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Characteristics of Communication in Families of Alcoholics

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Abstract

In the U.S., roughly 43% of adults have encountered alcoholism in their family and one in four children lives with an alcoholic parent (Grant, 2000). Prior research suggests that alcoholism can negatively impact the nature and quality of family relations, but studies rarely consider the specific ways in which family communication dynamics are impacted by the disease. Thus, the goal of this study was to identify the characteristics of communication in families of alcoholics and to develop a larger conceptual model to guide future inquiries in this context. A national sample of 682 adult children of alcoholics were asked to describe the communication dynamics in their family of origin. A theme analysis of the open-ended data revealed four overarching themes that were comprised of nine subcategories: (a) aggressive communication (e.g., heightened conflict, tense communication, and secretive slandering); (b) protective communication (e.g., superficiality, limited or indirect communication, and sober parent buffering); (c) adaptive communication (e.g., functional communication); and (d) inconsistent communication (e.g., struggles over power and control, mood fluctuation). We draw on the results of this analysis to propose a model depicting communication dynamics in families of alcoholics and the antecedent conditions and consequent outcomes of such communication patterns in the family.

Characteristics of Communication in Families of Alcoholics

Individuals who struggle with alcohol dependency often behave in ways that make it difficult to maintain close relationships. For example, alcoholics may neglect family and work responsibilities, display inconsistent messages of affection and aggression, and in some cases become verbally and physically abusive (Schade, 2006; Woititz, 1985). Family members of alcoholics often compensate for the behavior of the alcoholic in ways that can also undermine family relations. For instance, sober partners may spend so much time attending to the needs of the alcoholic partner that they neglect the needs of children in the family and engage in limited interaction (Zelvin, 2004). Research on children of alcoholics (CoA) found that they may respond to the family environment by either acting out in displays of aggression (Sher, 1991; Edwards, Eiden, Colder, & Leonard, 2006) or withdrawing from interaction with family members (Vernig, 2011). Thus, the communication dynamics within families of alcoholics are likely to reflect many of the challenges that arise in coping with an alcoholic parent; yet, few studies have explicitly examined the nature of communication within families of alcoholics. Although some scholars have incorporated specific predictors or outcomes that are communicative in nature in their studies (Rangarajan & Kelly, 2006; Schade, 2006; Straussner & Fewell, 2011), we know of no research that has described the general nature and quality of the interpersonal communication dynamics in families of alcoholics. The goal of this study, then, is to identify the features of communication that characterize families of alcoholics and to develop a larger conceptual model to guide future inquiries in this context.

Relational Roles and Behaviors in Families of Alcoholics

Alcoholism is often referred to as a “family disease” because all family members play a role in coping with the alcoholic and all family members suffer consequences of the illness

(Ackerman, 1986). Spouses of alcoholics have been known to enact behaviors that enable the alcoholic's problem behavior and protect the alcoholic from negative consequences (Zelvin, 2004). Children can also play a variety of roles in the family that may enable a parent's alcoholism, compensate for the alcoholism, or attempt to hide the alcoholism from outsiders (Vernig, 2011). Thus, in coping with the conditions of alcoholism, family members may enact a variety of roles that undermine healthy communication behaviors. In this section, we describe some of the behaviors and roles that are often performed by partners, parents, and children in families of alcoholics and highlight their consequences for communication.

Spouses of alcoholics adopt diverse roles and behaviors in response to their partner's alcoholism that often undermine relational quality and strain communication between partners. Increased conflict is common in the relationship between alcoholics and their romantic partner (Stout & Mintz, 1996). Conflict may arise from the inconsistent strategies employed by non-alcoholic partners to curb the alcoholic partner's drinking behavior or to punish the partner for his or her actions (Fals-Stewart & Birchler, 1998; Le Poire, 2006). In addition, partners who feel that the substance abuser is placing them second to the drinking problem may develop feelings of neglect and frustration that may elicit conflict (Schade, 2006). The prevalence of conflict in the relationship also places spouses at an increased risk for verbal and physical abuse when conflicts are especially severe (Straus & Sweet, 1992). Thus, communication and relationships between alcoholics and their partners can often be strained or tense in families of alcoholics.

Individuals also enact behaviors in their parental roles that can introduce challenges in the relationship between parents and children in the family. A substance-abusing parent is likely to exhibit strict discipline, an authoritarian parenting style, and impractical expectations of children's abilities (Mayes & Truman, 2002). Even the nonalcoholic parent in the family tends to

communicate fewer messages of warmth and sensitivity to their children (Eiden, Colder, Edwards, & Leonard, 2009). In response to such parenting behaviors, adult CoA report feelings of estrangement, difficulty communicating and trusting others, emotional longing, negative attitudes towards the parent, and an increase in depressive symptoms (Kelley et al., 2011). These findings imply that the conditions in families of alcoholics shape interaction between parents and children in ways that can put a strain on parent-child relationships.

Children in families of alcoholics often adopt specific roles and communication behaviors to respond to their circumstances. Some of the most common roles performed by CoA include: enabler, hero, lost child, mascot, and scapegoat (Vernig, 2011). CoA who act as the *enabler* perpetuate the drinking problem by managing their parent's responsibilities and stepping in to fulfill parental roles. Similarly, the *hero* is typically mature and responsible and makes sure to maintain the appearance of a highly functioning family. The *lost child* refers to CoA who withdraw from the family, preferring to be unseen in the hopes of avoiding conflict or ridicule. CoA who play the role of *mascot* use humor to minimize the effects of family conflict, even though they are distressed. Finally, CoA who perform the role of *scapegoat* get into trouble in an effort to distract others from the issues related to the substance abuse. Thus, CoA adapt to their circumstances by adopting roles and responsibilities that impact family dynamics. As described in the next section, the roles that individuals perform to cope with a family member's alcoholism are reflected in the interpersonal communication dynamics of the family.

Communication Dynamics in Families of Alcoholics

As the previous section demonstrates, much of the existing research on families of alcoholics implies that communication behavior is shaped by the circumstances within the family and the relationships between family members, but no research has attempted to codify the

general nature of communication dynamics within these families. Studies that have incorporated specific features of communication have tended to focus on a narrow spectrum of communication behaviors. For example, one common finding is that interpersonal conflict is heightened in families of alcoholics (Kelley et al., 2007), but the communication dynamics that characterize such conflicts are not well-documented. In addition, studies that point to abusive behaviors on the part of alcoholics (e.g., Testa, Quigley, & Leonard, 2003; Wekerle & Wall, 2002) underscore the potential for communication marked by aggressiveness in families of alcoholics, but no studies have explicitly documented aggressiveness as a feature of family communication in this context. Studies also indicate that some families discourage communication about the taboo topic of alcohol and encourage family members to keep the drinking problem a secret to protect the family's privacy and avoid upsetting the alcoholic parent (Black, 1982; Brady, Tolliver, & Verduin, 2007), which implies that topic avoidance may be a relevant feature of family communication (Caughlin & Malis, 2004). Taken together, these studies suggest that family communication patterns are likely influenced by the dynamics in families of alcoholics, but few studies have taken a holistic view at the features of communication that characterize the family system.

The work that has examined communication behaviors in families of alcoholics has tended to characterize communication as being either highly aggressive or highly avoidant (Schade, 2006; Straussner & Fewell, 2011; Woititz, 1985). This dichotomous view of communication in families of alcoholics is too narrow to accurately represent the range of communication behaviors that may be present in such families. Moreover, much of the existing research starts with the assumption that conflict, aggression, or avoidance are likely features of communication in families of alcoholics and have set out to test these assumptions using a

logical-empirical approach. To develop a more nuanced understanding of the communication dynamics that exist in families of alcoholics, individuals with an alcoholic parent were asked to describe the nature of their family communication patterns. Thus, we advance a relatively broad research question in our effort to create a more comprehensive characterization of the features of communication that are common in families of alcoholics.

RQ1: What are the characteristics of communication in families of alcoholics?

Method

To investigate our research question, we invited self-proclaimed adult CoA to complete an online survey about their family experiences and communication dynamics. As part of a larger study, participants were recruited through several online listservs for family and friends of alcoholics (e.g., www.ncadd.org; www.al-anon.alateen.org; www.breining.edu). The listservs were selected based on their broad reach, active member participation, and suitability of target audience for research goals. To qualify for the study, participants had to (a) be at least 18 years of age, (b) consider themselves to be a child of an alcoholic, and (c) have access to the Internet. The first 200 participants to complete the survey received a \$15 gift card to Amazon.com.

Sample. A total of 682 participants completed the survey. The majority of the respondents were female (85.9%) and the age of participants ranged from 18 to 87 years old ($M = 48.58$, $SD = 14.33$). Participants were predominantly White or Caucasian (91.5%), followed by Hispanic/Latino (4.3%), African American (2.2%), Native American (2.2%), Asian/Pacific Islander (1.4%), Middle Eastern (0.2%), and 1.4% reported other. Individuals from 48 different states, as well as Canada and the Virgin Islands completed the survey. The majority of participants had an alcoholic father (59.9%), with relatively fewer alcoholic mothers (18.3%). Another 21.8% reported that both parents were alcoholics. Participants characterized the severity

of the alcoholic parent as functional (61.9% of fathers; 42.7% of mothers), moderate (24.7% of fathers; 36.4% of mothers), or chronic severe (13.4% of fathers; 21% of mothers). Participants indicated that 28.1% of fathers and 12.9% of mothers had entered recovery for alcoholism. In addition, 42.1% of parents had separated or divorced.

Procedures. The study announcement was posted to the listservs and directed participants to a URL where they could complete the online survey. On the survey website, participants provided informed consent and then provided demographic information, information about the severity of their parent's alcoholism, and information about the structure of their family. To address our research question, participants completed an open-ended question describing their family communication dynamics. Specifically, adult CoA were asked to "Please describe the nature of the communication dynamics in your family and explain how your family generally gets along."

A content analysis was conducted to inductively identify themes present in the data (Neuendorf, 2002). First, two outside observers initially reviewed the open-ended responses to become familiar with the data. Second, they then conducted both open and axial coding to identify consistent themes throughout the responses (Strauss & Corbin, 1998). The interpretive process of open and axial coding begins with the examination of each individual unit of analysis, followed by a comparison of features across responses, which aids in the development of categories that allow for classification of the data. During the open coding phase of the process the coders identified several concepts and topics that were later combined as part of the axial coding process to create overarching categories. Third, each coder created a list of common topics and then both coders met with the first author to discuss the topics and assess the degree of overlap between coders. In the fourth step, the team took a final turn at the data to combine

similar topics into broader categories and themes. The final review led to nine categories that encapsulated the spirit of the data.

After identifying the nine categories present in the data, the first author created a coding manual with instructions for the coders to assign each response to a theme. Responses to the open-ended question ranged in length from two words (e.g., “constant fighting”) to 729 words ($M = 54.42$ words). The coders unitized the data by dividing the open-ended responses into smaller units of analysis. A unit of analysis was deemed a discrete thought, which consisted of statements or descriptions that conveyed a single idea that did not have overlapping content across multiple facets of the coding scheme. A discrete thought could be reflected in a single sentence or in multiple sentences that conveyed the same content or idea. Where individuals moved from describing one aspect of their family communication to a different aspect of the communication, the coders divided the statement into two separate units of analysis. After removing responses that were too short to characterize, clearly off topic, or reflected a lack of understanding of the question ($N = 9$), the resulting data set was comprised of 757 units of analysis. The research team then assigned each discrete thought into one of the established categories. Two coders were tasked with assigning the first 100 participant’s responses into categories. Using Cohen’s k as a reliability estimate, the coders demonstrated high reliability ($k = .87$). Given the high reliability between the coders, the remaining thematic units were divided evenly between the coders for assignment into categories. As a final step, authors then examined the emerging categories and grouped them into four broader themes of family communication.

Results

The responses from the participants were coded into nine distinct categories that were further organized into four overarching themes of communication dynamics within families of

alcoholics (see Table 1). The resulting themes and subcategories included: (a) aggressive communication (e.g., heightened conflict, tense communication, and secretive slandering); (b) protective communication (e.g., superficiality, limited or indirect communication, and sober parent buffering); (c) adaptive communication (e.g., functional communication); and (d) inconsistent communication (e.g., struggles over power and control, mood fluctuation). A miscellaneous category (0.7% of thematic units) accounted for thematic units that did not fit into any other category (e.g., “my family is online”). The following sections summarize the content of these themes of family communication within families of alcoholics.

Aggressive Communication

The first theme of communication in families of alcoholics includes communication that is aggressive, tense, or hurtful, which accounted for a total of 35.5% of all responses. Three subcategories emerged within this theme, including (a) heightened conflict, (b) tense communication, and (c) secretive slandering.

Heightened conflict. The first subcategory of the aggressiveness theme described conflict-laden communication dynamics between family members (17% of thematic units). Participants described both physically and emotionally heightened conflict within their families. Notably, heightened conflict was the most frequently reported communication behavior among individuals with the most severe alcoholic parents, with 20% of those individuals describing increased conflict in their family communication. One participant (female, 70, both parents functional alcoholics, parent widowed) stated, “Communication is terrible. It was terrible growing up. My parents fought all the time. There was lying, sneaking and God knows what else going on. We were beaten, sexually abused, neglected, yet they looked like fine upstanding citizens...I grew up in fear.” In addition to physical conflict, a number of participants identified

violent, verbal communication within their families, as another participant (female, 54, moderate alcoholic father, parents married) described, “Mother and father argued about everything. Little or no ability for problem solving...Mother was angry and depressed because of father’s drinking and behavior. Kids fought...Conflicts among siblings over scarce attention and resources.

Conflict with parents over child rearing, drinking, behavior, and finances.”

The aggressive behaviors of alcoholic family members often contributed to anxiety about family gatherings and events. One participant (female, 27, functional alcoholic father, parents separated) stated that her family “did not get along. Usually even something as easy going as a holiday will get destroyed by being with each other. My mom will usually walk out after causing the argument to begin with.” Other respondents described how conflict could emerge during any conversation and was an unpredictable aspect of interacting with the family. One participant (female, 43, moderate alcoholic mother, parents separated) explained, “Communication can become violent without intending to...No one talks through issues, deals with life or has a level of maturity greater than what a 10 year old would have...You can't express sadness, anger, disappointment or any other healthy emotion without ridicule and without having your true feelings diminished and ultimately dismissed.” Thus, conflict and aggression appear to be features of communication within families of alcoholics.

Tense communication. The second category of this theme described communication dynamics that included family members who were uncomfortable, avoidant, or fearful with each other (13.7% of thematic units). This communication dynamic often led to increased tension and distancing within the family, as one participant (female, 63, moderate alcoholic father, parents separated) described, “No one acknowledged his drinking. We discussed feelings, but weren't allowed to have ones the parents didn't like...Sulking and shutting down were ways of coping.

They hid the conversations, if there were any, from us, but there was always underlying tensions in the house or on outings.” Families who experienced tense communication often included individuals who expressed fear and uncertainty about confrontation and interaction. One participant (male, 22, moderate alcoholic father, parents married) stated, “There is a lot of tension in the family due to my father's and brother's past with drinking. My father, being raised by a police officer, is not open to emotionality and dealing with issues calmly...my mother, brothers, and I fear confronting him about his drinking as well as other issues.”

Individuals felt that they could not openly communicate with alcoholic family members because of the implicit stress and tension they brought into the family. Often, this stress was so great, that it strained existing relationships within the family. One participant (female, 33, functional alcoholic father, parents married) explained, “There's tension in my family. Although everyone cares about each other and is doing the best they can to care for each other. No one in my family talks about the fact that my father is an alcoholic. There usually are big blow outs between people, usually out of indirect frustration about my father's drinking.” This theme reflects the fact that family members often felt nervous or uncertain when communicating about a parent’s alcoholism or other potentially emotional topics.

Secretive slandering. The third subcategory of aggressiveness described communication dynamics that were intended to hurt or belittle other family members through secretive gossip and slander (4.8% of thematic units). Secretive slandering was more likely to be endorsed by individuals with moderate or severe alcoholic parents (64.7% of responses) compared to individuals with functioning alcoholic parents (35.3%). One aspect of this theme was that family members would keep secrets from another family member, as described by one participant (female, 20, functional alcoholic father, parents married), “Together my mother and I keep things

from him, consult topics without him, and sugar-coat events and topics we feel he will not understand in his particular state.” This secretive communication was also reflected in gossip about other family members, as another participant (female, 57, moderate alcoholic father, functional alcoholic mother) described, “My family members call each other and talk about the other in a negative way, which I sometimes also do. Family members keep secrets from each other, especially from my mother, who all of us have difficulty with.” Families who experienced secretive slandering expressed issues of disrespect, lack of openness, and limited cohesion.

Protective Communication

The second major theme to emerge in the data reflected communication behaviors that were designed to protect, shield, or buffer individuals from the negative effects of their alcoholic parent or from a dysfunctional family communication climate. The responses related to this theme describe efforts to distance one’s self from the family, to retreat, and to avoid situations that have the potential to inflict harm. This theme accounted for 31% of responses in the data and was comprised of three subcategories: (a) superficiality, (b) limited or indirect communication, and (c) sober parent buffering. Notably, all three of the categories falling under this theme were more likely to be endorsed by individuals with moderate or severe alcoholic parents than those with functioning alcoholic parents.

Superficiality. The first subcategory of this theme described communication dynamics that were superficial and shallow in nature (15.9% of thematic units). Superficiality was the most commonly reported communication issue among individuals with moderately severe alcoholic parents (24.2% of responses). One participant (female, 20, moderate alcoholic father, moderate, parents separated) explained, “Communication is superficial most of the time. My father demonstrates very little depth of emotion, and that is how we communicate. I am the only one in

my immediate family who is interested in discussing what happened in our family, and at this point, I have given up.” Often, communication only occurred around significant life events. Another participant (male, 46, functional alcoholic father, parents deceased) stated he and his brothers, “don't call each other unless we need something or someone died. One of my sisters typically calls me on my birthday, the other will email or say something on Facebook. Otherwise we typically talk when we get together for holidays.”

Family communication that was considered superficial was also described as taking place in less intimate mediums, such as through text messages, social networking sites, or phone calls. One participant (male, 48, functional alcoholic father, parents married) described his family communication dynamics as “occasional phone calls - nothing of any emotional depth” and another participant (female, 27, functional alcoholic father, parents married) described her relationship with her mother as being primarily “through text message here and there. Maybe an occasional phone call. I have never talked to my Dad on the phone in my life. When I do visit, it's usually a brief conversation. I can only take so much of my mom's behavior.” In addition, adult CoA reported that their family simply did not discuss family problems in order to maintain cohesion and stability, as described by one participant (female, 40, moderate alcoholic mother, parents separated), “My family does not talk about nor express feelings. Failures or disappointments aren't discussed and you are encouraged to get over them, not dwell on them, and not talk about them.” Thus, families of alcoholics often avoid conversations about serious topics and try to maintain a positive tone to their communication so as not to ignite conflicts.

Limited or indirect communication. The next category described communication dynamics that are disconnected and disjointed throughout the family (12.7% of thematic units). Many individuals indicated that they do not communicate at all with various members of their

family or that they only receive information about other family members through third party communication. One participant (male, 49, severe alcoholic father, parents separated) described his family's communication patterns as broken, "Currently, the family is broken. The communication in my family is very fragmented. What I mean by that is: certain people communicate with certain people, but there's not a healthy flow of communication throughout the family." Additionally, family members often mediated communication between other family members, as described by another participant (female, 54, moderate alcoholic father, parents separated), "My siblings and I tend to communicate by phone or email, so my mother is usually bitter/disappointed when she learns she's not the first one to relay some family news. My two brothers (in distant states) and youngest sister tend not to reach out or communicate; they are passive recipients, whereas my other two sisters and I are more active." Participants who identified with this theme were also aware that their family communication dynamics were ineffective, as explained by another participant (female, 64, severe alcoholic father, parents deceased), "There is no closeness...Extended family doesn't seem to want anything to do with us." Thus, many adult CoA indicated that individuals engaged in limited communication with certain family members due either to structural barriers or a lack of emotional closeness.

Sober parent buffering. The last subcategory in this theme described communication dynamics wherein the sober parent protected the children from the alcoholic parent by hiding issues or interfering with communication (2.4% of thematic units). Participants often described situations in which one parent would try to mask or hide the alcoholism of another parent. One participant (female, 45, moderate alcoholic father, parents married) described her mother's efforts to keep distance between the children and their alcoholic father, "Mom was amazing and tried her best to protect us from dad. Dad would get angry over anything and disrupt the whole

house. We all just stayed out of dad's way and hung close to mom." In some cases, the buffering of the alcoholic parent was so successful that children had no idea there was a drinking problem. One participant (female, 66, moderate alcoholic father, parents married) reflected on the buffering efforts of her mother and sisters to protect her from the drinking problem, "My older sisters and mom hid this from me until I was around 10 or so. They protected me by telling me dad was 'tired' or 'sick'. We didn't have friends come home to play and we tiptoed around dad all the time." Thus, family members attempted protect children from the alcoholic's behaviors.

Although sober parent buffering protected the children in the family to a certain extent, some adult CoA acknowledged that it also involved defending or rationalizing the other parent's alcoholism. One participant (female, 63, functional alcoholic father, parent widowed) explained, "My mother while alive was the family peace maker and buffer. She defended his behavior though and loved him or was addicted to him or both." The buffering process also had the potential to elicit feelings of guilt and spark conflict. One participant (female, 35, functional alcoholic father, parents separated) described the problems that her mother's protective buffering caused for her relationship with the alcoholic father, "My Mom was loving and tried to protect me from him, as a result it seemed that every time they argued, it was over me. For years I thought it was my fault." These examples illustrate that even though sober parents had good intentions in protecting their children from the actions of an alcoholic parent, sometimes their efforts to buffer children from harm created additional problems in the family.

Adaptive Communication

The next theme described families that overcame hardships stemming from alcoholism and developed strong, positive, and effective communication strategies in spite of conditions in the family. Although some respondents indicated that their family's communication had always

been functional and effective, others noted that their communication improved as a result of changing circumstances in their family, such as moving away from the family home, having parents separate or divorce, or having a parent enter recovery from alcoholism. Responses of this nature were classified as functional communication, which was the most commonly reported theme among individuals whose parents were functional alcoholics (24.6% of responses).

Moreover, responses in this category were less likely to come from individuals with moderate to severe alcoholic parents (44.7% of responses) as compared to those with functional alcoholic parents (55.3% of responses).

Functional communication. This category described communication dynamics that were identified as being stable and functional within the family (18.7% of thematic units), which often involved families who had open, unconditional communication where family members could freely express problems, feelings, and emotions. One participant (female, 34, functional alcoholic father, parents separated) stated, “We are mostly honest with each other, even when what we have to say might be controversial or challenging to another family member. Overall, we display love and care. We are comfortable going days or weeks without talking and then pick right up with openness and interest when we do talk.” Even in situations where the family divorced or grew distant, functional communication was still part of the family communication process. One participant (female, 26, functional alcoholic father, parents separated) described generally amicable communication in her family despite her parents’ separation, “We get along well. My parents rarely communicate as I am their only biological child. I am grown so they only communicate at major events (weddings, births, etc.) When they do communicate they are friendly.” Individuals who identified this theme in their family often acknowledged the struggles their family faced with alcoholism, yet still retained functional and supportive communication.

Another participant (female, 42, moderate alcoholic father, parents separated) stated that her “family was extremely close; even in the worst of times, there was a deep abiding love there.” Thus, a number of participants indicated that their families were resilient in the face of these challenges and managed to maintain positive and effective communication patterns.

Several responses in this category highlighted a parent’s participation in a recovery or support program as a turning point for their family communication. One participant (male, 18, severe alcoholic father, parents married) described a shift in the family dynamic following sobriety, “We get along great, we all talk daily and ever since my father is sober, we are a close, loving family.” Another participant (female, 24, moderate alcoholic mother, parents separated) attributes the improved interactions among family members to her mother’s sobriety, “Currently, our interactions are much more pleasant and less emotionally intense because my mom has been sober for the past two years.” This reflection provides some insight in to the communicative experiences prior to and following recovery from alcoholism.

Inconsistent Communication

A final theme that emerged in these data was that of inconsistent communication patterns within the family, such that the tenor of communication was often influenced by an alcoholic parent’s bids for control or their emotional state, which could change from moment to moment. This theme accounted for 14.1% of all responses and was comprised of two categories: (a) struggles over power and control, and (b) mood fluctuation.

Struggles over power and control. The first category in this theme described the exertion of dominance, power, and control by one family member over others (7.7% of thematic units). Participants who identified this category described the controlling individual within their family as authoritative and unwilling to compromise. One participant (female, 34, both parents

functional alcoholics, parents deceased) stated, “Father dominated all conversation, refused to listen to others to the point of turning off hearing aids, or listened very briefly then changed the subject back to himself. Others either listened or retreated, but occasionally exploded with their viewpoints/needs/etc.” Often, the struggle for power within the family was at the expense of the relationships with individual family members, such as another participant (female, 60, moderate alcoholic mother, parents separated) who stated, “There was no communicating with my mom. We did what she said or what she expected without question or hesitation...I moved out at 18 and over the years we have tried to form a relationship but her manipulative ways usually ends it within a month or two.” Thus, adult CoA indicated that their alcoholic parent had a high degree of power and influence within the family.

Participants also expressed that they were often given more power and control in the family than may be appropriate for a child. As the oldest child, one participant (female, 57, severe alcoholic father, parents separated) often found herself facilitating parental interaction and providing protection for younger siblings, “I was used, like a middle manager, to communicate between my parents and my siblings. I was expected by my parents to enforce the rule or task to be done at the moment. I was expected by my siblings to stick up for them and protect them from my parents.” Another participant (female, 56, moderate alcoholic father, parent widowed) shared similar experiences of being responsible for the ongoing function of the family, “I was responsible for everything. I am to fix everything. It is my fault if anything goes wrong, even if I am not there. I have refused to take this role on and therefore I am treated like there is something wrong with me.” Thus, children are sometimes expected to be in control of themselves and others, even when their alcoholic parents are not in control of themselves.

Mood fluctuation. The second category in this theme described communication dynamics that changed frequently based on the mood or emotional state of the alcoholic parent (6.4% of thematic units). One participant (female, 64, functional alcoholic father, moderate alcoholic mother, parents deceased) described this mood fluctuation in her own family: “When they were not under the influence of alcohol my parents were very kind and genial people. While under the influence they were not. I learned to not say anything that could be used against me, although it was difficult to determine what that might be as even positive things were used to taunt me.” Participants also suggested that mood fluctuations could be predicted by the parent’s drinking schedule. Another participant (female, 19, functional alcoholic father, parents married) described her family as “getting along very well usually until after 3 p.m. If you have anything to talk to my father about, it should definitely be before 3 p.m. Communicating with him after he begins drinking is absolutely pointless.” Thus, this theme suggests that the mood of the alcoholic often dictates the tenor of communication within the family.

Discussion

The goal of this study was to identify the characteristics of communication in families of alcoholics as reported by adult CoA and to develop a larger conceptual model to guide future inquiries in this context. The theme analysis revealed four main themes that were further broken down into nine distinct categories of family communication: (a) aggressive communication (e.g., heightened conflict, tense communication, secretive slandering); (b) protective communication (e.g., superficiality, limited or indirect communication, sober parent buffering); (c) adaptive communication (e.g., functional communication); and (d) inconsistent communication (e.g., struggles over power and control, mood fluctuation). These themes reflect some consistency with previous research on the dynamics in families of alcoholics, but our results also point to some

interesting nuances in the communication patterns of these families. One consideration is whether these themes describe features of communication that stem from a parent's alcoholism or if they reflect more general family communication dynamics. Figure 1 summarizes our thinking in terms of the antecedent conditions that may contribute to these features of family communication and potential consequences of these communication patterns for CoA. In the sections that follow, we discuss the themes that emerged in this study, describe the antecedents and outcomes of these communication patterns, and discuss the implications of our results for enhancing communication and relationships in families of alcoholics.

Communication in Families of Alcoholics

A number of the themes that were uncovered in this study reinforce the results of prior research on families of alcoholics. The most frequently reported theme and the one most likely to be endorsed by individuals with a severely alcoholic parent was aggressive communication, which included heightened conflict, tense communication, and secretive slandering. These results resonate with previous findings that point to increased aggression, conflict, and violence in families of alcoholics (Connors, Donovan, & DiClemente, 2001; Straussner & Fewell, 2011). The second theme indicated that individuals often engaged in self-protection by avoiding interaction with their family or enacting superficial communication, with superficiality emerging as the most commonly reported communication behavior among individuals with moderately alcoholic parents. This finding is also consistent with prior research, in that families of alcoholics tend to prevent communication about the topic of alcoholism, limit the amount of open discussion in the family, and are expected to share similar attitudes and beliefs (Black, 1982; Rangarajan & Kelly, 2006). The final theme reflecting inconsistent communication in the family is also consistent with prior research on families of alcoholics, such that alcoholics often

demonstrate inconsistent messages of affection and aggression (Schade, 2006; Woititz, 1985) and partners of alcoholics are often inconsistent in their efforts to nurture or control the alcoholic (Le Poire, 2006).

Although most existing research (e.g, Bijttebier & Goethals, 2006; Black, 1982; Hall & Webster, 2007) and our own results in this study generally point to unhealthy forms of communication in families of alcoholics, our findings also suggest that some families may be resilient to their circumstances and communicate in ways that bolster openness, cohesion, and protection. The adaptive communication theme suggests that some families can communicate effectively in spite of a family member's alcoholism. Notably, this theme was more prominent in families with a functional alcoholic than with moderate or severe alcoholic parents. In fact, functional communication was the most frequently cited theme by individuals with a functional alcoholic parent. Thus, mild forms of alcoholism may not undermine family communication, whereas severe alcoholism may come with more barriers to effective family communication.

One important question is whether the communication themes that emerged in this study are unique to the conditions surrounding alcoholism or if they reflect communication patterns that are influenced by other family dynamics. Certainly, increased conflict in a family could be due to a parent's alcoholism, but it could also be a result of having a large family with lots of siblings or having parents who divorce. Similarly, indirectness and superficiality may stem from the taboo nature of alcoholism, or it may reflect strategies for negotiating normal boundaries of openness and privacy between parents and children (Caughlin & Petronio, 2004; Caughlin & Golish, 2002). As shown in Figure 1, the features of communication in families of alcoholics could be influenced by characteristics of the family in general or by qualities of the alcoholic in particular. Family characteristics that could shape communication patterns include the number of

children in the family, the age of the children, and the status of the parents' relationship. Qualities related to the alcoholic that could be influential include whether one or both parents are alcoholics, whether the mother or the father is an alcoholic, the severity of the parent(s)' alcoholism, and whether or not the parent or family has received treatment. As noted in our results, the severity of a parent's alcoholism can be a potential factor that impacts the nature of communication in the family, but given the nature of our sample it was not possible to explore differences based on many of the other factors identified in Figure 1. It is also possible that family characteristics interact with qualities of the alcoholic to shape communication dynamics. For example, maybe a parent's severe alcoholism is easier to bear when individuals can shoulder the burden with a sibling. If both parents are alcoholics, perhaps the effects are exacerbated when the parents remain married, but are more manageable if the parents are divorced. We look forward to future research that examines these factors, independently and in combination, as predictors of communication patterns in families of alcoholics.

Another important consideration has to do with the outcomes that family members, especially children, may experience in response to the communication patterns in families of alcoholics. Prior research on CoA points to a variety of emotional, psychological, and behavioral outcomes for children in families of alcoholics, but most studies fail to identify the mechanism that is responsible for these outcomes. As shown in Figure 1, we believe that family communication patterns are the conduit through which a parent's alcoholism exerts its effect on children's emotions, cognitions, and behaviors. For example, a family environment that is characterized by dominance, conflict, and aggression can contribute to an array of negative outcomes for children, such as increased anxiety (Rangarajan & Kelly, 2006), poorly developed social skills (Hall & Webster, 2002), and a tendency toward addiction (Brook et al., 2003).

Similarly, although topic avoidance can sometimes be functional for preventing conflicts and protecting individuals' feelings, CoA are more resilient when given opportunities to express their feelings about their family experiences (Bareket-Bojmel & Shahar, 2011). Thus, family communication that is aggressive, avoidant, or inconsistent is likely to result in more emotional, psychological, and behavioral problems for CoA, whereas functional family communication patterns may promote greater resilience in CoA.

The emotional, psychological, and behavioral outcomes that CoA experience are also likely to have a reciprocal influence on the communication dynamics in the family, as suggested in Figure 1. For example, children who struggle with anxiety, depression, or low self-esteem may be more likely to isolate and avoid interaction with other family members as a form of self-protection (Kelley et al., 2011). In contrast, children who demonstrate externalizing behavior or impulsivity are likely to communicate in ways that are aggressive or conflict inducing (Eiden, Edwards, & Leonard, 2007). Thus, CoA may be vulnerable to cycles in which the communication dynamics in the family contribute to emotional, psychological, or behavioral hardships that manifest in communication patterns that further exacerbate their personal issues.

Implications for Improving Communication in Families of Alcoholics

The results of this study have implications for helping families of alcoholics to communicate more effectively. Although many adult CoA indicated that their family communication was functional and effective in the face of a parent's alcoholism, the vast majority pointed to conflicts, tensions, avoidance, and secrets that characterized their family's interaction patterns. Consequently, the results of this study highlight aspects of family communication that can be targeted for improvement in an effort to enhance family relations.

Conflict management is one aspect of family communication that deserves attention for improving the dynamics in families of alcoholics. The majority of themes present in the analysis point to conflict, aggression, power, and cautious communication. The conflict common in substance-abusing families has far reaching effects for both the couple and their offspring (Fals-Stewart & Birchler, 1998). In addition to perpetuating the substance abusing behavior, non-alcoholic spouses are more likely to develop physical and mental health issues as a result of spousal conflict (Hurcom, Copello, & Orford, 2000; Le Poire, 2006; Straus & Sweet, 1992). Moreover, CoA who frequently witness parental conflict often develop depressive symptoms and poor cognitive abilities (Mensah & Kiernan, 2010). In contrast, families that have at least one parent who provides consistent messages of warmth may buffer children from the effects of a hostile environment (Bijttebier & Goethals, 2006). Encouraging parents to consistently reinforce demonstrations of affection and responsiveness may be one way for families of alcoholics to minimize the negative outcomes that may stem from growing up in an alcoholic home.

Another aspect of family communication that should be the focus of interventions for families of alcoholics is encouraging openness. Open communication can help families confront concerns and convey feelings, thereby reducing miscommunication and potential for conflict (Rangarajan & Kelly, 2006). Although open communication may not always be the best strategy for family members because of its potential to incite conflicts, encouraging conversation about a variety of topics gives family members the ability to express themselves and receive support. Adult CoA may experience less emotional and psychological distress by reducing feelings of shame and inadequacy through the discussion of negative experiences (Pennebaker, 1990; Ryan, 1991). Thus, it is important for families to find an appropriate balance between openness and

avoidance. By embracing more open communication in appropriate circumstances, family members may develop more cohesion amidst the challenging family environment.

Strengths, Limitations, and Future Directions

This study has several strengths. First, the study obtained a large sample of adult CoA. Given the stigma associated with alcoholism, it can be difficult to identify and recruit individuals from this population, so the large sample in this study is beneficial for reflecting the experiences of a large cross-section of this underserved population. Second, we obtained a national sample of adult CoA, which highlights more diverse experiences of alcoholic families from a variety of different backgrounds and communities. Third, the study design allowed participants to describe family communication in their own words, which contributed to a rich description of family communication behavior. Thus, this study offers a unique look at communication in high-risk families by offering first-hand accounts of adult CoA experiences.

This study also has some limitations. One limitation is that our sample was predominantly white, female, and reported on mostly alcoholic fathers. Notably, our sample is representative of the demographics of the support groups from which we recruited; for example, Al-Anon membership is 86% female and 91% Caucasian (Al-Anon Family Group, 2012). These numbers suggest that women and Caucasians may be more likely than men and individuals of other ethnicities to acknowledge the stressors associated with having an alcoholic parent and to seek support in coping with these circumstances. The lack of males and other ethnicities in the support groups may also reflect gendered and cultural expectations for disclosure and support seeking (Kim, Sherman, Ko, & Taylor, 2006; Kliever, Lepore, Broquet, & Zuba, 1990; MacGeorge, 2003). Recruiting our sample through organizations that provide support and services for families of alcoholics may have influenced the demographics of our sample, as well

as the type of responses we obtained. Individuals who are actively seeking support in coping with the conditions in their family are likely to be more reflective about their circumstances and may have greater acceptance of their family's idiosyncrasies. Although it is difficult to estimate how individuals of different genders or ethnicities and those who have not sought support might have characterized their family communication, it is safe to assume that the homogeneous sample in this study does not capture the full range of experiences in families of alcoholics.

Another limitation is that the study stopped short of identifying outcomes of family communication. As a next step, future research should consider how communication behaviors in families of alcoholics correspond with emotional and cognitive outcomes for CoA. In addition, the design of this study limited the depth of the responses we were able to obtain from participants. Future research may want to employ in-depth interviews to obtain more descriptive data about the communication dynamics in families of alcoholics. Along these lines, the study also only assessed one family member's perceptions of the family communication patterns, which may be different from the perspectives of other family members. Future research should consider accounts from all family members to gain a more complete picture of communication dynamics. Finally, this study falls short in that retrospective accounts were requested of adult CoA. Given the age of some of the participants, it is possible that some adult CoA may not accurately remember their experiences. To get a more accurate picture of family communication dynamics, future research should attempt to observe actual family interaction patterns.

Conclusion

Alcoholism is a disease that has a number of consequences for the alcoholic and for family members who must cope with the illness. Although prior research has focused on communication dynamics between alcoholics and their romantic partner or the impact that an

alcoholic parent can have on children (e.g., Belles, Budde, Moesgen, & Klein, 2011; Brook et al., 2003; Carroll, Robinson, & Flowers, 2002), considerably less is known about the communication behaviors in the family as a whole. This study helps to close that gap by identifying four themes and nine subcategories that characterize communication in families of alcoholics. Although many of the themes cohere with prior findings that highlight aggression and avoidance as two cornerstones of family communication in high risk environments (e.g., Afifi & Schrodt, 2003; Buehler et al., 1997; Davies & Cummings, 1994), our results also point to several nuanced patterns of communication that are unique to families of alcoholics. Notably, functional communication emerged as a theme in this study, which suggests that many families of alcoholics manage to communicate in ways that are constructive and helpful in terms of coping with alcoholism. This theme of functional communication is consistent with findings in many non-risk families, demonstrating a similarity across family types (Koerner & Fitzpatrick, 2002, 2004). Having identified the unique characteristics of communication in families of alcoholics, the next step is to better understand the consequences of these communication patterns for promoting positive outcomes for family members. Understanding the impact of family communication on individual well-being in this context can help families of alcoholics to identify and repair potentially damaging communication patterns in order to improve family functioning and enhance resiliency in the face of difficult family circumstances.

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Table 1

Sample Quotations and Frequencies for Emergent Themes and Subcategories

Description of Themes	Examples	Frequencies (% based on 757 units of analysis)
AGGRESSIVE COMMUNICATION		
Heightened Conflict	<p>“There is no effective communication in my family. There is screaming and yelling during what should be a civil conversation. Some of us get along well and some of us do not.” (female, 25, functional alcoholic father and moderate alcoholic mother, parents deceased)</p> <p>“There was a lot of fighting, between Mom and Dad and between the siblings, a lot of sibling rivalry, jealousy. Mom screamed a lot and cried frequently. Dad was a happy drunk until Mom would get on him, then he would get angry, sometimes mean. We were fearful of a lot of things, mostly of Mom and Dad leaving each other. I would be scared of what would be going on in the home while I was at school, fearful of no one being there when I would go home. As teens we left the house as often as we could and hated going home.” (female, 66, functional alcoholic father, parents deceased)</p>	17%
Tense Communication	<p>“No one talked to each other in my family. Everyone walked on egg shells when my father was around.” (female, 63, functional alcoholic father, parents deceased)</p> <p>“Interactions were always strained. We had to watch everything we said.” (female, 63, moderate alcoholic father, parents separated)</p>	13.7%
Secretive Slandering	<p>“Everyone basically talks about everyone else behind their backs and rarely are they honest with each other face to face.” (female, 42, moderate alcoholic father and functional alcoholic mother, parents separated)</p> <p>“Lots of unhealthy communication and gossip and little trust.” (female, 64, moderate alcoholic father, parents deceased)</p>	4.8%
PROTECTIVE COMMUNICATION		
Superficiality	<p>“We communicate but generally are not open about problems we are individually facing.” (male, 29, severe alcoholic father, parents separated)</p> <p>“We do not talk about issues openly in our family. Talking about touchy subjects especially my father was an awkward subject that we did not really discuss that much with our parents, mostly we talked about it among siblings.” (female, 22, moderate alcoholic father, parents married)</p>	15.9%

<p>Limited or Indirect Communication</p>	<p>“Sarcasm is the main communication method. Typically we just don't talk.” (female, 42, moderate alcoholic mother, parents never married)</p> <p>“It often feels like a sick game of ‘telephone’, where the original message is diluted and distorted. As the only person in my family in recovery, I feel emotionally isolated from and ‘unsafe’ in my family of origin.” (female, 48, functional alcoholic father and moderate alcoholic mother, parents married)</p>	<p>12.7%</p>
<p>Sober Parent Buffering</p>	<p>“Mom screamed at us a lot, but said I love you lots too. She hid it so that I didn't know about dad being an alcoholic until I was out of the house with kids of my own and my youngest siblings were in high school (approx. 28 years into marriage).” (female, 53, functional alcoholic father, parents separated)</p> <p>“He [the alcoholic father] was never there for us and Mom raised us alone with help from her parents to make sure we could still have a good life.” (female, 53, moderate alcoholic father, parents separated)</p>	<p>2.4%</p>
<p>ADAPTIVE COMMUNICATION</p>		
<p>Functional Communication</p>	<p>“We get along great, we all talk daily and ever since my father is sober, we are a close, loving family.” (male, 18, severe alcoholic father, parents married)</p> <p>“My immediate family gets along well. We usually get together around the holidays and celebrate. I do not talk to them on a regular basis, but we get along fine.” (female, 38, both parents moderate alcoholics, parents separated)</p>	<p>18.7%</p>
<p>INCONSISTENT COMMUNICATION</p>		
<p>Struggles Over Power and Control</p>	<p>“The favorite saying around our house was "don't do what I do, do what I say do". There was a lot of stuff we didn't talk about. My father was a very strict person and didn't hesitate to use his belt.” (female, 58, both parents moderate alcoholics, parents deceased)</p> <p>“My mother is very controlling and when she doesn't get her way she cuts you off. Our family is divided because she does not talk to half of them. She feels she does not get the respect she deserves.” (female, 38, functional alcoholic mother, parents separated)</p>	<p>7.7%</p>
<p>Mood Fluctuation</p>	<p>“Depends on the mood of my father. He determines how things will go and we respond according to his moods. When he is happy and in a good mood, things are fine, but usually the rest of us are on eggshells anticipating a change.” (female, 39, functional alcoholic father, parents married)</p> <p>“My father is a difficult person to get along with. He explodes and then calms down.” (female, 33, functional alcoholic father, parents never married)</p>	<p>6.4%</p>

Figure 1. Model of the Antecedents and Consequences of Family Communication Dynamics in Families of Alcoholics.

