rangarajan & Kelly, 2006). When AUD interfered with family development, it inevitably negatively influenced communication between the child and parent, which was vital in building children's self-esteem (Rangarajan & Kelly, 2006). Therefore, these studies shed light on the detrimental impact of AUD on the entire family and how many ACFAUDs experienced role reversals to mitigate the dysfunction and feel more stable (Pasternak & Schier, 2012). Additionally, in the context of South Asian ACFAUDs who carry the weight of family and cultural expectations, they endured further repercussions that intensified family obligation and emotional turmoil and discouraged open communication because of the added layers of cultural shame and stigma (Rastogi & Wadha, 2006). Therefore, understanding these cultural dynamics

in South Asian ACFAUDs supported developing better culturally appropriate ways to foster more emotional security and resilience.

Role Reversal

Pasternak and Schier (2012), employed a comparative research design to examine the experience of parentification in ACFAUDs. It was found that ACFAUDs' experiences were linked to prematurely taking on responsibilities for survival, thus robbing them of their childhood experiences. This finding acknowledged that an upbringing with parental AUD meant ACFAUDs grew up too fast and felt an insatiable need to remain a child at the same time. Therefore, children of a parent with AUD undergo role reversal, also referred to as parentification, where the child inhabits the functional and emotional responsibilities of the parent to adapt to their family environment. In their study, they referred to ACFAUDs experience of role reversal as pathological parentification, in which children were not aware they were working outside their capabilities and were reinforced by the family that they were being brave. The results of their study illustrated that ACFAUDs were more likely to experience an increased sense of shame and guilt, depression, suicidal ideation, somatization of their psychological symptoms, low self-esteem, and psychosomatic disorders.

This is supported by a study by Kelley et al. (2007), which also utilized a comparative design to explore parentification and family responsibility of female college students. Their study shed light on parental differences in which families with a mother with AUD faced an increased burden of caregiving. However, their study illustrated that parentification was a common experience for ACFAUDs in terms of both instrumental and emotional caregiving, as they also found ACFAUDs felt more past unfairness than non-ACFAUDs. Hence, their study demonstrated a higher sense of parentification and unfairness among ACFAUDs, which was

linked to poor development. Thus, as ACFAUDs felt a tremendous sense of injustice regarding their upbringings and the reversal of these roles, children became overburdened with family responsibilities that often led to boundary violations.

This was also supported in another study by Burnett et al. (2006), in which they examined the relationship between family unpredictability and parental AUD. Through a correlational design, they found that both these factors contributed to the likelihood of parentification. They also found that family unpredictability was a significant predictor of parentification regardless of AUD's presence in the home. Therefore, this study shed light on AUD's effect on an increased sense of parentification in ACFAUDs. As well as highlighting the cumulative impact of both factors on ACFAUDs. Therefore, this suggested that many ACFAUDs faced challenges with individuation in the future, affecting their relationships with others and influencing dysfunctional patterns that may last for generations (Crespi & Sabatelli, 1997). This is also emphasized in Bowen's idea of self-differentiation, which states that emotional and intellectual functioning shapes a person's behaviour, individuality, and togetherness to create a clear sense of self (Crespi & Sabatelli, 1997).

Hence, in the circumstances of South Asian families, their needs are already overlooked to respect family hierarchy and cultural values that emphasize caregiving roles (Burholt & Dobbs, 2011). Therefore, South Asian ACFAUDs carry both the burden of cultural expectations and family unpredictability because of parental AUD, which increased their experience of parentification. The influence of these intersecting factors also shaped attachment relationships between the child and parent (Rangarajan & Kelly, 2006). Therefore, understanding the intersection of these factors will help cultivate services to better support South Asian ACFAUDs.

Attachment Theory

For many ACFAUDs, the significant challenges due to family dysfunction and parental AUD often led to ruptured family relationships. The lack of responsibility and emotional neglect from their parents, who were preoccupied with either their emotional turmoil or AUD, led to ACFAUDs developing relationship styles rooted in mistrust, anxiety, and fear. In a grounded theory study by Coffman et al. (2022), they explored how ACFAUDs developed insecure attachment in adulthood as a result of growing up in a home with parental AUD. Their study highlighted the significant emotional impact resulting in negative consequences, such as increased uncertainty and disorientation in later-life relationships. Thus, demonstrating their difficulty in developing secure connections.

In a longitudinal study of mothers with AUD and their children, Jacques and colleagues (2021) found that maternal disengagement because of alcohol dependency increased the child's sense of anxiety later. John Bowlby, who developed attachment theory, describes adult outcomes as rooted in early childhood experiences with their main caregiver (Rangarajan & Kelly, 2006). Therefore, it is important to acknowledge that the family environment plays a pivotal role in shaping an individual. Rangarajan & Kelly's also suggested that family stressors and the perception of parent availability and accessibility influenced the child's view of their family environment (2006). Hence, they concluded that parental AUD influenced those aspects and disrupted the attachment relationship between child and parent, which led to distressing consequences for ACFAUDs (Rangarajan & Kelly, 2006). This was also acknowledged by Beesley and Stoltenberg (2002), that investigated relationship styles in ACFAUDs and shed light on variables that influenced negative relationship outcomes. Beesley and Stoltenberg's (2002) also examined the issue of control in ACFAUDs, a need to dominate and control their environment because of their early experiences with childhood dysfunction. According to

attachment theory, ACFAUDs were more likely to develop insecure attachment styles and a higher need to control, which led to lower levels of relationship satisfaction compared to adult children of non-alcoholics (Beesley & Stoltenberg, 2002).

These studies shed light on how attachment was crucial to the development of children and that parental AUD was a family disease that impeded all its members' physical, psychological, and emotional functioning. This was also represented in a cross-sectional study by Vungkhanching et al. (2004), in which they examined the relationship between family history of AUD and attachment style in early adulthood. They found that parental AUD disrupted not only the well-being of the family but also their financial and vocational stability; it increased marital distress, separation, and divorce (Vungkhanching et al., 2004). Thus, shedding light on the connection between parental AUD and insecure attachment styles. This was further supported by Haverfield and Theiss's (2018), which examined parental communication patterns and their influence on attachment styles and the psychological well-being of ACFAUDs and non-ACFAUDs. Their findings demonstrated that in the U.S., at least 26.8 million children were raised in families with a parent with AUD, of which many struggled with depression and attaining healthy relationships (Haverfield & Theiss, 2018). It was also reported that ACFAUDs expressed feeling alienated and anxious, had difficulty trusting, longed for more emotional connection, and shared a more negative view of the parent with AUD (Haverfield & Theiss, 2018). Hence, from a broader perspective, the impact of AUD on a family impeded their interpersonal functioning and led to long-lasting effects on the welfare of ACFAUDs (Haverfield & Theiss, 2018).

Therefore, as parents with AUD have tended to neglect their responsibilities, the child's needs were not prioritized, and several studies have indicated a significant link between parental

alcohol abuse and the pervasiveness of insecure attachment styles in children (Vungkhanching et al., 2004). Likewise, as an insecure attachment style suggested an impaired sense of self and self-control, there were risks that the child would exemplify inadequate socialization, poor emotional regulation, and relationships with deviant peers (Vungkhanching et al., 2004). Also, Haverfield and Theiss's (2018) investigated the family communication patterns theory, which emphasized the uniformity of communication patterns in families and shared the theoretical underpinnings that assume that parents co-construct a shared communication style in which the family members live. Therefore, Haverfield and Theiss (2018) suggested that ACFAUDs do not perceive their family communication patterns as adaptive. Instead, ACFAUD's perceptions of the non-alcoholic parents' conformity and conversation style were perceived as avoidant and anxious attachments, which also accounted for the increase in depression and lower self-esteem most ACFAUDs experienced (Haverfield & Theiss, 2018). Additionally, as the parent with AUD conformity and conversation style were not associated with predicting attachment styles, this may speak to ACFAUD's distancing from the parent with AUD parent and representing ruptured attachment (Haverfield & Theiss, 2018).

This study was important because it showed how AUD affected the family. It showed that children of parents with AUD were more likely to develop avoidant or anxious attachment styles, even if they did not have a direct relationship with their parent with AUD (Haverfield & Theiss, 2018). Also, despite one parent being a non-alcoholic, there were widespread effects of AUD that impacted each member of the family, highlighting the influence of alcohol on the relationship between parental partners and the lack of connection between the parent with AUD and child. Comparably, South Asian families tend to be stricter and have a lot of cultural expectations, and because of this, growing up with a parent with AUD can make it harder for a

child to feel safe in their relationships (Lecompte et al., 2018). These complexities raised questions about South Asian ACFAUDs, the implications of having a distant key attachment figure, and the influence of this on their attachment style. Thus, the impact of AUD on the attachment and emotional development of South Asians was vital to further understanding their meaning-making experience through the construction of their narratives. As South Asian families inhabited additional cultural and familial dynamics that shaped the experiences of South Asian ACFAUDs, this research hoped to shed light on how family dynamics influenced their narratives to improve culturally appropriate services.

Trauma

The impact of trauma was another substantial component that shed light on the impact of AUD on ACFAUDs. A literature review by Lieberman et al. (2011) focused on young children's exposure to trauma and illustrated the role of parental mental health in shaping trauma responses. Their review suggested that minority families were more likely to experience violence at home that impeded children's development and well-being (Lieberman et al., 2011). This emphasized that children of parents with AUD were both more likely to experience cumulative traumatic stressors and were at greater risk for developing AUD, drug abuse, depression, suicidal ideation, significant physical health concerns, and psychiatric diagnoses (Lieberman et al., 2011). Additionally, Lieberman's (2011) study demonstrated a connection between attachment and trauma, in which traumatic events influenced a child's sense of trust in their primary attachment relationship. They also acknowledged how cumulative trauma and trauma reminders exacerbated trauma symptoms that shaped ACFAUDs response to stress (Lieberman et al., 2011). Hall and Webster (2007a) described this in their study as ACOAs having more challenges with adjustment to issues because of their traumatic experiences and family dysfunction in their upbringing.

This is also supported further by a theoretical review by Qureshi et al. (2023), in which they examined the South Asian diaspora and their related health disparities as a result of collective trauma. Aspects such as colonialism were fundamental to understanding immigrant health and the long-term impacts of historical trauma on these communities (Qureshi et al., 2023). Additionally, they found that the impact of historical trauma led families, communities, and individuals to face damaging repercussions both psychologically and socially (Qureshi et al., 2023). They also suggested there is minimal literature on South Asian's diasporic experience and, therefore, little consideration for their health and well-being (Qureshi et al., 2023). Hence, it supported Lieberman's and colleagues' (2011) study and their emphasis on understanding historical trauma (generational trauma) for the experiences of South Asian ACFAUDs.

Similarly, in a narrative study by Myhra (2015), they explored American Indian families' relationships across generations and their experiences with substance use. They found that families with experiences of generational trauma and substance use faced an onset of later life stressors. However, they also discovered that open communication and forgiveness of substance use were vital to breaking cycles of substance use. Additionally, they acknowledged that Western-based theories perceived different cultural groups' values and norms as abnormal and emphasized the importance of understanding sociocultural factors to support culturally responsive interventions. Therefore, supporting the importance of research on South Asian ACFAUDs and their experiences with cultural values and norms, particularly to help better develop mental health services and future research for South Asian ACFAUDs.

South Asian Culture

The existing literature on the South Asian population's access to and experience of the mental health system in the United States is sparse, despite knowing that Asian Americans face

various stressors such as acculturation, ethnic identity issues, lack of family support, lack of resources, racism, and discrimination (Rastogi & Wadha, 2006). Thus, a theoretical analysis by Rastogi and Wadha (2006) investigated the cultural aspects related to gender, generational hierarchy, and shame within the South Asian communities and highlighted their significant vulnerability to drug use. The role in which shame situated itself in South Asian families led to increased stigma towards mental health problems, reducing the likelihood that this population sought care. As honour is a fundamental value in most South Asian families, seeking support for mental health treatment was perceived as reducing one's sense of honour (Kaur, 2024). A systematic review by Kaur (2024) found that honour in South Asian families played a vital role in preventing them from seeking external support. Honour reinforced a sense of pressure and fear of judgement that prevented South Asians from accessing support and increased feelings of stigma and acts of secrecy (Kaur, 2024). Kaur's (2024) findings illustrated the internal and external pressures that construct a complicated relationship with alcohol that is shaped by family reputation and cultural identity. Likewise, as South Asians emphasized the importance of family, boundaries set outside the family were quite strong and led to conscious-oriented actions about their behavioural choices while prioritizing privacy to uphold honour (Kaur, 2024).

Alternatively, the entire family reflected shame; for instance, the negative behaviour of one member portrayed the entire family as shameful to the greater community (Kaur, 2024).

A qualitative study by Gilbert et al. (2004) aimed to explore the subjective experiences of cultural dynamics. In their exploration, they identified the concept of *izzat*, which means honour or family reputation in some South Asian cultures. Their findings demonstrated the significant connection between honour and shame in which many South Asian women shared feeling trapped in dysfunctional relationships or environments because of *izzat* (Gilbert et al., 2004). The

impact of izzat increased their sense of fear and acted as a crucial barrier to seeking support. It was also found that honour encouraged portraying a façade of normalcy to protect the family's reputation (Gilbert et al., 2004). This was further illustrated in gender roles and subordination in which women were meant to endure their suffering to continue their role as caregivers and protect family honour (Gilbert et al., 2004; Kaur, 2004). The role of upholding honour fell strongly on specifically daughters of fathers with AUD, as they also carry a sense of moral obligation to hold the family together. This sheds light on the unspoken expectations for daughters to be the emotional caregiver and assume adult responsibilities earlier on, consistent with the findings of Pasternak and Schier (2012), who also reported female adult children of fathers with AUD experienced higher levels of emotional parentification than male counterparts. As such, research illustrates a trend in South Asian families remaining silent about family dysfunction or substance use issues because they are perceived as taboo and thus, dissuading participation in research on such topics to uphold family honour (Kaur, 2024; Narayanan & Sriram, 2023). Speaking openly about family issues portrays a sense of disloyalty to the family, which goes against the collectivist nature of South Asian culture.

This strong sense of belonging to family and the larger community, in some ways, kept people from using substances to prevent further shame but also discouraged support for those who were suffering. This was known as a sense of belongingness or familial self, which was considered substantial to understanding collectivist cultural values (Rastogi & Wadha, 2006). Rastogi and Wadha's (2006) study also shed light that typically, in South Asian culture, families live together in a male-headed household with at least one married couple; therefore, Asian Indian families are said to have the lowest rate of divorce in comparison to other groups in the United States. Also, their findings noted that South Asian culture encompassed a vast amount of

diversity in religion, from the most common religion of Hinduism to Islam, Christianity, Sikhism, Jainism, Buddhism, Zoroastrianism, and Judaism. Their within-group differences are also quite broad in terms of language, ethnicity, and traditions. Likewise, South Asians often live from a collectivist point of view, which is reflected in their study as the significant value of strong familial bonds and robust intergenerational attachments. Therefore, in psychological challenges, the family becomes embedded within the individual's experience, and the individual is still expected to prioritize the family and community. Their findings illustrated that this was commonly found in South Asian women who are stereotyped and socialized as submissive and are instructed from a young age to be perceptive of others, particularly family members. Within this context, their findings highlighted the thin lines of differentiation, and the familial self was prioritized over the individual self, fostering greater interdependence. Additionally, their sense of interdependence had a strong impact on their perceptions of substance use.

From a hierarchical perspective, they found that gender and age dictated power within a family system and intergenerational interactions (Rastogi & Wadha, 2006). It was found that elders were to be respected for their wisdom, and the wisdom of the older family members guided the resolution of conflict. Hence, it was indicated that seeking treatment for substance use from an external source would elicit a strong sense of shame toward the individual and family. In addition, gender was another substantial factor in determining power. Women were often considered second-rated citizens compared to the male population and had less power to veto arranged marriages than men. Even though some Asian Indians adopted Western norms, they still followed traditional practices. Therefore, the pressure to follow these traditional practices at home but Western norms at work caused mental stress that led to long-term coping behaviours of drug use. Additionally, in a study that analyzed the barriers to receiving support for alcohol use

in the South Asian communities in the United Kingdom, they found how cultural, gendered, and structural factors inhibited individuals from accessing support for alcohol use (Jennings et al., 2025).

Nonetheless, many culturally particular factors perpetuated or initiated substance abuse behaviour among Asian Americans (Rastogi & Wadha, 2006). Social-environmental factors such as isolation, racism, discrimination, prejudice, poverty, power imbalances, inadequate health care, lack of employment opportunities, financial stresses, and housing complications were also reported as stressors contributing to alcohol use (Rastogi & Wadha, 2006). This is further elaborated by a theoretical study by Bhattacharya (1998) that examined intergenerational conflict and its risk in perpetuating substance use among second-generation Asian Indian adolescents. In Bhattacharya's study (1998), it was proposed that the shortcomings of economic support for South Asian families contributed to parent-child difficulties that also encouraged substance use, thus supporting a need to understand the meaning-making experience of Asian Americans' AUD to produce culturally appropriate interventions. Comparatively, in a study that analyzed the barriers to receiving support for alcohol use in the South Asian communities in the United Kingdom (Jennings et al., 2025), it was found that structural and cultural barriers were aspects that perpetuated alcohol use in South Asian communities (Jennings et al., 2025). Jennings's (2025) study identified structural barriers such as historical discrimination, stereotypes, and racialization of substance use influenced a sense of distrust in South Asian communities that prevent support-seeking behaviours. Therefore, as these studies highlight how collectivist values, gender roles, structural barriers, and shame influence mental health issues that prevent seeking support, it is imperative to understand the additional risks faced by South Asian ACFAUDs to empower their untold stories.

Family Systems Theory

As South Asian families emphasize the collectivist values of family unity and connectedness, many ACFAUDs experience challenges with their identity (Sharma et al., 2020). In an online cross-sectional study by Narayanan and Sriram (2023), they explored Indian youth and their experience of differentiation of self and illustrated how self is closely attributed to family to preserve honour. It acknowledged the psychological interdependence that Indian families emphasized because of the cultural values of collectivism (Narayanan & Sriram, 2023). It shed light on the relationship to Bowen family systems theory, which emphasized individuation and differentiation as a gender-neutral perspective that emphasizes youth is a period in which the development of individuation is constructed (Narayanan & Sriram, 2023).

A broader look at Bowen family systems showed how important it is to understand the family system and its problems, demonstrating how important it is to be differentiated (Calatrava et al., 2022). Similarly, further empirical evidence by a scoping review by Calatrava et al. (2022) supported the importance of differentiation by suggesting that a more differentiated self experienced less psychological distress and chronic stress. The study described how the less differentiated the self is, the more others' functioning affects them, thus continuing a harmful cycle of unhealthy coping responses and behaviours in the context of ACFAUDs (Calatrava et al., 2022). Therefore, specific to South Asian cultural values of following traditional gender hierarchies, it prolonged the cycle of secrecy and shame, particularly as women were discouraged from openly addressing family dysfunction and men were normalized to suppress their pain through alcohol emotionally.

These culturally gendered expectations were also further demonstrated by Narayanan and Sriram's, in which differentiation was more common in men than in women in Indian culture

(2023). This shed light on the precedent of structural hierarchy in South Asian culture that restricted a sense of autonomy in South Asian women (Narayanan & Sriram, 2023). South Asian women also face additional cultural restrictions and expectations that increase shame, silence, and secrecy and inhibit seeking-support behaviours (Kaur, 2024). Highlighting, that South Asian daughters are more likely to face stigma related to family dysfunction than sons (Narayanan & Sriram, 2023). It also presented that men were encouraged to self-affirm, act on their strengths, and express autonomy, demonstrating why Indian men are typically more differentiated and assertive than women (Narayanan & Sriram, 2023). Therefore, with respect to family systems theory, there are both criticisms of its stance on gender-neutral applicability and strengths through its acknowledgment of the greater patriarchal systemic issues that lead to women being less differentiated to preserve family honour and protect the family from shame (Narayanan & Sriram, 2023). It also presents a unique perspective that highlights the influence of the intersection of gender, culture, and trauma on constructing meaning making around AUD.

Agllias (2013b) also acknowledged family estrangement in relation to Bowen family systems theory. Their study emphasized the relationship between psychological and social consequences due to estrangement or the concept of emotional cutoff in the family system in Bowen family systems theory. They found that estrangement often stemming from unmet needs and parental alienation furthered a sense of stigma and social isolation. It also contributed to disenfranchised grief that contributed to estrangement. Therefore, in South Asian ACFAUDs, this is exacerbated because of AUD and the rigid cultural values that promote avoidance and shame. Hence, in the context of South Asian ACFAUDs, family systems theory allowed a better understanding of the nuances of family dynamics and gender that shaped the meaning of AUD.

Thus, this study further encouraged adopting tailored support services by elaborating on this research and shedding light on the complexities of South Asian ACFAUD's experiences.

Morality

As the prevalence of alcohol use grows and society changes, the moral and political views of it are also continually evolving (Tolvanen & Jylhä, 2005). In a narrative study by Tolvanen and Jylhä (2005), they explored the meaning of alcohol use in narratives of older adults and found its connection to cultural and moral discourses that were embedded in gender norms. Their study also revealed how individuals made sense of alcohol use through social meaning and culturally relevant ideas (Tolvanen & Jylhä, 2005). This was further evident by their findings, which showed that the meaning of alcohol use emerged alongside old views or was renegotiated with relevant moral principles, myths, and other culturally nuanced understandings (Tolvanen & Jylhä, 2005). In a theoretical study by Park et al. (2022), they proposed a cultural neuroscience approach to help better understand how cultural differences inform moral judgment. Their study incorporated cognitive psychology, moral psychology, and neuroscience to help understand cultural differences through a framework related to the theory of mind (Park et al., 2022). This systematic mechanism in their study offered a different perspective that speaks to the different conceptions of self that account for how culture may influence an individual's moral judgment (Park et al., 2022). In other words, it helped further comprehend how cultural differences shaped the understanding of morality and the perceptions of judgment. Their article described two cognitive processes that inform mental state and causal attribution that educated decisions on moral judgment (Park et al., 2022). Their article found that North Americans are more likely to impart a mental state of dispositional attributions (attributing behaviour to inherent traits), and Asians impart situational attributions (attributing behaviour to external situations); these

differences are accounted for in brain activity patterns in regions that are shaped by the theory of mind, suggesting underlying culture shapes moral judgement (Park et al., 2022). This spoke to the differentiation between individualistic cultures, which emphasize independence, individual goals, and personal competence, and collectivist cultures, which prioritize interdependency, group goals, and community collaboration (Park et al., 2022).

Therefore, in terms of moral judgement, their result elaborated on how North American culture considered self and individual mental states when evaluating behaviour, and Asian cultures prioritized aspects such as social roles and outcomes (Park et al., 2022). This consideration broadened my understanding of morality and the associated behaviours, helping me make sense of the disparities in moral judgements amongst more culturally diverse groups. Similarly, in a study by Pandya et al. (2021), they explored ethical perspectives and moral reasoning among Indian adolescents and found they have a distinctive and pluralistic view of morality, which were categorically illustrated as ethics, autonomy, community, and divinity (Pandya et al., 2021). Their study shed light on how societal and socioeconomic status (SES) and socialization were influential factors that influenced the diverse perspectives of moral reasoning (Pandya et al., 2021). Therefore, to fully understand South Asian cultural views on drinking, it is important to consider sociocultural factors that affect morality. By being aware of these factors, this thesis helped South Asian ACFAUDs shape and write their stories in a more culturally sensitive and empowering way.

As mentioned earlier, Pandya et al. (2021) found that Indian adults, similar to adults in the United Kingdom and the United States, considered violations of justice and individual rights as transgressions and violations of interpersonal relationships, as well as emphasized the importance of responsibility to others and social hierarchy as moral (Pandya et al., 2021). This

suggested that Indian adults account for autonomy and community in retorting to moral issues, emphasizing a need to blend individual and collectivist values (Pandya et al., 2021). Particularly, it was found that older Indian children demonstrated a profound knowledge of inherent responsibilities, obligations, and roles that signified the importance of community values (Pandya et al., 2021). This finding suggested that Indian children are encouraged to prioritize their community's well-being and are morally responsible for adhering to community standards (Pandya et al., 2021). This highlighted the importance of the ethics of divinity, as Indian culture integrated divinity beliefs, behaviours, and knowledge into everyday living, which inherently influenced their stance on morality (Pandya et al., 2021). Therefore, religion and spirituality are crucial aspects shaping moral values and conclusions in South Asian culture.

Similarly, this study also considered aspects of SES on moral reasoning and found that children with high SES displayed a better sense of ethics of autonomy in comparison to low-SES children, who considered autonomy from a more distressing point of view that may result in physical punishment (Pandya et al., 2021). This spoke to the impact of economic resources and social context that influenced how autonomy was understood and esteemed. Overall, this study suggested that moral reasoning in Indian children is consistent with cultural responsibilities and has a greater emphasis on the ethics of community and divinity. This pattern of results challenged the Western standard of emphasizing autonomy and supported this project in understanding morality from a sociocultural lens as it informed the underpinnings of South Asian cultures and their outlook on alcohol use. Through challenging, accepting, and normalizing these beliefs, South Asian ACFAUDs actively chose how they perceived their narrative.

This subsection highlighted how cultural variations impacted how individuals prioritized moral values, such that North Americans emphasized individual mental states and autonomy, and

Asians emphasized community values and social values. Similarly, SES was illustrated as an influential factor regarding moral reasoning. Therefore, understanding how sociocultural influences impact morality was vital to comprehending the underpinnings of South Asian cultures and their beliefs on alcohol use. Notably, moral judgements were closely connected to culture and the associations between autonomy, community, spirituality, and morality. Through the acknowledgement of these factors, South Asian ACFAUDs chose to actively shape and understand their narratives in a way that became more culturally sensitive and empowering to their story. Additionally, it helps provide a better understanding of how these cultural dynamics were vital to supporting the development of mental health and support services for South Asian ACFAUDs.

Meaning Making

More than physiological and behavioural symptoms, AUD is a complex and multifaceted phenomenon that can change lives. Hence, understanding the meaning-making process of AUD can help individuals understand the emotional, psychological, and social dimensions of their experiences with it. A study by Singer (2004) that conducted narrative identity research as a tool for meaning-making shed light on how narrative research helped individuals develop a sense of self and purpose from the experiences they faced (Singer, 2004). Singer (2004) presented a unique focus on narrative identity across the lifespan, in which individuals derived meaning from their narratives. Singer (2004) also described various articles that reinforce the idea that narrative identity can emerge from developmental crises in our lives, and the efforts of meaning-making can be evoked from different types of traumas and the imposed meaning from recollected memories and experiences. This is further supported by an article by Leherner and Allen (2008) that explored the role of meaning-making in social change movements and found that narratives

provided a way to construct meaning aligned with goals and strategies. Their study, therefore, emphasized the importance of meaning-making for social change and the diversity of narratives (Leherner & Allen, 2008). Hence, meaning-making becomes a process of making sense of difficult situations, strengthening resiliency among individuals without shattering assumptions, and improving their interpersonal well-being (Kopacz et al., 2018). In other words, individuals experienced positive change due to adverse events and grew despite it (Leherner & Allen, 2008).

This is further highlighted in research by Kopacz et al. (2018), who investigated alcohol recovery programs that utilize meaning-making to improve overall well-being within individuals' narratives. Their findings found that meaning-making served as a basis for understanding life events and coping with life stressors (Kopacz et al., 2018). However, when meaning-making processes were interrupted or individuals failed to make meaning, there were also risks of adverse results such as developing psychopathology or alcohol misuse (Kopacz et al., 2018). This is supported by a similar study by Graci et al. (2018) that examined narrative meaning-making indices for narratives of distressing experiences. Their study examined multiple narratives and the meaning-making indices of events that were perceived as stressful and identified four distinctive narrative factors: positive processing, negative processing, integrative meaning, and structural coherence. These factors shed light on the various elements influencing psychological distress and well-being and the nuanced relationship between narrative meaning-making and psychological welfare (Graci et al., 2018). This research, therefore, highlighted the significance of recognizing how multiple narrative indicators influence how one makes sense of one's traumatic experience and play a critical role in understanding one's psychological welfare (Graci et al., 2018). Comparably, these findings apply to the context of South Asian ACFAUDs, as they inform how individuals may deal with traumatic events in varying capacities.

In particular, it aims to support how South Asian ACFAUDs coped, understood, and reacted to their experiences of AUD in their families. This phenomenon of meaning-making helped give a better understanding of how South Asian ACFAUDs may have engaged in an exploration of meaning-making around AUD, which was unique to their cultural and family dynamics. This, in turn, illuminated the diverse ways in which they construct meaning around AUD through their narratives and contributed to research that focuses on the development of more effective interventions, support systems, and culturally diverse strategies for South Asian individuals and families impacted by AUD.

Resilience

Understanding the process of meaning-making in South Asian ACFAUD's narratives will illustrate the development of resilience. Resilience was defined as exhibiting positive and beneficial outcomes in the face of adversity (Park & Schepp, 2015). As much research illustrated, the negative repercussions of being raised in a home with a parent with AUD parent undermine the transformation in their lives that may occur because of their resilience. Therefore, this study hoped that, through a better understanding of the narratives of how South Asian ACFAUDs construct meaning around AUD, it might also shed light on their process of resilience. Current research shows that not all ACFAUDs are stuck in a cycle of dysfunctional patterns. Literature also shows that many ACFAUDs can overcome the biological, genetic, and environmental factors that put them at risk (Mahoney, 2009).

In a theoretical study Tedeschi and Calhoun (2009), they explored posttraumatic growth after traumatic and difficult life experiences that led to positive psychological changes. Their study provided an understanding of why and how posttraumatic growth happens, highlighting the cognitive and emotional processes that occur after trauma that led participants to develop greater

resilience (Tedeschi & Calhoun 2009). The findings shed light on the significance of reflection, support, and storytelling as practices that helped individuals interpret and integrate their trauma into their stories (Tedeschi & Calhoun, 2009). Thus, constructing meaning after trauma led to cognitive restructuring and overall personal growth that influenced their resilience (Tedeschi & Calhoun, 2009). Therefore, this acknowledges how ACFAUDs can build resilience over time, which was also supported by a grounded theory study by Kim (2023) that examined how ACFAUDs built resilience over time. The researchers found four dominant phases influencing resilience development: exposure, awareness, action, and adaptation (Kim, 2023). This was demonstrated when ACFAUDs moved away from denial of their acceptance experience; it shaped their sense of identity and promoted resilience (Kim, 2023).

Also, in a qualitative study of children of parents with substance use issues, they explored the subjective perspectives of resilience and found eight significant themes that contributed to their development of resilience (Moe et al., 2007). These themes included acknowledging their parental substance use was abusive behaviour, guilt was not theirs to carry, the importance of treatment and recovery, their parents were negative role models, and a reliance on internal resources (Moe et al., 2007). The findings presented that through access to expression, education, and a life without substances, children of parents with AUD can develop healthier outcomes for their lives despite the adversity they face (Moe et al., 2007).

Similarly, in a systematic review of children of parents with AUD, they examined both risk and protective factors and found that despite having multiple risk factors, they also displayed various protective factors that contributed to their resilience (Park & Schepp, 2015). These factors included individual, parental, familial, and social aspects that exhibited positive or negative outcomes (Park & Schepp, 2015). This was also found in a comparative study by Van

der Mijl and Vingerhoets (2017), which identified that children who experienced parentification developed a higher sense of empathy and resilience. The experience of taking on more emotional responsibility led participants to understand their emotions better and choose to make life choices that fostered resilience (Van der Mijl & Vingerhoets, 2017). This is also apparent in South Asian cultural values, as ACFAUDs challenged traditional norms and adopted or rejected beliefs that better align with their personal growth and resilience (Banerjee et al., 2020). Hence, this research may better support illustrating the dynamics that influenced South Asian ACFAUDs meaning around AUD and their trajectories in developing resilience. As well as tailor mental health and support services to build on these protective factors to help South Asian ACFAUDs.

Cultural Sensitivity

The purpose for selecting narrative inquiry as an approach is because it utilizes a non-directive approach that respects participants' values, feelings, beliefs, and experiences; it is a culturally affirming tactic that allows individuals to account for their experience through their subjective lens (Mbuzi et al., 2017). Though narrative inquiry has been criticized for lacking generalizability, its transferability allows for colloquial language that better resonates with the interconnectedness of the individual's experience in narrating their story (Mbuzi et al., 2017). Transferability encourages us to understand the complexity of historical and social factors that influence culturally diverse groups' challenges and barriers. While Western or Eurocentric frameworks shape most research methodologies, including narrative inquiry, storytelling is also practiced widely across traditions and cultures and, through culturally appropriate adaptations, can provide a depth of understanding to more historically diverse groups. In a narrative study by McColl (2023), they reinforced this notion as they aimed to challenge the stereotypical

perception of older adults' storytelling, which is often perceived as cognitive decline. Instead, their study wanted to emphasize the intergenerational value of storytelling and found its significance as a tool for cultural transmission of wisdom and identity consolidation (McColl, 2023).

Therefore, utilizing a narrative approach and harnessing openness, acceptance, and genuine intention created the potential to construct a culturally sensitive project. The researcher's intent of reflexivity and listening is crucial for a culturally sensitive project (Lenette et al., 2022). This potential was highlighted in a study by Peyman et al. (2018), which emphasized the contexts of social construction and narrative inquiry's three-dimensional environmental experience that elicited many voices of a participant's experience. In this study, storytelling was facilitated as a means of self-discovery and reflexivity in the participants, allowing them to shape their narratives actively (Peyman et al., 2018). While paired with a voice-centered approach, it acknowledged and valued the voices, relationships, and social and cultural themes that actively constructed their narratives. Hence, storytelling empowered participants to find their silenced voices and revealed significant cultural contexts and relationships that influenced the shaping of identity and instilled a sense of agency (Peyman et al., 2018). In the context of South Asian culture, this narrative approach encompassed a meaningful way to share their stories. This aligned with the rich tradition of storytelling in South Asian culture, and through embracing this culturally resonant method, this research thesis provided a platform for South Asian ACFAUDs to share their narratives in a consequential and empowering way that illuminated both challenges and cultural contexts that have shaped their stories (Sandhu, 2022).

Additionally, in a literature review that examined South Asian mental health risk factors and culturally relevant interventions (Sharma et al., 2020). They found that aspects such as

challenges with acculturation, cultural expectations such as academic and career success, perfectionism, and pressure were factors that increased mental health symptoms of anxiety, stress, and depression. In conjunction with the cultural values of maintaining honour and reputation, many South Asians are discouraged from seeking help. This exemplifies the importance of understanding generational discourses to adapt cultural expectations better. Hence, shedding light on adopting a culturally relevant approach to overcome barriers of support, as South Asians experience significant mental health stigma that led this population to be missed.

Summary and Research Question

In summary, alcohol abuse was recognized as a silent epidemic that impacted children of a parent with AUD, particularly in examining its complex effects on South Asian children and their families. The lingering silence associated with alcohol abuse in these families led to a harmful hidden impact of psychological and social problems for children with parents with AUD in their adolescence and adulthood (Hagström, 2019). As South Asian children in families of a parent with AUD face repeated exposure to traumatizing events, interpersonal conflicts, parental neglect, violence, and abuse, these family dynamics often lead ACFAUDs and their families to experience tremendous shame and stigma (Hagström, 2019). These life-long incidents were associated with death, violence, and addiction. Nonetheless, many children of parents with AUD display strength and resilience; therefore, there is a need to support them more promptly (Hagström, 2019). For this reason, listening to South Asian ACFAUDs' narratives was vital to grasp the unique experiences missed in their stories and to empower their voices while fostering accessibility to culturally appropriate care systems.

The burden ACFAUDs carried was unique and elicited feelings of powerlessness as they were left in an environment where family was a continuous threat. Therefore, the guiding

research question for this project was: How do South Asian adult children of fathers with AUD construct meaning around AUD through their narratives? It captured a more nuanced understanding of the experiences and implications of being raised by parental substance users from their perspective and that of a culturally diverse population. Through this, it broadened research on ACFAUDs and AUD from a subjective lens that allowed us to grasp what is hidden or missed in their stories. As most ACFAUD research was informed through a quantitative lens, predominantly addressed Western populations, and lacked the participants' voices, this study emphasized and empowered the voices of marginalized ACFAUDs to capture the essence of their stories. Capturing their story from their subjective lens allowed their authentic voice to be heard and revealed themes that may have been missed in the present research literature.

CHAPTER 3: METHODOLOGY

In this chapter, this researcher describes the paradigmatic stance of constructivism used for developing a project to understand the meaning-making experience of AUD of South Asian ACFAUDs. This chapter provides a synopsis of constructivism concerning this project and its approach to methodologies. This includes a thorough description of strategies for recruitment, sampling methods, data collection, and analysis regarding this project. The methodology approach discussed is a narrative inquiry that fostered a culturally sensitive and participant-centred understanding through in-depth exploration of their stories. Additionally, this methodology was considered a relational approach because it respected and valued the participants' narratives and acknowledged the interconnectedness of their identity in social, familial, and cultural contexts relevant to their South Asian upbringing. Finally, this chapter encompasses the researcher's reflexivity alongside the research's quality and trustworthiness of the research design.

Constructivist Paradigm

A paradigm is shaped by its philosophical anchors, which are the foundational principles of ontology, epistemology, axiology, rhetorical structure, and methodology. Therefore, with respect to this project, the governing paradigm was a constructivist paradigm, which emphasized subjective experience, and that knowledge is socially constructed. As one of the primary principles of qualitative research is to understand human experience, constructivism helped best capture the nuances of South Asian ACFAUDs' meaning-making experience of AUD (Morrow, 2005). It highlighted both the unheard voices and the intricacies of the interactions between voices, showcasing how they are both silenced, embodied, and conveyed. As this study stems

from a constructivist paradigm, it aligned with deepening the understanding of the meaning-making of AUD.

The basic premise of constructivism is that individuals socially construct knowledge throughout the research process, and the researcher attempts to understand the subjective viewpoint of the individual's narrative experience (Mertens, 2019). Additionally, it acknowledges that the researcher's values cannot be separated from them. This project's framework and research question was rooted in the philosophical tenets of constructivism, which allowed for exploring cultural elements that influenced South Asian ACFAUDs' trajectory and the meaning-making experience of AUD in their narratives. Though oriented from a constructivist framework, there were hints of a transformative stance as this project aimed to empower the unheard voices of South Asian ACFAUDs by addressing cultural nuances and encouraging advocacy. Given the rapid growth of the South Asian community, it was pertinent to explore further culturally complex nuances to address mental health issues, representation, and inclusivity. Therefore, by amplifying this marginalized community's voices, this research challenged stereotypes and promotes a more inclusive and equitable society. This objective aligned with the transformative lens that sits within the constructivist umbrella.

Ontology

The premise of constructivism is that reality is considered socially constructed (Mertens, 2019). Therefore, in order to understand the meaning-making experiences of South Asian ACFAUDs, it was imperative to understand their subjective reality. This suggests that reality is mind-dependent, and making sense of the world can look very different from person to person. In this sense, reality cannot be generalized for ACFAUDs, and it is the researcher's responsibility to understand the participants' constructions of meaning and knowledge. This aligns with a

narrative methodology, acknowledging that individuals construct and interpret their own stories. Smith and Monforte (2020) note that these stories are more than just a reflection of their experience but give insight into the significant ways, showing how an individual engages with their life. This aligns with the narrative's sociocultural outlook that accounts for the impact of cultural and social worlds on an individual's meaning-making process, influencing how they interpret, direct and communicate their experience through storytelling to understand who they are (Smith & Monforte, 2020).

Epistemology

As for the epistemological perspective, constructivists believe knowledge is subjective, and therefore, the truth is dependent on the human experience; it is culture-bound and considered contextually dependent (Mertens, 2019). Therefore, constructivists emphasize that knowledge is constructed through social processes such as language and shared meanings. This places importance on the researcher and participant becoming interconnected and data collection as a personal and interactive process (Mertens, 2019). Drawing from the principles of narrative inquiry, it emphasizes personal experience and storytelling as a social process that can represent and communicate the narratives of South Asian ACFAUDs (Riessman, 2008). Additionally, this highlights the mutual influence throughout the research process as it emphasizes collaborative storytelling, reflexivity, and understanding of meanings. As constructivists weigh significance on confirmability, this means that the data and interpretations of the data are to have clear tracks to its source of collection (Mertens, 2019). Therefore, alongside establishing a mutual influence, it embraces the diversity of experiences and provides a clear illustration of the rationale for this project, as the aim was to hear the stories of South Asian ACFAUDs from their subjective perspective and using a narrative methodology allowed for personal engagement. As Riessman

(2007) shares, narratives are not merely the experiences that the individual faces in the world but how the world interacts with the individual, influencing how they find the truth.

Axiology

Regarding axiology, constructivists take a different stance on the ethics perspective, which aligns closely with transformative views as researchers aim to extend beyond simply understanding participants' meaning-making experiences and positively influence their lives and communities (Riessman, 2007). Constructivists accentuate the importance of ethics through context and the relationship between researcher and participant (Mertens, 2019). Likewise, narrative research interprets participants' stories critically and consciously to capture their subjective experience (Riessman, 2007). Therefore, the values and ethics of this study were not absolute nor universal; instead, they were socially constructed and subjective (Mertens, 2019). Constructivists conceded that narrative researchers embody their values, biases, and worldviews within the research process. They affirmed the importance of reflexivity and self-awareness in acknowledging their subjectivity and being transparent about potential biases influencing the research. However, they also aimed to be open to the participants' subjectivity, values, and perspectives by allowing them to be active co-researchers of knowledge and respecting their views. Hence, narrative researchers considered the project's value-laden nature.

Narrative Inquiry

Narrative inquiry was selected as the qualitative methodology, which seemed most well-suited for the study's objectives. This approach allowed for a rich exploration of phenomena—meaning-making of AUD, through the participant's language and illuminated what may be missed in current literature. As this study hoped to focus on capturing the stories of South Asian ACFAUDs, it allowed participants to share their stories from their point of view, honouring the

socio-cultural discourses that are present. Additionally, it allowed for stories to be used and illustrated in which voices are heard or silenced and valued or devalued (Oliver, 1998). Thus, this approach permitted a deeper understanding of their meaning-making of AUD and aligned with the philosophical underpinnings of narrative constructionism (Smith & Monforte, 2020). For example, in an article by Patricia Sullivan, narrative inquiry provided a more profound understanding of colour and race, which helped support children in their exploration of colorism (Henderson & Meier, 2020). Therefore, my hopes as the researcher were to empower, listen, and understand the experiences of South Asian ACFAUDs from their lens and language through storytelling. This inquiry approach allowed participants to be seen in the way they hoped through the process of telling, retelling, living, and reliving their stories (Oliver, 1998).

Narrative inquiry adopts that individuals live in a storied world and are shaped both by being in the world and through the narratives they harness (Murray, 2003). In this view, life is viewed as an ongoing narrative that knits in various stories, and thereby, learning to view life as a story helped participants to interpret, understand and make sense of their narrative. These stories described the unique experiences that contribute to their life's trajectory and purpose, illuminating their goals and plans. This perspective of the storied world that narrative inquiry adopts helped address the research question as it provided a valuable framework for gathering and analyzing narratives that helped understand how South Asian ACFAUDs make meaning of their lives while acknowledging the cultural and family dynamics in their stories. Bruner (1986) shares a constructivist description of narratives as stories being ways of knowing that persuade verisimilitude and how participants may attribute meaning to their experience. This supported how narratives are closely interlinked with shaping and making sense of participants personal identity. It also showed how social narratives may influence participants understanding of human

personality and social identity. Therefore, through comprehensive analyses, there was a thorough understanding of evolving identities and interpretations that may influence ways of being.

Data Gathering

This section discussed procedures for participant recruitment, including exclusion and inclusion criteria and the modes of data collection. It also speaks to the rigour and reliability of the research; in other words, this section addresses the quality and ethical considerations for qualitative research pertaining to this project.

Participant Recruitment

As this project hoped to understand the meaning-making experiences of AUD of South Asian ACFAUDs, this researcher utilized a purposive sample recruited through a snowball sampling technique (Mertens, 2019). A purposive sample was selected to allow the researcher to recruit participants who meet the specific criteria related to cultural background and family experiences. A snowballing sampling technique was helpful in recruiting marginalized populations like South Asian ACFAUDs who were not easily accessible. An in-depth understanding of the meaning-making of AUD determined the number of participants recruited; therefore, the sample size was not fixed. Ultimately, to adequately address the research question, the study aimed to ensure the richness and depth of narratives, which were fulfilled through data saturation. This is also relevant to constructivism as it acknowledges understanding the depth of meaning-making, not solely breadth. Therefore, data saturation suggested that the researcher conduct interviews until they no longer provide significant or unique insights and, thus, indicated that the phenomena of exploration and meaning-making of AUD were adequately explored (Subedi, 2021). Additionally, this researcher sought permission from various locations to advertise the study's recruitment poster (see Appendix A). The posters were distributed across

social media platforms such as Facebook, Instagram, and LinkedIn. In addition, this researcher requested colleagues, peers, and other contacts to share this research study with their communities through word-of-mouth recruitment to gain participants.

Alongside recruitment posters, invitation emails (see Appendix B) were sent to various substance-use clinics. The invitation emails entailed the inclusion and exclusion criteria to ensure participants were well-suited for the study.

Recruitment Challenges and Cultural Considerations

Although participant recruitment was open and broad, this study faced significant challenges in sourcing a diverse range of South Asian ACFAUDS, particularly regarding first-generation and male South Asian ACFAUDS. These challenges are aligned with researching vulnerable topics such as addiction and family dysfunction. Especially, with regards to South Asian communities and substance use, where the prevalence of stigma reinforces upholding family honour, reputation, and cultural silence (Gilbert et al., 2004; Narayanan & Sriram, 2023). Therefore, this limits the diversity of the participant population sample due to the nature of stigma and shame. As a result, the participant sample predominantly consisted of second-generation South Asian daughters, who had greater access to education, mental health awareness, and community support, influencing their decision to participate in vulnerable research like this. In comparison, first-generation South Asian ACFAUDS are more likely to face language barriers, digital literacy, and cultural norms that discourage their potential participation (Rastogi & Wadhwa, 2006; Kaur, 2024). Hence, the complexity of intergenerational and gender dynamics may explain the recruitment challenges that further restricted participant sample diversity. This also sheds light on the deeply embedded structural and cultural factors that future studies can further analyze for a deeper understanding of South Asian communities.

Inclusion and Exclusion Criteria

As the aim of this study was to investigate the meaning-making of AUD of South Asian ACFAUDs, all participants recruited self-identified themselves as belonging to a South Asian ethnic group and being raised within a home shaped by South Asian culture. Also, participants recruited self-identified as an adult child of an individual who lived for some time with their parent(s) who experienced AUD or had an alcohol misuse problem. Participants were above 19 years old to ensure they could provide informed consent and have sufficient maturity to reflect on their experiences. Additionally, as the study is conducted in English, participants were to be fluent enough in English to express themselves sufficiently.

Participants excluded from the study included those with an inability to provide consent, such as those with severe cognitive impairments or mental health illnesses that may have impeded their ability to participate freely. Also, those who were to be considered emotionally vulnerable and at high risk of re-traumatization during participation were excluded to protect the personal well-being of participants and applicants. Additionally, participant recruitment was open to all gendered identities, however the study's sample was composed predominantly of women which occurred naturally.

Table 1***Participant Demographics***

Pseudonym	Ethnicity	Gender	Ethnic/Cultural Background	Ancestral Country	Spoken Languages
Anita	24	Female	Punjabi	India	English and Punjabi
Sarah	28	Female	Sri Lankan, Tamil	Sri Lanka	English and Tamil

Stella	42	Female	Punjabi	India	Punjabi, English, and Hindu
Priya	33	Female	Indian	India	Tamil, Hindi, Gujrati, and Marathi
Grace	19	Female	Punjabi	India and Pakistan	Punjabi and English
Stephen	44	Male	Punjabi	India	Punjabi and English

Data Collection Procedure

Data collection occurred during the first initial interview; using a semi-structured interview guide, participants shared their narrative of what it was like to grow up in a home with a parent with AUD. In this procedure, participants first underwent a phone screening interview; prior to the first interview.

Phone Screening Interview. The screening interview consisted of an approximately 30-minute telephone call to decide whether participants met the inclusion and exclusion criteria and were a good fit for the study (see Appendix C). This researcher also explained the study's purpose, objectives, and time requirements. Once participants had agreed to participate, they were asked to review and sign an informed consent and asked to complete a demographic background questionnaire (see Appendix D and E) at home. Upon this completion, the first interview was scheduled.

First Interview. This first interview was conducted via Zoom and was audio and video recorded. This first interview was 60 to 90 minutes long and in a dyadic format. Insight and detailed accounts of participants' narratives were used to gain rich interviews, and they were semi-structured to allow for narrative building. Riessman (2007) stated that generating narratives takes time, and in comparison, to conventional conversational approaches, narratives are built during extended times, during which one story episode leads us toward another story episode. Therefore, a semi-structured interview guide helped participants reflect and share their stories to generate a narrative (see Appendix F). Oliver (1998) stated that narrative writers start to construct their interpretations of an experience as they engage with the multiplicity of perspectives while making sense of the story's meaning. Additionally, a semi-structured interview mediated the power dynamic between researcher and participant, as the participant gained the power to shift between topics that would be relevant to their story (Polkinghorne, 2007).

Follow-up Emails. Follow-up emails were sent after the first interview, in which the participants were compensated for their participation in the study.

Data Analysis

Following Polkinghorne's (1995) tenets, reflecting on narrative inquiry begins as a means to find narrative meaning, a cognitive process that arranges human experiences into meaningful circumstances (Kim, 2016). In other words, narrative meanings are about making the implicit more explicit; they draw out the diverse complexities of the human experience that inform the meaning-making process. Polkinghorne's approach prompted more attunement to the process of narrative data analysis and interpretations as narrative meaning formed an understanding of

purpose and provided a framework to understand the past, present, and future, as well as a schema of understanding to perceive the human experience as meaningful (2007).

Polkinghorne (1995) stated narrative analysis entails stories constructed through detailed descriptions of events. This process involved synthesizing data by integrating certain events and incidents to create a comprehensive narrative explaining a particular outcome (Polkinghorne, 1995). Once the data was chronologically structured, details that contributed to the outcome were taken into consideration. Therefore, this research study used a dual narrative analysis approach, which entailed the subjective narrative accounts from the individual's interviews and explored overarching themes and sub-themes. Hence, this research followed adapted versions of the narrative analysis procedure described by Fraser (2004) and the thematic content analysis procedure by Braun and Clarke (2006). Integrating both analysis methods encouraged the researcher to be reflexive while engaging with the data and using practical analytic methods to help understand data. Additionally, this allowed for data to be chronologically organized into a story, as Polkinghorne (1995) suggested. This approach illustrated a suitable means to capture the meaning-making of AUD of South Asian ACFAUDs, as it noticed both cultural nuances and potential themes that informed their trajectory. The phases of this analysis are listed here.

Phase 1: Hearing the Stories, Experiencing Each Other's Emotions. Experiencing Each Other's Emotions. During this phase, the researcher engaged in the interviews by immersing in the stories and emotions shared by the participants (Fraser, 2004). This included noticing body language, emotions, and the narrative genres the participants used that led to the construction of insight and meaning. This researcher kept a journal record to describe feelings that arose while note-taking the moments and places emotional reactions appeared. This was useful in being aware of the potential influence that may have impacted interpretations. Likewise, noticing

moments of agreeance and opposition was significant to uncovering insight into discussions that were unfolding. Therefore, noticing how interviews developed and closed provided insight into the narrated themes.

Phase 2: Transcribing the Material. For this phase, the interviews were audio and video recorded by Zoom and later transcribed by Otter.ai, a real-time AI transcription software. After the software transcription process, the researcher manually transcribed each interview for accuracy and coherence of the participant's narrative. In this phase the researcher was also responsible for organizing the speech, by attending to relevant information, and noticing pauses and silences. Fraser notes that this transcription process allows the researcher to be truly embedded in the participant's stories (2004).

Phase 3: Interpreting Individual Transcripts with Thematic Analysis. In this phase, the researcher interpreted each transcript by paying attention to the specificities of the stories, such as the kinds of stories, directions, contradictions, and transitions present (Fraser, 2004). The significance of this phase was to notice and analyze how stories were structured and disaggregate long periods of speech into narratives. Afterwards, the narratives were chronologically organized as they aligned with the research focus of understanding the meaning-making process of South Asian ACFAUDs throughout their lives. This was completed by the researcher creating narrative accounts of each participant's interview, which were later used for thematic analysis. These narrative accounts included every aspect that pertained to the research question and were kept in the participants' words to ensure an authentic representation of their story. After creating the narrative accounts, thematic analysis was used to recognize, categorize, and disseminate narrative patterns (Braun & Clarke, 2006). Thematic analysis allowed for the achievement of complex, rich, and detailed data descriptions. Phases 4 and 5 of Fraser's (2004) narrative analysis

procedure also informed the production of codes. Similarly, phase 6 informed the revision and refinement of codes to illustrate overarching themes and sub-themes. The thematic analysis steps are outlined below.

Step 1: Familiarize yourself with the data. In this step, the researcher familiarized themselves with the transcripts by reading and considering the setting, participants, and narratives.

Step 2: Data preparation and initial coding. This step involved organizing transcripts and beginning the inductive coding process. This referred to allowing themes to emerge from the data and highlighting segments such as phrases or quotes that captured that narrative aspect. The researcher used ATLAS.ti, a software for qualitative data analysis, to create initial codes and code groups, which were later used in the refinement of themes and sub-themes. The researcher kept track of codes by colour-coding codes in Excel to create themes and sub-themes. In this same document, codes created from transcripts and themes were reviewed.

Step 3: Define and name themes. Once codes were established, this step involved giving clear and concise themes that reflected the essence of the narratives. Commonalities were explored among codes to help establish themes by analyzing each narrative individually and then across the span of all narratives. The researcher compared and contrasted the participant's narrative style, content, and tone to notice emerging themes and patterns (Fraser, 2004).

Step 4: Review & Refine Themes: This step involved associating the themes with the original narrative and checking if they were representative of the data. This was done by reviewing and re-reading the transcripts with the themes in mind.

Step 6: Define name themes. Demonstrating the importance of themes and their relevance to the research question the researcher wrote detailed descriptions and explanations of each theme and sub-theme by checking across codes and the full narratives for coherence.

Phase 4 & 5: Scanning Across Different Domains of Experience; Linking the Personal with the Political. In these phases, the researcher examined the interpersonal dynamics related to inner experiences and self-talk. This included cultural aspects that reflected social conventions, popular culture, and structural elements that influenced the border socio-cultural systems (Fraser, 2004). This examination provided a means to understand the explanatory tools that influenced the social role within their stories. Thus, the researcher acknowledged the dominant discourses and constructed an interpretative framework for understanding stories (Fraser, 2004). Therefore, this phase was associated with the participant's experiences through a broader socio-cultural lens.

Phase 6: Looking for Commonalities and Differences Among Participants. Phase 6 entailed examining the transcripts for both commonalities and differences amongst all the participant narratives. The researcher compared and contrasted the participant's narrative style, content, and tone to notice the emergent themes and patterns (Fraser, 2004).

Phase 7: Writing Academic Narratives about Personal Stories. Lastly, phase 7 involved the process of academic writing and presentation of the analysis of the participant's stories. It involved the researchers recognizing how they were telling their story as they translated the participant's story (Fraser, 2004). This process included refining the analysis through various drafts to acknowledge the multiplicity of perspectives within the story. This included writing the findings of the narratives and presenting the themes in an engaging manner that met both the context and objectives of the research.

Rigour and Quality

As this study is rooted in the constructivist framework, various steps were addressed to ensure this project met rigour and quality. First, the study emphasized exploring the subjective perceptions of participants' meaning-making of AUD as a South Asian ACFAUD. For instance,

trustworthiness was considered imperative in qualitative research, in comparison to the notion of validity used in quantitative research. Therefore, the researcher strove for confidence in what is reported in the written work. Also, through reflection on Lincoln and Guba's (1986) criteria to assess trustworthiness, the factors of credibility, transferability, dependability, and confirmability were considered.

Credibility

Credibility considered how congruent the findings were with reality; it leaned on the subjectivity of the individual's judgements (Lincoln & Guba, 1986). To ensure credibility, solely the words of the participants were used to narrate their story. Also, for the objectives of this study, this researcher continuously ensured the analysis accurately depicted the participant's experiences to contribute to the rigour and quality of this study (Creswell & Miller, 2000).

Transferability

The second aspect that emphasized trustworthiness in this study was transferability. Transferability refers to acknowledging that patterns and descriptions from one narrative that can be applied to another narrative (Lincoln & Guba, 1986). Thus, for this study, to strengthen transferability, detailed and thick descriptions of participants' narratives were documented to provide clarity that illustrated the meaningfulness of their stories. Transferability encouraged clarity as it helped readers connect the dots between the study's contents and the experiences they faced. It empowered a better understanding of the findings and inspired connections. Transferability was also practiced through direct quotes and vivid examples that illustrated their experiences and captured the cultural and familial nuances, allowing future researchers to better comprehend their meaning-making.

Dependability

The third aspect of trustworthiness included dependability, or what is known as trust in trustworthiness (Lincoln & Guba, 1986). Dependability was established by documenting notes in a research journal throughout the analysis process to ensure the thoroughness of the researcher's insights with minimal biases. Using a research journal to account for the analysis process ensured the transparency and trustworthiness of the research as it allowed other researchers to review and verify the methods followed. Additionally, the researcher prolonged their engagement with participants narratives to ensure coherence and accurate representation of their findings.

Confirmability

Lastly, confirmability acknowledged that this research is not objective but strived to get as close as possible to an objective reality in qualitative research (Lincoln & Guba, 1986). Likewise, this was practiced through the researcher's reflexivity by journaling and peer debriefing to avoid the researcher's biases and assumptions shaping the data.

The Researcher

As mentioned, this project was informed by a constructivist framework. Therefore, it was imperative for me as the researcher to enact constructivist insights by acknowledging both my meaning-making of AUD as a South Asian ACFAUD and my counselling psychology background. I recognized this position was relevant to influencing the research process and intentionally practiced reflexivity. Deliberately engaging with reflexivity allowed me to process, comprehend, understand, interpret, and analyze the experiences of my research participants more wholly; this practice honoured the assumptions of qualitative research and constructivism (Mertens, 2019).

Reflexivity started with an awareness of my stance on the phenomena of interest--meaning-making of AUD. Being a South Asian ACFAUD, I was significantly drawn to understanding the South Asian community to understand how cultural nuances and systemic and mental health issues informed their narrative and trajectory. Being raised in a South Asian collectivist household significantly influenced my trajectory; alongside parental substance use, it brought forth a distinct set of challenges. Therefore, I acknowledge my lived experience as a second-generation South Asian daughter who had a father with AUD. Due to my lived experience, this positionality allowed me to approach this research with deep empathy and understanding, and it also allowed me to build a strong rapport and trust with participants as they felt safe enough to share their story. Although I also acknowledge that my role would have influenced how narratives were shaped, shared, and interpreted.

Therefore, as described in the introduction, I resonated with the experience of being a South Asian ACFAUD as I have lived and faced both detriments and strengths of this upbringing. In intentionally acknowledging my experience, constructivist background, and counselling psychology training, I know the specific experiences that informed my narrative. Hence, being aware of these aspects that influenced my passion for this research, I strived to empower others and listen to the stories of those who are silenced, missed, or whom we have failed to understand. Furthermore, as South Asians are located at a nexus reflecting the complex interplay of socio-cultural factors that shaped their narrative, there was an acknowledgment that what may be unique to my narrative may not be unique to theirs.

This commitment aligned with a constructivist paradigm as it encouraged me, as the researcher, to co-construct meaning and actively contribute to data interpretation. This form of inquiry and the paradigmatic assumptions of constructivism note that constructivist researchers

do not bracket their assumptions but bring their assumptions and biases to awareness by engaging in reflexivity (Morrow, 2005). Therefore, my goal for this research process was to embody an open and non-judgmental stance that allowed participants to shape their narrative as they see it (Polkinghorne, 2007). This was practiced through a self-reflective journal that recorded my experience and reactions while being aware of my assumptions and biases (Morrow, 2005). Additionally, this was further practiced through engaging in dialogue with my fellow research team and colleagues (Morrow, 2005).

CHAPTER 4: RESULTS

This chapter provides the findings of this study, which analyzed how South Asian ACFAUDs construct meaning around AUD through their narratives. Using Braun and Clarke's (2006) thematic analysis, this study showed the participants' lives and shed light on important themes that may have been overlooked in previous research. As much of the research on ACFAUDs was typically quantitative studies that are predominantly Western-centric, it underrepresented the voices of diverse participants (Haverfield & Theiss, 2017). Therefore, this study centred its narratives on South Asian ACFAUDs, hoping to offer an in-depth and culturally nuanced perspective.

The thematic analysis of the participants' narratives revealed eight key themes, reflecting their experience of growing up with a parent with AUD. These themes include (a) navigating avoidance in family and culture, (b) living in fear, (c) hiding in shame, (d) evolving perspectives, (e) feeling the impact of trauma, (f) carrying culture's weight and expectations, (g) influencing family dynamics, and (h) breaking cycles and reclaiming strength. These themes represented the emotional, psychological, and relational nuances and complexities that shaped the experiences of South Asian ACFAUDs.

The participant's ages ranged from 19 to 44, and they came from a diverse array of South Asian backgrounds, including Punjabi and Tamil communities. The participants were also predominantly female. Therefore, their narratives illustrated the intersectionality of cultural values, family dynamics, gendered identity, and personal resilience. Riessman (2007) highlighted that constructing narratives provides insight into how individuals interpret their experiences over time. Therefore, the thematic analysis aided in exploring patterns across participants' narrative accounts while honouring the individuality of their stories (Braun & Clarke, 2012). Through

their stories, this chapter showcases how cultural expectations, intergenerational patterns, and silence around addiction affected how they navigated their experience and how they understood what it meant to be a South Asian ACFAUD. Likewise, this chapter discusses each theme in further detail and exemplifies how participants reflected on their shared cultural influences and individual journeys.

Summaries of Participant Narratives

This chapter presents the narratives of six South Asian ACFAUDs who participated in this study. The narratives highlight the most significant themes that emerge from their stories and offer insight into how South Asian ACFAUDs construct meaning around AUD within their cultural and familial contexts. Excerpts from their stories will be shared to reflect the emotional, psychological, and relational dimensions of their journeys in accordance with each theme and sub-theme to honour their experiences.

Anita

Anita was born in Canada and is of Punjabi heritage. Her first awareness of understanding her father's addiction was in the story her mother told her of the day of her birth when her father was out drinking and missed her birth. She also remembered from a young age witnessing her father's episodes of immense rage, followed by physical threats. However, she understood her father was struggling when their family came home one day to see that her father had attempted suicide. She recalled that even at a time like this, everything was concealed.

In high school, Anita described feeling like she constantly performed and masked, hiding her pain while feeling suffocated. She shared that she finally opened up to her high school guidance counsellor and recognized how well she hid her pain but became hypervigilant as a result. Anxious all the time, she avoided home as much as possible and went away for university,

but when COVID-19 happened, she moved back home. Her father's drinking and aggression worsened, and in one instance, her father charged at her mother with an axe. Anita felt an immense need to protect her mother, especially as her grandparents always sided with her father despite him being at fault. Eventually, her father's aggression hit another peak; he smashed their family car, and Anita experienced her first panic attack. Shortly afterwards, she became the voice of advocacy, hoping her mother would leave this situation. As Anita witnessed her father's continuous relapses, she lost hope for his recovery and felt trapped in the cycle of addiction. She also took on the responsibility of being the emotional caregiver, mediator, confidant, and therapist in her home, consistently finding herself mediating between her mother and grandmother, who dismissed the severity of their family dysfunction.

However, through these complex experiences in Anita's journey, her understanding of addiction began to shift. What was once a source of all evil shifted into acknowledging addiction as a systemic issue that requires healing and mental health support. She also began to acknowledge her strength and pain, understanding that her father's addiction impacted both him and their family. This awareness allowed Anita to accept AUD as part of her story while acknowledging her strength that she made it through and conquered it.

Sarah

Sarah was born in Canada and is of Sri Lankan and Tamil heritage. Sarah's first recollection of her father's drinking behaviour was the realization that something was unsettling about her father's demeanour. At a young age, she watched frequent fights between her parents and saw her father's physical abuse. Sarah recalls that in elementary school, child services came and questioned her. However, when she disclosed this to her mom, she quickly undermined the situation and invalidated her worry. Over time, Sarah's father's drinking became worse and more

secretive, and she became more aware and instinctively knew when he had been drinking, even by the look of his eyebrow. She described her father as a functional alcoholic who slept in drunk from work often, so she and her brother would take responsibility for waking him up, trying to get him to go, but her father avoided his responsibility.

As conflict and aggression increased in her home, Sarah avoided home whenever possible. She feared the unpredictability of home. Conflicts became physical, and her brother became her father's victim. This was perpetuated by her brother becoming more physically aggressive with her. Her father's AUD and the judgement of their surrounding community reinforced the belief that her family's dysfunction needed to remain hidden. A Tamil saying that translates to "we don't air dirty laundry" frequently silenced their struggles. Despite AUD not being her challenge, she and her brother were labelled as "bad kids" in the eyes of their neighbours. Therefore, fear extended into judgement from the community, and internalized shame.

Sarah's view of her father changed as she witnessed her mom do her best to keep their home afloat, but when child services paid a second visit to Sarah at school again, she knew what was happening was not a lie this time. Her father was arrested in front of their community, and gossip spread. In grade 12, Sarah decided to go to university away from home, and over time, she began to understand the impact of addiction through her father's frailty. She also began to understand the deep emotional wounds her father was carrying and that his actions were not intentional attempts to hurt her and her family but were reflective of his pain and suffering. This led Sarah to have empathy for her father's addiction. Still, she knew it was important for her to distance herself from her family to protect her well-being. This awareness led her to create room

for forgiveness and acknowledge the impact of her father's addiction. Though still a deeply painful experience for Sarah, it allowed her to move forward with a newfound hope.

Stella

Stella is a Sikh Punjabi woman raised in Canada. Stella recollects her first awareness of alcohol being a problem was at six when a fight broke out at her cousin's birthday party. Though she wasn't fully aware of the implications of alcohol at the time, she recognized that it brought chaos, anger, and pain. Stella remembers her mother arguing with her father to stop drinking at home, but their arguments never resolved and instead escalated. Stella began to comprehend alcohol as a selfish act that tore up relationships, caused issues and resulted in pain. She couldn't understand her father's behaviour at the time. He had a home, family, and a comfortable life.

Despite her mother's intervention in spilling out alcohol bottles, her father only reacted by hiding his addiction more. Even when her mother left for the night, his promises to quit were empty. Her grandparents also dismissed the severity of the issue despite the evidence of his struggles. They minimized her mother's emotional and psychological abuse because her father was not physically abusive. When Stella's family moved into her father's uncle's home, the cycle of AUD and violence only continued. Their extended family also experienced violent conflicts that were ignored.

As her father's drinking became more frequent, and Stella lived in fear of what would happen next, she recalls her father quit cold turkey during her engagement and had hallucinations in which he needed to go to the hospital. Eventually, her father was fine, but the judgement from her in-laws was worse, as they used her father's AUD as a weapon against her. As her father relapsed again, Stella felt trapped in her first marriage. The burden of his addiction forced her to stay due to the weight of cultural shame and family judgment. Even at her lowest, when Stella

attempted suicide, her father was still emotionally absent from her, too consumed by AUD to offer any support. This only continued even in the face of her father's parents' cancer diagnoses, where he shut down and drank to numb his emotions. Stella struggled to understand why her father chose alcohol over her and her family. Still, she began to recognize the loneliness, depression, and lasting pain her father endured that led him to AUD. Still, she was challenged with reconciling his choices as she was pushed to confront her emotions. Stella experienced moments of anger, resentment, and disappointment, interspersed with days of sympathy for him and his suffering.

When Stella's son was born, she hoped his birth would influence her father to change, but even then, AUD consumed him. She remembers the painful memory of her father's arrival at her son's birth, intoxicated. It confirmed the belief that nothing was good enough and alcohol came first. At 32, Stella lost her father to AUD. Now 42, Stella continues to live with its long-term impact. Triggered by loud noises and environments of excessive drinking, Stella lives with a deep-seated fear because of her father's AUD. Every birthday, she reflects on what could have been and mourns the father she needed but never had. Stella still carries the lasting impact of being a child of a parent with AUD.

Priya

Priya was raised in Canada and is of South Indian heritage. The sense that something was wrong shaped Priya's earliest awareness of her father's AUD. Priya felt the impact of AUD even though her father was a high-functioning parent with AUD and involved parent. She knew from a young age that something was wrong, but it was not until a school discussion on substance use around age 11 that it became apparent to her that her father had an addiction. Priya, distraught by this realization, confronted her father and expressed her fears that he was an alcoholic, which

would kill him. Her father responded to her concerns with laughter, minimizing her fears and leading her to feel small, unheard, and powerless in the face of his addiction.

Over time, her family moved to Canada, and the violence at home escalated alongside the sense of fear. Until he discovered their father's infidelity, which he attributed to his drinking behaviour, her brother assumed the role of family peacekeeper. He gave their father an ultimatum to stop drinking, or he would move out. His father continued to drink, and his mother chose to stay, stuck in the influence of their father's control and leading her brother to leave home. Priya felt betrayed by her mother and more powerless than before. This experience unfortunately led Priya to make bad decisions and enter abusive relationships to avoid home as much as possible. However, addiction's grip trapped Priya in a cycle of fear, as she carried the weight of not repeating the same patterns that led to her past trauma and inevitably shaped how she navigated relationships.

Priya recalls learning that in Tamil culture, drinking is considered taboo, and therefore, her father's AUD remained a shameful secret. The secrecy became a burden that weighed on Priya until she began therapy herself. She was reminded in therapy that “this is not her shame to carry.” Still, it was challenging to loosen shame's grip, and her therapy journey was short-lived. At 20, she reached a breaking point; she was struggling academically and felt miserable and directionless until she met her husband at age 22. The support and love of her husband, along with the love and support of a close friend of hers, gave her the courage to commit to therapy. She felt safe sharing her story for the first time and learned the importance of boundaries through treatment.

With her father still present, she set boundaries to protect her well-being. She knew her children would one day learn the truth of her father's AUD, but for now, she chooses to protect

them and let them have a loving relationship with her father that is held safely by the boundaries she puts in place. She is aware of her predisposition to addiction and refuses to let any substance have control over her life. However, she feels grateful for the last 10 years of her life. Priya believes you do not have to deal with anybody you do not want to, and she is very careful with her relationships. She feels grateful to have cultivated a relationship with her son in which he can openly express his thoughts to her without fear. She describes this as a small but powerful victory.

Grace

Grace was raised in Canada and is of South Indian heritage. Around grade two, she noticed a pattern of conflict between her parents influenced by alcohol's presence. Grace remembers her father's drinking led to either uncontrollable anger or rage. She remembers he would drink to the point of blacking out and not remember what he was doing. She also witnessed the same patterns in her cousin's family. Early on, Grace became aware that alcohol changed the atmosphere of her home. She noticed when he was sober, the house was calm, but as soon as he drank, the entire household shifted. It became a place where everybody was tense or irritated.

Grace's mother frequently warned her about drinking and that it would inevitably lead to abuse. She warned Grace to stay away from future partners who drank at all as she feared Grace would be stuck in the same cycle of abuse. Grace observed that their South Indian community did not acknowledge addiction, and no one intervened in alcohol-related family matters. However, Grace witnessed her mother endure years of pain and recognized avoidance as not the solution. In sixth grade, Grace learned about addiction and mental health in school. She chose to speak up and ask her father about his childhood, aware of its effects on his drinking behaviour.

Over time, Grace's understanding of AUD changed. In her mid-teens, she began noticing that not everyone who drank became aggressive. She saw some family members drink casually without any issues arising and recognized the problem was not alcohol itself but her father's drinking behaviour. This differentiation of behaviour allowed her to develop a deeper understanding of addiction as a coping mechanism for unresolved trauma. At age 18, with the support of Grace, her father stopped drinking. This change was slow over a few years but showed Grace it was possible.

Grace's choice to speak up allowed her father to understand that his AUD was shaped by his childhood and led him to confront his behaviour in a new way. Grace's perspective provided her father with accountability. Her father took anger management classes, shifting the dynamics in their home. His recovery transformed their family, and although the loss of her childhood persists, she recognizes that his addiction does not have to define their future. At 19, Grace harnesses a newfound awareness of alcohol. She drinks occasionally with her friends and with intention. She still recognizes how AUD is interlinked with family, affects others, and can influence them to make bad decisions, but seeing her father's recovery instilled a sense of hope and left a positive impact on her.

Stephen

Stephen is Canadian and was raised of Punjabi Indian heritage. Stephen's earliest memories of his father's AUD were his father being violent with his mother. Growing up, his father lost his job and began drinking heavily before he needed it to function. He remembers, at four years old, watching his father beat someone outside a wedding reception and then calmly walk back in as if nothing happened. He understood that in his culture, men handled business with their fists and alcohol, so fear became his constant, with alcohol always at its center.

Around grade three, Stephen's father was hospitalized with cirrhosis. He remembers the sight of blood everywhere. It was a wake-up call for his father, and he stayed sober for a year before he relapsed. Stephen remembers spilling his father's alcohol bottles but to meet with physical violence in response. Despite his father's struggles, his extended family continued to enable his father's drinking. At age 11, Stephen called 911 after another violent occurrence, but the family wanted to handle the matter privately. This continued the cycle of AUD in his home. It shaped Stephen's view of AUD as more than an addiction but a monster that always returned, no matter how many times you fought it.

Stephen noticed early on that family gatherings always entailed men separated to one side of the room with booze on their tables and women to another. At the men's tables, there was always conflict and chaos. Stephen and his siblings also learned to distance themselves from their father, and they spoke to each other in French so he would not understand. No matter how much they distanced themselves, the weight of cultural norms followed them. His father's family, who preached family unity, cut their father off when his drinking got worse. In response, Stephen experienced a sense of hypocrisy, which ultimately led to disillusionment with his own culture.

In high school, Stephen wore the tension of wanting his father's approval but experiencing his father's disappointment. Therefore, he learned to hide from his father and his pain. His closest friends also had fathers who had AUD; they were known as the outcasts. They were bonded by an unspoken trauma and sought trouble. Stephen told himself he would never drink and persuaded himself that his father was to blame for everything. Then, his father collapsed, and Stephen faced the realization that his father had no control over his addiction.

Shortly after his father passed away, his death was shaped by the feeling of it being another hospital visit, though it was not. He felt both a sense of relief and grief after his father's passing.

After his father's funeral, Stephen was named the man of the house after his father's funeral—a cultural weight and responsibility that he was unprepared for. However, years later, when Stephen drank for the first time, he did so in an environment of control where he knew his sisters would be there to watch him because he felt terrified of its impact. Stephen set boundaries with his drinking behaviour, and parenthood became a turning point for him. He chose to be honest and practice open communication with his children about his father and promised he would never be like him. Now, Stephen intervenes when he sees excessive drinking as he understands AUD as a disease that his culture enables. For Stephen, therapy and writing help him break the cycle.

Themes and Sub-themes

The stories of the participants were analyzed, and eight themes emerged: (a) dealing with avoidance in family and culture; (b) living in fear; (c) hiding in shame; (d) changing perspectives; (e) feeling the impact of trauma; (f) carrying the weight and expectations of culture; (g) changing family dynamics; and (h) breaking cycles and reclaiming strength. These themes offer a multi-faceted understanding of how participants have constructed meaning around AUD within their families and communities.

The themes are reflected in the participants narratives though their expression while varied accordingly to their individual life experiences. The themes reveal both shared struggles and differing trajectories of coping and resilience. Sub-themes were also constructed as means to further explore the themes in both detail and specificity. A summary of the themes and sub-themes, alongside quotation examples of each are provided in Table 2.

These themes together represent the interplay between personal experience, family dynamics, and cultural expectations. They shed light on the tensions of silence and resistance, suffering and survival, and loss and transformation. In many of the narratives, there is an evolution of their experience. An initial reaction of shared avoidance, fear, and shame transitions into an evolving understanding of their experience that leads to a sense of empowerment and healing for most. Though this trajectory was not the same for each participant, many navigated similar experiences of sitting with conflicting emotions and identities while managing the weight of cultural norms that inevitably led them toward a path of greater understanding and autonomy. Notably, sociocultural factors significantly shape these narratives, influencing how South Asian ACFAUDs perceive their family's alcohol abuse. The stories of these participants shed light on the profound impact of intergenerational challenges, cultural norms that promote silence, and an unremarkable strength that led many of these participants to reclaim their narratives.

Table 2*Summary of Themes and Sub-Themes*

Theme/ Sub-theme	Example
Navigating avoidance in family and culture	
Emotional avoidance	“Emotionally have distanced myself as much as I can and cut myself off as much as I can from my family because being too connected with them hurts.” (Anita)
Physical avoidance	“I also avoided going home because of the fights and often go to a friend’s house.” (Sarah)
Psychological avoidance	“He was in pain and drinking to numb himself, but I can't give him that excuse. For him, realizing how two faced everybody was, how badly he was used and abused, made me think his drinking was his way to tolerate being around those people too. My dad was groomed into who he was, and drinking was his way of suppressing memories.” (Stella)

Theme/ Sub-theme	Example
Avoiding responsibility	There were many days he would sleep in drunk, and his employer would call and start yelling through the voicemail, if he didn't go to work my brother and I would take responsibility for waking him up, trying to get him to go. (Sarah)
Living in fear	
Fear of instability	"I was scared, and fear has been deeply infused into me. I still operate a lot of my life from a lens of fear. I make many decisions out of fear and safety because I lacked so much." (Anita)
Fear of loss of control	"I worried about the impacts that my family history and my dad, specifically, would have on my ability to be accepted, supported, and understood non-judgmentally by my partner's family. I'm scared and fearful of that." (Anita)
Hiding in shame	
Cultural shame	I would have been blamed. I went through depression, and I stayed married until my dad died. If anybody asked me, why I stayed in it for so long when I was unhappy, it was because my dad was an alcoholic. In my community, I was the first one to have a love marriage, but I also would have also been the first to get divorced. I knew the family would have never let it down and say your dad died because you got divorce not as an alcoholic. (Stella)
Internalized shame	"Then if they ever saw my brother and I, they gave us the side eye and didn't say much. It kind of felt like we were bad and wrong, oh, we're bad kids, they're a bad family." (Sarah)
Hiding the truth	"I remember calling my mom and asking, if she knew. She's said, I heard stories, what's there to say? There's not anything to talk about." (Stella)
Social shame	Don't share this with anyone and we don't air dirty laundry. I forget the word, it's something in Tamil, but it means don't share this with anyone, the message was, it was embarrassing for us. It was obvious we had an alcoholic Dad, but I didn't share this with anyone until about grade 11 or grade 12. The first time I did share was

Theme/ Sub-theme	Example
	scary, because I was going to speak so poorly of my parents, my family, and I didn't want to, that was shame. (Sarah)
Evolving perspectives	
Changing understanding of addiction	I used to think drinking, was someone that abuses alcohol, it's the same for everybody, and it's normal to be an angry dad, but I realized it looks different person to person. I used to think if my dad's an alcoholic, I'm going to become one too, but it's not the same with everyone. There are generational changes too. (Grace)
Shifting family roles	After my brother moved out, it was hard to reconcile my mom stayed versus supporting her children. She's leaned on us for support, but when we wanted to support her, she chose to stay. Prior to that my mom had been dependent on my dad financially and emotionally. (Priya)
Feeling the impact of trauma	
Immediate trauma	"There was blood in places, a knife, and a noose. I could vividly hear my mom shrieking and remember my brother's aversion." (Anita)
Generational trauma	I'm completely desensitized. After my dad's funeral, they took the turban off he had on and when we got home, they put it on me. It was a symbolic of 'you're the man of the house now,' because I'm the son. It was traumatizing, and I didn't talk about for years. (Stephen)
Carrying culture's weight and expectations	
Honor and reputation	A Punjab saying that translates to when our fathers came here from the homeland, they packed their egos with them. They want to represent who they were ... and they drink heavily because it is a sign of a wealthy landowner. (Stephen)
Silence and secrecy	When my dad died, I gave a speech...I talked about how my dad was an alcoholic, how it impacted me, and destroyed so much. One of my uncles said, you just aired our dirty laundry. Even though everyone knew he was an

Theme/ Sub-theme	Example
	alcoholic.... They expected me ... to keep it behind closed doors. It couldn't be mentioned, because if you did, it would be different. (Stella)
Gendered cultural expectations	“The worst part was I couldn't say anything because I am a South Asian girl. I wasn't supposed to say or question anything or say why my dad was an alcoholic. I held everything in. It's lifelong damage.” (Stella)
Influencing family dynamics Shifting family roles	“The mediating roles I took on from a young age led to parentification, but I also feel the little kid in me still wants to come out in so many ways.” (Anita)
Power struggles	“I still struggle with feelings of powerlessness, especially when I'm as I'm still dependent on my parents financially and living at their home.” (Anita)
Family conflict	“In grade one or two, I realized my parents argued and that when my dad drank alcohol, he caused issues.” (Grace)
Breaking cycles and reclaiming strength	
Breaking generational patterns	I want to lead by example for my kids. I'm not a person who drinks daily, I know how to control, and where to draw the line... I'll talk to them about how my father used to be, and I promise them I'm not going to be anything like that. (Stephen)
Seeking external support	I met my husband... he was the changing moment. I also met one of my best friends. Until then, I never felt supported to share my story with anyone... my life came together after meeting them, after feeling supported and loved. (Priya)
Reclaiming strength	I have conquered a lot. I've grown through a lot, and I'm still working on a lot, but I'm headed on a path I feel proud of. You may have heard of these stats about ACEs, which indicate you were struggling with these things or being more at risk...but in many ways, I am proving to myself that these stats and these numbers in this research, whatever is not indicative of my future and of my

Theme/ Sub-theme	Example
	experience... because I made it through and conquered it. (Anita)

Theme 1: Navigating Avoidance in Family and Culture

While constructing meaning around AUD in their narratives, many participants navigated the experience of avoidance from their family and culture. The theme navigating avoidance in family and culture is defined as the practice of separating oneself emotionally, physically, and psychologically from circumstances, emotions, or relationships that are deemed to be threatening, considered to be dangerous, or presented as emotionally overwhelming. Many of these practices of avoidance are exemplified as removing oneself from conflicts, emotional suppression, distancing from family dynamics, avoiding challenging conversations, and using distractions to escape. Avoidance was also a practice that occurred because of traumatic and fearful situations in which participants utilized various strategies to cope as a means of survival, but these also perpetuated patterns of secrecy, suffering in silence, and emotional distancing.

The sub-themes that arose from this theme are (a) emotional avoidance, (b) physical avoidance, (c) psychological avoidance, and (d) avoiding responsibility. Many described navigating avoidance as a means of surviving their familial environments marked by instability, conflict, and emotional turmoil. While avoidance provided a sense of temporary control or safety, it also influenced social isolation, emotional detachment, secrecy, and unmet needs within the family system.

Personal coping stances and cultural expectations marked the participants' experiences of avoidance. As some participants withdrew through emotional suppression, minimizing their feelings and interactions with their family members, others navigated by physical avoidance.

They stayed away from home as much as possible to get away from family dysfunction. Psychological avoidance was also present, as participants made sense of their experiences from various perspectives to distance themselves from the painful reality. Also, avoidance was described by some participants as a means of parental avoidance of responsibility, particularly in the instance of AUD.

Subtheme 1.A: Emotional Avoidance.

Emotional avoidance was a common coping mechanism amongst the participants to survive the family dysfunction they faced. Emotional avoidance was reflected through suppression and numbing of their emotional experience. The emotions were too powerful and therefore in order protect their well-being, the participants detached themselves from their emotions. Emotional avoidance was also practiced in the parental figure suffering from AUD and other family members. Likewise, it presented itself as the participants emotional distancing from dysfunctional family members as a means of survival because being connected was too painful. Therefore, for some participants core emotions such as fear, sadness, and anger were neglected and replaced with the experience of chronic stress and anxiety. For example, in Stella's experience she said, "He was drinking to where he could put on a front with no emotions, say hi, how are you, chill for an hour, take off, and get drunk again." These experiences of emotional detachment were often coupled with uncertainty because like consuming nature of AUD, the emotions were too strong. For Anita she described her experience of emotional avoidance as:

I emotionally have distanced myself as much as I can and cut myself off as much as I can from my family because being too connected with them hurts. So, my protective mechanism is cutting myself off emotionally and not telling them the things I go through. It's an adaptive, survival mode strategy to keep it in and move forward.

Anita's narrative sheds light that emotional avoidance extended beyond ignoring alcohol's presence but also emotional detachment from family, illustrating the broken significant attachments that can contribute to a sense of isolation and lack of belonging. The broken attachments though as a means of protection can result in psychological consequences furthering their sense of vulnerability, their struggles in establishing close relationships, and in differentiating healthy relationships. Additionally, emotional avoidance resulted in emotional neglect, as some participants faced their parents being unable to meet their needs. For Priya, this was illustrated through her experience she shares as:

There was a lot of negligence on my mom's part raising us, because of how depressed and afraid she was from being married to an alcoholic. There were periods in our lives where we weren't fed well, there was no access to food, and we weren't clean.

Subtheme 1.B: Physical Avoidance.

Many of the participants also experienced avoidance as physical avoidance, the act of distancing themselves from home to protect their mental and physical well-being. As home was too chaotic, full of uncertainty, abuse, and fear, participants shared that they would stay out of the home as much as possible. This act of physical avoidance became a means of self-preservation and a deliberate way to decrease their emotional distress. For some participants, despite at times not wanting to be out of the home, it became a common strategy they took advantage of at any opportunity. Grace described this as:

My brother and I would find every excuse to not stay at home, but South Asian parents are strict when it comes to going out, but in high school, they started to loosen up a bit. They started letting us go out and even if I didn't want to go to my friend's house, I'd use that opportunity. I'd rather go to a friend's house than be at home.

Physical avoidance extended beyond the experience of avoiding their father with AUD, but the dysfunctional family patterns and cycles of abuse that transgressed because of the presence of addiction in the home. Sarah described this experience as:

I avoided home because of the physical violence but I if I were to reflect on it, it was my brother who was hurting me directly, whereas it felt like my dad was hurting us indirectly because he was in pain and didn't know how else to deal with it. Whereas my brother felt like you're just hurting me. So, avoiding home was avoidance of both of those things.

Despite the experience of physical avoidance being a self-preservation strategy it had harmful consequences as well. It ruptured family relationships and increased sense of betrayal in participants. This was also evidently displayed through Priya's narrative:

After my brother moved out, it was hard to reconcile my mom stayed versus supporting her children. She's leaned on us for support, but when we wanted to support her, she chose to stay. Prior to that my mom had been dependent on my dad financially and emotionally. When I was 14, I was groomed by a pretty close family friend who was in their 20s. My mom found out and stopped it, but she didn't choose to get help. It had a lot to do with alcoholism, because my mom was afraid of what would happen if my dad found out. All our lives were very affected by it and when my brother moved out, there was no one to keep the peace. I chose to be out of the house as much as possible.... My brother was not in contact with my dad for over two years and my mom became my dad's punching bag. During that time, I don't know how I made sense of alcoholism, I just sought refuge.

The participants narrative exemplifies how the act of physical avoidance has detrimental effects on the family system as well. In some cases, it illustrated how avoidance led to a ripple effect in the cycle of abuse; the absence of one victim from the home led to another family

member becoming the target. Similarly, when a member of the family with a significant role physically removes themselves from the situation it leads to the family dynamic evolving to fill the gap. In some participants' narratives, this led to an exacerbation of physical abuse for another family member and furthered both emotional harm and abuse patterns. While also instinctively increasing participants emotional distance and emotional suppression. Physical avoidance also manifested as a strategy to distance oneself from alcohol-related events. As some participants became quite aversive to alcohol due to their dysfunctional home patterns they began to both fear and avoid alcohol-related situations. Anita describes this as:

I still had an aversion to alcohol. When there were events, moments, or times where I would assume or think alcohol would be a centerpiece to those occasions, I would flee. I didn't want to be around it because it served no purpose to me. I looked down upon it.... I think my aversion transformed into boundaries and out of safety for myself. Now, I am avoiding this entire situation because I know that people will be drinking here.

Therefore, physical avoidance encompassed distancing oneself from environments where alcohol was a prominent factor. The participants' negative relationship with alcohol from their upbringing intensified this aversion as it became a staple in reminding them of their family dysfunction and emotionally distressing situations they faced. Hence, physical avoidance was channeled from experiences of fear, discomfort, disgust, sadness, and hatred of the substance that controlled most of their childhood. Consequently, physical avoidance, despite its role in self-preservation also led to an increase in judgement of others who drank alcohol and social isolation. However, as physical avoidance evolved over time, so did aversion, transforming into intentional choices of instilling protective boundaries.

Subtheme 1.C: Psychological Avoidance.

Avoidance also demonstrated itself as psychological avoidance. Avoidance is often portrayed as a way to minimize their experiences, often normalizing their experiences of family dysfunction and parental AUD. Since this was the participants' everyday life throughout their childhood, normalizing and rationalizing their traumatizing experiences became a self-preservation mechanism, helping them cope with the emotional toll of AUD in their family. Particularly, as for some participants AUD existed within their extended families too, aiding in the normalization of dysfunction and addiction. This was often a confusing experience for participants as AUD was a significant source of problems and yet commonly experienced within their communities. Stella describes this as:

I was four, maybe five or six, and it was a vivid memory. I remember a lot of nights like that, I would freeze in my room pretending to sleep. I didn't want to go out there. I didn't want to deal with it. I wanted to disconnect from it, but I didn't know how, there was no disconnect.

Even at moments when they were present at home, participants yearned to psychologically disconnect from home. However, being so young and unable to escape made many participants feel trapped and therefore face distressing nervous system responses. As they navigated a chaotic home environment without escape, participants felt powerless and unsafe. In a similar vein, some participants used psychological avoidance as a strategy to evade their family's scrutiny, leveraging their education or external accomplishments to evade their parents' distressing reactions. Regardless of the events transpiring at home, academic excellence was of significant importance at home and in South Asian culture. Therefore, many of the participants' parents assumed their children were doing well if they managed to maintain good grades at school. This was exemplified in Stephen's narrative as:

“If we're doing great in school, the grown-ups are going to leave us alone, and you can get away with a lot. I knew if I maintained an A average in high school, my parents won't be on my case.”

In other cases, forcing them to function normally at school made navigating family dysfunction at home easier. However, this too impacted their sense of self, as school often became an escape from the psychological turmoil, minimizing and inevitably normalizing their family trauma. Anita shares this impact of this survival strategy by saying

She read what I wrote, which was about growing up in a household of chaos and turmoil, with many sleepless nights, my dad walking around the house drunk, falling, and injuring himself, people mad and fighting, and everyone's hypervigilant while, there's glass broken, and I have to go to school tomorrow and pretend like none of this happened. It was like it had never happened: put on your uniform, eat breakfast, go to school, and repeat. This teacher was bawling her eyes out and said, I can't believe this is your reality because you hide it so well; it's scary. Are you okay? I was not okay, and at that moment, I knew I was good at hiding that I wasn't.

This excerpt illustrates a depiction of dissociation as a function of psychological avoidance, while also highlighting its strength as an adaptive survival strategy. Anita also shares this by stating “I felt like such a victim in high school because it was easier for me to hide things that were happening at home.” Yet, for many of the participants, compartmentalization of their experiences through dissociating allowed them to temporarily escape the emotional and physical turmoil of their home environments. Although this led to a façade of normalcy, it resulted in a deep internalized neglect of their emotional experiences. Though it allowed them to function, this suppression many of the participants underwent was not often a conscious decision but a

means of survival they instinctually followed. It highlights how psychological avoidance was deep-seated from a young age and how sociocultural factors encouraged the representation of normalcy despite the community's awareness of their parent's AUD. Sarah explains this as: "It was obvious we had an alcoholic dad, but I didn't share this with anyone until about grade 11 or grade 12."

Subtheme 1.D: Avoiding Responsibility.

Avoidance also demonstrated as responsibility within the family. Often, this is exemplified by a parent suffering with AUD, who avoids their responsibilities as a parent. Leading many participants to feel emotionally neglected and taking on the burden of being responsible themselves. Thus, in many participants the parentified child was a common role they inevitable took on as they were forced into adult responsibilities from a young age. For instance, Sarah shares in her narrative:

There were many days he would sleep in drunk, and his employer would call and start yelling through the voicemail; if he didn't go to work my brother and I would take responsibility for waking him up, trying to get him to go. He was just drinking every night, and I would pick up on it, but he lied his whole life, he'd still say, I'm not drinking. That was his line, it was another way of avoidance.

The impact of their parent avoiding responsibility led to feelings of mistrust. This was especially true for many of the participants' parents, who refused to acknowledge the impact of their drinking behaviors on the family. The father's avoidance of responsibility resulted in further family turmoil as he constructed false narratives about the reality of what was occurring. Participants also encountered their father's avoidance of responsibility through hollow assurances. Rather than addressing the issue of AUD, their empty promises would elicit feelings

of disappointment that furthered this sense of mistrust. In response to participants became resentful of their parents, questioning their promises and recognizing there was no integrity to their word. Sarah shares this in her narrative as:

We also never invited anyone over, because my dad would instigate and turn the whole house upside down before they came.... Even in that, it started to become a Woe is me, I'm the victim. It would be, oh, your mom didn't cook for me, your mom didn't do this for me, meanwhile, my mom's doing all those things for him, and he denies or plays the victim. So, I have a lack of trust with my dad, but I just learned to stop believing things he would say. He'd often put his hand on my head and swear, I'm never going to drink again but then do the same thing, it changed how I viewed my dad.

Avoidance of responsibility was also prevalent in the context of culture and family, with many participants' extended families ignoring the issue of AUD. Rather they avoided the responsibility of seeking external support and enabled addiction further. Similarly, many participants noticed how extended family downplayed the seriousness of the issues, as they feared judgment about AUD more than they recognized the need to be more responsible and take accountability for what is happening. This often occurred through a deflection of intervention wherein, in circumstances where authorities should be notified, family issues were minimized out of fear of societal judgement. Rather, family members themselves intervened only to further encourage the problematic behaviour. This subsequently normalized addiction as it became a collective avoidance of responsibility. However, participants recognized this and became angry at both their family and culture's hypocrisy. Stephen states this in his narrative as

Despite that being a moment where cops should have been called, but as the family says, what are people going to say? Other family members would also become involved and try to

be the police of the situation. I was angry because he needed help, but the culture doesn't recognize that. Instead, they'd take him, open a bottle, and sit around and drink.

Theme 2: Living in Fear.

Among many of the participants' narratives, fear was an extensive theme that influenced their sense of self, safety, and decision-making. Living in fear is defined as a deep-rooted emotional reaction to potential threats, volatile situations, and a loss of control because of past traumatic experiences, instability of circumstances, and upsetting situations. Fear presented itself as chronic and acute anxiety regarding safety, decision-making, and relationships, especially in the face of AUD and family dysfunction. Fear also encouraged responses of avoidance, hypervigilance and emotional distancing that impacted their sense of self and interpersonal relationships. At times, fear is a self-protective mechanism, but it also perpetuates the progression of insecurity, detachment, and suffering in silence. Fear became a constant presence throughout their childhood upbringing and into adulthood. Its presence was made possible by the frequent uncertainty in their homes, the cycle of conflict and chaos, and the tensions of upholding cultural and familial expectations. This fear then extended into adulthood influencing their ability to build trusting relationships, acknowledge their needs, and feel a sense of stability.

For some participants the fear also expressed itself as hypervigilance, a state of heightened awareness, particularly as a means of protection to avoid circumstances that may result in the same patterns of trauma they faced (Smith et al., 2019). Whereas for some other participants, it manifested as emotional suppression because their experiences of vulnerability and emotional expression were often minimized. Additionally, as fear's presence was so persistent in many of the narratives it exemplified as a disruptor of stability, influencing participants to seek control in various areas of their lives in efforts to create a sense of safety.

Subtheme 2.A: Fear of Instability.

For many participants, fear of instability was another prominent theme throughout their narratives. The circumstances of being raised in a home with a parent with AUD marked various forms of unpredictability that were experienced through frequent mood changes, shifting family dynamics, and sleepless nights as a result of family chaos. This fear of instability impacted participant's level of awareness, instilling a sense of hypervigilance in many. For example, Priya demonstrates this through her statement of "there's a lot of fear, but I'm extremely self-aware." This increased sense of awareness and at times hypervigilance were adaptive survival mechanisms adopted by the participants. Although this was an adaptive survival mechanism, it was a response to the lack of safety within their homes. Anita shares this in her narrative as: "All these practices manifested into hypervigilance. I was anxious all the time because nothing felt safe."

Many participants learned early on to consistently be aware of their environments, a practice that also instilled a sense of anxiety. The unpredictability of home met with the unpredictability of a safe and reliable parent meant children were responsible for the emotional well-being of themselves and their caregivers. Sarah describes this awareness of her father's AUD state by sharing:

"He would hide or stash it away, but I would pick up on his tone and energy. I started to become very observant; I knew he was drunk or drinking even if his eyebrow was slightly off."

This experience of being raised in such an unpredictable environment led to an intense emotional distress that became deeply ingrained in many participants, impacting their sense of self and decision-making processes. Many participants viewed the fear of instability through a lens of familiarity. They were confined to environments that required hypervigilance and

survival-making decisions. Therefore, many decisions made were out of fear and lack of safety, illustrating how fear of instability impacted participants long-term. This is represented in Anita's experience as:

This is not something I was ever prepared to do or deal with. I was scared, and fear has been deeply infused into me. I still operate a lot of my life from a lens of fear. I make many decisions out of fear and safety because I lack so much. I lacked a lot of safety growing up, and there was a lot of fear for my and my mom's safety, especially because my role became my mom's confidant.

Additionally, fear of instability manifested as role reversal, as participants became prematurely responsible for their home and parents' well-being in the face of instability. However, this reversal of parent and child roles instilled a greater sense of instability and fear as they bore the emotional burden of their parents too. This experience of caring for their parents from a young age compounded with the fear of instability throughout their life embedded a deep sense of fear in their reality making it difficult to experience a secure sense of self.

Subtheme 2.B: Fear of Loss of Control.

Fear also presented itself as loss of control. Raised in a home with a parent with AUD, participants faced chaos, conflict, and unpredictable circumstances at every moment. As children, participants felt powerless and vulnerable they bore the weight of overwhelming loss of control. AUD shaped the environmental circumstances, dictating moods, behaviors, and responses through the father's drinking. This is said by Priya as:

He has a strong personality, dominating and opinionated.... I came back home that day and talked to my dad. I said, I know you drink, and it'll kill you if you do for a long time, I don't want you to die, can you stop? He laughed at me. My dad is extremely fit, even at 66 now.

He told me that he'll take any blood test or medical checkup, and tell me that he's not going to die, it's not affecting him. I felt very small because in my mind, this was the biggest thing that could have happened, that my dad has an addiction.

This instilled a loss of agency and autonomy in many of the participants, as their decisions regarding safety were out of their control. In specific to South Asian families, the cultural expectations of respecting your elders and hierarchical power discouraged children from speaking out against their parents or family. Likewise, other family members also disregarded dysfunctional patterns, as it was not their place to step in. Stella speaks to this experience in her narrative as:

He and my uncle would drink a lot, and my uncle was physically abusing his wife. My dad couldn't get involved, because that's disrespectful but my mom would sometimes. I knew that my dad grew up around a lot of alcohol. At the age of 15, AUD and violence are what he entered. That was a world that was normal to him, and I think he carried it on in his environment.

Narratives also depict the fear of losing control through the role of passivity in South Asian culture. Factors such as cultural expectations and family rules restrict members from challenging destructive norms increasing the sense of fear and its loss of control. This also continues the cycle of normalization of dysfunctional patterns and AUD. Therefore, the need for control became an apparent coping mechanism for many participants. It also shaped many of their rigid thinking patterns that formed throughout adulthood. Specifically, they resorted to alcohol or other substances as a response to this fear. Many narratives depicted this sense of control in selecting future partners who abstained from alcohol. Grace illustrates this in her narrative as:

My mom assumed once you start drinking, you abuse it. That rubbed off on me, because she would tell me when you find your future partner, make sure he doesn't drink alcohol. She thought, I'd end up the same way her and my dad are. I then had an idea if you're drinking, it can turn into abuse, and I didn't want to be with someone like my dad...My mom explained how marriages work with alcoholics. She shared when my dad was younger, he never used to drink, but it progressively became worse, from beers to shots to drinking every day to an alcoholic. Seeing and hearing that growing up, from around grade three put a little too much fear in my head.

This depiction of alcohol as uncontrollable reinforces the theme in numerous participant narratives. Many participants created rigid rules around alcohol out of fear that it would lead to further loss of control. This black and white thinking pattern is a common incident in many narratives that stem from a need to control as a response to the lack of control. Similarly, fear of loss of control became internalized into control for their future partner and relationships, illustrating a paradox as a means to establish a sense of agency.

Subtheme 2.C: Fear of Vulnerability.

Fear of vulnerability also shaped many of the participants narratives, as their lived experiences were impacted by sociocultural norms that emphasize avoidance of emotional experiences. Participants learned early on that vulnerability meant weakness, as they witnessed their fathers emotionally suppressing and numbing rather than acknowledging their pain and suffering. This in conjunction with their family's response to family dysfunction and AUD only further encouraged this sense that vulnerability was not safe. Also, for some participants who witnessed their fathers experience being disregarded by other family members it only further

embedded this concept of silencing the pain and enduring suffering. Stella shares reflect on this experience as:

When my dad would drink, he would cry, and say the same thing, I worked my ass off and nobody respected it. The backstory is my dad came down when he was 15, but the expectation was, you're going to work and send money to India to help everyone down. His family was huge; he had seven other siblings, and he was expected to help with their weddings, immigrating them down, their clothes, and getting their footing. He talked about how nobody appreciated it, and he was drinking to numb his pain. He was depressed, he didn't feel loved, wanted, and felt like everybody used him. I started seeing where his pain was coming from. I understood the passive-aggressive comments towards him. I heard things like, too bad your dad did so much for the family, but nobody respected it.

As participants observed the profound reluctance of their father's vulnerability, it illustrated how ingrained are these socio-cultural expectations are. These intergenerational patterns marked the tension of participants, who simultaneously feared and desperately needed vulnerability. However, these narratives meet the fear of vulnerability with resentment and disrespect, creating a destructive cycle that resists support.

On the other hand, this cycle of intergenerational trauma continues when the participants' parents reinforce the belief that external support poses a threat to their well-being. Many of the narratives depicted a substantial cost to vulnerability, such as family separation. It became unsettling to acknowledge the pain and suffering, especially when it meant such significant consequences for the family. Therefore, denial became a prominent response in the face of vulnerability. Sarah illustrates this through her narrative as:

My mom and dad had gone into a fight, but my dad wasn't drunk, and I remember something's wrong between them, something's not working here, that's strange. Then in grade one, the child abuse services (CSA) came to my school. My mom picked me up after school and I told her about it, she gasped at me. She went, oh, what are you talking about? No one came, don't worry about them, there was no one there.

The overwhelming experience of losing your family to authority intervention kept many participants and their families stuck suffering in silence. While also instilling a deep sense of confusion for the participants as children as their emotional needs were unmet and demonstrated to be a potential threat to family survival. Hence, during their upbringing, participants sat in the tension of acknowledging the truth about AUD, which meant disrupting the family unit. This, combined with societal expectations, compelled the participants to internalize their fears. This illustrates the painful reality of vulnerability.

Theme 3: Hiding in Shame

Shame was an immensely prominent theme among many of the participants narratives, impacting their sense of self, self-worth, identity, and capacity to seek external support. Shame is defined as an internalized feeling of embarrassment, not good enough, or guilt due to fear of judgement from sociocultural expectations. Shame rooted in family dysfunction and addiction fortified individuals to maintain the façade of normalcy, which furthered social isolation, emotional suppression, and avoidance of seeking external support. Shame also induced fear of stigma that led to an emotional burden and reinforced avoidance, suffering in silence, and internal judgment. While shame presented as a self-preserving mechanism, it also furthered the cycle of distress and disconnection. Shame's role extended into responsibility as many participants described feeling an overwhelming sense of duty for their family dysfunction. This

sense of responsibility influenced by shame showcased itself as a need to conceal the reality of what was happening at home from others. It also presented itself through reinforced cultural and societal expectations that led to the participant's sense of social isolation.

Some of the participants expressed shame as an internalized experience of personal failure, that manifested as feelings of guilt, not being good enough, and self-judgement. Others perceived shame as external pressures to uphold a façade of normalcy to safeguard their family's reputation within their community. This presentation of upholding a normal front led participants to suppress their emotions, hide their struggles, and abstain from seeking support.

Subtheme 3.A: Cultural Shame.

Cultural shame was a significant theme in many of the narratives. The participants carried the weight that exposing of AUD in their family meant eliciting a profound sense of shame on their family. The burden of cultural shame prevented the participants families from acknowledging the problem of AUD, keeping them trapped in a cycle of abuse. Perceived as a protective measure, cultural shame transformed into a troubling narrative, compelling participants to maintain a façade of normalcy. The impact of cultural shame extended beyond the personal experience of AUD as it portrayed the participants as being problematic and trapping them in harmful situations. They would use the cultural shame of their father's AUD to their advantage. Stella describes this in her experience as:

Before I got married, I learnt my ex-husband lied to me and I did not want me to marry him. I wanted to pull the plug, but I couldn't do it the family would have shamed and humiliated him because he's an alcoholic. I would have been blamed. I went through depression, and I stayed married until my dad died. If anybody asked me, why I stayed in it for so long when I was unhappy, it was because my dad was an alcoholic. In my community, I was the first one to

have a love marriage, but I also would have also been the first to get divorced. I knew the family would have never let it down and say your dad died because you got divorce not as an alcoholic.

The impact of cultural shame of AUD reinforced decisions that were considered to be taboo to be upheld in order to protect family honour and reputation. The individual well-being of the participants and their families, even in the face of imminent risks, was not taken into consideration. Likewise, the actions of the abuser were not held accountable due to their nature of exposing AUD. Compounded by the gendered norms that place women responsible for cultural reputation, the silence in suffering only intensified. Hence, there is a distortion of reality as cultural shame inhibits confronting AUD as an issue.

For many of the participants, cultural values created a barrier to seeking help, as they implied that people could not discuss the issues occurring at home. This aspect of cultural shame heightened participants' fear of ridicule and concealed the existence of AUD. Similarly, the surrounding South Asian community reinforced this idea for many participants, instilling a greater sense of isolation. Sarah describes this as:

“South Asian culture added to the secrecy by insinuating people can't know this about us, we can't share this with anyone, we can't receive help or support and if we do get help or support it's going to be bad.”

Thus, for the participants cultural shame reinforced not only silence, but that addiction cannot be shared at all costs. If there is any exposure, they would instill a sense of dishonour in the family, ruining their reputation and creating a sense of fear of being socially ostracized. The participants' narratives demonstrate this cycle of cultural shame, which stems from a negative

stigma. This is also portrayed in Sarah saying: “It also enforced it when anyone that was South Asian who did know, there was so much judgement.”

Similarly, cultural shame not only affects the immediate family but also spreads throughout the entire community. As in many of the narratives, the South Asian community responded to family dysfunction with further stigma and judgement. Cultural shame also encompassed gendered expectations. Despite the desire of many female participants to advocate for the suffering occurring in their homes, there was an implicit expectation that women could not voice their opinions. Grace represents this in her narrative as:

"There's a difference from how my mom's generation grew up to ours. My mom grew up in India, it was common for girls to be silenced, and to be told don't speak back to any man, even if they're wrong."

Therefore, in some participant narratives, cultural shame went across generations. Silence served as a survival mechanism, safeguarding family honor and reputation, and this expectation required women to submit. This aspect of cultural shame creates a dysfunctional norm shown in the narratives: women should not question male authority, even in harmful situations. This mechanism of survival reflects the roots of the patriarchal system in cultural shame and how, for some participants, questioning a man would bring forth dishonour. However, many of the participants chose to go against traditional values and challenge this cultural shame by breaking the silence of AUD in their homes.

Subtheme 3.B: Internalized Shame.

Internalized shame was another prominent theme amongst many of the participants; rather than objectively viewing it, they suppressed it as part of who they were. This influenced participants to feel as if they were the problem, they were bad children, or left to feel inadequate.

For the participants this shame was often because of family dysfunctional, cultural expectations and the stigma of AUD. Rather than recognizing that their pain was caused by circumstances apart from them, they inherently blamed themselves. Anita describes this in her narrative as:

However, before that, I was told that on the day of my birth, my dad and other family members went to a beach and were drinking. When my mom was telling me this, she was so hurt because even when I was born, he showed up drunk. I thought, is this my fault? It made me question my role.

In some instances, internalized shame led participants to feel confused about their roles as children. Rather than perceiving themselves as a child worthy of love, they felt not good enough to be loved and motivated their father to change his drinking behaviours. The weight of this burden impacted many participants sense of self and left them questioning their worth long-term. Stella shares this experience as: “My mom, my brother, me, and this newborn child wasn't good enough.” The weight of not being good enough then manifested as various defenses such as perfectionism and people pleasing for some participants. This led to a constant tension of seeking validation with attempts to prove their worth, particularly to their father with AUD. For Stephen, it manifested as:

The older years I tried to gain his approval; I joined a wrestling team because I wanted to be like dad. I wanted to make him proud, but he would be disappointed if I lost a match, there was no support.

This illustrates how for many participants shame revealed itself as behaviours to gain validation. However, with the restraints of cultural expectations that emphasize honour and reputation, validation was mostly given upon successful performance or achievements, further increasing the sense of not being good enough. With such a profound impact from shame

coupled with cultural weight that emphasizes emotional suppression, shame became deeply internalized as deep-seated fears and anxieties that elicit one's questioning of their self-worth. This in conjunction with the social judgement and stigma from their surrounding communities left many participants feeling like were inherently bad. Sarah describes this as:

There weren't supportive people, there was judgment. We had Sri Lankan neighbours who were prim and proper, and there was a lot of shame, because we weren't that. They knew, they could hear the screaming, but they wouldn't say much. Then if they ever saw my brother and I, they gave us the side eye and didn't say much. It kind of felt like we were bad and wrong, oh, we're bad kids, they're a bad family.

The judgement from the outside community left participants unable to separate the actions of their parents from themselves. Particularly as South Asian communities tend to be closely connected, shame became a social construct that prioritized public image over substantial issues like AUD and family dysfunction. In place of offering support, their families became more socially disconnected from their communities.

Subtheme 3.C: Social Shame.

The participants' narratives strongly presented a theme of social shame, characterized by the experience of judgment or stigmatization from their communities. This was particularly evident in their South Asian culture as aspects like reputation were greatly prioritized rather than significant issues like AUD, thus, furthering their sense of shame and secrecy. Social shame stems from external judgment and impacts the participants' sense of control in various situations, as they already fear the discomfort of being perceived as inadequate. For many participants, social shame manifested as a fear and apprehension about how their future partners or families might perceive them. Anita shares this as:

In terms of post covid, alcoholism was something that I worried about in a relationship setting. I worried about the impacts that my family history and my dad, specifically, would have on my ability to be accepted, supported, and understood non-judgmentally by my partner's family. I'm scared and fearful of that, but now it's in my control, and I can figure it out.

Their deep-seated fear of acceptance shaped their perceptions of self-worth and whether their family circumstances reflected personal embarrassment. This created a tension of anxiety about their value, that regardless of who they were, they were seen through the lens of their family dysfunction. This fear of social shame is reflective of South Asian traditions of investigating the family reputation of potentially suitable partners. This, in turn, influences the lingering fear of being perceived as undesirable or unworthy due to having a father with AUD. However, participants who are aware of these traditional values shift toward individuality, choosing to defy social shame and embrace personal agency. Yet, on the other hand, the weight of social shame branched into resisting the emotional pain of divorce due to the compounding effect of AUD. Rather than acknowledging the source of pain, the participants father's AUD outweighed their choices leading them to endure their suffering. Stella shares this as:

In my community, I was the first one to have a love marriage, but I also would have also been the first to get divorced. I knew the family would have never let it down and say your dad died because you got divorce not as an alcoholic. After I got married, I went through a dark time, I tried to commit suicide. He came to my house after I got back from the hospital and my dad didn't say anything.... My dad never said, what is wrong with you? Are you not happy? Something a parent would say, he was just numb to his feelings.

The harm of breaking traditional norms was wrapped in the social shame of AUD, leading to further secrecy and denial of AUD's destructiveness. The impact of this prevented families from seeking support as a threat to their pride and reputation. Despite sometimes having access to culturally appropriate care, seeking support became a sign of weakness. Therefore, social expectations prevented some participants in the cycle of AUD from having open conversations about it. Stephen shares this as:

"There are rehab centers for the South Asian community, but people say, no, we can fix it ourselves. This stigma impacts the entire culture and influences them not receiving or helping others receive support."

Subtheme 3.D: Hiding the truth.

Hiding the truth was a frequent act of shame throughout many of the participants narratives. Collective patterns of cultural shame reinforced the learned survival mechanism of hiding the truth, from AUD to family dysfunction. This led many of the participants and their families to avoid seeking support and confronting the issue of AUD. Anita depicts a moment of this as:

Eventually, the cops did show up, and I remember there wasn't even a lot of time to attend to my dad. I don't know who called 911, but at that moment, it was like, go, hide the knife, wipe up the blood, make sure everything was hidden. Everything was concealed. We don't want the authorities involved in our family issues. We don't want to make a scene. We don't want to be involved in these systems and those cultural aspects, even in a moment of pure crisis.... That whole event formed an opinion of alcoholism as a deeply horrible thing that my dad is going through. He's struggling, and it's something that he's not in control of. It's taking over his whole life to the point where he feels like he needs to escape it, and that's why he does.

Hiding the truth influenced by cultural expectations also reflects a strong aversion to involving authorities. The fear of having police intervention meant instilling secrecy early on even in the face of crisis and significant traumatic events. The involvement of authorities threatened family reputation and posed of risk of increasing their sense of shame. Many of the participants learned as children that they should not expose or share family matters with the public. It also reinforced the idea that it was their responsibility to manage these incidents themselves, despite the impact on their well-being. Therefore, hiding the truth also meant emotional suppression and neglecting boundaries to maintain the façade of family harmony. Sarah shares this as: “It didn't teach us; it wasn't like good role modelling either. Instead, I learned even if someone's hurting you have to love them and care for them. I didn't learn boundaries or self-protection.”

Furthermore, the collective silence influenced the decision to hide the truth. Despite their surrounding community knowing about the issue of AUD in their family, silence was prioritized. There was an expectation to deliberately hide AUD's presence that left participants sitting in the tension of wanting to acknowledge the truth but bringing forth dishonour to their family. Stella shares this as:

Even though everyone knew he was an alcoholic.... It was we have to keep it behind closed doors. It couldn't be mentioned, because if you did, it would be different.... I wrote his speech over and over again because of how back and forth I felt. I thought I was disrespecting him, but I also knew it might save somebody.

However, the participants chose to break the cycle of hiding the truth, despite the repercussions of shame. Many participants recognized that acknowledging the truth was a step toward challenging these dysfunctional norms. They saw the repercussions of addiction as more

severe and chose to break the cycle by speaking out against it in their family. Though fear of judgement was still prevalent, they understood silence only deepened their suffering.

Intense fear also influenced the decision to conceal the truth. For some participants, hiding the reality of home dysfunction served as a protective mechanism to prevent authorities from separating the family. Families, fearing judgment, would refrain from external involvement to avoid perpetuating the same cycle. However, for many participants hiding the truth meant enabling AUD and family dysfunction. The decision to hide the truth, minimized the severity of abuse. This left a lasting impact on many of the participants as children. Carrying the weight of this burden at a young age resulted in feelings of immense confusion and the internalization of their emotional turmoil. Sarah shares as:

My mom shut the door and held us inside the room. It was normal for my brother and I to cope when he's been screaming by putting on headphones, but my brother got fed up and they fought. My dad started bleeding; he left the house and called the cops.... She never leaned into any of the consequences for my dad; she enabled a lot of it, but that day the cops saw what was going on and arrested my dad. So, my mom took my brother and me aside and said, lie about everything, don't share anything, and say my brother responded out of protection. She was scared my brother would go to jail too and avoid telling the truth. I remember feeling this isn't the truth.

Theme 4: Evolving Perspective and Understanding

Throughout many of the narratives, participants reflected on their experience as an evolving understanding of AUD, family dynamics, cultural values, and their sense of self. The theme of evolving perspective and understanding is defined as the slow shift of how participants made sense of their relationships, themselves, their experiences, and their family dynamics over

time. This included shifting from rigid thinking patterns to a more nuanced understanding that entailed empathetic insight. It also included a growing knowledge of addiction as a complex issue and not a personal failure, allowing them to hold more empathy for their family member's challenges alongside protecting themselves by reflecting on their past experiences with a deeper understanding. It also involved broadening their knowledge of cultural norms, sense of self, and relationships, increasing their self-awareness, resilience, and sense of empowerment. This shift in their perspective motivated them to move away from rigid or black- and-white thinking patterns of their past to a more nuanced understanding of their experience. This led to participants gaining a better understanding of their parent's AUD and broadening their perspective of addiction. Many no longer saw addiction as selfish behaviour but as a disease impacted by pain and suffering and allowed participants to develop more empathy for both them and their parent.

Similarly, for other participants, they were able to move away from feelings of resentment or blame regarding their childhood narrative and shift toward a point of view that provided greater self-awareness and empowerment. Also, participants began to adopt cultural values that aligned more closely to their personal beliefs. Rather than maintaining harmful cultural norms, they began to differentiate from culture.

Subtheme 4.A: Changing Understanding of Addiction.

A significant theme in many of the participant narratives was a shift in understanding of addiction. The shift in understanding of addiction from childhood into adulthood presented as a vast distinction that required both emotional maturity and empathy. The initial reaction of AUD being a confusing and scary experience evolved over time into a more nuanced understanding of addiction as a disease. Many participants initially observed addiction to be as a result of their

father's selfishness, as they lacked the ability to acknowledge the suffering of their family. Grace shares this as:

“So, I thought if someone's an alcoholic, they're angry, selfish, and don't care how their family might be feeling. I thought my dad was selfish and that's what alcoholism meant to me.”

This understanding of addiction at the time was in part due to a lack of access to proper education. Many of the participants were the first in their family to understand the links between addiction and mental health through exposure to Canadian school systems. Pryia describes this as:

“Then there was a conversation at school about drinking and smoking, and that's when it clicked. I came home and talked to my dad about it.”

This illustrates how for many of the participants education was a hindering factor that prevented their family from understanding the complexities of both addiction and recovery. Either their families grew up in diverse countries with distinct educational systems, or they simply lacked access to education. Hence, mental health awareness is portrayed as a privilege. As participants grew in their awareness of addiction, their perceptions evolved. Stephen describes this as:

Now, I see alcoholism as a disease and sickness. If I see someone who is an alcoholic, I don't blame them, and I can't blame my father for being the alcoholic. It was something he couldn't escape and became an addiction. I try to acknowledge the person rather than accept the person, but our culture enables it.

Instead of negatively viewing addiction as a moral failure, they began to understand it was a disease often shaped by mental health and trauma. The reshaping of this attitude allowed for a greater recognition of addiction as a systemic and sociocultural issue that is deeper than

their family system. This shift allowed many participants to move away from the narrative that addiction is selfish, but a sickness that requires immense support and healing to overcome. It highlights how acknowledgement of addiction and acceptance of the individual suffering from addiction can help break the cycle of addiction. This also led many participants to feel more empathy for their parents suffering from addiction. This was particularly evident when the participants observed the firsthand experience of an individual struggling with AUD and recognized the significant physical and emotional impact it had. Sarah describes this as:

A significant experience that shaped how I view alcoholism is the cost of it. I saw the toll it was taking on his body. I remember that being one of those things of this can't be easy. His body is so frail now and I saw how it really took a toll on him. He was losing more than he was gaining...I had even more empathy for his addiction because it's not easy, even if, it was for boredom or being numb or to avoid his pain and it felt worth it.

The recognition of addiction's toll allowed them to humanize the immense suffering they endured and acknowledge AUD was a coping mechanism. This evolved understanding allowed their anger and resentment to soften and transform into better boundaries with themselves and their family. In a way, this allowed the participants to develop a more empathetic understanding of themselves. On the other hand, cultural barriers made it harder for people to understand how serious addiction was, which helped them see that it was a cycle that was being kept alive. Hence, highlighting how for many participants it was important to acknowledge this cycle to better develop their understanding of addiction. Anita shares this as:

It's difficult to navigate an addiction in a South Asian family when there are so many cultural barriers to seeking support and seeking help. People see this as we're destined to be like this; it was written in our story, or God said this is our life. I think there's moral or spiritual value

put on the life that we have, and we're going to make it worth it, and I feel like that keeps people who are suffering and struggling stuck in cycles of abuse.

Subtheme 4.B: Shifting Family Roles.

From a young age, many participants witnessed and experienced the ever-changing family roles, particularly as they had prematurely adopted many roles of responsibility. As some participants took on multiple roles of being their parent's emotional caregiver, others took on the responsibility to end the cycle of addiction. Though these roles inevitably led to their development of emotional maturity, they also pre-emptively led them to grow up faster. Grace shares this as:

I used that as an opportunity to speak up and became closer with my dad. I asked about his childhood. I wanted to know what growing up was like for him because, in school, we learnt about how alcohol influences people and mental health. I thought there's more to my dad's actions than drinking alcohol, and there's a reason. I understood alcoholism is affected by how a person grew up and their experience in life. It's not them, but their emotions are playing a role. That influenced me to not have a negative outlook on alcohol, and I started seeing the differences. At 14 to 15 years old, I noticed different factors that influence alcoholism, and that alcohol isn't entirely negative.... My dad had a hard childhood, and that played a significant role as to why he is an alcoholic.

Participants quickly moved from being children to responsible caregivers due to AUD early on. The shift in family roles led many of the participants to feel a sense of obligation to protect their other family members from addiction as well. As many participants feared the violent repercussions of addiction, they placed themselves in threatening situations to protect their families. Hence, they adopt roles of both emotional and physical protection.

When my growth spurt hit around age 14 to 15. I became confident, and he understood if he abused me or anyone else, I would fight back. My constant concern was the safety of my mom. My first worry would be to get home after school and make sure everything's fine. There were a couple of instances it wasn't, and I settled it violently with him.... Other family members would also become involved and try to be the police of the situation. I was angry because he needed help, but the culture doesn't recognize that.... However, as four kids who are open to talking and standing up for each other, we had a strong connection. We knew that we couldn't let him control things.

Likewise, the absence of external support and authority intervention led to an increased sense of responsibility to intercede in physical altercations. Participants then transitioned from being a dependent child to a protector of the family. This reversal of roles demonstrates how, in many of the participants' narratives, family structure has been greatly disrupted because of AUD's presence. Correspondingly, the impact of role reversal suggests an enablement of addiction, as the participants as children are meant to hold the tensions of cultural silence and break the cycle in comparison to their parents, who are meant to be authority figures.

Theme 5: Feeling the Impact of Trauma

The impact of trauma over time is defined as the long-term consequences of distressing experiences that impact the participants and their family members. Trauma has also led to an increase in emotional turmoil, social isolation, physical fragility, and shifting family dynamics that perpetuated patterns of instability and AUD. The longstanding impacts of trauma also have effects on the sense of self, behavioral changes, generational patterns of dysfunction, emotional avoidance, and conflict. These consequences shaped relationships, family dynamics, emotional well-being, and psychological and physical health. Many of the participant narratives, which

started in childhood and continued well into adulthood, demonstrated the lasting impact of AUD. Many of the narratives showcase this lasting impact through experiences of instability, emotional neglect, and unpredictability, each shaping their sense of self, impacting their relationships, and overall well-being. However, the effects of trauma extended across generations. It impacted both the participants' parents and their extended family relationships, which were also impacted by ingrained cultural expectations, parenting behaviours, and challenges with boundaries.

For some participants, it was emotional struggles, such as mistrust, fear of abandonment, and the act of self-sacrifice in relationships. Additionally, the impact of trauma was reflected in some participants' narratives by influencing their perspective of addiction. In some narratives, trauma shaped their view of alcohol to be fearful of substances and motivated to break the generational cycles. Other participants' narratives also demonstrate the integrational impact of trauma as participants faced the challenges of building a healthier environment for themselves and their future families.

Subtheme 5.A: Immediate Trauma.

Immediate trauma was a prevalent theme that directly impacted the psychological state of many of the participants. Most of the participants shared that they had witnessed a traumatic event throughout their lives, which included aspects of violence, chaos, abuse, and immense fear. These events overwhelmed their nervous system and contributed to many of the maladaptive coping stances they adopted. The traumatic nature of these incidents reinforced stances such as hiding, dissociation, and hypervigilance. Anita shares an experience of this as:

I remember a time in grade eight or nine, and it was a very scary time.... We saw the top of my dad's van parked inside, and my mom was confused because he should be at work....As a family, we hesitantly went down into the basement and found my dad unconscious because

he tried to die by suicide. There was blood in places, a knife, and a noose. I could vividly hear my mom's shrieking and remember my brother's aversion.

The events of witnessing trauma triggered a heightened sense of fear that was not met with the support and aid that would have been necessary. Instead, silence and secrecy met these events, deepening their shame and intensifying the cycle of abuse. Coupled with the long-term nature of AUD in their experience, immediate trauma presented as complex trauma, as it was ongoing throughout most of their lives. Home became an unpredictable and unsafe place where participants felt that fear was constant in their lives.

The impact of holding onto many distressing events and emotions led some participants to a breaking point that, in some cases, initiated significant change but, in others, further exacerbated the cycle of silence. AUD became a burden of trauma and unspoken responsibility for the participants, trapping them in the suffering they endured. Facing incidents of immediate trauma forced many participants to adopt survival mechanisms of being numb. They balanced being emotionally numb with the weight of responsibility. Stephen shares this as:

That was the most difficult day, October 30, the day before Halloween. I picked up the body, put it in the casket, and I'm completely desensitized. After my dad's funeral, they took the turban off he had on and when we got home, they put it on me. It was symbolic of you're the man of the house now because I'm the son. It was traumatizing, and I didn't talk about it for years. At that point, I hated alcoholism. I was angry towards it, because it was destroying families and people. I didn't see how people could use it recreationally because this is how it affected my family.... Alcoholism also meant a burden.

The impact of immediate trauma and the socio-cultural expectations that kept them trapped in silence resulted in immense feelings of anger toward AUD. The nature of AUD meant

experiencing devastating traumatic events and hiding them. To the participants, immediate trauma was layered with social shame and cultural expectations that enforced obligations of responsibility.

Subtheme 5.B: Generational Trauma.

Generational trauma leaves emotional scars on the parent with AUD and their family by association. The emotional, physical, and mental pain that comes from generational trauma is passed down from one generation to the next. They become perpetuated by immediate trauma and cultural expectations that persist in shame and silence in the participant's narratives. These wounds are illustrated in Stephen's narrative as:

There's a Punjabi saying that translates to when our fathers came here from the homeland, they packed their egos with them. They want to represent who they were, where you're from, and they drink heavily, because it's a sign of, a wealthy landowner. All it is, though, is masking.

Generational trauma persists as a means to preserve cultural legacy, influenced by cultural values of honour and pride. Certain narratives illustrate the connection between a family's image and respectability and their cultural roots, which sustain their reputation. However, it also acknowledges how coping mechanisms that preserve the same cultural legacy neglect the underlying pain and trauma that impact the younger generation. Carrying the weight of these wounds are the aspects that persuaded AUD in these narratives. Stella shares this as:

Now that I'm older I found out, my dad was in a coma at the age of 17. They declared him dead. The story was a group of my dad's uncles got into a fight with a group of Abbotsford brown guys.... The worst part was they were distant family friends who we saw at the temple or at weddings.... I can only imagine how difficult it was for my dad, maybe that's how he

started drinking and suppressing his memories. I remember calling my mom and asking if she knew. She's said, I heard stories, what's there to say? There's not anything to talk about, but if I understood how much he had in that poor body of his, how many aches, pains, stories, and trauma he had, maybe I could have encouraged him to see a counsellor, but he never got the situation off his chest.

As some participants began to understand their father's hidden pain, they shed light on the emotional and physical implications of upholding the family reputation and maintaining cultural silence in the face of generational trauma. Many of the participants began to make sense of how their father's AUD was influenced by generational trauma. The unwillingness to acknowledge these painful memories reveals how trauma passes down through silencing and suffering. This, in turn, perpetuates and intensifies the cycles of pain that the participants endured. However, as participants became more aware of the origins of their father's pain, they also encouraged intervention to heal the wounds, remarkably breaking the cycle. It is important to emphasize that addressing generational trauma is challenging and requires time, but it can lead to significant healing. Grace illustrates this as:

Many people from South Asian culture suffer from it, but getting help isn't a thing. They don't acknowledge it and recognize that there are ways to stop it. Instead, it goes unnoticed, and there is no change. After high school, my dad stopped drinking. It took about two to three years, but he put in the effort to stop.

Theme 6: Cultural Shaping

The theme of cultural shaping is defined by the influential power that internalized cultural norms, expectations, and values shape how participants and their families react to the circumstances of AUD, emotional turmoil, and family dysfunction. It highlights compliance with

traditional roles and emotional suppression while prioritizing reputation and honour, leading to discouragement of external support. Cultural shaping influences silence and secrecy and the minimization of dysfunctional behaviours while resisting change, especially in systems and communities rooted in patriarchy. This, in turn, influences how family members choose to handle hardship, perpetuating patterns of conflict, emotional suppression, and generational trauma.

Cultural shaping influenced many participants' narratives, particularly in how they navigated family dynamics and attended to their emotions and coping stances. Cultural expectations carried significant weight, emphasizing the importance of family honor, reputation, and emotional suppression. These expectations inevitably led to themes of silence and secrecy as acknowledging addiction and family dysfunction were frowned upon. Also, cultural shaping encouraged participants to uphold a façade of normalcy, for the sake of their family's reputation. These cultural norms encouraged survival and discouraged seeking outside help. However, many participants did challenge these cultural norms to protect their well-being.

Subtheme 6A: Honour and Reputation.

As portrayed, honour and reputation are significant cultural values that shape personal and family identities. Honour exemplified as high regard in South Asian communities meant upholding a respectable reputation. This became deeply intertwined with their family dynamics and overshadowed many of the participants' well-being. Similarly, the need for support in the face of emotional turmoil was hindered by honor and reputation. Many participants witnessed their families abstain from seeking support for AUD despite its chaos and severity. Upholding honour in the face of generational trauma and immediate trauma encouraged the participants' fathers to use alcohol as a means to manage the stress and pain of their experiences. Therefore,

they normalize AUD as a coping strategy instead of acknowledging it as a sickness and disease.

Stephen shares this in his narrative as:

They want to represent who they were, where you're from, and they drink heavily because it's a sign of a wealthy landowner. All it is, though, is masking. The therapy is the bottle because it's stressing you out. It becomes an escape. Also, in brown culture, for males, it's all about fighting. It was a rite of passage, and the ego carried on from their father's ego. Now, I see alcoholism as a disease and sickness. If I see someone who is an alcoholic, I don't blame them, and I can't blame my father for being the alcoholic.

Safeguarding their family honour prevented the acknowledgment of AUD. Honour and reputation seemed to be heavily prioritized in male roles as well. Following the tenets of traditional gendered roles, South Asian culture expects men to uphold a strong and dominating persona to represent their family honor. The display of maintaining a strong front discredits vulnerability for both the parent and the participant and further downplays the issue of AUD. Acknowledging struggles with alcohol would be a sign of weakness that impacts their sense of honour. However, because some participants view alcohol as a symbol of high status, they have normalized the expectation that men should drink. Priya describes this as:

I came home and talked to my dad about it. I had my dad up on a pedestal. He was a big figure in all our lives. He has a strong personality, dominating and opinionated. He always seemed like he knew what he was talking about, and I took that into big consideration.

Subtheme 6B: Silence and Secrecy.

Silence and secrecy were substantial themes throughout many narratives and across generations. Participants and their families repeatedly emphasized the importance of not discussing the events occurring at home. If someone were to speak up against the dysfunctional

drinking patterns, they were met with violence and chaos as a response. Therefore, perpetuating the cycle of addiction and instilling fear. Similarly, the extended family members of the participants were discouraged from speaking out against the dysfunction, which further normalized the cycle of addiction. Anita describes this in her narrative as:

I'll say something if you don't feel comfortable calling it out. My grandma would then flip on me, and she'd respond, stop putting things in your mom's head. That's why your mom wants to leave. No matter what my dad does, they still protect him over my mom, although she's the one being hurt most by all of this. So, we became the black sheep. It was both hard and anxiety-inducing to stand up to them, and I was fearful early on. I became a very anxious person, which gradually got worse over time.

Hence, silence and secrecy were reinforced by cultural values that insinuated people could not know about what was happening. Alongside being deterred from speaking up about AUD due to intergenerational shame and stigma, participants also faced a deep-sense fear of judgement from their community. However, disloyalty to cultural expectations and fear of being perceived as less than perpetuated the cycle in which struggles remained hidden, inevitably leading to a reluctance to seek external support. This was displayed in Sarah's narrative as:

To talk about the South Asian piece, I think there are a lot of cultural values that created a gap of seeking help. There's so much shame and secrecy alongside the addiction secrecy. South Asian culture added to the secrecy by insinuating people can't know this about us, we can't share this with anyone, we can't receive help or support, and if we do get help or support, it's going to be bad. It was an extremist sort of fear, and at that time, it made sense for them, but it created this gap of sharing.

This emphasis on silence and secrecy was widespread, impacting more than the pain of addiction. Silence and secrecy extended into the pain of personal struggles which remained hidden. Hence, not only did silence increase AUD behaviour, but also further emotional avoidance between self and family members. This created a vicious cycle between silence, internalization of pain, and reliance on alcohol to manage emotions.

Subtheme 6C: Gendered Cultural Expectations.

There would be a segregation of men and women, and participants witnessed how, at various family functions, alcohol was a distinct norm for the men. Similarly, the expectation was for women to respect men, irrespective of their gender. This reinforces the notion that men's consumption of alcohol fosters honour. Grace acknowledges this as

"In our culture, it's so normalized for the man to be drinking whenever, and the woman does not speak up but has to deal with it. A man's actions, how he acts, is meant to be fine and we let him be."

Therefore, in South Asian communities, as drinking is a cultural norm for men, it permits the cycle of problematic drinking despite its consequences. Additionally, cultural norms expect women to endure suffering in silence, as it is against them to speak up. AUD drinking, even in excessive amounts, is not considered abusive or harmful. Rather, their behaviour gets excused as it is normalized in South Asian culture. Therefore, even though the mother expressed a desire for the behavior to change, many participants found that extended family members frequently minimized and perpetuated the cycle. Stella shares this in her narrative as:

I also remember thinking, are we moving in with my grandparents now? I don't want to leave my dad. What if my dad gets hurt? Even though I knew it was a problem because I was living in that house, it was confusing because my grandparents said oh, but he doesn't physically,

verbally, or mentally abuse you, but it was mental abuse. They'd say oh, he works hard, and he's been working hard since he was 15 years old. What more do you need? Even now, when I think of it, I'm taken aback of that's all that mattered to them. The fact that your daughter is crying, devastated, telling you she's not happy, and this marriage was a mistake didn't matter.

For many of the participants, as their families were financially dependent on their fathers, their behaviours became justified and overlooked. The culture viewed and defined men by their expectation of being able to work and financially provide for the family. Thus, AUD was considered meniscal. The experiences of women and children were invalidated, and challenging male authority was discouraged. The families were expected to endure the pain of AUD as their fathers were providers, and leaving a marriage would be shameful. The dismissal of harmful AUD behaviours perpetuated the cycle of addiction and abuse. This was also deeply embedded in the narratives of participants as many of them looked up to their father initially and were left feeling confused about alcohol's role and significance. Grace shares this in her narrative as:

I also grew up in a big family with an older brother and all my cousins, so I saw my cousin's dad drinking alcohol too that ended in arguments. I noticed alcohol's role. When both dads were sober, there were no issues, but when they came home from work, the whole house shifted, and everybody's irritated, mad. I remember hearing my brother getting mad. I felt really confused.

Theme 7: Influencing Family Dynamics

The complexity of relationships within the family and varied emotional responses define the theme of influencing family dynamics. Also, influenced by past traumatic experiences, conflict styles, and overall dysfunction, they construct family environments that are tense, unstable, and unpredictable. Consequently, these family roles evolved to navigate these

circumstances but, at times, also strained relationships. Also, family dynamics shaped by socio-cultural expectations inevitably changed power structures within the home and increased emotional distance. This, in turn, affects relationships and their ability to access external support, thereby impeding their emotional well-being and growth as a family.

AUD's impact on family dynamics was illustrated throughout participants' narratives by a sense of instability in their lives, the power struggles they faced, and the implicit responsibilities they carried. In many of the narratives, participants took on roles that reinforced silence and secrecy but were necessary as a means of survival. This led to roles such as emotional caretaker, confidant, mediator, or protector, and as their roles shifted, they became more resilient and adaptive to their circumstances. Some experienced breaking points that led to asserting their boundaries, and others perpetuated the cycle—resulting in emotional exhaustion and resentment for many participants. Likewise, the power structures reinforced family patterns of silence and power struggles, making it challenging to confront dysfunctional behaviours, seek support, and set boundaries.

Subtheme 7A: Shifting Family Roles.

In many of the participant's experiences, the family roles shifted frequently between child and parent. The participants often took on roles far beyond their years as a result of AUD's impact. As boundaries blurred and children assumed their parental responsibilities, these roles frequently shifted and elicited a sense of emotional overwhelm. This inexorably impacted their sense of well-being and safety. Anita describes this in her narrative as:

I lacked a lot of safety growing up, and there was a lot of fear for my and my mom's safety, especially because my role became my mom's confidant. I was her only friend, daughter, support, and therapist while being the scapegoat and family therapist/couple's counsellor. I

played many roles that I never signed up for. This shaped the way I think about alcoholism being a bad thing, the root of all evils, especially because it's been such a strong narrative in my family that if your dad weren't drinking, then everything would be fine.

This was an experience faced by many of the participants as they recognized the impact AUD had on their family dynamics. If AUD were not present in their lives, this sense of fear and instability many participants faced would have significantly reduced. Similarly, the extensive roles that the participants as children carried would have removed the burden of premature responsibility for their parents. However, instead, alcohol became internalized as the central cause of dysfunction and a main focal point for how these narratives were constructed. For Stella, she described this as:

Anytime something would happen, she'd say, your dad is a drunk. Once we moved closer to my parents, I was checking up on him like a child constantly. He fell outside and inside the house. My dad wore these glasses that pinched his skin, and it ripped it right out. He was bleeding. He couldn't go to the hospital.... Then, one time, he called me drunk and said your mom was pressure washing the roof, I told her not to, and she fell off the roof.... She also broke her foot. I called 911, they took her, but I remember thinking you're so drunk that you couldn't even make sure that mom was safe.

The participants witnessed how AUD disrupted their family system and instilled a sense of hypervigilance. They felt distrustful of their father caring for their family, particularly their mother, predictably shifting the roles within their family. They recognized how AUD shaped their father to be unreliable and fostered neglect in their home. Thus, participants felt overwhelmed as they became the parentified child and took on the psychological and emotional burden of AUD in their family. For many participants, these responsibilities and roles, shaped by

cultural expectations and family dynamics, instilled an emotional burden. Anita further showcases this in her narrative as:

I can't have one moment where I'm not treated like emergency services because we'll never call the real police. I was the police, the EMT Paramedic Services, and the counselling services because I was the only service they knew. I felt defeated.... Sometimes, when supporting my mom, I shut down because I'm your kid. You're my parent, right? That dynamic of the inner child, the little kid in me, has always emotionally cared for everyone here. Emotionally, I felt like I had been taking care of everybody and neglecting myself while I did it. So, there are parts of me where I am resentful at times, or I freeze, and I don't know how to support my mom, but I try regardless to console her because I know that in her mentality and her reality, there's no out, no hope.

Subtheme 7B: Family Conflict.

As AUD's presence in the family was unwanted and resulted in bounds of frequent chaos, it unavoidably resulted in family conflict. Thus, many participants faced family conflict over cultural values or attempts to prevent their father's AUD further. Compounded by the effects of emotional turmoil, power struggles, dysfunctional sociocultural norms, and the cycle of addiction, home became an unsafe environment. Stephen shares this experience in his narrative as:

During grades 10 to 12, there were more conflicts between me and him, and it would get physical. There was a real tension, and my oldest sister stopped speaking to him. They didn't communicate to each other for the last three years of his life, while in the same house. It was awkward and tense amongst the whole family.

The narratives highlight how AUD impacted family relationships and communication and how it led to an increase in both physical conflict and emotional distance. This represents alcohol's role beyond problematic drinking and on interpersonal levels, particularly between immediate family. As attempts to resolve AUD failed, conflict increased, and the cycle of addiction persisted. It also highlights how, for many participants, AUD elicited immense emotional strain on parent-child relationships. This is depicted in Sarah's narrative as:

I also avoided going home because of the fights and often go to a friend's house. He became more of an instigator who was aggressive as he drank. He became more aggressive and violent with my mum. That's when my brother became old enough, and he started to step in. That quickly changed the atmosphere because he became my dad's target. My brother was young, in grade three, five, or six. They would aggressively fight almost every single day for years. I would come home after school. My dad would come home, then my brother and my dad would get drunk, sit on the couch, and start yelling. It was a cycle. I eventually started getting involved and pulled my brother away. That started happening in grade three, four, or even in grade two. However, since my brother was being abused, he started taking it out on me.

AUD in the home intensified family conflict, leading to an increase in aggression and physical acts of violence. Additionally, the cycle of conflict transcended intergenerationally for some participants. Particularly, as the father was the main instigator and aggressor, children then adopted the same mechanisms of response. Therefore, the home has perpetually become a dysfunctional environment in which conflict and tension are high.

Theme 8: Breaking Cycles and Reclaiming Strength

Resilience was an evident theme in the participants' narratives. It was presented in the participants' capability of navigating their family dysfunction and reclaiming a sense of agency that led to healing. Many of the participants developed resilience through their lived experiences. Resilience was shaped by introspection, relying on external support, and making intentional decisions to break generational cycles.

For others, resilience reinforced setting boundaries with family members, defying internalized shame, and seeking professional support. Others also found strength in redefining their cultural values and family expectations. They also presented resilience as the ability to re-author their past experiences, embracing growth, meaning, and empowerment despite the pain.

Subtheme 8A: Breaking Generational Patterns.

The theme of breaking generational patterns is resilience. It is the ability to heal and embrace personal growth in hardship. Simultaneously, it involves strengthening the emotional, psychological, and social aspects while navigating through challenges. It includes the transformation of painful circumstances into opportunities for growth that lead to breaking generational patterns. It includes developing better self-awareness and a positive perspective. It also acknowledges the need for external support and establishing boundaries. Therefore, it emphasizes the importance of self-empowerment in the face of challenges. Despite their experiences, many participants strived to break the generational patterns of dysfunction by making deliberate choices to overcome the cycle of addiction and prioritize open communication in navigating their experiences. Stella shares this in her narrative as: “My son still knows I struggle with it at 15, and we talk about it openly.” Open communication became a substantial mechanism of change, particularly for participants who began their own families—transparency and modelling open dialogues allowed for destigmatization while demonstrating the strength in

vulnerability. Rather than hiding away from generational patterns of avoidance, participants made intentional decisions to understand AUD and their experience better. Similarly, Priya shares her experience as:

My dad's an amazing grandfather and dad, but I'm mourning my childhood. My personality is very similar to my dad's, but my biggest nightmare would be someone telling me I'm just like my dad. I love him so, but he has a problem, but I've realized if it doesn't affect me, I don't have to deal with it. When I watch my children be happy and have an amazing relationship with my husband, I'm almost jealous at times. This could have been me, but my older son, sharing things with me without being afraid is a win. I know I'm a good mom, which is a big thing for me to say because I'm very self-critical. I know every day is a very conscious day for me as a mom. Once I started getting consistent help with, the latter years were easier because I started disengaging. Once I met my husband, I was concerned about myself and healing, because I wanted to be the best version possible for myself.

It reflects how, for many participants, breaking generational patterns was a substantial goal they fought to reach. Illustrating how these generational patterns are embedded within their sense of self and acknowledging the complexity and nuances of addiction, their childhood gave them strength to overcome it. Regardless of similarities, participants chose a different path. They challenged themselves by seeking external support and practicing self-awareness and healing.

Subtheme 8B: Seeking External Support.

Seeking external support was a prevalent theme in participant narratives, particularly in the context of choosing to break generational patterns. Participants acknowledged the bounds of which cultural values and expectations restricted their families from seeking external support. Rather than continuing the cycle of relying on a bottle as a means of self-preservation,

participants recognized the importance of external support in their healing journeys. Stephen describes this in his narrative as:

I try to acknowledge the person rather than accept the person, but our culture enables it. For me, becoming a parent was the biggest step in acknowledging it. For me, seeing a clinical counselor and writing about my experiences is the best therapy. Those that follow the egos of their fathers are hiding and suppressing the pain by drinking. People think that they need to cut out alcohol, whereas I think if you're an alcoholic, you need to realize alcohol cannot be used as therapy. You need medication or counselling, but you have to stop referring to it as your escape. Too many people do that, and that's what causes maladaptive coping stances.

This illustrates how participants consciously choose to break generational patterns by seeking professional help. Aware of past generations coping maladaptive mechanisms, they take an active and preemptive approach to healing. Therefore, they accept the family's pattern of masking the pain with alcohol and demonstrate a willingness and sincerity to overcome it. However, seeking external support also acknowledges the depth of pain and suffering the participants endured. Some participants sought out external support as a means of healing; others did so as a means of closure. However, while seeking external support provided a sense of meaning to their experience with AUD, it did not completely resolve the underlying pain. As the wounds of being a child of a parent with AUD run deep for some participants, it emphasizes the experience of seeking support as a means for comfort and that healing. The act of healing is a complex and ongoing journey that requires time. Stella describes this in her narrative as:

After he passed away, I went to see a psychic, 30 seconds in, she asked, if my dad died? She said he said, he's sorry he couldn't be a good father, that he wasn't there for me, and that his alcoholism was so painful, but he was suffering, and didn't know better; he's at a better place

and is doing better, he wants you to know he loves you. Sometimes, I break down and consider, at least I got an apology and other times that's not good enough. That sorry doesn't erase all my memories.

Subtheme 8C: Reclaiming Strength.

Reclaiming strength was a substantial theme throughout many of the narratives as it accentuates the participant's sense of power and resilience in the face of tribulations and growing up in a home with AUD. It highlights the journey of empowering one's narrative and healing the experiences of pain that restrict them from personal growth. As the years of pain and suffering in silence were plentiful, the participants still overcame many of the challenges they faced and broke free from the cycle of addiction. Sarah describes this in her narrative as:

My brother moved out a lot later, and I found God. I was addressing so many things that were happening and coming to the realization that this affected me.... That's how I make sense of alcoholism. I saw the pain first. I saw my dad's pain, and I saw my mom's pain; I just saw it and realized, oh, they're not doing this on purpose to hurt me; it was because they're in pain. On the flip end, it wasn't that my dad was the worst, but it was, oh, my dad's going through something, and that's why he's using alcohol. I think I understood that, even if I didn't have the words for it, and it made him feel less dangerous to me. Maybe that's where the cons of that were, but I saw him like he was this child.

For some, reclaiming strength meant deepening their perspective of their upbringing and the pain each family member underwent, including their father. It also displayed personal growth and growth in spiritual awareness. Participants were able to reclaim their strength and recognize their parents' actions were because of their own experience of pain by allowing themselves to further understand the experiences of their past. This evolved understanding allowed them to

reclaim their narrative and gain a sense of personal growth and empowerment. Anita shares this victory in her narrative as:

There's a bittersweetness to that because as much as it sucks, this is my story, and I have conquered a lot. I've grown through a lot, and I'm still working on a lot, but I'm headed on a path I feel proud of. You may have heard of these stats about ACEs, which indicate you were struggling with these things or being more at risk. According to all these studies and research, I should not be here. I should not be where I am right now. I shouldn't be as educated as I am. I shouldn't be housed. I should be in poverty. I probably should have an MDD diagnosis, but in many ways, I am proving to myself that these stats and these numbers in this research, whatever is not indicative of my future and of my experience, and as shitty as experiencing alcoholism is, it's such an integral part of my story. I feel complicated about it, but it's a source of strength because I made it through and conquered it.

The Meaning Making of Alcohol Use Disorder

In constructing the meaning of AUD, the participants' stories began with their first realization that it was a challenge for their parents. All the participants were either born in Canada or immigrated there at a young age. The participants shared deeply personal narratives that reflect the complex emotional, relational, and cultural nuances of growing up in a family affected by AUD. All the stories reflect a shared experience of intense emotional pain, fear, and isolation throughout their lives. However, their stories also capture an evolving shift throughout their upbringing. It emphasizes moving toward understanding the impact of addiction on both the individual and the family unit. For many of the participants, their early childhood experiences were marked by confusion and fear as they navigated dysfunctional family life influenced by the presence of AUD. The cycle of unpredictability and chaos marked by addiction led to feelings of

powerlessness for many of the participants, especially those who took on caretaker roles for their mothers. The participants felt responsible for managing the emotional turmoil their father's AUD instilled. It was immensely apparent that alcohol was not just a substance but a facilitator for chaos, violence, and fear that deeply affected the individual, the family unit, and their relationships. AUD became synonymous with uncertainty and danger; home became an unsafe space where love and connection were overshadowed by fear.

Shame and secrecy were also recurrent themes in the narratives. Each participant shared a profound sense of societal and familial shame throughout the narratives. Alongside, an instinct is to follow the cultural imperative of “saving face,” a concept in South Asian communities that implies keeping family struggles private and enforcing a sense of social isolation. Raised in dysfunctional family environments, the participants carried the burdening weight of stigma that led to an immense fear of judgement from their communities and internalized the belief that their family struggles were a source of personal struggles. This lack of self-worth, in conjunction with shame, reinforced their isolation as a means to protect their family’s reputation.

Despite the overwhelming nature of family dysfunction in their environments, many participants exemplified a transformative shift in their understanding of AUD over time. Their understanding began as fear or a negative reaction to the hurt of their experiences but evolved into a greater understanding with a more empathetic response to the complexities of addiction. Thus, what was once viewed as a personal betrayal shifted to an understanding that AUD was a response to emotional wounds and unmet needs that led their parents to become dependent on alcohol. This shift in understanding of addiction as a disease and a response to internal wounds allowed participants to forgive their parents and heal themselves.

This process of meaning-making over AUD allowed participants to gain a sense of agency in their lives. Participants found strength in setting boundaries with their relationships, whereas others protected their well-being through physical and emotional distance. Likewise, as some participants entered parenthood, they found being a mother or father encouraged their stance on protecting their well-being to protect their children from similar experiences. Also, being a parent motivated them to avoid repeating the same mistakes of their fathers by refocusing their stories on building a healthier and more empowered future. Despite this refocusing, the emotional scars of their upbringing remained, and trauma associated with the violence, fear, and neglect resulted in a substantial emotional toll with longstanding impacts on their relationships and sense of self. Healing was not linear, and it involved confronting the deep-seated anger, fear, and shame that AUD instilled in them. This shed light on the impact of addiction over time and that healing is an ongoing process. The possibility of change felt more hopeful.

Furthermore, the participants' narratives reflect self-resilience and resilience through overcoming the traumatic impact of AUD. Their stories highlight the choice to make meaning of their experiences through self-awareness, empathy, and personal growth. This illustrates that although AUD plays a significant role in their narrative, it does not define their future.

CHAPTER 5: DISCUSSION

This study was designed to explore how meaning around AUD is constructed in the personal narratives of South Asian ACFAUDs. The narrative methodology allowed us to capture the subjective lived experience of each participant and understand how South Asian culture intersected with their meaning-making around AUD. Therefore, the guiding research question for this study was: How do South Asian ACFAUDs construct meaning around AUD through their narratives? This research question hoped to empower South Asian ACFAUD's untold stories and destigmatize their experiences. This chapter begins with a discussion of how the study both fits and builds upon existing literature, followed by a discussion of the implications. This chapter also discusses both the limitations of this study and concludes with potential areas for future research.

Overview of Findings

The findings in this study contributed to literature on ACFAUDs, by examining how South Asian ACFAUDs, narrated the process of constructing meaning around AUD. The findings discovered eight prominent themes of navigating avoidance in family and culture, living in fear, hiding in shame, evolving perspectives, feeling the impact of trauma, carrying culture's weight and expectations, influencing family dynamics, and breaking cycles and reclaiming strength. These themes provided insight into the complex interplay of socio-cultural and relational factors that South Asian ACFAUDs experience as a part of their journey with parental AUD. Therefore, this section will acknowledge three aspects derived from the themes: psychological and emotional burden, cultural and familial expectations, and resilience and transformation. It also addresses the gendered experiences of daughters regarding meaning-making of AUD as the participant population was predominantly female. Likewise, this section

will confirm how findings illustrate how South ACFAUDs navigated the cyclical nature of these themes and moved towards healing and resiliency. Hence, this chapter discusses how the findings of this study have aligned with and contributed to the existing literature, discussing both their broader implications and limitations, and speaks to directions for future research.

Gendered Meaning-Making: The Role of Daughters

The meaning-making processes of the findings were predominantly influenced by female ACFAUDS in this study, as five participants were daughters of a father with AUD. This illustrates that the themes of meaning-making were heavily influenced by the gendered cultural context of South Asian families and the emotional, psychological, and cultural reality that daughters of fathers with AUD faced. Even though recruitment was open to all genders, the representation of predominantly female narratives highlights an openness and willingness of daughters with fathers of AUD to share their stories compared to sons. Particularly, as many of the narratives shared by daughters of a father with AUD expressed taking on responsibilities of emotional caregiving from a young age. This may reflect the gendered socialization of daughters who take on roles of emotional caregiving and responsibilities (Rastogi & Wadha, 2006). Therefore, shedding light on how their meaning-making experience was often shaped by the tension of cultural expectations of obedience and loyalty, coupled with personal pain and sacrifice.

Also, for South Asian daughters, the layered experience of gender, honour, and emotional suppression influenced by cultural scripts meant prioritizing family harmony, reputation, and internalizing their sense of pain and suffering (Gilbert et al., 2004; Narayanan & Sriram, 2023). Many participants shared that recognizing the emotional landscape of their home from a young age, noticing the volatility and dysfunction that impacted their construction of meaning-making

and the weight of responsibility. Similarly, many described an internalized duty to protect and preserve their family, which led to their understanding of AUD as both a vessel of destruction and silence. As many of the narratives of daughters of fathers with AUD expressed a sense of parentification, it blurred the lines between childhood and adulthood, shaping how they constructed meaning later on and impacting their sense of self and emotional regulation (Pasternak & Schier, 2012). This illustrates how meaning-making was a complex process of making sense of their role within their family, their identity as a daughter, whilst navigating cultural expectations and immediate and generational trauma.

Similarly, shame was a gendered experience in which daughters of fathers with AUD faced more pressure to preserve family honour and reputation. The weight of cultural expectations elicited a sense of shame that associated the daughter's behaviour with the family's social standing, which perpetuated the pattern of suffering in silence (Howe & Sangar, 2021; Kaur, 2024). Nonetheless, the presence of daughters as the primary participant population indicates a cultural resistance that promoted breaking the cycle of gendered and cultural expectations and reclaiming strength in reauthoring their narratives (Fraser, 2004). Hence, these narratives also shed light on how these participants chose to redefine their sense of self and agency. This reflects a larger research theme of narrative reauthoring as a culturally sensitive therapeutic tool that allows historically marginalized voices to be heard (Riessman, 2008). Therefore, while the findings of this research offer a nuanced understanding of how meaning can be constructed in terms of gender, cultural, and family context, it also captures the prevalence of daughter participants and their experiences meaning-making which was shaped by more than just the trauma of addiction but by what it means to be a daughter carrying the weight of cultural and gendered expectations.

Psychological and Emotional Burden

The findings presented avoidance as a primary coping mechanism in growing up in a home with AUD. Avoidance presented itself as emotional avoidance, physical avoidance, psychological avoidance, and avoidance of responsibilities. These forms of avoidance allowed ACFAUDs to withdraw from distressing and unsafe situations. Particularly, avoidance became a response to circumstances of fear and trauma and perpetuated emotional suppression (Elson, 2001). Therefore, though it served as a significant form of self-preservation, avoidance also perpetuated patterns of silence, secrecy, and emotional suppression. This resulted in ACFAUDs frequently becoming disengaged and disconnected from their family.

Physical avoidance provided refuge from unsafe home environments (Drapkin et al., 2015). It also protected ACFAUDs from fearful and distressing circumstances by giving a temporary sense of relief but prolonged the psychological turmoil of AUD. Psychological avoidance, though a means to manage their day-to-day experience, also undermined the level of dysfunction. Thus, maintaining a sense of denial and normalizing alcohol's destructive nature. Intertwined with role reversal, children of parents with AUD took on the neglected responsibilities of their parents prematurely. This led to many of their experiences of parentification and bearing the weight of their family's emotional burdens prematurely. Whereas for the parent with AUD, avoidance of responsibility became a standard self-preservation mechanism that persisted through their psychological turmoil and reliance on alcohol. However, many ACFAUDs learned to emotionally suppress their experiences from a young age to maintain stability, as vulnerability often resulted in negative consequences. This was a learned mechanism that many ACFAUDs witnessed intergenerationally and deeply embedded the idea that emotions brought forth harmful reactions.

Therefore, avoidance reinforced by cultural norms of silence and stigma increased the sense of shame South Asian ACFAUDs faced and increased their psychological and emotional burdens. This aligns with the findings and literature that emphasizes ACFAUDs' adoption of avoidance as a protective defence (Lutsenko, 2020). However, research also suggests that the prevalence of stigma in homes with parental AUD is a significant aspect of why children with avoidance (Haverfield & Theiss, 2016). It also supports that avoidance as a coping mechanism repeatedly led to unhealthy outcomes like being alone and emotionally distant (Tipsword et al., 2022).

Aligned with current literature, the findings of this study acknowledge avoidance's influence on social isolation, emotional detachment, secrecy, and an inability to meet needs within the family system. Therefore, avoidance, a powerful self-protective mechanism that protects children of parents with AUD from further harm, also prolongs silence and their emotional burdens. This supports the idea that avoidance and emotional suppression perpetuate each other (Elson, 2001). This is significant in understanding how South Asian ACFAUDs construct meaning around AUD in their narratives, as it acknowledges the substantial influence stigma has on their emotional experiences and personal needs. Hence, the role of secrecy about addiction in the face of cultural silence perpetuates the internalized shame that South Asian ACFAUDs feel, contributing to their psychological and emotional burdens.

Therefore, these findings highlight how sociocultural expectations shape avoidance patterns that span generations and prolong these burdens (McColl, 2023). As stigma and shame in South Asian culture are intrinsically rooted, avoidance manifested in the response and AUD'S harm was not openly addressed. These mechanisms have cycled through generations and contribute to these patterns of silence and detachment. Hence, avoidance, layered with the weight

of cultural expectations prolonged avoidance and prevented accountability for the dysfunction of AUD.

Bowen's family systems theory attributes this emotional distancing to biological, psychological, social, and structural aspects that influence the family and can contribute to further stigma and social isolation (Agllias, 2013a). Agllias (2013b), also says that gendered stigma plays a part in avoidance behaviors. She points out that this is linked to South Asian cultural expectations that put things like reputation above family problems.

These findings emphasize why South Asian ACFAUDs may avoid family dysfunction due to AUD, as it challenges these cultural values and increases their risk of exposure to shame (Gilbert et al., 2006). This illustrates the connection between avoidance and psychological and emotional burdens that persist for South Asian ACFAUDs. Likewise, it sheds light on the patterns of avoidant behaviours across generations and how it influences South Asian ACFAUDs construction meaning around AUD in their narratives. Recognizing patterns of estrangement that go back generations led ACFAUDs to internalize the message of avoidance in family dysfunction around AUD. This made them value silence and changed how they saw and dealt with their relationships with their parent with AUD and other family members.

Fear was also a substantial theme in this study, as ACFAUDs lived in unpredictable home environments. Anxiety and hypervigilance became primary responses to the significant loss of control in their upbringings. Fear also became associated with various aspects, such as physical and emotional harm, uncertainty and instability, and the cultural ramifications that prevented seeking external help. For many ACFAUDs, fear became a deeply internalized experience that extended well into adulthood, shaping their emotional regulation and interpersonal relationships outside and inside the home. Aspects such as decision-making and

safety became chronically stressful parts of their everyday lives. Fear became a way to protect themselves, but it also became a major disruptor of stability because it led to avoidance responses and emotional suppression.

The fear and anxiety experienced by ACFAUDs significantly influenced their daily lives. The instability of their day-to-day experiences led to this state of fear and, subsequently, chronic anxiety. Literature on anxiety aligns with this research as it pertains to ACFAUDs' experiences and how it stems from their upbringing in a home with a parent with AUD (Omkarappa & Rentala, 2019). This increased state of anxiety accumulated due to the unpredictability and the destructive environment they were raised in with a parent with AUD (Jacques et al., 2021). As their emotions and well-being were often dismissed, fear became a primary response that developed into anxiety to protect them. However, anxiety became widespread, and manifested as hypervigilance. This was demonstrated as an extreme awareness of their surroundings to protect them from further trauma and distressing situations.

Moreover, the weight of fear continued into adulthood. It influenced various decision-making and relationship choices. Some ACFAUDs subsequently entered abusive relationships in which the cycle of shame persisted. Others struggled with mistrust of relationships and fear of judgment from the greater community. Overall, it supports research that illustrates fear that shows up as anxiety lasts due to the unstable and unpredictable environments as a child (Haverfield & Theiss, 2016). Thus, acknowledging that fear's extensive presence in the lives of South Asian ACFAUDs shaped not only their response and perceptions of AUD but also their worldview and sense of self (Kurzeja, 2014).

Cultural and Familial Expectations

Across the narratives, shame was a central theme that many ACFAUDs experienced as a fear of judgment from their greater community. Shame influenced their sense of self, self-worth, and identity while discouraging them from seeking external support. It became an experience of internalized embarrassment, feeling that they were not good enough, or guilt due to sociocultural expectations. Subsequently, many ACFAUDs felt responsible for hiding their parent's AUD. They suffered in silence in order to protect their family's honour. As a result, they faced significant emotional distress that spread into fear and anxiety over their future relationships and if they would be judged for their parent's AUD. This brings to light how deeply embedded shame is and the immense cultural stressors that led to their preservation mechanisms of emotional suppression and avoidance.

Thus, it also presents stigma as a fundamental component in shaping their experiences as South Asian ACFAUDs. Subsequently, shame vastly participated in maintaining silence and secrecy (Gilbert et al., 2004). The fear of being negatively judged by family members and their surrounding families consumed them. Similarly, stigma became a considerable barrier to South Asian ACFAUDs, and their families seeking external support and perpetuated their cycles of silence and secrecy.

Also, AUD in South Asian families is often framed as a moral failure, leading many ACFAUDs to experience their parent's addiction as something to be hidden rather than addressed (Kulesza et al., 2013). In South Asian culture, this meant that their parents' drinking was often ignored, downplayed, explained, or even seen as normal. This kept patterns of emotional suppression, avoidance, and secrecy. This aligns with the literature that highlights in North Indian culture, the term *izzat* captures the nuanced relationship between shame and honour, it accentuates that someone's behaviour can bring honour and shame to the family (Gilbert et al.,

2004). In line with previous research, the results show that cultural values like honour and reputation play a big role in keeping South Asian ACFAUDs' stories from being heard (Karasz et al., 2019).

Additionally, coupled with the incidents of trauma during their upbringing many ACFAUDs experienced a minimization of their emotional experience, frequent instability, and dysfunction in their home. This, in turn, shaped their capacity to develop healthy coping mechanisms, interpersonal relationships, and a strong self-image that persisted into adulthood. Therefore, the weight of culture coupled with the impact of trauma left a lasting effect on many ACFAUDs. Some ACFAUDs demonstrated this by choosing to continue their patterns of silence around AUD, thereby perpetuating the cycle of avoidance. Self-preservation mechanisms of emotional suppression and resistance to addressing family dysfunction transcended across generations and persisted in both the act of denial and emotional distress. Therefore, ACFAUDs masked their emotional distress because of the cultural expectation of honour. Honour required individuals to remain both obedient and loyal to their family unit, even in the face of dysfunction (Gilbert et al., 2004). These results back up what we already know about how intergenerational trauma can cause people to keep quiet and hide their feelings, which makes their problems worse, to protect their family's honor and reputation (Saraiya et al., 2019).

Furthermore, as many ACFAUDs faced early attachment ruptures that were detrimental to their well-being, many became insecure. The experience of being raised by a parent with AUD inevitably meant emotional and at times physical neglect. Along with the accumulation of fear, shame, and cultural stigma they experienced difficulty developing a strong sense of self and healthy relationships. The unpredictability of their home and their parent with AUD enabled

avoidant behaviours that distanced themselves from their family as a means to cope. As a result, they became self-reliant and continued to suffer in silence.

Additionally, the weight of culture pressures exacerbated feelings of insecurity as they masked their emotional turmoil to maintain family honour. These findings play upon literature on attachment theory that acknowledges parental substance use behaviour can negatively affect ACFAUDs mental health (Coffman et al., 2023). Coffman describes the absence of a parent due to substances led to a neglect of love and support that would be pertinent to developing healthy brains and a secure sense of self (2023). Similarly, as culture has a profound influence on behaviours, research shows it influences attachment functioning; thus, these results align with literature that emphasizes the socio-cultural factors shaping South Asian ACFAUDs sense of self and meaning (Agishtein & Brumbaugh, 2013).

Another significant aspect that shaped South Asian ACFAUD's narratives was the premature roles of responsibility they took on. Many ACFAUDs embodied the roles of emotional caregiver, mediator, and sometimes protector for their families. South Asian families value family unity and traditional gender roles, and in the presence of AUD, roles inevitably reverse in attempts to stabilize family dysfunction (Belknap, 2002). This was portrayed as the process of parentification, in which children reversed roles with their parents to manage responsibilities that were disregarded, mediate conflict between family members, and attend to neglected emotions (Kelley et al, 2007). Parentification inevitably led to inherent power struggles that impacted their sense of self and capacity to assert boundaries and prioritize their unmet needs.

Females ACFAUDs tended to primarily adopt emotional caregiving responsibilities, as they were daughters whose roles became intertwined with their obligation to preserve the family

image. Therefore, AUD encourages them to emotionally suppress their pain and disregard family dysfunction. The gendered difference in coping reflects how meaning-making for daughters was influenced by this sense of internalized and emotional responsibility that led to their self-silencing. This aligns with current literature that highlights how South Asian women are expected to uphold cultural values of obedience and loyalty despite the expense of their welfare (Howe & Sangar, 2021). On the other hand, male ACFAUDs encountered additional cultural expectations that presented significant challenges. The normalization of drinking as a marker of masculinity led to the stigmatization of emotional vulnerability, which discouraged them from expressing their pain or seeking support. The patriarchal nature of stigma reinforced patterns of avoidance, as many male ACFAUDs learned to suppress emotions rather than confront their experiences directly (Room, 2005). Thus, this sheds light on how meaning-making patterns in the narratives were influenced by gendered roles, expectations, and responsibilities.

The way that stigma is defined in South Asian culture greatly distorted the family and made it hard to acknowledge the emotional turmoil that AUD causes (Puri et al., 2020). Therefore, ACFAUDs internalized that addressing AUD was more harmful than the damaging nature of AUD itself. This perpetuated cycles of denial and normalization of AUD whilst reinforcing stigma's power. There is already research that shows how South Asian cultural values, especially honor and reputation, keep shame alive and make it hard to get help from outside sources (Kaur, 2024). Additionally, the findings shed light on gender's intersectionality with alcohol use, exemplifying how men and women experience stigma in distinctive but proportionately dangerous ways (Jennings et al., 2025). As female ACFAUDs bore the responsibility of maintaining family honour through emotional endurance and silence, male ACFAUDs navigated societal expectations that conflated drinking with masculinity and strength.

These stories add to the body of ACFAUD research by showing how South Asian cultural values affect caregiving, stigma, and AUD in unique ways (Jennings et al., 2025). Overall, capturing a more nuanced understanding of stigma's impact on South Asian ACFAUD's narratives. It illustrates how stigma intersects with cultural honor, gender, and changing family roles. Likewise, it adds to current literature by representing stigma through the cultural lens of South Asian individuals and how it perpetuates suffering in silence (Bhandari & Sabri, 2018).

Resilience and Transformation

For many ACFAUDs, the perspective of AUD evolved during their lifetime; what they initially perceived as an act of selfishness transitioned into a more nuanced understanding of addiction's complexities. Through their lived experience, they recognized that their childhood trauma and pain shaped AUD as a disease. Many ACFAUDs adopted their family's rigid and black-or-white thinking patterns that believed AUD was an intentional act of harm. As they grew older and matured emotionally, this perspective evolved, and they noticed an increase in empathy toward their parent with AUD. They also noticed different drinking behaviors among other family members that contradicted their parents' behaviors. They began to understand that their parent was reliant on AUD as a means to numb the pain of their trauma, which was reinforced by stigma and cultural expectations (Puri et al., 2018). ACFAUDs also began to be aware of AUD's widespread toll on the family, recognizing this was an intergenerational issue shaped by socio-cultural factors. This evolved understanding gave ACFAUDs space to explore AUD through a broader cultural lens.

Alcohol's toll was significant in influencing their understanding of their childhood experiences and overall welfare. They began to recognize the immense psychological turmoil they endured and its effects on instability in their lives. They became hypervigilant, very aware

of their parent's tone and energy, conflicts, and emotional neglect, which left a lingering traumatic effect on their adulthood that shaped their sense of self and capacity to trust relationships. Layered with the impact of intergenerational trauma, it perpetuated their cycles of avoidance and emotional suppression. However, all these experiences also contributed to their later ability to transform their lives. The premature responsibilities coupled with their lived experience manifested as the development of adaptive coping skills that led to resilience (van der Mijl & Vingerhoets, 2017). Thus, ACFAUDs recognized the cycle of dysfunction in their families and became determined to break the cycle and hence motivated to refrain from repeating the patterns their families did.

As ACFAUDs adopted emotional caregiving roles early in childhood, they lacked an awareness of their emotional needs. Distracted by maintaining a sense of stability in their lives, they often struggled with relational dynamics in adulthood. Many struggled to set boundaries for themselves like they did at home. Noticing how AUD was affecting their lives outside of their home, they chose to break free from these dysfunctional patterns. Similarly, the expectations to maintain the traditional role of genders instilled another layer of responsibility (Jennings et al., 2025). However, the restrictions embarked on by these conventional roles and expectations strengthened their development of resilience as they acknowledged a need for change. Therefore, they challenged cultural values and adopted and rejected aspects that aligned with their beliefs.

As they learned more about their experiences through education, therapy, supportive relationships, or personal experience, they moved on to acceptance and setting boundaries. This is a key step in the action and maintenance phases of the transtheoretical model of change (DiClemente et al., 2016). The way South Asian ACFAUDs think about AUD now fits with the transtheoretical model of change, which shows how to make long-lasting change by going

through stages of awareness, reflection, preparation, action, and maintenance (Prochaska & DiClemente, 1983). This model was applicable to many ACFAUDs as they navigated fear, shame, and, over time, resolution. Initially, many ACFAUDs remained in the pre-contemplation or contemplation stage, where stigma and cultural silence restricted their recognition of their parent's AUD. This was acknowledged in how South Asian ACFAUDs were discouraged from questioning or seeking help in regard to AUD, therefore preventing them from moving towards change sooner.

Although this process of change was not straightforward, many ACFAUDs consistently wavered between recognition of their experience and emotional distress. Therefore, the findings align with current literature which emphasize the importance of how reflective practice and meaning-making promote healing and growth (Tedeschi & Calhoun, 2009). As ACFAUDs challenged narratives of blame and resentment, their understanding shifted toward an empathic perspective (Hall & Webster, 2007b). These findings support existing literature suggesting self-awareness and reflection are crucial in reshaping ACFAUDs' understanding of their past trauma and allows them to construct healthier perceptions of self and their interpersonal relationships (Haverfield & Theiss, 2014).

A significant effect of their evolved understanding was the progression of empathy that transitioned from resentment to acceptance. Many ACFAUDs initially perceived AUD as an act of selfishness or moral failure, but watching their parents' progression with AUD—relapse, loss of control, physical fragility—allowed them to deepen their understanding of its pervasive toll (Hall & Webster, 2007b). Empathy became a precursor that allowed them to understand environmental, socio-cultural, and relational factors that helped reframe their parents' drinking behaviour within a broader scope of addiction (Haverfield & Theiss, 2014). However, their

empathy did not dismiss harmful behaviours or neglect their need for boundaries. Instead, empathy broadened their perspective to consider the systemic complexities of addiction while still acknowledging their pain. Therefore, empathy cultivated resilience—became a defining principle of their coping strategies.

Many ACFAUDs demonstrated resilience as a self-preservation tool that allowed them to overcome the challenges of their upbringing and cultivate a future separate from generational patterns of dysfunction. Resilience was particularly prominent in South Asian ACFAUDs through their ability to navigate cultural and family expectations while prioritizing their emotional well-being (Sharma et al., 2020). Many sought external support, asserted boundaries, practiced self-compassion, and reconstructed a more empowering personal narrative. Some ACFAUDs also exhibited resilience by holding space for contradictory emotions—grief, anger, love, and compassion, without surrendering to cultural guilt or pressure.

Additionally, resilience enabled South Asian ACFAUDs to challenge the cultural stigma around addiction and inevitably cultivate agency despite their life experiences. This fits with recent research that shows that ACFAUDs are resilient when they use adaptive coping mechanisms like setting boundaries and changing the way they tell their stories (Haverfield & Theiss, 2014). Moreover, the parentification of many ACFAUDs led them to become relatively independent in their struggles, and vulnerability challenged them. Many ACFAUDs understood AUD's impact on relationships in their life and recognized the long-term consequences if they resisted personal growth.

Overall, many ACFAUDs developed a more nuanced understanding of their parents' AUD. This led to greater empathy and recognition of addiction as a sickness and inevitably allowed them to reclaim a sense of agency over their narrative. These results back up what other

research has said about how cultural values and expectations, family relationships, and shame can affect the growth of resilience and transformation (Kim, 2023). It also captures the nuanced process of South Asian ACFAUDs making meaning around AUD through their lives.

Implications of Findings

The findings of this study support aspects of clinical, theoretical, and cultural implications for helping better understand the lived experiences of South Asian ACFAUDs and their meaning-making around AUD. In exploring how the themes of avoidance, fear, shame, trauma, resilience, transformation, and family and cultural dynamics intersect with South Asian culture, this study adds to current literature on ACFAUDs. It also sheds light on the sociocultural factors that influence their experiences.

Theoretical. This study highlights how cultural stigma, intergenerational trauma, and family dynamics shape meaning-making around AUD, this building on current literature on ACFAUDs. As most literature mainly focuses on ACFAUDs from a Western perspective, these findings highlight the diverse aspects of how shame, honour, and gendered expectations reinforce emotional suppression and suffering in silence. Additionally, this study emphasizes how South Asian cultural values shape psychological responses and coping stances, shedding light on intergenerationally embedded family dynamics and their tension with western society. Similarly, the findings support attachment theory which highlights how early childhood parent-child relationships shape ACFAUDs self-concept, sense of trust, hypervigilance, and emotional distancing in adulthood (Haverfield & Theiss, 2018).

Clinical. As this study sheds light on South Asian ACFAUDs, it acknowledges the importance of culturally competent care in working with communities. The significant cultural expectations of silence, avoidance, and emotional suppression require a more nuanced

understanding of ACFAUDs. Thus, acknowledging a more diverse therapeutic approach that emphasizes cultural sensitivity and healing in collectivist settings is crucial for overcoming challenging aspects such as internalized shame. Similarly, being informed of the cultural barriers that discourage open communication around family dysfunction. Overall, these findings represent a need to support psychoeducation on resilience, shame, intergenerational trauma, and boundaries, in the experiences of South Asian ACFAUDs.

Socio-cultural. The findings of this study shed light on the significant need to confront cultural stigma around AUD in South Asian communities. In particular, the study highlights the importance of addressing cultural values of honor and reputation, which often overlook the severity of family dysfunction and AUD, leading to the perpetuation of suffering in silence. Therefore, we need to increase awareness and adopt culturally specific approaches to address the destructive narratives that minimize the harm caused by AUD, to support South Asian ACFAUDs and their families effectively. Likewise, the findings acknowledge the importance of addressing traditional gender roles in the experiences of South Asian ACFAUDs to reduce the burden of stigma. Therefore, addressing these cultural expectations and the impact of intergenerational discourses that have shaped their perspectives may help support building better coping stances.

Policy. Understanding the psychological and emotional impact on South Asian ACFAUDs, it is imperative that support systems such as schools, healthcare providers, and community organizations develop better culturally appropriate systems of support. Particularly, the findings highlight the persistent effects that Asian Americans and Asian American ACFAUDs encounter, spanning from their childhood to adulthood. Therefore, this study supports how policymakers should continue to implement culturally approachable services for

mental health to increase South Asian ACFAUDs in seeking support. By addressing cultural stigma and family expectations more openly it fosters a stigma-free environment that can help empower South Asian ACFAUDs to break the cycle and reclaim a sense of agency over their lives.

Overall, the implications of this study signify a need to continue developing culturally appropriate systems of care to support South Asian ACFAUDs and their families battling with AUD. It considers that AUD is not a disease that affects one person but a problem in the family. This includes cultural respects that can help with theoretical, clinical, and community interventions. Thus, continuing research on these intersections will aid future understandings of the nuances and complexities of addiction in South Asian cultures and the impacts on their families.

Limitations and Future Research

However, this study presents several limitations that can guide future research and enhance our understanding. For instance, due to limited time and resources this study lacks in-depth representation of specific sub-groups of the South Asian community. It would be imperative for future research to conduct studies with specific samples that examine particular South Asian sub-groups to enhance the relevance and depth of this study's findings. As the South Asian population is large and diverse with various regional and cultural differences, narrowing the investigation to more specific cultural groups may provide valuable insights that were missed in this study (Rastogi & Wadha, 2006). Thus, as the South Asian community is diverse with various subcultures, languages, and religions, this study may not fully capture the cultural nuances and contextual factors that influence their experience as a South Asian ACFAUD. Furthermore, this study primarily focuses on the narratives of female participants. As South

Asian cultural tenets demonstrate traditional gendered roles, cultural stigma, and lack of research, this study fails to build on the distinct experience of males and non-binary and gender nonconforming individuals.

Another limitation to this study was the exclusion of member checking to take into account the potential burdens of the participants, the role of confidentiality, and the emotional sensitivity related to the topic. However, this researcher considered other measures to mitigate this exclusion. Also, this study only looks at one point in time. To get a better picture of South Asian ACFAUDs over time, it might be helpful to do a longitudinal study in the future (Buvik et al., 2021). A comparative study can also give a broader perspective of the unique problems South Asian ACFAUDs face by showing how their experiences are alike and different and shedding light on the most important factors that affect them (McCleary & Wieling, 2017).

Notably, as a South Asian daughter of a father with AUD, I began this research with assumptions shaped by my lived experience. These preconceived notions allowed me to gain a greater understanding of ACFAUDS and influenced how I interpreted the narratives of this study. A primary assumption that shaped my curiosity about exploring AUD in South Asian families was their sense of family connectedness, which led to valuing loyalty and obedience over family dysfunction. This assumption helped me better understand silence, secrecy, and avoidance patterns. Still, it also may have influenced how I interpreted behaviours as a sign of emotional suppression or trauma rather than a more complex and nuanced response to specific family dynamics. I was also influenced by my role as a daughter in a South Asian family, a role that included emotional caregiving, suppressing my needs, and maintaining family cohesion. Despite that, my lived experience and assumptions were supported by literature, which also

shaped aspects of my analysis. Therefore, as the researcher, my perception inevitably shaped the emergent themes that may have appeared differently to another researcher.

Ethical Considerations and Power Dynamics

Lastly, ethical considerations and power dynamics were considered during this study. This researcher considered their own and participants' benefit in understanding the meaning-making experiences of AUD as South Asian ACFAUDs. This has been reviewed through this researcher's application to the Human Research Ethics Board (HREB).

This study recognizes the importance of ethical considerations and power dynamics, particularly in conducting research with vulnerable populations. Therefore, the researcher was aware of the potential risks in engaging in a study that addresses a sensitive topic like parental AUD. It recognized that it may evoke some emotional distress or trigger traumatic memories. Therefore, the researcher prioritized creating a safe and supportive environment by utilizing her therapeutic training to mitigate these risks.

Additionally, participants were informed about the nature of the study and the potential risks, and they were informed that they could withdraw from it at any moment without consequence. On the other hand, participating in this study offered various benefits, such as sharing their narratives and reflecting on their experience. This can promote a sense of empowerment and contribute to raising awareness of mental health issues in the South Asian community. Additionally, voluntary participation in the focus group may foster a sense of community and connection through their shared experience.

This researcher also acknowledged the inherent power dynamic that arises with the role of being the researcher. Therefore, steps were considered to ensure accurate representation of the data. Like how dedicated the researcher was to reflexivity, how long they spent with the data,

and how they made sure that direct narrative excerpts were used to keep the authenticity of their experiences. This researcher intentionally spent a prolonged engagement with data, repeatedly re-reading transcripts, coding inductively, and checking for accurate representation across full narratives. The researcher also used direct quotes directly from participant narratives to preserve this study's integrity of its findings and used thick descriptions to maintain detailed accounts of their narratives. Overall, the hope of doing this was to distribute the inherent control and power the researcher holds in their role and to ensure the researcher's bias was not imposing on the participants' stories.

Conclusion

In conclusion, this study hoped to amplify the voices of South Asian ACFAUDs and illuminate the meaning-making of AUD through the construction of their narratives. This research hopes to empower this population by employing a narrative methodology within a constructivist paradigm, challenging stigma and stereotypes around South Asian ACFAUDs, and fostering a more inclusive approach and understanding of ACFAUDs' experiences. The hopes were that the findings of this study would contribute to the existing literature and highlight the importance of culturally sensitive support and future research to support South Asian ACFAUDs. Ultimately, this study underscores the significance of recognizing and addressing the needs of South Asian ACFAUDs. As this community is at greater risk, the hope is that this marginalized and often overlooked population will begin to receive and access care in ways that speak to them.

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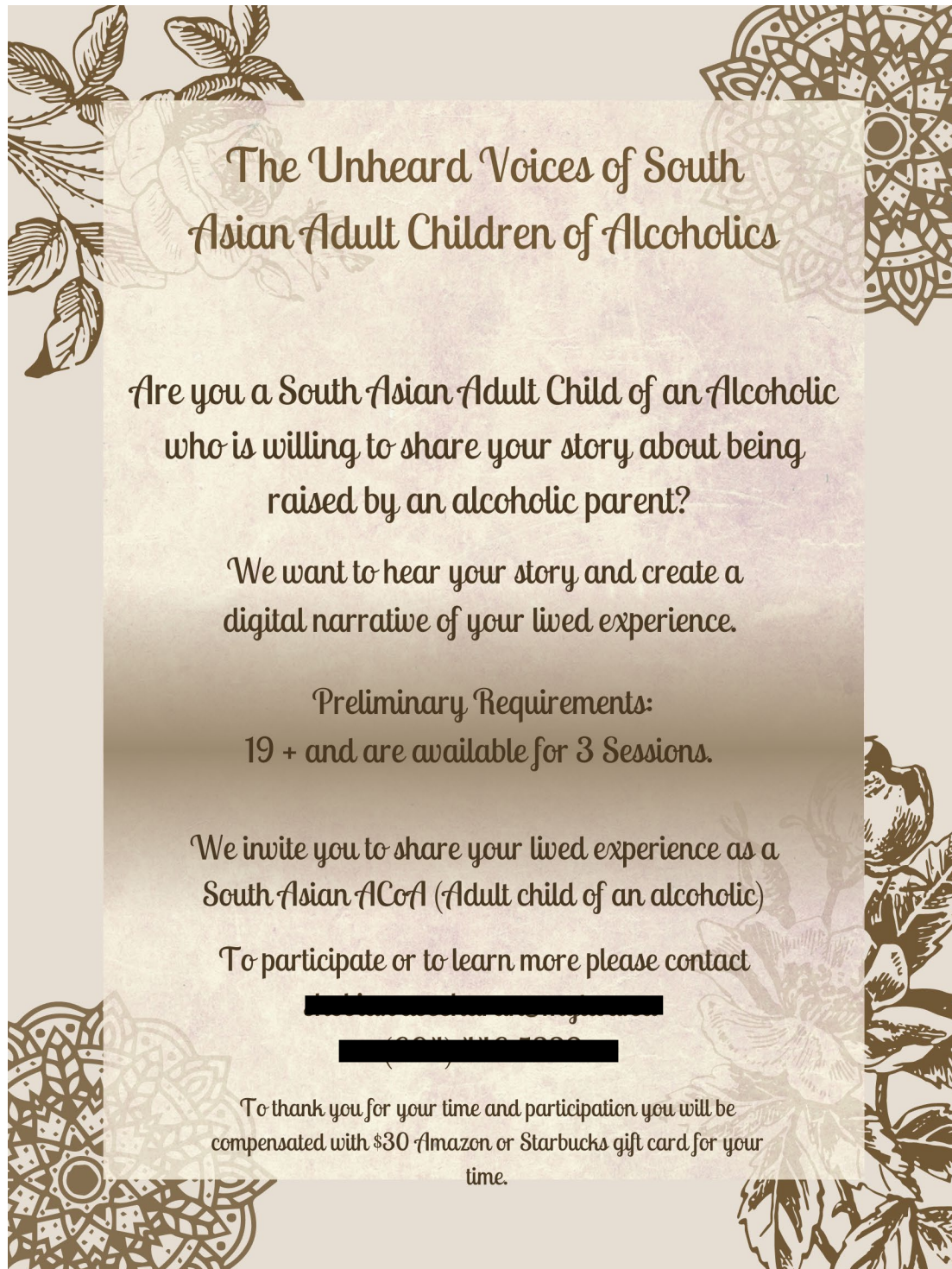
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APPENDIX A Recruitment Poster



APPENDIX B Recruitment Email

Dear (insert name here),

My name is Shobia O'Brien, and I am a Master of Counselling Psychology student at Trinity Western University. I am conducting a research study exploring the meaning-making of alcohol use disorder (AUD) of South Asian ACFAUD (adult child of a father with alcohol use disorder). As part of the study, I am interested in interviewing individuals raised in South Asian households and by a parent with AUD or parent with alcohol misuse. This study aims to understand better what being raised in a South Asian family with a parental alcohol user is like. This study aims to gain a deeper understanding of the interplay between systemic and mental health issues within the context of cultural nuances.

I am writing to see if you know anyone who might be interested in participating in this study.

Particularly, I am looking for South Asian ACFAUDs who meet the following criteria:

- Self-identify as belonging to a South Asian ethnic group and raised in a home of South Asian culture.
- Self-identify as an adult child of an individual who lived for some time with their parent(s) who experienced AUD or had an alcohol misuse problem.
- 19 years old or older.
- Proficiently fluent in English, as interviews will be conducted in English.

Additionally, if you or someone you know meets these requirements and might be interested in participating in this research study, please share this information.

Thank you.

Shobia O'Brien

APPENDIX C Phone Screening Interview

Hi there, my name is Shobia O'Brien. Thank you for my interest in this study. I am a current student in a Master of Counselling Psychology program at Trinity Western University. This project aims to understand the meaning-making of AUD through the construction of narratives of South Asian ACFAUDs; this includes sharing your experience of being raised by a parental figure who suffered from AUD or alcohol misuse. Can I ask a few questions to see if you are a good fit for this study?

- Are you 19+?
- Do you self-identify as a South Asian?
- Do you self-identify as an adult child with a parent with AUD?
- Do you feel comfortable communicating in English?
- Are you comfortable sharing personal experiences and emotions about your childhood and family dynamics?
- Lastly, I'd like to ask if you are currently experiencing severe mental health issues, self-harm, or feeling suicidal. Please understand that if you are going through a difficult time, other resources and support systems will better assist you than this study, which I would happily offer. While your interest is appreciated and participation valuable, your well-being is our utmost priority.

Participating in the study will require about 2-3 hours of your time, and we will be meeting two times to conduct an interview and create your narrative. The first interview will be approximately 60-90 minutes long and interviews will be audio-recorded. Before the second interview, I will ask you to write a brief summary of your story created from the first interview. After this, I will transcribe your interview and construct a story that reflects your narrative. There will also be a

follow-up email where I will share the story I have put together and my findings. This will be an opportunity to provide feedback and determine if you want to participate in a focus group. The optional focus group after the study will allow you to share, reflect, and discuss your narrative with other participants.

As a token of appreciation for your participation, I will provide you with a \$25 Amazon or Starbucks gift card.

Thank you for listening. Do you have any questions or concerns at this time? Are you interested in participating in this study? (If yes, let's arrange a time and date for the first interview).

Do you know anyone else who may be interested in participating? I would appreciate it if you shared my contact information with them.

Thank you for your time and interest.

APPENDIX D Demographic Questionnaire

1. What is your age?
2. What is your gender?
3. What is your ethnic/cultural background?
4. Which country or countries are your ancestors from?
5. What languages do you speak?
6. What is your religious affiliation or belief system, if any?
7. What is your educational status/background?
8. What is your vocational status/background?

APPENDIX E Informed Consent***Participant Consent Form***

The Untold Stories of South Asian ACFAUDs**Principal Investigator**

Shobia O'Brien, M.A. Student in Counselling Psychology, Trinity Western University.

As a graduate student, I am required to conduct research as part of the requirements for a degree in Master of Arts in Counselling Psychology (CPSY). This research is part of a thesis and will be made public following completion. It is being conducted under the supervision of Deepak Mathew, Ph.D., Faculty of Graduate Studies, Counselling Psychology, Trinity Western University.

Purpose

This study aims to understand the meaning-making of AUD of South Asian ACFAUDs as they construct their narratives. To better understand the interplay of cultural nuances with systemic and mental health issues. As well as themes that may have influenced their trajectory towards or away from addiction.

You are being asked to participate to participate in this study because of their unique and valuable perspectives as individuals who self-identify as South Asian ACFAUDs. The selection criteria aim to capture the diverse and nuanced experiences within this demographic, contributing to a more comprehensive understanding of the intersectionality of cultural background and family dynamics. Participants will be selected on their capacity and willingness to share their stories, fostering a rich narrative exploration that aligns with the nature of this qualitative research.

What is involved?

If you voluntarily consent to participate in this research, your participation will include approximately 2-3 hours of your time. After the screening interview, the participant will be asked to bring photos and visuals and select audio that they believe will fit well with their life story. The first interview will be 60-90 minutes long and will take place over Zoom. It will be both audio and video recorded. In this interview, the researcher will ask about your cultural heritage and experiences being raised in a South Asian household with a parent(s) with AUD or parent(s) who misuses alcohol. The researcher will construct participants narratives from the interview. Once the narrative is complete, follow-up emails will also share the story and findings, allowing participants to provide feedback on the data. Lastly, participants will have the option to partake

in focus groups with other participants to share their stories; this will be an opportunity to reflect, discuss, and share their stories and experience.

Following the completion of my research, participants will have access to the completed research as part of the commitment to transparency and reciprocity in the research process. Participants can request a copy of the final research findings by contacting the principal investigator, Shobia O'Brien, through the contact information listed above. This approach ensures that participants, who generously shared their experiences, have the opportunity to review and engage with the outcomes of the research in which they played a crucial role.

Potential Risks and Discomforts

There are some potential risks to you by participating in this research, including experiencing uncomfortable emotions and remembering complex/challenging events. Though this study provides a meaningful opportunity to reflect on your experience, you may experience some emotional discomfort in sharing your story. The primary researcher is a counselling psychology student training to be a therapist. Therefore, her training will not provide direct counselling. She will be able to create a safe and comfortable environment for you to share her experience. Additionally, this researcher will share a referral for other clinical counselling services if any emotional distress is experienced or if requested by the participant. All interviews will be recorded.

Potential Benefits to Participants and/or to Society

There are some potential benefits to you as a result of participating in this research, including providing an opportunity to gain new awareness of your experience being a South Asian ACFAUD. This study allows for a means to hear your voice that may be otherwise silenced. Participants may experience some relief and comfort in sharing their stories. Additionally, the information from this project may assist other researchers to better understand the lived experience of ACFAUDs from culturally diverse groups. As well as support other mental health practitioners who are working with this visible minority group. Lastly, this information can help better inform culturally appropriate services for the South Asian community.

Remuneration/Compensation

As a way to thank you for your participation and compensate you for any inconvenience related to that participation, you will be given a \$25 Starbucks or Amazon gift card. If you withdraw from the study after the first interview, you will still receive a gift card for your time and participation.

Confidentiality and Anonymity

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law.

Confidentiality is integral to this research process. All audiovisual tapes and transcripts will be kept in an encrypted, password-protected folder on an encrypted, password-protected USB or the researcher's personal laptop. If paper copies of any information or transcripts are made, they will be locked in a filing cabinet in the researcher's private home office.

Data maintenance

Data from this study will be stored until upon completion of the project, all recordings, transcripts, and information will be permanently deleted or shredded. However, the only limits to confidentiality are if there is suspected harm or abuse towards yourself or another person, such as a child or someone from a vulnerable population. This includes physical, sexual, or emotional abuse or exploitation. Lastly, confidentiality will be breached if a court of law subpoenas documents.

Contact for information about the study

If you have any questions or desire further information with respect to this study, you may contact the principal investigator, Shobia O'Brien or the principal investigator's supervisor.

Contact for concerns about the rights of research participants

If you have any concerns about your treatment or rights as a research participant, you may contact the Ethics Compliance Officer in the Office of Research, Trinity Western University at 604-513-2167 or HREB@twu.ca.

Consent

Your participation in this study is entirely voluntary and you may refuse to participate or withdraw from the study at any time without jeopardy to your ... (examples: employment, class standing, access to further services from the community centre, day care, etc.).

You have the right to withdraw from this study at any moment: this participation is completely voluntary. You may refuse or withdraw via phone, in person, or email. If you choose to withdraw all collected data will be deleted and destroyed. However, your withdrawal from this study is not possible once the researcher has integrated your story into the dataset. Additionally, participants will have the opportunity to choose a pseudonym to protect their identity.

The data from this study may be used in future research. If you do not wish it to be used in future research, you may indicate so below. It will then not be used beyond this study.

If focus group responses are utilized in this study, it is important to note that individual responses may be challenging or impossible to separate. Therefore, the research team may be unable to prevent the use of anonymous comments in future research, emphasizing the collective nature of group input and potential incorporation of anonymous insights into broader analyses.

Signatures

Your signature below indicates that you have had your questions about the study answered to your satisfaction and have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this study.

*Research Participant Signature
(or Parent or Guardian Signature)*

Date

Printed Name of the Research Participant (or Parent or Guardian) signing above

Do you consent to allow your data from this study (in anonymous form) to be used in future research?

☐ *Yes* ☐ *No*

APPENDIX F Interview Guide

For the purposes of this project, I am interested in knowing your story of your experience as a South Asian adult child of a person who uses/used alcohol. I ask you to reflect on your experience from childhood and adolescence through adulthood and the present day of being raised South Asian in a household with a parental figure(s) who struggles with controlling their alcohol use and/or is/was with alcohol use disorder. I am interested in hearing your descriptions of stories or significant life events that may have impacted your sense of self and meaning making of AUD. I invite you to begin with your life experiences in childhood and adolescence and reflect on your life through adulthood and the present day.

Warm up questions:

- Tell me about yourself now
- What does AUD mean to you?
- How well do you identify with South Asian culture?

Additional prompts for:

- What does that mean for you?
- How old were you at that time?
- *How did this shape how your perspective of AUD? Of self?*
- What was happening at that time?
- What changed?
- Was that challenging?
- Can you tell me more?

Interview Guide:

- What is your story? Starting from the first time you realized this was a challenge your parent was/is experiencing.
- What significant moments if any have had a profound impact-- what did that mean for you?
- In the context of your experience, what meaning does AUD hold for you?

The information you share will remain confidential. I will be recording the interview which will be stored on an encrypted USB drive, keeping your information secure. You have the right to withdraw from the study at any moment without consequence. If you feel uncomfortable at any time, or if you have any questions, please do not hesitate to let me know.

APPENDIX G Resource Sheet

It is possible that participation in this study may bring up emotional or psychological distress for you. This sheet lists possible resources for you if you wish to speak to someone about your discomfort or distress:

Emergency Services - 911

In any situation where harm to yourself or another person seems likely in the immediate future, please call emergency services.

Fraser Valley Crisis Line - 1-604-951-8855 or 1-877-820-7444

The crisis line is a free service, available 24 hours a day, 7 days a week. They are happy to speak with you about any kind of emotional distress.

Fraser River Counselling - 1-604-513-2113

This is a community counselling program designed to provide counselling services at a very low cost for those whom typical counselling is financially inaccessible.

Urgent Care Response Centre, Surrey Mental Health and Substance Use Centre - 604-953-6200

Surrey Mental Health and Substance Use Centre provides individual and group counselling programs from individuals who are experiencing mental health issues or emotional distress.

Peace Portal - 604-542-2501

Peace Portal provides individual and group counselling programs from individuals who are experiencing mental health issues or emotional distress.

APPENDIX H Confidentiality Form**Confidentiality Agreement**

This form is used for individuals conducting specific research tasks, such as recording or editing image or sound data, transcribing, interpreting, translating, entering data, and destroying data.

I _____, as a research assistant agree too:

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g., USB sticks, printed material, transcripts) with anyone other than Shobia O'Brien.
2. Keep all research information in any form or format (e.g., USB sticks, printed material, transcripts) secure while it is in my possession.
3. Return all research information in any form or format (e.g., USB sticks, printed material, transcripts) to Shobia O'Brien when I have completed the research tasks.
4. After consulting with Shobia O'Brien, erase or destroy all research information in any form or format regarding this research project that is not returnable to the *researcher* (e.g., information stored on computer hard drive).

Assistant Researcher:

(Print Name)

(Signature)

(Date)