5-2021

Communication in Adult Children of Alcoholics: The Problem, the Result, and the Solution

Audrey Barth
Dominican University of California, audreybarth50@gmail.com

https://doi.org/10.33015/dominican.edu/2021.CMS.ST.01

Communication in Adult Children of Alcoholics: The Problem, The Result, and The Solution

Audrey Ann Barth

Dominican University of California

Communication and Media Studies

December 9, 2020

Table of Contents

Acknowledgements

I would like to acknowledge all of the people who played a role in the accomplishment of this study, including the Dominican University Communication and Media Studies program. Specifically, I would like to thank my thesis advisor and one of the best teachers I have known, Bradley Van Alstyne. Additionally, I want to thank all of the subjects who agreed to participate in this research project and answer my questionnaire to further illuminate the issues that adult children of alcoholics experience.

Abstract

In the United States alone, 25% of children live with an alcoholic parent (Haverfield et al., 2016). While there is extensive research on the psychological impacts of growing up with an alcoholic parent, research focused on communication is slim. This paper seeks to examine the communication characteristics in adult children of alcoholics (ACOAs) in three ways: (1) to determine how communication dynamics in alcoholic families are detrimental, (2) to determine the implications of these dynamics in adulthood, and (3) to determine how communication can be implemented as a solution for ACOAs. Several interviews were conducted on ACOAs based on those goals. Additionally, existing research was examined to determine background, implications for communication, and possible interventions. Alcoholism is often referred to as a family disease, and the children of those families experience specific psychological effects that carry on to adulthood (Hall and Webster, 2007). This has a direct correlation to communication patterns. The goal of this study is to determine how having an alcoholic parent affects communication tendencies, and to determine what communication-based solutions are beneficial to ACOAs. Communication is the foundation of all relationships, whether romantic, platonic, professional, or familial. Findings indicate that there are several viable mitigators for the negative effects that ACOAs endure, but they must be tailored to the individual.

Introduction

If adult children of alcoholics (ACOAs) can be certain about anything in this world, it is that nothing is certain. “Adult children of alcoholics” is a blanket term to describe any adult (over the age of 18) who grew up with one or more alcoholic parent(s). In the United States, it is estimated that 25% of children live with an alcoholic parent (Haverfield et al., 2016). Much research has been done on the psychology of ACOAs; they learn many behaviors during childhood and develop expectations about life, relationships, and other people (El-Gueably et al., 1993). These behaviors can lead to several different communication patterns, including aggressive, protective, adaptive, and inconsistent communication (Haverfield et al., 2016). ACOAs also carry the “roles” and “rules” that they learn in childhood into their adult lives (Blair, 2008). As a result of the specific psychological makeup of ACOAs, several studies conclude that their communication tendencies differ from adult children of non-alcoholics (ACONAs) and those who did not experience any kind of childhood trauma. Primarily using content analysis, this paper will explore how children of alcoholics communicate in both childhood and adulthood, in addition to finding communication-based solutions for the issues that they face. In the literature review, nine sources will be analyzed in terms of their relevancy to this topic. These nine sources are split up into four main sections: Background, Communication-specific sources, Counter, and Solutions. In addition, several ACOAs were interviewed on their communication patterns. The communication theories that will be explored are constructivism, symbolic interactionism, and expectancy violations. The overall focus of this study is to prove that communication in adult children of alcoholics is the problem, the result, and the solution of issues related to having an alcoholic parent.

Problem Statement

The purpose of this paper is threefold: (1) to understand how communication dynamics in alcoholic families have negative effects on children, (2) to make connections between the psychology of ACOAs and their communication patterns in adulthood, and (3) to examine how communication can act as a solution for many of the issues that ACOAs face. ACOAs struggle in more ways than others can imagine, and this adversity carries over to nearly every aspect of their lives. For example, ACOAs experience tremendous conflict in childhood, and this often leads to passive communication in adulthood, meaning they tend to shut down by avoiding or becoming complacent at any sign of conflict (Blair, 2008). It is important for ACOAs to have adequate resources for self-understanding, improvement, and growth. Additionally, people who are in relationships with ACOAs would greatly benefit from understanding more about their partner.

Currently, there is little research on how ACOAs communicate. However, it is a topic worth exploring to provide more resources for ACOAs to communicate effectively in every facet of life. Many ACOAs experience adversity in adulthood due to remaining trauma from their childhood. Being able to identify their own communication tendencies and patterns could greatly improve ACOAs' interpersonal, group, and social communication.

Additionally, the communication-based solutions explored in this study can help ACOAs break down the unspoken rules and roles learned in childhood. Claudia Black's three "rules" for alcoholic children, "Don't Trust, Don't Talk, Don't Feel," all rely on ineffective communication (Blair, 2008). Communicating their trauma and issues to friends and partners is one solution. The main solutions that will be explored are talk therapy, de-stigmatization, and programs such as Al-Anon.

Research Questions

- What are the specific psychological effects that adult children of alcoholics experience?
- What do these effects mean in terms of communication patterns?
- What are common communication characteristics of alcoholic families?
- What are the results in communication patterns for ACOAs who have grown up with an alcoholic?
- How do the rules and roles that children of alcoholics learn affect their communication as adults?
- How can communication (examples listed below) be a solution for the issues that adult children of alcoholics experience?
    - Talk therapy
    - Mass de-stigmatization
    - Communicating childhood experiences to:
        - Friends
        - Romantic Partners
        - Support groups such as Al-Anon

Methodology

The methodology of this study is qualitative, and will primarily use content analysis to collect information. Because most research on adult children of alcoholics is not communication-focused, the content analysis portion aims to make communication connections that may not have been considered by the authors of those studies.

Additionally, interviews will be conducted on adult children of alcoholics, and then individuals will be categorized in terms of the communication "role" they take on in their family. These interviews will provide an understanding of the effects of the alcoholic family in both childhood and adulthood. These interviews will most likely reveal interpersonal communication tendencies that may be problematic. These interviews also explore possible communication-based solutions that subjects may have tried, whether successful or unsuccessful. Additionally, subjects will be asked if they have tried or would consider partaking in any communication-based solutions.

The specific methods used in this study will be content analysis, interviews, and personal experience. This will allow for firsthand accounts, as well as more conclusive research. The content analysis portion will focus on the following nine studies: "Sober Talk: Adult Children of Alcoholics," "Multiple stressors and adjustment among adult children of alcoholics," "The impact of kin and fictive kin relationships on the mental health of black adult children of alcoholics," "Attachment among adult children of alcoholics," "Characteristics of communication in alcoholic families," "An international perspective on the communication problems in families with an alcoholic and adult children of alcoholics," "Explaining the quality of adult, romantic relationships of children of alcoholics," "The diagnosis and treatment of adult children of alcoholics as a specialized therapeutic population," "Occupational behaviors and

quality of life: a comparison study of individuals who self-identify as adult children of alcoholics and non-adult children of alcoholics," and "Parent's alcoholism severity and family topic avoidance about alcohol as predictors of perceived stigma in adult children of alcoholics: implications for emotional and psychological resilience."

The expected results of this study will be that ACOAs are quite different than others in their communication styles based on their turbulent childhoods. The goal of these methods is to come up with more conclusive evidence for negative communication tendencies in ACOAs, and open the door for further research to explore communication-based solutions.

Theoretical Framework

In order to better understand specific communication tendencies in adult children of alcoholics, three human communication theories will be used as lenses to examine the research: constructivism, symbolic interactionism, and expectancy violations.

Constructivism will be the primary theory as it can help exemplify the differences of communication in ACOAs, as compared to non-ACOAs: "Constructivism is a communication theory that seeks to explain individual differences in people's ability to communicate skillfully" (Delia, 2011). Being an ACOA often comes with years of trauma and psychological issues. This study attempts to find out whether being an ACOA positively or negatively effects skillful communication. Additionally, constructivism could demonstrate that, if ACOAs communicate less skillfully, communication can be re-learned, and negative effects can be mitigated. For example, Hibbard (1987) and Haverfield (2016) both suggest that admitting and reducing self-inflicted stigma about being an ACOA can lead to improvement in emotional well-being.

Symbolic interactionism focuses on meaning and interpretation differences in certain individuals (Symbolic Interactionism Theory, 2012). In this case, the individuals will be ACOAs and their family members. These family members can include the alcoholic, the co-dependent spouse, and siblings. Each family member interprets the behavior of the others in different ways, which leads to different reactions. Even once the children of the family have reached adulthood, tension can remain. Through symbolic interactionism, and trying to understand the meaning behind each family member's actions, this can lead to more straightforward communication. An example of how this would be achieved is family therapy.

Finally, expectancy violations will focus on what ACOAs expect in communication due to their turbulent childhood, compared to what actually happens in adulthood. All of these

theories allow for ACOAs to be set aside as a separate group from the rest of society, and will help examine their communication proclivities.

Literature Review

This literature review will focus in depth on the following nine sources, in relation to communication in adult children of alcoholics. These sources have specific relevancy to communication and are pertinent to this study. They are split up into four sub-sections. The first section, *Background: Problems and Results*, contains four sources that describe the substantial psychological impact of having an alcoholic parent, and assesses patterns that can be applied to communication in both childhood and adulthood. *Communication-Specific Sources* reviews two sources that go in-depth on communication patterns in ACOAs, given that communication-based on this topic research is slim. The *Counter* sub-section contains one source that analyzes the quality of ACOAs' romantic relationships; its findings contradict many other sources, and it is worth exploring the implications of the results. The three sources in the *Solutions* sub-section are reviewed in terms of how their findings can be implemented using communication.

Background: Problems and Results

"Sober talk: Adult children of alcoholics."

Blair (2008) provides information on tendencies of alcoholic families, and describes how growing up in an alcoholic home effects the children throughout their lives. She primarily uses evidence from author and expert on adult children of alcoholics (ACOAs), Claudia Black. Blair begins by summarizing the main factors in an alcoholic family; they are filled with consistent lies and disappointment. These are behaviors that are taught to young children, and they are often

present long after the children have grown up and are living independently. Blair summarizes Black's three main "rules" for families affected by alcoholism: Don't Trust, Don't Talk, Don't Feel. These "rules" are considered normal to the alcoholic family, and are methods of self-protection. Consequently, ACOAs often use these rules in their lives. This can be detrimental as not being able to trust or talk to a partner or friend does not allow for issues and conflicts to be addressed. The suppression of feelings makes it hard to create a deep, intimate connection with anyone, and acts as a huge barrier for communication. Next, Blair describes several of the roles that children of alcoholics often take on. The "Hero" is a child who attempts to normalize the family by being exceptional in some facet of life. The "Adjuster" never expects anything because they have learned that nothing is ever set in stone; they have issues with being assertive and tend to fall into the background. The "Placater" tries to be emotionally supportive for others around them and mediates conflict, often forgetting about their own needs. The "Scapegoat" creates unrelated conflict to distract from the alcoholic, and holds a lot of anger towards the family. The children grow up, but their roles often stay the same. At the end of her article, Blair theorizes that if ACOAs can understand the way their past has affected them, they may be able to learn healthy coping mechanisms and have more success in their future behavior and relationships.

In relation to this study, the author provides an overview of specific rules and roles that are learned at a young age that can be directly correlated to communication patterns. Because these rules and roles are learned in childhood and are carried on to adulthood, re-learning these communication methods would likely be an adequate solution.

"Multiple stressors and adjustment among adult children of alcoholics."

Hall and Webster (2007) analyze the effects of childhood stressors on ACOAs. The research covers not only parental alcoholism, but other traumas as well. The researchers used

four groups of college students to conduct their research. The first group contained those who identified as adult children of alcoholics. The second group was not adult children of alcoholics, but had experienced some other kind of childhood trauma. The third group was ACOAs who had also experienced another kind of trauma in addition to parental alcoholism. The fourth was a control group who had allegedly not experienced any kind of trauma, including parental alcoholism. The study attempted to analyze the social and emotional differences between the groups, and aimed to prove that adults who experienced trauma in childhood generally have a harder time adjusting and are more dysfunctional. This shows specific factors that contribute to success and communication, including dysphoric moods, sexual difficulties, post-traumatic stress, self-dysfunction, resiliency, autonomy, trust, and more. The results of the study were broad, but generally supported the authors' theory that ACOAs struggle more than others with social and emotional adjustment. There could, however, be more in-depth research about the difference between alcohol-related trauma and other forms of trauma, as the scope was not broad enough to definitively distinguish the difference between ACOA-related trauma and other forms of trauma.

The findings that relate most to communication are that the ACOA-only group showed significantly more issues in forming trust in relationships compared to the control group, and that the ACOA plus traumatic event group showed elevated levels of anger, irritability, and dissociation. This is solid evidence that the effects of parental alcoholism have lasting effects on communication. Forming trust, keeping emotions in check, and being able to function emotionally are all factors that demonstrate issues in communication – both in alcoholic families, and in ACOAs adult lives.

Communication-specific sources

"Characteristics of communication in alcoholic families."

Haverfield et al. (2016) explores communication dynamics in alcoholic families. This study explored 862 adult children of alcoholics, and had them describe their families' communication dynamics in childhood. One of the points that this study makes in comparison to others is the fact that alcoholics are not the sole issue in their families; the way that spouses and children react can also be very detrimental to family and communication dynamics. One example the study uses is that of the alcoholic's spouse – the spouse is often so concerned with the alcoholic's sobriety that their children are neglected. As for the children, there are two main responses to living in an alcoholic family: aggression or withdrawal. This is why alcoholism is often referred to as a family disease. Based on the participants responses to questions, the study broke down communication dynamics of alcoholic families into four main categories. The first is Aggressive Communication, which is further delineated into three subcategories: heightened conflict, tense communication, and secretive slandering. The second category is Protective Communication, which is also divided into three subcategories: superficiality, limited or indirect communication, and the sober parent acting as a buffer for the alcoholic. The third category is Adaptive Communication, which refers to functional communication, primarily after the alcoholic has gotten sober. The final category is Inconsistent Communication, which is divided into power struggles and mood fluctuation.

This source applies to communication as a problem, as it refers to communication dynamics that adult children of alcoholics experienced in childhood. The source breaks down communication into specific categories that can be used as evidence of common dynamics in

alcoholic families. Additionally, it can help shine a light on the long-term effects of having an alcoholic parent.

"An international perspective on the communication problems in families with an alcoholic and adult children of alcoholics."

Geddes (1993) also explains the lack of research on communication dysfunction in alcoholic families. This study is focused on both the communication dynamics in alcoholic families, and the lasting effects on communication in ACOAs. Geddes' research revealed four main communication issues in alcoholic families: dysfunctional family dynamics, negative communication climate, dysfunctional effects on the child, and structural dysfunction of the alcoholic family. Geddes (1993) cites Deutsch (1982) to explain the characterizations of the first category, dysfunctional family communication. These five characterizations include the family revolving around alcoholism, denial and shame, inconsistency, anger and hatred, and guilt and blame. These act as barriers in communication, which only contributes to the dysfunction. The second main issue that Geddes (1993) refers to is the negative communication climate in alcoholic families. Children often perceive their parents as cold or preoccupied, so the communication between parent and child can break down completely. The third issue is dysfunctional effects on the child. This primarily refers to any impact that the child of an alcoholic experiences in their home – this is most relevant to this paper because these effects last throughout adulthood. The final category that Geddes (1993) explores is structural dysfunction, meaning that instead of a traditional family structure where each member is equally important, the alcoholic is the center of attention.

This source is useful in examining the overarching themes that alcoholic families experience, which can then be translated into communication. Further, these family communication patterns can be compared with adult children of alcoholics' current behavior to determine the lasting communication effects of parental alcoholism.

Counter

"Explaining the quality of adult, romantic relationships of children of alcoholics."

Menees (1997) used surveys to determine the relationship between having an alcoholic parent, and ACOAs' romantic relationships. This source acts as a minor counterargument in order to be thorough with the research about interpersonal communication and romantic relationships; through the study's surveys, no significant evidence was found that having an alcoholic parent changes the quality of romantic relationships. However, there was evidence that suggested that the more dysfunction in the alcoholic family, the more dysfunction ACOAs experienced in their romantic relationships. Thus, there was not a correlation found in quality, but there was in family functioning, which is an interesting aspect of communication to consider in terms of this study.

Despite the small scope of the study, it plays a vital role in examining interpersonal communication. Alcoholic family functioning can be a big predictor of functionality in adult children of alcoholics' interpersonal relationships. While the study states that their quality is unchanged, it raises questions about what "quality" means in this context.

Solutions

"The diagnosis and treatment of adult children of alcoholics as a specialized therapeutic population."

Hibbard (1987) makes the point that adult children of alcoholics should be given specific therapeutic treatment, and should even be considered a subspecialty when it comes to psychotherapy. He states that ACOAs "rank disproportionately high" in terms of psychological disorders. He also cites evidence that these disorders carry on to adulthood. Due to their specific psychology, Hibbard (1987) argues that there should be more specific therapy treatments for ACOAs. One of the main purposes for this is to "break down denial of parental alcoholism." Hibbard (1987) argues that by acknowledging that they are an ACOA, the subjects will feel less guilt and responsibility for their alcoholic family. The study treats having an alcoholic parent as a traumatic experience, which explains the resulting destructuralization of the ACOA.

This source will be useful in proving that ACOA-specific therapy can act as a solution or a mitigator for many of the negative effects and/or psychological disorders that ACOAs experience. While this article is not specific to communication, it refers to many factors in childhood that relate to dysfunctional communication. These factors carry on into adulthood, as the study suggests. Additionally, it supports the idea of psychotherapy as a form of healthy communication for ACOAs. One of the main communication barriers is avoidance, and this study aims to prove that a more assertive and direct approach is beneficial.

"Occupational behaviors and quality of life: a comparison study of individuals who self-identify as adult children of alcoholics and non-adult children of alcoholics."

Vaught et al. (2013) found that ACOAs were more likely than non-ACOAs to experience occupational deprivation. "Mihaly Csikszentmihalyi (1993) states regarding meaningful engagement in valued occupation as it relates to one's happiness: 'when persons learn to enjoy complex activities that provide high challenges commensurate to their skills, they are more likely to have a positive sense of self, will enjoy more work, will develop further their innate abilities, and will be happier overall' (p. 41)" (qtd. in Vaught et al. 2013). This study aimed to explore two main factors: whether ACOAs reported a lower quality of life than others, and whether they reported less satisfaction with occupational behaviors.

The sample size of this study was too small and inconsistent for accurate results on whether ACOAs are more dissatisfied with life and occupational activities. However, the study does suggest several communication-based interventions that could benefit adult children of alcoholics: community and family-based programs. These kinds of programs (such as Al-Anon or family therapy) allow for open communication either within the family, or amongst people who have had similar experiences. These are valuable solutions to explore for the communication dysfunction in ACOAs.

"Parent's alcoholism severity and family topic avoidance about alcohol as predictors of perceived stigma in adult children of alcoholics: implications for emotional and psychological resilience."

Haverfield and Theiss (2016) analyze the stigma around alcoholism and how it effects adult children of alcoholics. 622 ACOAs were questioned regarding family conditions and

perceived stigma in relation to their emotional and psychological well-being. The severity of the parent's alcoholism, in addition to the lack of discussion of alcohol, both led to ACOAs feeling stigmatized. Further, these participants were more likely to experience depression, lack of self-esteem, and lack of resilience. These issues are most likely prevalent due to the stigma of alcoholism – not just the fact that one has an alcoholic parent. Therefore, a reduction of the stigma around alcoholism – both public stigma and ACOA self-stigmatization – could lead to better emotional health outcomes for ACOAs.

This article could be useful in terms of solutions for issues that ACOAs experience. Stigmatization is a form of communication surrounding alcoholism and ACOAs. Not only is there stigma from the people around ACOAs, but ACOAs often stigmatize themselves and alter their lives accordingly. Reducing stigma could be an effective way to improve emotional health and open communication in ACOAs. Additionally, consistent open communication on the issue will likely take away the stigma associated with having an alcoholic parent. The combination of these two factors could help decrease the amount of mental health issues that ACOAs commonly experience.

"The impact of kin and fictive kin relationships on the mental health of black adult children of alcoholics."

Hall (2008) explored the idea that having a supportive adult role model other than the alcoholic parent during childhood mediated the negative effects of having said alcoholic parent. Hall's article focuses on black ACOAs specifically, but the findings can likely be applied to many children of alcoholics. In addition to the conducted research, Hall (2008) identifies the key components of an alcoholic family and provides background on the negative effects that ACOAs often experience, and states that "many adult children of alcoholics (ACOAs) adopt certain roles

to cope with parental alcoholism, have a difficult time separating from their family of origin, are unable to establish stable commitments in love and work, and experience a severe depletion of self-esteem" (p. 260). The inability to commit is due to constantly being let down as a child. This can cause adversity in relationships that would not have occurred in a non-ACOA. Childhood dynamics lead to the expectation that no one is trustworthy. Hall identifies four main reasons why children of alcoholics experience negative effects in adulthood: the parent is emotionally unavailable, the home is chaotic due to alcoholism, there is a prevalent lack of communication, and the child experiences emotional distress. She found that if there was another non-alcoholic adult that was prominent in the COA's life, the negative effects of parental alcoholism were at least reduced.

The lack of communication in alcoholic families is most prevalent to this study. This article demonstrates two things in relation to this study: lack of communication poses conflict for children of alcoholics, and that having a positive role-model who can fill the communication void can mitigate some of the negative effects on ACOAs. The author provides valuable background on the topic and identifies several factors as to why ACOAs struggle in adulthood. Hall could have broadened the scope of her research to include ACOAs of all races and socio-economic classes. It would have answered a broader question and provided insight as to whether her hypothesis is true in different groups of people. In terms of this research, a more focused study on lack of communication in alcoholic families would shine a light on communication as the problem, the result, and the solution.

Interviews

Interviews were conducted on subjects to determine the communication dynamics of their alcoholic family, and how communication dysfunction has affected their adult lives. While there are only five subjects for this particular study, they demonstrate how future research could be conducted in a larger study. The participants answers were analyzed and categorized into one of Claudia Black's "roles" for ACOAs: The Hero, the Placater, the Adjuster, and the Scapegoat (Blaire, 2008). Consequently, each participant's communication was analyzed in terms of that role. Additionally, communication as a solution for ACOAs was explored by asking participants if they benefitted from ACOA-related programs or therapy.

Participant #1 falls into the category of the Adjuster. As previously stated, the Adjuster has issues with being assertive, and tends to avoid or take a passive role in conflict (Blaire, 2008). The reason for this classification is that Participant #1 dealt with many lies and outbursts from her alcoholic mother. Even when their family attempted therapy, or even just tried to address the issue with the alcoholic parent, the result was anger and defensiveness. As a result of her mother's reactions, Participant #1 is a protective communicator; she avoids conflict and is cautious in all communication. Additionally, she was asked to keep her mother's alcoholism a secret, leading to a feeling of stigmatization that acted as a barrier in forming relationships with others. She continues to struggle with communication and authentic connection.

Participant #1 rated herself a five out of ten in interpersonal communication, due to the caution she takes when connecting with others. Despite actively being in therapy, she still struggles with the ACOA-specific issues from her childhood. Interpersonal communication is a huge part of forming relationships with others, and these barriers still exist for her. She may benefit from participating in a program such as Al-Anon, where she can share her experiences

with others who have similar perspectives; ideally this would help decrease perceived stigma. This could be a step to opening up in terms of communication, so that Participant #1 can cultivate healthy, authentic friendships and relationships.

Participant #2 also matches the category of the Adjuster. However, he does not fully match this role because he grew up in a home where alcoholism and addiction were normalized. As a result, he did not feel stigmatized. Many of his close relatives were alcoholics, but they were not treated differently, aside from others avoiding enabling behaviors. Communication about alcohol and drugs was extremely limited and casual. Participant #2's mother (the non-alcoholic parent) struggled to speak about these issues due to what she had gone through with the participant's father (the addict/alcoholic parent). Interestingly, Participant #2 eventually found himself on probation, where he was required to attend Alcoholics Anonymous and Narcotics Anonymous. This could be a testament to why open and serious communication about alcoholism play an important role in ACOAs.

Participant #2 rated himself an eight out of ten on interpersonal communication. He is an adaptive communicator, meaning his interpersonal communication is very functional. However, he did admit that when it comes to his mental health, he tries to resolve issues internally. He could benefit from communicating to others about his depression and anxiety.

Participant #3 matches the Scapegoat role. As previously stated, the Scapegoat holds a lot of anger, and often creates conflict that is separate from the alcoholic (Blaire, 2008). He held a lot of anger toward his alcoholic parent, and often lashed out in childhood. He also struggled with authority figures and got into trouble at school. His communication style was, and continues to be, aggressive. However, Participant #3 believes that he has significantly improved in his outward communication and mental health issues.

Participant #3 rated himself a ten out of ten in interpersonal communication. He attributes this not only to therapy and family help, but to his own dedication to his mental state and future. It seems that these experiences – both positive and negative – have eventually led to a positive communication outcome.

Participant #4 falls into two categories: The Adjuster and the Placater. As a reminder, the Placater does not communicate his or her emotions well, and tries to mitigate conflict within the family (Blaire, 2008). This participant struggled to know what deep and real communication is as a result of his alcoholic parent. He is a protective communicator, which often means indirect and superficial communication. In childhood his family was isolated due to fear of the alcoholic's behavior. Moreover, Participant #4 also felt stigmatized when he introduced his alcoholic parent to serious girlfriends and their families. Participant #4 tends to try to prevent and avoid conflict, and can end up being complacent as the Placater often is.

Participant #4 rated himself an eight or nine out of ten in interpersonal communication. He brought up the point that he may be perceived as a great communicator, but still struggles to create authentic connections through interpersonal communication.

In addition to the four other participants, I completed the questionnaire due to my personal experience in having an alcoholic parent. Based on my answers, I fit into the role of the Placater. In childhood, I spent most of my time trying to resolve the conflict within my family. Additionally, I was, and still am, a protective communicator. For example, in addition to acting as a buffer between my family members, I never communicated any of the mental issues I was experiencing (anxiety, depression, etc.). I also struggle to communicate deeply, especially with my family. In addition to other participants, I also felt stigmatized for being a child of an

alcoholic and was asked to keep it a secret. This could be part of the reason why many ACOAs struggle with deep communication.

I rated myself a six out of ten in interpersonal communication. My reasoning for this was that I can communicate very well about most things. However, when it comes to important interpersonal communication about myself, I am very hesitant.

All participants reported that they have experienced mental health issues, such as anxiety, trauma, depression, and more. Additionally, all of them struggle with creating authentic connections in relationships with others. Some feel stigmatized, which could explain the barriers to deep, interpersonal communication. Most of them show dysfunction in conflict. While there is not a “one-size-fits-all” solution for ACOAs, learning not just functional communication, but authentic communication, would likely help with the many issues they face. It would also be beneficial for ACOAs to learn to confront conflict using assertive communication – not aggressive or passive. However, this is a tall order and requires meaningful research to determine the best possible avenue for improvement in these areas.

Research Proposal

Research on adult children of alcoholics primarily started in the 1970s (Vaught et al., 2013). Further investigation on this topic would help to determine effective communication-based solutions through firsthand research. The purpose of the proposed study is to extend this paper's research by determining the most effective communication-based solutions for the difficulties that ACOAs face. This study would further illuminate the lives and adversity that ACOAs manage, and act as a resource for ACOAs and their loved ones. There is little research on this topic that is specific to communication, thus this study will fill in the gaps by making connections to interpersonal and social communication. This study will include at least 100 ACOA participants, who will be interviewed and asked to demonstrate their behavior in various conflicts. Additionally, 50% of the subjects will have weekly talk therapy, and 50% will attend weekly Al-Anon meetings. The study will be one year long, in order to get the most accurate findings for therapy and Al-Anon as mitigators of emotional distress.

The methodology of the proposed study will be mostly qualitative because communication patterns are hard to conclusively measure. Questionnaire answers and data regarding conflict management will be analyzed and applied to interventions. Additionally, there will be a separate survey given to participants that will use a scale of zero to five to measure how adult children of alcoholics feel before and after therapy or Al-Anon. This survey will have a more quantitative result compared to the rest of the study.

In the beginning of the study, participants will fill out the ACOA Emotional Distress Survey; they will rate several categories from zero to five. One means "this is not an issue for me," and five means "this is causing severe distress for me." The categories include anxiety, depression, trauma, dissociation, co-dependence, low self-esteem, and dysfunctional

communication. Each question would give the opportunity for further explanation. This will act as a standing measurement for emotional distress in ACOAs prior to being in weekly talk therapy *or* Al-Anon. Participants would be given the same exact survey one year later, at the end of the study. These results would be analyzed and compared to the prior survey results. Additionally, the communication questionnaire used in this paper's previous interviews can be implemented on a much larger scale in the study. It would be given to participants in the beginning of the study, and analyzed in comparison to the survey. Lastly, participants will be asked to demonstrate their behavior in conflicts. Again, this will be examined before and after the completion of the study.

This study will use these methods to determine whether communication is a viable mitigator for emotional distress in adult children of alcoholics. By measuring certain factors before and after the study, with therapy or Al-Anon being the only independent variable, the results of the study will likely be straightforward.

Findings

The following conclusions of *this* study further indicate that more research is needed on the topic of communication in adult children of alcoholics, and that the *proposed* study could provide valuable data. Communication plays an essential role for ACOAs – in childhood, in adulthood, and in the healing process. As previously stated, the goal of this study was to determine the role that communication plays as the problem, the result, and the solution for adult children of alcoholics.

The Problem

Nearly every study analyzed in the literature review implied that children of alcoholics experience dysfunctional communication; communication poses a major problem for ACOAs. This is best exemplified by Blair (2008), as she explores Claudia Black's rules and roles for adult children of alcoholics. These "rules" (Don't Trust, Don't Talk, Don't Feel) and "roles" (Placater, Adjuster, Hero, Scapegoat) are inherent barriers to interpersonal communication. By learning these in childhood, they often become part of the ACOA's identity.

Communication in alcoholic families can generally be classified into four categories: aggressive, protective, inconsistent, and adaptive (Haverfield et al., 2016). These dysfunctional communication strategies are detrimental to a developing child. There is also a lack of communication about alcohol in many alcoholic families, which is exemplified in the interviews and several sources in the literature review. Aggressive, protective, and inconsistent communication prevent children of alcoholics from learning functional communication. Consequently, they do not know how to express themselves or their feelings in a healthy way. Additionally, children of alcoholics feel more stigmatized when there is no open communication about alcohol, and this stigma acts as a barrier to interpersonal communication (Haverfield and

Theiss, 2016). Many children of alcoholics are also told by their family to keep the parent's alcoholism a secret, which prevents supportive communication outside of the family. This builds on the idea that the alcoholic is the center of the family, leaving the children wondering what a true family structure looks like (Geddes, 1993). All family members should be equal, and communication and behavior should not revolve around the alcoholic (Geddes, 1993).

Based on the results of this study, the main communication problems that children of alcoholics face in childhood are dysfunctional communication patterns and lack of communication in and out of the family. Barriers to healthy, interpersonal communication is one of the primary issues in children of alcoholics. Additionally, the communication patterns learned in childhood often stay with the ACOA in their adult lives.

The Result

What are the results of the dysfunctional communication patterns learned in childhood, and what are the outcomes of communication in adulthood? ACOAs experience more emotional and social dysfunction than others as a result of growing up with an alcoholic parent (Hall and Webster, 2007). Every participant interviewed in this study indicated that they still experience psychological issues, including but not limited to trauma, depression, anxiety, and dissociation. Hall and Webster (2007) also list dysphoric moods, sexual difficulties, trauma, and difficulties with trust as some of the common repercussions of growing up with an alcoholic. Furthermore, many studies conclude ACOAs can have trouble creating meaningful connections and relationships. The behaviors learned in childhood often mimic those used in romantic relationships – or other interpersonal relationships – later in life (Blair 2008). In short, there is a myriad of psychological impacts that ACOAs experience throughout their adult lives.

In terms of the outcomes of communication in adulthood, most study participants still use dysfunctional communication patterns. Some even remarked that they do not know what meaningful, functional communication looks like. This connects directly to the ability to create healthy relationships, as stated above. Again, the communication patterns ACOAs learn in childhood often stay with them in adulthood. Based on the results of this study, the outcome of having an alcoholic parent varies widely in both communication and psychological impacts, but is generally disadvantageous in that regard.

Potential Solutions

Being that communication is one of the primary issues for ACOAs, communication-based solutions are likely to be highly effective. However, the results of the interviews indicate that each ACOA has his or her own experience, and needs to be treated accordingly. There is no "one size fits all" solution for ACOAs. The literature review examined several studies' ideas to mitigate the negative effects of having an alcoholic parent.

Therapy is one feasible intervention. Hibbard (1987) suggests that ACOAs be treated as a specific therapeutic population due to their unique psychology. ACOAs are inherently different from non-ACOAs (Hall and Webster, 2007). They learn things in childhood such as keeping secrets and not communicating about the alcoholic or their own feelings. Talk therapy, and even family therapy, is a way that ACOAs can communicate in a safe environment, and learn new strategies. They can break down the rules, roles, and dysfunctional communication learned in childhood. This will likely help ACOAs to form stronger relationships and learn to communicate with loved ones as a release.

Another viable intervention is de-stigmatization. There are two forms of stigma in this context – ACOAs' self-inflicted stigma, and others stigmatizing alcoholics. The feeling of

stigmatization in ACOAs is often the result of the severity of the parent's alcohol abuse, along with a lack of communication within the family (Haverfield and Theiss, 2016). By increasing communication about alcohol within the family, children of alcoholics may feel less stigmatized. However, given that this study focuses on solutions for *adult* children of alcoholics, it may prove to be a more difficult solution due to the many years without communication. However, other people stigmatizing alcoholics is a completely different situation. Haverfield and Theiss (2016) cited that 54% of people believe that alcoholics are entirely responsible for their drinking. This indicates that the public casts harsh judgement onto alcoholics. Nevertheless, alcoholism is a disorder listed in the Diagnostic and Statistical Manual for Mental Disorders, meaning it is not easy to overcome or control. Mass communication on this topic could shift many peoples' perspective on the issue – a potential avenue is a widespread health campaign to educate the public. Consequently, ACOAs could feel less stigmatized for their parent's alcoholism and be more likely to seek treatment and communicate about their problems.

Al-Anon is another viable option for ACOAs to communicate and connect with others who have been through similar experiences. According to their website, "Al-Anon is a mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive changes to their individual situations, whether or not the alcoholic admits the existence of a drinking problem or seeks help" (2018). For some ACOAs, opening up may be easiest with those who understand alcoholism on a similar level.

Again, ACOAs can have a vast array of varying experiences and may need different solutions to help them overcome the trauma they endured. But the results of this study indicate that communication-based solutions are practical for adult children of alcoholics. As previously

stated, there is not much research on this topic that is specific to communication; more research could likely lead to better psychological and communication outcomes for ACOAs.

References

Blair, K.M. (2008, January 3). Sober talk: Adult children of alcoholics. *The Ithica Journal,* p. C4. Retrieved from http://www.ithacajournal.com/

Delia, J. (2011). Constructivism. In *A First Look at Communication Theory* (pp. 98-110). McGraw-Hill Education. https://www.afirstlook.com/docs/constructivism.pdf

El-Guebaly, N., Maticka-Tyndale, E., Pool, M., & West, M. (1993). Attachment among adult children of alcoholics. *Addiction, 88*(10), 1405-1411. Retrieved from http://www.wiley.com/WileyCDA/Brand/id-35.html

Geddes, D. (1993). An International Perspective on the Communication Problems of Families with an Alcoholic and Adult Children of Alcoholics. *World Communication, 22*(2), 68.

Hall, C.W., & Webster, R.E. (2007). Multiple stressors and adjustment among adult children of alcoholics. *Addiction Research & Theory, 15*(4), 425-434. doi:10.1080/16066350701261865

Hall, J.C. (2008) The impact of kin and fictive kin relationships on the mental health of black adult children of alcoholics. *Health & Social Work, 33*(4), 259-266.

Haverfield, M. C., Theiss, J. A., & Leustek, J. (2016). Characteristics of Communication in Families of Alcoholics. *Journal of Family Communication, 16*(2), 111–127. https://doi-org.dominican.idm.oclc.org/10.1080/15267431.2016.1146284

Haverfield, M. C., & Theiss, J. A. (2016). Parent's alcoholism severity and family topic avoidance about alcohol as predictors of perceived stigma among adult children of alcoholics: Implications for emotional and psychological resilience. *Health*

Communication, *31*(5), 606–616. https://doi-org.dominican.idm.oclc.org/10.1080/10410236.2014.981665

Hibbard, S. (1987). The diagnosis and treatment of adult children of alcoholics as a specialized therapeutic population. *Psychotherapy: Theory, Research, Practice, Training*, *24*(4), 779–785. https://doi-org.dominican.idm.oclc.org/10.1037/h0085779

Menees, M. M. (1997). Explaining the quality of adult, romantic relationships of children of alcoholics [ProQuest Information & Learning]. In *Dissertation Abstracts International Section A: Humanities and Social Sciences* (Vol. 57, Issue 10–A, p. 4188).

Symbolic Interactionism Theory. (2012, April 25). Retrieved October 29, 2020, from https://www.communicationstudies.com/communication-theories/symbolic-interactionism-theory

Vaught, E. L., Wittman, P., & O'Brien, S. (2013). Occupational Behaviors and Quality of Life: A Comparison Study of Individuals Who Self-identify as Adult Children of Alcoholics and Non-Adult Children of Alcoholics. *International Journal of Psychosocial Rehabilitation*, *18*(1), 43–51.

What Is Al-Anon and Alateen and Are They Right for Me? (2018, December 03). Retrieved December 09, 2020, from https://al-anon.org/newcomers/what-is-al-anon-and-alateen/

Index A

Interview Questions

- How and when did you find out about your parent's alcoholism? Were you told, or did you figure it out on your own?
- Were you asked to keep your parents alcoholism a secret? Did you feel stigmatized – either by yourself or others – because of your parent's alcoholism?
- Alcoholism is often referred to as a family disease. How did things change, in terms of family dynamics, once your parent's alcoholism was prevalent to you? What were things like?
- Most children of alcoholics fall into one of four communication categories: aggressive communication, protective communication, adaptive communication, or inconsistent communication (Haverfield et al., 2016). Aggressive Communication includes specific behaviors such as heightened conflict, tense communication, and secretive slandering. Protective Communication includes things like superficiality, limited or indirect communication, and the sober parent acting as a buffer for the alcoholic. Adaptive Communication mainly refers to functional communication after the alcoholic has gotten sober or dynamics have improved in some way. Inconsistent Communication is divided into power struggles and mood fluctuation.
    - Which of these categories best suits how you communicated in childhood?
    - Which category best describes how you communicate now?
- Was alcohol discussed in your family?
    - If yes, what did those discussions look like? Were they cautionary, casual, aggressive, etc.?

    - If no, was the subject avoided completely? How did this avoidance affect family functioning?
- Were there any other barriers to communication due to alcoholism? Be as specific as possible.
- Have you experienced any mental disorders or emotional tendencies, currently or in the past? A few examples that ACOAs commonly experience are depression, anxiety, dissociation, trauma symptoms, low self-esteem, and dysfunctional attachment.
- Do you or have you participated in programs such as al-anon, AA, family therapy, individual therapy, or other support groups?
    - If yes, how have these programs helped you improve your well-being? Please be as specific as possible.
    - If not, would you ever consider trying a communication-based solution for any trauma or emotional distress you experience due to growing up with an alcoholic?
- How would you rate your interpersonal communication on a scale from 1-10? 1 being poor, and 10 being excellent.

Index B

Interview Responses

This section includes the survey responses from four participants, as well as responses from personal experience.

1. How and when did you find out about your parent's alcoholism? Were you told, or did you figure it out on your own?
    a. ***Participant 1*** *– I didn't notice it for a long time. Her cigarette smoking was the first thing I noticed when I was around 12 years old. After then, I slowly started to realize that there was more to her irrational behavior and began discovering "water bottles" in her car after picking me up from school. After years of becoming closer to my sisters, my eldest sister of 6 years told me about her experiences with my alcoholic mother as early as age 10, making my mother's drinking problem come to light just after my youngest sister was born.*
    b. ***Participant 2 –*** *I noticed that certain people drank more than others and they explained what it was.*
    c. ***Participant 3 –*** *I found out when I was around the age of 5-6 years old. I started noticing differences in behavioral patterns and sudden mood swings that I can later attribute to lack of alcohol within a prolonged amount of time. It wasn't until later, around 8 years old, that I was told of the affliction and given an in-depth answer as to what was occurring.*
    d. ***Participant 4 –*** *I was told.*

e. ***Personal Experience –*** *I was told around age 9 or 10, but I definitely noticed things about my dad's alcoholism before then – I just didn't know why or what it was.*

2. Were you asked to keep your parent's alcoholism a secret? Did you feel stigmatized – either by others or by yourself – because of your parent's alcoholism?
    a. ***Participant 1 –*** *Although I was not asked to keep it a secret, it was implied. It was difficult growing up with a mother who taught you to lie in school and therefore made a lot of my friendships and other connections based on a lie. I felt pressured to be a certain kind of person around other people. She taught me to feel anxious and always caught off-guard by what peoples true intentions was.*
    b. ***Participant 2 –*** *No, I was not asked to keep it a secret and I did not feel stigmatized. It was almost normalized in my family.*
    c. ***Participant 3 –*** *Luckily, and unluckily for me, my parent's alcoholism was a very public and well-known problem. While I don't believe I had the capacity at the age I was to feel some sort of stigmatization, I know that my Mother definitely sheltered us from unwanted opinions.*
    d. ***Participant 4 –*** *No about keeping it a secret. I did feel stigmatized later in life when it came time to introduce my father to serious girlfriends or their family.*
    e. ***Personal Experience –*** *Yes. One of the first things my mother told me after I found out my dad was an alcoholic was, "this isn't something you tell people about." I definitely felt stigmatized because I knew that it wasn't normal. I*

stopped having friends over because of the situations in my home. And when my dad went to rehab when I was 10, I wasn't supposed to tell anyone where he was.

3. Alcoholism is often referred to as a family disease. How did things change, in terms of family dynamics, once your parent's alcoholism was prevalent to you? What were things like?
    a. ***Participant 1 –*** *The most memorable moments I have growing up with an alcoholic parent were the late-night fights with my father, stomping on the floors above my room ultimately slamming the door behind her before leaving the house for hours. Others include the nights she'd want a family dinner together and end up almost compulsively starting an argument with myself, my little sister or my father – at this time my eldest sister had moved out. Relationships and trust with my mother was and has been hard to build since I was 14. Everything was dramatized – yelling, crying, slamming things, throwing things or simply leaving the house altogether.*
    b. ***Participant 2 –*** *Things didn't change. It wasn't treated as a disease, it was normalized in my family and we didn't treat each other differently.*
    c. ***Participant 3 –*** *While in most cases alcoholism can be a sudden and unexpected discovering for a family to uncover, the offenses were so rampant in my household that there was never a big reveal, but rather a slow decline into separation. For me, I fought against my Father and made every effort to lash out against what I thought was unfair.*

d. ***Participant 4 –*** *It wasn't like a moment where it was revealed. It wasn't till years later that I realized we had been isolated as a family because of my mom's fear of my dad's behavior.*

e. ***Personal Experience –*** *For me, it was an abrupt change. It was like I'd been sitting in the dark and someone turned on the light. I understood why my dad wasn't around as much, why he left me (and sometimes my brother) home alone, why he and my mom weren't affectionate. Also, very shortly after I found out, he started going to meetings. And right after that, he went to rehab. The family dynamics turned into me taking care of my mom, and making sure my mom and brother didn't fight. When my dad finally got out of rehab, I'd try to get his help in stopping the conflicts between my mom and brother. He didn't do anything most of the time, but sometimes he just became a part of the fight.*

4. Most children of alcoholics fall into one of four communication categories: aggressive communication, protective communication, adaptive communication, or inconsistent communication (Haverfield et al., 2016). Aggressive Communication includes specific behaviors such as heightened conflict, tense communication, and secretive slandering. Protective Communication includes things like superficiality, limited or indirect communication, and the sober parent acting as a buffer for the alcoholic. Adaptive Communication mainly refers to functional communication after the alcoholic has gotten sober or dynamics have improved in some way. Inconsistent Communication is divided into power struggles and mood fluctuation.

    a. Which of these categories best suits how you communicated in childhood?

i. ***Participant 1 –*** *I would describe my relationship with my mother as aggressive communication. As mentioned in Question 3, everything was dramatized. My mother made attempts to get my sisters and I to fight by telling us things separately. However, my sisters and I have the best relationship in the family and so we'd tell each other everything and just confirm that our mother was trying to cause poisonous relationships among the family. She would constantly pick fights with myself, my sisters and my father out of thin air. Least I say, I much preferred my father picking me up from school.*

ii. ***Participant 2 –*** *Adaptive communication*

iii. ***Participant 3 –*** *For my entire childhood I used nothing but aggressive communication to get my point across. I was outwardly rude, started conflicts where none need be, and used deception to get what I wanted.*

iv. ***Participant 4 –*** *Protective and adaptive.*

v. ***Personal Experience –*** *Protective communication – because I never wanted to cause conflict or distract anyone with my problems.*

b. Which category best describes how you communicate now?

i. ***Participant 1 –*** *Now, I guess I could still say it's aggressive communication if I still communicated with her at all. I am now 24 and we have not spoken in almost 3 years. I decided to cut communication just after I moved back to California from Boston, MA. It wasn't so much that she had worsened her aggressive behavior since I left for college, but she is slowly killing herself and the attempts to help for years just felt tiring.*

Right now, my eldest sister is the only one in communication with her out of all family and friends. She is isolated, living in a basement, smoking weed/cigarettes, drinking wine/vodka every night and is skinny enough to blow over with the wind of your breath. It was just too sad to watch her deteriorate. She became hostile and just before I left for Northern California, I heard she found out where I was moving from and I was genuinely scared. Today, I have no idea what she is capable of. In terms of my communication in general, I don't pick fights and I can be avoidant and cautious in communication. I am more cognizant of what other people need than what I need.

ii. ***Participant 2 –*** *Still adaptive communication*

iii. ***Participant 3 –*** *Sadly, I still communicate in this way. Although it is a behavioral pattern that needs severe adjustment, that can be hard after so many years of practice.*

iv. ***Participant 4 –*** *Probably adaptive.*

v. ***Personal Experience –*** *I think it's a combination of protective and adaptive. I'd say I'm a relatively functional communicator, but when it comes to my family, I still struggle to communicate at all.*

5. Was alcohol discussed in your family?
    a. If yes, what did those discussions look like? Were they cautionary, casual, aggressive, etc.?

i. ***Participant 1 –*** *It was quite often at the family dinner table that my sister and I would express our feelings about our mother's behavior. Meanwhile, my dad would be on the sidelines not saying a word. These conversations would mostly end in my mom getting very defensive and leaving the house for hours.*

ii. ***Participant 2 –*** *Cautionary – informative, casual discussion. The rest of my family would suggest things like avoiding asking alcoholic to drink with you. They always told me to be careful about drugs and alcohol because of alcoholism and addiction in the family.*

iii. ***Participant 3 –*** *Alcohol was heavily discussed in the entirety of my family on multiple occasions. We went through family therapy for many of the alcohol and non-alcohol related incidents we were forced to endure.*

iv. ***Participant 4 –*** *Alcohol was always celebrated. Parties were always the place to be.*

v. ***Personal Experience –*** *There were a lot of cautionary discussions. My dad is an alcoholic, but there are tons of alcoholics on both sides of my family.*

b. If no, was the subject avoided completely? How did this avoidance affect family functioning?

6. Were there any other barriers to communication due to alcoholism? Be as specific as possible.

a. ***Participant 1 –*** *Well, now I have zero communication at all due to the lack of understanding of help.*

b. ***Participant 2 –*** *My mother has a hard time communicating about drug and alcohol abuse because of things that she had dealt with my dad. She had a hard time talking about it and she avoided it because she thought that I would see my dad differently.*

c. ***Participant 3 –*** *While there were definitely some barriers due to traumatic experiences, they were eventually overcome through therapy and family help. These barriers included: lashing out against authority, not making eye contact, despising male parental figures, lashing out in school, and the usual High School problems of an angsty teen.*

d. ***Participant 4 –*** *I never really got to know my parents or even how that would happen. Essentially, I'm not sure I know how I would go about seeking deeper relationships or how you know what "deep" even is.*

e. ***Personal Experience –*** *We just didn't communicate. I didn't know how to, because I had spent my whole life mediating others' problems and trying to forget about my own. I don't know my family all that well – we don't have much of a family dynamic. My brother and I never talk. I think the main toll that the lack of communication took is not feeling like a family.*

7. Have you experienced any mental disorders or emotional tendencies, currently or in the past? A few examples that ACOAs commonly experience are depression, anxiety, dissociation, trauma symptoms, low self-esteem, and dysfunctional attachment.

   a. ***Participant 1 –*** *I was recently diagnosed with PTSD, due to many issues, but mostly including my upbringing. Some memories include nearly being run over by*

a car driven by my mother as she attempted to leave the house one too many nights as well as other abusive tendencies. I was unable to communicate very well with people due to the pressure of being a certain way (unsure how to describe, similar to anxiety or lying about my personality). I grew up taking speech therapy due to my inability to adjust, adapt and communicate with other students as well as teachers. This challenged my ability to make friends or intimate relationships with an overall lack of confidence. I became worried to turn into my mother. I never drank alcohol until I was 21 (almost 22). My older sister would tell me stories of how she would attempt to save me from skipping school due to my anxiety, but my mother would embrace the anxiety and take me home to coddle. To this day, I lack overall confidence and the ability to maintain good relationships/trust.

b. ***Participant 2 –*** *I've experienced a lot these things; depression, anxiety, dissociation in not feeling connected to the real world. I've dealt with it my whole life. I didn't know that depression and anxiety were what they were until later on. I tried to figure it out on my own. Depressive thoughts are always in my head.*
c. ***Participant 3 –*** *I was diagnosed with nearly all of the common mental disorders associated with prolonged trauma. However, years of prolonged exposure to good people has remedied that.*
d. ***Participant 4 –*** *Probably anxiety if anything but maybe trauma as well.*
e. ***Personal Experience –*** *I've experienced most of these and probably more – primarily depression, anxiety, dissociation, dysfunctional attachment, and some trauma.*

8. Do you or have you participated in programs such as al-anon, AA, family therapy, individual therapy, or other support groups?
    a. If yes, how have these programs helped you improve your well-being? Please be as specific as possible.
        i. ***Participant 1 –*** *When I was about 16, my family attempted family therapy. It took just 1 month before my mother backed out because she felt "ganged up on." It became obvious that her irrational behavior was just an overall lack of understanding about where we were coming from as a family to try and help her. However, she would express that she enjoyed the therapist and her personality. I continued therapy on my own after I moved in with my grandparents to avoid confrontation with my parents at this age and express my depression. I had told my mother to take individual therapy as I really thought it would help her. She agreed and would lie to me about going to therapy.*
        ii. ***Participant 2 –*** *I've been on probation and I had to do AA, NA, and MA. They helped me get a new perspective, especially about people being there for each other. It was helpful to get different perspectives and experiences.*
        iii. ***Participant 3 –*** *While these programs definitely contributed to my overall well-being, I believe it is entirely in the hands of the individual to make the necessary behavioral and cognitive changes to resume their role as a more functioning member of society after abuse or trauma. The most important step for individuals to consider is to come to terms with*

themselves and want to improve. I can honestly say that it was mostly my need for a future that drove me to fix the traumas of my past. Without doing so, I would have just led myself down the same destructive path of my Father.

iv. ***Participant 4 –*** *I went to AA for a while which I thought was okay. Other than that, marriage therapy and individual therapy (to help w/parenting since my parents were a bit odd).*

v. ***Personal Experience –*** *I've been to family therapy, individual therapy, and AA. I think I did benefit from individual therapy, but there were very few therapists that I actually connected with enough to help me.*

b. If not, would you ever consider trying a communication-based solution for any trauma or emotional distress you experience due to growing up with an alcoholic?

9. How would you rate your interpersonal communication on a scale from 1-10? 1 being poor, and 10 being excellent.

a. ***Participant 1 –*** *With my mother it is 1, because I can't stand watching her kill herself. In general, it is 5, because I am overly cautious. But it depends on who I talk to.*

b. ***Participant 2 –*** *7.5-8. There's always room for improvement but I feel like I'm very direct in my communication. I struggle with articulating my thoughts sometimes.*

c. ***Participant 3 –*** *My past and all of the emotional and physical traumas that I have endured have contributed to the way that I am able to assess myself today. 10.*

d. ***Participant 4 –*** *I think I am in the 8-9 range but again, I can't really say that my interpersonal comm is "authentic." As I am sure you have found in your research, the children of alcoholics are often perceived as excellent communicators yet have difficulties with building strong relationships. Sort of the PR of interpersonal comm.*

e. ***Personal Experience –*** *Probably a 6. I'm good at communicating with most people but when it comes to conflict or confrontation, I tend to become passive. I also do not communicate to my friends/partners/family about any issues I experience. So overall, there's really a lack of deep communication.*