“THERE IS NO MANUAL TO THIS MESS”: PARENT-ADOLESCENT COMMUNICATION PATTERNS, PRIVACY MANAGEMENT, AND TALKS ABOUT SUBSTANCE USE

A Dissertation in
Communication Arts and Sciences
by
Diana Schroeder Ebersole

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Submitted in Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

December 2012
The dissertation of Diana Schroeder Ebersole was reviewed and approved* by the following:

Jon F. Nussbaum  
Professor of Communication Arts and Sciences and Human Development and Family Studies  
Dissertation Co-Advisor  
Co-Chair of Committee

Michelle Miller-Day  
Professor of Communication Arts and Sciences and Biobehavioral Health  
Dissertation Co-Advisor  
Co-Chair of Committee

Dennis S. Gouran  
Professor of Communication Arts and Sciences and Labor Studies and Employment Relations

Alan Booth  
Distinguished Professor of Sociology, Human Development and Family Studies, and Demography

Kirt H. Wilson  
Professor of Communication Arts and Sciences  
Director of Graduate Studies for Department of Communication Arts and Sciences

*Signatures are on file in the Graduate School.
ABSTRACT

Drug experimentation becomes significantly more likely as children reach middle school (Johnston, O'Malley, Bachman, & Schulenberg, 2010), and the risk of alcohol dependence in adulthood is much higher the younger the alcohol use begins (41% for children who begin drinking at age 12 or younger, approximately 17% for those begin drinking at age 18, and 11% if drinking starts at 21) (American Academy of Pediatrics, 2010). Families can be integral to prevention efforts (Booth-Butterfield & Sidelinger, 1998; Brody, Flor, Hollett-Wright, & McCoy, 1998; Ennett, Bauman, Foshee, Pemberton, & Hicks, 2001; Miller-Day, 2008; Miller-Day & Dodd, 2004; Miller-Day & Kam, 2009), yet we know very little about the effectiveness of communication about substance abuse. Extant research provides evidence that ongoing interactions between parents and children about drugs are a more common strategy than the one-shot “drug talks” of years past (Miller-Day & Dodd, 2004), and generally, “open communication” between parents and children seems to be a positive factor in family-based prevention processes (Miller-Day, 2008). However, this dissertation fills a gap in the research by providing in-depth descriptions from both parental and adolescent perspectives about the overall family culture that has been established for the first 13 to 17 years of the child’s life, in order to contextualize certain ways of talking about drugs within different families. In addition, this dissertation’s qualitative design contributes ecologically valid data from multiple family members about their subjective experiences of family communication patterns, privacy management, and communication about substance use in general and parental substance use in particular.

This dissertation is the result of 85 in-depth, individual interviews with one parent and one of their adolescent children from 40 families in central Pennsylvania and north Florida.
There were two primary aims: 1) to examine parent-adolescent discourse and disclosures of expectations about adolescent substance use and 2) to explore the discourse and disclosures of parental substance use. In the process of exploring these two topics of discussion, this dissertation project specifically examined both the family communication patterns and the specific conversational tactics (i.e., topic avoidance) that are situated within broad family cultures and that influence parent-child communication about substance use.

Two theoretical perspectives guided this research: family communication patterns (FCP) and communication privacy management (CPM). Patterns of family communication help create a global family culture over time, and those experiences of family culture are best understood in family members’ own words. In addition, the literature on motivations, topics, and consequences of topic avoidance in families was reviewed for further understanding of boundary management processes and a possible explanation for why effective prevention messages may not occur or may not successfully deter adolescent substance use. This qualitative dissertation describes and explains how family communication patterns and boundary management processes affect intergenerational conversations about substance use in general, and communication and perceptions of parental substance use in particular.

The findings from the investigation suggest that Pluralistic (high conversation/low conformity orientations) and Consensual (high conversation/high conformity) families, as well as families in which the adolescent perceives a Consensual environment and the parent perceives a Pluralistic one, engage in a lot of open communication generally, within a structure of well-established and mutually understood parental authority. These families did not engage in topic avoidance of substance use per se; however, they demonstrated a spectrum of explicitness of messages about drugs, as well as varying frequencies of talking about prevention of drug use.
Though none of these families identified a “one-shot drug talk” method of communicating about drugs, some engaged in less frequent and less explicit conversations about drug use than others, and many family members operated with an implicit understanding of what was expected and acceptable when it comes to drug experimentation and use. Family members in the Other category identified different combinations of family communication patterns and demonstrated more emotional disconnection and disparate perceptions of communication about substance use.

Regarding general family orientations toward privacy, the study involved families who were classified as open (high permeability) within the family system, but they showed variability in the permeability of boundaries with individuals outside their families. Privacy management within families was seen as normative, and parents and adolescents shared similar perceptions of topics that were not completely openly discussed, such as family finances, health matters, extended family conflict, marital issues, and adolescent romantic relationships and friendships. Experimentation with drugs came up for a few adolescents as a secret or topic of avoidance, but that was not the norm. Parental substance use was common (e.g., alcohol consumption and [past] tobacco use), but explicit communication about parental use was not. Parents perceived both more of their own use and more communication about it than their adolescent children did, and children seemed to communicate protective perceptions of their parents’ substance use, even though it was legal and usually moderate.

The primary model for “drug talks” across family communication patterns and family privacy orientations was the ongoing and relatively frequent use of “teachable moments” in the media, the community, children’s schools and distant peer groups, and in participants’ own families. Emergent technologies like smart phones and Facebook were discussed in every interview to some extent, and they seemed to be a prevalent source of prevention communication
(i.e., expectations and rules for appropriate use/avoidance of negative consequences of misuse). Technology affected parental monitoring efforts, perceptions of personal and family privacy, and parent-adolescent conflict (often stemming from and resulting in “digital grounding”). Perhaps most importantly, cyber-bullying and other “horror stories” from computer-mediated communication provided many of the “teachable moments” talked about in the interviews. These findings suggest a need for future research about a third type of necessary prevention talk, in addition to “the birds and the bees” and “the drug talk.” These families were either proactively engaging in preventive “tech talks,” or they were learning by trial and error that they needed to address appropriate behavior with technology in reaction to mistakes that were made. The younger the adolescents, the more proactive parents were about having the “tech talk” prior to initiation of cell phone and internet use.

Health stories emerged as particularly poignant factors in family communication patterns and subjective experiences of global family culture. As seen with other topics, there was a range of openness between parents and adolescents with health issues, from total openness about persistent conditions with detailed updates to fundamental knowledge of persistent conditions and avoidance of updates, to no knowledge whatsoever of certain tests being done, results, conditions, seriousness, or updates. Health had a significant impact on perceptions of family relational quality and personal well-being and is a factor that deserves future attention when contextualizing certain conversations in a global family culture. Prolonged experiences with cancer or a one-time life-changing injury can each have significant impact on individual family members, family relationships, family communication, decisions, and communication about substance use. Hand-in-hand with health concerns are the prescription medications that often accompany them. Prescription use and misuse commonly came up with both generations in the
study. This type of drug and drug use is worthy of careful attention in future studies about prevention, family communication patterns, and family culture.

The study’s innovative design allowed for the collection of rich, descriptive data and from multiple vantage points within each family. The findings add to the knowledge bases in areas of family communication, privacy management, health communication, qualitative methodology, and prevention science. The importance of the work is grounded in its ability to reveal what details about family life inform family members’ perceptions of family culture, relational quality, and effectiveness of communication generally and about substance use in particular. In addition, these findings advance our knowledge of the role of legal, moderate, parental substance use and the nuanced distinctions between topic avoidance and reliance on implicit understandings that have been established subtly over the life course of a family system. Although this dissertation does not take a best practices position, it does provide a working model of modern prevention communication in families, including relevant factors like technology and health that are intertwined with “teachable moments” that serve as the tangible facilitators for parent-adolescent communication about substance use. The role of technology is apt to be unavoidable in future research endeavors, as is the prevalence of prescription medication use and misuse in families and in parental and adolescent peer groups. Future researchers utilizing the RFCP as a diagnostic instrument should consider the breadth and depth of information that is available by utilizing a mixed-method or qualitative design, which allows for clarification, qualification, and elaboration of participant responses to otherwise limited items of assessment of the complexities of family communication over time.
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ACKNOWLEDGEMENTS

The ideas for this dissertation originated in my master’s thesis project relating to parent-child deception and relational satisfaction, and they evolved into my doctoral research combining family communication, individual and relational health and well-being, and substance abuse prevention. I am deeply indebted to my family, friends, mentors, and colleagues for all their love, encouragement, patience, and support throughout my many years of education that culminated in this work.

I sincerely thank my co-advisors Jon Nussbaum and Michelle Miller-Day for their guidance and support throughout my years at Penn State. Thank you also to Michael Hecht, Dennis Gouran, and Alan Booth for serving on my committee, and for supporting Jon, Michelle, and myself through each step of this process. I admire and respect each of you more than I can say. I feel honored to have worked with you and grateful for the indelible mark you left on me as a person and a scholar. I would also like to thank the CAS department and the Director of Graduate Studies, Kirt Wilson, who awarded me a dissertation grant that made this project possible.

To my early mentors, Anita Vangelisti and Mark Knapp, I thank you for your continued encouragement and support, and I will always celebrate your contributions to the field and to my life.

Thank you to my parents, Richard and Linda, for my life and for fostering and encouraging this dream, and every dream I ever had. You gave me the courage to take the first big step to Texas and the next huge leap to Pennsylvania. I could not have done this without your profound love and unwavering support every moment of the journey. I am exactly who I am and where I am because of you, and I will thank you forever.

To my husband, Doug, whom I was lucky enough to meet early in my time at Penn State, I share this work and accomplishment with you completely. Your love, friendship, laughter, patience, unconditional support, and unshakeable belief in me were my inspiration, my momentum, my solace, and my drive throughout this process. We saw this through together and now live in a house of learned doctors.

Special thanks to my parents-in-law, Danny and Debbie; your emotional and instrumental support made this possible more than you may ever know. To my siblings-in-law, extended families, and closest friends, I cannot tell you how blessed I feel to have you all in my life.

I would also like to thank Rachel and Cory Rountree, Ashley Middleton, Elyse Merlo, Rachael Hernandez, and Allen Sell for the roles each of you played, personal and professional, over the last six years. You are very important contributors to my life and the work presented here. Finally, and emphatically, thank you to the families who opened up your homes, busy schedules, thoughts, feelings, and stories to me. Your words gave this project life.
CHAPTER ONE
FRAMING FAMILY COMMUNICATION AND SUBSTANCE USE PREVENTION

Diana: If you could give advice, and you probably have [given advice] in your job position, but if you could talk to a whole audience of parents and you had that platform, about how to actually be the anti-drug or to be an effective prevention influence in your young teenagers’ lives, what would you advise parents to do?

Dad: You have to be able to talk and you have to be able to paint an accurate picture. You may certainly be able to get away with being a little hypocritical, but you need to be able to also let people know what can happen. The horror stories with drugs or alcohol and how they affect decision-making and how you can become impaired, and not only hurt yourself but hurt others and destroy lives. And it can happen just like that. That's the scary thing. All of us rolled the dice sometimes. We have all gotten lucky a lot of times, and it's just, it can hurt you, it can hurt others, and that goes down to responsible decision-making. So, there are pros and cons. It is sad, but if we all choose to do that, like I said, I've actually never done any recreational drugs at all. I don't want to say, I just grew up in a time, but I'm kind of a social drinker, and there are times when I've had too much and there are times when I have driven when I probably shouldn't have. Those kinds of things. Am I happy about it? No. I was just lucky and I was lucky that I didn't get hurt or hurt
somebody else. That's not a good decision and I may still have a beer tonight. So this is something that you as a young adult are going to have to decide, and how I do things or why I do things may not necessarily be the way. (18P)¹

As the excerpt above illustrates, parents are juggling numerous concerns when it comes to raising their adolescent children. Along with trying to keep the lines of communication open with adolescents in general, many parents are trying to communicate definitive expectations for their adolescent’s abstention from substance use, while also thinking about how their own substance use affects anti-drug socialization efforts and parent-child relational quality. Families provide a foundational context for the formation of attitudes, beliefs, decisions, and behavior regarding adolescent substance use (Miller-Day & Dodd, 2004). In 2008, approximately one third of adolescents between the ages of 12 and 17 reportedly drank alcohol at least once within the past year, and 7.5 percent of individuals admitted to public treatment facilities were also between the ages of 12 and 17 (SAMHSA, 2010). Drug experimentation becomes significantly more likely as children reach middle school (Johnston, O'Malley, Bachman, & Schulenberg, 2010), and the risk of alcohol dependence in adulthood is much higher the younger the alcohol use begins (41% for children who begin drinking at age 12 or younger, approximately 17% for those begin drinking at age 18, and 11% if drinking starts at 21) (American Academy of Pediatrics, 2010). Families can be integral to prevention efforts (Booth-Butterfield & Sidelinger, 1998; Brody, Flor, Hollett-Wright, & McCoy, 1998; Ennett, Bauman, Foshee, Pemberton, & Hicks, 2001; Miller-Day, 2008; Miller-Day & Dodd, 2004; Miller-Day & Kam, 2009; Spoth, Redmond, Trudeau, & Shin, 2002), yet we know very little about the effectiveness of

¹Interview numbers are indicated in parentheses after each evidentiary quote. “P” indicates the parent and “C” indicates the child in each dyad. “A” was not used for adolescents to avoid confusing that for labeling adults.
communication about substance abuse. Extant research provides evidence that ongoing interactions between parents and children about drugs are a more common strategy than the one-shot “drug talks” of years past (Miller-Day & Dodd, 2004), and generally, “open communication” between parents and children seems to be a positive factor in family-based prevention processes (Miller-Day, 2008). This dissertation fills a gap in the research by providing in-depth descriptions from both parental and adolescent perspectives about the overall “family culture” that has been established for the first 13 to 17 years of the child’s life.

In this dissertation, I define family culture based on Miller-Day’s (2004) conceptualization of relational cultures, which “consist of shared meaning systems; characteristic interaction routines and rituals; norms and rules that organize, sequence and control behavior; and role structures that organize situated identities” (Burleson, Metts, & Kirch, 2000, p. 246; cf Miller-Day, 2004, p. 25). Furthermore, the specific type of relational culture examined (i.e., the family culture that has been cultivated in part through patterned communication over time) “creates, expresses, and sustains personal relationships and identities of partners” (cf Miller-Day, 2004, p. 25; Wood, 2000, p. 77). Therefore, for the purpose of this study, family cultures were contexts in which family members create shared social meaning, participate in routine interactions, and follow established norms and rules for behavior according to each member’s role and identity. Family relationships and individual family members’ identities are created and sustained by this culture, which was the global context considered when analyzing family communication patterns, privacy management, and intergenerational drug talks.

Families would be wise to begin incorporating prevention messages into the fabric of family culture years before children are faced with the decision of whether or not to initiate any type of substance use. This would allow anti-drug socialization norms to be firmly ingrained, and
negative attitudes about substance use to have taken root. Therefore, to understand effective and ineffective prevention communication in families better, this research examined the family cultures in which parent-child communication about substance use takes place. It had two interrelated purposes: to examine parent-adolescent discourse and disclosures about expectations for adolescent substance use and to explore this discourse to identify disclosures of parental substance use. In the process of exploring these two topics of discussion, this dissertation specifically examines both the broad family communication patterns that comprise a global family culture and the specific conversational tactics (e.g., topic avoidance) that are employed during parent-child communication about substance use.

Miller-Day and Dodd (2004) reported that less than half of parents noted explicitly communicating about drugs and drug use with their college-aged children; yet, more than 90% of those parents reported using alcohol or another drug regularly or occasionally. Parental use is prevalent (Miller-Day & Dodd, 2004), but parent-child talk of parental use and how parental use coordinates with expectations for their adolescent children has not received much research attention. A study by Schroeder, Miller-Day, Krieger, & Hecht (2010) revealed that adolescents interpret parental substance use in the absence of explicit communication about it in very different ways. For example, some adolescents thought that because their parents use certain substances, they do not care if their children also use those substances. Others considered their parents to be hypocritical and dismissed their prevention messages out of hand. Still others in the study viewed their parents as a negative influence they had to overcome. Those adolescents perceived the negative influences as including parents’ own substance use, their lack of communication about substances altogether, or contradictory messages about substances. If youth perceive that a lack of communication, or the presence of contradictory messages, about
substance use in families hinder parental prevention efforts, it would be beneficial to explore parental messages about substances in the context of their own use/non-use. This research has application potential beyond the academy in its ability to inform families about more and less consistent ways of combining legal parental substance use and parent-adolescent communication about expectations for youth abstinence.

Family communication is a powerful socializing agent beginning in infancy and persisting all the way through adolescence (Laursen & Collins, 2004; Stafford, 2004; Van Egeren & Barratt, 2004). Positive family environments act as a strong buffer, or protective factor, for family members’ past, concurrent, and future stress and risks (Amato & Afifi, 2006; Amato & Booth, 1997; Baumrind, 1991; Masten & Coatsworth, 1998; Miller-Day & Dodd, 2004; Schrodt, 2009). Some of these powerful protective factors include parental/family education, income, socioeconomic status (SES), marital quality, parental mental health, secure parent-child attachments, and authoritative parenting, which balances warmth, affection, and support with monitoring and effective discipline (Amato & Booth, 1997; Baumrind, 1967, 1991; Bowlby, 1969; Brody et al., 1998; Brown & Booth, 1996; Caughlin & Huston, 2006; Feeney, Noller, & Roberts, 2000; Segrin, 2000; White & Rogers, 1999).

Risk factors for children and adolescents exist in the community, the family, and within the individual. These factors increase the likelihood of risky behavior, such as substance use, and include lack of warmth and affection from parents, failure to form a secure attachment, rejection, neglect, aggression, hurtful communication, poverty, multipartnered fertility, and divorce. In addition, an overarching risk factor that encompasses many of the aforementioned is numerous family transitions, particularly at certain ages for children (Ainsworth et al., 1978; Amato & Booth, 1997; Baumrind, 1967; Booth et al., 2002; Bowlby, 1969; Cherlin, 2008; Feeney, 2005;
This dissertation project built on Miller-Day’s (2008) family communication and prevention research, extant research on family communication patterns (Schrodt, Ledbetter, & Ohrt, & 2007; Schrodt, Witt, & Messersmith, 2008), and examinations of boundary management through topic avoidance between parents and adolescents (Afifi, Caughlin, & Afifi, 2007; Afifi, Joseph, & Aldeis, 2008; Afifi & Schrodt, 2003; Caughlin & Petronio, 2004; Petronio, 2002, 2010). Two theoretical perspectives guided this research: family communication patterns (FCP) and communication privacy management (CPM). Family communication patterns, as well as the family cultures those patterns help cultivate, provided an important contextual background for understanding the ways that parents and their adolescent children communicate with each other in general, as well as substance use in particular. Family communication patterns provided a descriptive backdrop of family life, which helps organize and interpret specific conversations about drug use. In addition, common motivations for avoiding certain topics in families inform the nuanced boundary management processes that take place in different families, and family members’ perceptions about managing certain intergenerational boundaries provide possible explanations for why effective prevention messages may or may not occur, and may or may not successfully deter adolescent substance use. This dissertation presents analyses, description, interpretation, and explanation of two central dilemmas in family life that affect parent-adolescent communication in general, and about substance use in particular. First, families often struggle to find a balance in their communication patterns between emphasizing and maintaining parental authority and fostering a sense of shared community and responsibility among all family
members. Second, family members also grapple with the dialectical tension between staying connected to other family members through openness and maintaining personal privacy.

**Theoretical Background and Importance of Study**

I drew on previous research (Fitzpatrick & Ritchie, 1993, 1994; McLeod & Chaffee, 1972, 1973; Ritchie, 1991, 1997; Ritchie & Fitzpatrick, 1990) to describe how family members communicate in a patterned way that creates norms for communicating in the family culture in which specific topics are situated. I utilized communication privacy management (CPM; Petronio, 2002, 2010) in examining how families actually regulate information exchange in those patterned conversations and the overall family culture. Communication patterns within a family revealed facets of the larger family culture; CPM was of value in accounting for how maintaining certain intra-familial boundaries through avoiding various topic areas constituted the overall family communication culture (i.e., what is talked about and with whom, as well as what is not talked about and why). Family culture is created and sustained between and across these boundaries.

**Family Communication Patterns and Environments**

The theory of family communication patterns (McLeod & Chaffee, 1972) originally focused on families as environments in which members create a shared social reality. Specifically, the theory addressed how parents wield power over children and influence their interpretations of information in the outside world (e.g., media messages). Family members exchange information and ideas about stimuli in the environment and share norms about the way the world “ought to be” viewed, created, and perpetuated through parental authority and parent-child communication (McLeod & Chaffee, 1972). Furthermore, family members contribute beliefs, attitudes, and values to each situation in creating a cognitive map, or frame of reference,
that aids their interpretation of reality. FCP research has evolved in many ways over the past 40 years, including through theoretical revisions and refinements, a plethora of empirical applications of the theory and the scale(s) that accompany each iteration, and analyses of numerous outcome variables associated with each family communication pattern. The patterns derive from combining two dimensions of communication, one emphasizing parental views and the other emphasizing the importance of children forming their own opinions. According to McLeod and Chaffee (1972), there are two uncorrelated structures of communication in families. A *socio-orientation* is designed to elicit deference to parental authority, harmony among family members, and pleasant relationships, whereas a *concept-orientation* encourages children to develop their own ideas and opinions about the world and to consider multiple perspectives and counterarguments when making judgments and decisions. The two orientations capture dimensions that allow for the four family types that have persisted in the FCP literature to this day. Families high in concept-orientation and low in socio-orientation are *pluralistic*; those low in concept orientation and high in socio-orientation are *protective*; those families high in both dimensions are *consensual*; and those low in both are *laissez-faire* (McLeod & Chaffee, 1972).

In *pluralistic* families, there is an emphasis on open communication and free discussion of ideas, as well as a mutuality of respect and interests. This communication climate fosters communication and competence in children, and independence of ideas is encouraged and supported. *Protective* families are basically the opposite of pluralistic ones, with the primary emphasis on obedience and social harmony. Children in these families are highly susceptible to outside influence and persuasion because they have not been taught to think about numerous perspectives and possible counterarguments to parents’ ideas. They also have very little practice in constructive, competent argumentation; they are “protected” in the home, but vulnerable
outside the family. *Consensual* families are high in both orientations, which is manifested in a pressure for agreement between family members; children are encouraged to take an interest in the world without disturbing the power hierarchy in the family structure. However, the emphasis on agreement and harmony and open communication and discussion of various views are conflicting and can be overwhelming for children. A common effect of this pressure is the tendency for children to take a short cut between the two and just learn and adopt the parents’ views. *Laissez-faire* families lack emphasis of either orientation, and there is little parent-child communication at all. Family members are emotionally disconnected. Consequently, the outside world has a stronger influence on children from these families, often through media effects and peer pressure (Koerner & Fitzpatrick, 2004; McLeod & Chaffee, 1972). The extant research on family communication patterns explores effects the various environments of family communication have on each family member.

Families are especially influential at transmitting intergenerational norms and expectations (Bandura, 1977; Brody, Flor, Hollett-Wright, & McCoy, 1998; Laursen & Collins, 2004; Miller-Day, 2008; Miller-Day & Dodd, 2004; Miller-Day & Kam, 2009; Stafford, 2004; Van Egeren & Barratt, 2004), including favorable or negative attitudes about substance use. Parent-offspring communication about substance use is a protective factor that provides the buffer from risk of early onset use, and it is a predictor of children’s negative drug attitudes and intentions to use (Miller-Day, 2008). Open parent-child communication about the risks and consequences of drug use is associated with less substance use by children and adolescents (Guiliam-Ramos, Jaccord, Dittus, & Bouris, 2006; Miller-Day, 2008; Miller-Day & Dodd, 2004; Miller-Day & Kam, 2009; SAMHSA, 2009). Not only does parent-child communication play an important role in prevention of child and adolescent substance use, but overall family quality,
parental attitudes and behavior, and parenting practices also have powerful influences on whether and if so when children initiate substance use (Baumrind, 1991; Brody, Flor, Hollett-Wright, & McCoy, 1998; Miller-Day, 2008; Repetti, Taylor, & Seeman, 2002; Spoth, Redmund, Trudeau, & Shin, 2002). However, intergenerational talks about substance use and prevention do not always happen on a frequent basis (Miller-Day & Dodd, 2004) and are usually not considered by interventionists to be high quality prevention messages (Ennett, Bauman, Foshee, Pemberton, & Hicks, 2001; Miller-Day, 2008). Therefore, to understand the specific prevention messages that members of family exchange, and in an effort to enhance their effectiveness, messages must be analyzed within the larger family communication climate in which they take place. In addition, the specific conversations that address or avoid the topic of substance use must be explored within the family’s larger communication environment. A deeper understanding of a family’s global culture, and the specific, patterned ways that family members communicate and manage information within that culture, will inform future family prevention research and hopefully enhance the effectiveness of prevention in families, family therapy, and family-based interventions.

**Communication Privacy Management**

Families deal with numerous situations and issues that require them to maintain boundaries around private information. Decisions about disclosure versus secret keeping, topic avoidance, and privacy management revolve around issues of sexuality, risky behavior, money, health concerns, and parents’ past and present personal relationships (Petronio, 2010; Schroeder, 2009). At the heart of privacy management are dialectical tensions of connection and autonomy and openness and closedness that make managing boundaries around private information in families particularly complex. In addition to concerns about managing privacy among members
of the same family, there are also decisions about what to disclose to people outside of the family (Serewicz & Canary, 2008; Petronio, 2002). CPM (Petronio, 1991, 2002) is the second theoretical framework I utilized in doing the research to help explain open discussions versus topic avoidance or deception about substance use between parents and their adolescent children.

Generally, CPM was developed to explain how private information is managed from a communicative standpoint (Petronio, 2002, 2007, 2010). Privacy management is accomplished through decision-making about revealing and concealing information and, thereby, granting or denying access to others. Necessary to understanding the concept of privacy, one must position it in relation to openness, or Altman and Taylor’s (1973) publicness, as a dialectical tension. Family members simultaneously deal with needing to be open with and connected to other family members and the need for the individual autonomy that allows for ownership of some private information (Petronio, 2010). The five basic principles of CPM are a) ownership of information, b) control, c) regulation through privacy rules, d) co-ownership of another’s information, and e) regulation of privacy breakdowns (Petronio, 2002, 2010).

CPM proposes that individuals see private information as something they own (Petronio & Caughlin, 2006), but sometimes people grant partial ownership of that information to others, through disclosure. So, through interpersonal communication, information goes from being individual to collective (Petronio, 1991; Petronio & Caughlin, 2006). When people become shareholders of information, they are individually accountable for future disclosure to third parties, and a metaphoric boundary surrounds the individual and collective ownership of information (Petronio, 2002; Petronio & Caughlin, 2006). Individuals expect to have complete control over their personal, private information, but when they disclose and co-own information
with others, responsibility for the information is shared. Boundary rules are created to control access to this individually and co-owned information (Petronio & Caughlin, 2006).

Decisions to reveal or conceal information are based on rules that come from numerous sources of influence, including cultural issues, motivations, cost of revealing, and situational factors (Petronio & Caughlin, 2006). Motivations like the desire to protect one’s relationship, the desire to maintain a positive impression with a relational partner, or the desire to avoid punishment are some examples of typical privacy rules for topic avoidance between parents and their adult children (Schroeder, 2009). Caughlin and Afifi (2004) noted that when the motivation for avoiding certain topics between parents and children centers on protection of the relationship, avoidance related negatively to dissatisfaction. Understanding why parents and adolescents avoid the topic of parental substance use might help explain the effect that avoidance has on the larger family culture and individuals’ feelings about their family members and the avoidance itself. Parents typically want their children to learn the privacy rules that they value and manage through boundary coordination (Petronio & Caughlin, 2006).

Boundary coordination operates in three ways: 1) People use privacy rules to decide who is linked into the boundary through disclosure of; 2) Privacy rules govern the parameters of co-ownership, and therefore how much responsibility each co-owner has (e.g., through limited or full access to the information); and 3) Privacy rules determine the level of information that is revealed to establish the collective boundary and guidelines for revelation to third parties. Permeability rules help one regulate the flow of information outside the collective privacy boundary (Petronio & Caughlin, 2006). Sometimes the rules are obeyed and privacy regulation processes run smoothly, but at other times the boundaries are disturbed through when rules are broken.
Boundary turbulence occurs when privacy rules are broken. Sometimes boundary turbulence is not disruptive in families, such as when family members are unaware of a rule violation or when they are aware of it but choose to overlook it to avoid conflict (Petronio & Caughlin, 2006). Pretense awareness (Glaser & Strauss, 1967; Petronio, 2002) occurs when involved parties are aware of secret information, but avoid acknowledging it, in order to avoid conflict that might be involved with changing the privacy rule (Petronio & Caughlin, 2006). This phenomenon is similar to taboo topics (Baxter & Wilmot, 1985), which often also lead to patterned topic avoidance in personal relationships. Pretense awareness might be common between parents and adolescents when adolescents are aware of parental substance use, but it is not openly discussed. The danger is that adolescents form many different interpretations of parental use when it is not explicitly discussed. As reported by Schroeder, Miller-Day, Hecht, and Krieger (2010), adolescents may interpret anti-drug use messages as hypocritical when parents use substances or perceive that parents do not care if the adolescent also engages in substance use.

Families are particularly interesting to study for understanding the complexities of boundary management because they manage numerous boundaries simultaneously in attending to personal privacy and connection with family members, and negotiating an external boundary between the whole family and everyone outside it (Petronio, 1991, 2002; Petronio & Caughlin, 2006; Serewicz & Canary, 2008). The consistent use of internal and external privacy rules forms the basis for family privacy orientations (Morr, 2002; Morr Serewicz, Dickson, Morrison, & Poole, 2007; Petronio, 2002), which range from high to moderate to low permeability orientations. High permeability families share information freely with each other and with people outside the family with very few restrictions on disclosure. Moderate families are more
discriminating about what members share internally and use various criteria for disclosure. Low permeability families are extremely private with very rigid boundary lines that restrict information exchanged inside the family and with those outside of the family (Petronio & Caughlin, 2006). Family privacy orientations, in addition to family communication patterns, might be predictors of how much information parents and their adolescent children share about parental substance use.

I employed an interpretive approach in this dissertation project to investigate how family communication patterns help to create global family cultures over time. I chose this method because the in-depth description of family life in participants’ own words paints an ecologically valid and nuanced picture in which to contextualize specific topics of conversation and patterns of avoidance. (Miller-Day, 2004; Strauss & Corbin, 1990). In-depth, semi-structured, individual interviews with parents and one of their adolescent children were conducted in 40 families. These interviews provided detailed information about parents’ and teens’ subjective experiences in family communication in general, boundary management, substance use, topic avoidance of substance use, and perceptions of how families might communicate intergenerational prevention messages most (and least) effectively. Furthermore, by collecting subjective perceptions and personal descriptions of how family communication patterns are enacted in family cultures, I went beyond superficial self-report data to tap into deeper meanings from participants. This yielded ecologically valid data on family member’s perceptions of their personal family communication patterns and global family cultures in which those patterns are situated.

One methodological contribution of this research to the field is the description and explanation of family communication patterns in a way that is richer and more meaningful than the information gleaned from administering the RFCP measure alone, which helps us move
beyond the existing knowledge base in this area. Through the collection and analysis of detailed information relating to family communication patterns, boundary management, and talks about substance use, from both parental and adolescent perspectives, this study has contributed to numerous areas of family communication and prevention science research. In addition, over the course of the study, emergent data yielded fruitful results regarding the role of emerging technology in family life and prevention processes, the role of health in privacy management and parent-adolescent relationship maintenance, the prevalence of prescription medication use and abuse in everyday life of parents and teens, and additional methodological insights that this qualitative design provided.
CHAPTER TWO
GUIDING LITERATURE

In this chapter, I review empirical findings concerning parent-child communication about substance use and literature applying the FCP and CPM theoretical perspectives. Specifically, the focus is on different family communication types, in addition to how boundary management is accomplished in families through topic avoidance. Woven throughout this review is an additional rationale for this dissertation project. I conclude with the research questions that guided the study.

Parent-Child Communication about Substance Use

The vast majority of parents disapprove of drug use by their adolescent children (Miller-Day & Dodd, 2004; Miller-Day, 2008). Despite the large number of adolescents who use alcohol, tobacco, and other drugs, moreover most of them are aware that their parents would disapprove of their use. One study revealed, that 94 percent of adolescents aged 12 to 13 and 85 percent aged 16 to 17 believe their parents would disapprove of their use of any substance (SAMHSA, 2009). This study was driven by the question: What is happening in family communication environments that successfully instill a sense of disapproval, but do not necessarily act to deter adolescent substance use? In addition, knowing that parents frequently use legal substances like tobacco, alcohol, and prescription medication, what role does parental substance use play in parent-adolescent interactions about drug use?

Research relating to parent-child or family communication about parental substance use does not exist. There are numerous studies about the effects of parental substance abuse and addiction (Allen, Donahue, Griffin, Ryan, & Mitchell-Turner, 2003; Copello, Velleman, & Templeton, 2005; de Kemp, Scholte, Overbeek, & Engels, 2006; Ronel & Haimoff-Ayali, 2010),
parent-child communication about *adolescent use* (Guiliam-Ramos, Jaccard, Dittus, & Bouris, 2006; Miller-Day, 2008; Miller-Day & Dodd, 2004; Miller-Day & Kam, 2009; Miller-Day & Lee, 2001), and parenting effects on *adolescent use* (Baumrind, 1991; Brody et al., 1998; Griffin, Botvin, Scheier, Diaz, & Miller, 2000; Masten & Coatsworth, 1998; Repetti, Taylor, & Seeman, 2002; Yang & Schaninger, 2010), but no studies that I am aware of address explicit parent-child conversations about *parental use*. Schroeder, Miller-Day, Hecht, and Krieger (2010) describe various adolescent interpretations of parental use, in the absence of explicit communication about it; however, even those in-depth interviews with rural teens did not provide information from parents about their own use, nor did teens mention ever talking with a parent about the parent’s substance use. Explicit conversations between parents and children concerning substance use are usually aimed at norms and expectations for children’s choices to use, as well as possible consequences of use (Miller-Day & Dodd, 2004; Walker, Hamrick, McLaren, & Miller-Day, 2005). However, there is currently no research available concerning how often parent-child conversations directly address parental choices to use themselves, and what possible impact unacknowledged parental use has on the effectiveness of prevention messages for their adolescent children.

There is evidence supportive of the claim that open parent-child communication about substance use serves a protective function for adolescents (Miller-Day, 2008; Miller-Day & Dodd, 2004; Miller-Day & Kam, 2009). The data for this dissertation offer additional insights regarding how explicit conversations about substances occur between parents and adolescent children and, building on work by Miller-Day (2008), how overall family communication patterns affect the presence, absence, content, or qualitative nature of those conversations. I
explored relatively uncharted territory in the research regarding parental and adolescent perceptions of *parental substance use* and their communication or lack thereof about said use.

**Empirical Findings for Family Communication Patterns**

Family communication patterns are an important focus of research because of the everyday influence they can have in building and maintaining family cultures. These patterns contribute to establishing norms for communicating in families over time, which, in turn, influence how ideas, messages, and people are valued in the family and guide communication practices. Family cultural environments affect how openly family members discuss a range of topics and how parents and children negotiate a balance between authority and community, as well as how willing family members are to disagree with each other and engage in conflict (Fitzpatrick & Ritchie, 1994; Fitzpatrick & Koerner, 2004; Koerner & Cvancara, 2002; Koerner & Fitzpatrick, 2002a, 2002b; Ritchie, 1991; Ritchie & Fitzpatrick, 1990). A recent meta-analysis of family communication patterns highlights the negative effects of conformity orientation on multiple aspects of children’s well-being, including self-esteem, perceived stress, and physical and mental health. A high conformity orientation often accompanies a similarly high conversation orientation in consensual families. This family type is both common and beneficial to its members in many ways (Schrodt, Witt, & Messersmith, 2008). In addition, the level of warmth in parent-child communication mediates the effects of family communication patterns - - in some cases tempering the negative outcomes of conformity orientation, and resulting in healthier outcomes for children (Schrodt, Ledbetter, & Ohrt, 2007). One study of the transactional effects of parent-adolescent communication indicated that confirmation, which reflects both warmth and positive regard for one’s communication partner (Ellis, 2002), is associated with more open communication between parents and adolescents (Dailey, 2006). This
study directly addressed limitations in previous research on family communication patterns by elaborating on the diagnostic family types derived from scores on the 26-item measure alone. Through in-depth discussions of family life regarding the dimensions touched on in the RFCP scale, with parents and their adolescent children, a more ecologically valid and detailed description of family emerged. It was the detailed perceptions revealed that were used to address this study’s research questions about various associations among family communication patterns, subjective experiences, openness versus avoidance, and perceptions of substance use and communication about substance use.

The empirical data in the area of family communication patterns and environments offers further support for communication that resembles Baumrind’s (1967, 1991) authoritative parenting style (Schrodt, Messersmith, & Witt, 2008). Authoritative parenting has been discussed as a protective factor that families possess, and it acts as a buffer to external sources of stress in the world (Baumrind, 1991; Brody et al., 1998; Floyd & Morman, 2003; Moore et al., 2002). The consensual communication pattern most strongly resembles this style with its simultaneous emphases on parental authority and discipline and warm, supportive communication that encourages children to speak their minds and assert their independence. One common source of potential stress outside the family is the presence of substances such as alcohol, tobacco, and other drugs, particularly prescription medications. Depending on the way families communicate about this stressor and potential risk, parent-child communication, parenting style, and relational quality can protect adolescents from risks involved with substance use.

Sometimes family communication patterns contribute to family members’ decisions to disclose certain types and amounts of information (Koerner & Fitzpatrick, 2006), and topic
avoidance in families has been both positively and negatively associated with relationship satisfaction (Caughlin & Golish, 2002; Dailey & Palomares, 2004). Because of their relationship, parents are expected to withhold more information from their adolescent children than vice versa. As a result, parental avoidance is probably not as dangerous for relationships as it is when adolescents avoid certain topics (Afifi, Caughlin, & Afifi, 2007). Such findings led me to wonder if parents and adolescent children are not openly and directly talking about drug use, especially parents’ drug use, because they would rather not know the truth, because it is not consistent with their family’s general pattern of communicating, because it is uncomfortable, because it is inappropriate, because it is embarrassing, or perhaps all of the above?

Several studies have focused on the association between family communication patterns, problem behavior in childhood, and conflict (Fitzpatrick, Marshall, Leutwiler, & Kremar, 1996; Koerner & Cvancara, 2002; Koerner & Fitzpatrick, 1997, 2002c). Generally, conformity orientation leads to more negative experiences and strategies for coping with conflict, such as avoidance, venting of negative emotions, and depression (Koerner & Fitzpatrick, 1997). High conformity orientation is also associated with less self-restraint in grade school-aged boys, and families low in both orientations (laissez-faire) produce girls who are both less self-restrained and more withdrawn with age (Fitzpatrick et al., 1996). In contrast, conversation orientation is related to the effective seeking of social support. A study that specifically focused on the effects of conformity orientation (Koerner & Cvancara, 2002), revealed that high conformity orientation leads to more self-centered individual speech acts during family conflict and low conformity orientation to be associated with other-oriented speech acts, as well as more confirming messages, acknowledgement, and reflection on the conflict among family members. Fitzpatrick et al. (1996) suggest early intervention in families with high conformity orientations, or families
that are low in both, which may contribute to less negative and more positive outcomes in later childhood and adolescence.

The impact of the family of origin’s communication patterns demonstrates a lasting effect on adult’s management and coping with conflict in romantic relationships (Koerner & Fitzpatrick, 2002c). There is a particularly strong effect of conformity orientation in families. Specifically, persons from families high in conformity orientation appear to react very negatively and aggressively to conflict, which might be explained by the lack of both argumentation skill and openness to disagreement learned in these families. Conversation orientation has direct effects on decreased avoidance both in general and during conflict (Koerner & Cvancara, 2002; Koerner & Fitzpatrick, 2002c). Therefore, one might expect to see less topic avoidance generally and about substance use in particular in families with a high conversation orientation. It is less clear how topic avoidance might manifest itself in consensual families, which deal with the dialectical tension of balancing both high conversation and high conformity orientations. Topic avoidance is a strategic pattern of communication that commonly accomplishes boundary management. Empirical research on topic avoidance can facilitate understanding of topics and concerning reasons for avoidance among family members who are juggling competing needs for connection and autonomy, and openness and privacy.

**Boundary Management through Topic Avoidance in Families**

Families often struggle with balancing their needs for connection to one another with their needs to maintain privacy and independence. Openness, to some degree, is a form of communication behavior that both facilitates and hampers closeness among family members (Afifi & Schrod, 2003; Caughlin, 2003; Dailey, 2006; Golish & Caughlin, 2002; Guerrero & Afifi, 1995a; Miller-Day & Dodd, 2004; Vangelisti & Caughlin, 1997). A common
conceptualization of openness in communication research is self-disclosure, which is particularly pivotal in relational development (Altman & Taylor, 1973; Berger & Calabrese, 1975; Knapp, 1984), and often placed on a dialectical continuum between openness and closedness regarding personal information exchange in relationships (Altman & Taylor, 1973; Baxter, 1990; Baxter & Montgomery, 1996; Greene et al., 2006; Petronio, 2000, 2002, 2010; Rosenfeld, 1979). Difficulties with self-disclosure often involve concerns about the management of privacy boundaries (Petronio, 1991) and dialectical tensions between remaining an individual and integrating with relational partners (Baxter, 2006; Baxter & Montgomery, 1996). Circumstances that lead to decisions not to disclose have contributed to an entire body of related work that includes topic avoidance (Afifi & Burgoon, 1998; Afifi, Caughlin, & Afifi, 2007; Afifi & Guerrero, 2000; Dailey & Palomares, 2004), privacy management (Caughlin & Petronio, 2004), impression management (Brown & Levinson, 1987; Goffman, 1959), secret keeping (Afifi, Afifi, & Olson, 2005; Afifi et al., 2007; Vangelisti, 1994; Vangelisti & Caughlin, 1997; Vangelisti, Caughlin, & Timmerman, 2001), taboo topics (Baxter & Wilmot, 1985; Roloff & Ifert, 2000), and deception in personal relationships (Cole, 2001; DePaulo & Kashy, 1998; Ekman, 2001; Knapp, 2006, 2008; Knapp & Comadena, 1979; Mazur & Hubbard, 2004; Metts, 1989; O’Hair & Cody, 1994).

Research involving topic avoidance focuses on the issue of openness and lack thereof in regard to particularly difficult, private, or inflammatory aspects of personal relationships. Afifi, Caughlin, and Afifi (2007) make useful distinctions between related concepts of avoidance. “Topic avoidance and secret keeping involve not discussing information, which is similar to other constructs like privacy, nondisclosure, and deception” (p. 63). One way of distinguishing these related constructs is placing topic avoidance and secrecy in the realm of privacy.
management; secrecy involves keeping information from individuals who have a legitimate claim to it, but privacy is information that others do not have a right to know. Therefore, secrets can be thought of as a subset of private information in which that information is intentionally concealed. Privacy, in general, may be more similar to just omitting information that no one else has a right to.

Topic avoidance is also a more specific form of privacy, in that one purposely avoids particular topics of discussion with a relationship partner; the difference is that the topic is not necessarily unknown to the other person (Afifi et al., 2007). In fact, much of the topic avoidance research resembles work relating to taboo topics (Baxter & Wilmot, 1985; Roloff & Ifert, 2000), for which the information is known, but a frequent source of conflict, and hence, is explicitly deemed taboo or consistently and intentionally avoided by one or both partners (Caughlin & Golish, 2002; Golish & Caughlin, 2002). However, Afifi et al. (2007) claim that secrecy and avoidance are not the conceptual opposites of disclosure. “Theoretically the opposite of self-disclosure would be the absence of self-disclosures, which could occur even if a person is not engaging in the intentional act of keeping a secret” (p. 64). Topic avoidance is conscious, strategic, and intentional conversational maneuvering around particularly problematic areas. One of these areas seems to be parent-child communication about substance use, and parental substance use in particular.

Topic avoidance happens for many reasons. These include one partner thinking that the material is taboo (Baxter & Wilmot, 1985; Roloff & Ifert, 2000), too personal (Altman & Taylor, 1973), undesirable for the partner to know (Afifi & Burgoon, 1998), too difficult to disclose (Derlega, Winstead, & Folk-Barron, 2000), too much to burden one’s partner with (Burke, Weir, & Harrison, 1976), or simply private (Afifi, 2003; Petronio, 2002). Caughlin (2003) found that
individuals typically want certain amounts of both avoidance and openness in their family relationships, and how family members handle private information and trust within the family is a strong predictor of family satisfaction (Morr-Serewicz, Dickson, Morrison, & Poole, 2007). Families consist of complex relationship networks, and the exchange of information among family members, as well as between family members and individuals outside the family, seems to require gradations of both open and closed patterns of communication to maintain satisfied family relationships (Caughlin, 2003; Morr Serewicz et al., 2007; Petronio, 2010). A problem arises when important areas of family discourse are avoided because they are uncomfortable to talk about (e.g., relationships, sex, and risky behavior), which is an oft cited reason for just “not going there” between parents and adolescent/young adult children. If the repercussions of avoiding open communication in the realm of substance abuse prevention are better understood, perhaps applied research can assist family members in pushing through the discomfort for an important cause.

In light of extant research involving family communication patterns and boundary management in families, this dissertation project was guided by a series of research questions addressing the lack of interpretive and descriptive, phenomenological research and understanding of the subjective experience of various family communication types for both parents and adolescents. Miller-Day (2008) used open-ended responses and a constant comparative analytic method (Strauss & Corbin, 1990) to develop a sense of the various substance use prevention strategies parents use within different family communication patterns. Building upon that, this dissertation entailed in-depth interviews to obtain similar information from both parents and adolescents. Furthermore, this dissertation extends theoretical knowledge of family communication patterns by illuminating differences between families that fall into the
same theoretical type (i.e., every consensual family is not exactly the same, so what other aspects of family communication contribute to the variables of interest in our study?) The following research questions guided interviews with parents and one of their adolescent children:

RQ1a) What are the parental and adolescent perceptions of family communication patterns and global family culture for different family communication types?

RQ1b) Do parents and adolescents exhibiting different family communication types communicate about substance use differently?

RQ2a) What are the parental and adolescent perceptions of privacy management and global family culture for different family privacy orientations?

RQ2b) Do parents and adolescent with different family privacy orientations communicate about substance use differently?

RQ3a) How do parents and adolescents exhibiting different family communication patterns and privacy orientations perceive intergenerational communication about parental substance use?

RQ3b) Do parents and adolescents perceive parental substance use differently from one another?
CHAPTER THREE
PROCEDURES FOR RESEARCH

“The philosophy of responsive interviewing is that reality is complex; to accurately [sic] portray that complexity, you need to gather contradictory or overlapping perceptions and nuanced understandings that different individuals hold” (Rubin & Rubin, 2005, p. 67). To ensure the results of this dissertation project were trustworthy, I needed to talk to individuals who were both experienced and knowledgeable in the area of interest. Therefore, I interviewed adolescents and one of their biological parents (with the exception of one participant who was legally adopted in infancy). One of the criteria for inclusion was that the adolescent was living with both biological parents. Due to marked differences in stepfamily communication and relationships, the study’s sample was limited to intact families only. Speaking to an adolescent child and one of his or her parents also ensured validity in capturing each participant’s perceptions and descriptions of the same shared family culture over time and helped reduce possible confounding relational factors that are often present in stepfamilies. In addition, there is evidence that the differences between family communication patterns are more marked and have greater influence on family members within “intact” families (e.g., families with two ever-married parents and their biological children) (Fitzpatrick & Koerner, 2004). With this sample, I was able to uncover subtle and nuanced differences between family communication types that may be more difficult to see in other samples or designs, as well as the perceptions and experiences of parents compared and contrasted with their adolescent children in 40 families.

According to Miller-Day (2004), “The in-depth specificity of interpretive data brings our understanding of certain social phenomenon into clear focus.” This dissertation contributes important methodological insight to several areas of research, but to the family communication
patterns literature in particular. By interviewing parents and their adolescent children about their perceptions of various details and global aspects family life and family culture, these data provide more breadth and depth of information and understanding than survey responses to the RFCP can do alone. In addition, by collecting individuals’ thoughts and feelings, in their own words, rather than quantifying them with a survey’s words, I was fortunate enough to uncover information that was expected but in a more detailed way, surprising differences, and extreme cases that could not be captured on a numerical scale. I was able to document and examine vivid stories, rich examples, and unexpected ideas, experiences, thoughts, and opinions of both parents and their adolescent children. These data range from very concrete details about family life and conversation to philosophical underpinnings and intense emotional experiences and reflections. The flexibility and fluidity of the interview process, while theoretically framed and structured, allowed for an overwhelming wealth of data to be compiled and analyzed.

**Field Sites**

The data for the study were collected at two general sites: central Pennsylvania and north Florida. The majority of the Pennsylvania interviews took place along an interstate corridor spanning approximately 100 miles, from the center of the state to just north of the Pennsylvania/Maryland state line. They also extended approximately 100 miles east of that corridor, which created a triangle with the center of the state at the uppermost point. This area includes a range of communities that are mostly considered rural to a city of approximately 40,000 and a college town of approximately 80,000 residents, including the university. The second site of collection was in and around a college town of approximately 175,000 residents in north central Florida, including the university (see Appendix A for demographic data for the four counties that comprised the majority of participants).
The interviews were conducted in a variety of locations within these geographical areas, which made for a dynamic data collection experience that consumed approximately two months. The majority of the interviews took place in relatively quiet, private rooms of participants’ homes and ranged in length from 11 minutes to one hour and 40 minutes. Additional interview locations included a family’s car in the parking lot of a public pool where the adolescent had swim practice, a family’s hair salon located in the basement of their home, offices, conference rooms at places of business and at schools, classrooms, a church, a coffee shop, a public library, a school library, an apartment above an auction building, outside on a pool deck, and a backyard by the fire pit and train tracks.

The locations reflected a range of privacy restrictions such as one context in which other family members were hanging out at the other end of a large room, or walking through the kitchen we were sitting in. There were loud televisions in nearby rooms, a fountain running on the pool deck, phones ringing, dogs barking, announcements on intercoms, smoothies being blended in the coffee shop, and a train that went through the yard for several minutes. Other family members not being interviewed were generally polite and uninterested. It seemed that some parents wanted to stay within earshot of the interview with their child, but most were good about respecting privacy. For example, in one household, I interviewed one man’s wife and his triplet 17 year-old children during a weekday evening. Near the end, the father seemed annoyed. He interrupted us several times and even started singing very loudly to himself in the same room. Perceiving his annoyance, I wrapped up the final interview as quickly as I could. He was the only individual who ever made me feel uncomfortable during the whole experience. The parents and adolescents were busy, but flexible, accommodating, hospitable, and, for the most part, incredibly open, candid, and truly willing to help me gather the information I was after. Many
had great senses of humor. Conversations often kept going long after I turned off the recorder, which I did learn quickly after several interviews to do at the latest possible moment. Something about turning that recorder off made them take a deep breath and keep talking, so some tidbits are only in my research memos.

I encountered pets at almost every home interview. Most were dogs and were very nice -- sometimes too nice. One spent the majority of the interview in my lap, one came up and gave me a kiss in the middle of the interview, and one kept insisting that I pet her. Unfortunately, that one looked, felt, and smelled as if she might have been soaked in urine (she had just come out of her carrier from the boarder on their way back into town). One jumped out at me in the dark as I walked back to my car, and I screamed at the top of my lungs. One growled at my feet for almost the entire interview.

The other family members and pets that I met during the interviews drove home for me the details of interviewing families and what life was like at home for them. Several interviews took place on school holidays or with the teens still in sports uniforms after practice. Some interruptions were needed to ask what the dinner plans were. One interview lasted until almost 11:00 at night, and I had to drive an hour home exhausted, with a worried husband who did not know exactly where I was and did not expect me to be out of touch for four hours that late. I had to stop one interview because the woman’s daughter was audibly vomiting in the next room. One mom informed me that her son had a violent stomach flu all day as I walked into the house. I was very worried about an elderly relative leaving the house during my interview near the door and backing around my car. I had to fight to focus on what we were talking about as I waited to hear the sound of a crash into my car outside. Some houses had so many pets and hair everywhere that I had to fight off fairly severe allergy attacks. I caught several dyads in the middle of not
only difficult phases and stages of their relationships, but in the middle of heated disagreements on the day of the interview. Every type of participant, mother, father, son, and daughter became emotional at some point during the interview. This usually happened when I asked how their relationship with their parent/child made them feel. I talked to numerous participants through tears of joy, frustration, anger, gratitude, worry, and blends of all of the above.

I was the research instrument. I had to think about my appearance, my mood, my energy level, silencing my cell phone, carrying water, chapstick, mints, and extra batteries for my recorder. I layered my clothing because some houses were freezing, and others were so warm that I was self-conscious of visibly sweating the entire time. I needed sunglasses outside, flat surfaces for them to write on, and extra pens. I turned down food and other gestures of hospitality. I was shown family photos and was able to observe the rooms around me as well, which was always rather poignant when alcohol was visible and we discussed how the topic and use itself was handled in their household. I conducted one interview in a mobile home, and another in a multi-million dollar estate in an upscale resort community. I wiped what I can only suspect was animal feces off a chair before sitting down and conducted the entire interview without asking to wash my hands for fear of offending them. I wrote letters, distributed and posted flyers, talked on the phone, emailed with, and texted with my participants to schedule. I was shown “inappropriate” pictures on Facebook to supplement examples of horror stories having to do with technology. The data collection process alone was diverse, rich, challenging, humorous, frustrating, and rewarding, much like the family lives and conversations. I share all of these details because they are an important part of the fabric of this study, and they drove home even further the richness, diversity, and complexity of family life and family communication about difficult topics.
Recruitment

Adolescents and their parents were recruited in several ways. The Bedford Area school district in central Pennsylvania was a tremendous help. In particular, the superintendent granted me access to the students in the district’s middle and high schools, and the principals and office staffs of the schools provided pre-made mailing labels for all of the two-parent households on their directories. IRB approved cover letters from the superintendent and principals, and from myself, as well as a demographic survey ensuring that families that responded via mail fit the inclusion criteria were mailed to homes in the Bedford, PA area. In addition, I posted a Craigslist advertisement under the volunteers section for the surrounding area and solicited my social networks in Pennsylvania and Florida for those who knew married parents with adolescent children and were not stepfamilies.

The Bedford participants who received the targeted mailing, were qualified, and were interested, returned the brief demographic survey and their contact information in a postage-paid envelope. Once I received their responses, depending on the channel of communication they specified as preferred I followed up with either a phone call or an email. I briefly described the study again, asked if they had any questions, and scheduled a time to interview the parent and the child. The procedures were similar for Craigslist and personal referrals. Participants initially contacted me from talking to a friend who had already participated, or from seeing my flyer/internet advertisement. I initiated communication with some participants on the basis of contact information from participants after we finished the interview. In the cases in which I called or emailed specific people who were referred to me, I asked that the referring participant notify them in advance that I would be calling them, so that no one was caught off guard and introductions to a phone call from someone they did not know were a little easier and less
awkward. In all cases, I briefly described the study’s purpose, the procedures for participating, and compensation, and I answered any questions that they had at that point. I then scheduled a time and place for the interview and confirmed the best number to reach them at in case anything changed between scheduling and the time of the interview. I made sure that they had my contact information as well, and in some cases when the interviews were scheduled a few weeks or one month in advance, I confirmed with the participants via phone call or email the week of the interviews.

Perhaps what made the biggest difference in effective, efficient recruitment and collection was leaving the IRB approved flyer for the study with families after they completed the interview process. Once I established rapport, and they saw that the interview was relatively easy and comfortable, I asked them if they were willing, and now that they could describe it to others, to encourage others in their social networks to participate. The snowball effect in both Pennsylvania and Florida was powerful. It stemmed from positive feedback to the interview, genuine, altruistic desire to help a graduate student complete her degree, sincere interest in the study and the process involved in participation, and strong beliefs that this was an important research topic. I also offered a $25 cash incentive for each participant’s time. This proved very persuasive for the teenagers in particular.

Participants

Families with married parents and children between the ages of 13 and 17 were recruited for the study. Stepfamilies and single-parent families were excluded, but legal adoption at an early age to married parents was included. I conducted 85 interviews with 87 individuals in 40 families. This included interviews with 18 boys, 28 girls, 36 mothers, and five fathers. I interviewed multiple children in three families (one set of twins together, triplets in two
interviews, and three daughters separately). I also interviewed the father and daughter of one family on one occasion, and the mother and son on a separate occasion a few weeks later, so I labeled the second interviews in that family with a different family number but made note of the “two families,” being the same. The adolescents’ ages ranged from 12 to 18 years ($M = 14.95$, $sd = 1.55$). There were two 12 year-olds; both were one month away from turning 13 and at the end of their seventh grade years. I made the decision that they were similar enough to 13 year-olds in their classes to be included in the study. The one 18 year-old was a senior in high school still living at home, who turned 18 during the three weeks between scheduling and conducting the interview. Parents’ ages ranged from 37 to 59 years ($M = 45.90$, $sd = 4.78$). There was an apparent range of income and socioeconomic status in the study. That was easy to infer from observation of certain details and specific mention of profession, education level, and other aspects of SES. All but two participants were Caucasian, and the two who were not were mothers in Florida who self-identified as Hispanic/Latina. Depending on the ethnicity of their spouses and how their adolescents self-identified, less than one percent of the sample was not Caucasian.

All but three of the parents were married and to their adolescent’s other parent. Three widows volunteered for the study. They considered themselves married, non-stepfamily, and, therefore, qualified. I learned this about two of these families at the time of the interview and proceeded because I was there and felt rude not going through with the interview. I was told about the third widow’s status after scheduling the interview and confirming the time and date. After meeting the proposed sample size and theoretical saturation for the study, I chose to interview that family as well. Several mothers who were not the widows discussed having been married before marrying and having children with their current spouse. One mother informed me
before the interview via email that she and her husband had legally adopted their child at 16 months of age from Russia.

**Data Collection**

Upon initial contact with prospects, whether through the targeted school district mailing, the internet ad, by either my calling a phone number given to me by a participant, or taking calls from potential participants referred to me, I provided a brief overview of the study and a description of what exactly participation would entail. I used an IRB approved script that was somewhat flexible depending on the method of recruitment or situation. An example of this script if I was the one to reach out to them was:

Hi, I am Diana Ebersole, and I am a graduate student at Penn State University Park. I think you heard about my study through __________? Are you still interested in participating? (If so) I am doing individual interviews with parents and one of their adolescent children for my doctoral dissertation research. The study is about how you and your adolescent child communicate in general, and about how you have talked with your child about substance use. Your participation will take approximately one hour for each interview, and I am able to compensate each of you with $25 for your time. I usually conduct the interviews in participants’ homes, but if you would rather meet somewhere else in the community that is totally fine. These interviews are completely confidential and will be audio recorded with your permission. Does this all sound okay to you? (All whom I spoke with at this point said yes). Ok, thank you very much. Let’s schedule a time and place to meet that is convenient for you.
I then scheduled the interviews and confirmed them through phone calls, emails, or texts -- whatever the preferred method of communication was -- or whatever channel initial contact was made. For those participants who were recruited through my social network of family and friends, there was also an IRB approved script that looked very similar to my own.

In preparation for each interview, I printed several documents, including adolescent assent and parental consent forms, the RFCP scales worded for parents and adolescents, and cover sheets to keep track of age and gender of each participant, as well as interview number not attached to their paperwork with identifying information. I also took just enough cash with me to pay each participant that day at the end of the interview, extra pens, my recorder, and extra batteries. I also carried a calendar with me in case I scheduled additional interviews at the interview or needed to write down a phone number or email address of a referral. For the first half of the interviews, I took 10 copies of my flyer, and asked after interviews were over if the participants would consider giving it to other families fitting the criteria for inclusion. Once I was approaching saturation and had enough families already scheduled, I eliminated the flyer and referral request part of the procedure.

Upon arrival at the interview site, usually the participant’s home, I introduced myself, usually greeted other family members and pets, and was often taken to the room they had selected. Most of these interviews took place after school, before dinner, but many occurred in the evening after dinner or on weekends anytime from late morning to beginning at seven or eight o’clock at night. I was almost always offered water or something to eat, and usually politely declined, so I began to include a bottle of water in my supplies to make that easier and less awkward. When the first family member and I sat down to begin, I walked the person through the assent/consent paperwork, acquired a signature on a copy for me, and gave him or
her a copy to keep. As part of the consent process, participants were asked if they could be contacted at a later date if any follow-up questions or further information were needed, and in case member checking procedures were in order to increase the trustworthiness of the qualitative data. I then asked they take a few minutes to complete the RFCP, and to let me know if they had any questions about it. One formatting weakness of the scale that I picked up on quickly was the way the seven points and the anchors of “Strongly Disagree” and “Strongly Agree” were arranged, with some circling the anchors rather than a one or seven. Therefore, I adapted my instructions along the following lines:

This is a brief survey about how you and your family communicate in general.

Please think about the family member I am also interviewing when you answer these questions, but it is natural to refer to your other parent/other children in your entire family as well. Please let me know if you have questions. This should only take a minute or two, and if you do find yourself strongly disagreeing or strongly agreeing with any of the questions, please indicate that by circling one or seven, rather than circling the words at each end.

Once the interviewees had completed the survey, I asked again if they had any questions. Some did, and others did not. Some had visceral reactions to the items, some laughed, and some commented about various characteristics of the survey. As soon as possible after one completed the survey, I started the recording of the interview. I explicitly reminded the person that I would be recording our conversation and that it would be completely confidential. I outlined the procedures for transcribing it into text, removing names and other identifiers from that text, and deleting the audio file following that. I also reminded participants that the conversation was confidential and the responses would not be shared with the other family member being
interviewed, or anyone else in the community etc. This was especially important in light of the numerous interviews that came about personal referrals. I specifically named the person who referred them to the study as included in the pledge of confidentiality and I assured him or her that I would not discuss the responses with that person either.

The survey was often an intuitive conversation starter, and as I became more experienced with the interview process, I folded that into my first question. For example, “Think about the questions that you just answered, and tell me a little bit about how your family communicates in general. What is family life like?” The RFCP was also the guiding structure for the first third of the interview protocol (see Appendix B for the RFCP scale and Appendix C for the interview protocol). The other two sections of the protocol revolved around questions based on CPM (e.g., boundary management, privacy, topic avoidance, and family privacy orientation), and how each participant talked with his or her parent or child about substance use, including parental substance use. Another methodological nuance that occurred during collection was the reordering of the sections from interview to interview. Every interview started with administering the RFCP and going into talk about family communication patterns and family culture. I was as flexible as possible with what emerged during the first third of the interview and tried to create smooth transitions from family life to privacy or to talks about substance use as much as was possible. The technology piece, or the component concerning one’s relationship with the parent/child made him or her feel often provided the transition to one or the other of the remaining two parts of the interview. For example, if we were on the subject of concerns about Facebook or cell phone communication, that often served as a natural transition to what the respondent might think the other family member was not totally open about. Many times, the question about how their relationship made one feel would flow into how open one was with the
other party, or if he or she kept many secrets from the other family member. Interviews were semi-structured and informed by previous research relating to family communication patterns and outcomes. This flexible method enabled the participants to share their experiences and define their family cultures in their own words (Wood, 2001). It allowed me to analyze whatever emerged from the loosely guided conversations. The tremendous presence and influential role of technology in family life, privacy maintenance, and prevention were emergent and quickly permanently added to the interview protocol once participants began sharing perceptions and stories in that area.

At the conclusion of each interview, I asked the participant if he or she had any questions or comments for me, expressed my appreciation, and stopped the recording. I usually either handed the participant the compensation or had left it in an obvious spot on the table and referred to it being there for both parties. Then I either asked the person to please send in the other family member, or we walked out if we were done. This often involved a bit more conversation about the project, what I wanted to do after finishing my degree, thanking the other family member(s), saying goodbye to pets that were part of the experience, and expressing goodbye and thank you one more time.

On days when I interviewed in two families back-to-back, it was often not possible to memo immediately after the first set. In addition, the string of interviews in Florida was so intense and fast-paced (24 interviews with 12 families in seven consecutive days) that I was only able to memo every few days during that time drawing from handwritten notes, audio recordings, and memory when I was unable to summarize an interview immediately (see Appendix E for example of post-interview research memo). While making memos, I tried to recall process details, my subjective experience with the interviews, and content-related information. As the
data collection proceeded, I noted tentative answers to research questions and emergent themes in my memos. The memo process began to be what I considered a first round of analysis of the data. I also filed consent/assent paperwork in one folder, and RFCPs and cover sheets in another. I saved and backed up my audio files to both my personal password protected computer and my dissertation-dedicated thumb drive.

Rapport

A central component in the interview method and one way that I worked to increase honesty and accuracy of my interpretation of individuals’ thoughts, feelings, and experiences involved developing strong rapport with each interviewee (Creswell & Miller, 2000; Rubin & Rubin, 2005; Warren & Karner, 2005). I established and maintained it in several ways. I thought carefully about my physical appearance (Warren & Karner, 2005). I struck a balance between being overly dressed and formal and being sloppy or unprofessional. Collection began in February up north, so I usually wore a sweater or sweatshirt and casual boots with jeans. I leaned toward dressing slightly more casually so as not accidentally to make salient the age difference between the adolescents and me. Many of the parents I interviewed were just as nervous as their children were, so I never felt that I was underdressed. I know if I had shown up at many of these homes more formally dressed, the process likely would have been more intimidating.

I worked very hard to help the participants relax as quickly as possible. I did not bring out the tape recorder until after several minutes of talking, slowly going through paperwork, and having them take the survey. I acknowledged the uncertainty they were dealing with and tried to make them comfortable and laugh a little bit when I was comfortable enough to do so. With the adolescents, I tried to make small talk, which proved to be challenging in most cases. For example, I asked what they were up to at the time, as if I were saving them from homework or
acknowledging they were tired from practice. I often felt the need to assure them that the interview would not take too long. I often tried to relate to them by saying that this would be much easier than school, that we were just going to have a casual chat, and that it would be the easiest money they would ever make. Most loosened up relatively quickly, and through smiling, nodding, offering empathy or laughter, rolling my eyes along with them, etc. I felt that rapport developed even more as most interviews went on.

Some participants never relaxed or warmed up, and those interviews naturally went a little quicker. However, I never stopped trying to be as personable as possible, or to acquire the best information that I could in the short time I was with them. I used slang, which I could tell they were surprised that I knew, and I referenced pop culture and Facebook terminology easily; consequently they often warmed up and perked up when they saw that I knew how to speak “their language” in many respects. I struck a balance as a young adult who was considerably older, but still “cooler” than their parents.

There were many opportunities to reference “teachable moments” in the media and pop culture during the collection phase, and I refer to those in subsequent chapters of this dissertation. To name a few that became indelible parts of my dissertation based on when it happened in history, Whitney Houston’s death, the viral phenomenon that was KONY 2012 on Facebook, and a racist video rant posted online by two girls in the town in Florida I was in just a couple of weeks before my arrival all came up numerous times. Talking about such matters in the news and in their communities, even with a slightly watered down reaction, bonded us for the short time we were together as well.

With the parents, I had an easier time because I felt more like a peer in this situation. I was able to reference being married myself and thinking about being a parent in the not too
distant future, while showing empathy and memories of how I was as a teenager when they expressed frustration with their children. It is just as important to listen as it is to talk when giving an interview (Rubin & Rubin, 2005), so it was vital to show the key signs of active listening, even though the conversations were being recorded (Warren & Karner, 2005). I paraphrased the comments in my own words quite often to ensure that I understood them and was interpreting their words correctly. Paraphrasing served two purposes by showing that I was listening carefully and that I was interested in what they had to say (i.e., continuing to build trust), and by providing a sort of concurrent member-checking for trustworthiness of data.

I was constantly striking a balance between staying on track and interpreting what the respondents were saying, while showing emotion and empathy as appropriate. There were several times when moms talked to me for over an hour and often got off track or just elaborated on their feelings and different examples extensively. Although I found myself getting tired, I stayed alert, attuned, and continued to listen and engage them. Outside the academic utility of our conversation, I felt as if, and was told by many parents that, it was enjoyable, cathartic, and even therapeutic. I took that as positive feedback for my interviewing. I also received other forms of feedback to that effect. For example, many participants told me that they were nervous beforehand, but that I put them at ease and the conversation was not only easy and interesting, but fun as well.

I kept in mind the goal of being empathetic, without being overly emotional (Rubin & Rubin, 2005; Warren & Karner, 2005). I reminded them time and again, particularly when I sensed they were hesitant or self-conscious that there were no right or wrong answers, there was no judgment, and I was simply interested in their thoughts, feelings, and opinions.
Generally, I strove to be attentive, interested, and nonjudgmental so that adolescents and parents were comfortable being as candid as possible about their thoughts, feelings, and experiences. I certainly came away from the majority of the interviews feeling that people let me into their lives, as well as their thoughts and feelings about their lives, for a little while. I felt grateful and privileged that they helped me by participating, and that they trusted me enough to be open about their personal experiences. The content of these conversations was illuminating, and the experience of the interactions was rewarding and inspiring.

**Measures**

I adapted the RFCP into a semi-structured schedule of questions to start the interview and frame the discussion of substance use (Fitzpatrick & Ritchie, 1994; Ritchie, 1991; Ritchie & Fitzpatrick, 1990) (see Appendix C). I gathered parental and adolescent descriptions of family communication patterns, family privacy orientations, and boundary management strategies in their own words (Wood, 2001). Discussions centered on perceptions and experiences of family communication patterns that could not be assessed quantitatively, including the participants’ descriptions of their experiences in their own words and how their family relationships made them feel (Miller-Day, 2004; Moustakas, 1994; Robson, 1999; Wood, 2001). Discussions also covered parental substance use, what conversations, if there were any, about parental substance use were like, if any topic avoidance or deception took place, or was wanted, and why. Individual perceptions of what constitutes effective family messages aimed at preventing substance use were also obtained in the interviews, usually as an effective wrap-up question to the entire conversation.

I followed the interview structure protocol recommended by Rubin and Rubin (2005) by easing into the interview with casual conversation (e.g., school, family life, weather, sports,
current events, etc.) before going into questions related to the study. I then began with family communication patterns questions, which were fresh in their heads from taking the survey. In addition, this section on family life in general consisted of questions that were more innocuous than subsequent questions about substance use talks, communication about parental substance use in particular, and what they perceived to be their individual and their family’s private information (Rubin & Rubin, 2005). I found that these topics were easier to broach with participants after they had warmed up to me and were able just to talk organically about their families for a while, before it really started to feel like an interview with specific, probing questions about slightly more sensitive areas.

**Revised Family Communication Patterns Instrument**

The RFCP is an adaptation of McLeod and Chaffee’s (1972) original FCP scale. The RFCP consists of 26 items relating to perceptions of the extent to which one’s family communication patterns reflect conversation (15 items, e.g., “In our family, we often talk about our feelings and emotions”) and conformity orientations (11 items, e.g., “My parents sometimes become irritated with my views if they are different from theirs”). The extensive use and established reliability of the instrument in quantitative research generally speaks to its validity (See Appendix B; Fitzpatrick & Ritchie, 1994; Koerner & Fitzpatrick, 2002b; Schrodt, Ledbetter, & Ohrt, 2007), and Miller-Day (2008) began the foray into studying FCPs qualitatively by having participants fill out the survey and provide open-ended questions about “drug talks” and prevention messages by family type. The RFCP’s use in qualitative research is still exploratory at this point. Its use in this dissertation project has contributed to theoretical family communication research.
By using the RFCP items as semi-structured interview questions to guide the interview and create a framework for discussions of substance use in families, I was able to describe and understand family communication patterns in a more in-depth and ecologically valid way. In addition, I was better able to understand how boundary management regarding parental substance use was influenced by the larger family culture reflected in responses to the RFCP.

**Family Privacy Orientations**

I used an exploratory, hand-drawn measure depicting various family systems that were more and less open, both internally with each family member, and externally with those outside of the family (see Appendix D). I had participants look at these images. I described gradations of openness inside their families, asked how private they perceived the family to be in respect to the outside world, and asked them to pick the image that reminded them the most of their family in terms of privacy and openness both internally and externally. Responses to the interview questions about privacy and to this diagram of value in addressing the research questions about family privacy orientations.

**Data Analysis and Interpretation**

I took an interpretive, qualitative analytic approach in analyzing the semi-structured, in-depth interviews. I engaged in data analysis throughout all stages of this research by writing research memos after each interview, by beginning to synthesize the data as they accumulated into cohesive answers to research questions and emergent themes, and by making additional analytical notes about each interview and its connections to the complete data set while transcribing each interview myself.

I used the transcription software Dragon Naturally Speaking Premier to transcribe the audio files. There were approximately 50 hours of audio to transcribe into text, and I analyzed
each transcript concurrently. I made detailed notes of the content of each interview that informed the study’s research questions and collected information and exemplary excerpts for emergent themes (see Appendix F for an example). I developed a codebook based on the research questions and emergent themes to systematically analyze the data again, after the transcription phase was complete.

Transcripts were analyzed to provide a detailed description of the ways that parents and adolescents talk and feel about their family communication environments, specifically in the domain of substance use, in the contexts of their families and lived experiences (Bulmer, 1979; Creswell, 1998; Moustakas, 1994). I prioritized conveying participants’ versions of reality and the meanings they constructed for their experiences (see Wood, 2001). This qualitative inquiry included both inductive and thematic analyses in addressing a priori theoretical research questions, as well as exploratory research questions, and identifying themes that emerged directly from the data (Charmaz, 1983). The process was abductive, that is, moved flexibly from whole to part and back to whole again (Miller-Day, 2004), by analyzing theory and extant research, as well as the unique information that emerged naturally from the interviews numerous times throughout the entire study. The analysis was guided by theoretical assumptions relating to family communication patterns and boundary management practices, as well as prior research (Miller-Day, 2008; Petronio, 2002; Schrodt et al., 2007); however, the information that emerged from the data was both interesting and important in respect to the conclusions the study supported.

I was simultaneously looking for answers to each research question within the data while at the same time constantly revisiting emergent themes across the entire data set. Using the constant comparative method, with a priori codes derived from the study’s research questions
(Strauss & Corbin, 1990), I deciphered themes that ran throughout the data, and their characteristics during the first analytical pass through the transcripts. I read each transcript in respect to each research question.

During the second stage of analysis, I involved a second coder who was blind to specific research questions, but informed about the larger theoretical areas of inquiry and emergent themes, such as technology, health, prevention, and methodological issues/notes/contributions. We read the transcripts separately, compared interpretations of the data, and refined the coding categories collaboratively—adding some, merging some, and eliminating others. The coding manual that I originally created was modified and refined during every stage of analysis, and it contains detailed descriptions of each code and its characteristics, along with specific interview information for ease of referring back to certain exemplary cases from the coding manual. I created a separate document for each a priori research question and added to it on the basis of the reading of every transcript. At times, I added consistencies from previous analysis, and made note of discrepant cases, and allowed for evolving and flexible interpretations of certain categories and themes. I began to highlight and create separate documents listing exemplary quotations during transcription, but also revisited the data another time exclusively for extracting quotations that best illustrated examples of each category and theme.

The RFCP surveys were analyzed using median splits to categorize each participant into one of the four family types delineated by the theory. The use of the RFCP was much more exploratory than it has been in past research concerning family communication patterns. This new use of an established measure as both interview schedule guide and warm-up exercise is one of the methodological contributions of the study. The median split analyses facilitated using the RFCPs as a diagnostic tool for comparing different family types and addressing research
questions based on family communication patterns theory. In addition, the interview responses to the exploratory family privacy orientation diagrams also helped in categorizing families according to one of four family types on a spectrum from low permeability to high permeability in terms of privacy management inside the family and between the family system and those outside of the family.

**Trustworthiness in Qualitative Research**

Within the interpretive paradigm of qualitative inquiry, the alternative to the positivist notion of validity is trustworthiness. There are numerous ways to ensure trustworthiness, which is a form of validity in qualitative research and in this dissertation project as well. According to Maxwell (2002), “If qualitative studies cannot consistently produce valid results, then policies, programs, or predictions based on these studies cannot be relied on” (p. 17). Hammersley and Atkinson (1983) emphasize this point in arguing that “data in themselves cannot be valid or invalid; what is at issue are the inferences drawn from them” (p. 191). The goal of this study was not to capture, illustrate, or claim an objective truth about family members’ experiences, but to interpret participants’ versions of reality in a way that represents their feelings and experiences, as they see them.

The researcher is the instrument in qualitative research (Miller-Day, 2004) and places her or her interpretations at the center of scrutiny. Validity resides not in the data, but in the researcher’s interpretation of them (Creswell & Miller, 2000). Descriptive validity refers essentially to the factual accuracy of the accounts collected in the research; nothing is made up or distorted. Interpretive validity ensures a trustworthy account of the *participants’ meanings* for the events, objects, and behavior described.
The rapport with each interviewee discussed earlier is of central importance, not only for eliciting honest responses from participants, but also for strengthening the trustworthiness of the data that I collected. If they were not comfortable talking to me, they might not have offered sufficient information to make the interview worthwhile, they might have answered the questions with simple “yes,” “no,” and “I don’t know” responses, or they might have lied. There is no way for me to assure honesty, but I did my best to be approachable, attentive, interested, and responsive. I believe that almost every participant I talked to was comfortable and candid. I can certainly pinpoint some interviews that were more difficult to conduct and less elaborate than others. There were several possible explanations for this. It was not the norm that participants gave one-word answers and refused to share when I probed for more information, but talking to teenagers can be challenging, no matter what the circumstances, and their parents would acknowledge that they sympathized with me because that is how they are all the time “right now.” There were only a couple of parents who were also very succinct and not all that helpful in what they were willing to share. My impression was that they were not comfortable with the interview process and did not understand what was expected of them in terms of elaboration, rather than with the content of the interview questions themselves. For the most part, however, this study yielded rich, interesting, detailed, and thoughtfully constructed responses by participants in our conversations.

I kept in mind two other important factors in ensuring trustworthiness of my data and results throughout the process of this study: transparency and an audit trail. Transparency is achieved through being able to show a reader the exact procedures that were used in collecting and analyzing the data (Rubin & Rubin, 2005). “A transparent report allows the reader to assess the thoroughness of the design of the work as well as the conscientiousness, sensitivity, and
biases of the researcher” (p. 76). An audit trail, on the other hand, is a specific way to achieve this transparency and, thereby, overall credibility and trustworthiness of the research. I kept careful records of every decision that I made, as well as my feelings during each step of the study, so that important information beyond what the interviewees said remains available (Lincoln & Guba, 1985; Rubin & Rubin, 2005). I wrote detailed research memos, including field notes/process memos, after each interview to document the entire process of my study as well as every step of the data analysis. These notes and memos provided thorough documentation, or a “decision trail” that others can follow, of the methodological and theoretical decisions that guided my research (Bute, 2009; Farley & McLafferty, 2003). In addition, by being as precise as possible in my record-keeping, I clarified my role as interpreter of the data versus what the participants said themselves, and I helped explain my interpretations by making note of interviews that were particularly awkward, tense, or difficult for any number of reasons (Rubin & Rubin, 2005). The tone and context of each interview was just as informative and important to analyze and report as the content of the interview itself. I attempt to clearly portray a well-rounded and comprehensive picture of these interviews and my interpretation of them in Chapters Four and Five.
CHAPTER FOUR

FINDINGS AND DISCUSSION

This chapter organizes, describes, and discusses the findings by research question. Chapter Five presents findings from major thematic areas that emerged over the course of data collection and analysis. First, the RFCP and family privacy orientation measures were used to categorize families and compare them with one another, both within and across family types. I report the categorical data first to present a clear picture of what types of families took part in this study. Second, I address the research questions under the theoretical umbrellas of family communication patterns and communication privacy management. Prevention strategies (i.e., drug talks) and topic avoidance of substance use are woven throughout both theoretical sections based on the research questions that guided the interviews.

Family Types Represented in this Study

There was perfect parent-adolescent agreement about perceptions of family communication patterns in 25 of the 40 families (62.5%). There were 16 consensual families (40%) and nine pluralistic families (23%), in which both parent and adolescent rated their family that way on the RFCP. There were no perfect agreement protective or laissez-faire families. A third category of families that emerged comprised nine families in which the adolescents rated them as consensual, and the parents rated them as pluralistic (23%). They are referred to as consensual-pluralistic families throughout the rest of the study. The fourth category was labeled “Other.” It consisted of six families in which there were different and less frequent combinations, such as two families in which the child perceived pluralistic and the parent perceived consensual family types; one family in which the child perceived a protective family and the parent perceived a pluralistic one (theoretical opposites); one family in which the child perceived a
protective family, and the parent perceived a laissez-faire family type; one family in which the child perceived a consensual family and the parent perceived a laissez-faire family; and one family in which the child perceived a protective family and the parent perceived a consensual one. The four family types discussed in this dissertation in terms of family communication patterns are consensual, pluralistic, consensual-pluralistic (child-parent), and other. The six families in the “Other” category contained some of the youngest and oldest parents in the study; three of them were at least one standard deviation above or below the mean age of the parents in the study, and two of them were within one standard deviation but discussed perceptions of a significant disconnect with their child in part because of their older age as parents. In addition, in these six families, there was a spectrum of emotional disconnection. Some of this disconnection was attributable to perceived age differences, and some of it came across as extreme conflict and dissatisfaction with one’s parent/adolescent child. The “Other” family type was unified by two characteristics that make it just as interesting as the other three family types in the study.

Regarding family privacy orientations, data were not collected via an established scale like the family communication patterns were, so categorizing them was more challenging. There were five families (13%) that had perfect parent-child agreement that they were high permeability (referred to as FPO 2 according to the diagram depicted in Appendix D). There were six families (15%) who had parent-child agreement that they were low permeability (FPO 3), with much stronger privacy boundaries around their family system that separated them from others outside the family. The rest of the families (72%) represented a third type of family that I classified as FPO of 2/3 and named “moderate permeability” where the parents and children agreed on this assessment. They chose as a fifth option not in the diagram between the higher permeability of 2 and the lower permeability of 3 on the basis of the topic or potential co-owner
of the information. The majority of families were more fluid in their perceptions of how open they were as individuals and how open or private their family systems were with others outside the family, so the flexible rating of 2/3 was a better indicator of their perceptions of privacy.

Ten of the 40 families in the study agreed on both FCP type and FPO type (25%). There were 16 families who only perfectly agreed on FCP type (40%) and six families who only perfectly agreed on FPO type (15%). The smaller percentage of perfect agreement on FPOs is understandable in part because of the use of a more subjective, exploratory measure of FPO perceptions, as opposed to the use of the established and reliable RFCP scale that reflected FCP types. There were seven participants (four parents and three children) who scored at the median on either the conformity or conversation orientation on the RFCP scale. For these participants, there was a decision rule based on their qualitative descriptions of their family communication patterns and their parent or child’s RFCP and interview content that applied. This interpretive decision rule was especially significant when considering how satisfied and emotionally connected these particular family members were with their parent or child, and when looking at how similarly they described their families to me. If the dyad seemed disconnected and each family member was portraying what I interpreted to be significantly different perceptions of family life and communication, I put them into the family type they were describing rather than the family type their dyadic partner described. For example, child 7C scored above the median on conversation orientation, but right at the median on conformity. His mother scored above the median on both, which led to categorizing her perception of FCP type as pluralistic. I took the interview with 7C into consideration and he had very different perceptions of his mother’s emphasis on parental authority and agreement with parental beliefs. He referred to her as “controlling” throughout his interview. Therefore, based on my interpretation of this adolescent’s
perception of his family communication patterns and family culture generally, I categorized him as consensual, with a higher conformity orientation than his mother seemed to perceive. With these constraints, I could not treat one family member’s ratings on a scale as objectively accurate. I had to interpret the descriptions of family life to categorize them on the basis of family type that they were portraying to me as the researcher. This was another illuminating moment in the study when I was reminded of being the research instrument myself and the need for respecting the power of interpretive methodology. I was systematic about these decisions and used the same guidelines for interpretation for each case.

Overall, it was a challenge forcing these dynamic individuals and families into the categories. Some seemed like prototypes straight from the theory not only on the basis of their survey ratings, but also the details of their descriptions of their families. Others were a lot closer to the median of the surveys and seemed to reflect family dynamics on both sides of that line, as well as different family types, multiple times throughout their interviews. Still others had very clear survey ratings and seemed consistently to describe a clear family type for their entire interview.

In the interest of moving through the rest of the results, it is important for the reader to think of this study as consisting of four family communication pattern types (consensual, pluralistic, consensual-pluralistic, and other) and three family privacy orientation types: high permeability (2), low permeability (2/3), and moderate permeability. In this way, it will be much easier to follow the discussion and understand the findings.

**Family Communication Patterns, Avoidance, and Prevention**

The first third of every interview covered perceptions of family communication patterns and general family culture from parental and adolescent perspectives. Therefore, the first
research questions are addressed in this section: RQ1a) What are the parental and adolescent perceptions of family communication patterns and global family culture in different family communication types and RQ1b) Do parents and adolescents in different family communication types communicate about substance use differently? Following are examples of descriptions of family life in the four family types represented in this study, as well as differences in perceptions of family communication patterns, both within and between family types, and parents’ and adolescents’ varied and complex emotions about their family relationships.

Several areas were covered when I was trying to understand different families’ communication patterns and global family cultures. I asked them about family life in general, how they and their parent/adolescent handled conflict, how much the children in the family help make family decisions, if the children think that their opinions are important, how often they debated about things like politics, religion, current events, etc., and if they felt that the children in the family were comfortable disagreeing with the parents, generally how they felt about their relationship with their parent/child. This served as a great global barometer of family life and subjective experiences of individuals, that further illuminated the more concrete details of patterned talk in families. The question of what role technology plays in family life and family communication also appeared in this section, but not in the same temporal order. It often provided a great segue into the second section dealing either with privacy or drug talks. The prevalence of technology emerged as a theme of its own in all categories of FCP types and FPO types. I discuss it in Chapter Five.

The Subjective Experiences of Consensual Family Members

Consensual families (i.e., high conversation/high conformity) in this sample were characterized by busy schedules, as well as traditional family structures, and most were actively
involved in church, whether they considered themselves “religious” families or not. The adolescents engaged in many extracurricular activities, like sports, church, and academic clubs, and had generally active social lives. Most parents in the category worked at least part-time out of the home, which contributed to the hustle and bustle noted by both parents and adolescents when they were asked about family life. The majority of the conversations were about sequences of activity, such as what happened that day, what was happening the next day, and later that week and month. Sometimes current events and other topics came up, but not on a regular basis. Topics of conversation also depended on the gender makeup of the parent-adolescent dyad. Moms and daughters frequently talked about “drama” at school with friends, and daughters and sons typically limited their conversations with their fathers to topics like school and sports performance. One mom elaborated on typical topics of conversation and daily life like this:

*Diana:* What would you say the typical dinner conversation is like?

*Mom:* It's like whatever they did at school, what happened at school or sports, or whatever is coming up the next day. They do all the sports, they have cross-country coming up in the fall, they've been running since before Christmas for pre-season track and then they're going to do softball, like the summer league thing. They have played softball since they were T-ball age and they always talked about playing when they were in high school because they didn't have the middle school team. Now they're not going to do it, they said ‘no we are just going to do the ________ Township team’ and then they are going to do track. ________ had such a
good, well they both did, they both got varsity letters for cross-
country, for running. (5P)

Another mom described similar conversations with her family over dinner, but added the evolving relationships and interactions between her three children recently:

Mom: We talk about our days, and situations, sporting events, you know my daughter brings in the element that she is behind my boys and they have all had the same classes, but I learned, things are so new to me with her going through it than they were with the boys.

With the boys I knew what they did, I had a routine, but she comes home with a whole different flair. So it's fun when she interacts, my kids get along really well and they're very supportive of each other, and a lot of times the conversation at dinner comes up when she is in a situation at school and the boys have already both been through that, and they do a good job of giving their perspective.

Yes the teacher is like that, or that kind of thing. So that happens a lot at our dinner table. (9P)

Many consensual parents described having families that they envisioned along with their spouses, that make up for characteristics of their families growing up that they did not want for their own families. One characteristic of that is just more talking in general. This included more voluminous talk and more depth and candor about a variety of topics. This mom described not only the dinner table, but also a general tone of communication in her large family of five children:
Diana: Okay, so what does that typical dinner table conversation look like?

Mom: It's funny, we talk a lot! We are a very talkative family. We throw things in about all sorts of stuff, what happened to me, we tease each other and we are very open and talkative. It's funny the things we have conversations about. I would never have talked to my parents like my kids talk.

Diana: Give me some examples

Mom: For instance, my daughter is 16 and all she talks about is how she can't wait to have a boyfriend (laughter)

Diana: Which she doesn't yet?

Mom: Which is hilarious! No she doesn't. So we're sitting there like, “why don't I have a boyfriend?” Blah blah blah, and blatantly openly. And I'm just thinking I would never have said that! (13P)

Another mom also described deciding what type of family she wanted to have with her husband in contrast to the way that each of them were raised, and that what they have done as parents created a kind of balance between parental warmth and control:

Raising kids you got all those different phases to go through from when they're little and you are physically exhausted all the time, and so I think we do a pretty good job of balancing each other out. I don't think the kids have ever not felt loved and appreciated, and I think we both bring really different things to the table. His family was very, very hands on, very patriarchal, and mine was very much like, hands-off. You pretty much do what you want to do kind of thing. So,
I think both of us took what we really liked from that and what we didn't like and we brought it to the table. I really like it. I think there are times when he wants to really kind of throw the hammer down and I'm just like "You can't do that." (20P)

It is interesting to compare how fulfilled this mom seems with family life in general with what her daughter is going through at 15:

**Daughter:** My parents are pretty strict. Me and my sister both obey the rules I guess. And we talk about stuff, I'm pretty open about I'm angry, I'm mad, that kind of stuff and I don't know. Pretty normal I guess.

**Diana:** Sounds pretty normal. You are comfortable expressing your emotions and you pretty quickly identified that you think you have pretty strict parents. Tell me how they’re strict.

**Daughter:** There's not really any questioning the rules I guess, but my dad is pretty “You follow the rules.” My mom tends to be more understanding but if you don't do something you will get punished or if you do something wrong you will get punished, pretty much.

**Diana:** Okay, so not a lot of negotiation about rules?

**Daughter:** Yeah, none.

**Diana:** Okay, how would you say that in general, and this could be affected by recently, but if I just ask you in general how does your relationship with your mom make you feel?

**Daughter:** It's complicated I guess. Like I don't know, she kind of frustrates me a lot of times because she talks about the same things over and
over. I'm just kind of like okay, I've heard this story five times.
I'm done. Like, it's just like if you, if she says something to you
that hurts your feelings, it's okay, but if you say something to
her that hurts her feelings it's definitely not okay. So that's kind of
rough. She's just kind of been bothering me a lot more lately, more
than usual.

*Diana:* So kind of frustrated right now?

*Daughter:* Yeah. (20C)

Here is another example of a consensual mother-daughter pair that expressed that they
are in the middle of a very difficult time with one another:

*Diana:* Overall, and I know it is a frustrating time, think about your
relationship with your mom and your family life and tell me how
your relationship with her makes you feel.

*Daughter:* Good, but I don't really bring up personal issues with her because
she will hold a grudge for me when I am already over it.

Something happened in fourth grade with one of my best
friends and we are completely over it now, and it only happened
for two months in fourth grade, and she still brings it back up. So
it's really annoying and I don't bring stuff up to her and just be like
this is what's happening at school. And she will ask me oh, what's
the drama at school? And I am like I don't want to talk about it.
And she will be like why? And get all angry at me. And I will be
like I just don't want to talk about it. And she obviously finds
out stuff by herself from other parents and stuff. Then she will try to bring it up and I will be like stop snooping around, it's not really your business. It's my business. She doesn't really think about my problems, like if I make a mistake I should be able to fix it, not her. And if I try to say that she will say I'm trying to protect you, and it's like I have to try to fix some things myself.

_Diana:_ So you are needing a little bit more independence it sounds like?

_Daughter:_ Yes (with emphasis) (21C)

The same question caused her mom to become emotional and the frustration of this phase was clear in her response as well. As this mom demonstrates, much of the conflict between parents and adolescents in this study is based on the prevalence of technology and how that affects study habits, family communication, etc.:

_Diana:_ So at this current point, like we said this is a snapshot, especially with everything that is going on right now with the age and everything, but tell me how your relationship with _____ overall makes you feel.

_Mom:_ Sad. Just because that's why, she wouldn't come and talk to me.

(Silence as she gets choked up)

_Diana:_ Okay, so this is a hard time with her.

_Mom:_ Yeah, but not that bad. You know what I mean? I'm sorry, I'm a mom. (About crying)

_Diana:_ No, it's totally okay.
Mom: It's not that she is a bad kid. God she is a great kid. But right now we are at a (gestures bumping both fists together) and not going to give. And because I have removed all communication it was, we were at another daughter’s play last night, and it was so funny because she grabbed her friend, I let her bring a friend, because it's not fun, it's kind of a torturous thing. So she grabbed her friend’s phone and the battery went out and she said, "I have nothing now!" So she laughed because she has her iPod, and she said something about the voices in her head, and we were laughing. She said “I'm so bored, I'm so bored,” because these kids, it is an extension of them. And how am I supposed to say no, when I got mine right next to me? Another daughter, it's really funny, she's a real follower and she says, "I would never do that mom,” and I'm thinking yeah. And once she got her cell phone, she said, “I don't know what I did before this!” and I'm thinking, oh, this is terrible! But that is what they do. So I have decided that I wanted to, the phone is a convenience to the parent “Take the bus. I'll be there to pick you up,” it's very convenient. You aren't going to say here is $.35 for a pay phone. You aren't going to go back to those days, you wouldn't want to. But turn the phone in in the afternoon and go study. “But mom, you don't understand, that is how we study” and that is the impasse right now. I just really know nothing. (21P)
However, there were deeply satisfied and connected parent-adolescent pairs in the consensual families also. This young girl describes a friendship with her mom, while still perceiving that she is a parent:

_Diana:_ How does your relationship with your mom make you feel?

_Daughter:_ Good, she's kind of like, I look at her as a mom, but she is also the person I feel the most comfortable talking to, kind of like a best friend.

But more parental. You know? (13C)

Her mom echoed the same relationship:

_Diana:_ How does your communication, and therefore your relationship, with ______ make you feel?

_Mom:_ Really good. I think we have a good relationship and I think it's good and open. We share lots of things and there is no, I don't feel like when she leaves the house she's living this secret life. (13P)

Although the consensual families were characterized by a lot of talking, about a lot of topics, and traditional family time, like sitting down to dinner, obviously not all of them were characterized by positive emotion and strong connection to their parents/children. In part, some of this tension seems to stem from the dialectical pull between parental discipline and authority, and an emphasis on open communication that consensual families inherently face. This 14 year-old girl describes how frustrating the dinner table and family life in general can be right now from her perspective due to her perception of strict, demanding parents who place a lot of pressure on her academic performance:

_Diana:_ Describe to me what it is like to live in your family from your perspective?
Daughter: Okay. It's sometimes really hard to deal with them. Because I have two little sisters and they always are messing around or annoying me. Sometimes they are good but sometimes they are just really annoying. Then my parents are really strict and sometimes, like my dad tries to be encouraging, but sometimes it doesn't come across as encouraging. Like if I get a low B on one of my tests, he'll be like, "Should we go get your McDonald's uniform now?" And I will be like no, and I will get upset because it is just a low B, and it's okay. It's not like I failed the test. They expect me to get all As, and sometimes I can't. My parents are always on me about my grades and stuff, and they're not that bad. I only have B’s in classes that are really hard. I have to get at least five A’s on my report card and sometimes it's really hard. My mom she lives on this program called Infinite Campus where it has all of our grades, and she is always on it and she will text me at school and say "Why do you have a missing assignment in French?" And I will be like, "I have no idea." And she will say “Well, now you have a B in the class,” and she will just go on and on about it. So it's kind of hard to deal with that and sometimes I feel that they are a little bit overprotective and too strict. (21C)

Parents of consensual families also express frustration with family life stemming from several different sources. The busy schedules and the struggles to engage adolescents in conversation decrease the opportunity for deep, rewarding interactions, or even the time to sit
down together for many families with children this age. The majority of families in the study reportedly made the effort to eat together, but this characteristic did not set consensual families apart from others systematically. One characteristic that was more common among consensual families was the role of religion and regular church attendance as part of the family structure. Other family types mentioned church being part of family life as well, but this was a common thread for almost all of the consensual families in the study. This mom touches on being busy, it being hard to talk to teenagers sometimes, references how technology interferes with the amount and quality of family communication, which is often how soon technology came into the conversation with family members, and the role of church in her definition of her “traditional family” all in her opening response, which makes this a fairly representative example of many moms’ thoughts on consensual family life:

**Mom:** It's busy at our house. We work full time plus and our kids are active and involved in things, so sitting down and having a family conversation just to sit down and have a conversation doesn't happen really often. But there are times that we do have a meal and I will say okay, we are going to have a family meeting now and they all groan. But usually we talk about fun things like vacation or just things we want to do or accomplish. Things like that. Getting ______ to open up about things like what happens at school is kind of tough. I think kids talk so much on the phone or text so much that they don't communicate quite like we did when we were younger.
Diana: I would agree with that, and I have been hearing that a lot from parents. Technology has changed things. You said that you think of your family as traditional. What does that word mean to you?

Mom: Married. Husband and wife, and with children. We do have pretty strong values and morals.

Diana: And what are those? If I were to ask what your defining morals are?

Mom: We attend church as a family when we can. I work as a nurse so I work every other weekend, but we just think it is important that the children respect their parents and that they have goals, and that they respect each other and their friends and people that are in authority over them like school teachers and things like that. And also coworkers someday. We have talked about that. (34P)

There was a broad range of emotions within each family type, and across the entire study. Most frustrations seem to come from products of the stage of adolescence itself, such as children needing and wanting more independence, and wanting to keep some things to themselves the older they get. Other conflicts, as seen in family 21, stem from the prevalence of technology and parental expectations for a certain level of performance in school. I did not see that one family type was systematically far more satisfied than any other. There were positive, negative, and complex blends of emotions in all family types. While some consensual families showed intense and complex emotions, others seemed content, but longed for a little bit more closeness. There seems to be an acute awareness of a drifting away for these years. Parents of older kids talked
about them coming back into an easier, more connected phase later in the teen years. For those parents of the younger teens, there were a lot of comments like this:

_Diana:_ How does your relationship with _____ right now, so that will be sensitive to his age and everything, but how does your relationship with him make you feel?

_Mom:_ I feel pretty good about it. I do wish that I could have the closeness with him that I had when he was younger, but I also know that that is part of growing up too. I like his friends. He has really good friends. He has a little girlfriend. I haven't met her yet. But I am pleased with him and I don't have a lot of complaints about our relationship. I just wish we were a little bit closer. He still kisses me and hugs me good night every night and tells me he loves me, and he is a good boy. (34P)

This mom describes being very open and connected with her adolescent son, but characterizes her relationship with him as challenging in comparison with her other children nonetheless:

_______ is the fun, light-hearted silly, at home. So his relationship is fun, but at the same time it's kind of melancholy because he is the hardest one to read. He holds things in. My perfect illustration of this, our dog died like five years ago, and (his brother) cried immediately, wouldn't even come out when we went to bury him and he was hysterical immediately. (His sister) would cry some and laughed some over the course of days. It was about two or three nights later that we heard ______ crying at bedtime, and so God is so good, a year later when my brother committed suicide, and passed away, the very next day we were sitting
here at church and I looked at (his brother) in the very beginning of church and the floodgates just opened, and he and I just came out here and sat together the whole morning. You know, we knew what to look for. So, ______ is the one that, I don't always know what he's thinking, and me being the fix-it personality I want to get in there and know. I would say his relationship is the most challenging for me. Because I can't read him and he has always been very compliant, and as a toddler compliant is so easy. (His brother) was bullheaded, that was hard. But I said even then 10, 12 years ago that as teenagers (his brother) will be so much easier no one is going to convince him to do something he doesn't want to do, but ______ being compliant and a people pleaser, you know. Not that I am afraid that, I know he has a foundation that he is not going to go off and do something, the likelihood is not that he's going to, but still he is a people pleaser and a peacemaker and that kind of stuff. So, it is a fun relationship, but it probably causes me more distress even then my daughter. (9P)

Her son describes how his relationship with his mom makes him feel this way:

Diana: How does your relationship with your mom make you feel?
Son: It makes me feel good because you know you can count on somebody and have fun with somebody and we share a lot of similar interests so we can do things together. (9C)

I saw this juxtaposition of intense emotion and elaboration with parents a lot more than I did with the adolescents in the sample. Many, like this young man, seem to be content as long as there is not a lot of fighting going on about anything in particular.
A distinct characteristic of the consensual families is the emphasis on parental authority as seen in some of the emotional quotes above. The pluralistic, mixed, and other family types did not have a clear, agreed upon sense of a strong emphasis on parental authority the way the consensual family members did. For example,

Mom: Now I do believe that parents do have the final say at home and that is one of the first things that kids need to learn is respect for authority, and then you transition into seeking the opinions of kids, and we are already there, but you start to do that early, but after you have established that parental authority.

Diana: Right, so you want them to talk but within that parental authority?

Mom: Yeah, that is one of the problems with society today is that a lot of parents have skipped over that step where all the kids need to be heard, but I'm sorry I can show kids in our church that were heard too early and now they think they have these rights, which we do have rights, but I think that's just what came up in my answers here. (9P)

Her son’s perceptions of family life and parental authority were interesting because they were less conscious of that authority than she was as a mother and an adult. However, you can see how ingrained the conformity to parents’ attitudes and beliefs is in how he talks about even simple things:

Pretty much we get along really well, we talk about most anything, stuff that happened that day and then my parents give us advice about things they do, so we know what is right and what's wrong. So, if we see something on a TV show that
isn't right they will mute the TV show and tell us what's wrong with that, and say what should have happened. (9C)

All in all, consensual family members were often on the same page in terms of what family culture generally, and communication patterns specifically, were like in their families. They were also often on the same page emotionally, but those emotions varied quite a bit from family to family. Therefore, perceiving similar environments did not necessarily translate to relational satisfaction. Pluralistic families did not necessarily show more satisfaction or positive emotion, and the parental authority in these families was present and understood. It was just less explicitly emphasized than it is was in consensual families.

**The Subjective Experiences of Pluralistic Family Members**

Pluralistic families were characterized by a lot of open communication about a lot of topics, and a more implicit sense of parental authority. Not surprisingly, the adolescent complaints about strict parents were not frequent within pluralistic families. My interpretation of these environments is that they are generally more democratic, with every family member’s vote having relatively equal weight, but I will portray how pluralistic parents conceptualize decision-making and importance of opinions in their own words because many did not like the implication that “democratic” meant they were not ultimately in control. A range of complex emotions was captured in these families as well. All five fathers self-categorized as pluralistic in this study, so their perspectives are more represented when discussing this family type. However, two of those fathers’ children disagreed with them on what family type they were, so they are discussed under consensual-pluralistic and Other respectively.

The family labeled 1 and 8, are the father-daughter dyad and mother-son dyad of the same family, and I interviewed each pair several weeks apart. All four agreed separately that
their family is pluralistic, and they sound prototypically that way in their interviews. For example, the mother’s take on typical dinner table conversation, which includes mild conflict that is not discouraged by parents, and children who feel very comfortable expressing their opinions and disagreeing with parents. Interestingly, the father, daughter, and mother of this family all agree that the son’s role is the instigator most of the time:

**Mom:** Generally a pretty hospitable place (laughter). Other than that just general teenage angst kind of stuff.

**Diana:** Right, so the normal kind of dealing with teenagers stuff?

**Mom:** Yeah.

**Diana:** Do you guys eat dinner together a lot?

**Mom:** Yes.

**Diana:** What is the typical dinner table conversation like?

**Mom:** It varies a lot. Sometimes it's what did you do in the day, that kind of stuff. Other times it's, a lot of times it's scheduling kind of things. Then sometimes dinner time conversations don't go very well because somebody gets mad at somebody.

**Diana:** Can you think of any examples of what somebody might get mad about? Just differences of opinion?

**Mom:** Sometimes it's differences of opinion, and then sometimes it’s an almost 18-year-old girl, her perspective versus the bathroom humor of a younger brother. (8P)
Her daughter agreed:

_Daughter:_ Well, um, within our family I’d say my mom and dad and I agree a little more than with my brother because he’s a guy and 14 and full of testosterone and all that good stuff (laughs). So he can be just a bit, at dinner, once in a while we have mild conflicts because he’s silly. No major issues.

_Diana:_ So, in terms of debating, since it’s not inherently negative it sounds like, not a lot of conflict. Do you discuss things a lot and exchange ideas and opinions?

_Daughter:_ Um, I’d say about 50% of the time at dinner we have actual, legitimate conversations and the other percent of the time it’s just kind of like, uh, ‘how was your day kind of things’ – boring, non, not interesting, just really perfunctory discourse. (1C)

The father labels the family as “participatory” rather than democratic and mentions the same “bathroom humor” of his son causing mild conflict. The son perceives that he and his mom are more on the same page, and his father and sister see things more similarly, but all four of them had pretty consistent accounts of family life. They do all seem to participate, parents let conflict play out, and let the children have a say in family decisions, but they have the ultimate “power of veto” as the father calls it. Their feelings about their relationships are interesting to compare with each other and across dyads. They all agree that the children talk to their mother more, and the daughter cannot recall the last time she had a one-on-one discussion with her dad. The daughter describes her feelings about her relationship with her dad like this:
(Deep breath) I would say satisfied. Not necessarily happy or sad or anything, I feel like there is enough communication to be acceptable for a father-daughter relationship, but not as much as some people would have. I feel like it’s very much more positive communication than negative communication, but there’s not a lot of it, and like my dad and my brother used to do like t-ball or baseball and stuff, and my dad and I haven’t really been able to do many activities together. Like when I was little I did pioneer basketball and he helped do assistant coaching with that and all that good stuff, but historically he’s done more stuff with my little brother than me, which makes good sense. So we don’t communicate very often but he also, it could be, there’s I think gender differences play a fairly large role. He’s never really upset, or like, openly upset with me. And sometimes he does express mild, “Oh Matthew, you should do this, like mild, mild disappointment with my brother but he doesn’t usually express that with me.” So, um…(1C)

This is a common sentiment in the majority of interviews that involved dads, and comments like these about dads came into play in interviews that did not involve them as well. Although many mothers and adolescents felt a little bit distant and disconnected as a result of adolescence as a stage of pulling away and asserting the need for more privacy and independence, fathers in general seemed to be even more removed from the entire family system, especially their adolescent children.

Another common characteristic of fathers was that they stayed connected through moms during this phase of their children’s lives. They described being closer to them as small children and hoped to be closer to them as the moved into young adulthood, but dads were particularly
distant and disconnected during adolescence in this study. Here is the father’s thoughts about his relationship with his daughter, and how it makes him feel, from the same family discussed above:

*Dad:* Mmmmm, to a certain extent I wish we were a little bit closer, I mean there’s to some degree a little distance, and I think that’s shrinking a little bit. Um, I know she talks to her mom, to ______, a lot more.

*Diana:* Do you get a lot of information through (your wife)?

*Dad:* Yeah. At least half of it. Either through the backchannel or yeah, so. I mean, so a feeling word, which (laughs) I’m not known for…

*Diana:* (laughter) Sorry to push you out of your comfort zone probably.

*Dad:* It’s okay, I mean there’s a little disappointment or frustration kind of, but I don’t want to overstate all of that either. (1P)

Another father in a pluralistic family described a similar dynamic as the only male in a family of four women. His daughters were relatively open with him, and he even told stories of asking the oldest if she was on her period when she was in a bad mood, and the youngest coming to him to Google what it meant that her breasts were sore. This was certainly an extreme in terms of young girls’ candor with their dads, but this dad still described less talk with his children than their mother reportedly engages in with them and a perception of distance compared to early stages in their development. In addition, he describes his wife as engaging in more disagreement and negotiation of rules with their daughters than he allows:

The interaction is very different with mom. With mom it is very much a negotiation and it is this ongoing, there is really a lot of personality differences
and mom is much more willing to sort of engage in that sort of verbal, I almost want to say verbal bullying because it sort of looks like it in very much sounds like it. I've been asked to do something and I don't want to do it, so I am going to verbally bully. I'm going to come up with this issue and that issue, I am going to throw out roadblocks and drag my feet. What happens with me is the girls do it and it doesn't work. It's kind of interesting to sort of take part in this because it's very much about how the conversations occur, and there is a double side of the sword to that. So conversations with me are limiting because if I say to them, I really want you to do this, and they begin the engaging conversation, to distract from the topic at hand or almost an escape mechanism to get away from it, I cut the conversation off. Whereas what happens with mom is she continues the conversation and gets sucked in and it's very effective. (30P)

Different parenting styles between spouses came up in different aspects of this study. This was an interesting example within the family communication patterns section of the interview. Others are touched on in the prevention section. Here is how this dad described his feelings about his relationship with his daughter at this point in time:

_Diana:_ So when you kind of think about the different ages and personalities of your daughters, and the fact that your wife has her own relationship with them too, tell me how your relationship with ______ makes you feel, if you can think of emotion words.

_Dad:_ I'll be frank with you right now, a little disappointed. It's not as, when she was three, five, nine, it was in my opinion, we spent a lot more time together. I want to say a little better quality. Now what I
find is, I find myself re-teaching a lot of things. I find myself when I am talking to her, everybody walks around the base of the earth with a different reality. So for me, I'm very lucky. I have a daughter who doesn't do drugs and has some really great qualities and traits. She is one of the most likable people that I know. She interacts really well with kids, exudes a level of maturity with kids so a lot of really really good qualities. The flipside is that there are some qualities that I would really like to build in her.

Responsibility is really one of them. It's really kind of a struggle because it is holding back the relationship. Because there are certain things that she knows she is supposed to do, she can articulate it to you. She just simply chooses not to do it. And you just sort of scratch your head, and you sort of get the sense that she would like to have more of a quality relationship, and I would like to have more of a quality relationship, and I have articulated that to her. I have said "You know, this is causing issues. I'd like to talk to you more about these things but what is up with this? You know your mom has a lot to do, why aren't you helping? Why are you inhibiting?" So yeah, if there could be some way. Working in education and working with kids my entire life, I realize that it is a storm and you are just going to have to ride this thing out. (30P)

One mother-daughter pair exemplified many common characteristics that I saw in pluralistic families, including lots of talking, about just about everything, freedom to disagree
with anyone else in the family, regardless of their position in the family, equal weighting of opinions, and an implicit understanding of authority without frequent, explicit reminders and parental assertions of that authority. The daughter describes the environment in reference to the RFCP conformity items this way:

**Daughter:** It was pretty straightforward for the most part but some of them were like, my parents never say those things like ever. Especially on the last page, like the last three or four they never say that stuff (laughter).

**Diana:** That's perfectly normal. Those are not abnormal answers.

**Daughter:** And like I don't do things that make them say things like that. Like, “You will know better when you grow up,” like, no.

**Diana:** Okay, and you can see how sometimes that kind of thing is said in conflict between parents and teenagers?

**Daughter:** Definitely but…. 

**Diana:** But you don't have that problem (laughter) and then how about, you added a note here, what was that about?

**Daughter:** I mean we do talk about politics and religion, but we don't really disagree. Like we mostly have the same views all the time.

**Diana:** So you have lots of discussion. I can tell by these answers that you have lots of open discussion, and you feel free to express your opinion without being worried about being punished or anything like that?
Daughter: Oh yeah. I feel that way more with my mom than with my dad but that's just because my dad’s like… my dad (laughter)… I would say it's pretty open, like we talk a lot and we sit down and have family dinners and that is where we talk about most of this but then we can also go out on our own and do separate things, but then we always talk about what we do. During the school day and the work day and we’re pretty open with it. (3C)

There were just as many similarities among the families in this study as there were differences. This could easily be a quote from one of the consensual families as well. This young girl’s mother expressed similar perceptions of their pluralistic environment and in response to some of the survey items, she said:

Mom: I was just chuckling about it because my kids are very outspoken so like the one that says, “Every member should offer their opinion,” like I don't have to say that, you know, they assume they should have a say (laughter)… We talk A LOT.

Diana: Not just the parents?

Mom: Yes.

Diana: This is two scales built into one, so you saw a shift down here with not as much emphasis on parental authority, which doesn't mean you don't have any, just not as much emphasis on it and you don't have to constantly remind them of it?

Mom: Right. (3P)

This mom goes on to clarify additional responses to the survey about how much they talk about certain things, and tend to disagree with one another. Pluralistic families are generally more
willing to voice diverse opinions because they are less concerned with harmony and conformity to parents’ beliefs. However, many of these families, though willing and able to disagree about little things, share fundamental beliefs and tend to be “on the same page.” Another important insight that represents perceptions in many pluralistic families is the implicit sense that the parents are the boss, but not the explicit squashing of ideas and unequal weighting of opinions in the parents’ favor. For example,

Mom: That's one of the things that I thought of with the survey. We don't disagree a lot because I think the four of us tend to see things similarly. Sometimes because of their ages they will see things differently but generally there isn't a lot of debate per se. Sometimes they want us to clarify why we think a certain way, but there's not a lot of, there aren’t a lot of times when we disagree.

Diana: Would you say that you do have discussions about things like current events or politics, religion?

Mom: Yes.

Diana: And I want to go on something that you just said. When you do make a decision or you do weigh in, it sounds like you don't just say “because we’re the parents” or “because we said so.” You explain?

Mom: No. I think that's kind of an old-fashioned way of, they know that ultimately even if I explained and they don't agree you know, if we explain and say, “Here's why we’re saying no,” and they don't think that that's a good reason, it still no (laughter).
**Diana:** So there's still an authority there.

**Mom:** So ultimately it is “because I said so” (laughter). (3P)

The mother-daughter pair in family three expressed similar sentiments of not only loving and respecting their parent/child, but also liking them and having a friendship of sorts with them. I saw this across many mother-daughter pairs in consensual, pluralistic, and consensual-pluralistic families. There was not as much evidence of that friendship bond in the Other family type. This father-son pair exemplified further the general environments and emotions present in pluralistic families, including how much less elaborate the adolescents often were about everything, but especially in expressing their emotions about their relationships with their parents. In addition, pluralistic families like this one demonstrate more room for negotiation with parents, and a small window of being able to try to persuade parents to change their minds or think about things differently (i.e., adolescents can verbally spar a bit more in an attempt to get their way):

**Diana:** Would you say that in your household what your parents say goes?

**Son:** We can argue with them if they want to I suppose. Maybe change their minds.

**Diana:** Okay, so there is some negotiation available there?

**Son:** Yeah.

**Diana:** But you generally have a sense that they are the parents and they are ultimately the boss?

**Son:** Yes.

**Diana:** Do you think that your opinions are important to your parents?

**Son:** Yep.
Diana:   How do you know that?
Son:     Because they usually ask for my opinion.
Diana:   Okay, so you are asked for your opinions and you offer them as well? Even maybe when not asked?
Son:     Yes.
Diana:   Do you disagree with your dad in particular very much or fight with him very much?
Son:     Not really.
Diana:   How does your relationship with your dad make you feel?
Son:     I think it's pretty normal. We can talk and stuff and we do things together. (38C)

This young man’s father was much more loquacious, but seemed to express a more elaborate version of the same family that his son succinctly described. I had a very clear sense of parental authority from this family, so it was important to note continually that that was not missing from these families compared to the consensual ones. There is just more implicit understanding of parental authority, more explicit emphasis on every family member voicing their opinions, and more room for negotiation between parents and adolescents in pluralistic families. For example,

Dad:     The typical dinner conversation? Generally we have a round of "How was your day?” We start off with how was your day, “Good.” If we get the monosyllabic response of good, then we say, “Well, what really went well? What wasn't so well? What was interesting?” That's one of my questions because the kids will answer so briefly, it's like open ended questions.
Diana: I have learned that art with interviewing teenagers.

Dad: Yeah, absolutely! That's all mass comm 101. So we will ask questions about the classes they have. Both of them are in athletics, both of them are in music, both of them are in acting. We try to provide them with opportunities, in fact we had this conversation last night at dinner and if you had told me I would've recorded the conversation. We talked about well roundedness, and to each of them I said this, this, this. Athletics, music, acting, this whole family is stacked. I am a thespian from way back. Community theater and my wife gets into it on a lesser scale. But we all like it. So if we were, if I were to say normal conversation would be we are seeking information about what was different about today than it was yesterday..., but the relational aspects of family are very important. We are not a perfect family by any means, but we are really working hard to be as healthy of a family as we possibly can. The kids are getting that at their ages. They are understanding. We do a lot of discussion. Dinner table is good because we are all face-to-face…. We try to remove as many barriers with our kids that we can in some of these conversations, but at the same time, we try to be realistic about what we are talking about, how long we talk about it because we can become bores very quickly. We know very little compared to our children. And you know, that works sometimes, but our kids are very respectful of us. Although both of
them, with _____ probably much more than (his sister), but both of them tend to argue quite a bit. (My wife) and I had this conversation Saturday. Where we talked about them and I said that is something over the years that I have tried to develop with them, knowing that there is a limit and there is an appropriateness to the argument. It can't be "You don't know a thing! You're a poop head!" No, that isn’t appropriate, but the fact that they are, and this goes back to some of the questions on that tool, it goes back to are they allowed to disagree with us or do I lord over them and make some sort of pontification upon them: “This is it and it shall be done! You shall hear me and fear me from now on!” (deep, booming voice for effect) That happens from time to time when I get really ticked off, but it doesn't happen very often.

Diana: Now that we have talked, some of these will sound redundant but I just don't want to put words in your mouth. So would you say in your household that what you and (your wife) say goes? Are you the boss?

Dad: We are absolutely the boss of our household. We absolutely try to give parental and adult leadership to a four-person, is it indeed a democracy? Yeah, it's a democracy with a strong hierarchy. In other words, input is allowed with the appropriateness of that input. Is it a democracy where everybody has equal votes?

Absolutely not. Absolutely not…. 
Diana: Tell me how your relationship with _____ makes you feel.

Dad: How it makes me feel? Aw geez, that's a 1978 question right there… My relationship with _____ makes me feel alive. It makes me feel good. It makes me feel like I am making a difference in the future…. He is my legacy…. I have fun with him…. He is a blast. I can learn a lot from him with technology and in other areas that I am just too old to understand on my own. If he listens, he has learned a lot from me…. But how does it make me feel? It's exciting to be able to, and I always use this religious term if you will, I feel blessed, and if we are talking specifically about him and I apply this to both of the kids, I have two healthy children that are respectful, that are both bright. _____ is sometimes a challenge because he does argue, but I know that when he argues he is thinking. He is just not sitting there saying, “Okay Dad, shovel me more. I am your biggest mushroom.” You know? So it's fulfilling. It's fun. It's always a lot of work, just like marriage is a lot of work. I feel blessed by the marriage that I have and when I am smart enough to work on it is really good…. It's the same with parenting and I have made a lot of mistakes in parenting…. But it's fun. It's fun and it's challenging, but it is also fulfilling, and it's reality. It's reality. People say “Oh, it would be different,” but it's not different. This is reality and I am very glad that things are the way they are. Because we have been blessed, they have worked
out, so far they, I don't know of them being mass murderers. I keep
the chainsaw in the shed. (38P)

The Subjective Experiences of Consensual-Pluralistic Family Members

There were nine families in this study categorized as Consensual-Pluralistic, with the
adolescent rating parent-adolescent communication as consensual and the parent rating it as
pluralistic. I created a separate category for this type because it occurred just as frequently as the
pure pluralistic families did, and there was no other combination of types that was this frequent.
Families are dynamic, and even in the examples of consensual and pluralistic families, I could
see many more similarities than systematic differences. This category represents a hybrid of
styles of sorts, but more importantly, captures a common difference of perception that is more a
product of each individual’s place in the family than it is a marked difference in perceptions of
the overall family environment. When I analyzed these families, some looked consensual overall,
and some looked pluralistic overall; neither parents nor adolescents were more consistently
accurate in their categorization. What I did consistently see in this category was a stronger
adolescent perception of parental authority than what the parents perceived they emphasized.
Both are true. These families rely on a lot of implicit understanding, nonverbal cues, and a
certain amount of rapport; there is strong sense of respect and authority on the part of
adolescents, but a lot of freedom of expression and open communication. These families lack the
adolescent perceptions of overly strict parents like some of those in consensual families, but they
implicitly know not to argue quite as much as some of those in pluralistic families do. Another
interesting characteristic of this group of families is that six of the nine (67%) consisted of
mother-son pairs, so there might be a connection with slightly different perceptions in the gender
makeup of this particular kind of dyad. This could be a measurement issue with the RFCP, which I will discuss that later in this chapter.

One mother-son pair who were a great example of this category included a 46 year-old mom and a 12, going on 13, year-old boy suspected by parents and doctors of having Asperger’s syndrome. I mention this because he clearly had difficulty accessing and expressing emotion in our interview, and he was much more animated about technology than anything pertaining to family communication or relationships. The mother’s responses are also reflective of the unique challenges that come with having a child with this syndrome. Here is her description of family life and how challenging her relationship with her son is, which sounds like a lot of other pluralistic parents:

_Mom:_  

_______ is pretty unique. You will find that out. He is highly intelligent and gifted. There has been some conversations of a possible Asperger’s. So when it gets to emotional things, he is not…. I already had a conversation with him before you got here, and I said, “You please need to talk to this lady and when she is asking you questions, tell her things,” and he promised me he would. But for us to try to talk to him about things that involve the emotions, it's difficult. He's not, social issues have always been a challenge for him. He's not someone who makes friends easily…. So it's very slow progress. For us, we are always really open and chatty. We joke a lot. We will get into things like sex and drugs and that kind of conversation between the two of us, knowing that the kids are hearing us. We do it on purpose. We
purposely will talk about things, knowing that they are hearing us because we just feel like that is a good way to do it, so we kind of a bring a little bit of humor and lighten, because it is such a heavy awkward thing. We did that with our daughter too. We are always very open with her. When she would go out with friends he would always say, "No drinking, no drugs, no getting naked" (laughter) just kind of put it out there, and you kind of give them that restriction but not make it so, not be so heavy-handed about it, but at this point he has been like, especially when it comes to sex, he has been like, "Shut up, I don't want to talk about it!" and he will walk away from the conversation. (40P)

This mom goes on to describe the environment and her communication with her son in this way:

_Diana:_ What is your typical conversation like with _____, just the two of you when you do have the opportunity to be alone or to talk?

_Mom:_ Most of our conversations are around school. His favorite subjects are computers, technology, Legos. Some of his Lego creations are up there. He will talk to you all day long about stuff like that.

_Diana:_ And the communication about that stuff is challenging too it sounds like? A little uncomfortable when it is the more personal stuff?

_Mom:_ Yeah, and he is also hearing-impaired and speech-impaired. He had a cleft palate so that kind of plays into it too. He feels a little bit shy and like he is. He has long hair, we have left him keep long
hair because the majority of people don't know that he is hearing impaired. He wants it to be that way so we have allowed that. _______ actually likes to talk politics. We will have Fox news on and there will be discussions on there about what is going on and the political world and he gets interested in that. He has stated his opinions and thoughts, and he will say, "Well, that's stupid! Can't they see they need to do this this and this?" So yeah, he actually likes to watch the news and stay up on stuff like that and we all pretty much have the same opinions. We've never argued between ourselves. So yeah, we are interested in the politics but we are all kind of, we think alike.

*Diana:* If he does have a different opinion than yours he is comfortable expressing it?

*Mom:* I think so. He argues with us about anything else (laughter) he definitely, he argues with us.

*Diana:* I know it's arguing, but that is fundamentally okay with you for him to express opinions even if they are different from yours?

*Mom:* Oh yeah, yeah. We have always told him to stand up for himself. Even at school, there is a way to respect your teachers and the adults but there is also a way that you can stand up for yourself and go to them and say “Wait a minute, this is….”

*Diana:* So kind of teaching him respectful argumentation skills?
Mom: Right, and I have also tried to teach him the art of negotiation. That there is a way to negotiate your way with give and take and compromise, to negotiate an issue out. I will try to make him do that with his brother. “Okay well, you give him this and he will give you that and you can work it out.” (40P)

On how her relationship with her son makes her feel:

Mom: Exhausted (laughter) we always laugh and joke and say, "We have five more years with you! 18 you are out the door!"

Diana: So he can be a real challenge for you?

Mom: Oh yeah, and I also say, "God gave me (her other son) because he was trying to redeem himself from giving me _______”

(Laughter). (40P)

Her son was less descriptive, but did talk to me the way she asked him to for the interview. Here is the beginning of our interview after he took the survey and his thoughts about helping to make family decisions. I think that his interview could be characterized as pluralistic or consensual, but he clearly perceives more emphasis on conformity than his mother perceives she communicates:

Diana: So think about the survey and tell me a little bit about family life and especially your communication with your mom.

Son: Uh…hmm. I don't know, any questions?

Diana: Sure. Would you say that your family talks to each other a lot?

Son: Yeah, whenever we have get-togethers we always like to talk and catch up with each other.
Diana: Are you a pretty busy family? Do you have time to have dinner together very often?

Son: Sometimes, but not always. Whenever we do, most of the time it isn't like everyone together. Maybe my dad is going to be working on something or I am going to be up in my room playing on something.

Diana: When you are altogether, what is the typical conversation like?

Son: Most of the time we are either watching TV in the living room and arguing, like me and my dad are always arguing over how they did commercials and stuff like that.

Diana: Fun arguing? Or actual arguing?

Son: Most of the time it's fun, but when it comes to technology I sometimes win and my dad always gets irritated by that (laughter).

Diana: Would you say that your opinions are important to your parents?

Son: Yes and no. Yes because they want me to feel good and not like all mad at them and stuff. Sometimes no because maybe it might be a good decision for me but I don't like it. Like having to do extra work and school to stay caught up. I don't want to do that, but they would want me to. (40C)

In respect to how his relationship with his mom made him feel, I had prior knowledge that he was not keen on expressing emotion. Interestingly, there were plenty of other adolescents in the study who were about this elaborate when asked how they felt about their relationship with the parent of interest:
Diana: How does your relationship with your mom make you feel?
Son: I'm fine with it.
Diana: Positive emotions or neutral or?
Son: I guess positive.
Diana: Would you say if I asked you are you and your mom close, would you say yes to that?
Son: Yeah, I would say yes. (40C)

Another mother-son pair who are indicative of this family type were a bit more expressive and descriptive. The mother described her son’s opinions being important to her, spending a lot of time with him and generally enjoying his company, and allowing him to weigh on in a lot of family decisions like what house to buy when they recently moved. However, she also discussed rules and decisions that are non-negotiable, such as his responsibilities around the house and decisions that he is not a part of like when they took the new job that required the recent move. Here is her description of the family environment, parental authority, and how her relationship with her son makes her feel:

Mom: Chaotic (laughter). We are all involved in lots of different things, but we are very much family oriented. A lot of the volunteer activities even that I am involved in are because the kids are involved in. So it's interesting, that balance too because they seem to still like us being involved in things so as long as that happens we are going to take advantage of it. To the point of even, I'll chaperone the middle school dances because they actually ask me to. They will bring the form home and say sign this, and I'm not
the mom who sits back and is quiet either. If they're doing something I tell them about it. I've asked even, “Okay, did I embarrass you?” And he says, “Nope, they deserved it.” So we talk a lot about that, we have conversations and always talk about, what did you do and how was your day? And even with the church, he is in CCD so I will ask what he learned on the drive home or whatever. We try to talk a lot and know what's going on, and it's very chaotic, very busy, so when we are together we try to make it count….

_Diana:_ Would you say that in your house what you say goes?

_Mom:_ When it comes down to it, I mean yes. We let them have their opinions and that, but the final say is ours. You know?

_Diana:_ You are the parents.

_Mom:_ Right. Exactly. I think that is one of the problems currently, we have a lot of parents that are too busy trying to make sure that they are their kids’ friends and they forget to be their parents. We do have good relationships with them, we talk with them, we laugh, we play around and tease, but when push comes to shove we are still the parents. We are the grown-ups. They lose privileges if they don't study or don't do what they need to do.

_Diana:_ When you do have to put your foot down or maybe a time when they lose privileges, do you explain your decisions and the reasoning behind it or is it "because we said so?"
Mom: We usually explain. I usually explain (laughter). It's just, and with our kids I always felt that when they were little, some kids respond and those are the kids that end up being the great military leaders, they just respond because this is a rule and that is it. I find that with my kids if I gave them the extra, “Why can't I stick my finger in the socket?” “Well, because it's electric and it's going to hurt,” and then it was, "Oh, okay." You know? It can be just a sentence. It doesn't have to be a long in-depth, but sometimes just that little bit extra gives them a little bit of buy-in and they understand it better. And I think when they understand it better, they are less likely to try to repeat it….

Diana: Okay, how does your relationship, and that kind of means your communication, but how does your relationship with ______ make you feel?

Mom: Good. We have a really, I think we have a really good relationship. If we didn't I wouldn't take him to, there was a Blue and White ball, a fundraiser gala event down in Pittsburgh in January. My husband couldn't go because he was coaching my younger son's basketball game that day, and I had to leave before the game was over. So I asked _____ if he wanted to go with me and he was like, "Oh yeah, yeah!" If I didn't enjoy spending time with him, and if I didn't trust him at the event, because they can be on top of him all the time because I'm working, I have to work the crowd. But yeah,
I wouldn't take him. But we went and did it, and even that, one of my co-worker's moms passed away and her funeral was that morning. So I said “Okay, we are going to leave super early because we’re going to go to ______ mom's funeral,” and he said okay. So we went, and we were in there for 2 1/2 hours, at the funeral, and it wasn't over yet. We had to leave because I'm also diabetic and my sugar was low, so I said we've got to go eat, and I felt really bad leaving but it was like two and half hours! So we went out, and I'm thinking, goodness we just spent 2 1/2 hours in this church for the service and what is my 13-year-old son going to say? We got out and he said, “I love black funerals!” (Laughter). It was hysterical, because she was black and we were one of maybe a handful of white people, but it was very. This stereotype you see on television with everybody up in the, that's what it is! ... So that was interesting and it was a new experience. So that was fun and then we went and grabbed lunch and we talked and everything.... He had a grand old time. (14P)

Her son described a similar relationship, though he was not nearly as wordy. He discussed the fact that he can talk to his mom about his girlfriend, and he chooses to go to her rather than his dad because he teases him too much about it. This was a common confession by fathers in the study, and a common complaint of adolescents like this one. He perceived the chaos that she referenced in terms of how busy they are with different activities and both parents working, a
commonality among families throughout the study. He described the environment and his feelings about his relationship with his mom in these words:

Son: Life is pretty busy because we are running everywhere for basketball practice or soccer games or shows or just going out to eat.

Diana: Do you get to sit down and eat together here very often or go out to eat?

Son: Yeah. Some weeks we plan meals for the whole week so we can just sit down and eat together.

Diana: So what is the typical dinner table conversation like?

Son: It starts off mainly with our parents asking us how school was and what we did, and then they talk about work…

Diana: How does your relationship with your mom make you feel?

Son: It makes me feel pretty good, because I know I have somebody that I can count on. Because I know some parents don't really care about their kids. They pretty much just buy them stuff to make them happy and leave them be. But my mom tries to be active in my life to and she tries to help out, and that I feel pretty good about. (14C)

I interviewed a father-son pair who fell into this category. This dad made an interesting point pretty quickly about not trying to steer his children’s communication too much. He obviously had great communication and rapport with his youngest of three sons, but he commanded respect as well. This was evident in his son’s interview too; he even mentioned the
word “respectful” when he was asked how his relationship with his dad made him feel. This dad was quite eloquent about a lot of the topics we discussed in the interview. Like many parents, especially fathers, he discussed his thoughts on having a slightly different parenting/communication style than his spouse. In his expression of his feelings about his son, he referenced the importance of shared interests and activities that come up in many of the parent and adolescent interviews when they talk about having positive relationships with their parent/child:

*Diana:* So think about some of the questions that you just answered and tell me a little bit from your perspective, tell me about your family life.

*Dad:* Well, one of my, one of the things that I like to think about that we emphasize, my wife and I, is communication. We like to think that we talk to our kids and our kids can talk to us about different things and we encourage communication, try not to necessarily steer it. We all have our biases, maybe even sometimes prejudices, from the way we were brought up. Strong feelings about things, but we really like to try to keep communication open so it is really tough as a parent sometimes when you see your kids in their rooms when they go through things, various periods where they don't seem like they want to talk and share. Most of the time we have been kind of patient, allowing them to talk to us when they are ready. There are some times when we have asked them, “Hey, talk to me what's on your mind?” You know, "Nothing, nothing,
nothing.” So really through this, I guess the one parenting thing for us, we all strive for consistency, and moms and dads parent differently, they were raised differently. They could be a good couple but they still parent their own children a little bit differently from time to time. The both of us agree, we feel like we communicate relatively well and we feel like our kids can usually be pretty open towards us…

_Diana:_ How does your relationship with ______ make you feel?

_Dad:_ Actually good. I feel pretty trusting. It is a good, loving, communicative, trusting relationship. We do things together. We do things as a family and _____ and I do just things together. I think he is, I think we truly enjoy and like one another's company. I don't think it's like, "You know, I really need to take _____ to go do something.” I think he enjoys some of the things that we do together, so I feel like it is at the very least solid (18P).

His son echoed the same satisfaction in their relationship, in part as a result of some independent down time just to play video games and hang out, in addition to shared interests and activities with his parents. A common adolescent complaint in consensual families appearing earlier in the chapter was the sense that parents were always on one’s case about studying and doing well in school, with not much free time to him or herself. It seemed that families were striking a better balance of relaxed “down time” and getting things done that needed to get done. This adolescent also had a clear sense of parental authority, but was comfortable talking and saying whatever was on his mind “all the time.” He also derived a lot of his perception of closeness from the fact that
his dad was also his high school football coach. That made up the majority of their communication and bonded them together in a second type of relationship. Here were his thoughts on family life and his feelings about his relationship with his dad:

We usually eat dinner as a family. We come home, my dad is usually on the couch or something, and we are just talking I guess. Then usually we will go and play Xbox or something and my parents will be talking in the kitchen. Come out and get some snacks, go back in the room, do some homework. They will come and check on us to see how we are doing, and basically yeah. We go outside actually. Next week I think we are going to play some basketball. So we might go out there, me and my brothers and my dad. Mom usually plays tennis, she's there all the time (laughter), and yeah. Basically that's it…. He kind of makes me feel confident because he's like a, he used to be a football coach and he is pushing me and stuff and wanting me to do better. So it kind of gives me that motivation to work out and stuff. So I mean I guess it's confident and respectful, because you respect people. Like don't just be like, “Oh I'm on the football team, don't mess with me. I'll get my people,” and stuff like that. (18C)

Overall, the consensual-pluralistic families demonstrated a balance that was evident in some of the purely consensual and purely pluralistic families, but not all of them. I definitely had the sense that consensual families dealt with a tension, which is addressed in the theoretical literature relating to both high conversation and high conformity orientations and frustrations with those tensions came up in some of the interviews. Family members in pluralistic families still recognized a hierarchical family power structure, but family life was described as “democratic,” “participatory,” and less “heavy-handed.” Within the consensual-pluralistic
families, I see characteristics of both family types, and I do not see signs that the difference in perceptions of family type by parents and adolescents stems from dissatisfaction or emotional disconnection. However, in the Other family type category, that was a unifying thread and arguably one of the potential causes for significantly different perceptions of family communication environments.

The Subjective Experiences of “Other” Family Members

There were six families that fell into the category of “Other.” Five of them were characterized by a certain degree of emotional disconnection, and three of them seemed to be relatively dissatisfied and with their contentious relationships with their parent/child. Two of the families were rated by the adolescent as pluralistic and the parent as consensual. They were classified as pluralistic-consensual (17 and 29). One family was a father-son pair (10C/P) that was interesting because they both expressed frustration with their relationship but not with family life in general. They had theoretically opposing perceptions of each other, with the son perceiving a protective environment and the father perceiving a pluralistic one. The fourth family in this category consisted of a very disconnected and frustrated mother-daughter pair (24C/P), in which the daughter perceived a protective environment and the mother perceived a laissez-faire one. Both of them perceived low levels of conversation, but similar to the consensual-pluralistic families, the adolescent in this dyad perceived more conformity than her mother reported. Family 25 was consensual according to the son, and laissez-faire according to the mom, who also expressed feelings of doing things a little differently as an older parent. Family 27 consisted of another mother-son pair who had an intense year with a life-changing injury to the adolescent, and they also seemed to be disconnected and hostile with one another.
The two pluralistic-consensual families were both characterized by moms who were several years beyond the mean age of parents in the study, but both fell within one standard deviation of the mean. The mother-daughter pair (29C/P) seemed to be satisfied and close, but the daughter expressed that she talks to her father more about emotional and personal things because he listens better. She still conveyed a sense of parental authority, but did not complain about any family dynamics or parenting that reflected a high conformity orientation. This mother and daughter both shared experiences of depression and talked openly about it, but this was another stress factor in the family that could lead to slight disconnection and different perceptions from one another about family life.

The mother-son pair (17) designated pluralistic-consensual seemed to have an amicable relationship, but the mother was very conscious of her age and referenced being old-fashioned, tired, and not communicative enough with her son on many topics, including expectations of drug use. Her consensual beliefs might be reflected in her RFCP rating, but her actual talk with her son was not perceived that way by him. Perhaps he was picking up on her removal as part of her feeling like a relatively old parent. The mother-son pair (25) who were consensual/laissez-faire were also a bit further apart in age at 13 and 48 years. He was polite and conveyed a great deal of respect for his parents in his interview. I did not interpret the mother’s comments as sounding like a laissez-faire approach to parenting and communicating, but she did note the effects of being an older mother who becomes frustrated, as well as tired, and gives up sometimes. These are additional cases in this study that point to additional methodological questions about the RFCP itself.

I have highlighted the three families in this category that represented the more extreme, common characteristics of this group as a whole. Not only did the pairs seem to be emotionally
disconnected, one or both of them in each dyad seemed frustrated, hostile, and overall sad about
the state of their relationship. I encountered consensual parent-adolescent dyads who expressed
feelings of frustration and distance, but their perceptions of family life were similar to one
another overall. These three families were interesting because it seemed that various factors were
causing them not only to have conflict and be distant from one another, but their perceptions of
family life and reality were very different as well. Below I share some of these three families’
thoughts about family life and their relationships with their parent/adolescent child.

**Family 10.** This father-son pair was interesting to talk to and their ratings were not all
that surprising based on their interviews. The son perceived a protective family, and the father
perceived a pluralistic one. They both agreed that the father was out of the loop with the rest of
the family in general, and that the wife/mother did most of the communication and relationship
maintenance with the children. The son seemed to be overall fairly satisfied with family life, but
not with the relationship with his dad:

*Son:*  My family, it's a lot different then I hear about from a lot of my
friends, because a lot of families don't really do anything, like they
don't even eat together, but we eat usually together, we do things
together, it's not a lot. My parents get home a little bit late and my
little brother struggles somewhat with school, but other than that
it's really a normal family. We do things together, we talk together.

*Diana:*  What would the typical dinner table conversation be like?

*Son:*  What we did at school, our grades, what we are planning to do in
the future, vacation….

*Diana:*  How often would you say you disagree with your dad?
Son: Hmmmmm

Diana: It doesn't have to be like a big nasty fight just differences of opinion?

Son: Differences of opinion, I would say we disagree quite a lot. He feels that, he has different opinions about sports teams, what sports I should play, what classes I should take, what I should do for college, and that's what we have to start doing is picking what you're doing for college, and I sort of feel a lot differently than he does and he went to one of the higher up colleges so he really feels like I need to do even better than he did….

Diana: In general, does he kind of, do you find that he lets you express yourself and voice your opinions or do you find that he kind of tries to discourage that or avoid it?

Son: I wouldn't say that he discourages it, but he doesn't really like it. He gets a little flustered and angry whenever I voice my opinions that are different from his.

Diana: Does that make you uncomfortable or do you just kind of barge ahead?

Son: Not really, I just sort of go along with whatever I feel is right….

Diana: Would you say that in your household what your parents say goes?

Son: Yeah. Sometimes I can overrule that with good behavior or sometimes just bribe them out with offering to do extra chores or
helping them out, but what they say about important things
stays….

*Diana:* How does your relationship with your dad make you feel?

*Son:* A little bit odd. Things are a little bit off balance between us. He
sees things a lot differently, he's into a lot of different things, he
has different views like I said before. I mean he's, we don't have
any really big problems, we’re different with each other. Him and
my mom do fight quite a lot, and he doesn't really like to listen to
her, he sort of just leaves whenever. Which is a little odd, and it's
not exactly the greatest because it's really hard to do things. (10C)

The son concluded his remarks by commenting on how his parents’ conflict with each
other might play a role in his feelings about his relationship with his dad. It was not so much that
they fight, but there seemed to be a disconnect, or something “off balance” as he put it, and
parental conflict came to mind. Perhaps, this interview would look much different if I had
interviewed this son and his mother, to whom both father and son agreed he talks much more. I
had the sense many of these interviews would have been much different with the other parent
being interviewed, and for that matter, if I had interviewed the same parent but one of their other
children. This is the unique perspective of this father and son. In the following excerpt, the father
speculated about what his son would say in his interview, which was not what the son conveyed
at all. His comments did seem to predict the son’s survey rating of protective a bit more though.

Here is what the father had to say to the same questions:

*Dad:* One of the questions was, do you talk a lot about things at home,
and he doesn't talk at all. Its minimum answers that he will give,
and even when I try to engage him in conversation about something that we want to do, plan a vacation or whatnot, he'll often say, “Well, you're just going to decide so why even bother to ask me?” And he will say, I am sure, that I tell him what to do so it doesn't matter what he thinks, the final analysis is that I'm going to boss him. He doesn't have any real say in those things.

_Diana:_ So in your opinion, is that the combination of his individual personality, a byproduct of the history of the family communication? Is that true in some senses?

_Dad:_ In some senses it is. For instance, if it is a matter of safety, there is very little compromise. Although I do give him as much discretion as I can, and I think in the final analysis that he might actually agree with that. So I don't tell him what to do, unless it is something that I really feel he has to do. At the same time, I'm his parent too, so I do nag him about how school is important. You are not going to get a job making $100,000 a year playing World of Warcraft. But he might say, people create these games and stuff, and that's true. So it could happen, but it's not a likely path to success.

_Diana:_ And that is one of his main interests right now, videogames?

_Dad:_ Yes, yep, that's it. He likes to come home and help go into his room and you won't see him. He does not socialize with the family hardly at all. He'll come out and get his meal, and a lot of times
you'll ask if he can go back and play his war craft games. Mostly we let him do that.

Diana: Can you think of an example of a time when you, say safety or just a time when you are the parent, so you have to put your foot down?

Dad: Yeah, that happens probably every night. We have a tug-of-war over the Internet and his phone. So the rule is that he has to take his phone out of his room and plug it in some place else because it is a 4G phone that can use its powers to do the Internet and all that kind of stuff. He gets very upset with that. I actually turn off the Internet at 10:30, it's the rule, but usually it's like 11:00. So those are just some rules that I have that he circumvents in really creative ways.

Diana: Even with those boundaries, he still breaks them?

Dad: Yes. He will work around them as much as, “Oh, I forgot to take my phone out,” or “I want to do some research now for some homework,” and it just happens to coincide with his appointed bedtime.

Diana: How does your relationship with ________ make you feel?

Dad: I'm very proud of him. I'll be happy when he's not this age because he is very difficult. He doesn't want to talk.

Diana: So some frustration too?
**Dad:** Oh yeah, very frustrated with his outlook on life. But you know, he's getting good grades, he makes good decisions so I give him his space. (10P)

This father-son pair did not make it easy to develop a sense of one clear family communication environment. They had very different perceptions, they seemed a bit clouded by frustration, and they also simply did not communicate all that much. It is not surprising that they came up with such different reports, both on the survey and in their interviews, of what family life was like. However, they did seem to agree that they were disconnected from one another at that point in time. This father’s comments were also indicative of several other areas that came up, particularly with dads. Fathers were concerned with school and athletic performance, and this is where the majority of their talk with adolescents resided, so that performance is often also part of their emotions about their relationship with their children. In addition, this father was one of many parents in this study who expressed frustration with the prevalence of technology use. Technology not only decreased the opportunity for communication with parents at home, but it also decreased quality, and when it was taken away, that caused conflict between parents and adolescents also. It seemed like a bit of a vicious cycle.

**Family 24.** In contrast to the father and son in family 10, who both realized they were disconnected, the mother-daughter pair in 24 struck me a little differently. The daughter acknowledged a lack of communication and rated her family as protective, but did not seem at all displeased with that. Her demeanor and her answers to the interview questions conveyed a lack of interest with more communication and closeness than there was currently, and she perceived them as simply independent. On the other hand, her mother seemed to be quite frustrated with her communication and relationship with her daughter. Neither of them was particularly adept at
the interviewing process, so their responses were not elaborate or detailed like some others, but the nonverbal cues that both of them emitted informed my interpretation of their perceptions quite a bit. They also discussed details of their family that resemble consensual and pluralistic families in this study, including family life being very busy. Here is what this relatively young mother (41) had to say about family life and her relationship with her 15 year-old daughter:


*Diana:* I hear that a lot with teenage kids.

*Mom:* Busy, involved. Constantly on the move. What is my family life like or?

*Diana:* Like your household, like if you had to describe it. So the first thing that comes to mind is busy.

*Mom:* Busy, on the go. We do have our downtime, summers when there is no school.

*Diana:* And you have two daughters?

*Mom:* Yes.

*Diana:* Do you guys get to eat together often as a family?

*Mom:* No, we don't because my husband works really late, so no, the girls and I do. Not enough of that.

*Diana:* When you do get to sit down with them even if it's just you, what is that typical conversation like?

*Mom:* Sometimes talkative, most of the time not. My younger daughter is pretty chatty, _____ is pretty quiet....
Diana: Would you say that you are often on the same page or do you tend to have really different opinions about things?

Mom: Probably really different opinions.

Diana: Do you think that's a product of her age or your personalities?

Mom: Both.

Diana: Do you kind of, does that lead to conflict?

Mom: Yes (laughter)

Diana: When that does, do you let that play out or do you tend to discourage and avoid it?

Mom: Sometimes it does, it depends on the mood. Sometimes it plays out, it depends on what reaction I get from her.

Diana: Would you say this is a pretty difficult age?

Mom: Yes, and it's been that way for a few years. It's not just this age. Since about 12 I would say….

Diana: Would you say that in your household with the parents say goes?

Mom: Yes, at least that's what we think (laughter). That is what we are striving for, I'm not sure too many parents think otherwise but maybe.

Diana: Can you think of times when you don't feel like that's the way that it goes?

Mom: Sure.

Diana: Any particular topic?

Mom: Just in general. I never know.

Diana: Just don't feel like the one in charge?
Mom: I just never know. I've learned to come to grips with this, I probably shouldn't.

Diana: Go ahead, I'm interested in hearing your thoughts about it.

Mom: No, I'm just learning to come to grips with it, it has taken me a while, but I have calmed down. It wasn't easy at first but I have tried as much as I can to ignore things. But you go ahead.

Diana: At this point in time, how does your relationship with ______ make you feel?

Mom: How does it make me feel? It could be better.

Diana: A little bit of frustration?

Mom: Maybe, yeah.

Diana: How would you improve it if you could?

Mom: Just more communication I guess, we are just at that age.

Diana: But it seems like you think that the amount that you are talking, you are pretty open with each other?

Mom: Yeah, I would say when we do talk, we get it out, or I do (laughter). Anyway, I'm not sure how much she's holding back, but I do… I kind of say what I feel. (24P)

My interview with her daughter was similar in terms of having a hard time getting any elaboration out of her, but her demeanor was different than her mom. Her mother just seemed unskilled at being interviewed and frustrated with her daughter in general. This seemed to affect the mother’s satisfaction with family life overall. This daughter seemed to be perfectly content with the way things were. She was very self-assured and nonchalant about everything, and it
seemed that she thought her conflict and lack of communication with her mom was normal. She struck me as what a laissez-faire survey would look like, but she perceived protective and her mom perceived laissez-faire. Even their ratings were a bit difficult to understand. Here were the daughter’s responses to the same questions:

\[ \text{Diana:} \quad \text{I'm interested in just hearing about what family life is like from your perspective.} \]
\[ \text{Daughter:} \quad \text{We keep to ourselves. We eat dinner a couple times a week together. We all do sports, we all do our own sort of thing. We either go together as a family or mom and dad separately with us. There's bickering but not anything out of the ordinary.} \]
\[ \text{Diana:} \quad \text{Sounds like you're pretty busy?} \]
\[ \text{Daughter:} \quad \text{Yeah.} \]
\[ \text{Diana:} \quad \text{Pretty independent family members?} \]
\[ \text{Daughter:} \quad \text{Yeah} \]
\[ \text{Diana:} \quad \text{You fight over the typical kind of stuff? Nothing too serious, not a bunch of bad fighting?} \]
\[ \text{Daughter:} \quad \text{No.} \]
\[ \text{Diana:} \quad \text{Tell me common topics for conflict with your mom.} \]
\[ \text{Daughter:} \quad \text{Just some stuff like go wash your clothes, go make your bed, not really homework. I'm good at school work and stuff. Go to bed, that kind of thing.} \]
\[ \text{Diana:} \quad \text{Okay, that sounds pretty typical. Would you say that you get to help make family decisions a lot?} \]
Daughter: Not really, no.

Diana: How often do you all discuss more serious topics like politics, religion, current events, stuff like that?

Daughter: Not really, maybe once in a blue moon.

Diana: So more often the topic of conversation would be what you did that day, stuff that's going on?

Daughter: Yeah, I'd say so.

Diana: Do you feel like your opinions are important in your family?

Daughter: I'd say so about important matters; if it's a silly subject and I say something that's silly, they're not going to agree.

Diana: But you feel comfortable voicing your opinions?

Daughter: Yes.

Diana: Do you find that you are generally kind of on the same page with your family members or do you often have different opinions?

Daughter: We have different opinions, but they come together to an extent.

Diana: So would you consider your family to be pretty open or not as much?

Daughter: Not really, we keep to ourselves; we don't tell each other everything…

Diana: How does your relationship with your mom make you feel?

Daughter: Just normal I guess. We are not BFFs but we are decent to each other. (24C)
The third example of a parent-adolescent dyad with very different perceptions of their family environments that seemed to be in a really turbulent time in their relationship were the mother and son in family 27. In a couple of the Other families that did not seem quite so disconnected and in such a negative way, parental age seemed like a possible explanation for the differences in perceptions. In family 29, mental health was mentioned by both parent and child as being a long-term struggle that would certainly be a characteristic of the family members and the environment to consider when trying to understand their different perceptions. In family 10, marital quality and parental conflict came up (with the son only) as a factor to consider in the family communication patterns and culture. Family 24 did not really paint a clear picture of any other factors that might explain their emotional disconnection, besides perhaps both of their personalities, which I found odd in the interview process. Family 27 gave two clear indications of family stress points that I think had a major impact on their family and the quality of their relationship at the time; they said as much but the mom went much more in-depth with me than her son did.

**Family 27.** The relatively young mom (38) and her 16 year-old son seemed to be having a pretty difficult time with each other. Necessary background on this family is that this young man played baseball since he was four years old and he was very good. They were anticipating his getting a baseball scholarship to college. The past October (2011), he was hit in the eye by a foul ball while standing in the dugout at a game, and he was partially blinded by the injury. He has been through numerous surgeries to reconstruct his facial structure and his sinuses, and to try to restore whatever vision is possible. Needless to say, his baseball and athletic career in general were over. Add the fact that he was one of the several adolescents in this study who, I was informed, were medicated for ADHD, which provided a more comprehensive picture of the
challenges this mother and son had at that point in time, that is about five months after his accident. However, she also made the point that he was the same person he was before the injury, almost as though his recovery involved more pleasant behavior from him than before and after, as he was getting back to “normal.” He rated the relationship as protective, she said consensual. This mom became very emotional during our interview. It was clear to me that she was really struggling with her son. Here is some of what she shared about her family life and relationship with him in particular:

Mom: It just depends on the time of day. Family life in the morning can be very difficult because my child is on medication and until that medication kicks in he isn't the same person. Sometimes he is influenced by a lot of music, and he likes to act like a rapper or just not flow with the morning. But in the afternoons, it can be different. It's like he's a whole different boy. And I can actually talk to him. We can talk about the consequences of his morning, whether he agrees with that or not, and you know, he has to be held accountable for his actions, and that is hard for him right now.

Diana: And it's because of his medicine? It reacts a different way?

Mom: I think it's a bit of everything. I honestly don't think he knows how to show emotion. He's had a very traumatic event. (She gets emotional) I don't know how he deals with that. He doesn't like to talk about it. He says I'm fine. But he hasn't driven in over a month. So I think…. (pause)

Diana: I'm sorry, I don't want to make you emotional.
**Mom:** That's okay.

**Diana:** Is he a significantly different person than before the event?

**Mom:** No, he's really not. When it happened, he was almost humbled, but now he is going back to everyday life, and the physical scars are gone. But the scars you can't see are still there, and he has been pulled away from everything that he has done since he was four.

**Diana:** Tell me how before you communicate with each other. Do you get to eat dinner together?

**Mom:** We do. And I have always been brought up that way, even when I was little, so when I hear eat together as a family, we eat together, we have a table, we sit down. The boys and I will talk more during the day on the way home. They don't like it, and I have learned not to ask yes or no questions so they will tell me what they think. Was there any fights today and even picking (his brother) up without _______. He will tell me, "Hey, this is so-and-so and he has been in juvy and that kid…," so I get more out of them one-on-one sometimes because boys like to fight for who has the better story. So sometimes it can be quite testosteroney at the table. We talk about the day, whether it be good or whether it be bad. Whether they have good grades or what needs to be done, who can have privileges and what kind can be after dinner. And then they go to their corners.

**Diana:** And then everybody goes their own way?
Mom: Yeah, to the Xbox, to ride the bike or to a friend’s house. That is one thing that we have had to watch because baseball controlled Xbox. Well now we have to control that other ways. All these parents say I can't get them away from Xbox, I understand that now.

Diana: There is a lot of time to fill now.

Mom: Yeah….

Diana: Would you say in your household that what you and your husband say goes?

Mom: Yes. I mean I'm not saying, we cave. Sometimes it is easier to cave in rather than do the punishment. If it is something that we are strictly like “no,” then I don't cave at all. His little brain is not done developing and he doesn't understand that. He understands that he is taller and bigger than his mom and so sometimes he thinks his way goes. That's another thing and then my youngest is right there too. But he's different.

Diana: When you do have to make a ruling and put your foot down, do you explain your decisions or is it “Because I said so?”

Mom: I like to explain myself but sometimes (mocking quacking sound to imitate backtalk), there sometimes I will explain myself and other times I won't and they will say, "But why?” It's not a win-win situation. If I try to explain then they don't like to listen, but when
they want it explained, so there are times that I do and I don't.

*Diana:* How does your relationship with _____ make you feel?

*Mom:* It just depends on the day. Some days it makes me feel proud, other days it makes me feel like he wants me dead. He will be fine without me. They say things to hurt and I have learned not to take it personally, and when they do this and start this it is really hard not to take it personally. You know, “I don't need you, I can just move out, I can be emancipated.” Okay then go do the research and get back to me. What does it take to be emancipated? You have to have a job. You have to stay in school. You know, I mean….

*Diana:* You just go the logical route and skip the emotion.

*Mom:* Yes, the logic has to speak first and the emotion is what happens behind doors. Because if you show too much emotion with males, they think they have you and they think they can control you by emotion. So sometimes I am very numb. But I am very hopeful for the future. They say things to try to hurt you, but then there's days when it's like, "Oh my God, you are so nice!” I thought it would be not such an emotional roller coaster not having girls. I was wrong (laughter). (27P)

There were common complaints from parents throughout the study, such as the challenge of trying to control excessive amounts of technology use that this parent shared. Similar to the
differences I saw in family 24, as well as in other family types, this parent seemed more attuned to the struggles that were taking place, whereas this seemed normal in the eyes of adolescents at this particular stage in life. One difference I noticed with this teenager is that he did acknowledge and take ownership of his role in conflict and tension with his mother more than many other adolescents seemed to do. These two were a special case because of specific events and individual differences, but here is the son’s slightly less-forthcoming take on things:

Son: My family life is pretty normal I guess. We are open about everything. I don't feel scared to talk to them about anything. They show emotion. They do say that I have no say and stuff sometimes. We can have normal conversations with them without being scared.

Diana: So you are pretty comfortable expressing your opinions and disagreeing sometimes?

Son: Yeah, yeah.

Diana: So pretty open and communicative. Do you get to eat dinner together a lot?

Son: Yeah.

Diana: What is the typical dinner table conversation like?

Son: My dad usually talks about his work. He is usually reading the paper and mom tells me about her day, and talk to my brother about random things I guess.

Diana: Would you say that in your house what your parents say goes?

Son: Yeah (laughter)
Diana: And you laughed when I asked you that, why?
Son: Because it's true. That's the way they like to go, the way they roll.
Diana: So there is a very clear sense of parental authority?
Son: Yeah.
Diana: Would you say your parents think that your opinions are important?
Son: Not really.
Diana: Okay, and what makes you feel like that?
Son: Because I don't feel like that and they never ask for my opinion anyway?
Diana: So not being asked would tell you that maybe it's not all that important?
Son: Yeah.
Diana: So you wouldn't say that they often ask to hear your ideas?
Son: No….
Diana: How does your relationship with your mom make you feel?
Son: I don't know. I guess not very good.
Diana: Not very good?
Son: Yeah.
Diana: Elaborate on that a little bit if you will?
Son: I just feel like we should treat each other better.
Diana: So perhaps your communication is sometimes hurtful or rude?
Son: Yeah.
Diana: And you feel like that goes both ways?
Son: Yeah.
Diana: Do you feel like that is the age that you are at and it might get better?
Son: Yeah.
Diana: It sounds like it's kind of a difficult time?
Son: Yeah. (27C)

For the Other category of families, younger parents were no more in touch with their kids than older ones, and older parents had not necessarily learned how to communicate more effectively by their age either. There was no apparent systematic advantage to being in your 30s, 40s, or 50s with adolescent kids. But there was systematic evidence here, and in extant research on adolescence, that this is a challenging age for families across the board. The next section addresses how family members in each of the four communication types present in the study dealt with the topic of substance use, and if this topic was avoided in some families more than others.

**Topic Avoidance of Substance Use Across Family Communication Patterns**

This section addresses whether topic avoidance of parental substance use is more common among certain family communication types than others. As evidenced in the results of the study in the previous section, no one characteristic was completely present or absent for family communication type. Families are dynamic and complicated, and many factors are operative, such as age of parents, age of children, individual differences, mental and physical health, conflict, and external events and stressors on the family system.
The data from the study suggested two general trends regarding avoidance of talking about parental substance use according to family communication patterns. First, the pluralistic families in this study did not seem at all avoidant in respect to this or any other topic. However, they often relied on more indirect messages and implicit understanding, including in their talks about substance use in general and parental substance use in particular. Second, the consensual families in this study could be considered even less avoidant than the pluralistic ones. Again, neither type of family seemed to be avoidant, but the consensual families appeared to communicate more explicitly about this and other topics than the pluralistic families. This does not mean that consensual families talked more frequently or about more topics. I saw no differences between these two types of families in those respects. My view was that consensual families were more explicit about parental authority and conformity to parental attitudes and beliefs, and more explicit in their interactions about drugs, including parental substance use. Explicit talk of expectations and parental rules was incorporated into general family communication patterns (i.e., communication about substances doubled as communication about parental authority in many cases). I reiterate my previous finding that I did not necessarily see more parental authority understood by adolescents or enacted by parents in consensual families than in pluralistic families. Consensual families communicated that authority and expectations for conformity more explicitly, whereas it was “just understood” or “went without saying” in pluralistic families. Much like the implicit understanding about parental authority in pluralistic families, there seemed to be an implicit understanding about appropriate adolescent behavior with substance use, as well as the meaning behind parental substance use, accompanied by less explicit talk about it.
Not surprisingly, there was a range in avoidance, or more appropriately, a spectrum of explicitness about drugs in the consensual-pluralistic family type. Some of these families seemed qualitatively consensual, some seemed pluralistic, and some seemed like a hybrid of both. However, all three of these family types were less avoidant than those in the Other category of families. We already know that these particular dyads were generally less connected and more avoidant in many ways, so that could just be a reflection of whatever factors created that type of communication environment to begin with, but the families in the Other category did seem to avoid the topic of substance use more. Reasons for avoidance were similar across all four family communication types in this study, with the most common one being that if there was not problematic substance use happening, there was no need to talk explicitly about it. These trends of openness versus avoidance, or explicitness versus implicitness, also transcended the actual amount of parental use in different families. Hence, pluralistic families with very little or no use, handled the topic of substance use in ways similar to pluralistic families with frequent and heavier use. Parental substance use in this sample was limited to alcohol and tobacco, with only vague references to experimentation with illegal drugs in their distant past. Past parental use and behaviors generally were almost never discussed with their adolescent children, and only vaguely referenced with me.

**Pluralistic avoidance of substance use.** In many of the pluralistic families, I noted comments like that of the adolescent girl’s below concerning her communication with her parents about their drinking:

*Diana:* Have you and your parents ever talked about their drinking? Like explicitly? Or have you asked questions?
Daughter: No, not really. I think my mom knows that I don't really plan to do it, but I'm not offended by the fact that my mom and dad do it. Like that is their choice and they don't ever do it to the point where I feel like they are putting me in danger. Like one time I thought my dad shouldn't have driven home, but I just rode with my mom and my brother rode with my dad. Like he made me scared, but he got home safely, and so we did share that my brother and I were uncomfortable with that.

Diana: Okay so you were comfortable saying that you were uncomfortable?

Daughter: Yeah. (3C)

In this and many other instances, the general family culture had informed other perceptions that affect how the topic of substance use was handled. For this adolescent, there was not much need to talk about alcohol and other drugs for several reasons: she had demonstrated that she was not interested in doing it at that point in time, she was highly self-motivated to stay away from it, as opposed to some teens who might have been curious but were afraid of negative consequences, and her stance was that she could have fun without it. However, the important message that I took away from this and other interviews was that this child was not influenced by her parents’ social drinking, and she was comfortable enough in her family in general to express her disagreement and discomfort in situations like this. She also conveyed the very common reason of their not doing it to an extent that seemed dangerous to her for why they did not need to explicitly discuss it. Clearly, she had been put in situations that concerned her at least a little bit, but not enough to address them with her parents explicitly.
This girl’s mother perceived a little more conversation relating to parental use than her daughter did. In addition, I noted a pattern among parents, such that if their adolescent demonstrated negative attitudes toward those who use drugs, they relaxed their need for talking about it, and worrying about the chances of their child doing it, at least for the foreseeable future:

Mom: To my knowledge she has never (experimented with any drugs).

She's kind of anti-, I mean we drink in our house, but, and I don't mean to, I hope we aren’t bad examples, but she's very anti-drinking actually. A couple of her friends are experimenting with things and she's very disapproving.

Diana: So where do you think that comes from? Like that's definitely a big part of this, so you both partake in alcohol, and how is that talked about? Or where did this anti- come about for her?

Mom: I don't know exactly. For one thing we have tried to always talk to them about, that is a legal age issue. Not that there is anything wrong with that, but under age and driving, and we've tried to be very open about that kind of thing and I think that's part of it. She has a very legalistic personality. She sort of is a very black-and-white, right-and-wrong sort of thinker, so I think part of that is just part of her personality.

Diana: Is that comforting for you at this age for her to be like that?

Mom: It is. It is. But again, probably because of the teaching thing, I think that that's the case, I hope that that's the case. I believe that to be the case (laughter). (3P)
This mother also exemplified two of the main points that parents brought up in their talks about their own drug use when they did happen, which was that it was legal for them and that they did it in moderation. Another common lesson parents’ conveyed through their own drinking was abstinence from driving, but drinking and driving was reported by several adolescents and parents in this study, such as the story above by this young girl about not wanting to ride with her dad after a family get-together when he seemed to have had too much to drink.

Parents were also more aware of exactly how much they drink, and if, when, and how often they had been intoxicated in front of their children than the adolescent participants seemed to have a firm understanding of. Overall, there was a slight difference in perception between parents and adolescents about amount of parental use, with adolescents perceiving less than parents were admitting to. This mom went on to clarify that their communication about it had not been all that explicit after all, but family members relied a lot on observation:

_Diana:_ Okay. Has she ever asked you any questions about your choice to drink alcohol?

_Mom:_ No, I wouldn't say that she's asked me questions exactly. Like she notices things, and she'll notice that when we are say out with, we do a lot of that with our families, and she'll notice that I didn't have anything after nine o'clock whatever, and I will be like that's because I was driving so I'm sure that you know….

_Diana:_ She's very perceptive.

_Mom:_ Right. So I make sure that I emphasize that that is why.

_Diana:_ So it doesn't sound like a situation where you're having to do very much communicating about your expectations?
Mom: No, no.

Diana: And then a lot of the messages are about just legal age and being responsible?

Mom: And like we were saying earlier, we do talk a lot so, so I've never felt the "Let's have a discussion about drinking" (laughter)

Diana: So that's another question, in general not just drinking, but did you ever have a formal, sit-down drug talk?

Mom: No. Same kind of thing, like even when I, I've always made them even ask me before they take an Advil. I've told them that I want to know and even when they were little, like almost talking out loud to them even though I knew the difference I would read to them, “Okay it says on here ages six and under….” You know, just so they would know that you always look at that you know, that sort of drugs. (3P)

This father in a pluralistic family described that same reliance on observation as his primary means of communicating his outlook and his expectations to his daughters. He expressed a desire to convey what was “normal” to them and did not want to risk overemphasizing the subject and inadvertently making it more attractive to them through too much talking about it, another common parental fear:

Dad: I think if there were a drug that she could tell you about, it would be alcohol. Mom and I drink. But we do it in such a way, that it's like okay, this is a social drink.

Diana: And you are explicit about that?
Dad: Yeah. We are not, it's not as if, I don't know how to explain it. I think it all comes down to how things are presented.

Diana: Absolutely and that is part of the study. So tell me about how, so you and your wife socially drink?

Dad: Yes.

Diana: In moderation? Openly in front of the girls?

Dad: Yes, yes.

Diana: So tell me about how you communicate about it, and that might be implicit with your behavior.

Dad: Well, it is very much implicit. I will be working on my schoolwork and it's not an unusual thing for me to say to my wife "Hey, will you pour me some soda?" And she will say "Do you want whiskey in it?" And the girls all know it. They are standing there. To be frank with you, my wife will hand them the drink, and they will bring it to me. You know? And it's not

Diana: It's not taboo.

Dad: It's not taboo, like oh, well, he's doing something in some closet somewhere. No, I'm sipping some soda and some whiskey. You know, we go out to eat at a restaurant and dad will order a tall glass of Diet Coke with two shots of whiskey. To be honest with you, from my own experience growing up which was in a house where drinking was evil. So then when I experienced drinking, I experienced drinking to the fullest. What I actually find out with
my girls, it's literally nothing. It literally isn't a big deal. It's not really of any true concern. This is just something that adults do. I'm actually much more comfortable and I actually tend to believe that when they get older they are less likely to binge drink. They are less likely to do the excessive amount and more likely to nonchalantly.

*Diana:* What has been your, and this might be something that you coordinate with your wife also, but what has been your message to ______ and perhaps the other girls about your expectations for their use? So what have the drug talks been like if you have had any?

*Dad:* There really hasn't been any. I believe, I want to say that one day on the way home, and I'm not even sure if ______ remembers this anymore, I sort of brought it up off-the-cuff. I want to say she was, I can't remember. But there haven't been any sit down, you go, “_______, there are kids that use drugs and I want you to know, blah blah blah.” There just hasn't been that need. From my point of view, there has been no signs at all of any of that.

His 12 year-old daughter shared the perception that her parents socially drink and that there was no excessive use or reason to talk explicitly about it. This mother-daughter pluralistic pair share similar sentiments with a little bit of parental alcohol use in plain sight of the adolescents at home. For many of the pluralistic families, the treatment of parental use was no different from
the treatment of substance use in general. There was a common perception that there was no need to talk about it because everyone agreed that the expectations were understood, but similar to family three, this mom perceived a bit more communication than her daughter did:

*Diana:* Tell me how your mom has talked to you about drugs.

*Daughter:* It wasn't, it's expected of me not to do it. It's never ever been an issue. It won't be. I know not to do them and I know that if I did I would get caught.

*Diana:* So has there not been a whole lot of explicit communication about it?

*Daughter:* Not usually.

*Diana:* Like you know better and you know what your parents expect?

*Daughter:* Yeah.

*Diana:* So there wasn't ever a memorable, sit-down drug talk?

*Daughter:* No.

*Diana:* It seems like those are pretty rare anymore, but are there times when you may see something at school that you come home and talk about or something on the news or you going out with friends or any time that your mom chooses an opportunity to talk to you about it?

*Daughter:* There's never really that situation.

*Diana:* Okay, so you can't recall any communication with your mom about it?

*Daughter:* Not, no….
Diana: So with the occasional alcohol use, do they ever address that with you? Have they ever talked to you about having just one beer or that kind of thing?

Daughter: Yeah it's not really a big issue, because obviously I'm not 21 or anything. I'm sure that talk will come in the future. But I think just leading by example. Like my dad doesn't sit there and drink five cans.

Diana: So when you say leading by example, it's understood. It's an implicit kind of message that “It's okay for me to have this because I am 21 and I am not having too much of it?”

Daughter: Yes.

Diana: How do you think, do you think that the way, it sounds like a lot of your understanding about how to behave with drugs has been implicit?

Daughter: Right.

Diana: It hasn't been ground into your head and talked about a lot?

Daughter: Right. (32C)

Her mom perceived a little bit more talking about it, in bits and pieces, here and there. Often this topic was merged with other issues of general safety outside of the home. For example, she talked to her kids about being careful with older kids on the bus, and never taking anything from them or other strangers. She expressed more concern and communication about not letting them trick-or-treat when they were little, more than there seemed to have been a perceived need to talk about expectations for their elective drug use or hers and her husband’s moderate drinking. In
addition, as with many parents throughout the study, regardless of family communication type and other variables, safety was perceived as worthy of being explicit about. There was nearly universal agreement that these were not one-shot, sit-down, formal talks anymore, but rather moments that came up in vivo, like when the teenagers left the house to go out. Many parents emphasized that no matter what, they would be their ride home safely above all else. On parental use, the husband made jokes about how one glass of wine was good for his heart, which is not inaccurate, but he still presents that as a tongue-in-cheek kind of justification for drinking.

Overall, the pluralistic families in this study did not seem to be adverse to talking about parental substance use, or substance use in general; they merely seemed to rely on the power of observation, modeling their own “acceptable” behavior with alcohol, and assuming that their adolescents knew what was expected of them. Consensual families tend to be more explicit, and I think there is a direct association between that and the more explicit expressions of parental authority and expectations for conformity in those families.

**Consensual avoidance of parental substance use.** I did not interpret the consensual families in this study as avoidant of the topic of parental substance use and they demonstrated many similarities to pluralistic families. Consensual families relied a lot on indirect communication and implicit understanding about expectations concerning adolescent substance use and interpretation of parental substance use; however, consensual families seemed to combine more explicit messages about expectations for adolescent drug use with the implicit messages about their own use. Whereas pluralistic families tended to rely on implicit messages about substance use in general, as well as parental substance use, consensual families tended to be more explicit about substance use in general, but no more explicit than pluralistic families in respect to parental substance use. Another way of looking at this is that pluralistic and
consensual families were fairly equally avoidant of explicit communication about parental substance use.

For example, this mother-daughter pair both perceived that the topic of substance use in general was addressed quite explicitly and quite frequently, in part due to the mother’s profession as a probation officer. I compared how explicit the mother has always been with her children about the rules for and consequences of their use, with the lack of communication about parental use:

_**Diana:** _How have you handled that topic with her? Can you remember the first time it came up or I hear a lot that it comes up when you hear things and you use that time?

_**Mom:** _It always comes up because of my job. And like I said, I took her in, it was probably last year, it was 12:30 at night, I got a call from one of my clients who was strung out on heroin. So, ______ of course was up, probably on her Facebook, because that’s what she does and I said, “Come on, you are going along with me.” Now, of course, she seen the girl, which I put her in my room, which has windows all around it, but I left the lights off so they couldn’t see in at her. And they brought her along to show her exactly what happens with these people when they are on this and that. She didn't get to see us take her to jail because I had an officer there that did that for me, but she got to see all the habits of them and exactly what they do and how they carry on. That was a rude awakening for ______.
**Diana:** I bet. I bet.

**Mom:** And my kids have already known, I've offered to take them to the jail to do that. I don't even know what they call it. There is a tour where they walked them through a jail and show them all these different things, and we haven't gotten to do it yet. The problem is I just don't know if I want them walking through with me with all of these individuals to see that....So I mean, my kids have known, because I have worked there going on 20 years....So they have been told from the get-go, you have seen where I work before.

**Diana:** So you have this built in opportunity?

**Mom:** Yes, and I have always threatened my kids, “If I even suspect it, I bring the cup home and you pee in the cup, or I bring the breathalyzer home.” You ain't pulling no punches there I can tell you. They absolutely know where we stand.

**Diana:** How about your legal drug use? So tobacco use by you or your husband?

**Mom:** No.

**Diana:** Do you guys drink any alcohol?

**Mom:** Once in a great while, not a lot because of my job. I'm on call usually all the time. Now my son will chew once in a while, and I just noticed that last year at a football game....So I said before he walks in my house that will be gone. I mean he is going to be 19 here in May, but before now I never suspected it.
Diana: So you drink every once in a while. Is that done openly in front of them?

Mom: Yes, they've seen it.

Diana: So it's not taboo or secretive?

Mom: Nope, not at all.

Diana: Is it kept in the house?

Mom: I can tell you right now we have absolutely none in the house, no. It's like if somebody is coming over or we have a pool party or something but no, even with that the kids are very limited. They are not young kids, we never drink it around them.

Diana: Okay yeah, so that is part of the study also. There is no judgment with me asking you about your legal drug use, but I am curious how parents are coordinating their own use with what they say to their kids about drugs. So have you discussed the fact that you choose not to drink very much or have you explicitly talked about your behavior with drugs that are legal for you with them or not so much?

Mom: No, not really because they just know that we never really used any. I guess they never asked why we haven't.

Diana: So they haven't had questions?

Mom: No, not really.
Mom: And that is what I hear a lot of the time, when it is occasional or social, I'm hearing that we don't talk about that because it's not an issue.

Mom: Right, yeah no. They just never asked, and I guess we never explained. I guess they just assumed because we don't, we don't.

(35P)

On the other hand, a consensual family with parents who kept it in plain sight in the house, drank more often, and admitted to getting drunk in front of their adolescent children referenced the same vague communication about their use. Their daughter, who was the oldest teen I interviewed (recently 18) and one of the most drug experienced herself, had this to say about communicating with her parents about their drinking:

Diana: Have they discussed? It sounds like your mom has talked a little bit about her reasons for quitting smoking. Have they ever explicitly talked about how they choose to use alcohol or coordinated that with what they expect from you about alcohol?

Daughter: I don't know. Not really. I don't know; that is kind of a confusing question.

Diana: Okay, so I am just curious, I am basically asking about, obviously parents talk to their kids about what they expect from them, sometimes they do not address their own drug use.

Daughter: Yeah, I guess they don't.

Diana: So it is just not a topic of conversation?

Daughter: Yeah.
Diana: Has it ever confused you or have you had questions?

Daughter: Not really.

Diana: And it doesn't undermine their message to you about drugs?

Daughter: I don't think so. (37C)

The mother seemed to perceive a bit more talk about her own use than other parents, and a little more of an explicit message about using alcohol responsibly when it is legal to do so, but she still relied on showing her children safe driving behavior with alcohol as her primary (indirect) message. Like many consensual parents, this modeling of safe driving behavior in front of their children seemed to be sufficiently explicit to them:

Diana: So I ask some parents this, but I can see this right here (alcohol cabinet next to table we are sitting at), so it sounds like you are pretty open with alcohol in front of the girls?

Mom: Yeah, yeah.

Diana: Have you ever explicitly talked about how you use alcohol or behavior that you think is appropriate around it?

Mom: I think we have always said that we don't, that as an adult, I want to say that you have a responsibility to use alcohol responsibly. Now that we have teen drivers, if we have a beer out to dinner, we let them drive home. So we try to enforce that too. So if we are out to dinner and maybe I had one, (her husband) won’t, and he will drive home or vice versa. That it is too easy to have too much sometimes maybe and not even just a child or kid could do that but an adult is the same. So they see that with the driving decisions, so
we try to look at it as, it's an adult responsibility and you need to
have a responsible nature to have a drink.

*Diana:* So you are really conscious of the example that you are setting?

*Mom:* Yeah, I'm hoping that we, yeah.

*Diana:* Would you say that there have been occasions when _____ has
seen either one of you intoxicated?

*Mom:* She probably has. A glass maybe too many at a Christmas party or
something. She probably has. Not like a falling down drunk, but just
maybe more talkative or you know, something like that?

*Diana:* Right, has she expressed any confusion or asked questions about it?
Seemed upset ever?

*Mom:* I don't think so. Not that I recall anyway. I think she has said oh,
did you have too much wine? But I can't. I don't think it was. I'm
sure, I don't think she expressed any disappointment with it. It's not
an everyday thing.

*Diana:* And it sounds like just a little too much?

*Mom:* Yeah, like I might sing or dance when I come in. Not that, you know.

*Diana:* And it sounds like it is a happy excess?

*Mom:* Usually, never an angry thing. Just maybe a little tipsy I suppose.

*Diana:* And I wouldn't be surprised if that is the case that they might not have
even known.

*Mom:* Maybe not, it's possible, but if I start dancing they know (laughter). (37P)
Sometimes external factors force parents to be more explicit about their use or nonuse. Both this mother and her son recall conversations and a bit of turmoil over deciding whether it was acceptable for the parents to drink, in light of their church being adamantly against any drinking at all:

_Diana:_ How about your parents? What legal drugs, so legal for them, do they use? If any? Do they use any tobacco products?

_Son:_ No.

_Diana:_ Do they drink alcohol at all?

_Son:_ Wine, sometimes, like special occasions.

_Diana:_ Okay, so very light, rare alcohol use?

_Son:_ Yeah.

_Diana:_ Okay, and have they ever talked to you about their drinking of alcohol or how they choose to drink it?

_Son:_ About how they do it on special occasions and whatnot?

_Diana:_ Sure or just in general, like they might say we don't do this often because…. Any talk at all about their drinking?

_Son:_ They just usually say because, not because, but they usually don't because they want to be Christians and whatnot, but they don't like the church’s idea of no alcohol at all, because sometimes you have to have it for a party and whatnot.

_Diana:_ Okay, so it sounds like they kind of feel some pressure to not do it at all from the church but sometimes they like to a little bit?

_Son:_ A little bit.
*Diana:* And you have talked about that with them?

*Son:* Yes…. (39C)

*Mom:* Not locked up and I hope that's not an issue (laughter) because we are not big drinkers. But we have alcohol and pretty much for the most part, his dad drinks some beer occasionally, and I will have some wine occasionally. We have a wine cooler downstairs, which maybe is once a month maybe a glass of wine with dinner. Do it openly. We have talked about not drinking because our church has caused us to think about that some. We have talked about it from a biblical perspective and talked about it from a health perspective, and talked about it really in terms of you are just not old enough. We can do it because we are and we don't do it and drive, and that is pretty much it. (39P)

Overall, the consensual and pluralistic families looked a lot alike in terms of how they handled the topic of parental substance use and how much they addressed it directly, indirectly, or avoided it. Many parents in consensual families seemed to perceive more direct communication about it, even if it was actually just obvious modeling of safe behavior with alcohol. Interestingly, some of the families who discussed parental substance use most explicitly were in the consensual-pluralistic family type.

**Consensual-pluralistic avoidance of parental substance use.** Some of the most explicit communication about parental substance use took place in these families. This ranged from almost no parental use to frequent use as well. Generally, consensual, pluralistic, and consensual-pluralistic families were not avoidant in respect to use itself, in that alcohol was not locked up or kept out of sight, and consumption of alcohol was done openly in front of kids. Nor did there
seem to be topic avoidance of parental use per se. Rather, it seemed that some families, and some parents in particular, were more explicit in talking about drugs with their children in general, and their use in particular, whereas the majority talked about expectations for their adolescent’s abstinence more directly than they communicated about their own use. However, it was also common to rely on implicit messages and understanding over time in all three of these family communication types.

Even when parents were more explicit about their use, it almost always came back to expectations for adolescent use as well. This father sprinkled in messages about his own use with his kids in different situations and he was conscious of defining his and his wife’s drinking as social, often related to football and tailgating culture (which came up a lot in the towns in Florida and Pennsylvania in which I conducted interviews). He was also conscious of not saying to them or showing them that he drinks when he has a bad day or in association with bad moods. In addition, he acknowledged that his way of handling alcohol and communicating about it may not be the best way, but it was what worked for his family. He also considered the distinction between drinking to get drunk and drinking because you are socializing and like the taste and was the rare parent who talked to his children explicitly about risks and poor decisions that he had made in the past in respect to alcohol. Few parents in this study made those fine distinctions, and they often actively avoided bringing up past behavior that they feared would undermine their prevention messages to their children. They typically talked about legality and moderation very generally. This father also touched on how difficult it was as a parent to make choices about drinking alcohol, to communicate in a non-hypocritical way to his children, to define things for them, and to be aware of his behavior’s possibly contradicting that at times. His comments
captured a lot of the difficulty and complexity that I suspect caused many parents to avoid the
topic or to only address it vaguely:

_Diana:_ How have you handled the subject or how do you think about and
talk about drinking alcohol in front of the boys?

_Dad:_ It is something that I try to address, and let them know that, hey,
this is a tailgate community. We have a university here. A lot of
people go to games, and we have been taking them to games and
this, that, and the other. It may not seem fair to you, but the
drinking age is 21. I am going to hopefully solve some of your
curiosity by giving you some tastes and this, that, and the other
while you are at home or on vacation. Some of those kinds of
things. But it does affect decision-making, and I have a 19-year-old
and because he's still living at home and going to college, I let him
go in the refrigerator and get a beer and take it to his room. He has
some freedom there. But he has made some stupid mistakes
where alcohol is concerned too, and these are things that he is
having to live with. And I am wondering if it's being open, at the
very least it's keeping him talking about things and it hasn't, it may
not be the right thing to do, and that is something that I'm dealing
with my 19-year-old. But he is living at home, he still wants to
live at home, he is able to when he wants a glass of wine or beer,
he is able to do it. So like I said, let him know that even some
things that we do isn't necessarily right. It may not be the best
decision, but you know. So mom and dad are certainly not perfect, we are certainly not necessarily the most responsible alcohol users. It's just, you know.

Diana: So do you associate that with tailgating, or is there a certain kind of pattern?

Dad: We're actually more, it is probably actually told him this, there is a difference between someone that is drinking to get drunk and someone who has an alcohol problem, you know most of ours is social drinking. We have a drink when we go out to eat, we have a drink when we are partying with friends, those kinds of things. Generally, most of the time when I have had a drink it has been celebratory and not because I am down in the dumps or anything like that. So that's kind of some of the ways that I have, and it's almost a hypocritical stance. So to keep from being hypocritical, rather than saying no, I say the drinking rule is 21. You guys are not. However, if you are curious about how things taste and about how you make things, this is the place to do it. I said mom and I are taking responsibility for that. I don't want you doing not when you're out with somebody else or with somebody else's parents. I don't want you to put the burden on them necessarily because they are not responsible for you. It's a loose, gray area.
Diana: Have you, when you talk about rolling the dice or things that you have learned, that you have gotten lucky. Have you talked about that explicitly with your kids or not as much?

Dad: Oh yeah. Certain times. And, of course, they have the feeling that doesn't affect me like it affects others.

Diana: So you think that they are under the impression that you are a little bit above the influence?

Dad: Probably, which is, you know. And it's just body size and weight. I can be out fishing the whole day and be on the boat and drink six or eight beers and maybe my mannerisms and voice doesn't change a whole lot, but somebody else, like mom can have a drink of rum runner, and she gets pretty high-pitched and this that and the other.

Diana: Okay, so they perceive the you have a bit higher of a tolerance?

Dad: Hopefully, maybe a little bit more responsible and levelheaded with a little bit of it. Maybe. Which is part of showing them that maybe you can have, which is not good, but showing them that you can have. I try not to change too much.

Diana: So you are conscious of trying not to portray....

Dad: Oh gosh yes. Because I really cannot stand. I can't stand the feeling of getting buzzed, I just like the taste of a good beer (laughter). And I actually tell them that, I said call it a weakness or whatever, but I just like a good, cold beer. (18P)
Another mom in this category was completely candid about just about everything with her kids, but did not personally drink alcohol because she was allergic to it (19P). However, even that reasoning behind abstaining was explained, and the daughter shared her perception of the clarity behind her mom’s lack of use. There was a totally discrepant case in this category for several reasons: the father of this family, whom I did not interview, was an alcoholic, and his use obviously upset his son, whom I did interview along with his mother. Both of them were fairly vague about the father’s past excessive use, and whatever turning point happened when it stopped a few years ago. The son both perceived and wanted less communication about substance use with his mom than with his dad, but he was also very emotionally avoidant with his mom in general, which he said himself. I interviewed several families with excessive social drinking that the family members openly talked about with me, but this was the only family in the study where alcoholism, or upsetting, problematic, excessive drinking was talked about. It was interesting to compare the mother’s and son’s perceptions of how that was handled and how they talked to each other about it:

_**Diana:**_ What do your parents do? Do they drink in front of you? Do they smoke?

_**Son:**_ My dad does, he drinks beer and then my mom drinks wine. But only with the ladies.

_**Diana:**_ But it's not taboo and not done in front of you?

_**Son:**_ No, well with my dad I think it's taboo. With my mom, it's not.

_**Diana:**_ So your dad has expressed, he doesn't like doing it in front of you?

_**Son:**_ No.
Diana: Why is that do you think? Or has he said something to you about it?

Son: Uuuummm, no he hasn't. I try not to talk to him about it.

Diana: Okay. Why do you think that he wouldn't be…?

Son: I'm not exactly sure.

Diana: Okay, might it have something to do with his family? Or past experiences?

Son: Well, I remember he used to do it a lot, in front of me and then now he doesn't in front of me.

Diana: Okay so he has kind of changed his behavior and how much he does?

Son: (silently nodding, visibly getting upset)

Diana: Do you recall if you've ever seen him intoxicated?

Son: Oh yeah, plenty of times in my life.

Diana: Okay, and how did that make you feel?

Son: It kind of pissed me off.

Diana: Why?

Son: I don't know, I kind of wanted to punch him in the face. (Lots of stammering) Even if he just like bumped into me, I would be like….

Diana: Okay, so you really didn't like it?

Son: I would kind of just get enraged with everybody. There is nothing, it's like “just go take a nap and stay away from me,” and I get
angry with people pretty easily, and yet I still like, I may not like
them but I have nothing against them. You know what I mean?

*Diana:* Those times when you have seen that, was there a specific
conversation about it? Like an explanation or questions from you?
No talk about it?

*Son:* No, no, no.

*Diana:* How does the lack of talk about it make you feel?

*Son:* Good, definitely.

*Diana:* Okay, why?

*Son:* Once again, I hate talking. I wish I could, but that's not an option.

*Diana:* Why?

*Son:* Mostly with isolation and feelings of loneliness, not really anybody
thinking the way you do or understanding and perceiving things
the way you do. Like even blades of grass, like if another person
doesn't, they're not going to understand you at all. Like even my
closest friend, who I think you did this with, _______________? I
can't like talk to him about that kind of stuff, like sunsets and that
kind of stuff. No. (7C)

This adolescent talked about feelings of depression, loneliness, and isolation throughout
his interview, as well as being very avoidant with his parents, and most people, about talking
about his thoughts and feelings in general. His mom conveyed the image of a son who was very
mature and introspective, but did not convey an understanding of his avoidance with her. She
constantly and emphatically observed that she thought they had a “healthy family” and “healthy
communication” to the point that I found myself wondering if that was how she actually felt, or if she was trying to convince me of that, herself, or perhaps both. For one thing, she brought up the fact that his dad chewed tobacco, which the son did not mention. Second, she talked about how she had to address his father’s drinking in a way that seemed age-appropriate for her son at the time:

**Diana:** Okay. Does he know about his dad chewing?

**Mom:** Yes.

**Diana:** Does he comment or talk to his dad about it?

**Mom:** He has said that he thinks it's disgusting, at least that is what he has told me.

**Diana:** Okay, so you have never witnessed them discussing it?

**Mom:** I think that, you know _______ has made some smart comment about how it's disgusting, but I have never seen them sit down and have a conversation about it.

**Diana:** Okay.

**Mom:** I've never seen my husband offer it to him, I would probably be inflicting some bodily harm if I did (laughter).

**Diana:** You would not be happy with that.

**Mom:** Yeah, I would not be a happy camper.

**Diana:** What else do you or your husband partake in? Do either one of you drink alcohol?

**Mom:** Yes.

**Diana:** Is that done openly in front of _______ or?
Mom: Yes.

Diana: Okay so that isn't made to seem hush-hush or taboo?

Mom: No.

Diana: Okay, would you say that occasionally, moderately, regularly?

Mom: Occasionally?

Diana: Okay, so that's not something that is done every day or in excess?

Mom: My husband did drink consistently and has chosen not to anymore, so he has quelled and he has, how shall I say, he doesn't drink like he used to. I have maybe one or two drinks a month. Occasionally, my friends will come over, and we'll have a glass of wine, that kind of thing. But I wouldn't say, I usually don't even order a cocktail when we go out to dinner.

Diana: Okay, so really light, occasional drinking?

Mom: I would say really light, occasional.

Diana: Was there a particular event that led to your husband changing his behavior?

Mom: Yes.

Diana: And _____ was aware of that event or?

Mom: Yes and no. He was aware that something had happened but I did not give him particulars.

Diana: So that was kept from him a little bit?

Mom: Yes, the details of it.

Diana: Was he considerably younger?
Mom: It was three years ago, so he was still adolescent.

Diana: And has there been much talk since then, since the changes in behavior?

Mom: Not a lot, it's been one of those things where we told _______ that a change needed to be enacted, this is what had to happen, if it didn't happen there would be consequences. I didn't get too much into detail, but I believe, I don't want to overburden my child with things that he cannot change or cannot be held accountable for and things, but I don't believe in lying to him or trying to keep him purposefully in the dark. It's like the white elephant in the room. You can't deny that the elephant is there, but you try to find a way to address it that is appropriate for whatever age they are.

Diana: Has he ever expressed any questions or disturbances from or confusion?

Mom: No, he hasn't expressed anything. (7P)

In families throughout the study, there were often internal or external factors that affected communication and avoidance in general, and about parental substance use in particular. An allergy that causes abstinence brought it to the forefront, just like a much more serious situation like the one described above. Feelings of depression, the few times they were brought up in this study, were brought up in families with mismatched perceptions about family communication patterns, and were a possible explanation for avoidance between parents and adolescents. The most clear differences recurred in this study between the first three family types and the Other
family type. These families as a group were more avoidant in general. This included their avoidance of the topic of substance use in general, as well as parental substance use in particular.

Other families’ avoidance of parental substance use. As also demonstrated in these families with their discrepant perceptions of family communication patterns, parents and adolescents were often perceiving different communication about parental substance use. The young boy in family 25 said that his parents drink occasionally but never talk about it, and his mom claimed to address specifically their occasional drinking with messages about their not drinking to get drunk, people’s generally having to be responsible for their actions, and the importance of not drinking and driving (25P). The young boy in family 10 also perceived a lack of communication about substance use in general and about parental substance use in particular; however, the fairly volatile conflict that he mentioned in his description of his family environment came back up in the area of parental use when his mother staged an intervention with his father about his chewing tobacco habit:

*Diana:* Have either one of your parents ever had a sit-down drug talk with you?

*Son:* Hmmm, I don't remember. I'm pretty sure we've discussed the topic before and I know we go over it at school, but other than that I don't remember.

*Diana:* So what have you, so maybe something will come up and your parents will comment and the conversation will start that way or lessons that they taught you when you were little? What do you know about, when I say substance use, what is your family policy on that?
Son: My parents are absolutely against drugs at this age, but older in life I don't really know their stance on it. I know my dad used to chew tobacco, and he quit. They still drink at times when it's the holidays. My father's side has had some alcohol issues because his dad was in World War II, said he had addiction problems and smoking problems, and my mom’s side is fairly normal. Not really any problems with drugs or substances in general. At school, I'm around a lot of stuff like that, and I don't think they realize it, but I could go to school one day and come home with marijuana or cocaine or something without them actually knowing it....

Diana: Have they ever talked to you about their drug use? And when I say drug with them, I mean the legal for them?

Son: My mother has talked to me, with all the family. We have had a family discussion with my dad about quitting it because we were really worried about cancer.

Diana: With the tobacco?

Son: Mm hmm

Diana: How did that discussion go?

Son: In the beginning, it didn't really go so well, like there was a lot of fighting involved, but after a while, he managed to quit with nicotine gum.

Diana: So it sounds like it was an ongoing kind of fight or struggle?

Son: Yeah.
Diana: How did that make you feel?

Son: I was pretty young. I didn't really feel comfortable around it. It was a little bit scary for me because I had never seen my parents fight like that before.

Diana: Okay, so that was, his tobacco use was a source of serious conflict for your parents?

Son: I would say for my mom it definitely was. She was really worried about him and she didn't want us growing up in that kind of environment. (10C)

The mother and daughter in family 24 were on the same page concerning how avoidant they were about the subject of parental substance use. They engaged in reasoning similar to that in other family types; it was not an issue, and, therefore, not worth spending time talking about. They seemed, however, to have more negative attitudes about it. In addition, there was a sense that alcohol was a different kind of drug than others, even when I specifically clarified that I was talking about legal drugs. Similar to the adolescent in family 10, the daughter in 24 saw no real need for her parents to talk to her about substance use because she had already learned about it elsewhere:

Diana: When I ask about your parents I mean stuff that is legal for them, so do they use any tobacco or alcohol?

Daughter: No legal, illegal.

Diana: No alcohol use?

Daughter: I mean alcohol but that's….

Diana: Yeah, stuff that is legal for them?
Daughter: Yeah, I mean they're not alcoholics by any means, but like once in a while they will drink something. But like one.

Diana: So occasionally they do but very light, moderate use?

Daughter: Yes.

Diana: Do you feel like you have ever seen either one of your parents drunk?

Daughter: No.

Diana: Have you ever had questions for them about their alcohol use?

Daughter: No.

Diana: And they have never explained it or talked about it?

Daughter: No, I mean I took driver's ed, and I got my permit, so you learn about the alcohol levels and stuff.

Diana: So you have learned, not from your parents but from driver's ed and obvious life observations, that drinking and driving is not a great idea?

Daughter: Bad.

Diana: How do you feel about the lack of conversation about drugs with your family?

Daughter: I don't think there is a need for one. If I got Fs and wasn't in honors and was out every night sneaking out I think there would be a problem, but I hardly ever go out. I have a social life but I'm not one of those girls who goes out with her friends every living moment. (24C)
Her mom echoed that “she is pretty smart so…” there were not a lot of gaps to fill for her in the area. Even when I asked about addressing drinking and driving, she just said that someone drives them, so no, they did not talk about it when they had a drink out. The mom in family 17 attributed her lack of communication about her own use to her age and being out of touch with what she “should” be doing with her adolescent kids. She even admitted that she sets a bad example with texting and driving and was that mom that was communicating the “Do as I say and not as I do” message to her son. She vaguely acknowledged that she should probably start talking to him and modeling behavior that she wanted him to follow sometime in the near future (17P).

Overall, moderate parental use of alcohol and frequent social drinking were common across all family types. Many parents perceived that they talked about their use explicitly with their adolescents, but their messages often shifted the focus back to expectations for adolescent use. There were less common cases like the father who explicitly addressed many facets of his social drinking, who was quoted above (18P), and external circumstances like an allergy to alcohol (19P) or a tension between religious beliefs and the desire to drink moderately (39C/P) that brought the subject to the forefront. Parents seemed to rely heavily on assumptions about what their use meant to their adolescent children, and adolescents did not see much of a need to discuss it if they perceived there was not a problematic pattern of use. Even the adolescent who witnessed a problematic pattern of excessive alcohol use, expressed the strong desire not to talk about it with either of his parents, in citing general avoidance of communicating about his emotions with his parents or anyone as his reason (7P).
Family Privacy Orientations and Boundary Management around Parental Substance Use

The majority of the families in this study were qualified as open internal systems (i.e., there was a lot of sharing and open communication inside the family, among members. The families that fell into the Other category did describe more rigid internal boundaries than the other three family types, even if they said to me that their families were pretty open with each other. Not coincidentally, all but one of these families (29) had different perceptions of family privacy orientations, similar to their varied perceptions of family communication patterns. This section addresses this dissertation’s second set of research questions: RQ2a) What are the parental and adolescent perceptions of privacy management and family culture in families with different privacy orientations, and RQ2b) Do parents and adolescents with different family privacy orientations communicate about substance use differently?

The diagram of different kinds of open and closed systems (see Appendix D) was shown in every interview to categorize families as low permeability (FPO 3) or high permeability (FPO 2). None of the family members in the study gravitated toward family type one or four from the diagram. Everyone indicated that things were open for the most part inside his or her family, except for the child in family 7 referenced earlier who described himself as very private and avoidant when it came to talking about his emotions (7C); he perceived an FPO of 4 based on his personal preferences and perceptions. The three types that emerged were all moderately open, with more openness to those outside represented in type 2, more privacy surrounding the family and a stronger barrier between the family and the outside in type 3, and a fifth option that was created organically by participants when shown this diagram, which is between 2 and 3, moderately private still, but recognizing that they may be wide open with everyone about some things and closed off about others. For certain topics and with certain recipients, like extended
family and close friends versus strangers, they identified with type two or three. Twenty-eight families (72%) identified with the 2/3 option in some combination or another with their parent or child, so they were discussed as a group. The family members that agreed they were a relatively high permeability family were categorized as a Type 2, and the family members that agreed they were much more private with the outside world, and therefore, relatively low permeability were a Type 3. Keeping in mind that all of these families were at least moderately open, I compared how they conceptualized privacy in their own words within and across the three family privacy orientation types, and if that atmosphere of openness versus stricter boundaries affected their communication about parental substance use.

**Moderate Permeability Families (2/3).**

These families were characterized by a lot of openness internally, with some common areas that were often not totally openly discussed between parents and adolescents, such as finances and marital issues for parents, and friendships, romantic relationships, and activities outside the house for adolescents. Family members could usually pinpoint one or more factors that helped them define themselves as a 2/3: one person they were either closer to or more private from outside the family, one topic that they saw as family private information that was not shared while they were wide open about the rest, or one topic that they actively avoided within the family. In addition, these families were also a hybrid group when it came to topic avoidance relating to parental substance use. Generally, they were pretty open, and they often relied on implicit messages and understanding, as did many of the other families in the study. There were no really clear distinctions of openness versus privacy in this group compared to the high permeability families, but there did seem to be more marked difference between the moderate families and the high permeability families, as well as the low permeability families.
Type 3 families demonstrated a bit more avoidance of parental substance use, both internally and externally with individuals outside of the family.

Family 13 was a great example of the 2/3 type from the adolescent’s perspective, in that she could not think of anything she did not share internally, except for her whereabouts at times and watching television shows or movies she was not supposed to. She immediately mentioned that they did not talk about her mom’s side of the extended family internally because her mom reportedly gets very upset by the gossip and “drama.” The mom in this family was unable to think of any topics that were not freely exchanged within the family and accurately guessed what her daughter’s small secrets might be. She talked vaguely about events in her past that they did not need to know as her only secrets from her daughter, but she perceived a strong barrier that stemmed from her protection of her children between her family and the outside world. She described that safety barrier around them like this:

Mom: There are things, but I think my kids are a lot like me, whereas when you come into our home we can all be ourselves and say and do what they want. I have always taught them that this is our safe place. We don't tear each other down, we are not rude, like we are family. We are going to laugh at the funny things, we do and cry at the other stuff. But I have always said my home is our safe place. So when we leave our home, the things that are home things it would hurt each of us need to stay in our home. But you know, silly things, you know because my kids are just as private as I am. We laugh because we have pictures of when _______ dressed my 11-year-old up as a girl when he was four!
Diana: So things that would be embarrassing outside but are not threatening inside?

Mom: Right! You know, that is our protection and I don't think it's any big deal but for some reason my 11-year-old would die of embarrassment. And you know, I say things like what we get on the bus, we don't pick on each other. You know that kind of stuff.

(13P)

This description of privacy was more an expression of solidarity of family members than it was withholding information from outsiders. It was as if they were all on the same team, and teasing that was tolerated at home might be hurtful if done publicly in front of others. Neither mom nor daughter could think of anything they explicitly talked about concerning not leaving the family, so although the mother perceived herself as a private person and maintained a protective “safe place” within her family, this was a moderately private family compared with others who either did not perceive a barrier or perceived a much stronger one about specific information. The daughter perceived them as a fairly open family system, and they both shared similar perceptions of the lack of parental use in this family. This mom and her daughter openly discussed that both parents were abstinent because they did not enjoy it and they wanted to set a good example for their five children.

A second family that exemplified this moderate privacy orientation was another mom and daughter who could clearly think of topics both inside and with others outside that were off limits, but they were extremely open with each other and others outside about almost everything (Family 16). Rather than a strong perceived barrier around the family, they just perceived certain things both inside and out, and that is why they both qualified as a 2/3 in privacy orientation.
Both mom and daughter quickly identified finances as being closed within the family and kept strictly within the parental boundary. They talked to each other extremely openly about “drama” with the daughter’s swim teammates and friends, whereas that kind of adolescent tumult is often kept private from parents in other families. They also both identified the talk about the daughter’s social life and conflict with other girls, as well as family finances, as being information that was private and not discussed outside the family. That was one of the most common topics of family private information across family privacy orientations: talk about others and others’ private information that was discussed among family members. The other most frequent topics were family finances and conflict/“issues.”

In terms of how they handled alcohol, it was openly consumed, and the mom seemed to be more explicit about her exact choices of when to use and when not to than their father was. They talked about her dietary choices and that the mom would rather eat chocolate than drink; they also openly discussed how the father was a bit of a wine connoisseur who really enjoyed the taste, as well as discussed openly with their children that he was born and raised in Europe, where the culture relating to alcohol is a little different from that in the United States. The one area in which the communication was a bit fuzzy involved modeling the responsible driving behavior that so many parents talked about in this study. This mom was not the only one I talked to who occasionally felt undermined by her spouse in this matter. Here is what she had to say about their different outlooks on drinking and driving in front of the kids:

**Mom:** We will drink occasionally when we have friends over, we will play cards, but we are not out driving around. We don't drink at a restaurant unless one of us has a beer and the other one is driving and I make that really clear. If my husband even has a beer, he will
say, “I'm good, I'm good,” but I'm like, “You know what? We are making an example here so give me the keys.”

*Diana:* And I hear that a lot, even with just one you are modeling.

*Mom:* But my husband is not like me in that regard. If I wasn't there, he would take the key and drive home after having a beer because a beer is a beer. So I'm really mad at him about that (laughter).

*Diana:* Yeah, I can see how that could, when you are trying to model a certain thing.

*Mom:* And I think those would have been good things to talk about before we even got married, but that is way down the line when your kids are taught letters and it doesn't come up until way later. But I try to make that a very very big point and even when we have card games. One of the little kids that comes over all the time; there is another family that we are really good friends with and we play a game called Tripoli, you should look it up, it's really fun…. Anyway he drinks quite a bit but his wife will drive him home and the one time their son thought that I was having drink after drink after drink for all these years. He even said, "Yeah, Ms. _____, are you going to get drunk again tonight?” And I had to shut that down! I said, "Child! I have one rum and coke! You have no idea!” I said, “I have one and the rest of it is Diet Coke because first of all, I don't want the calories and second of all because I don't want to get plastered so that I can’t function the next day.” But this kid
who is 12 was like "Yeah, you're going to get drunk again" so in their little minds, in their little perception, they don't really know. So we have that right there out in the open for all of them to hear it. You know what I am drinking here, I am having a great time, and we try to model that. I have had one little drink. We don't go partying out, and we don't go out to clubs. (16P)

Another mom in a moderately private family talked about her husband’s undermining her in similar ways, with the difference being that he would not hand over the keys in front of the kids, and she appeared afraid to ask. In addition, both his past smoking and current drinking was actively avoided, whereas her moderate use was openly talked about with her daughters, particularly in the context of driving:

*Mom:* It's in the house, it's done in front of them, and I've got an issue because my husband will drink beer and drive. Especially my middle daughter will say, "Hey, dad. I thought you weren't supposed to drink and drive." And he doesn't take the time to really communicate and I'm thinking, “Oh my God, this is what they are going to…” again training the adults that they are going to become. So I do not. If I have a drink of wine, often it's a convenient thing because I am so darned tired and they will ask if we can go to Target. “Sorry, I've had a glass of wine so I can’t get behind the wheel.” And I'm like yay! But also, it's a good thing. I say I'm not going to do that, I will not do that. And when we go out, more often than not, I will drink a lemonade or a coke or something, but
I could not say to my husband, “Give me the keys. Since you have been drinking I would like to set a good example.” I could never do that. He's not that guy.

_Diana:_ Even if he has had a few drinks, he will still insist on driving?

_Mom:_ Yes.

_Diana:_ Has that been a source of conflict for y’all, or do you just know that you can't do that?

_Mom:_ A little bit, but we don't go out that often. So it's not a huge battle, but yes. I am like I'm not going to go there. We don't go out that often. He will have one or two beers, and he's not 98 pounds and 21 years old, but still!

_Diana:_ Still, you worry about what they are observing.

_Mom:_ Absolutely. (21P)

**High permeability families (FPO 2).**

Members of these families were best described as “wide open,” both with each other internally and with others. They often described their privacy preferences as virtually nonexistent and their families as willing to share anything and “having nothing to hide.” Generally, these families were intuitively less topic avoidant about everything, but they were not necessarily more explicit about substance use. Openness versus closedness or avoidance did not directly translate to explicitness of talk, as evidenced in previous sections of this chapter. These families had a sense of openness and nothing’s being taboo or off limits, but that did not necessarily mean they always “went there” or spelled things out. Often the openness came across as being willing to answer if asked, rather than proactively sharing everything under the sun.
One family that exemplified this spirit of openness in the form of transparency, rather than profuse sharing, involved the wife and daughter of a small-town pastor (Family 2). Both mother and daughter perceived his profession as a characteristic of their family, that dictated how open they have to be in the community, in addition to that being their chosen way of interacting internally. This included their behavior and communication with legal substances. The father chose not to drink at all and explicitly talked about abstaining because of maintaining his public impression as the local pastor. The mother drank moderately and explicitly addressed it with her daughter. When they went out to eat, she said to her daughter that she was having a drink because her father was going to drive them home. Many parents used this driving example implicitly, but this particular mom said that she actually talked about her dad’s abstention and her ability to have just a little bit because she had a designated driver, along with the message that both parents’ choices were acceptable and responsible.

This did not mean they never were avoidant, or that they were without preferred internal channels of communication. A common coalition in families throughout the study was mothers and adolescents. Moms acted as the gatekeepers in respect to information between their adolescent children and their husbands much of the time. It was not that dad was not allowed to know the information or that the kids did not understand it would be shared with their fathers, but it was simply more comfortable to disclose directly to mom and let her deal with the disclosure with dad. For example, one young girl discussed with her mom that she would probably want to drink when it was legal for her, but she did not necessarily want her dad to know she felt that way at this point in time because he might be disappointed in her. Even within extremely open families, there was avoidance of certain subjects sometimes. The daughter was vague about not wanting to tell her parents something that happened to her at school in her
interview with me, but the mom went into a bit more detail about what happened and the channels the information had to go through before both parents and the daughter talked about it:

Mom: She actually just had an incident where at school there was a boy touching her inappropriately, and so that was a big conversation that we had with her and how we were going to deal with that.

Diana: Oh okay. So what was your message about that? What did you say to her?

Mom: She was concerned; her biggest concern was, “If I tell on him the other kids won't like me because he's going to get in trouble and it will be all my fault.” And so we talked to her about, “This is not your fault. He chose to do inappropriate things. We now need to take care of it.” So….

Diana: And was she, forgive me if I don't remember this correctly, did she come to you with this information, or did you find it out from the school?

Mom: We actually found it out from a friend. She confided in one of my friends who is also a teacher that I teach with, but they’re really, ______ and her name is ______ are really close. And so she said, “You know I couldn't keep this information from you,” and so she came and told me and then talked to ______ about “I couldn't keep that from your parents.”

Diana: So (the teacher) let you know what was going on and let ______ know that she had to tell you guys?
Mom: Right.

Diana: Okay. So did that lead to any conflict with _____?

Mom: Oh, she, she initially was just so upset that the confidence was broken between _____ and herself. But at the same time, I mean, it was a 2 1/2 hour long conversation the whole thing, and by the yeah, and like _____ came over and she went out and talked to her and said, “I'm not upset with you” and _____ totally worked through it and said, “I understand why you told my parents. I just don't want this to affect our relationship,” that sort of thing. So they worked it out. It ended up being that _____ said, “I do see the benefit in telling the teacher so that it can stop and so that I'm not the only one,” she wasn't the only one who was affected by this in the class and she didn't want it to continue for other people either. (2P)

This was a great example of exactly the kind of secret that other parents had talked to their kids about not keeping, situations of inappropriate behavior or anything that made their children uncomfortable. This was not a case of this young girl’s not feeling comfortable telling her mom, but being afraid of both repercussions at school and her father’s reaction. Situations like this were often the only kind of “secret” that children in high permeability families were talked to about not keeping. Parents also often advised their teens to handle situations like this similarly; if they could come to them, they should choose other responsible and trustworthy adults to confide in and could deal with them directly. Even very open families dealt with boundary management dilemmas, but this family did not get angry or lecture the daughter about
the way she handled this; they moved forward with open dialogue and understanding about why
continuing to disclose was appropriate in helping to protect others.

Family 14 consisted of a mother-son dyad who both considered themselves high
permeability, and they also dealt with more and less comfortable ways of disclosing certain
things. However, they were open about how and when the parents drank alcohol. In part, this was
attributable to the parents’ professions. The father was explicit about when he drank a little bit of
alcohol (e.g., he is not on call) as a state police officer. This boy’s mother worked in a public
relations position and did a lot of events that required her to “work the crowd” and attend
tailgates with donors to the local university. Like many of the adolescents in this study, this
young boy had seen the tailgating/drinking culture involved in a big football school/college town
atmosphere. He and his mom talked about his observance of drinking in this culture, and she
explicitly addressed her transportation decisions when his dad was working and she had to attend
an event. She would take the bus, and he even teased her about why that was necessary, like
“being in the rotation” of jell-o shots that were passed around at tailgates. They both indicated
that he had seen his mom intoxicated and even sick from too much alcohol; that was actually one
of the only little family secrets that he could think of when talking about his family being
generally open to others on the outside also.

This son was also one of a few who did go to his mom for relationship advice, which was
often a common topic of secrecy or avoidance for the teenagers in the study, especially the boys.
His reason for not talking to his father about his girlfriend was to avoid incessant teasing. They
had talked as a family about secrecy, and the following excerpt reveals his perception of the
situation:
Diana: Has the family ever talked about the subject of secrecy? Do you have a policy about it or have you talked about secrecy as a family?

Son: We have not really had a long discussion, but we have pretty much set down the rules that, I don't know, that they will pretty much find out one way or another. If it's my brother or myself keeping a secret, but if it's one of them they have a good reason for keeping a secret.

Diana: Okay, so there is a little bit of an explanation for why parents may have good reason but you are not expected to have secrets as the child in the family?

Son: Yeah. (14C)

His mom talked about keeping kind of a lot from him even though she considered their family generally wide open. She explained that boundary between her and her son this way:

Diana: So the first question is would you say that you have very many secrets from _____?

Mom: (pause) Well, I'd have to say yes, because there are lots of things he doesn't know. I had a lot of life before we reached this point. He doesn't know it all and he doesn't need to know it all (laughter).

Diana: Would you equate that with, some people shy away from the word secrets, but is that synonymous for you with your private information or appropriate boundaries?
Mom: Yeah, more appropriate boundaries, I think that is probably good wording for it. There are certain things that kids don't want to hear. They don't want to hear about their parents having sex before or after marriage. They don't want to know, and there are other topics also. But you know, we have talked in really general terms, about don't even think you can try it. We know all the tricks. We don't really know all the tricks, but you have to make them believe that you know all the tricks. But yeah, appropriate boundaries. I like that.…

Diana: So it sounds like really pretty open inside the family? Would you consider yourselves a private family in terms of the boundary around you all with the outside?

Mom: No (laughter).

Diana: So pretty open with everybody else too?

Mom: Yeah, pretty much. (14P)

Another mother-son pair that I talked to also described their family as being wide open with each other and with others (Family 15). They exemplified several families in the study that described the rural hunting culture at deer camps. Every time this came up, someone laughed and said, “What happens at deer camp, stays at deer camp!” Both mother and son told stories of the excessive drinking that took place there and at the fire hall in their small town. The son even reported that he had helped his sister carry his dad the short distance home because he had gotten so drunk at the “cash parties” at the fire hall before. Neither mom nor son could think of anything they did not talk about with each other, but they did not explicitly talk about the
excessive drinking that he witnessed. It was done so openly and in excess that it seemed pretty clear, and the son did not express any confusion or upset about it. He saw it as occurring safely and as being generally humorous. The mother did communicate frequently and explicitly about the importance of not drinking and driving due in light of their personal family history. Her husband was the victim of a near fatal hit-and-run by a drunk driver when he was working on a highway. The vehicle hit him and shattered both of his legs. This happened when his son, whom I interviewed, was a baby, so the effects of the accident, the story, and his mother’s strong feelings about drinking and driving have been an ever-present part of their all around open communication. She described their openness in this way:

I wouldn't say that I really have any secrets from ______. Our house is pretty wide open. As I said to you when I was trying to set up our interview, I don't really have a place where you could sit and talk to me and then sit and talk to ______ unless one of us left the house. It's small and we just don't have that kind of space. So it's open. If he is upstairs on his cell phone I can hear every word he's saying downstairs. If he and his dad are talking in the living room I can hear what they are saying in the laundry room. So I think it's pretty open. I don't think there are any secrets. But things that I keep private from him would obviously be things that are between my husband and I, finances, anything that may involve (her daughter) that I don't think ______ needs to know about, um, I'm trying to think. There's really not much that I am private about….This has to be us (pointing to FPO 2 on diagram). Not only because I have word vomit but because, yeah, I would think that we are open internally and as a family. I mean there are many times the kids have done something, and I have been, “You know that time when
(her daughter) got in trouble, I was very proud of that by blah blah blah" I went
and talked to my mother about it because I was so upset I needed some advice. I
needed somebody to back me up and give me support on that, and there are many
times that I have wanted somebody else's opinion on stuff. Like I said to (her
daughter) I'm not above and beyond coming in and pulling you out of somewhere,
and I'm not above going to someone's mother and saying something is going on
we need to keep our eye on it. So we are absolutely open. Absolutely. (15P)

These families saw themselves as extremely open both internally and with those outside
their families. Even so, that general approach to openness did not mean these families were
without boundaries of privacy. As one mother said above, there were “appropriate boundaries”
that were maintained, but those felt very normative and not secretive to family members. The
mom in family 15 described them as wide open, but also shared with me that there were certain
health issues with her husband and her mother that she had not disclosed to her children and
depending on the outcome, did not intend to. Health disclosures were their own complex topical
phenomenon in these families, which I discuss later in this chapter. For now, these are some
exemplary experiences and perceptions of high permeability families, and they did show signs of
being less avoidant in either demonstrating parental use and talking about it than other family
types in the study. Low permeability families were slightly more avoidant in general and
specifically about parental substance use, but less explicit than many of the high permeability
families. This boundary management relating to parental use was both internal and external in
respect to those outside of the family system.
Low Permeability Families (FPO 3).

These families seemed to be more avoidant than others in general, which also encompassed how they discussed parental substance use. Sometimes that happened internally, and other times it was communicated that what they did at home with the family should not be discussed with people outside. Some of the most strict parents in the study exhibited this privacy orientation. These families nevertheless perceived their communication internally as largely open, and in the grand scheme of open and closed systems, they were open, but they were distinguished by their emphatic sense of a less permeable boundary around the family from the outside world. Some parents that I talked to seemed to be private people. Others did not convey that they were necessarily private people, but did make clear that they were very protective of their families and their family’s information and communication.

One family that stood out to me as one of the most private that I interviewed, in terms of insularity involved a mother-daughter pair who shared perceptions of openness inside of the family, but noted a lot of independent time and activities of individual family members as well. This family dealt with a fairly major incident relating to a prescription drug overdose of the older brother, but considering that as part of their family history, the mom was both open about her expectations and a little avoidant about alcohol in general. She explicitly talked to her children about how she grew up around too much of it and did not do it herself. She was one of the only parents who admitted to hiding her very light alcohol use from the children, and she also refused to let her husband keep it in the house because of the risk of her son or one of his friends taking it, something happening, and parents’ being liable. She was also one of a handful of parents who shared a consciousness of addiction and their children’s vulnerability to that because of heavy drinking on one or both sides of their family. She did not let herself drink very much in private
because she was afraid that if she started, she would have a hard time stopping. She indicated, as many family members did, that she did not have anything to hide and was candid about many matters if asked, but she did not go around volunteering information to others. Following are her thoughts on how private she is and how private she perceived her family to be by extension:

_Diana:_ So would you say that you have very many secrets from ______?

_Mom:_ No, if she would ask me anything, I would tell her.

_Diana:_ What about things that you are just not completely open about or that you tend to keep private, so it's not a secret, but it's just my private information, and she doesn't need to know it?

_Mom:_ I don't know if I have anything like that. Most of mine, like I would never talk about my parents’ death. Like I can now, that's basically, I really don't have anything that I don't want to talk about to anybody. It's just that I don't volunteer it.

_Diana:_ Okay, so you may not initiate a lot of openness, but you wouldn't refuse it if you are asked?

_Mom:_ Yes, I just sort of stay to myself. I mean, I'm very outgoing, but I'm not going to….

_Diana:_ Divulge?

_Mom:_ Yeah, if people ask me questions, I will tell them. (11P)

This mother indicated that she has had to draw the line in the sand about health disclosures also. She did not talk about a breast biopsy that she had, and still did not intend to because it was benign. However, her husband had a spinal disorder and had several major life-threatening surgeries, so she was totally open with her children about that because of the chance
that he could die on the operating table. She went on to describe a general policy that was talked about in most of these families explicitly:

Mom: Well, I am thinking here (3) because I have always told my kids, “Anything that we discuss in the house stays here.”

Diana: Okay, that's exactly what I'm getting at. So you say that a lot?

Mom: All the time.

Diana: Is it topic-related or a general policy?

Mom: Anything that we talk about. If it's bills, if it's health, if it's finances, about me talking to ______ about her friends, you know, everything we discuss in this house, no matter what it is, stays in this house. (11P)

The daughter was not quite as emphatic and noted that there were not so much “family secrets” as there was just “family stuff” that they did not talk about.

One father discussed how he did not mean for his family to be insular, but there was a sense of solidarity and protection that the mother in family 13 discussed also. He expressed concern more about negativity getting into his family than their private information getting out. His daughter was very nervous and quiet during our interview, but did easily identify her family as an FPO of three without really being able to elaborate on why or in what respects. Here are some of her dad’s thoughts concerning family privacy:

Diana: A lot of openness inside but we have a very strong boundary around our family?

Dad: Yeah, absolutely. I will give a great illustration of how strong it is. We at one point started attending a local church here. A lot of times on Sundays when we were doing the dog training, we work
on Sundays, and we trained dogs. When you have other people's
dogs, you have to work. You have to get things done. We went to a
church, and the church was a very active church. Wanted more
involvement, more involvement. And we would go for the first
hour and then we would leave because we had dogs we had to
train. We had an event coming up. So at one point, we went to the
church, walked in and sat down, and one of the young missionary
type individuals came to us and said, "If it's okay with you guys,
we will give the girls a ride home if they want to stay for all of
church today." We left halfway through that first hour. We got up
and left, and we never came back. We've never spoken to a single
person. It offended my daughters. It offended my wife and I. It
was very much no, no, no, no. We are here as a family or we are
not here. The girls articulated it; they were very much, "How rude
is that?" And they went on and on and on about, "We go with dad,
and dad trains dogs, and we are part of that; that's what our family
does, that is rude for them to stick their noses into our business."
And I heard the girls articulate that from time to time. That's rude
someone sticking their nose, and that family bond, that family
boundary is our boundary. So even if grandma sticks her nose into
it, the girls won’t call her out for it. But when grandma leaves, they
will call her out for it. If an aunt sticks a nose in, they will call an
aunt out for it.
Diana: Oh yeah, that boundary is totally relevant for extended family too.

Dad: Yeah, and it is very much that way, but I think that's, when I look at different models I think that is one of the healthier models if you are going to create consistency, which is so important. Because if you start letting too many different things in, you will start to create a lot of inconsistency and a lot of mixed messages.

Diana: And a lot of different sources of influence?

Dad: Well, I have a friend who is a psychologist, and one of the things that he explained is that when couples go through the divorce process and stuff like that, it will disrupt other couples. You know? If the connections are too tight, you will see them get divorces.

What he explained is, and if you take a look at that other model where there is too much openness, too much connection that can cause disruption; well, that also goes the other way. If there is too much open there, disruption in other people's families or unhappiness or ugly emotions that are out there that maladjusted people may have can flow into your family and cause issues in of itself. You like to believe that people have good intentions, but at 37, I am firmly aware that everyone doesn't have good intentions. That includes grandmas and aunts and people that it didn't work out as well for them as they wanted it to work out. And neighbors and all different issues.

Diana: So you have to be a little bit protective of what you've got going on
Dad: If you are going to nurture it and take care of it, you have to be aware of what is going on out there. That doesn't mean that you are isolationists; it just means that you have to know that the other adults know their boundaries. There are things for example that my mother will say to my sister in her house that she would never ever conceive of saying in my house. And actually, to be frank with you, my daughters, we gave them a choice about a year and a half ago of either having a birthday party and having everyone in the family over or just choosing something special to do. They systematically chose something special to do. You know? I think one of them was a water park, out to eat, and then the duck boats in Pittsburgh. That was one of the kids birthdays. They tend to, the family unit (30P).

The father was also not very direct about his use of alcohol. He emphatically wanted to communicate through his behavior with it and not explicitly over-emphasize the issue. He thought that the fact that his parents made it so “evil” and forbidden was a major reason why he drank heavily when he moved out. His approach was not to talk about it too much or make it a big deal. He thought what was important was how it was presented, and he tried to package it as “not a big deal.”

One of the most open mother-daughter pairs in the study, in my interpretation to the point of being enmeshed with each other, was also one of the most private. The daughter said they were just generally private about everything and “family issues” and conflict in particular. She talked about the fact that her grandfather was basically nearing the end of his life in the hospital
at the time, and the whole family was fighting about various things, and that was a current example of private family information. Her mother resembled the mom in family 11, in that it did not have to be secrets or anything to hide, that was just their information, and it was not for anyone else to know (35P). She was quoted earlier as being exceptionally open, explicit, and frequent in her talks with her kids about drugs, incorporating her job as a probation officer into her drug talks. However, she was not explicitly open about the little bit that she and her husband socially drink.

Overall, parents and adolescents shared perceptions of how private their families were. Often parents come up with specific examples of private family information, such as finances, and adolescents were more vague about “family issues.” These were all relatively open families internally. There was a lot of flexibility in the majority of family privacy orientations, and depending on topic or recipient of the information, with more or less strict boundaries. depending on topic or recipient of the information (2/3). Again, most of these families relied on modeling processes and implicit messages concerning parental drug use, but the high permeability and moderately private families seemed to be a bit less avoidant and a little more explicit about parental use than the low permeability families.

**Parent Adolescent Drug Talks: Avoidance, Family Types, Differences in Perceptions, and Perceptions of Effectiveness**

Given the results of parent and adolescent perceptions of family communication patterns, family privacy orientations, and conversations about parental substance use, this section synthesizes the findings of the study in terms of how parents and their adolescent children think, feel, and talk about drugs in their families; this entails address of the final set of research questions: RQ3a) How do parents and adolescents in different families perceive intergenerational
communication about parental substance use, and RQ3b) Do parents and adolescents perceive parental substance use differently from one another?

**Reasons for Avoidance of Substance Use Talks and Differences across Family Types**

The families in this study did not demonstrate a lot of active avoidance of communication about substance use in general. First, the “one-shot drug talk” model of discussing this in families seemed antiquated to all of the parents and teens I interviewed, so there was no evidence of having or avoiding “the talk” in this study. Awkward talks about sex came up, and parents typically divided their efforts between them so that each parent handled certain aspects of health and sexual development with their children of the same sex (i.e., fathers talk to sons, and mothers talk to daughters). In the area of substance use, there was a lot of variation in the frequency and explicitness of conversations about drugs represented in this sample.

There were a handful of families in this study who said that the family policy on drugs was understood, there was no perceived threat or risk at this time, and this was the reason provided for not really talking about it explicitly. For example, this 16 year-old girl described the lack of need for much talk about drugs:

*Diana:* Tell me how your mom has talked to you about drugs.

*Daughter:* It wasn't, it's expected of me not to do it. It's never ever been an issue. It won't be. I know not to do them and I know that if I did I would get caught.

*Diana:* So has there not been a whole lot of explicit communication about it?

*Daughter:* Not usually.

*Diana:* Like you know better and you know what your parents expect?
Daughter: Yeah.

Diana: So there wasn't ever a memorable, sit-down drug talk?

Daughter: No.

Diana: It seems like those are pretty rare anymore, but are there times when you may see something at school that you come home and talk about or something on the news or you going out with friends or any time that your mom chooses an opportunity to talk to you about it?

Daughter: There's never really that situation.

Diana: Okay, so you can't recall any communication with your mom about it?

Daughter: Not, no. (32C)

This mom described a similar pattern of minimal formal talks or deep discussions, but just of everyday life sprinkled with general reminders of safety and calling her if a ride was ever needed. She was also a little bit more permissive of her older adolescent drinking alcohol (she turned 18 two weeks before our interview). The interviewee was at the end of her senior year in high school and had two older sisters out of the house, so this mom’s was more a policy of knowing better and what to do if a problem arose, as well as a lack of concern and perceived need to talk much if it is just alcohol being used:

I guess, I mean we always say, I'm trying to think like the first time when they started asking questions about drugs or this and that, and I think it is the fifth grade when they have the DARE program in the elementary schools here, and I think that is what kind of opened their eyes to a lot more things being out there
then just like we had a glass of wine or a beer or something. Or had some people over and had a get-together with friends, and they saw us having some alcohol or something. I think we definitely tell them, there is a lot of time for that, so rushing into things and don't be stupid about it, things like that. We certainly know and have always said that there is no time that you couldn't call us if there was an issue or a problem or you were afraid. And don't be afraid to call. We would understand and either one of us or sister would come and get you in any situation. I think that none of my kids, again I have the belief that alcohol is one experimentation, but I am pretty confident that nothing else has been done. (37P)

Whereas the families who did not talk about drugs as much cite as reasons a perceived lack of need and “knowing better,” the majority of the families in this study fell into the category of using “teachable moments” from time to time when certain opportunities presented themselves in the media, in the community, at school, and within their own families. As a result of the timing of the data collection phase of this study, Whitney Houston’s death was frequently mentioned as a teachable moment for staying away from drugs, and as a comprehensive picture of someone who was so attractive, talented, respected, and admired falling so far from grace due to long-term drug use. When asked if this very media-savvy mom ever talked about the rising problem of misuse of prescription medication, she recalled talking to her kids about Whitney Houston and Michael Jackson, and that reminded her of Demi Moore’s recent drug use in the media as well:

_Diana:_ Considering that you seem to have your finger on the pulse with news and the media and teaching in high school and everything,
have you talked to them about the rising issue of misuse of
prescription medications and pills?

Mom: Well, we have talked about that, we have talked about how a lot of
stars. So like all the stuff that is happening with the stars. The other
day they were showing, and actually ______ was here so we
started talking about it, and even if any of the others are in the
room listening, that is fine with me. They hear it and they know.
Like ______ said Michael Jackson died of that. Michael Jackson,
Whitney Houston, and I told them these are people that I remember
being so classy and just dropping in class.

Diana: I know, I remembered loving her when I was little.

Mom: Do you remember how classy and pretty she was? Classy and I
have never seen anybody just drop from….

Diana: Oh, I know, and even her type of entertainment, her persona.

Mom: And whip-its even, like with Demi Moore and the whip-its and all
that stuff? ______ and I talk about it all the time. When we drive to
school we listen to (local radio station) in the morning and they
talk about all that stuff. So then we talk about things like that. I
will tell him about Demi Moore and how she is addicted to this,
this, this and I said, “See?” (19P)

One mom talked about a young man in his twenties who was out at a local bar and woke
up in the emergency room. She turned that into a lesson for future reference for her daughters:
Everything is a teaching moment. My teaching them moment about it just this past week was a gentleman that we know, who is a 21, 22-year-old boy. And you might've heard this from the other parents, but he told the story, and said, “Guess where I woke up this morning? I woke up at three o'clock this morning, and I woke up in the emergency room,” and apparently he had been at a bar, they were drinking beer out of pitchers, so I sat there and I told the kids because this is the age. Not that at 14 I had done anything, but once I was a senior in high school. But I feel like it's a good teaching moment, and my mom used to say, “Never leave your milk carton unattended.” And I thought that was weird! You know? Because I was in third grade. And she said, “You never know what somebody could put in it.” And I remember thinking that she was paranoid, and I tell my kids this, “I remember thinking Nana is crazy.” What on earth? And I said but I have taken that through. “If you are ever out, and maybe you have a beer,” and ______ is like, "No! I'm never going to do that!” and I'm like “Okay, whatever.” And I said, “You don't leave your drink unattended and if you do leave it, don't finish it because it is a really kind of creepy world.” So this boy, a guy! We don't know if it was a girl who had a vendetta against him or if he grabbed the wrong drink, but I guess he just went so out of control that they were like, “What is wrong with you?” and they asked him who is the president and he couldn't answer anything. So they called 911. So I do discuss things like that with the kids as a teachable moment. (21P)

A young girl shared a story of witnessing her friend get sick at school from taking too many anti-depressant pills that he had gotten from a neighbor (3C), and a 16 year-old boy and his
mom talked about the incredibly disturbing stories that he was told by a guest speaker at school about a man driving home drunk to wake up to this scene the next day:

Son: We had a guest speaker who came in whose granddaughter actually goes to the high school and she had a daughter, a son, and a nephew all die from drunk drivers.

Diana: Wow.

Son: And then she told the story where a man came home from a night of drinking and whatever, and was staying home from work the next day, and his wife went out to go to work and screamed when she ran onto the porch and passed out. And he didn't recall how he had gotten home so when he went out to check on her, he saw that there was a little girl on the front of his car. (4C)

This was the most horrifying thing I heard throughout the study, and this young man was also personally affected by it, but said that things like that often have no impact and his peers were going to do what they set out to do regardless of hearing stories like that.

Parents often brought up family members for teachable moments. Several talked about extended relatives who had been in and out of rehab and whose lives had been negatively affected by drug use. One mom’s main method of talking about drugs with her son was by referencing her alcoholic brother with him:

Mom: With drugs, we have talked about it here and there. Pretty much just talking about how it ruins your life, whether you are an alcoholic or doing illegal drugs or whatever. If you get hooked on prescription medications or whatever. It ruins your life, and it ruins
the lives of your family. I have an alcoholic brother that he is exposed to. So I talked to him about that, about how bad it is.

*Diana:* Has he witnessed actual behavior or just negative consequences about his life or?

*Mom:* Not actual, just things that happened to him.

*Diana:* So he can kind of see how his life is been affected by it?

*Mom:* Yeah. But he lives like 100 miles away, so we see him here and there, he's, he's not a big part of the life. But he knows when things happen to him, the consequences. (25P)

At the other end of the spectrum of it being implicitly understood and not really talked about were the families who talked about it “all the time” by incorporating their professions like the mom quoted above, who was a probation officer and took her children into work with her (35P). Other shared life experiences of their own like one father who was pretty candid about his poor decisions involving drinking and driving in the past (18P), and the mother whose husband who was hit by a drunk driver, nearly killed, and was still recovering 12 years later (15P). She referenced the impact on her children’s father constantly along with every other opportunity to talk about the dangers and consequences of drinking and driving.

The reasons typically given for not talking about this very openly or often varied for substance use in general and for parental substance use in particular. Very few parents indicated never talking to their children about substance use at all, and if they did not explicitly address it, reasons included that it was covered in school, they did not want to overemphasize the point and inadvertently attract them to it, their responsible behavior or other family members’ irresponsible behavior was communicative enough alone, or parents admitted to being naïve and not wanting
to deal with it. For example, the mom in the following excerpt had this to say about her negligent communication on the topic, even with her son beginning to drive soon:

*Diana:* Have you talked to him about drinking and driving yet?

*Mom:* Not enough, not enough. Probably more as we, and that's where we are bad because we will have a couple of drinks and drive home. But neither one of us are under the influence to where we would flunk a sobriety test or anything, but that has been in the back of my mind, are we?

*Diana:* That he is observing a couple of drinks and then driving?

*Mom:* Yes, are we causing problems here? Are we setting a precedent for him thinking it's okay?

*Diana:* Have you explicitly talked about your drinking with him?

*Mom:* Nope.

*Diana:* Okay

*Mom:* Just casual, "It's Friday night, where are we going? I want to go out and have a drink." (Laughter) “It's Saturday night after church and I want to go have a drink.” And again, the curse of having older parents. We are not young puppies anymore and we are going to do what we want to do. And sometimes that makes me wonder if we are doing right by the kids…. (17P)

This same mom also had not asked her son if he had tried anything, and although she assumed he had not, she expressed the desire to be blissfully ignorant about it in some ways:
Diana: Do you know if he has tried anything at all other than in your presence?

Mom: I don't know if he has. I'm thinking not because I don't know of any, I know he's never been to any parties and there haven't been enough sleepovers. I don't think.

Diana: He just hasn't had a lot of opportunity to do that?

Mom: Yeah, he is accountable. Now he has had some road trips with the basketball team and who knows? There would have been opportunities there with either the school team or his travel team, but he hasn't said much of anything. There's not an adult in every room when they do these things, so it could have happened.

Diana: But you haven't asked him?

Mom: No.

Diana: Do you feel like that is his private information or that you have a right to it?

Mom: No. I guess I'm just living in a Pollyanna world and thinking he hasn't done it, so why ask? I don't want to know! (Laughter) But I should because I know some of the kids are of that ilk, of that cloth, they could go that way. I remember talking to both boys in elementary school that there are going to be kids that ask you to do things or offer for you to do things. And he used to be very worried about it, again that, “Well what if they make me?” “No one can make you.” “Well what if they hold a gun to me?” “No one is
going to have a gun at school.” Some real extreme what-ifs. He does that a lot, what-if? We’re not going there, we are not playing the what-if game. Let's live in this, you know? (17P)

Individual differences of children provided another reason behind not perceiving a need for explicit communication about drugs. Many of these adolescents were self-motivated, they were pursuing positive, pro-social goals, and they were demonstrating negative attitudes toward drug use and those who partake in it. Therefore, parents were picking up on direct and indirect messages from children that explicit drug talks were not necessary as well. For example, the adolescent girl below said this about not needing to be talked to about this very much:

*Diana:* How has she handled the topic of drug use? Was there ever a talk?

*Daughter:* No (laughter), but I'm not the kind of person, like I'm not going to do that kind of stuff. I don't hang out with people that do it, I don't associate with it, I have better things to do then do any of that.

*Diana:* Have you been self-assured and independent from a young age?

*Daughter:* Yeah.

*Diana:* So there was never a need for talk?

*Daughter:* No.

*Diana:* What motivates you? In general and to stay away from drugs right now?

*Daughter:* I just don't, I want to get into a good college and I want to prosper in life. I don't want to work at McDonald's.

*Diana:* McDonald's?

*Daughter:* You know what I mean, that's an expression.
Diana: I know what you mean, and specifically, I'm sure the you don't want to work at McDonald's (laughter) so it sounds to me like you are motivated by positive things like goals and plans and what you want for your life?

Daughter: Yeah, for sur. (24C)

The two moms in families 3 and 12, like many others, went on their daughters’ evident disapproval and negative attitude about drugs as a reason to believe a lot of conversation was not needed. At the same time, they were also very open about their legal use of alcohol in front of their kids:

Mom: She’s very anti-drinking actually. A couple of her friends are experimenting with things and she's very disapproving.

Diana: So where do you think that comes from?

Mom: … She has a very legalistic personality. She sort of is a very black and white, right and wrong sort of thinker so I think part of that is just part of her personality. (3P)

Mom: Mmmmm, we really don't nag on them. It seems like they have a good head on their shoulders. They know what's right and wrong and it's more or less like they're telling us what was wrong. You know what I mean?

Diana: Yeah, yeah.

Mom: So I don't really go, "See, see!" I don't do that.
But you are encouraged to see that they are applying that. They are noticing it and commenting on it in a negative way?

Mom: Yeah and we have never not known where our kids are at. Ever.

(12P)

The majority of the families like these addressed substance use in general, minimally to establish the clear expectation of abstinence. For the families who explicitly discussed it more often, the majority of the talks were reactive to an event and those events were used as “teachable moments.”

Parental substance use, as seen in the previous section on boundary management, was less frequently and less explicitly discussed. Past parental substance use was often not discussed because it was considered to be parents’ private information, bound by rules of social appropriateness between parents and children. In terms of current parental use, reasons for not talking about it seemed to be additive; it was not explicitly discussed primarily because there did not seem to be a need, and the use was not problematic (i.e., parental actions with legal substances spoke louder than words). Many teenagers responded with something along the lines of, “They’re not alcoholics or anything…” when I asked about their parent’s use. For example, the 17 year-old boy below said this about the lack of conversation about his parents’ drinking:

Diana: So how do you feel about your lack of conversation with your parents about their drinking?

Son: It doesn't bother me because they are like 50 years old (laughter). I mean it doesn't bother me that much.

Diana: So it seems socially appropriate for them?

Son: Yeah.
Diana: And I hear that a lot. You are not saying anything right or wrong. Everything is fine. A lot of people say it's not an issue, so we don't talk about it. So if you were in an environment where you thought that they were doing it too much then maybe it might be something to talk about?

Son: Yeah. (18C)

There was a difference in topic avoidance of parental tobacco use versus parental alcohol consumption, in that parents were much more open and explicit about struggles with and addictions to tobacco, because with that particular drug, this open dialogue seemed to be an effective deterrent to subsequent adolescent tobacco use. For example, the mom in the next excerpt talked to her three daughters a lot about how she used to smoke and quit when she met their father, and she told them first-hand how hard it was to quit, so they should never start. However, like many other parents, she did not explicitly address her consumption of alcohol so much as she and her husband just did not drink and drive, and that was the primary message they implicitly communicate about alcohol:

Mom: They know better than to ever smoke.

Diana: So that has been clearly communicated that you expect them not to ever do that?

Mom: I used to smoke when I was probably 16 was when I started. I didn't have real good parental guidance when I was a teenager. And I quit when I met my husband.

Diana: Was that upon his request or?
Mom: I just knew he didn't like it. I knew I was going to marry him, and if I had kids I didn't ever want them to smoke because it is very addictive. They do know that I used to smoke. As for drinking? They know that they've got to be 21 but we have always tried to show them responsibility about drinking. So we don't drink and drive….

Diana: And you have talked to your daughters about your past cigarette smoking?

Mom: mm hmm

Diana: Do you think that your perspective on it has been influential to them?

Mom: Yeah.

Diana: Is there any current tobacco use, like chewing tobacco, smoking cigars? Nothing?

Mom: No.

Diana: And you and your husband drink alcohol?

Mom: Occasionally.

Diana: Is it in the house or do you do that in front of them? Like it's pretty open?

Mom: Yeah, my husband has beer, and he will drink one or two every night, and they don't really like that. There's been times for instance, we'll decide at eight o'clock in the summer that we are
going to go for ice cream. “Dad can’t drive, he drank a beer” (mocking), so they don't like that he does that.

*Diana:* And they have expressed that openly?

*Mom:* Yeah.

*Diana:* But it sounds like it's not a taboo? You drink in front of them, but you just model yourself how you can behave appropriately with it?

*Mom:* Mm hmm.

*Diana:* Have they ever had any questions for you about your use?

*Mom:* No.

*Diana:* So it's just never been an issue?

*Mom:* No. (12P)

Extended family, like grandparents, were often brought in as reinforcements and human teachable moments in the talks about tobacco use, to the point of pro-social ridicule when someone did smoke around parents and their adolescent kids, as in the family member below who lived with her grandmother, who smoked. The daughter’s perspective was that it smelled, and she could see that it was not easy for her to quit despite that fact. Her mom went into more detail about how much they all hated it and how much of a teachable moment about tobacco it was in their own house:

*Diana:* Have you talked to your parents about tobacco?

*Daughter:* Well my grandma smokes so….

*Diana:* Okay, so you talk about her use?

*Daughter:* Yeah, and like she lives with us and she said she'd quit but she's never actually gotten there.
Diana: So you think that that is pretty addictive?

Daughter: Yes.

Diana: And it's also pretty gross?

Daughter: Yes, smells terrible. (16C)

Diana: So in terms of, is there any tobacco use in your family?

Mom: My mother smokes and she is not allowed to smoke in our house and the idea is she walks way down the road and smokes and she is supposed to exhale at all before she comes in because none of us can stand it. The kids hate it.

Diana: You all hate it?

Mom: And they lock her out as a joke (laughter) because they will see the puff of smoke coming on the back side of the house because she has an entry and exit door and a little room and a hallway and a bathroom. So you can hear her closing the sliding glass door, and they go over and lock the door on her! They called her Puff the Magic Dragon the other night. They said, "Grandma, do you know of this dragon?" And my son just gives her grief over it so I don't think they will ever smoke cigarettes because it's disgusting to them and we don't smoke obviously. (16P)

Alcohol was not treated this way for the most part. Parental drinking was often consciously thought about by the parents, and their attention was much more on their behavior and indirect messages than on explicitly addressing the meaning behind their use and how that
was coordinated with their expectations for their children’s use. For this distinction between tobacco and alcohol, it is important to note that chewing tobacco was much more prevalent in the rural communities in Pennsylvania than it was in the community in Florida.

Finally, there did not seem to be a difference in the characteristics of drug talks across family types of communication patterns and privacy orientations. As discussed in the previous sections of results, pluralistic families tended to talk more frequently in general and relied on a lot of implicit messages and the modeling of parental behavior. Consensual families tended to be a bit more specific about rules and expectations about substance use, but also relied heavily on indirect communication about it. Consensual-pluralistic families showed characteristics of both groups, and the Other families were generally more avoidant and definitely less explicit than the other three family types. These general communication patterns included avoidance and implicit assumptions about substance use.

In terms of how different families handled privacy and boundary management, all were relatively open inside the family system. There might have been one family member, often the father, who was more avoidant or had a stricter boundary around him or her, and there was a range in openness with people outside the family system. However, regardless of perceived privacy boundaries, there was not one privacy type that consistently avoided the topic, and the talks themselves were not qualitatively different based on family privacy orientation.

**Differences in Perceptions of Parental Use**

Teenagers seemed to perceive both less parental use and less communication about it than parents. Although it is fair to say that these family members were generally on the same page, adolescents often reported fewer and less explicit talks about parental use, and they often, somewhat defensively, reported less actual use than parents’ admitted to. There appeared to be a
couple of reasons for this; adolescents were protecting the public perception of their parents, adolescents often were not witness to some of the use and, therefore, did not have an accurate perception of the quantity, and many of the adolescents did not seem to have ever thought about this before, so they could not easily access memories, thoughts, and feelings about it the way they might be able to if asked about these things as young adults.

Most parents and adolescents agreed on the various reasons why parents’ abstained or drank very lightly, like having an allergy, not liking the taste, religious beliefs, or trying to be a good role model. Only a couple of adolescents conveyed being bothered by the way their parents’ drank. One was the boy who noted that his father used to drink excessively and that it “pissed him off” (7C), and the other was the girl who was very anti-drinking and disapproved of it, especially when her father made her uncomfortable with driving her home after a family gathering involving alcohol (3C). Most adolescents were indifferent or amused, and their reasoning behind those neutral or positive reactions were again, that parental use was legal, they were adults, and it was not excessive or upsetting.

Parents were pretty accurate about what their children were observing, but often they got away with more than they thought they did. It seemed to me that the parents may have felt that it is safer to think that their adolescents see and know everything, and this might guide their behavior much more than hoping they do not know better. A few parents did think that their children saw them drunk, but did not know they were hungover afterward, and they were avoidant about the hangover in particular out of embarrassment. For example, these two moms told stories of getting intoxicated at holiday parties with family, and they knew their kids saw it and knew that they were drunk. One mom actively avoided what happened the next day out of embarrassment:
Mom: Now I know my kids see me drink more than my husband, because I think as we get older, he's just kind of gotten away from drinking a beer, but me, I like to have a glass of wine or with my friends will drink some wine or when we go out to dinner.

Diana: Do you think the kids can tell the difference that it is you more?

Mom: Yeah.

Diana: Why do you think so?

Mom: Because if I have friends over and my husband will call I will hear ______ say, “She's with her friends gettin’ drunk.” I am not getting drunk! I have had two glasses of wine! (Laughter)

Diana: Okay (laughter) so that would give you reason to think that.

Mom: Yeah, yeah.

Diana: Okay, so do you think that either one of them really have ever seen you drunk?

Mom: (pause) Yeah. I have to be honest. Yeah. It was New Year's Eve, but not like fall down kind of drunk. Just giddy kind of.

Diana: Okay, but to where you think they were aware that this is what intoxication looks like?

Mom: Yes.

Diana: And there was no need to have a conversation about that?

Mom: No, in fact, the next day I was kind of embarrassed about that.

Diana: Okay so you kind of avoided it a little bit?

Mom: Yeah. Because of my embarrassment (bashful laughter). (4P)
A second mom talked about being embarrassed and hoping her kids never figured out when and why she always wanted won-ton soup, but her story also showed that her older daughter was aware of what was going on and her younger daughter had no idea she was drunk at the time:

Mom: So hopefully, we've had the conversation, they know we drink, they've never really seen us. They've seen me drunk one time, like drunk. It was actually really kind of funny, because I had gotten in a big fight with my sister-in-law, it was Christmas Eve. I just came home and threw back three scotches. So we're sitting there watching TV and I'm just like, “blah blah blah blah, I love you guys so much, I'm so glad blah blah blah blah.” So the next day we were joking around about it and (her other daughter) was like, “You were drunk,” and _______ said, “You were?” (Laughter) (Her other daughter) said, “Why did you think she was acting so goofy?” _______ said “I just thought that you were sad, but then you were happy and then sad.”

Diana: “I just thought you were emotional!”

Mom: She's like, “Yeah I just thought you were really emotional.” I'm kind of happy that we don't, and the times especially when we were younger, when they were younger and we would kind of go out and stuff, they only spent the night at their grandparents house. So they never saw us, and I'm kind of glad. So what we drink in front of them, but we don't get drunk in front of them. If we do it is
more like silly kind of laughing and joking around, and that is it.

There was no evidence of vastly different perceptions between parents and their adolescent children about parental use or nonuse, or how much parents typically used drugs. The greatest difference I saw was a child reporting that their parents did not use at all, when, in fact, they used a little bit and only when their children were not there to observe it. The fact that the parents made it a priority not to consume anything in front of their kids made it understandable that their kids would tell me that their parents do not drink or smoke. There were only a few cases of total avoidance of use, and reported use was very light. There were more cases of frequent social drinking, a conscious effort not to let children see them drunk, and to be very diligent about driving behavior that was modeled. Finally, as seen above, there were a handful of parents who admitted to being drunk in front of their kids from time to time, always in a social setting, and half the time, the kids did not seem to have perceived exactly how drunk they were. Parents were generally not explicit about their use with their kids, and even less so about intoxication. In the next section, one can see in their advice about effective prevention communication that they placed a lot of importance on open communication generally and being conscious of the powerful messages their behaviors send, but not on its being important to address parental substance use explicitly as part of being the effective anti-drug for their adolescent children.

**Parent and Adolescent Perceptions of Effective Prevention Communication**

The adolescents and parents in this sample agreed that parents handled the topic of substance use effectively; whether that was through minimal explicit talk or lots of open communication about it on a frequent basis, effectiveness perceptions were subjective within
families. There were a few adolescents who perceived that their parents were cramming it down their throats too much. This stemmed from sources like perceiving their parents as too strict generally, and getting so much of it in school at this age that they were just sick of the topic in general, especially among the older adolescents who had been receiving various prevention messages for years at that point.

Parents and adolescents agreed with each other on several key points concerning effective communication about drugs in families and perceived these as additive; therefore, the more of these characteristics present in family communication and relationships, the better the chances of effective prevention at that point in time: 1) Open communication (either through a spirit of openness generally, or explicit communication specifically), 2) parent-child relational quality (as a mechanism that keeps family members talking and as a deterrent from risking disappointing parents), 3) parents’ setting a good example (which ranges from abstinence to responsible choices surrounding moderate use, to responsible choices when having too much, like not driving), and 4) parental involvement and monitoring as an effective anti-drug.

Open communication was the norm in the families in the study. That did not always mean explicit communication; rather, open communication meant a level of conversation and comfort that family members felt good about. They liked knowing that they could talk to their parent/child about anything, but they also liked the fact that they did not always have to. As seen in the family communication types present in this study, conversation orientations were high in most of the families, but most of these families also relied on implicit messages and assumed understanding to some extent as well. When asked about effective parental prevention messages, parents and adolescents most commonly started off with advice like, “Just talk to your kids,” “Open communication is important,” and, “Start talking early and often.” One mom emphasized
how important talking often and about a variety of consequences was in addition to not being in
denial, the way a few parents in the study admitted to being. She had not had any problems with
her 15 year-old daughter, whom I interviewed, but had already had numerous problems with her
older son, who was hospitalized for overdosing on valium a couple of years ago:

_Mom_: Just constantly be talking to them. I think for me, going to church
and having them live a church life really helps. Talking to them
about what would God think? Talking to them about examples of
different people doing different things and how that's not good for
your body, not good for your life, you're going to go to jail. Just
constantly talking to them, at a very young age and not ignoring
that it's going to happen and not waiting until it does happen.

_Diana_: So not being in denial?

_Mom_: Don't be in denial and think it's not going to be your kid because it
is your kid (laughter).

_Diana_: Yeah, so early on open communication and being realistic.

_Mom_: Yeah, because I never thought it would be my kid. (11P)

Even among parents who communicated openly and frequently with their adolescents in
general and about substance use in particular, many acknowledged that prevention resided within
the adolescents themselves (and many adolescents agreed with that). Some parents and
adolescents attributed abstention from substance use to luck; I interpreted their elaboration on
that point often to mean that some adolescents were just “good kids” and less at risk than others.
The mom below mentioned a lot of the important bases touched on by parents very succinctly:
I don't know, I think there is a lot of luck in it, but yeah, I think you just have to have a lot of open communication, have expectations and tell them what your expectations are, and you also have to allow for some choices for the kid to use in their lives and have unqualified love too, no matter what happens. (8P)

Parents and adolescents agreed that a positive relationship between them was a powerful deterrent from doing drugs, or anything that would risk disappointing one’s parents or damaging that relationship. There was a lot of overlap with highly self-motivated kids and their emphasis on their own choices not to do it, supplemented by the good relationship with their parents as an important prevention mechanism combination. Understandably, many of the adolescents in this study cited stable family environments as an important foundation for prevention. One young girl said that she felt she was a good influence for her boyfriend as well because he does not have the solid home life and positive relationships that she did with her parents:

*Daughter*: Yeah. Definitely because he doesn't come from the same good background that I do.

*Diana*: Okay. Would you say they, it sounds like you have a great family and good relationships with your parents. Do you think that that is a powerful prevention tool in terms of having a good family and having good communication? That is part of keeping you on the right path?

*Daughter*: Yes definitely. I think that kids in general are more tempted when everything outside of school is broken.

*Diana*: What is your idea of broken?
Daughter: A divorced family I think is just bad. Now, I do think if it's for the better….

Diana: Like if it means less fighting?

Daughter: Yes. My boyfriend's family, like his parents actually physically fought when he was little so I think that it is better that they are apart, but I do think that inside he will never be the same. (3C)

Parents and adolescents agreed about the importance of setting a good example. When asked about her own use, this parent emphasized how important her behavior was in the prevention process, in addition to being really involved in their lives:

Mom: It is on purpose, and I mean it's like when you are a parent there are so many sacrifices that you have to make. Like I wouldn't have it in the house because I wouldn't want my kids to feel like that is something that should be such a part of their life that it should be so accessible. Like if I'm going to drink whenever I feel like it, it's a role model thing. They role model. Everything we will do, they will do. So it doesn't matter if I'm okay with a glass here and there, well then there is nothing wrong with them going to a friend’s house and having a glass there. “My mom does it.” So even though I don't think there is anything wrong with it, I take kind of an extreme approach. You know, I'm going to let them think that it is so taboo that if they have the opportunity to have some, “Well my parents never did” or "My parents don't drink.” That kind of thing. I don't think there is anything wrong with me having it, and there is
no reason why I couldn't have it in the house. If I didn't have children, I very well might, but it's because of them.

_Diana:_ Setting the example?

_Mom:_ Right, I feel like I just kind of have to hold that bar. (13P)

The two siblings in the excerpt below shared these thoughts on parenting and how implied communication was in their family through their parents’ behavior with drugs:

_Daughter #1:_ I don't want to say it's implied, because that is the household that we are in.

_Daughter #2:_ It's only implied in our household because we grew up in a strong household probably, but I guess it's important for parents to communicate with their kids because some kids might just not know. I don't know how they would miss it but….

_Daughter #1:_ I wouldn't like, if you do take drugs, I wouldn't do it in front of the kids.

_Daughter #2:_ (laughter)

_Daughter #1:_ Well no, I mean like.

_Daughter #2:_ Oh like prescription drugs?

_Daughter #1:_ No, probably some people do stupid stuff, I wouldn't like my dad like drinking beer in front of me if I was seven

_Daughter #2:_ That's not a drug.

_Diana:_ Yeah, we are focused on legal drugs too.
Daughter #1: Still even that, like when I was little I walked into my bathroom, and there was a beer bottle there, and it frightened me. I was like what is this doing here? So I wouldn't underestimate that.

Diana: Setting a good example?

Daughter #1: Yeah, I wouldn't underestimate, I wouldn't be drinking and all that in front of kids.

Daughter #2: Yeah, because it's not always what you say, it's what you do. The parents, if you are not setting a good example for your kids you can't really expect them to respect you when you are trying to teach them important things.

Daughter #1: If you are casually taking drugs, it's not going to seem like a big deal to your kids. (28C 2 and 3)

Being involved in adolescents’ lives, making it very clear that you are that involved, knowing who their friends are, where they are, and what they are up to, were all part of the thoughts shared by both parents and adolescents as important components of parental monitoring as a prevention mechanism. However, although that was often the advice, monitoring frequently took place on the sly. I address the role of emerging technology in parental monitoring in the next chapter, but the 14 year-old boy below summed up the importance of both individual differences of kids, and knowing what is going on by whatever means necessary:

Son: It all depends on the kid really. Because some you can just, it's really easy if you are in school with them. Because that is where everything happens. That's where they let loose to you, at home they can be the best little person you ever had, and then they go out
and do whatever. So I would just have a lot of people that you talk
to. Be a little bit of a “Chatty Cathy” with the people that are
around them. Try to be inside with them. Don't push it to the extent
where they feel like they are, like you are coming in on them.
Make them feel comfortable.

Diana: Okay, so not smothered?
Son: Yeah don't smother them, but be involved.
Diana: Okay, so it sounds like you are suggesting like have your eyes and
ears around them?
Son: Yeah, because that's the only way that you're going to find out I
think. Unless your kid is going to tell you. Like my mom asked me
one time if I was on drugs if I would tell her, and I said no. No kid
that was on them would.

Diana: Okay, so you have to have ways of seeing what's going on.
Son: That's the only way. I kind of think you would have to go behind
their back a little bit, but I guess it's for their own good. (34C)

This mom thought it was important to be much more obvious about it, and many parents
agreed. Have them know you are watching, but at the same time, it is okay to make mistakes, and
parents will be there for their kids if and when they do:

Diana: So if you could give advice to other parents about how to
effectively keep their teenagers from trying this stuff what would
you say?
Mom: Oh my gosh! Stay so involved in their lives. Know everything that is going on. Let them know that you know everything that's going on.

Diana: Make your involvement known?

Mom: Don't keep, like talk about it. (Pause) Yeah. You know that is just what, we just let them know that we are going to know. We talk all the time. I don't really know other than that what we do. We set our own personal boundaries and share the consequences.

Diana: And in that involvement there is warmth and support?

Mom: There is the ability to make mistakes and learn from them. I think that is important. It's not like if there was a mistake. I think they would feel completely comfortable coming to us. ______ is very good like that, nothing drug-related, but like a situation with friends she will tell us, “I said this and I shouldn't have said it and I'm afraid I’m going to make her mad.”

Diana: So there is not such a fear of consequences?

Mom: No, not with us. I think if anything sometimes I'm a little too lax. I let them have a say, but we do have to draw the line when we come to it. (13P)

These comments encompassed another common sentiment that ran throughout many parents’ and adolescents’ feelings about this topic. This was like a patchwork prevention quilt with multiple important squares: open communication, relational quality, positive role models,
parental authority and monitoring, and freedom to make mistakes and know that adolescents could always go to their parents without a fear of judgment and punishment, within reason.

There were several other points that came up throughout the study that are important to mention. It was common in the families to allow children to taste alcohol with their parents. At the same time, there was little evidence of adolescents’ actually drinking with parents on a regular basis. Perhaps that is one of the things that “stays at deer camp,” but there were no stories of co-consumption in the interviews. There were mixed sentiments concerning letting kids try it at home. Although many parents allowed that in an effort to assuage curiosity and minimize rebellion, some parents, even ones who openly drank in front of their kids, did not believe in giving their kids a taste of alcohol or drinking it with them. For example:

_Diana_: If you could give advice to other parents about how to handle the topic, to actually effectively keep their teenagers from starting to try it early or being susceptible to peers, what advice would you give to other parents?

_Mom_: Not to give it to them in their own home. I've heard of that at different times. “It's better to drink it here than out.” Don't do it. Just don't do it. I think once you start something like that, you just open the door to all kinds of trouble. It's best to make them stick to the legal age. It's that age for a reason. If we all stick to it and keep this stuff away, that they can't get it. I think we would all be better.

(32P)

There were mixed emotions about sharing past parental experiences. Some adolescents said that was persuasive and helpful; others said they did not want to know. Most parents said it
was off limits and private, so it did not seem like adolescents had the option of knowing a lot of that information. Parents were advised by both generations to be explicit, which is ironic because many were not even though they thought they were. However, many agreed that it was best not to “ram it down their throats” or emphasize it too much. It seemed important, especially to teens, not to be overbearing and blow the subject out of proportion, even though it is an important one. Parents had to walk a fine line, and knowing that contributed to the overall perception that parenting, and trying to prevent adolescent substance use was a complicated, difficult job. Whether it worked for certain families to rely on implicit messages or to be very explicit about substance use, most family members in this study agreed that adolescents should at least know where the parents stand in no uncertain terms. There should never be a question of how parents feel about their adolescents using drugs. Many saw that clear understanding of disapproval as a firm foundation, and some relied on that alone. Everyone agreed that parental behavior and open communication were important, but behavior did not have to mean abstinence, and communication did not necessarily have to be frequent or explicit. Different things worked for different families, and in this study full of pluralistic and consensual families, lots of talking, along a spectrum of explicitness is what worked for them, in addition to teaching moments, the general maintenance of positive relationships, and parental involvement and monitoring, however apparent that may have been to the adolescents.
CHAPTER FIVE
EMERGENT RESULTS

In Chapter Four, I presented results pertaining to this dissertation’s research questions. In this chapter, I present additional information that emerged as I analyzed the interview data. The emergent themes were some of the most illuminating and interesting findings, and I believe they contribute a variety of insights to the field, as well as open rich opportunities for future research at the intersections of family communication, health communication, communication across the lifespan, and prevention science. I continue to mine the mountain of data on emerging technology and its complex effects on the quantity and quality of family communication, its role in family conflict, and its role in parental monitoring and other substance use/abuse prevention processes, long after this study. There were serious “horror stories” shared about computer-mediated communication, “sexting,” inappropriate conflict, and cyber-bullying. Technology was often both the source of parent-adolescent conflict, as well as the target for punishment. I referred to this form of tech-based discipline trend as “digital grounding,” which often seemed to perpetuate a vicious cycle of conflict and reliance on and withdrawal from technology use.

The health stories and experiences that emerged in the study were harrowing, as well as heart-warming, and helped paint the contextual canvas of family life. Both chronic and one-time health concerns, incidents, and illnesses play a distinct role in family culture, and specifically affect perceptions of family communication patterns. In the study, health served as both catalyst for increased communication and a boundary marker for topic avoidance and secrecy in families, as well as between families and the outside world. Included under health generally, prescription medication use and abuse represented a prominent risk for adolescents even more so than tobacco and alcohol. The data were full of stories about prescription use and awareness of a
culture of abuse in our society. Not only were adolescents being exposed to messages and behavior about misuse of such medications, they were also as a cohort relatively heavily medicated themselves. Legitimate medication was part of the family culture for both parents and adolescents, and it was woven into everyday family life as well as messages about prevention of abuse.

**Technology**

I have organized the data for parent-adolescent perspectives on technology into five areas: 1) effects on quantity and quality of family communication, 2) effects on parental monitoring and prevention, 3) effects on privacy, 4) effects on intergenerational conflict and the trend of “digital grounding,” and 5) horror stories that often serve as teachable moments.

**Technology and Family Communication: It’s Complicated**

There is no doubt that technology has improved family life and communication in many ways by making parent-child communication more convenient, by providing educational outlets that were not available even as recently as 15 years ago when I was the age of my adolescent sample, and by bridging distances between family members and friends that were previously expensive and impractical to maintain. However, technology has also played a role in decreasing face-to-face communication between family members and “family time” in general, it has led to numerous new risks for teens in terms of privacy, negative peer influence, and exposure to a vast outside world of predatory behavior and information. Many parents believed that technology was hurting interpersonal communication skills and hindering effective expression of emotions. Cell phones and Facebook were such a significant part of everyday life that many parents and adolescents talked about an addiction. In fact, when considering factors like parental monitoring, peer influence, potential alienation from family and friends, long-term consequences of use, and
the need for a new “talk about technology,” emergent technology could be conceptualized as the new, more socially acceptable and attractive drug of choice for family members.  

When speaking with parents and adolescents throughout the study, those who seemed satisfied and connected, as well as those who seemed to be generally frustrated and emotionally distant, many expressed frustration with the fixation on technology and the time that it takes away from parent-child communication and relationships. One father jumped right into his interview with complaints about his son’s perceived overuse of his cell phone and computer:

**Diana:** You bring up a great point, that I usually ask later, but it's a good transition. I talked to some parents and kids, and I don't use the word kids with them, but about how technology has perhaps improved their communication, and it might have, so I want to hear that also, but it sounds like technology might have become kind of a barrier for you guys? Something that he is very into, and doing instead of?

**Dad:** Right. It has expanded his world tremendously with his friends. He is wired in 24/7 if he wants to be. His phone constantly, every five seconds beeps with a new e-mail. To be honest, I have no idea how many people are in his network that it could be that constant. But it is a barrier too, because it allows him not to interact with his family, because he has the entire world at his fingertips. So, that's not a good thing. Very hard to stop him from doing that. He'll see it as a punishment. Like "Hey, I'm turning the Internet off at 10:30 tonight, so if you have any homework you better get it done before
hand. No excuses.” So that sets up an adversarial type.… But he
does well in school, and he knows that that is a prerequisite for me
at least, that he has I don't know it's a $1500-$2000 gaming system
computer, which he built online with his friends. And it's really a
fancy piece of equipment. It's fancier than anything I ever had. I
always remind him that he gets that sort of stuff because he does
well in school, and he knows that. (10P)

This parent, like many, uses technological devices and access to the Internet as both
sources for reward and for punishment. Adolescents emphatically agree that if you want to do
either of those things, technology is the primary way to do that for them. Whereas adolescents
mostly perceived improvements in family life and their quality of life in general, parents seemed
to be in a better position to contrast this time and these advancements with years past and their
families of origin when they were younger. Feelings of frustration, sadness, loss, confusion, and
concern came up in addition to expressions of relief and gratitude for the modern conveniences
that accompany all of these technological advances. One mom put her complex thoughts and
feelings about it this way:

_Diana:_ How do you feel about how technology has affected family life?

_Mom:_ To me, we have always said please don't bring your phone to the
table because it is bad enough when you look around a restaurant
when you're out and everybody is on their phones looking down.
No one is looking at each other. Everybody is on their phone. I
guess from our standpoint, or my standpoint, even like a cell
phone, it wasn't hard carrying it around, and I enjoyed being able
to be in touch with people and having them be in touch with me all the time, but I was okay with life. I'm still okay with a couple of hours of being able to be left alone if I am shopping or busy doing something, they know where I am. That doesn't always occur, but I guess I am a little afraid for this next generation that we are losing our communication skills, both verbal and written. Just with the way writing papers and spell check and this that and the other. You can usually get by, and you really, nobody really knows the sentence structure and things like that. Everything is just phonically spelled or quick little texts, and even communication, I've seen my husband's sister, I've seen some e-mails that she has sent to people that she works with, and I'm thinking that's not even correct English, and she is 43! So there is a little difference in our ages, but I think, I do worry about that. Losing that communication ability, and you see it all over. I have even said that we have been in offices, and someone comes in on the phone, and they are registering, and they are still on their phone, and there is no respect for the person behind the desk, and it just makes me furious watching that. It really does. The whole, you can't really talk to a person anymore. You get the run around and press this number or call that and do this. (37P)

The primary benefit that both generations talked about was making coordination of transportation and activities outside the home easier and more convenient. Another way of
looking at this from the parental perspective was that parents had an easier time monitoring where their adolescents were, who they were with, and what those peers were like as well. The other edge of that sword was that it was very hard to control the massive amount of information and the vast exposure to the world that adolescents are vulnerable to through technological outlets.

**Technology, Parental Monitoring, and Prevention**

Through texting and Facebook parents were able to “track their kids down” a little easier anytime they wanted to. There was no longer an excuse not to be in touch or to just be late coming home with no explanation until they got there. There was a significant sense of relief and peace of mind in that for parents, and for adolescents, this gave them a little more freedom as well. Having that technological tether allowed them more time with friends and in some ways, more privacy. However, it opened them to methods of parental monitoring not available before. Through Facebook, parents could now look at their children’s friends profiles, pictures, and statuses online, and they did get a sense of what kind of peer influences their adolescents were being exposed to. In addition, they could observe the public persona and information that their own children were putting out there, and that often was a source of concern and discipline.

Technology emerged in this study as the catalyst for a new kind of prevention talk. Add to the list of things parents feel they need to address at a certain age with their children safe and appropriate computer-mediated communication and behavior. Some families had not even had explicit sex/health and drug talks, but they had certainly laid out expectations and ground rules for safe internet and cell phone use. This often happened before an adolescent was allowed to set up a Facebook account and common areas of concern were who their adolescents were “friending” (because they worried about false identification or opening up their accounts to
people they did not know), what their adolescents were posting themselves (which ranged from profane language, to pictures that parents did not believe were appropriate for a general audience, to emotional quotes or rants that were worrisome without additional context).

It surprised me that with the ability to contrast life before and after cell phones so many parents texted their adolescents while they were at school, especially to scold them about their grades, which they could access online. That seemed ironic and hypocritical in the face of so many parental complaints about the distractions that cell phones and the Internet provide from studying and school performance. One mom justified her texting them at school because of timing and urgency:

*Diana:* Okay, so a little bit more than just the functional stuff like I'm outside?

*Mom:* Yeah, yeah, “I'm looking at your gradebook and you have an F. What are you doing?”

*Diana:* That's a pretty serious topic, so you will address that via text?

*Mom:* Oh yeah! (laughter) I do it right away! As soon as I see it.

*Diana:* I love the grade discussion that comes up a lot with this age, because it's new, so my age my grades in high school weren't online so there was more secrecy in that area.

*Mom:* Oh, as soon as I see them, I am like (muttering and texting gesture)

*Diana:* So it sounds like that has been taken off the table for an option of not sharing about that, so that's funny.
Mom: Because I feel that they are at school, so they can address it at that time, not wait till they come home at night and then they have to do it and they might forget about it. No, go do it now.

Diana: Oh, so you really do purposely text them while they're at school?

Mom: Yeah. (11P)

One of the teens complained about how “on her” her parents were about her grades already, and she could not even escape this at school due to parental access to grades online:

My mom she lives on this program called Infinite Campus where it has all of our grades, and she is always on it, and she will text me at school and say, "Why do you have a missing assignment in French?" And I will be like, "I have no idea.” And she will say, “Well, now you have a B in the class,” and she will just go on and on about it. So it's kind of hard to deal with that, and sometimes I feel that they are a little bit overprotective and too strict. (21C)

While parents were reaping some benefits of being able to monitor their children’s school performance, as well as their location and activities to some extent, and gauge their friends for positive or negative influences, adolescents were dealing with feelings of invasion of privacy that were much more complex than I remember grappling with as an adolescent.

Technology and Privacy Management

Privacy and private space has vastly changed with emerging technology, and the technology is still relatively new, so there are understandable and necessary growing pains involved. One mom discussed her concerns for everyone, not just her kids, about learning by trial and error and making mistakes that can have fairly serious and permanent consequences, in addition to describing how this is a source of intergenerational conflict in her family:
Mom: Hmmmm, I guess it probably depends on the subject. I think for the most part that we agree on most things in terms of politics and schoolwork and stuff like that. But there are other areas that are problematic, and I don't mean problematic in terms of we disagree a lot, I think it's just things that he doesn't have enough understanding of yet so whenever we bring an issue up, like I would talk about Internet safety and things on Facebook, and he maybe gets upset because he doesn't see the bigger picture of what certain things can do. So we will talk through that and that may be an area of definite disagreement, but I think it's more because he doesn't understand the ramifications of things yet. To that one question, "How often do you say ‘you will understand when you are older?’" I don't particularly say that, but I think that that is sort of the context of things where we disagree.

Diana: Tell me more about technology. I have been talking about this a lot with family said there seemed to be mixed reviews on the cell phones and the texting and the Facebook and all of the information that is out there. How big of a part of the late life, your life and _______ life is all of that stuff?

Mom: It's interesting because it is a huge part of his life. His father works for a very large computer company, so it is an enormous part of his life and me, I hate computers. I knew the basics enough to sort of get through. But I have tried, I actually had _____ teach me how to
do Facebook and I am always forgetting because I don't use it
enough. But I have, as much as a key technology, I hate people
being in front of the screen instead of outside. It's my reality that
this is what their reality is. This is how they are going to grow up,
and I have to get on board in figuring out and understand the best I
can. I think it is very difficult with especially the texting and stuff
to try and figure out what they are doing. Facebook is a little bit
easier because you can go on and see what they have done and that
type of thing. It used to be _____ doesn't use the computer as much
as he used to, so we used to have safeguards on the computer to
see what sites he was going to, but with the cell phone and the
texting, just recently I have seen something that I, and this is my
husband's job, so I told him look at this and check into it, where
you are supposed to be able to go on and see almost at the same
time what they are texting when they do it. I think that _____ is
pretty trustworthy, but he has had gaffs on it and he has broken
some roles in terms of what time he is supposed to be on it. Things
like that. But my bottom line is, when I was a kid, we would be
spending an hour on the phone, and your parents could hear you
and know what you were doing. This isn't that anymore. They are
not on the phone, and this is how they communicate with each
other, and I need to get on board and catch up.
Diana: So he has given you minor concern over content, or was it more just patterns of use?

Mom: Both. Nothing that I think he was doing intentionally, well, maybe the patterns of use because he is not supposed to use it at certain hours of the night and stuff like that. I forget, how did you say it? Content. The content, yeah. Concerns over content, but again, more of the, "What's wrong with what I put on there?" So my basic line to him was, "Whenever you put something out there, you need to think." One of his Facebook friends is our pastor, and one of his Facebook friends is parents of some friends. So I say, "You need to think if you would be embarrassed if your pastor read this or if he saw this picture that was posted. If you can send that out there or if this inadvertently got broadcast to my entire school, would I be embarrassed? If you are not? Cool. If you think you would be, take it off there and rephrase it or do something different." But that is, I think that is a lot of maturity and these kids, this is a technology that everybody is just getting used to and the ramifications of it, so that is something that we are constantly hammering home and hoping that at some point it will click. (39P)

While conducting the interviews, I deeply sympathized with how complicated this situation was for both parents and adolescents. Although it is my personal opinion that everyone needs a little bit of privacy, this mom made a great point that the channels teens are communicating through are much riskier than when their parents were kids. Saying something on
the phone or writing it on a piece of paper has much less possibility for mass distribution, unknown audiences, and permanent record. Adolescents these days have to take that into consideration, and they are not always mature enough to think about the long-term, so that becomes a responsibility of the parent. However, parents have to walk a fine line between educating and monitoring their behavior, while not completely encroaching on their privacy.

Public spheres like the Internet were used as private space, and some of the teens I talked to did not realize that their parents could somehow see what they were doing online. There was a range of diligence in monitoring from parents who did not monitor their children’s phones or Facebook at all, to knowing that they could if they wanted to as a family policy, to checking phones and Facebook daily, sometimes known by the child and sometimes unbeknownst. Most parents and adolescents were either Facebook friends with each other, or they had enough mutual family and friend connections that parents felt comfortable with their level of access. Some adolescents had no idea the level of access their parents had, but most were on the same page with what was visible to parents, and chose not to engage in behaviors online that they would not want their parents to observe under any conditions. Nevertheless, with grades being posted online, cell phone records being more detailed than ever before, and different avenues of seeing Facebook content, adolescents sometimes had to get creative when it came to maintaining their boundaries around what they perceived to be their private information.

Parents had valid reasons for concern about their children’s behavior online. They worried about cyber-bullying, sexual predators, and simpler matters that had potentially serious consequences, such as posting statuses indicating they were “at the movies” or “on vacation.” Many adolescents did not grasp that that could alert certain people to their location, and as a minor they probably should not be that publically trackable to strangers (3P). This also went for
the family’s home being vulnerable to break-ins if it was common knowledge that their house was empty and they were out of town (34P). One father emphasized to his children that they should not publicly advertise various items, particularly technology, that they have in their home (38P). Often parents instructed their children to talk about great movies and vacations after they returned as a compromise. No matter how you look at it or who you might sympathize with more, parents and adolescents are dealing with complicated individual and family privacy issues stemming from advancing technology, and this area is ripe for future research across the lifespan.

**Conflict and Digital Grounding**

Some of the concerns I have discussed already, such as overuse, time taken away from quality family communication, and inappropriate public communication that adolescents might naively see as “private” often translate into sources of conflict and discipline in families. To my knowledge, the term “digital grounding” is new to this area of research and also rich in potential for exploration in the future. Parents and adolescents agreed that much of their conflict came from content and patterns of use (e.g., after bedtime and while studying), and from taking it away. The addiction metaphor and technology as the new drug of choice continued into this area when I saw the hostility and withdrawal that took place if parents took their children’s access to technology away, particularly their phones and Facebook. I caught one girl in the middle of a digital grounding, and she was not happy at all. When thinking of the conflict that came from this reliance on technology, and general perceptions of family culture, she was even feeling that since her opinions were generally unimportant to her parents in her mind, she felt socially isolated and lonely:

**Diana:** Do you feel like your mom thinks the your ideas and opinions are important?
Daughter: Sometimes.

Diana: Is it times like when you don't win that you feel like they're not? Or when do you feel like they're not important?

Daughter: Whenever I will try, like right now she has my phone, so if I say that I need my phone because I need to talk to people, and I've had it gone for this is like the fourth day I've had it gone. And I had it gone for a long time, but I feel really lonely because I don't have people to talk to. So I will just say, can I please have my phone back? I've done my homework for the day. Can I have my phone back to talk until like 9:30 or something, and she will be like, “No.” And I'm like, “But I did everything, I did everything you told me to do, and now I'm just sitting here.”

Diana: Does she explain at all, or is it just no?

Daughter: Most of the time, it's just no.

Diana: If you don't mind my asking, why is the phone taken away right now?

Daughter: It's taken away because on Thursday night I was doing homework, but I was also chatting with my friends, and I wasn't doing it to be sneaky or anything. I was just talking because everybody else was in bed at 11 o'clock, and I was just really bored, and the house was too quiet, and I just needed somebody to talk to. So I was doing my homework,
and I was chatting, and she came in at 11:30 and said, "What are you doing?" And I said, “I'm chatting and doing my homework,” so she took my computer, she took my phone, she took her phone out of the room because it's a smart phone, so I couldn't get access to the Internet, and then the next day, she changed the password to my e-mail, and she has my phone still.

Diana: And do you feel like that is a bit of an overreaction?

Daughter: Yes. (21C)

It is really important to consider parental perspectives on this also. There appeared to be an unhealthy addiction to being technologically connected. This adolescent literally described feelings of loneliness and being cut off from the world. Parents counter that with confusion about this reliance when they see their friends everyday at school. However, some parents in this study were the more technology-addicted family member. Technology use was pervasive among those in the study. Still parents lamented that all of the previous generations survived this age without being constantly in touch with everyone they knew, and yet it really affected them when it was not there anymore. The bright side was that parents had a powerful discipline tool, but there were so many dark sides to consider. I heard a plethora of horror stories from parents and adolescents about misuse of technology in these interviews.

**Horror Stories/Teachable Moments in Misuse of Technology**

Parents had every right to be concerned about some of the behavior taking place on their adolescents’ phones and Facebook accounts. “Back in my day” I remember the uproar being over graphic and maturely themed video games like Grand Theft Auto. Xbox got mentioned as
one of the overly used devices that parents struggled to control, but absolutely no mention about
the content of the games was made. The primary concerns in this study were inappropriate
communication about matters like sex, drug use, and conflict, and cyber-bullying. One mom
shared this story below of a text that a young girl sent her son, and she was deeply relieved at his
reply:

* Diana: It's amazing the things that I am hearing with this young age group.

* Mom: Yeah, I was really shocked by it, and I think he was too actually.

* Diana: You don't sound like you were terribly disturbed by his response?

* Mom: No, he was appropriate. She wanted to know, I guess it's okay if I
say this on the tape?

* Diana: Yeah.

* Mom: She wanted to know, how was it? What would he do, she would
like to roll on top of him, and just lay on top of him and wanted to
know what he thought of that, and he said, "Well, I would probably
just give you a great big hug." I thought, good for you! (Laughter)

* Diana: I would be happy as a mom if that was his response.

* Mom: I was tickled! But I couldn't believe that somebody, he's 14 now,
so this would have been when he was 13. I was pretty shocked, and
I guess I shouldn't be shocked. I don't have blind trust, but I do
trust my kids a lot, and I was just bothered by that. So that is why
we took his cell phone away. (34P)
Another mom I talked to was appalled by a parent playing a role in an ongoing conflict between their daughters, and inappropriate pictures being posted on Facebook. She even took the time to show me the picture she was referencing on her phone after our interview:

_Mom:_ Number five really got my attention about, "You should always look at both sides of an issue," because we have a little problem going on with ______ and one of the swim friends, a bit of jealousy, more than a bit. It's not just the child; the child seems fine. It's the other child's parent I think is the problem. So I am trying to teach my daughter not to worry about it and to look at both sides, think about how she feels, because they used to be good friends so I am trying to get her to look at it from somebody else's perspective.

_Diana:_ So kind of managing that conflict?

_Mom:_ Exactly. Just maybe she's doing this because, so not to take it personally.

_Diana:_ Helping her perspective take.

_Mom:_ Exactly, and with the situation of the painting nails, this child did not come (to a swim team party previously mentioned where they all painted their nails). She was the only one who didn't come, and instead the mother takes a picture and posts it on Facebook! To show what her daughter was doing instead to make everybody, and I said, “You must not have a good self-esteem if you really have
to,” but it was not a very appropriate picture either. Laying in a boy’s lap, so yes. 13!

_Diana:_ I was going to ask, so laying in a boy’s lap, 13 years old? Okay. And she put this picture on Facebook to show that that’s what she was doing instead?

_Mom:_ Spending her time on the sofa, legs open, right there, mmm hmmm. We had a talk about that too and why not appropriate.

_Diana:_ Yeah, it sounds like there are several issues going on there.

_Mom:_ And it's not the child, and I reiterated that. I do like the little girl, but look at what she's coming from! (16P)

The horror stories rolled in from parents and teenagers alike. A primary example recurrent in almost every Florida interview was attributable to the timing of the interviews. About two weeks prior to my collection in Florida, two girls who went to one of the local high schools posted a video of a racist rant on YouTube and Facebook, and it went viral in this town, and beyond, because of Facebook’s scope. I read about the story from Pennsylvania and remember being embarrassed for my hometown with this national and international story spreading like wildfire. The girls received hundreds of death threats, side conflicts about it broke out all over Facebook, the parents left their jobs, the girls left school, and several told me that both families basically had to leave town permanently. So, when technology and bad behavior with it came up, this incident surfaced in 24 of the interviews. The parents used that behavior as a shocking and tangible teachable moment about thinking about the consequences of what you put online, and how permanent and far-reaching certain media are.
I heard numerous other stories. One mom told me about some of her daughter’s classmates posting pictures of underage drinking and “group sex” on Facebook, and she was additionally appalled that the girls did not even seem embarrassed by it (20P). A group of kids videotaped and posted on YouTube them trapping a disabled boy in a bathroom stall and beating him up (23P). One girl told me about her friend’s having his homework assignment stolen by another boy and having to tell the teacher why he did not have it; as a result, the boy who stole it started a group on Facebook about breaking the boy’s neck and killing him (21C). There were several stories about vicious texts and Facebook messages being exchanged between teenagers telling their peers to “go kill yourself.” One girl told me about a group of girls at her school who started a Facebook group of gossiping about anyone and everyone, including posting accusations that the vice-principal of their high school was cheating on his wife (35C). Adolescents got in trouble with their parents for being tagged by friends in Facebook statuses about smoking marijuana and drinking, which others indicated could be used by police in investigations and arrests (27C, 27P, 18C). These data go on and on in the areas of observed misbehavior, consequences, and serious cultural ramifications of trends like cyber-bullying and teen suicide.

One of the many significant takeaways that these conversations provided was the realization that conflict escalates so much faster with the help of technology. Teenagers used to go home from school mad at each other and have no contact until the next day after a “cooling off” period. Now, conflict is being immediately taken to cell phones and the internet, and as others are fueling the fire, it spreads and worsens rapidly. There is no break from it for adolescents. For better or worse, technology has changed peer relationships, family relationships, and our society in dramatic ways. Researchers should continue to look at how this is affecting
individual and relational health and well-being, in addition to the role that technology plays in substance use/abuse prevention.

**Health**

Communicating about health and how health affects relationships and prevention was another prevalent theme across these data. There was a spectrum of health concerns and severity, and a spectrum of how much families dealt with and communicated in respect to health in their families. Some participants said they were neither open nor avoidant about health because they had no issues to talk about or hide in their families. These were rare cases. Most families discussed disclosures of health situations, uncertainty management of health scenarios, effects of health on family decisions and dynamics, and stories about health and prevention practices. The sample was full of individuals who regularly take prescription medications, and in addition to legitimate medicines, there were numerous stories of observing misuse of prescription drugs, as well as a general awareness of the prevalent risk that prescriptions pose for teenagers. I organized the health experiences shared by these parents and adolescents in three ways: 1) variability in openness about health and time-delayed disclosures of health information, 2) effects of health on family communication and relationships, and 3) prevalence of prescription medication use and abuse, and the role of prescription meds in prevention processes.

**A Spectrum of Openness about Health**

As with other topics covered in these interviews, most family members were relatively open with one another about health situations in their nuclear and extended families. In part, this seemed to include information that was more difficult to hide or keep private for numerous reasons, with physical evidence being the most obvious. There were some health secrets disclosed to me, usually only by parents. Most common was a test being done (e.g., a breast
biopsy or a scan for cervical cancer) that did not need to be discussed unless it “became an issue.” Much of the time, health conditions were openly known within the family, and within larger social networks, but small updates or changes were withheld either from the children or kept as private family information if discussed openly inside from those outside of the family. One mom did not go into specifics but told me that she, her husband, and her daughter had dealt with a health issue of their daughter’s privately, within their family (2P). Another said that her children were aware of her health condition, but she did not update them in detail at every turn (26P). Some situations were ubiquitous and undeniable, for instance, like a mother who battled breast cancer for almost five years and got a clean bill of health about two weeks before I interviewed her (12P); a family whose youngest child had dealt with an autoimmune disorder that threatened his life and caused him to be hospitalized multiple times over the course of several years (19P); and a family with a child with Down Syndrome, who also battled infant leukemia (26C).

Time delayed disclosures were the most common way of dealing with health issues between parents and their adolescent children. The primary motivation for keeping health information private or keeping secrets about it was avoiding burdening one’s family with the information if they did not know what the outcome would be or if there would even be a need to worry about it at all. With situations involving imminent threat and risk, this information was disclosed. Often, information was never revealed if there was a clean bill of health involved, such as the mom who had a breast biopsy that turned out to be benign. The mother who had just been cleared of breast cancer reported how open her family was about it both internally and externally with those in their social network in the following excerpt:
Diana: If I can ask, and I ask families about health a lot, and you brought up that you have been dealing with cancer for a few years, how private has that been?

Mom: Everybody knows because I went through being bald and... (interruption in interview)

Diana: So that was a pretty open thing? Was that by choice, or was that by nature of living in a small town?

Mom: I just never thought of hiding it. When you're bald, people pretty much know. I was pretty open about it, just because I wanted people praying for me and, yeah. People would ask the girls in school, “How is your mom?,” and they would always tell me that somebody asked about me.

Diana: How about with the girls? Was there much about that time, like the various things that you went through that you didn't share, or did they witness that?

Mom: They knew everything. (12P)

There were some things about health that were never said, primarily for the reason of avoiding worry and no eventual need due to clean bills of health. There were limited disclosures to avoid constant worry, but to have the children understand basically what was going on. There were “family secrets” about health, where it was openly discussed inside, but not disclosed to me what those health issues were or shared with anyone outside the family in general. Finally, there were examples like the one above in which physical evidence, urgency of the situation, and general family communication environment contributed to total openness about ongoing health
situations. Aside from openness, I heard about a variety of effects that these health situations had on family communication, relationships, and individual emotional experiences.

Effects of Health on Family Communication and Relationships

Although openness seemed to help family members share the unavoidable burden of certain mental and physical health situations, many of these situations remained difficult for family members to deal with and affected perceptions of other aspects of family life that seemed problematic for individual family members’ overall well-being. The same mother with breast cancer quoted above had this to say about how open her daughters were with her about the whole experience:

**Diana:** How did you deal with their emotions about it? How did you all communicate?

**Mom:** That's one thing that kind of bothered me here and there. They never really expressed much feeling about it. I'm sure they worried about it, but they never really showed that they were worried about it. I'm not sure why but….

**Diana:** And it bothered you in terms of not knowing if they were okay or hurting your feelings?

**Mom:** No, not hurting my feelings just maybe it's just because I tried the entire time to stay as normal as possible and continue to do everything, and there were times when I would say, "Girls, you've got to understand I am tired. I have to lay down.” So maybe they didn't think it was as hard as it was because I tried to act normal. So that could probably be…. (12P)
I actually interviewed all three of the daughters separately. The youngest one did not bring her mom’s cancer up at all; the other two mentioned it and indicated that they were open about it, but, with the light probing that I was comfortable with, would not reveal any emotion about it, besides it being a generally difficult time for them.

I interviewed one mother-daughter pair in which the mother vaguely alluded to chronic health issues, and the daughter told me that her mom has had Lyme disease since she (her mother) was 16 years old. When asked about what her mom might not be totally open with her about in general, the daughter mentioned how her mom’s health affects openness and privacy within the family and their communication at times. She seemed to be a little emotional about this, and she and her mom noted that as the oldest child, she helps around the house a lot. In this case, the mother’s health and the family’s birth order lead to a stressful experience for both mother and daughter:

*Diana:* How about for your mom? If you had to guess areas that she may not be 100% open about, what might that be?

*Daughter:* Maybe her feelings sometimes. Sometimes she is stressed out, and I don't really know why. Sometimes it's just because she doesn't feel well too. I don't think it's that big of deal.

*Diana:* How do you get the sense that she is stressed or that her feelings aren’t being shared? What is being displayed?

*Daughter:* (long pause) That's a tough question. Maybe she is a little bit distant or trying to get a bunch of stuff done. She has a lot on her plate.
Diana: Okay, so it is kind of a combination of you knowing certain things and a lack of communication at certain times when usually there is a lot?

Daughter: Yes.

Diana: And so you think she might be withholding a little bit?

Daughter: Yes.

Diana: Okay, when you say that she doesn't feel well, does she have health issues that she struggles with on a regular basis?

Daughter: She has Lyme disease and that affects her at different times.

Diana: Okay, so you are aware of that chronic situation?

Daughter: Yeah.

Diana: Do you guys ever talk about that or is it just kind of?

Daughter: Sometimes, I mean she has had it since she was 16, so I guess you could say that she is used to it. I guess we don't talk too much about it.

Diana: But it affects her mood sometimes or obviously if you are not feeling well things are a little bit different?

Daughter: Right. (32C)

I talked to a 16 year-old girl whose 11 year-old brother was born with Down Syndrome and developed leukemia in his first few years of life. Over the course of our conversation, she described how this affected not only her whole family’s life in many ways, but personal experiences of her own along the way too. When asked if her opinions were important in general, she referenced the importance of her brother’s care, and the sense that her opinions took a
backseat to caring for him. She elaborated that she was homeschooled until he got sick, and then she had to make the transition to Catholic school and act as a parental figure for other younger siblings while her parents basically lived at the hospital with her brother. She also talked about her vote’s not weighing as much as others in the family because of the primary importance of his education and health. Though several of the siblings would rather have lived somewhere else that was closer to extended family, they lived where they did because of her brother’s excellent school, which was entirely devoted to children with special needs and disabilities. This interview broke my heart because this young girl seemed to be very well-adjusted and mature, but also sad that she was burdened with a lot of responsibility very young, as well as that her life did not always feel like her own as a result of her brother’s health (26C).

Mental health came up in two families for which I conducted interviews. One was a young man who shared his frequent feelings of depression with me, but withheld them from his “controlling” mother (7C). In that case, his emotional experiences and mental health and well-being directly affected active and long-term avoidance of communication about his thoughts and feelings, and he perceived that his avoidance led to increased and recurring feelings of isolation and loneliness. The mother-daughter pair who brought up depression were much more open with each other about it in general (29). However, the daughter did admit to talking to her dad more about her feelings, and her mom said that her daughter told her there were some personal feelings that she was just not comfortable sharing with her. They were very open about the fact that they dealt with depression, but their innermost experiences often remained private from each other. Here is what the daughter had to say about her family’s positive role in coping with depression:
Daughter: Both of my parents have clinical depression, and that is brought up a lot. We talk about that a lot. Because it's clinical depression and hereditary, we talk about it. They are very very open about that. They give their past experiences and tell me what helped them. They say, “If you need support, I can help you with that kind of thing.” They are very open about that.

Diana: Okay, and have you personally dealt with that yet?

Daughter: Yes, I have personally dealt with that.

Diana: Okay, yes that was what I was talking about. Anything health-related that comes to mind. I don't want to put anything in your head about it. So you guys are very open about that.

Daughter: Yes, we are very open about that.

Diana: Does that make you feel better about it?

Daughter: So much better! That's one of the things that I like most about my parents. They own up to all of that. All that happened to them. They are very open about their past, and I have any questions they will tell me and help me out…. It's really good when you know that you are not so alone. (29C)

These families had diverse, complicated health experiences and stories, with varied effects on individual members. These health experiences were often intrinsic components of family life and could not be ignored when addressing conversations about substance use, such as avoiding mixing depression and alcohol in the family discussed above (29). Health affected family life in general, as well as communication about prevention of substance use.
Prescriptions and Prevention

Family conversations about health ranged from issues surrounding mental health, to physical and dietary health, to serious illness and disease, to learning disabilities. Many parents shared information with me concerning their own long-term medication for pain management, depression, anxiety, hormonal disorders, and other physical ailments. Parents were also usually the ones to disclose that their children had learning disabilities, pain management issues from athletic injuries, and most commonly anxiety and ADHD. Taking medication was often a source of regular parent-adolescent explicit communication about proper use and safety with individuals they might encounter who want to take their medication recreationally. Sometimes getting adolescents to take their medication was a source of conflict, as discussed with this mother:

*Diana:* You said that a tiny point of contention can be having ______ take her medicine?

*Mom:* Yes.

*Diana:* Is there a reason behind not that she has explicitly said? Stubborn?

*Mom:* Stubborn.

*Diana:* Just not wanting to be told what to do?

*Mom:* I think that's part of it, that she has to remember to take it each morning. Lots of children right about their ninth grade year, that's when they decide that they don't want to take it. I've had conferences with several parents, so I knew it was coming. “Well, he didn't want to take his meds, so we thought we would try his ninth grade year without it.” I'm like, “You did what?” Because after teaching for a while, meds are a big thing now. It used to just
be Ritalin, and that was really kind of weird but now she's just anxious a lot, and she would worry about everything. And she will get caught in a catch-22, where she will come home and it's like, “I don't know how to do the homework, so I can't do the homework, but I have to do the homework,” and it's just like, just let it go. It's okay. So what if you don't get it done? And this has worked out a whole lot better. It gives us the chance for her to start processing into figuring out what the steps are that she needs to follow.

_Diana:_ It sounds like you have had to communicate quite a bit about it?

_Mom:_ Yeah, yeah. (23P)

I quoted a mom earlier who was going through a really hard time with her son, and part of that involved the daily cycle with his medication kicking in. The mornings were a time when he was out of control and really unpleasant with his mom, and then in the afternoons, she reported, he was a “totally different kid” (27P).

Aside from dealing with conflict surrounding the need for medication and taking it itself, parents had to talk to their adolescents about being careful not to talk too much about their medications because they were commonly taken recreationally and abused. Several adolescents in the study said that they had had peers offer to buy their ADHD medicine and especially medications that were prescribed for post-surgical pain management. I dubbed this the “wisdom tooth effect,” which came up frequently. Parents had to be extra diligent when their children are prescribed Vicodin, Oxycodone, and other narcotics because they feared theft and even threats to their children’s safety by people who wanted to get their hands on it badly enough. Parents also had to have prevention and safety conversations with their children about mixing their
medications with other substances. This mom below shared the following story about her concern about her kids trying energy drinks (which came up in several interviews as a substance of significant concern):

_Diana:_ And you don't have to tell me at all too much detail more than you want to, but I am just curious if they see medications or regular taking of medications?

_Mom:_ Yes.

_Diana:_ And have you addressed that explicitly?

_Mom:_ Yes, because both of them are on medication daily for ADHD. Like, for instance, now I am on an antibiotic twice a day, and the only way I can remember it is to put it with their pills that they take every day. So we do have prescription medicines out, and his dad is on a maintenance medication. We don't put those away either. We have talked a lot with news stories and what can happen if you take the wrong thing, and the main reason we talk about it with them is because of the super caffeinated drinks. Those are really bad to take if you are on ADHD medicine. And we found out from one of the kids, actually it was the younger one, but he had mentioned that he was at somebody's house and they were drinking those and the dad gave him one. Now that was one when we sat him down and said, “You need to understand that because you are on this medication, you cannot ever do anything like that.” And there was a really tragic news story of couple of years ago
about a kid who, I forget what was wrong with him, he was a teenager, or maybe early college, and he went to somebody's house and said that he had a headache and the mom there gave him some aspirin, and he was on some kind of medication and he died. Because it interacted. So we took that story and said, “If you go to anybody's house, you don't take pills from them.” But these caffeinated drinks, they are not thinking like that. So anyway, because they are on something we talk about that all the time.

(39C)

Many of these families took medicine regularly, as well as had children with their own prescriptions to monitor and manage. Some families with no need for medicine expressed a proud family identity as “not a drug-taking family,” and expressed strong feelings against the common trend of many medications for many different things. Regardless of philosophy about it, prescription medications were a big part of family life and, therefore, family communication about safe management, privacy out of concerns for safety, prevention from their children’s accidental or purposeful misuse, and the perceived threat of others’ knowledge of and desire to obtain their children’s medications. When conducting future research on this topic and drug talks in particular, prescription medications warrant specific attention because they are a significant part of life, communication, risk, and prevention.
CHAPTER SIX

IMPLICATIONS, LIMITATIONS, FUTURE DIRECTIONS, AND CONCLUSION

This dissertation project yielded a substantial amount of rich, descriptive data that can, and I hope will, advance our knowledge base and make a variety of significant contributions to the discipline. 1) It provides a description of the complex contextual factors of family life in which specific topics like substance use are discussed and avoided. 2) It adds to the scholarship relating to family communication patterns via the RFCP survey as an interview guide, and as a supplement to in-depth interviews, which allowed for clarifications, qualifications of responses, and elaboration on each item that are not possible in other methodological designs. 3) It adds to our knowledge of the complexities of privacy management in families, as well as how privacy is perceived and maintained both inside the family and between the family and those outside. 4) It provides a working model of family-based prevention communication, with descriptions of characteristics of parent-adolescent drug talks, as well as how each generation feels concerning the way they communicate about drugs. 5) It fills a gap in extant literature by providing detailed descriptions of family members’ perceptions of parental substance use and how parental use coordinates with communication about expectations for adolescent abstention. 6) These family members’ stories and experiences enrich our knowledge of health communication in families; we now know more about health as a factor in family culture and the various ways it affects family communication and individual members’ feelings about family life. 7) Finally, the study has contributed to our understanding of the role of technology in family culture, communication, and prevention, as well as signals a pressing need for future research addressing the necessity of parent-adolescent communication relating to safe and appropriate uses of technology.
The methodological design facilitated the development of in-depth, descriptive information relating to and understanding of family culture, family communication patterns, privacy management, prevention messages, parental experiences in midlife, adolescence, computer-mediated communication, and health communication. In this chapter, I summarize my interpretation of the results in respect to their implications in contributing to our knowledge base. Second, I examine the limitations of the study. Finally, I discuss directions for future research suggested by the findings.

Implications

A major contribution that this study makes to the research involving family communication patterns is a more in-depth understanding of the intricacies and complexities in patterns of familial interaction and global family cultures. The design of the study, including the instruments and method used, add to the trustworthiness of the data pertaining to this particular area. The RFCP guided the interview schedule; rather than solely relying on categorizations based on median splits to organize and describe these families, I was able to have them describe their family communication cultures in their own words. This facet of the interviews included, but was not limited to subjective experiences of global family culture, perceived relational quality, processes in decision-making, conflict negotiation and management, parental authority and discipline, and dyadic perceptions of how important adolescent opinions are to their parents. By building on the factors that the RFCP touches on quantitatively, I was able to paint a much more vivid and detailed picture of what consensual families and pluralistic families look like, while at the same time capturing nuances that surface when parents and adolescents have different perceptions of conversation and conformity orientations.
Another strength of the design of this study is its capacity to describe the similarities and the differences within family types. It is naïve to think that all consensual (or pluralistic) families look, behave, and communicate alike. The participants’ feedback and elaboration on the survey items illuminated potential weaknesses to using this metric in isolation. At times, participants seemed to describe a family quite different from the one their survey ratings indicated; other times, they described numerous family types within one interview and reminded me of how dynamic and difficult to quantify and neatly categorize family systems are. Still other instances, the data seemed to capture exactly the families portrayed in the theory and reflected in scores on the RFCP scale. Therefore, although the RFCP continues to be a useful and heuristic diagnostic tool, adding qualitative data pertaining to family communication patterns, from multiple family members’ perspectives can inform future methodological designs in similar areas of inquiry and opens promising new directions in family communication research.

**Family communication patterns.** The first third of every interview I conducted addressed the study’s first two research questions regarding parental and adolescent perceptions of family communication patterns and global family culture, as well as how those various patterns and cultures influence family communication about substance use. The participants helped paint a picture in their own words of family life, including what parents and adolescents communicate on a daily basis, how they handle decision-making, perceptions of the importance of one’s opinions in their family, how much parents and adolescents debate about in-depth topics like politics, religion, and current events, and how they handle conflict in general. In addition to interview questions that stemmed from the RFCP, family members also discussed how their parent-child relationships and global family cultures made them feel. The descriptions of parental and adolescent subjective experiences made for a captivating contribution to reports of
family communication patterns and family life overall. Overall, the interviewees were emotionally connected and satisfied parents and adolescents. However, asking participants how they felt revealed complex emotions about how difficult, frustrating, and exhausting familial interactions and relationships can be for both generations, particularly in adolescence. I caught them at a tumultuous time, and their words both warmed and, at times, broke my heart.

The families in this study had more resemblances than apparent differences. Every family was dynamic and unique, but I saw many commonalities across family communication types. Most of the families appeared to have high conversation orientations (i.e., they talked a lot about a lot of topics), and they generally expressed feelings of comfort in talking about almost everything and a willingness to disagree when it came up. For the most part, the families were very busy and involved in numerous activities outside school and the home. They were involved in church, while demonstrating varying levels of religiosity. The combination of working parents, busy children, and a concerted effort to have “family time” conveyed a somewhat frenzied feeling about life for the families in general. In addition, the inherent need to balance parental authority with encouragement of all family members to participate and communicate in family life added further layers of complexity.

Consensual families grappled with a more acute tension between the high conversation orientation and high conformity orientation than did pluralistic families. Many parents described the creation and maintenance of families with their spouses that they envisioned as perpetuating positive factors and trying to eliminate negative ones associated with their own families of origin, including new views on discipline and “friendship” with their children. These were modern, traditional families, and the power of the presence of two parents was not lost on anyone. However, they did have to deal with a dialectical tension between that traditional
structure and a desire for the children to talk to them about anything. This tension often resulted in adolescent perceptions of having overly strict parents who wanted to “know their business” too much. Parents expressed frustration with the prevalence of technology interfering with academic concentration, even when performance was not suffering. What I found most interesting and what I empathized with the most for these family members was that they were trying their best to do it all. For the most part, they were successful; however, there were naturally different priorities and feelings of parents and adolescents, and the family structure seemed to win out most of the time, which left family members tightly emotionally connected, but nevertheless often frustrated within that bond.

Overall, consensual family members had similar perceptions of family communication patterns and general family culture; they were often on the same page emotionally. Those emotions varied considerably, but still conveyed a strong connection that whether positive or negative or mixed at the time, they were in it together. Therefore, similar perceptions did not necessarily translate to relational satisfaction.

Pluralistic families did not necessarily demonstrate greater relational satisfaction than consensual families, but the parental authority was implicitly understood and less explicitly emphasized than it was in consensual families. Like consensual families, the members communicated frequently and about a wide range of topics. Parents and adolescents agreed that nothing seemed “off limits.” An intuitive difference regarding adolescent perceptions of family life were fewer complaints about overbearing and overly strict parents. Pluralistic parents did not necessarily describe their families as democratic, so much as they preferred terms like “participatory” and “less heavy handed.” Parental authority was just as important and perceived as just as present and understood, but it went without saying in these families. Adolescents may
have been able to voice their (dissenting) opinions more comfortably, but parents still had the ultimate say. In other words, there was more room for negotiation within the power hierarchy than there was in consensual families.

It is noteworthy that all of five of the fathers interviewed in this study portrayed their families as pluralistic. They often saw themselves as slightly removed authority figures who let their wives do more of the day-to-day relationship maintenance with their adolescent children; however, at the same time, fathers were connected to their children through humor and shared activities and interests. They seemed to demonstrate different reinforcing methods of relationship maintenance with their children than mothers did, and sadly, adolescence was a time of frustration for all of them. It is supported in research, and clear in this study, that fathers are often close to their children when they are old enough to play with them (e.g., after infancy and before pre-adolescence), they drift during adolescence and often come back together in young adulthood. Some of these fathers were more emotionally connected and involved than others, but even they expressed frustration with adolescence in general and looked forward to their future relationship with their children.

Consensual-pluralistic families generally looked and sounded a lot like both communication types. This common classification made sense when parents were focusing on open communication (and perhaps subject to social desirability issues with conformity items on the RFCP), and adolescents acknowledged such open communication but, given their place in the family, more acutely perceived the conformity orientation as well. One common characteristic of these families that contradicts the adolescents’ perceptions, confirms those of the parents and made these families qualitatively resemble pluralistic families more than consensual ones was the sense that they were seeing that balance between conformity and
conversation a little bit more adeptly. Adolescents often conveyed a desire to have free time just to relax or play, in addition to keeping up with school and other responsibilities like participation on athletic teams. These families maintained the well-understood parental authority, the open communication about almost anything, and the freedom to “let the kids be kids,” which did seem to contribute to relational satisfaction much of the time. That is not to say that only positive emotions were expressed by these family members, but like consensual and pluralistic family members, they had similar perceptions of family life overall (again signaling a potential measurement issue with the RFCP).

The family members in the Other category could signal a measurement strength by accurately highlighting discrepant perceptions of emotionally disconnected and dissatisfied parents and adolescents. Interestingly, these family members did not usually express dissatisfaction with the entire family, just with the parent or child I interviewed. Some of this seemed to stem from the stage of adolescence itself, for both, and some of it from personality differences and various other stressful family dynamics. Whatever the source of stress or dissatisfaction, these family members were markedly more emotionally disconnected and viewed family life relatively differently from one another. This was the only category in which protective and laissez-faire ratings were present, and the interviews reflected some of those characteristics, but in keeping with the general disconnection, those ratings often came from the other family member, who described a different family communication pattern altogether. This category brought up questions concerning both the RFCPs ability to capture accurately certain family complexities and what else was going on in these families besides general frustration and disconnection. It is noteworthy that the parents and adolescents sometimes had similar perceptions of the exact disconnection I was picking up on in the interviews, so this category did
not necessarily represent different perceptions of family communication patterns and emotional disconnection. Some showed one and not the other.

These data pointed to two general trends regarding topic avoidance of substance use across family communication patterns. First, pluralistic families did not avoid the topic, but this did not necessarily mean that they communicated explicitly about it. Many families in this study relied on an implicit, established understanding of parental expectations for adolescent abstention from substance use and indirect messages, often via parental behavior with substance use themselves. Consensual families did not reveal a lot of topic avoidance either and were slightly more explicit in their communication about expectations concerning substance use in general. My interpretation is that parental authority, and by extension expectations and rules, were more explicitly communicated about more frequently. The topic of expectations concerning adolescent substance use is inherently tied to parents’ being in charge, expecting obedience, and making consequences for disobedience known. Therefore, an overall explicit communication of conformity orientation could go hand-in-hand conversationally with explicitly reinforcing expectations and potential consequences for adolescent substance use. On the other hand, there was a parallel in pluralistic families relating to parental authority and communication about substance use; both seemed to be understood without a need for a lot of explicit communication.

Parental and adolescent reasons for topic avoidance, or minimal explicit communication about substance use in general, and parental substance use in particular were similar across family communication types. The primary reason given by both generations was that in the absence of problematic use, there was not much need for frequent explicit communication about it. In addition, this shared perception of a lack of need for communication about parental substance use applied irrespective of the actual amounts of parental substance use. Families with
completely abstinent parents, those with parents who could be considered “social drinkers,” and those with parents who drink frequently and to excess, all expressed the lack of a problematic pattern of use and, therefore, a lack of need to talk about it explicitly. Parents also expressed a desire not to over-emphasize the topic and inadvertently drive their adolescents toward action out of curiosity or a sense of rebellion. For the most part, adolescents expressed frustration when it was frequently emphasized, and satisfaction and gratitude when it was not. Members in Other families were avoidant in general, and this applied to the topic of substance use specifically.

**Communication privacy management.** This study involved moderately private families. I used both interview questions derived from theoretical assumptions and previous scholarly literature about topic avoidance and boundary management in families, as well as an exploratory measure of visualizing privacy boundaries within the family and between the family and those outside. The findings revealed that representatives of all of the families thought of themselves as primarily open on the inside, which was not surprising in view of the family communication patterns evidenced in these families. More laissez-faire and protective families might have described systems that were more internally closed. However, given that most considered themselves open on the inside, there was a range of perceived permeability levels with those outside the family.

Most family members considered themselves moderately private, in that images 2 and 3 (Appendix D) both reminded them of their families, depending on the topic or the potential co-owner of the information. However, there were several families whose representatives perceived themselves as “wide open” or high in permeability internally and externally, and other families whose representatives perceived themselves as “very private” or low in permeability in respect to the outside world. The communication about substance use in general and parental substance use
in particular did not vary significantly by family privacy orientation. This could be partially attributed to the fact that regardless of external boundary strength, the families all perceived high permeability internally. There were some individual differences in privacy preference that affected perceptions of avoidance and privacy, with the more private people tending to be a little bit more avoidant in respect to the topic of substance use and the more “wide open” people talking about everything relatively openly, including substance use.

Every family in the study gave a picture of boundaries that expanded and constricted depending on the topic and to whom they considered granting co-ownership of the information. Parents perceived a few common topics as private information, including family finances, past behavior and relationships, marital issues like conflict and intimacy, and often certain details about health circumstances that they did not want to burden their children with. For adolescents, topics like personal thoughts and feelings, details about friends and activities, as well as about romantic relationships (sometimes the existence of said relationships), sex, and experimentation with drugs, were commonly withheld from parents. These topics felt so normative and socially appropriate to both generations that they often could not articulate reasons for not talking about them, but I sensed factors like awkwardness and fear of worrying one’s parent or child much more than fear of conflict or punishment. For the most part, these things were “just private” and perceived as normal and justifiable as areas that the participants were not totally open about with their parent/child.

In regards to family members’ perceptions of private family information or “family secrets” a few interesting findings emerged. The most common topics that were openly discussed internally, but strictly kept inside the family were family finances and talk about other people and other people’s private information. This often seemed like gossip that family members
would feel embarrassed or guilty about if the target of the communication knew it was discussed in their family. However, it also in many instances looked like understandable venting about external relationships in a safe place at home with family. Health was mentioned as a source of secrecy or privacy with those outside the family as well.

It is noteworthy that family members across family privacy orientations often drew a distinction between being secretive and simply not choosing to disclose certain information, either internally and externally. Some of the most emphatically private people made clear that they had no secrets; they did not voluntarily divulge much to others, but if asked, they would be honest just about anything. Similarly, some of the most open individuals and families dealt with privacy management issues and boundary turbulence. Both parents and adolescents made clear perceived differences between secrets and private information; there were very few secrets disclosed or referenced in this study. There was a lot of private information that, whether kept from other family members or openly discussed internally, was kept inside of the family.

There were common types of coalitions and channels of disclosure in the families, both regarding innocuous information and more sensitive, potentially private information. Adolescents tended to disclose to mothers, with the understanding that they would also disclose to fathers eventually. There was more sheer volume of talk and time between mothers and their adolescent children. There were exceptions to this pattern, with both daughters and sons occasionally reporting that they would rather disclose sensitive or private information to their fathers. This was not a result of adolescents being generally closer to their fathers, but more specific dynamics, such as, fathers being better listeners or avoiding conflict with mothers. Fathers were primarily avoided because of anticipated teasing/embarrassment or avoidance of anger and conflict. Another common coalition stratégic disclosure channel was parents of the
same sex as their child handling the especially awkward topic of sexual health, development, and relationships (fathers talked to sons about sex, and mothers talked to daughters).

**Parent-adolescent drug talks.** Although families in the study talked about drugs with their teenagers more and less frequently and more and less explicitly, they did not use the “one-shot drug talk” model of yesteryear. Teachable moments were pulled from their own families, their friends, their peers at work and school, others in the community, the news, and celebrities in the media. Horror stories were numerous and varied when it came to the dark side of interpersonal communication online, and many of those involved substance use prevention messages. Family members’ health experiences were also frequently the opener and reminder for talks about abstention and responsible drug taking. Parents more openly and explicitly talked about past tobacco use than they discussed current alcohol use. Explicit talk about parental use was relatively rare; adolescent confusion and problematic interpretations of parental use in the face of ambiguity about it were not present in this study. This may have been because the adolescents were raised in generally stable and healthy families and were observing norms regarding use and responsible decision-making when it came to drinking, like driving safety.

Overall, parents perceived their own substance use more accurately and more parent-adolescent communication about it than their adolescent children recalled. However, discussion of parental use was infrequent. When parents did communicate about their alcohol consumption, they emphasized legality and moderation. They were more explicit about past tobacco use, and there seemed to be a perception that disclosing that past use was a successful deterrent to their children’s future tobacco use. There seemed to be an opposite perception in respect to alcohol, and parents were very avoidant when it came to disclosing details of their past drinking behavior. Generally, parents were concerned about over-emphasizing alcohol, whether by disclosing what
they perceived would be inappropriate details about their past use, or reminding their adolescents about not doing it themselves so often that they might accidentally drive them toward the “forbidden fruit.”

One interesting trend that I observed was that parents perceived their modeling of safe driving behavior as a very explicit message to their adolescent children. When asked if and how they explicitly talked to their adolescent children about their use, parents often relayed stories about drinking in front of their children and then giving the spouse the keys, or vice versa by taking the keys from the spouse who had been drinking. No conversations accompanied these actions; rather, the parents relied heavily on the message that they thought was implicit in their behavior in front of their children. What was perceived as appropriate understandably varied by family, but this was a much more common method of communicating about parental use, and the reliance on indirect messages and explicit understanding of expectations for behavior extended to communication about substance use in general as well.

Individual differences were an important factor in the perceptions of communication about substance use and prevention in this study. Parents and adolescents who were more or less extroverted/introverted, depressed, skilled at expressing emotion, private, and self-motivated were not only going to experience family life and communication differently, they were also going to discuss their perceptions about it with me differently. Many adolescents attributed their abstention from drug use to healthy family communication and relationships, but many credited themselves first and foremost. Parents expressed concerns about the personality differences among their multiple children, with some demonstrating more risk-taking generally and interest in experimentation specifically than their siblings. In addition, parents worried about factors like extroversion, sense of humor, and compliance when it came to vulnerability outside the family.
Parents and adolescents perceived four primary strengths within their families and their communication about drugs that they used as the basis for advice to other parents concerning being the effective anti-drug for their adolescent children. Both generations agreed that open communication, parent-child relational quality, parents’ setting a good example, and parental involvement and monitoring were the essential components of successful substance use prevention in families. Openness did not necessarily translate to explicit communication, but often it seemed to reference a spirit of openness in which family members felt that they could communicate if they needed to, but often did not choose to. Whether adolescents cited their stable family environments or their own self-motivation as reasons for abstaining from substance use, or both, they mentioned a desire to avoid disappointing their parents and potentially damaging that relationship as a powerful reason to refrain from drug use. Parent-child relational quality was certainly a prevention mechanism in this study, and other factors—healthy families, peer groups, and individuals—seemed to have an additive effect on prevention: the more that were present, the better.

Overall, the family members were open and honest with each other, emotionally close, and satisfied with their communication about substance use with their parents/adolescent children. Many of these adolescents had tried alcohol with their parents, and some of them began experimenting with alcohol and marijuana with their friends. There was an overwhelming sense that these were stable families, with loving and involved parents, and self-motivated kids. Teachable moments rather than formal lectures seemed to be the way of the present and future when it came to talking about drugs, and the families were starting to grapple with the complications that technology introduces to family communication in general and substance use prevention specifically. Health experiences and consuming prescription medicines were also
present factors family members incorporate into their relationships with each other, as well as in their communication about healthy lifestyles, including responsible substance use and abstention.

**Limitations and Future Directions**

There were several limitations to this study. The sample consisted exclusively of intact families. I made this choice because the theoretical underpinnings of family communication patterns are based on intact families and the various environments are believed to be more salient to family members in two-parent, non-stepfamilies. In addition, single parent families and stepfamilies introduce a host of other variables/stress factors that complicate family life and confound findings on communication and prevention processes. However, I plan to conduct additional interviews in the future involving alternative family forms. Ultimately, I want to be able to compare single parent families, stepfamilies, families with homosexual parents, and more culturally diverse families with the type of families in this study, as well as to analyze similarities and systematic differences when it comes to prevention practices in particular, and family life more generally.

A second limitation to the study was that it did not represent every theoretical family type. Although the data contribute to knowledge in several areas, future research should be able to compare and contrast protective and laissez-faire families, as well as families whose members perceive themselves as having low permeability in terms of privacy internally, with the family communication types and privacy orientations thoroughly represented here. In addition, although I am grateful to the five fathers who participated in this study, and my interviews with them were some of the most interesting, insightful, informative, and entertaining, they were unrepresentative, I am reasonably sure. In the future, I would like to conduct more interviews
with fathers to be able to capture better and more reliably both similarities and unique
differences intrinsic to fatherhood.

Third, there were selection and social desirability biases in these data that need to be
acknowledged. It is not surprising that these families were communicatively open and relatively
healthy and stable because those are the types of family members who may be more prone to
participate in interviews about family communication and substance use to begin with. In
addition, I have reason to believe that some of the discrepancies between RFCP responses and
what I seemed to be gleaning from the qualitative data are attributable to vulnerability to social
desirability concerns in both outlets. Many participants expressed a strong reaction to the
conformity items on the survey. I wondered if there was a general propensity based on wording
to answer those in a certain way (i.e., lower conformity). I also acknowledge the possibility that
by sitting and talking with me face-to-face the family members were apt to be motivated to
present their families in a positive light. Although I feel that these participants were candid
overall and willing to share their personal thoughts, feelings, and experiences with me, I know
there were some things they left unsaid and details they did not totally disclose that could have
resulted in a clearer picture. This study was based on only the perceptions that participants were
willing to share.

Finally, my assessment of family privacy orientations was exploratory. This was evident
in the majority of participants’ responses that required a fifth diagram combining elements of
two different privacy orientations. Although I think that this use of visual depictions of privacy
boundaries opened potentially fruitful avenues for future explorations of boundary management,
additional research is needed to refine and improve the trustworthiness of a measure of
something as complex as internal and external privacy management practices before addressing more substantive issues.

Conclusion

This dissertation is full of interesting stories, accounts of intense and complex emotions, and various ways of “doing” family communication in respect to relationships, drug talks, and other matters. The data reveal a global family culture and detailed contexts in which to situate and understand specific matters commonly disclosed and avoided in parent-adolescent interactions, as well as ones with those outside the family. This research does not take a best practices approach, but offers ecologically valid data about parental and adolescent perceptions concerning what is healthy and effective in family life, parent-adolescent relationships, and substance use prevention. More specifically, this dissertation contributes to knowledge in family communication, prevention science, qualitative research methods, the role of technology in family and United States culture, health communication, and privacy management. It has stories to tell for a long time to come.
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Appendix A
U.S. Census Bureau Data for Counties in Which Data Was Primarily Collected

### County Census Data 2006-2010

<table>
<thead>
<tr>
<th>County</th>
<th>% High School Graduates</th>
<th>% Bachelor Degrees</th>
<th>Median Household Income</th>
<th>Racial Make-Up (As of 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alachua County</td>
<td>89.7%</td>
<td>40.9%</td>
<td>$40,644</td>
<td>69.6% 20.3% 5.4% 8.4%</td>
</tr>
<tr>
<td>Blair County</td>
<td>89.7%</td>
<td>17.3%</td>
<td>$42,363</td>
<td>95.0% 1.7% 60.0% 1.0%</td>
</tr>
<tr>
<td>Bedford County</td>
<td>83.9%</td>
<td>12.5%</td>
<td>$40,149</td>
<td>98.0% 5.0% 2.0% 9.0%</td>
</tr>
<tr>
<td>Centre County</td>
<td>92.5%</td>
<td>40.0%</td>
<td>$47,016</td>
<td>89.4% 3.0% 5.2% 2.4%</td>
</tr>
</tbody>
</table>
Appendix B
The Revised Family Communication Patterns Survey for Parents and Adolescents

*Parent Survey (# _______)*

1) *In our family, we often talk about topics like politics and religion where some persons disagree with others.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Strongly Agree</th>
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2) *I often say things like “Every member of the family should have some say in family decisions.”*

<table>
<thead>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>Strongly Agree</th>
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</table>

3) *I often ask my child’s opinion when the family is talking about something.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
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</tr>
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</table>

4) *I encourage my child to challenge my ideas and beliefs.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

5) *I often say things like “You should always look at both sides of an issue.”*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>Strongly Agree</th>
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</thead>
</table>

6) *My child usually tells me about what s/he is thinking about things.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

7) *My child can tell me almost anything.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
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<th>7</th>
<th>Strongly Agree</th>
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</table>

8) *In our family, we often talk about our feelings and emotions.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
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<th>7</th>
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</table>

9) *My child and I often have long, relaxed conversations about nothing in particular.*

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

10) *I think my child really enjoys talking with me, even when we disagree.*

    | Strongly Disagree | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Strongly Agree |
    |-------------------|---|---|---|---|---|---|---|----------------|
11) I encourage my child to express his/her feelings.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

12) I tend to be very open about my emotions.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

13) We often talk as a family about things we have done during the day.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

14) In our family, we often talk about our plans and hopes for the future.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

15) I like to hear my child’s opinion, even when s/he doesn’t agree with me.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

16) Whenever anything really important is involved, I expect my child to obey me without question.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

17) In our home, the parents usually have the last word.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

18) I feel that it is important for the parents to be the boss.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

19) I sometimes become irritated with my child’s views if they are different from mine.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

20) If I don’t approve of it, I don’t want to know about it.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

21) When my child is at home, it is expected to obey the parents’ rules.
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

22) I often say things like “You’ll know better when you grow up.”
   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree
23) I often say things like “My ideas are right and you should not question them.”

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<thead>
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24) I often say things like “A child should not argue with adults.”

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<thead>
<tr>
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<th>2</th>
<th>3</th>
<th>4</th>
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25) I often say things like “There are some things that just shouldn’t be talked about.”

<table>
<thead>
<tr>
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<th>2</th>
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<th>4</th>
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</table>

26) I often say things like “You should give in on arguments rather than risk making people mad.”

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<thead>
<tr>
<th>Strongly Disagree</th>
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</table>
1) In our family we often talk about topics like politics and religion where some persons disagree with others.

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

2) My parents often say something like “Every member of the family should have some say in family decisions.”

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

3) My parents often ask my opinion when the family is talking about something.

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

4) My parents encourage me to challenge their ideas and beliefs.

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5) My parents often say something like “You should always look at both sides of an issue.”

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

6) I usually tell my parents what I am thinking about things.

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

7) I can tell my parents almost anything.

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

8) In our family, we often talk about our feelings and emotions.

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

9) My parents and I often have long, relaxed conversations about nothing in particular.

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

10) I really enjoy talking with my parents, even when we disagree.

    Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree

11) My parents encourage me to express my feelings.

    Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree
12) My parents tend to be very open about their emotions.
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16) When anything really important is involved, my parents expect to obey without question.
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26) My parents often say things like “You should give in on arguments rather than risk making people mad.”

   Strongly Disagree  1  2  3  4  5  6  7  Strongly Agree
Appendix C

Semi-structured Interview Questions

For adolescents

Family Communication Patterns

Main Question 1: I’m interested in your thoughts on how you and your parent communicate with each other. Possible pilot grand tour question: Can you tell me about typical conversations between you and your mom/dad? (More specific beginning question that might be less confusing for adolescents: Think back to the last conversation you had with your parent that lasted more than a few minutes…)

Possible follow-up questions and probes:

a. Do you and your parent have very many debates or disagreements? If so, are these typically about certain topics like school, politics, religion, etc?

b. Would you say that in your house, what your parent says goes? Do they explain their opinions and decisions to you?

c. Does your parent seem to think your opinions are important? Do they often ask to hear your ideas?

d. Do you and your parent disagree a lot? Does your parent try to discourage or avoid disagreements in general?

e. How does your communication with your parent make you feel?

Parent-adolescent communication about substance use; Topic avoidance

Main Question 2: Now that we have talked about how you and your parent communicate in general, I am interested in how you and your parent talk about or possibly avoid certain topics. Can you tell me if you and your parent have ever had “the drug talk?”
Possible follow-up questions and probes:

a. Is there anything that happened or was going to happen that led to the drug talk?  
   (Addresses proactive vs. reactive drug talks)

b. How did your parent start the conversation? What did they say? What did you say?

c. Have your parent’s talks with you about drugs influenced your decisions to try or to stay away from any drugs?

d. What do you think parents should say to kids your age about drugs if they really want to convince them not to try them until it is legal? What would be the most convincing things parents could say to keep their kids from ever using illegal drugs?

e. Have you ever seen your parent smoke or drink alcohol? Have you and your parent talked about their use of any of these substances?

f. Have you ever brought your parent’s use up to them? Do you want to know more about this area of your parent’s life?

g. How do you feel about your conversations/lack of them about drugs with your parent?

h. How do you feel about avoiding this and other topics? Do you want your parents to do the same?

Family Privacy Orientation; Boundary Management

Main Question 3: I am interested in how you and your parent handle what you think is private information, both between you and your parent, and what you and your parent think is private to your family and should not be told to people outside of your family.

Possible follow-up questions and probes:

a. Do you and your parent have many secrets from each other? Have you talked about secrecy in general?
b. Does your parent keep secrets from people outside of your family? Do they encourage you to do the same thing about certain topics?

c. Do you consider your parent’s smoking/drinking to be their private information or is that something you think you should talk about and know about too?

d. Do you think if you were to smoke or drink alcohol, or use any other drugs, that that would be your private information that your parent doesn’t have a right to know about? Why or why not?

For parents

Family Communication Patterns

Main Question 1: I’m interested in your thoughts on how you and your child communicate with each other. Can you tell me about typical conversations between you and your son/daughter?

Possible follow-up questions and probes:

a. Would you say in general that you and your child talk, debate, disagree a lot?

b. With your child, would you say that whatever you say goes because you’re the parent, or do you give your child a say in things?

c. How much do you emphasize the importance of your child’s opinion and want to hear their ideas in family discussions?

d. Do you encourage them to take part in family decisions, or do you feel that that is mostly your responsibility?

e. Does you and your child openly engage in conflict about different topics, or do you tend to discourage disagreements?

f. How does the way you and your child communicate make you feel?
Parent-adolescent communication about substance use; Topic avoidance

Main Question 2: Now that we have talked about how you and your parent communicate in general, I am interested in how you and your parent talk about or possibly avoid certain topics. Can you tell me if you and your parent have ever had “the drug talk?”

a. What do you say to your kids to keep them from trying drugs? Do you think this is effective in influencing their decisions about whether or not to try any drugs?

b. What do you think is the best thing a parent can say to keep their kids from using drugs, either until the legal age, or to keep them ever trying illegal drugs?

c. If you don’t mind sharing, do you partake in any substance use, like drinking alcohol or using any tobacco products? Have you and your child talked about your use of any of these substances?

d. Have you ever brought your use up with your child? Do you think they want to know about this part of your life? Do you think they should know about this or is this private and not appropriate for parents and children to discuss?

e. How do you feel about your conversations/lack of them about drugs with your child?

f. How do you feel about avoiding this and other topics? Do you want your children to do the same?

Family Privacy Orientation; Boundary Management

Main Question 3: I am interested in how you and your child handle what you think is private information, both between you and your child, and what you think is private information that belongs to your family and therefore should not be shared with anyone outside of your family.

Possible follow-up questions and probes:
a. Do you and your child have many secrets from each other? Have you talked about
   secrecy in general?

b. Do you personally keep secrets from people outside of your family? Do you
   encourage your child to do the same thing about certain topics?

c. Do you consider your smoking/drinking to be personally private information or is
   that something you think your child should talk about and know about too?

d. Do you think if your child were to smoke or drink alcohol, or use any other drugs,
   that that would be their private information that you don’t have a right to know
   about? Why or why not?
Appendix D

Diagrams of Family Privacy Orientations
Appendix E
Example of Post-Interview Research Memo

2-13-12

Today was my 4th family, interviews 7 and 8. This was my first teen-aged boy to talk to. That was an interesting switch. They are tougher. But I could tell from his demeanor and from what his mom said about him that he was soft spoken anyway. He seemed pretty straight-laced, but had good stories about observations and peers.

Interesting things that I noted tonight:

1. He didn’t mention having a girlfriend, but his mother did. This is the second time the adolescent has gone through the whole interview without mentioning a serious (for that age) relationship, but the parent did.

2. This is the third interview in which mention of wisdom teeth medication has been talked about being sold or actually sold at school. Not by the kids I’m talking to, but they all know about it. The one who didn’t talk about surgery talked about the theft of vitamins because she knows that prescription meds are sought after.

3. Facebook privacy/avoidance/deception issues are a rich topic. So is differing opinions about texting. This family tonight consisted of kids without cell phones. The son didn’t mention this, but talked about very little texting with his mom. Said most of their communication takes place face to face and he’d call her if he had something quick/functional to say. Also, I found it interesting that he “didn’t know” if he was FB friends with his mom, but his mom told me that he wouldn’t friend her. She had more stories about deception on FB with her daughter who I didn’t interview. She did random testing of her kids’ ipods, which is how they text.
4. I also found it interesting that the son mentioned drinking but in his opinion it was light and revolved around social functions, especially Penn State football. He said he had seen his parents “buzzed” maybe, but not really drunk and their drinking wasn’t excessive enough to have a conversation or for him to have questions about it. He still saw his parents as a positive influence, but I got the sense that the environment and some of his other prevention message exposure made a bigger difference with him than his parents exact prevention communication.

5. They did mention that they use teachable moments, like every family has so far. Mom elaborated that when they can tell their kids still have something to say or they’re bothered but not offering further opinion, their parents follow them and try to draw them out more. First I’ve heard of that much solicitation.

6. *Mom also said that she drinks more than their dad and she thinks the kids notice it. She even said that she knew they had seen her drunk, particularly one New Year’s Eve, and she purposely avoided addressing it the next day because she was embarrassed. Didn’t get that sense or story from her son.*

7. *He shared some very disturbing stories, in addition to interesting additions to the adolescent male tobacco chewing that is extremely prevalent here. He seemed influenced by real people visiting and telling stories about negative consequences. Apparently she had several family members die in drunk driving accidents, and the worst story that even caught me off guard was about a wife walking outside of her house one morning after her husband had come home late so drunk he couldn’t remember anything and there was the body of a dead little girl on the hood of his car.*
8. He also talked about how kids his age chew tobacco at school, even in class, by hiding it in the back of their mouths. He said you could go in the boys’ room anytime and punch the ceiling squares up over the stalls and find a can of chew.

Emerging themes and things to continue to focus on:

1. Facebook and boundary management
2. Prescription medication
3. Different stories and details revealed by each
4. Looking like similar FCPs and FPOs shared by parents and adolescents
5. Effects of intact families
6. Opinions about what’s effective prevention – open communication, talking about it more than once, trusting each other, positive relationships as the foundation
7. Positive environments so far in terms of phenomenology of FCPs and FPOs. A lot of positive family relationships that seem to be the most powerful prevention mechanism so far.
8. Regarding FCPs, decisions that adolescents take part in are where to eat dinner and where to go on vacation. Tonight’s family added more with helping to choose cars and electronics.

Process Notes

1. This is exhausting
2. I am both tired and energized before and after each interview
3. I got the labels from Allen but don’t count on a huge response from the mailing
4. I am scheduling Gainesville interviews now
5. I am realizing that I will probably have to transcribe these myself and I don’t know where the time and energy are going to come from.

6. I have a break for a campus interview this week and have 6 more interviews lined up Sat, Sun, and Mon.

7. I am hoping to have time to start mailing packets to Bedford families progressively in the meantime.
Appendix F

Example of Coding Memo During Transcription

3C

Immediate comments about parents never saying the conformity questions. So salient right off the bat that she thinks they are a very low conformity family.

LOTS of issues with #1 being double-barreled. They talk about religion, and politics and stuff but they don’t disagree with each other. The other comment often made is the confusion about if they disagree within the family or with those outside of the family.

Conflict avoidant family and this child in particular (see p. 2) – says she gets that from her mom.

How her relationship with her mom makes her feel:

• Loved, likes she’s my friend, love and friendship
• Her family is fun, little fighting, when small tensions do happen they are easily forgotten

DIGITAL GROUNDING!!!

Thoughts about posting way too much, whether trivial or serious or inappropriate.

She had a friend who got her FB taken away for sexting behavior off of FB.

Don’t share details about romantic relationships and friends, but interesting motive – seems she’s asserting some independence because she thinks she is “strong enough to handle it on her own.” When she doesn’t feel strong enough she goes to her mom.

Monitoring still easy and privacy trickier with the younger teens because they provide the transportation still.

With finances, lots of assurances it seems to both themselves and to me that they know they are fine in terms of security, but they don’t know the details.
Her brother’s weight is a health issue that is avoided to avoid hurt and conflict, so her mom and she discuss that privately because if her brother heard it he would be hurt and if her dad heard it he would take it out on her brother because he wants him to be healthier but makes him cry when he confronts him. **Health conflict avoidance, health topic avoidance, health boundary management** (see p. 8-9).

**Family secrets over property division and value. Motive not to want to know is because I am young and I don’t understand.**

“What happens at deer camp, stays at deer camp” – but interesting that they don’t even go to one. They call parties in their garage “deer camp.”

**CURRENT EVENTS DURING THE STORY LIKE WHITNEY HOUSTON**

Emphatic reason not to do them is “I can have fun without them”

According to the child, these are heavier drinking parents, but she says she has never really seen them drunk. Mom says something different I think. Daughter also seems to be pretty militant and defensive about their drinking and especially references her dad, but cuts herself off and says it doesn’t affect their family. I think that this child’s parents’ drinking bothers her. Especially with her repeated emphasis on how she can have fun without it.

**In part, she seems to have such strong feelings about it because of a cousin who killed someone in a drunk driving accident.**

Last few pages of this are full of good quotes about the importance of family, the stress of divorce and teen pregnancy then and later for those young parents. She also talks about the importance of church, and a good peer group.

Interesting that people in these towns refer to each other and I know who they are talking about, and in some cases, I interviewed them. So getting third party perspectives is super interesting and
a little emotional too. When she talked about the girl on the basketball team’s dad dying, that family was one of my last interviews and my assessment was similar. His death was recent, and she had a strong foundation so that family seemed qualitatively different to me than the two with widows of men who had died when the children were much younger. They were more single-parent families.

3P

Theme of kids help decide where to eat and where to go on vacation, at this age, primarily. Mom as peacekeeper and diplomat between children and father, and each child with the rest of the family a lot of the time.

Mom feels like “I like her, but also I am proud of her and I love her.”

Daughter said they only text a little, Mom says they text a lot. Says they do some of their relationship via texting and daughter didn’t convey that, so maybe it’s more meaningful to mom than to daughter when they text about seemingly trivial things.

Pre-Facebook talk the new drug talk. Quote about it on p.4

Children often the tech experts and facilitate tech use for their parents. This daughter is the one who downloads songs and puts them on her mom’s ipod for her.

This family is totally open about finances. There is a spectrum in the study from totally open, to limited info about it (no details), to totally closed. The reasoning behind this mom being open is because she thinks it is important for them to know. Seems to be an early education about financial responsibility reasoning for openness about money.

Seems that both they have had a lot of cancer and death in their family, which daughter did not mention, seems that she considers them to be open, but she talks about the common time delay with health disclosures to avoid worry.
Doesn’t know details about daughter’s romantic relationship and seems fine with that, but does want to be informed on major decisions/milestones like having sex for the first time. That is a recurring major disclosure, and sometimes secret. Usually the relationship is known about, but not always and the in between details are not super necessary but parents clearly want to know when their child loses their virginity, and if that has happened yet or not. Kind of like, you aren’t having sex yet right? Ok, I don’t need to know more than that about your sex life.

Parents aren’t as worried about busy kids. Keeping them busy does seem like a prevention mechanism and provides peace of mind for parents.

Mom is in touch with how anti-drinking her daughter is. Says her friends are experimenting, which is more explicit than Rachel was about her friends.

Describes how legalistic and black and white Rachel is as a thinker – Individual differences that act as risks or prevention mechanisms.

Parents often bashfully acknowledge they could be out of the loop about what is really going on. They emphasize that they think they know, but don’t want to seem naïve in front of me.

Mom says that Rachel has seen them intoxicated. Rachel said no. See p. 6.

Texting and driving talked about almost as much as drinking and driving, another new technology development and risk.

Whitney Houston, right when this was starting. Michael Jackson with prescription drugs mentioned several times. Lots of parents using the news, goes to the heart of FCP theory.

Quote about prescription drugs p. 8

Between 2 and 3 on FPO. Explains that they think of their family as very big, so that affects their boundaries and how open they are with others. More like 2 because of how inclusive they are with extended family.
Her prevention advice is talking all the time and not having a one-shot talk. She also talks about making children know that they are the priority and being present. She thinks a lot of kids don’t get that message from their parents.

She talked about luck with her kids – implying individual differences. They are just good kids who cause less worry.
Vita
DIANA S. EBERSOLE
Communication Arts and Sciences
The Pennsylvania State University
234 Sparks Building
University Park, PA 16802
dsebersole@psu.edu

EDUCATION

Ph.D. 2012 The Pennsylvania State University, University Park, PA.
Communication Arts and Sciences (Co-Advisors, Jon Nussbaum
and Michelle Miller-Day)
Dissertation: “There is no manual to this mess”: Parent
adolescent communication patterns, privacy management, and
talks about substance use

M.A. 2008 University of Texas at Austin, TX. Communication Studies
(Advisor, Anita Vangelisti)
Thesis: Deceptive information management in parent-child
relationships

B.J. 2004 University of Texas at Austin, TX. Journalism

TOP PAPER AWARDS

Schroeder, D. L. Deceptive information management in parent-child relationships.

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