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Alcoholic and Nonalcoholic Parents' Orientations toward Conformity and Conversation as Predictors of Attachment and Psychological Well-Being for Adult Children of Alcoholics

MARIE C. HAVERFIELD AND JENNIFER A. THEISS

Alcoholism is a family illness that has implications for the physical, emotional, and psychological well-being of the spouse and children of individuals with alcoholism (Johnson & Stone, 2009). One in four families in the United States is affected by alcoholism (Grant, 2000), with approximately 26.8 million children growing up with a parent with alcoholism (Alcohol and Drug Programs [ADP], 2007). Children of parents with alcoholism tend to experience more frequent depression and struggle to develop healthy intimate relationships when compared to children of parents without alcoholism (Drejer, Theikjaard, Teasedale, Schulsinger, & Goodwin, 1985). Adult children of alcoholics (ACoA) who had a distressed relationship with a parent report feelings of alienation, poor communication ability, difficulty trusting others, increased emotional longing, negative attitudes toward the parent, and increased anxiety (Kelley et al., 2011; Straussner & Fewell, 2011). Taken together, these findings suggest that the interpersonal conditions in families coping with alcoholism can have a lasting effect on the well-being of ACoA. Thus, the goal of this study is to examine how communication patterns in families coping with a parent's alcoholism are associated with psychological outcomes for ACoA in adulthood.

We draw on family communication patterns theory (Koerner & Fitzpatrick, 2002a; Ritchie & Fitzpatrick, 1990) as the theoretical foundation for this study. The theory identifies two dimensions of communication in the family system: conformity orientation and conversation orientation (Ritchie & Fitzpatrick, 1990). A family's conformity and conversation orientations can be influential in shaping children's information processing ability, behavioral outcomes, and psychosocial outcomes (Schrodt, Witt, & Messersmith, 2008). Applications of family communication patterns theory have assumed that all family members share a similar co-orientation with regard to communication behavior within the family (Koerner & Fitzpatrick, 2002b). Although some families may enact uniform communication patterns that allow for

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a universally shared communication orientation in the family, this approach tends to overlook circumstances in which each parent may enact different patterns of conformity and conversation (e.g., Miller-Day & Marks, 2006). In families coping with a parent's alcoholism, for example, the parent with and without alcoholism may enact different communication patterns with their children, such that each parent would create distinct expectations for conformity and conversation (Rangarajan & Kelly, 2006). Accordingly, this study examines the extent to which ACoA perceive that the parent with and without alcoholism enact similar or different communication orientations and the associations that each parent's communication patterns share with ACoA's psychological well-being in adulthood.

This study has theoretical and practical implications for understanding communication patterns in families coping with a parent's alcoholism. Theoretically, we extend family communication patterns theory by (a) applying it to the context of distressed families and (b) examining ACoA perceptions of the degree to which the parent with and without alcoholism enact similar communication patterns with similar effects. In doing so, we challenge the assumption that all family members adopt a singular co-orientation with regard to family communication patterns, and explore the possibility for divergent communication patterns with different family members. Pragmatically, this study is important for understanding how perceptions of communication in families coping with a parent with alcoholism can have lasting effects on attachment and well-being. In practice, this study can inform interventions with families coping with a parent's alcoholism by helping to identify the ways in which family communication patterns are linked with various outcomes for children in this context. In this chapter, we summarize the assumptions of family communication patterns theory as they relate to psychological outcomes for ACoA, and we report the results of a study designed to explore these associations.

FAMILY COMMUNICATION PATTERNS THEORY

The interactions that take place within families are influential for the socialization of family members and the transference of shared values and beliefs (Burleson, Delia, & Applegate, 1995; Ritchie & Fitzpatrick, 1990). Family members establish norms for behavior and co-construct their family culture through interpersonal interaction (Reiss, 1981). Family communication patterns theory provides a framework for characterizing communication behavior within families (Fitzpatrick & Ritchie, 1994; Koerner & Fitzpatrick, 2002a). The theory identifies two dimensions that define family communication: conformity orientation and conversation orientation. *Conformity orientation* reflects the degree to which all family members are expected to share the same attitudes, values, and beliefs. Families that have a high conformity

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orientation promote traditional family hierarchies, interdependence between family members, conflict avoidance, and family harmony. Families that have a low conformity orientation encourage individuality and equality for all family members and expect less cohesion in the family. *Conversation orientation* reflects the degree to which family members communicate openly and share information about a variety of topics. Families with a high conversation orientation engage in frequent conversations and they value spontaneous interaction characterized by openness and honesty. Low conversation oriented families engage in less frequent and less open interactions between family members and they do not view communication as an essential aspect of family functioning.

Communication patterns in the family are associated with an array of psychological outcomes for children. For example, families that enact open and constructive communication have children who demonstrate better social competence and the ability to regulate emotion (Carle & Chassin, 2004; Farrell, Barnes, & Banerjee, 1995). Children from conversation-oriented families demonstrate increased self-efficacy, stronger academic ability, and fewer adjustment problems (Rueter & Koerner, 2008; Tajalli & Ardalan, 2010). In addition, children from conversation-oriented families engage in more relational maintenance behaviors and have closer friendships than children in low conversation-oriented families (Ledbetter, 2009). Families that emphasize high conformity are known to produce more regulatory behavior, less empathy, and less perspective-taking than those low in conformity (Koerner & Cvancara, 2002). Conformity orientation has been found to be both positively (Hamon & Schrodt, 2012) and negatively (Koerner & Fitzpatrick, 1997) associated with depression, and it is negatively associated with self-esteem (Hamon & Schrodt, 2012). Taken together, this evidence suggests that conformity orientation and conversation orientation are influential factors in children's psychological adjustment.

Family communication patterns in families coping with alcoholism are not well-documented. Early research on the topic indicated that children of parents with alcoholism are often discouraged from communicating about various topics in the family to prevent upset for the parent with alcoholism (Black, 1982). Families coping with a parent's alcoholism tend to express fewer feelings and have lower regard for other family members (Jones & Houts, 1992). More recent studies continue to show that family members struggle to manage conflicts or express positive feelings in the homes of families coping with a parent's alcoholism (Johnson, 2001). Some recent work has shown that a father's alcoholism is more influential to family communication patterns than is a mother's alcoholism, such that the severity of paternal alcoholism is positively associated with higher conformity orientation and is negatively associated with conversation orientation, but severity of maternal alcoholism does not predict either orientation (Rangarajan & Kelly, 2006). These findings

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present the possibility of different communication styles between mothers and fathers with alcoholism. Along these lines, within families coping with alcoholism, the parent with and without alcoholism may each adopt different communication orientations. Although research utilizing family communication patterns theory typically applies one communication orientation to the entire family unit, there are a variety of family circumstances that may promote different communication patterns with each parent. For example, divorced parents may each enact different communication behaviors when they have custody of their children, stepparents may encourage a different communication environment than biological parents, and parents who are chronically ill or absent may promote communication behaviors that the healthy or present partner does not promote. Along these lines, we wonder if ACoA may perceive their parent with and without alcoholism differently in terms of their orientations toward conformity and conversation. Accordingly, we advance the following research question:

RQ1: To what extent do ACoA perceive parents with and without alcoholism to be similar or different in their conformity orientation and conversation orientation?

ATTACHMENT STYLES ASSOCIATED WITH FAMILY COMMUNICATION PATTERNS

According to attachment theory (Bowlby, 1969), a primary caregiver's availability and sensitivity during infancy and early childhood shapes children's internal representations of the self. Thus, caregivers who are available and respond sensitively to their children's distress influence their children's evaluation of the self as worthy of attention and affection, but parents who fail to provide sensitive and responsive care could promote a model of self as unworthy and undeserving of attention and love. Two dimensions serve as the foundations for people's attachment style (Bartholomew, 1990; Fraley, Waller, & Brennan, 2000): anxiety and avoidance. The *anxiety dimension* reflects the degree to which individuals have internalized a sense of their own self-worth and expect others to respond to them positively or negatively. The *avoidance dimension* reflects the degree to which individuals expect others to be generally available and supportive. Thus, the dimensions of anxiety and avoidance represent general expectations about the worthiness of self and the reliability of others (Griffin & Bartholomew, 1994).

Within the context of a family coping with a parent's alcoholism, caregiving quality may be compromised by parents' preoccupation with their own or their partner's alcoholism. When parents' attention to their children is impaired by these factors, children may react in disorganized, detached, and disruptive ways, and they may also develop an insecure attachment style

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(Erdman, 1998). In families coping with a parent's alcoholism, one or both parents may be prone to periodic, if not chronic, distancing from their children. Thus, children growing up with a parent with alcoholism are at risk for the development of an insecure attachment style, particularly to the alcoholic parent. Prior research has shown that parents with alcoholism have a high conformity orientation and a low conversation orientation (Rangarajan & Kelly, 2006). Moreover, family communication patterns have been found to moderate associations between family stressors and attachment styles in families coping with a parent's alcoholism (Rangarajan, 2008). In general, conformity orientation should predict increased anxiety and avoidance because individuals may have difficulty establishing their own self-worth and trusting others in a context where their input is not valued. In contrast, conversation orientation should predict decreased anxiety and avoidance because it reflects the degree of parental involvement and responsiveness that are required for a secure attachment style. Thus, we advance the following hypotheses:

H1: Perceptions of the conformity orientation of the parent (a) with alcoholism and (b) without alcoholism are positively associated with ACoA self-reported attachment anxiety and avoidance.

H2: Perceptions of the conversation orientation of the parent (a) with alcoholism and (b) without alcoholism are negatively associated with ACoA self-reported attachment anxiety and avoidance.

One important consideration is whether parents with and without alcoholism exert the same degree of influence on their children's attachment outcomes. On one hand, parents with alcoholism may be absent in the parenting process, which suggests that the communication patterns of the parent without alcoholism would be more salient in shaping attachment outcomes than those of the parent with alcoholism. On the other hand, parents with alcoholism may behave in ways that are more dysfunctional due to their disease, which may have a more significant impact on children's development. For example, individuals with alcoholism, as a consequence of their disease, tend to prioritize alcohol over family, neglect family and work obligations, become verbally and physically abusive, and withdraw from loved ones (Straussner & Fewell, 2011). Moreover, during bouts of heavy alcohol abuse, parents with alcoholism often render themselves emotionally and physically unavailable to their spouse and children (Eiden, Edwards, & Leonard, 2002). Thus, we wonder whether the relative absence of and inconsistent nurturing from a parent with alcoholism is more or less influential to a child's attachment style than a potentially more consistent and engaged caregiving style of a parent without alcoholism. To investigate this, we pose another research question:

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RQ2: To what extent do parents with and without alcoholism have similar degrees of influence on their children's attachment anxiety and avoidance?

ATTACHMENT ORIENTATION AS A PREDICTOR OF PSYCHOLOGICAL WELL-BEING FOR ACOA

The dimensions of attachment are associated with a variety of psychological and relational outcomes in adulthood. In this study, we highlight three psychological outcomes that are relevant to ACoA and are likely to be predicted by attachment style: (a) depression, (b) resilience, and (c) self-esteem.

Depression is one psychological outcome that is predicted by attachment orientation and particularly germane to the experiences of ACoA. *Depression*, as a clinical disorder, refers to feelings of sadness, anger, and loss that impact healthy functioning (Fava & Cassano, 2008). Factors that can lead to depression include stressful life events, difficulty coping, and interpersonal struggles (Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001; Grant, Compas, Thurm, McMahon, & Gipson, 2004; Sullivan, Neale, & Kendler, 2000). Research on attachment has found that insecure attachment styles are associated with increased levels of anxiety and depression (Muris, Mayer, & Meesters, 2000). ACoA are especially susceptible to depression due to the many risk factors to which they are exposed during childhood (Hall & Webster, 2007; Harter & Taylor, 2000). For example, ACoA report high levels of stress, difficulty adjusting to life events, and an increase in negative self-perception (Hall & Webster, 2007; Hall & Webster, 2002; Hall, Webster, & Powell, 2003). Taken together, these findings suggest that attachment anxiety and avoidance may predict depressive symptoms for ACoA. Thus, we advance the following hypothesis:

H3: Attachment anxiety and avoidance are positively associated with symptoms of depression for ACoA.

Resilience is another outcome for ACoA that is also predicted by attachment style. *Resilience* is broadly defined as an individual's ability to positively overcome adverse circumstances (Palmer, 1997). Children growing up in the home of a family coping with a parent's alcoholism are highly susceptible to risk factors that inhibit resilience, such as over-responsibility, high levels of conflict, and parental neglect (Hall & Webster, 2007). Secure, dismissing, and fearful attachment styles are associated with increased resilience, whereas the preoccupied attachment style is negatively associated with resilience (Karreman & Vingerhoets, 2012). Thus, we expect that increased attachment anxiety and avoidance may hamper resilience for ACoA. Accordingly, we advance the following hypothesis:

H4: Attachment anxiety and avoidance are negatively associated with resilience for ACoA.

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Finally, self-esteem is an outcome that has been linked with both attachment style and experiences of children of parents with alcoholism. *Self-esteem* refers to an individual's perception of self-worth, with high self-esteem relating to higher levels of confidence and low self-esteem reflecting feelings of inadequacy (Baumeister, 1993). Various studies have shown that children of parents with alcoholism have lower self-esteem than their peers who are raised in a home with a family not coping with a parent's alcoholism (Beesley & Stoltenberg, 2002; Berkowitz & Perkins, 1988; Bush, Ballard, & Fremouw, 1995; Drake & Vaillant, 1988; Beaudoin, Murray, Bond, & Barnes, 1997). In addition, research has consistently found support for the relationship between secure attachment and positive representations of the self, including high levels of self-esteem and self-efficacy (Thompson, 1999). Similarly, individuals who are high on the anxiety dimension experience greater fluctuation in self-esteem based on negative interpersonal feedback and individuals who are high on the avoidance dimension have fewer fluctuations in self-esteem based on positive feedback (Hepper & Carnelley, 2012). These findings suggest that attachment orientation is a significant predictor of self-esteem. Thus, we propose the following hypothesis:

H5: Attachment anxiety and avoidance are negatively associated withself-esteem in ACoA.

The model in Figure 14.1 summarizes our hypotheses. Specifically, we predicted that ACoA's perceptions of the conformity orientation of parents with and without alcoholism is positively associated with attachment anxiety and avoidance (H1), and conversation orientation is negatively associated with the attachment dimensions (H2). Next, we predicted that ACoA's attachment anxiety and avoidance are positively associated with depressive symptoms (H3) and negatively associated with resilience (H4) and self-esteem (H5). In addition to our hypothesized paths, we included paths between several variables in the model that are known to share significant correlations.

METHOD

To test our hypotheses, we recruited ACoA to complete an online survey about their family communication patterns in their family of origin, attachment orientation, and experiences of depression, resilience, and self-esteem in adulthood. Participants were recruited by responding to announcements posted in online listservs of support groups for family and friends of individuals with alcoholism (e.g., www.ncadd.org; www.al-anon.alateen.org; www.breining.edu). The criteria for selecting these platforms included active member participation, number of members, and the likeliness of reaching a large population of ACoA. To be eligible to participate in the study, individuals had to (1) be 18 years of age or

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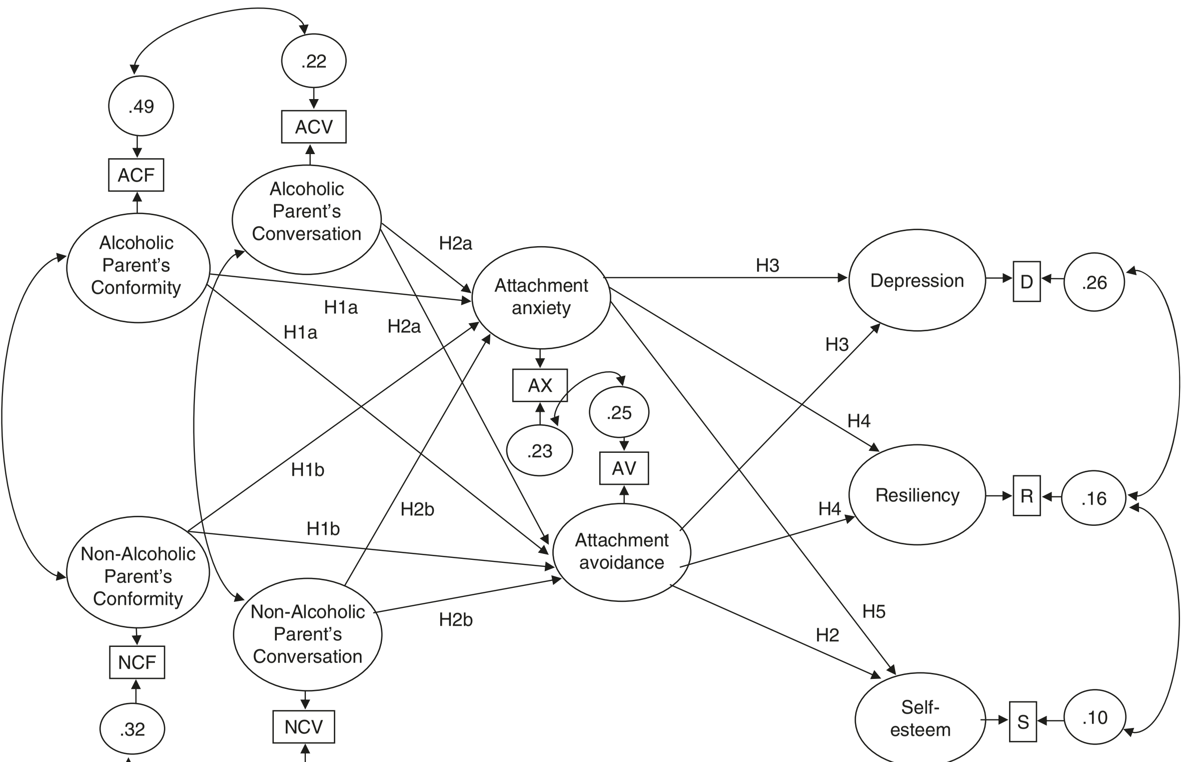

FIGURE 14.1 Predicted model.

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older, (2) be a self-proclaimed child of a parent with alcoholism, and (3) have Internet access. The first 200 people to complete the survey received a $15 gift card.

Sample

The initial sample included 968 participants, but individuals who indicated that both of their parents had alcoholism ($N = 345$) were eliminated prior to analysis so that we could compare effects for parents with and without alcoholism. The final sample included 623 ACoA (537 female, 85 male, 1 missing). Participants ranged in age from 18 to 87, with a mean age of 47.96 ($SD = 14.41$). The majority of respondents were white/Caucasian (91.5%), with others identifying as Hispanic/Latino (4.3%), African American (2.2%), Native American (2.2%), Asian-Pacific Islander (1.4%), Middle Eastern (0.2%), and 1.4% other. Respondents reported living in 48 different states, as well as Canada and the Virgin Islands. The majority of participants had a father with alcoholism (76.6%), with fewer individuals reporting a mother with alcoholism (23.4%).

Measures

We conducted confirmatory factor analyses on all multi-item scales to ensure that they were unidimensional and externally valid (Hunter & Gerbing, 1982). The criteria for a good fitting factor structure were $\chi^2/df < 3.0$, Comparative Fit Index (CFI) > 0.95, and Root Mean Squared Error of Approximation (RMSEA) < 0.06. After confirming satisfactory fit, composite scores were constructed by averaging the responses to scale items.

Family communication patterns. We asked respondents to report on the conformity orientation and the conversation orientation for their mother and father separately. Then, based on their indication of whether it was their mother or their father with alcoholism, we recoded the variables into alcoholic's and nonalcoholic's conformity orientation and conversation orientation. We assessed conformity orientation and conversation orientation using a condensed version of the 26-item Revised Family Communication Patterns Instrument (Fitzpatrick & Ritchie, 1994), removing items involving politics and hypothetical statements. Respondents indicated their agreement with items on a 6-point scale (1 = *strongly disagree* to 6 = *strongly agree*). Four items were used to evaluate the conformity orientation of each parent (e.g., "When anything really important was involved, my [mother/father] expected me to obey without question"; "In our home, my [mother/father] usually had the last word"; Alcoholic Parent: $\alpha = 0.82$, $M = 4.35$, $SD = 1.65$; Nonalcoholic Parent: $\alpha = 0.82$, $M = 3.98$, $SD = 1.33$). Four items that measured the

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conversation orientation for each parent (e.g., "My [mother/father] often asked my opinion when the family was talking about something"; "I talked to my [mother/father] about feelings and emotions"; Alcoholic Parent: α = 0.86, M = 2.18, SD = 1.28; Nonalcoholic Parent: α = 0.86, M = 2.99, SD = 1.53).

Attachment dimensions. We used a shortened version of the 36-item revised Experiences in Close Relationships Scale (ECR-R; Fraley et al., 2000). Individuals indicated their agreement on a 6-point scale (1 = *strongly disagree* to 6 = *strongly agree*). Four items measured attachment anxiety (e.g., "I worry a lot about my relationships"; "I often worry that my partner doesn't really love me"; α = 0.92, M = 3.51, SD = 1.68), and six items measured attachment avoidance (e.g., "I'm afraid that I will lose my partner's love"; "I get uncomfortable when a romantic partner wants to be very close"; α = 0.86, M = 3.29, SD = 1.35).

Depressive symptoms. We measured depressive symptoms using the Center for Epidemiologic Studies Depression Scale (CES-D; Wood, Taylor, & Joseph, 2010). Prior to data collection, three items were removed due to redundancy. Respondents used a 6-point scale (1 = *strongly disagree* to 6 = *strongly agree*) to indicate their agreement with statements characterizing their feelings in the past week. Six items were included as depressive symptoms (e.g., "I felt depressed"; "I thought my life had been a failure"; α = 0.84, M = 3.04, SD = 1.28).

Self-esteem. Self-esteem was assessed by the degree to which the participant is confident in his or her personal value or maintains a positive self-image (Blascovich & Tomaka, 1991). Participants reported their agreement with items on a 5-point scale (1 = *strongly disagree* to 5 = *strongly agree*). Five items were used to measure self-esteem (e.g., "I feel that I am a person of worth, at least on an equal plane with others"; "I feel that I have a number of good qualities"; α = 0.88, M = 3.86, SD = 0.91).

Resilience. Resilience was operationalized through a composite measure of survey items assessing the degree to which the participant believes he or she has the ability to cope with adversity, maintain life balance, and maintain an optimistic perspective (Wagnild & Young, 1993). Participants reported their agreement with items on a 6-point scale (1 = *strongly disagree* to 6 = *strongly agree*). Five items measured resilience (e.g., "Keeping interested in things is important to me"; "My belief in myself gets me through hard times"; α = 0.82, M = 4.58, SD = 0.93).

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RESULTS

Preliminary Analyses

As a starting point, we conducted independent samples t-tests to evaluate all of our variables for sex differences. Results revealed no significant differences between males and females on any of the variables. We then examined the bivariate correlations among all of our variables (see Table 14.1). A final preliminary test was conducted to address RQ1, which inquired about the extent to which parents with and without alcoholism were similar or different in their conformity and conversation orientations. We conducted paired samples t-tests to check for mean differences between ACoA's perceptions of the parent with and without alcoholism on the conformity orientation and the conversation orientation. Results revealed that parents with and without alcoholism were significantly different on the conformity orientation ($t(612) = 3.86$, $p < 0.001$), such that parents with alcoholism ($M = 4.35$, $SD = 1.65$) were perceived as having a higher conformity orientation than parents without alcoholism ($M = 3.98$, $SD = 1.33$). In addition, parents with and without alcoholism were significantly different on the conversation orientation ($t(612) = -10.56$, $p < 0.001$), such that parents with alcoholism ($M = 2.18$, $SD = 1.28$) were perceived as having a lower conversation orientation than parents without alcoholism ($M = 3.00$, $SD = 1.53$). These results suggest that ACoA perceive their parents differently in terms of their conformity and

TABLE 14.1 *Bivariate correlations among all variables*

	1	2	3	4	5	6	7	8
1. Alcoholic's Conversation								
2. Alcoholic's Conformity	−0.22 ***							
3. Nonalcoholic's Conversation	0.03	−0.00						
4. Nonalcoholic's Conformity	−0.05	0.29 ***	−0.16 ***					
5. Attachment Avoidance	0.05	−0.09 *	0.05	−0.16 ***				
6. Attachment Anxiety	0.02	0.01	0.12 **	−0.15 ***	0.63 ***			
7. Depression	0.02	0.02	0.07	−0.06	0.36 ***	0.44 ***		
8. Resiliency	−0.02	0.09 *	0.07	0.18 ***	−0.22 ***	−0.28 ***	−0.51 ***	
9. Self-Esteem	−0.05	0.08	−0.02	0.18 ***	−0.40 ***	−0.43 ***	−0.53 ***	0.62 ***

*$p < 0.05$; **$p < 0.01$; ***$p < 0.001$.

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conversation orientation such that parents with alcoholism expect their children to be agreeable and obedient, whereas parents without alcoholism shoulder more of the burden in terms of engaging children in open conversations and encouraging disclosure and sharing. Taken together, these findings are significant because they imply that family communication patterns may not be consistently enacted across different family relationships.

Test of Hypothesized Model

To test our hypotheses, we conducted a structural equation model (SEM) using Amos 20. We used parcels as single-item indicators of the latent variable, with the error variance of each parcel set to $(1 - \alpha)(\sigma)$ to account for measurement error in our scales (Bollen, 1989). Again, our criteria for a good fitting model were $\chi^2/df < 3.0$, CFI > 0.95, and RMSEA < 0.06. The data indicated that the initial model did not provide an adequate fit to the data (χ^2 (15) = 3.11, CFI = 0.97, RMSEA = 0.07). We reviewed the modification indices for the model and identified paths with the largest modification index to be added to the model one at a time until we achieved a satisfactory model fit. We added one direct path from the nonalcoholic parent's conversation orientation to resilience, which resulted in a model that adequately fit the data (χ^2 (14) = 2.46, CFI = 0.98, RMSEA = 0.06).

Results indicated that ACoA's perceptions of the alcoholic parent's conformity orientation and conversation orientation were not significantly associated with either attachment avoidance or anxiety (see Figure 14.2); thus, H1a and H2a were unsupported. In contrast, ACoA's perception of the nonalcoholic parent's conformity orientation was positively associated with attachment anxiety and ACoA's perception of the nonalcoholic parent's conversation orientation was negatively associated with both anxiety and avoidance. Thus, H1b was partially supported and H2b was fully supported. In addition, ACoA's self-reported attachment avoidance and anxiety were both positively associated with depression (H3) and negatively associated with resilience (H4) and self-esteem (H5). Thus, H3, H4, and H5 were all fully supported. Finally, the added path in the model indicates that ACoA's perception of the nonalcoholic parents' conversation orientation is positively associated with resilience.

Recall that RQ2 inquired about whether parents with and without alcoholism have similar degrees of influence over their children's attachment orientation. The results indicated that perceptions of alcoholic parents' conformity orientation and conversation orientation are not significantly associated with self-reported attachment style, but perceptions of nonalcoholic parents' conformity orientation predicts attachment anxiety and perceptions of conversation orientation predicts both attachment anxiety and avoidance. A path was also added between the reports for nonalcoholic parents'

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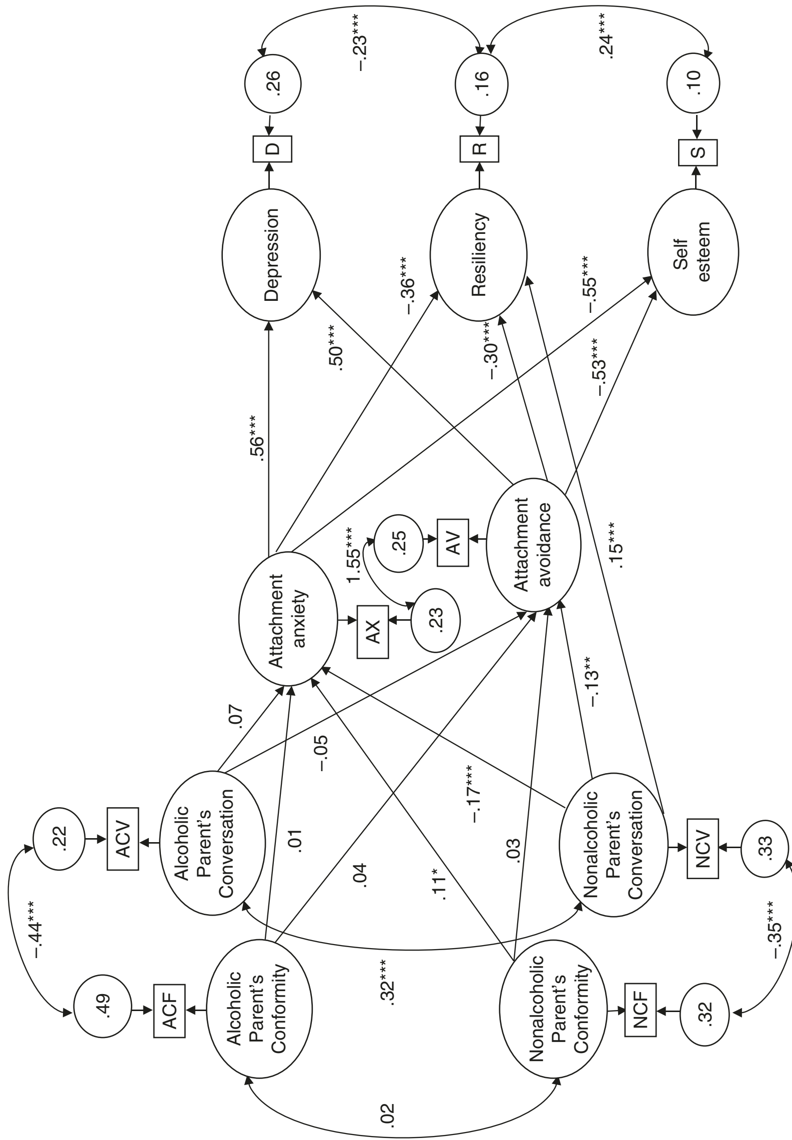

FIGURE 14.2 Final model.

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conversation orientation and resilience. Thus, the results suggest that the family communication patterns of the parent without alcoholism are more influential for children's development and adjustment than those of the parent with alcoholism.

DISCUSSION

This study challenged the assumptions of family communication patterns theory (Fitzpatrick & Ritchie, 1994; Koerner & Fitzpatrick, 2002a) by exploring the ways in which communication dynamics of parents with and without alcoholism differentially contribute to attachment style and psychological outcomes for ACoA. The results indicate that ACoA's perceptions of the conformity orientation and conversation orientation of the nonalcoholic parent predict dimensions of attachment anxiety and avoidance for ACoA, which in turn predict increased levels of depression and decreased resiliency and self-esteem. Surprisingly, ACoA's perceptions of the conformity orientation and conversation orientation of the parent with alcoholism were not significant predictors of ACoA attachment. In this section, we discuss the results in terms of implications for extending theory and for helping families that are coping with a parent's alcoholism.

Implications for Advancing Family Communication Patterns Theory

As a starting point, this study examined the degree to which ACoA perceive similar orientations toward conformity and conversation in their parent with versus without alcoholism in an effort to determine whether a dominant communication style was present. Results of a paired samples *t*-test revealed that ACoA perceive their parent with alcoholism as higher in conformity orientation and lower in conversation orientation than their parent without alcoholism. Common characteristics of individuals with alcoholism include low frustration tolerance, desire for perfection, anxiety, poor self-image, and a sense of loneliness (NIAAA, 2010). In addition, parents with alcoholism are often inconsistent with their affection, vacillating between demonstrations of love and warmth at certain times and rejection at others (Woititz, 1989). In contrast, the parent without alcoholism must often overcompensate for the erratic behavior of their spouse to ensure that their children's needs are being met. Thus, it is not surprising that ACoA would have different perceptions of the communication patterns of their parent with and without alcoholism.

This result has important implications for the development of family communication patterns theory because it suggests that parents may not always promote the same communication patterns in the family and, even if they do, it does not mean that is how other members of the family perceive

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those patterns. Although most applications of family communication patterns theory assess perceptions of the conformity orientation and conversation orientation for the family as a whole, our results suggest that there is utility in evaluating perceptions of family communication patterns from a variety of vantage points. We can envision a variety of family circumstances in which each parent may enact different communication patterns with their children, such as in divorced families, stepfamilies, military families that are separated during deployment, or families in which one parent is suffering from illness. The results of this study indicate that distressed families, in particular, are likely to perceive different communication patterns enacted by each parent. Similarly, Rangarajan and Kelly (2006) found that parents with and without alcoholism have different orientations toward family communication. In addition, Miller-Day and Marks (2006) found that fathers' conformity orientation and conversation orientation predicted disordered eating behavior in children, but mothers' communication patterns did not. So what does this mean for family communication patterns theory? We believe this provides an opportunity to examine the implications and perceptions of dueling communication orientations in the family. The theory tends to assume that parents co-construct a social reality in the family in which they both communicate with children in the same way and to the same effect. Our results suggest that this may not be the case, and calls for further theorizing about the complexity of balancing communication patterns across parents. Family communication patterns theory may need to evolve to account for each parent's unique influence in the family as well as the corresponding perceptions of parent's communication orientations.

The results of this study also revealed that ACoA's perceptions of the communication patterns of parents without alcoholism predicted attachment anxiety and avoidance, but perceptions of the communication patterns of parents with alcoholism did not. This finding was surprising given that individuals with alcoholism tend to provide relatively inconsistent nurturing for their children (e.g., Woititz, 1989), which should be influential in shaping attachment outcomes. Why would the parent without alcoholism have more influence on attachment style than the parent with alcoholism? We have identified two possible explanations for this finding. First, a methodological explanation has to do with the distribution of fathers and mothers with alcoholism in our sample. Three-quarters of our sample reported that their father was the parent with alcoholism, so there were very few mothers with alcoholism in this sample. Given that mothers are typically the primary source for pair-bonding in the formation of attachment style (Bowlby, 1969), it is possible that our results reflect the fact that fathers, in general, are less influential in the development of attachment styles, and most of the parents with alcoholism in this sample were fathers. Second, a contextual explanation has to do with the

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way children of parents with alcoholism may relate to their parent with alcoholism. As a coping mechanism, many children of parents with alcoholism distance themselves from their parent with alcoholism and become more independent (Masten et al., 1995). Thus, children may buffer themselves from the negative influence of a parent with alcoholism by limiting interaction. Notably, this may be especially true for daughters with fathers with alcoholism, who were heavily represented in our sample.

The results of this study point to two important considerations for extending family communication patterns theory. First, our findings call into question the utility of family communication patterns theory for at-risk families. Prior research has tended to test the theory within intact families and measure only one communication orientation for the entire family (e.g., Schrodt et al., 2008). The results of this study suggest that some tenets of family communication patterns theory may not translate to families with nontraditional structures and relationships. Given the rich diversity that characterizes modern families, a theory that is broader in scope and applicable to more diverse family experiences would be ideal. Second, our findings call into question the idea of a co-orientation around communication behavior in the family (Koerner & Fitzpatrick, 2002a). We found that ACoA perceive different conversation orientations and conformity orientations for their parent with and without alcoholism. At the very least, this finding suggests that families characterized by separated or absentee parents may not conform to a single communication orientation in the family; however, given that the majority of the parents with alcoholism in this study were fathers, we wonder if the differing communication orientations observed in this study are less a reflection of a parent's alcoholism and more a reflection of each parent's gender. To the extent that mothers and fathers enact different communication behaviors based on traditional gender roles, children may perceive separate communication climates around each parent rather than a single communication orientation for the whole family. In other words, a lack of co-orientation in the family may not be isolated to at-risk families, it may be possible in any family where each parent enforces different expectations for communication behavior. Future research on family communication patterns theory should explore this possibility.

Implications for Families Coping with a Parent's Alcoholism

The results of this study provide important insight for children of parents with alcoholism, primary caregivers in a home of a family coping with alcoholism, and practitioners working with these families. Research on the family members of individuals with alcoholism is limited, and what is available focuses primarily on descriptions of the emotional and psychological outcomes for children of parents with alcoholism, with little attention to the

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dynamics of the family coping with alcoholism that may contribute to such outcomes. We believe that family communication patterns theory was a useful tool for examining the dynamics of communication in families coping with alcoholism that contribute to various outcomes for children as they become adults.

Our results suggest that the conversation orientation in the family, particularly the conversation orientation of the parent with alcoholism, is more influential in shaping outcomes for ACoA than the conformity orientation. The conversation orientation of the parent without alcoholism was negatively associated with attachment anxiety and avoidance. Moreover, the direct path that was added to the model revealed a positive association between ACoA perceptions of the conversation orientation of the parent without alcoholism and ACoA's resilience. Thus, families coping with a parent's alcoholism should be encouraged to engage in open communication about a variety of topics. Internalizing traumatic experiences can increase contemplation, anxiety, and mood turbulence (Larson & Chastain, 1990; Roemer & Borkovec, 1994), amplify psychological issues (Gross & Levenson, 1993), and intensify rates of illness (Larson & Chastain, 1990). An open communication environment allows ACoA to talk through concerns or triumphs, which can potentially mitigate emotional or psychological issues stemming from their family situation (Pennebaker, 1985). Discussing the negative experiences affecting ACoA can also be an important part of the coping process (Bareket-Bojmel & Shahar, 2011). Children of Alcoholics (CoA) and ACoA may struggle to talk about their experiences given that many families affected by alcoholism attempt to stifle communication about the illness (Black, 1982). In these instances, CoA and ACoA may benefit from seeking external support from a professional such as a counselor or therapist. Although increased communication may not be beneficial in all situations, our results suggest that CoA may benefit from talking about their feelings, either with their parent(s) or with a third party.

In contrast, the conformity orientation of parents with and without alcoholism is somewhat less influential for shaping ACoA's attachment styles. Perceptions of the conformity orientation of parents without alcoholism was positively associated with attachment anxiety, but it was the only communication orientation that was significant. On one hand, it is encouraging that few of the family communication patterns were significantly associated with attachment anxiety. On the other hand, parents should be aware that creating a family climate that is high in conformity orientation prevents children from forming their own ideas and opinions, which can encourage feelings of low self-worth. Particularly in families with a parent with alcoholism, pressuring children to adopt homogeneous opinions about the situation can lead to frustration and discourage

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dialogue. Thus, families coping with a parent's alcoholism should make an effort to encourage conversation and to allow family members to express their differing feelings about their family experiences.

The outcomes we investigated in this study included depression, resilience, and self-esteem. Although a number of previous studies have shown that ACoA struggle with these psychological outcomes in adulthood, few investigations have considered how perceptions of communication might contribute to them. In our study, these variables were most strongly and directly predicted by the ACoA's dimensions of attachment anxiety and avoidance. These results provide a bit of bad news for ACoA who are trying to cope with the effects of having a parent with alcoholism. Given that attachment styles are developed at a very young age and tend to be persistent across the lifespan (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969), ACoA with insecure attachment styles may continually struggle to bolster self-esteem, combat depression, and be resilient in the face of hardship. Finding attachment relationships in adulthood that can contribute to more positive working models of the self and others may be an important step in adopting more positive psychological outcomes in adulthood.

Strengths, Limitations, and Future Directions

This study has several strengths. First, we were able to recruit a rather large sample, which included participants from nearly every state and multiple countries. Thus, our sample is representative of ACoA from a variety of different communities. Second, we measured ACoA's perceptions of conformity orientation and conversation orientation for parent with and without alcoholism separately, which allowed us to examine how parents may diverge in their family communication patterns and whether each parent had equal influence on children's outcomes. Although this is in contrast to the tradition of family communication patterns theory, we believe our findings demonstrate the importance of testing theory in diverse contexts, and present an opportunity for extending the scope of the theory. Finally, whereas much of the literature on ACoA is descriptive in nature, our investigation was informed by theory. By applying family communication patterns theory to explain the dynamics of families coping with a parent's alcoholism, we were able to extend the literatures on both ACoA and families coping with alcoholism.

There were also some limitations in this study. First, the sample was heavily skewed with females, which limits our ability to generalize to the experiences of male ACoA. The distribution of males and females in the sample is representative of the groups from which they were recruited,

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which report that 86% of members are female. More research is needed to better understand the experiences of male ACoA and to determine if daughters and sons are similarly affected by a parent's alcoholism. Second, the majority of participants identified their father as the parent with alcoholism, so the results of this study may not successfully generalize to families with mothers with alcoholism. Moreover, the large number of fathers with alcoholism calls into question whether high conformity orientations and low conversation orientations are typical of parents with alcoholism or fathers more generally. Additional research is needed to verify differences in communication patterns for fathers versus mothers with alcoholism. Third, the average age of participants suggests that we recruited a more mature sample who may have already found successful ways to cope with their parent's alcoholism as they became further removed from their family of origin. A younger sample may have reported more significant barriers to their psychological well-being. Fourth, we recruited our sample through support groups for ACoA, which suggests that participants were already seeking treatment and support to help them cope with their parent's alcoholism; thus, we were unlikely to recruit individuals who are particularly distressed by their experiences with a parent with alcoholism. Finally, the fact that our sample was predominantly white/Caucasian may obscure any cultural factors that are enmeshed with families affected by alcoholism.

Future research can expand on this study in a number of ways. First, whereas the vast majority of research on family communication patterns has relied on self-reports of individuals' perceptions of the interaction patterns within their family, we believe that an important next step is to observe how conformity and conversation orientations are manifest in communication behavior within the family. Particularly in the context of families coping with alcoholism, it is important to understand how family members interact with and around a parent with alcoholism and the impact that those interactions can have for the well-being of spouses and children in the future. Second, rather than focusing on ACoA's retrospective accounts of their family dynamics, we encourage researchers to observe features of family communication at various stages of the life span for families coping with alcoholism and to obtain data from various perspectives in the family. A more holistic view of the dynamics in families coping with a parent's alcoholism is necessary for developing effective communication-based interventions for children and parents who are struggling directly or indirectly with this disease.

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REFERENCES

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Alcohol and Drug Programs (ADP) Resource Center. (2007). *Children of alcoholics: Important facts* (99–2567). Publication No. 99–2567. Retrieved from: www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=10&ved=0CHYQFjAJurl=http://www.adp.cahwnet.gov/rc/pdf/2567.pdf&ei=AqdwUIKRHoXyogHJ10DADw&usg=FQjCNHrshvqVl_5fiCWTiI_TxqSKWz7VQ&sig2=22n4wBYWLW6O-hXYDiVREA

Bareket-Bojmel, L., & Shahar, G. (2011). Emotional and interpersonal consequences of self-disclosure in a lived, online interaction. *Journal of Social and Clinical Psychology*, *30*, 732–759. doi: 10.1521/jscp.2011.30.7.732

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships*, *7*, 147–178. doi: 10.1177/0265407590072001

Baumeister, R. (1993). *Self-esteem: The puzzle of low self-regard*. New York, NY: Plenum. doi: 10.1007/978–1-4684–8956-9

Beaudoin, C. M., Murray, R. P., Bond, J. Jr., & Barnes, G. E. (1997). Personality characteristics of depressed or alcoholic adult children of alcoholics. *Personality & Individual Differences*, *23*, 559–567. doi: 10.1016/S0191-8869(97)00080–9

Beesley, D., & Stoltenberg, C. D. (2002). Control, attachment style, and relationship satisfaction among adult children alcoholics. *Journal of Mental Health Counseling*, *24*, 281–298.

Berkowitz, A., & Perkins, H. W. (1988). Personality characteristics of children of alcoholics. *Journal of Consulting and Clinical Psychology*, *56*, 206–209. doi: 10.1037/0022-006X.56.2.206

Black, C. (1982). *It will never happen to me*. Denver, CO: MAC Printing and Publications Division.

Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. P. Robinson, P. R. Shaver, & L. S. Wrightsman (Eds.), *Measures of personality and psychological attitudes* (pp. 115–155). New York, NY: Academic Press. doi: 10.1016/B978-0–12-590241–0.50008–3

Bollen, K. A. (1989). *Structural equations with latent variables.* New York, NY: John Wiley & Sons. doi: 10.1002/9781118619179

Bowlby, C. (1969). *Attachment and loss (Vol. 1)*. New York, NY: Basic Books.

Burleson, B. R., Delia, J. G., & Applegate, J. L. (1995). The socialization of person-centered communication skills: Parental contributions to the social-cognitive and communication skills of their children. In M. A. Fitzpatrick & A. L. Vangelisti (Eds.), *Explaining family interactions* (pp. 34–76). Thousand Oaks, CA: SAGE. doi: 10.4135/9781483326368.n2

Bush, S., Ballard, M. E., & Fremouw, W. (1995). Attributional style, depression, and self-esteem: Adult children of alcoholic and non-alcoholic parents. *Journal of Youth and Adolescence*, *24*, 177–185. doi: 10.1007/BF01537148

Carle, A. C., & Chassin, L. (2004). Resilience in a community sample of children of alcoholics: Its prevalence and relation to internalizing symptomatology and positive affect. *Applied Developmental Psychology*, *25*, 577–595. doi: 10.1016/j.appdev.2004.08.005

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping during childhood and adolescence: Problems,

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progress, and potential. *Psychological Bulletin*, *127*, 87–127. doi: 10.1037/0033–2909.127.1.87

Drake, R. E., & Vaillant, G. E. (1988). Predicting alcoholism and personality disorder in a 33-year longitudinal study of children of alcoholics. *British Journal of Addiction*, *83*, 799–807. doi: 10.1111/j.1360–0443.1988.tb00515.x

Drejer, K., Theikjaard, A., Teasedale, T. W., Schulsinger, F., & Goodwin, D. W. (1985). A prospective study of young men at high risk for alcoholism: Neuropsychological assessment. *Alcoholism: Clinical and Experimental Research*, *9*, 498–502. doi: 10.1111/j.1530–0277.1985.tb05590.x

Eiden, R. D., Edwards, E. P., & Leonard, K. E. (2002). Mother-infant and father-infant attachment among alcoholic families. *Development and Psychopathology*, *14*, 253–278. doi: 10.1017/S0954579402002043

Erdman P. (1998) Conceptualizing ADHD as a contextual response to parental attachment. *American Journal of Family Therapy*, *26*, 177–185. doi: 10.1080/01926189808251097

Farrell, M. P., Barnes, G. M., & Banerjee, S. (1995). Family cohesion as a buffer against the effects of problem-drinking fathers on psychological distress, deviant behavior, and heavy drinking in adolescents. *Journal of Health and Social Behavior*, *36*, 377–385. doi: 10.2307/2137326

Fava, M., & Cassano, P. (2008). Mood disorders: Major depressive disorder and dysthymic disorder. In T. A. Stern, J. F. Rosenbaum, M. Fava, J. Biederman, & S. L. Rauch (Eds.), *Massachusetts General Hospital comprehensive clinical psychiatry* (1st ed.). Philadelphia, PA: Mosby Elsevier. doi: 10.1016/B978-0–323-04743–2.50031–7

Fitzpatrick, M. A., & Ritchie, L. D. (1994). Communication schemata within the family: Multiple perspectives on family interaction. *Human Communication Research*, *20*, 275–301. doi: 10.1111/j.1468–2958.1994.tb00324.x

Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item response theory analysis of self-report measures of adult attachment. *Journal of Personality and Social Psychology*, *78*, 350–365. doi: 10.1037/0022–3514.78.2.350

Grant, B. F. (2000). Estimates of U.S. children exposed to alcohol abuse and dependence in the family. *American Journal of Public Health*, *90*, 112–116. doi: 10.2105/AJPH.90.1.112

Grant, K. E., Compas, B. E., Thurm, A. E., McMahon, S. D., & Gipson, P. Y. (2004). Stressors and child and adolescent psychopathology: Measurement issues and prospective effects. *Journal of Clinical Child and Adolescent Psychology*, *33*, 412–425. doi: 10.1207/s15374424jccp3302_23

Griffin, D. W., & Bartholomew, K. (1994). Models of the self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology*, *67*, 430–445. doi: 10.1037/0022–3514.67.3.430

Gross, J. J., & Levenson, R. W. (1993). Emotional suppression: Physiology, self-report, and expressive behavior. *Journal of Personality and Social Psychology*, *64*, 968–970. doi: 10.1037/0022–3514.64.6.970

Hall, C. W., & Webster, R. E. (2002). Traumatic symptomatology characteristics of adult children of alcoholics. *Journal of Drug Education*, *32*, 195–211. doi: 10.2190/U29W-LF3W-748L-A48 M

Hall, C. W., & Webster, R. E. (2007). Risk factors among adult children of alcoholics. *International Journal of Behavioral Consultation Therapy*, *3*, 494–511. doi: 10.1037/h0100819

Hall, C. W., Webster, R. E., & Powell, E. J. (2003). Personal alcohol use in adult children of alcoholics. *Alcohol Research*, *8*, 157–162.

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Hamon, J. D., & Schrodt, P. (2012). Do parenting styles moderate the association between family conformity orientation and young adults' mental well-being? *Journal of Family Communication*, *12*, 151–166. doi: 10.1080/15267431.2011.561149

Harter, S. L., & Taylor, T. L. (2000). Parental alcoholism, child abuse, and adult adjustment. *Journal of Substance Abuse*, *11*, 31–44. doi: 10.1016/S0899-3289(99)00018–8

Hepper, E. G., & Carnelley, K. B. (2012). The self-esteem roller coaster: Adult attachment moderates the impact of daily feedback. *Personal Relationships*, *19*, 504–520. doi: 10.1111/j.1475–6811.2011.01375.x

Hunter, J. E., & Gerbing, D. W. (1982). Unidimensional measurement, second-order factor analysis, and causal models. In B. M. Straw & L. L. Cummings (Eds.), *Research in organizational behavior 4* (pp. 267–299). Greenwich, CT: JAI Press.

Johnson, P. (2001). Dimensions of functioning in alcoholic and nonalcoholic families. *Journal of Mental Health Counseling*, *23*, 127–136.

Johnson, P., & Stone, R. (2009). Parental alcoholism and family functioning: Effects on differentiation levels of young adults. *Alcoholism Treatment Quarterly*, *27*, 3–18. doi: 10.1080/07347320802586601

Jones, D. C., & Houts, R. (1992). Parental drinking, parent/child communication, and the social skills of young adults. *Journal of Studies on Alcohol*, *53*, 48–56. doi: 10.15288/jsa.1992.53.48

Karreman, A., & Vingerhoets, J. J. M. (2012). Attachment and well-being: The mediating role of emotion regulation and resilience. *Personality and Individual Differences*, *53*, 821–826. doi: 10.1016/j.paid.2012.06.014

Kelley, M. L., Braitman, A., Henson, J. M., Schroeder, V., Ladage, J., & Gumienny, L. (2011). Relationships among depressive mood symptoms and parent and peer relations in collegiate children of alcoholics. *American Journal of Orthopsychiatry*, *80*, 204–212. doi: 10.1111/j.1939–0025.2010.01024.x

Koerner, A. F., & Cvancara, K. E. (2002). The influence of conformity orientation on communication patterns in family conversations. *Journal of Family Communication*, *2*, 133–152. doi: 10.1207/S15327698JFC0203_2

Koerner, A. F., & Fitzpatrick, M. A. (1997). Family type and conflict: The impact of conversation orientation and conformity orientation on conflict in the family. *Communication Studies*, *48*, 59–78. doi: 10.1080/10510979709368491

Koerner, A. F., & Fitzpatrick, M. A. (2002a). Toward a theory of family communication. *Communication Theory*, *12*, 70–91. doi: 10.1111/j.1468–2885.2002.tb00260.x

Koerner, A. F., & Fitzpatrick, M. A. (2002b). Understanding family communication patterns and family functioning: The roles of conversation orientation and conformity orientation. In W. B. Gudykunst (Ed.), *Communication yearbook 26* (pp. 36–68). Mahwah, NJ: Lawrence Erlbaum Associates. doi: 10.1080/23808985.2002.11679010

Larson, D., & Chastain, R. (1990). Self-concealment: Conceptualization, measurement, and health implications. *Journal of Social and Clinical Psychology*, *9*, 439–455. doi: 10.1521/jscp.1990.9.4.439

Ledbetter, A. M. (2009). Family communication patterns and relational maintenance behavior: Direct and mediated associations with friendship closeness. *Human Communication Research*, *35*, 130–147. doi: 10.1111/j.1468–2958.2008.01341.x

Masten, A. S., Coatsworth, J. D., Neemann, J., Gest, S. D., Tellegen, A., & Garmezy, N. (1995). The structure and coherence of competence from childhood through adolescence. *Child Development*, *66*, 1635–1659. doi: 10.2307/1131901

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Miller-Day, M., & Marks, J. D. (2006). Perceptions of parental communication orientation, perfectionism, and disordered eating behaviors of sons and daughters. *Health Communication*, *19*, 153–163. doi: 10.1207/s15327027hc1902_7

Muris, P., Mayer, B., & Meesters, C. (2000). Self-reported attachment style, anxiety, and depression in children. *Social Behavior and Personality*, *28*, 157–162. doi: 10.2224/sbp.2000.28.2.157

National Institute on Alcohol Abuse and Alcoholism. (2010). Rethinking drinking: Alcohol and your health. NIH Publication No. 13–3770. Retrieved from: http://pubs.niaaa.nih.gov/publications/RethinkingDrinking/Rethinking_Drinking.pdf

Palmer, N. (1997). Resilience in adult children of alcoholics: A nonpathological approach to social work practice. *Health & Social Work*, *22*, 201–209. doi: 10.1093/hsw/22.3.201

Pennebaker, J. W. (1985). Traumatic experience and psychosomatic disease: Exploring the roles of behavioural inhibition, obsession, and confiding. *Canadian Psychology*, *26*, 82–95. doi: 10.1037/h0080025

Rangarajan, S. (2008). Mediators and moderators of parental alcoholism effects on offspring self-esteem. *Alcohol and Alcoholism*, *43*, 481–491. doi: 10.1093/alcalc/agn034

Rangarajan, S., & Kelly, L. (2006). Family communication patterns, family environment, and the impact of parental alcoholism on offspring self-esteem. *Journal of Social and Personal Relationships*, *23*, 655–671. doi: 10.1177/0265407506065990

Reiss, D. (1981). *The family's construction of reality*. Cambridge, MA: Harvard University Press.

Ritchie, D. L., & Fitzpatrick, M. A. (1990). Family communication patterns: Measuring intrapersonal perceptions of interpersonal relationships. *Communication Research*, *17*, 523–544. doi: 10.1177/009365090017004007

Roemer, L., & Borkovec, T. D. (1994). Effects of suppressing thoughts about emotional material. *Journal of Abnormal Psychology*, *103*, 467–474. doi: 10.1037/0021-843X.103.3.467

Rueter, M. A., & Koerner, A. F. (2008). The effect of family communication patterns on adopted adolescent adjustment. *Journal of Marriage and Family*, *70*, 715–727. doi: 10.1111/j.1741–3737.2008.00516.x

Schrodt, P., Witt, P. L., & Messersmith, A. S. (2008). A meta-analytical review of family communication patterns and their associations with information processing, behavioral, and psychosocial outcomes. *Communication Monographs*, *75*, 248–269. doi: 10.1080/03637750802256318

Straussner, S. A., & Fewell, C. H. (Eds.). (2011). *Children of substance-abusing parents: Dynamics and treatment*. New York, NY: Springer Publishing Company.

Sullivan, P. F., Neale, M. C., & Kendler, K. S. (2000). Genetic epidemiology of major depression: Review and meta-analysis. *American Journal of Psychiatry*, *157*, 1552–1562. doi: 10.1176/appi.ajp.157.10.1552

Tajalli, F., & Ardalan, E. (2010). Relation of family communication patterns with self-efficacy and academic adjustment. *Journal of Psychology*, *14*, 62–78.

Thompson, R. (1999). Early attachment and later behavior. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of attachment: Research, theory, & clinical applications* (pp. 265–286). New York, NY: Guilford Press.

Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*, *1*, 165–178.

Woititz, J. G. (1989). *The self-sabotage syndrome: Adult children in the workplace*. Deerfield Beach, FL: Health Communications.

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Wood, A. M., Taylor, P. J., & Joseph, S. (2010). Does the CES-D measure a continuum from depression to happiness? Comparing substantive and artifactual models. *Psychiatry Research*, *177*, 120–123. doi: 10.1016/j.psychres.2010.02.003

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