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“We just pretended as if everything was good:” Communication about Alcohol
in Families of Non-Alcoholic and Alcoholic Parents

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Abstract

Family communication is a strong predictor of the attitudes and behaviors children and adolescents have towards alcohol (NIDA, 2014). This study explored perspectives of family communication about the topic of alcohol in focus groups consisting of adult children of alcoholics and adult children of non-alcoholics. Two theories guided the research and the focus group questions, Family Communication Patterns Theory (Koerner & Fitzpatrick, 2002) and Emotion Regulation Theory (Gottman, 2001). A group of trained coders conducted an analysis of transcripts from four focus groups, two were comprised of self-proclaimed adult children of alcoholics and two consisted solely of adult children of non-alcoholic parents. Based on responses from both groups five themes emerged: Experiences of Open Communication, Family Decision Making, Communication about Alcohol, Ability to Express Emotion, and Feelings Towards the Alcoholic. Results suggest that adult children of alcoholics have a very different experience when it comes to family communication, communication about the topic of alcohol, and the ability to express emotion. These findings provide insight to the communication dynamics in families of alcoholics and suggest avenues for future research.

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The goals of this study are two fold. First, this study draws on the assumptions of Koerner and Fitzpatrick’s Family Communication Patterns Theory (2002) and Gottman’s Emotion Regulation Theory (2001) to explore differences or similarities in the ways that alcoholic and non-alcoholic parents communicate with their children. Second, this study aims to explore the ways that families with an alcoholic parent and those without an alcoholic parent communicate about the topic of alcohol. This exploratory research presents the findings from focus groups designed to investigate family communication in non-alcoholic and alcoholic families, describes the characteristics of communication in families with and without an alcoholic parent, and provides an overview of the theoretical foundations guiding this research.

Approximately 43% of adult Americans have encountered alcoholism in their family and there are roughly 26.8 million children of alcoholics (CoA) in the U.S. (ADP, 2007). The likelihood of an alcoholic’s offspring becoming a substance abuser is 70% higher than children without an alcoholic parent (The Priory Center, 2006) and the health care costs for CoA are 32% greater than children from non-alcoholic families (ADP, 2007). Research suggests that genetic and environmental factors both influence the likelihood of problem drinking and possible dependency among CoA (Martens et al., 2010). One environmental factor that may influence individuals’ attitudes and behaviors with regard to alcohol is family communication.

The ways that families communicate generally and the way they address the topic of alcohol in particular may socialize adult children of alcoholics (ACoA) and adult children of non-alcoholic parents to approach alcohol differently. Previous research on communication in families of alcoholics noted expectations of conformity, where family members are expected to

share similar beliefs and suppress opinions (Rangarajan & Kelly, 2006). This may make it difficult for family members of the alcoholic to express concerns and receive support. Open communication and conversations about alcohol may even be more crucial in families of alcoholics, to facilitate a child's understanding of the situation and aid in his or her ability to cope with the circumstances. Thus, identifying the patterns of communication in families of alcoholics and comparing them to that of families of non-alcoholic parents is an important line of inquiry. This exploratory study hopes to shed light on how communication may help break a cycle of abuse in families afflicted by alcoholism. The following section discusses the importance of communication in families and how communication may be experienced differently in families of alcoholic parents and families of non-alcoholic parents.

Literature Review

Although there may not be a drinking problem per se, families without an alcoholic parent demonstrate apprehension in discussing the topic of alcohol (Van Der Vorst, Burk, & Engels, 2010), potentially for different reasons than that of the alcoholic family. Non-alcoholic families may avoid communicating about alcohol because it is an awkward conversation to have with children. Parents may be unsure of children's readiness to discuss alcohol and fear that by discussing their own experiences children may use that as an opportunity to experiment themselves (Kam, Basinger, & Abendschein, 2015). So, rather than avoiding the topic because of exposure to the disease, non-alcoholic families may simply find the topic irrelevant or inconvenient.

Less is known about communication in alcoholic families. Research on communication in families of alcoholics found that communication about the substance is often labeled taboo to avoid upsetting the problem drinker (Roloff & Ifert, 2000; Straussner & Fewell, 2011), such that

family members are instructed to refrain from any discussion on the subject. Regardless of the topic, many CoA report being told, “don’t trust, don’t feel, and don’t talk” (Black, 1982, p. 44), which implies that expressing one’s feelings is not encouraged. Collectively, these findings suggest that families of alcoholics prefer to avoid communicating about problems with alcohol rather than address the issue.

Research suggests that family communication about the topic of alcohol has the potential to decrease a child’s chances of abusing the substance and increase the chances of them abstaining from it altogether (Eisenberg, Neumark-Sztainer, & Fulkerson, 2008). Over the past decade, much of the research regarding alcohol and communication has been directed at intervention and prevention through the manipulation of parent-child interaction (e.g., Van Der Vorst, Burk, & Engels, 2010). Although evidence demonstrates that it is important for parents to communicate with their children about alcohol, empirical studies show that few parents are equipped to properly educate their children on the subject (Miller-Day & Dodd, 2004; Miller-Day & Kam, 2010; Sherriff, Cox, Coleman, & Roker, 2008). When parents who did not regularly communicate with their child attempted to communicate about the dangers of alcohol consumption, their efforts to discourage problem drinking actually had the opposite effect, increasing the adolescent’s desire to drink (Van Der Vorst, Burk, & Engels, 2010). The lack of communication efficacy regarding the topic of alcohol in families generally suggests the need to explore how families who are and are not affected by alcoholism might communicate and establish attitudes towards the substance in similar or different ways. The next section introduces two theoretical frameworks that may aid in our understanding of how communication may operate in families of alcoholics and families of non-alcoholic parents.

Theoretical Explanations for Differences in Family Communication

The design of this study as well as data analysis were built on two theoretical frameworks, Family Communication Patterns Theory (Koerner & Fitzpatrick, 2002) and Emotion Regulation Theory (Gottman, 2001). The next section describes both theories in detail and suggests how they can be applied to discussions of alcohol. Applications of these frameworks underpin the significance and social implications of this research.

Family Communication Patterns Theory

According to Family Communication Patterns Theory, families communicate based on two orientations: conformity and conversation (Koerner & Fitzpatrick, 2002). *Conformity orientation* refers to a communication style where family members are expected to conform to similar views and decisions are made without the input of all family members. *Conversation orientation* reflects an open communication style, in which healthy conflict is encouraged and opinions of all family members are considered. Each of these two orientations represent a dimension, where families may be found to be high or low. Families high on the conformity continuum value homogeneity and avoid disrupting the status quo. On the opposite end of the spectrum, families low in conformity support independence and place less value on family cohesion. Families high in conversation orientation regularly participate in discussions and rarely avoid conflict. Low conversation orientation families minimize their interactions with one another and conflict is avoided.

The two dimensions function together to establish four types of family communication patterns: consensual, pluralistic, protective, and laissez faire (Koerner & Fitzpatrick, 2006). *Consensual* families are high in conformity and conversation orientation. In this family type, parents are open to discussing and explaining decisions with their children however; the hierarchy stands firm with parents having the final say. *Pluralistic* families are low in conformity

and high in conversation orientations. They embrace open discussions on a variety of topics, engage in healthy conflict-resolution techniques, and children are included in the decision-making processes. *Protective* families are low in conversation orientation and high in conformity with parents making all the decisions without discussion or explanation. Finally, *laissez-faire* families are both low in conversation and conformity with minimal interaction and investment in the family. It is important to note that family types can vary with context, that is to say that families may demonstrate different communication patterns from one situation to the next. Depending on the dominant family type, children may develop different outcomes. Families that are higher in conformity orientation report more conflict avoidance, depressive symptoms, and lower self-esteem than families higher in conversation orientation (Koerner & Fitzpatrick, 1997; Hamon & Schrodt, 2012). In conversation oriented homes individuals demonstrate relational maintenance and fewer adjustment problems (Ledbetter, 2009; Rueter & Koerner, 2008).

Given the unhealthy communication dynamic in families of alcoholics, communication regarding appropriate drinking behaviors may be skewed. Communication in families of alcoholics is reportedly more negative than in families of non-alcoholic parents (Sheridan & Green, 1993). Alcoholic families are said to have higher levels of conflict, inconsistent nurturing, and a reversal in power dynamics where children become caretakers (Chase, Deming, & Wells, 1998; Johnson & Stone, 2009). The dysfunctional environment that often exists in families of alcoholics has been linked to an increase in risk factors among children, including substance abuse (Robertson, David, & Rao, 2003). Thus, the communication climate in families of alcoholics may demonstrate a general trend towards a particular family type or present a pattern of communication that is altogether unique to families of alcoholics. For the purposes of this

study, an exploration of general orientations is conducted. Further research is necessary to identify specific family communication patterns in families of alcoholics.

Emotion Regulation Theory

Emotion Regulation Theory suggests that there are two parenting styles when it comes to a child's emotions: emotion-coaching (EC) and emotion-dismissing (ED) (Gottman, Katz, & Hooven, 1997). EC parents are: a) aware of the range of their child's emotions, b) able to see a child's negative feelings as a source of intimacy and teaching, c) facilitative in showing their children how to translate feelings into words, d) empathetic to their children through communication and acceptance, and e) active in helping their children solve problems and set limits on unhealthy behavior. On the other hand, ED parents: a) minimize their response to the child's emotion, b) believe children should experience the emotion on their own, c) and quickly move on from their negative affect state. ED parents are known to criticize their children when conducting instructional tasks, often referred to as derogatory parenting. Conversely, EC parents will use scaffolding feedback when instructing children, providing them with enough information to complete the task independently and praising the child afterward (Gottman, Katz, & Hooven, 1997).

Individuals who grew up in an EC parenting style home received better training in conflict and were more likely to carry that healthy model into their own intimate relationships, as opposed to children with ED parents (Cupach & Olson, 2006). Conversely, children of ED parents were found to be less healthy, have poorer academic records, and an increase in behavioral problems (Gottman, Katz, & Hooven, 1997). Emotion dismissive communication, such as scolding or criticizing from parents towards their children, increases the likelihood that adolescents will initiate or continue substance abuse (Andrews, Hops, Ary, Tildesley, & Harris,

1993). In some cases, emotion coaching communication has been found to cushion children living in households with higher levels of conflict (Gottman, Katz, & Hooven, 1997). Regardless of family stress, these children are able to maintain academics, social life, and behavior, when at least one parent uses an EC style of communication. Thus, it is possible that in families of alcoholics, an EC style can act as a protective factor amidst a high-risk environment, potentially reducing the likelihood of CoA becoming substance users and/or abusers.

Research Questions

Based on the review of family communication, family communication in families of alcoholic versus non-alcoholic parents, and each theoretical framework, the following research questions were designed to address gaps in our understanding of family communication:

RQ1: *To what extent do adult children of alcoholics and adult children of non-alcoholics report similar or different family communication patterns?*

RQ2: *To what extent do adult children of alcoholics and adult children of non-alcoholics report similar or different emotion regulation experiences?*

Method

To address each research question a series of four focus groups were conducted. During the focus group participants were asked about the extent of conversation and conformity orientation in their families, particularly around the topic of alcohol, and the extent to which they were able to express their emotions. A detailed review of the eligibility criteria and procedures for collecting data are discussed below.

Participants and Procedures

Sample. Focus groups were comprised of either self-proclaimed ACoA or self-proclaimed non-ACoA. Two focus groups were conducted for each family type, resulting in a

total of four focus groups. The total number of participants was 23 (male = 7, 30%, female = 16, 70%). All groups had both male and female participants with the exception of one all female ACoA group. The sample consisted of 11 ACoA and 12 adult children of non-alcoholics. Participant age ranged from 18-44 years ($M = 24.4$, $SD = 8.8$). The majority of participants identified as Caucasian/White (14, 61%), other reported ethnicities were Asian (4, 13%), African American (2, 8.7%), Indian (1, 4.3%), other (2, 8.7%), and one declined to answer. All the participants had at least one sibling. Most of the participants reported that their parents were married (14, 61%), with the second largest marital status being separated or divorced (6, 26%). Of the participants who reported having an alcoholic parent, the majority noted the father as the problem drinker (7, 64%), two (18%) participants reported their mother as the problem drinker, and two (18%) reported that both parents have a drinking problem.

Recruitment. Participants were recruited through local public online listservs, summer classes at a large northeastern university, and snowball sampling. Focus group candidates had to be at least 18 years of age to be eligible to participate. When a potential participant contacted the principal investigator (PI), they were categorized into either an ACoA group or adult of non-alcoholic parents group based on their own proclamation. Depending on their assigned category, they were given two different days and times to participate to increase the chances of their availability.

Procedures. Participants were instructed to come to the interaction laboratory at the university and to allow for two hours to participate in a focus group session. Upon arrival at the research lab, participants filled out consent forms, answered a brief demographic questionnaire, and participated in a focus group discussion moderated by the author. A facilitator was staffed to assist in coordinating focus group set-up and note taking during the interaction. The consent

forms described the purpose of the study and informed participants that they may withdraw from the study at any time. The author also provided contact information should participants have any questions. The background questionnaire asked about general demographic information including family history and alcohol consumption. Once the consent forms and questionnaires were collected, participants were invited to sit and discuss a series of prepared questions. To begin, participants were presented with a warm up question, “What role do you think you play in your family and why?” The purpose of the warm up question was to encourage all members to begin considering the dynamics within their family and share a bit about themselves before going into more specific questions about the communication dynamics and alcoholic behavior. The author moderated the focus group discussion by providing questions to guide the conversation and ensure that everyone had the opportunity to comment. Focus group prompts inquired about family communication, exposure to the topic of alcohol, and emotion regulation within the family system. Questions were developed by the researcher to assess each research question and no follow up questions were included. Focus group questions that pertain to family communication patterns include the following:

- To what extent did your parents encourage open discussion and consideration for what you had to say?
- To what extent were you allowed to help make family decisions growing up?
- Growing up, how did your parents discuss alcohol with you?

Emotion regulation questions include the following:

- Growing up, did you feel that you could express your emotions?
- What are your feelings about your alcoholic family member or the idea of an alcoholic in general?

Four questions were left out of this paper because they did not specifically reflect the frameworks under examination. Generally, these questions focus more specifically on one's awareness of alcoholism in the family:

- Do you know if you have any alcoholics in your family?
- What is your relationship like with the alcoholic family member?
- Does your communication with the alcoholic family member differ in any ways from how you communicate with others in your family?
- How does your family communicate about alcoholism within the family?

On average, focus group discussions lasted approximately one hour and 45 minutes. Once the session was completed, participants had no further involvement in the study. As an incentive, participants were entered into a raffle for the chance to win an Apple iPad2. Students who participated were also offered a small amount of extra course credit. The focus group discussions were audio recorded using a handheld digital recorder. A team of two trained undergraduate students transcribed the data verbatim, preserving the exchange among participants by including speech markers (Lindlof & Taylor, 2011). Participants were assigned a unique identifier to maintain confidentiality while tracking a participant's contribution to the focus group discussion. Transcripts were not edited and were annotated to include participants' unique speech styles such as the use of slang.

Data Analysis

The constant comparison method was used to compare the experiences of ACoA with adults of non-alcoholic parents (Glaser & Strauss, 1967). To analyze the data, a team of two trained coders, blind to the study, were instructed to examine responses to each question from both ACoA and adults of non-alcoholic parents to identify themes represented by illustrative

quotations. Each coder was instructed to read through the transcripts of each focus group to become familiar with the data. Two coders were then instructed to carefully read the transcripts a second time to identify themes in each group that demonstrated a type of communication pattern or parenting style. The author then met with the coders to discuss themes and identify broader themes that were present across groups. All differences in coding were discussed and resolved, achieving 100% final agreement.

Results

As a result of the qualitative analysis of the focus group data, the following five themes emerged: Experiences of Open Communication, Family Decision Making, Communication about Alcohol, Ability to Express Emotion, and Feelings Towards the Alcoholic. Each of these themes are presented below with discussion and illustrative examples.

Experiences of Open Communication

Family communication patterns set ground rules for the way in which topics were discussed. To explore the communication patterns in families, participants were first asked to share perceptions of open communication in their families. Most of the ACoA participants expressed an environment of controlled communication. Often, one parent dominated the views of the other family members. The quote below exemplifies the existence of a conformity orientation by referencing the authority figure in their alcoholic parent:

“I thought we had an open discussion, but in the end it was always my father who was in charge of how we had to look at the world. This was really really depressing because anything I started he always said “I cannot see it, it will not work”. You would have to be satisfied with things that would come along. You didn’t need to have dreams or something like that. My father had the alcohol problem.” (P11, female)

Conversely, some participants who came from an alcoholic family explained that they played a large role in the family communication dynamic, as a listener to their parent’s problems. This

type of response is consistent with the existing literature on parentification. Parentification describes the adult roles that some children assume when their parents are unable to perform them, such as putting dinner on the table, in order to maintain family function (Kelley et al., 2007). In the next statement a participant explains how they would often provide support for their alcoholic parent, by monitoring recovery and providing support:

“In my family I’m the oldest so all the responsibility came on me. I’d have to take care of my brother. I don’t know, I felt like I was my brother’s second mom because my mother just didn’t want to have to do everything. It was up to me to teach my brother everything. If he failed a math test, it’d be up to me to make sure he understood the next topic in school. I dropped him off and picked him up at school. I guess I’m the responsible one in the family, making sure everyone’s on top of everything.” (P14, female)

Experiences in the families of the non-ACoA participants were quite different. The majority expressed an open communication orientation in their family. When asked about the communication style in their family, one participant noted that she and her sister were very involved in the family’s decision-making process as seen in the following quote:

“My parents have always been open to my sister and me. If I ever had a question they would ask me my opinion on things especially if they were making decisions for the family.” (P3, female)

In another statement, one participant expressed some apprehension in offering opinions at home but found that when they decided to contribute, their family welcomed their opinions and embraced different points of view:

“When I was younger, I consciously did not offer my opinion because I felt like I had nothing to say. When I was young I honestly felt that way so I would just listen to what other people would say. There was a point when I was younger in my teenage years when I started to offer my opinions and my parents were totally okay with that. If they disagreed they would let me know why but they were always happy to let me say that even if they thought I was wrong.” (P5, male)

Family Decision Making

In an effort to confirm communication patterns and probe for further detail, participants were asked whether they were able to weigh in on family decisions. ACoA responses were similar to the first question reflecting a high conformity orientation dynamic, in which children were expected to follow without question and discouraged to contribute their own opinions. In the following response one self-proclaimed ACoA describes her experience with making decisions as non-existent:

“I don’t recall being asked any questions – if you would like or not like this. I recall when I was in third grade my mom left for a little while, they separated, and I found myself packed up and going. She moved closer to my school so I didn’t have to switch schools or anything but we just lived apart for about a year and then they got back together, but I don’t ever recall or even remember asking why because I didn’t think I would get an answer explaining it. It was open. It sucks, but like I still share my opinions but it doesn’t matter at all. It’s cause of her background I guess. Kids are supposed to be kids. Your supposed to be seen not heard.” (P10, female)

The pattern towards conformity orientation in families of alcoholics is also illustrated in this next quote, with a participant being criticized for her ideas by her older sibling following the death of their mother. The participant reflects on the similarity in communication styles of mother and sister and regrets the lack of openness in her own communication:

“I would say I was not involved ever. I know that now because even when my mom had died, I was 17 and I thought I was old enough to help make decisions. I told my sister maybe we should do this for the funeral, this for the wake, and she said no that’s stupid, that’s not classy. She kind of talked to me the same way my mother talked to me. I remember not even helping them I had no say in anything so I gave up and I didn’t want to help. When I think about it now I regret not saying anything because it felt like I wasn’t a part of it.” (P12, female)

The self-proclaimed adults of non-alcoholic parents did not recall being so restricted in their communication. Most responses suggest that the opinions of all family members were considered and although parents ultimately made the decision, children were encouraged to share, reflective of a consensual family type. The following statement provides a good example of the

general view of family communication in adults of non-alcoholic parents that participated in this study:

“I felt not in control but a part of it. They considered our feelings. I feel like that’s very important. We didn’t have total control but they would bounce things off of us and even if we wanted it, we wouldn’t always get it. When it came to how we really felt, they definitely considered it.” (P2, male)

Another adult of non-alcoholic parents provided a detailed example of when her mother would ask for her assistance in making a decision. Although her mother ultimately makes the decision, the participant believes that her opinions do influence the way decisions are made:

“I guess sometimes my mom does play the parent card where she’s like “its my decision, like you’re in my house like these are my rules,” blah blah blah. But then I do think as I mentioned like my mom really does rely on my opinion. Like she like most recently asked me to look at her resume and like make revisions to it and ya know like when we uhm she’s thinking about moving right now and she’s like well showing me houses like what do you think about this and what do you think about this location and I mean I think ultimately she has like the final say and she does have her own opinion but I do think my opinion uhm influences that.” (P8, female)

Communication about Alcohol

Communication plays an integral role in the development of a child’s attitudes and behaviors towards alcohol (NIDA, 2014). In the focus groups that consisted of ACoA, many reported a lack of communication regarding alcohol and in some cases were even prohibited from discussing the topic. The following statement demonstrates the way one ACoA’s parent glossed over the issues surrounding the problem drinker and prohibited discussion when the issue was directly presented:

“When it came to issues and stuff like that, my mother always addressed it as everything was fine and that their was no problem at all. Everything is good. So, there was no talking about any problems or issues or anything like that. Except when my father was drunk, and then it was never talked about. There was no talking about it.” (P22, female)

ACoA participants described the topic of alcohol as “negative talk” in their family. Discussion of the topic was not encouraged in an effort to avoid conflict or upsetting the alcoholic parent.

Another ACoA participant noted that their non-alcoholic parent was the driving force in stifling communication about alcohol, due to the concern that the alcoholic parent would harm himself or herself if the family were to discuss the topic:

“I think in my family it was my mother who did not want to discuss problems and every time it was started she wouldn’t want to talk about it. ‘Don’t talk to your father about it because he is not able to stand it.’ I wanted to confront him about his behavior and she would tell me ‘No, you can’t do this because he would commit suicide’.” (P21, female)

In the focus groups that consisted of adult children of non-alcoholic parents, it appeared that there was acknowledgement regarding alcohol but direct communication about how to view alcohol or behave when consuming alcohol did not seem to occur. The next quote illustrates the indirect interaction that many non-ACoA participants reported having with their parents regarding alcohol:

“One time I kind of asked when I was about 10. Usually my dad would tell me to go get this from the fridge and it would be a bottle of beer. I said what is this and he said oh that’s daddy’s juice and I knew not to drink that. Now he probably knows I drink cause when I was going to prom he knew I drank and my mom knew too. When I came home I was really drunk so I think they knew. Apart from that, we don’t talk about alcohol in the family because they have the idea that if they talk about it I’m going to do it.” (P6, male)

Non-ACoA participants noted that they taught themselves how to behave with alcohol or learned from their peers. A discussion surrounding the topic of alcohol appeared to be very casual in their families and was brought up retroactively, when the participant initiated the conversation. The next statement shows one participant’s reflection on the lack of communication regarding alcohol and their mother admitting to suppressing communication about their child’s drinking until the child broached the subject:

“It’s interesting because my parents never said start drinking so when I was 15 I started

drinking with friends outside of my family but I didn't tell them. I drank in high school but never spoke about it. When I went to college I said to my mom, "you know I've been drinking for the past 4 years right?" and she said "yea but we weren't going to say anything. I went to school 1500 miles away so all bets were off so they just said don't do anything stupid. I mean it was pretty open." (P4, female)

Ability to Express Emotion

For the majority of ACoA respondents, expression of emotion was not encouraged in their families. Overall participants did not have much to say in terms of expressing emotion. It appeared that many families of alcoholics preferred to just avoid emotion and if expressed, the experience would be uncomfortable. The following statement describes how one participant felt that the expression of emotion is awkward, even to the extent of saying, "I love you":

"I don't really say I love you and stuff. It's just awkward I don't know. I don't know why it's always been like that." (P18, female)

Another ACoA participant described how their family went around pretending as if nothing was wrong, regardless of negative feelings, family members were expected to put on a happy face:

"I felt like we really didn't want to express our emotions. As sad as it sounds we just pretended as if everything was good." (P17, male)

Those without alcoholic parents had a rather different family experience with expressing emotion. Families appeared to be emotion coaching focused rather than emotion dismissing focused, where children were encouraged to express themselves and taught how to properly address emotion. The following statement sums up the majority of responses, illustrating an emotionally accepting environment:

"I guess definitely my mom. I went to her. We joke to her because she's so sensitive. She'll cry if the wind blows. She'll say, 'Oh I love you' and start crying. Emotions are very open because she was very sensitive so we knew that it was okay to cry. If me and my dad got into a fight, we would go upstairs to our rooms and stomp off and then he would knock on my door a second later. I would get annoyed and say 'why are you trying to talk to me right now, I'm annoyed' but he was trying to say I love you." (P1, female)

Feelings Towards the Alcoholic

When it came to asking ACoA about the feelings they had towards the alcoholic parent, Most ACoA participants expressed frustration, disappointment, and anger towards the alcoholic parent. Reasons for the animosity towards the alcoholic varied but many reported it was due to the unwillingness to get better, the effect the alcoholic was having on the non-alcoholic parent, and the ongoing relational dysfunction between alcoholic parent and ACoA. In the following statement, one participant expresses frustration with her alcoholic father in terms of their relationship and the effect he has had on the entire family:

“...I don’t really speak to my dad uhm. Ya know when I was little ya know my parents got divorced then my dad went away like he did go to rehab because he had other problems too. And then like when I was little we’d have to do those like forced like, “ok ya know dads coming over”. And he’d actually I don’t know if he had any visitation rights. But my mom was so like ok were gunna try and do this. And uhm ya know and then he just slowly like faded away and to the point like where I became to the age where it’s like ok you decide do you want this relationship? Do you not? So, honestly I really like did not want the relationship. I felt very betrayed and hurt by what my dad did to my family uhm, and we really don’t have a relationship and he’s just really a stranger to me and I just don’t want him in my life at all.” (P23, female)

A few participants noted that their parent was currently in recovery. Their responses to this question were largely different from others in that the participants reflected on a feeling of appreciation and admiration towards the parent, in terms of his or her strength to get help. The following statement illustrates this with the respect the ACoA has for her mother:

“Uhm just recently my mom became sober. And she goes to AA. It’s like Alcoholics Anonymous. And its like I think like the fact that she did that, made me respect her so much. Like I cannot even explain how much respect I have for her.” (P14, female)

Of the adults without alcoholic parents, most knew of an alcoholic in their extended family. The feelings they had towards those family members were not entirely dissimilar from those of the ACoA participants. The main difference was the extent of frustration and lack of

understanding for how someone could let alcohol have such a negative impact on their lives. The following statement describes one participant's view of alcoholics and how the family should approach the drinking problem:

“If I was having a problem they would try and let me figure it out myself but if it got to a point where I couldn't they would definitely help me. I guess I don't understand how a family could see someone in trouble like that. I don't want to disrespect but I don't understand how they could see someone get so much worse and choose not to do something about it. That's what I don't understand. If they know they have a problem but they're still not doing anything about it I don't understand why you would just stand off to the side and let them drink themselves to death.” (P9, male)

A similar perspective is reiterated in the next statement. The participant even expresses some sympathy for the lack of awareness seemingly demonstrated by alcoholics:

“It's something about self-control. You realize what your responsibilities are. If you have a family, if you have kids, you should know you should take care of them. Not only are you wasting money you could have spent on you're kids you're hurting everyone around you and if you don't realize that you deserve to be dead. To me it's sad, not frustrating, I pity them that they can't realize what's going on around them.” (P16, male)

Discussion

The present study examined and compared family communication and communication surrounding the topic of alcohol between two focus groups consisting of ACoA and two focus groups consisting of adult children of non-alcoholic parents. These results add to the literature of ACoA by comparing their perspectives of family communication and discussion of alcohol to those of adult children of non-alcoholic families. Although communication patterns in families of alcoholics have been analyzed in the past (see Rangarajan & Kelly, 2006), this study provides the participant's subjective view of their experiences, including how they view communication dynamics about the topic of alcohol. The following sections examine the implications for family

communication, communication about alcohol, how this research extends both theoretical frameworks, and reviews the strengths, limitations, and future directions.

Implications for Family Communication

The perspectives and experiences found in this data support existing research on communication in families, specifically families of alcoholics. Participants from families of alcoholics reflected on communication that was typically homogenous and dismissive. Opinions that deviated from the primary views of the parent subsystem, and in some cases one parent, were not encouraged. There also appeared to be some pressure to conform to a belief that everything was good even if it meant stifling negative emotions and concerns. These patterns in family communication reflect a protective family type, high in conformity and low in conversation. The findings also suggest that parents did little to coach children through emotional experiences. Experiences in families of non-alcoholics typically reflected family communication patterns consistent with a consensual family type, high in conformity and conversation. Many participants noted that the topic of alcohol was often indirectly discussed however, when the topic would arise family members were encouraged to openly communicate with one another. Parents would also appear to express some form of authority by having the final word in the conversation or end the conversation with a rule regarding drinking behavior. In addition, participants from families of non-alcoholics noted that parents often expressed emotion and communicated about emotional experiences with their children. Parents appeared to model ways to handle emotional experiences thereby demonstrating emotion coaching behaviors. Although the exploratory nature of this study does not allow for generalizations, the communication behaviors of both family types reflect the communication patterns and parental behaviors that guide this research.

Implications for Communicating About Alcohol

Based on these preliminary findings, the data suggests that the topic of alcohol is difficult to discuss across family types but for different reasons. In the responses of participants from families of alcoholics, the topic of alcohol was generally prohibited. Many ACoA reported an aversion to the alcoholic and noted that they are extremely vigilant of their own drinking behaviors to avoid becoming like their alcoholic parent. Participants from non-alcoholic families expressed little concern for their own drinking behaviors and often initiated conversation about alcohol with their parent after already experimenting with the substance. When parents were presented with the topic, they appeared to brush over their child's behavior, demonstrating an acceptance for their child to establish their own attitudes and behaviors toward alcohol. The continued problem of dangerous drinking among young adults (Grucza, Norberg, & Bierut, 2009) suggests that more attention should be given to educating children about alcohol. The first line of defense in prevention of dangerous drinking starts with the family (Miller, 2001). This study demonstrates the lack of communication about alcohol and suggests that there is a need for more proactive and open communication surrounding the topic between parents and their children.

In families of non-alcoholic parents, participant accounts suggest there is also a lack of understanding and sensitivity regarding the disease of alcoholism. Several participants believed that someone with a drinking problem should change their behavior and family members should confront the problem rather than avoid it. These perspectives indicate that individuals need to be better informed about alcoholism even if they are not directly experiencing an alcohol use disorder. Perhaps if more families were informed about the disease it would encourage more dialogue surrounding the substance and aid in reducing stigma, allowing for more individuals to

seek the help they need. It is important to note that the accounts presented in this study are reflective of one family member only. Thus, future research that incorporates multiple family member perspectives is necessary to truly understand the communication behavior surrounding the topic of alcohol.

Implications for Extending Theory

The Family Communication Patterns Theory provided a solid framework for establishing the different communication orientations that existed across family types. By applying this theory to the present study, it was possible to classify both sample groups into a particular family type based on participant responses. Not only do these findings demonstrate the applicability of the theory with this type of methodology, it also presents the utility of the theory across contexts, among families of non-alcoholic and alcoholic parents.

Data analysis identified a relationship between emotion regulation and family communication patterns. Those who referenced having more of a conformity orientation communication style also noted a dismissive parenting style when it came to the expression of emotions. Conversely, those participants who experienced an open communication orientation also admitted to having a parent that they could talk to when something troubled them. For CoA, the ability to disclose emotions may be crucial to coping with the family dynamic (Henderson, Davison, Pennebaker, Gatchel, & Baum, 2002). Although openness is not guaranteed to improve communication, it may provide better long-term outcomes than suppressing one's feelings and concerns. Therefore, emotion regulation is a valuable frame to consider in future research on families of alcoholics.

Strengths, Limitations, and Future Directions

There are several strengths to this exploratory study. First, the focus groups provided a comfortable environment that enabled participants to disclose personal information about their family experiences. Second, the comparison across families provides insight to the similarities and differences in communication patterns and behaviors. Finally, this study documents perspectives of communication in the family and some of the outcomes of these experiences, illustrated by compelling examples in participant's voice.

As is common among exploratory studies, this research has a small sample size and the majority of participants were female. Because of the small number of participants and use of qualitative methodology, generalizing findings to a larger population was not a goal. However, the high-risk and hard-to-reach characteristics of some of the participants under examination warrant consideration of these results. Another limitation of the sample is that it primarily consisted of college students. The education level of participants and the narrow region in which they were recruited precludes assumptions that this sample is representative of the general population.

To build on the rich preliminary results presented here, the next step would be to conduct a large-scale survey of family communication patterns in families of alcoholics, further developing our understanding of the dynamics of communication in families of alcoholics. The results from this focus group study will help to construct an effective survey that could be administered to a larger group. Identifying a distinction between families of alcoholics and non-alcoholics communication may offer researchers and health care providers a better formula for effective prevention and intervention programming. Future research should also consider observing actual communication behaviors within the family, to compare against earlier studies of self-report data. Finally, it is important to expand investigations to the perspectives of multiple

family members rather than relying solely on perspectives of one family representative. The study highlights the importance of communication patterns in families and the role communication plays in developing one's attitudes and behaviors towards alcohol. The findings suggest that family communication patterns and emotion regulation should be important considerations when examining the outcomes of individuals, especially in families with children who are at high risk of experiencing physical and mental health issues due to the family environment.

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