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Coping with Conflict: A Study of Interpersonal

Conflict Resolution Styles of Adult Children of

Alcoholics and Nonalcoholics

by

Renae A. Myszkowski

Bachelor of Science

University of North Dakota, 1986

A Thesis

Submitted to the Graduate Faculty

of the

University of North Dakota

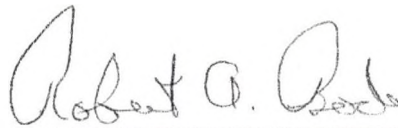in partial fulfillment of the requirements

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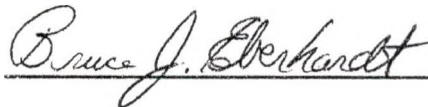
Grand Forks, North Dakota

May

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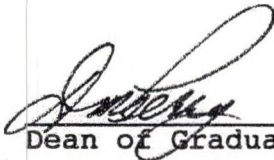_____
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This thesis meets the standards for appearance and conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

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I need to give my thanks and gratitude to a number of individuals for their input in this thesis. First, I would like to thank my committee members for their time and energies for this project: Dr. Robert Bode, chairperson; Dr. Deborah Chasteen; and Dr. Bruce Eberhardt. Thank you, Bob, for your encouragement and laughter when I was feeling tense about this thesis; thank you, Debbie, for your insightful comments and ability to help me see more clearly; finally, thank you, Bruce, for your ability to "whiz" through statistics that I can only hope to understand.

On a more personal note, I would like to thank my sister, Karen, for constantly listening to me process this paper. Thanks, Karen, for supporting my efforts. It means a lot to me.

ABSTRACT

Research on adult children of alcoholics has
indicated that such children have difficulty with
behavioral and communicative characteristics.
Specifically they have difficulty with such behaviors as
lying, intimacy, responsibility, and trust. Research also
has indicated that adult children of alcoholics rely on
coping mechanisms to escape from their chaotic
environments and such mechanisms are manifested in
behaviors of co-dependency and family roles. Although the
literature on adult children of alcoholics suggests that
these individuals may have trouble with problem solving in
conflict, no apparent literature discusses the strategies
of conflict resolution for such individuals.

This study predicted that adult children of
alcoholics would choose conflict resolution styles of
avoidance and/or accommodation more often than would adult
children of nonalcoholics. The Thomas Kilmann MODE
Instrument was given to a sample of Spring 1990
Fundamentals of Public Speaking students at the University
of North Dakota. Results indicated that differences in
responses to conflict resolution styles between adult
children of alcoholics and adult children of nonalcoholics
were not significant at the .05 level.

Implications of this study of conflict resolution
suggest a need to incorporate a new methodology or

improve the existing instrument for a higher level of reliability. Recommendations for further research include relying on a formalized adult children of alcoholics "group" for testing. Also incorporating rhetorical critical analyses of metaphorical analysis, content analysis, or fantasy theme analysis to better assess conflict resolution styles may be useful.

Chapter 1

INTRODUCTION

"All forms of communication are ....the locus of
powerful forces that affect the development of self, of
social institutions, of knowledge of external realities
and of the other minds, and of human philosophy itself"
(Pearce, Cronen, 1980, p. 14). Communication is the
process by which people create their own realities. For
some that process is positive and enriching while for
others that process is negative and degenerating.
Children of alcoholics have grown up in systems where
dysfunctional rules exist and where communication patterns
and behaviors prevent them from learning successful ways
of relating and interacting with others. This type of
unhealthy environment for communication has left these
adult children of alcoholics (ACOA's) deficient in
effective communicative and interactive behaviors.

How can a healthy communication environment be
determined? Rossiter and Pearce (1975) suggested a
healthy communication environment is surrounded by an
atmosphere of genuine dialogue in which there are attempts
to establish mutual relationships. Johannesen (1983)
cited six characteristics of dialogue. The first
characteristic is authenticity, in which "one is direct,
honest, and straightforward in communicating all

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information and feelings that are relevant and legitimate for the subject at hand" (p. 50). The second characteristic of dialogue is inclusion or attempting to understand another's experience (p. 50). Third, confirmation is a genuine positive regard for another person (p. 51). Presentness, the fourth characteristic of dialogue, is the willingness to reveal oneself to others (p. 51). Fifth, the spirit of mutual equality, happens when participants view each other as persons, not objects (p. 51). The final characteristic of dialogue is a supportive psychological climate, a climate encouraging others to communicate (p. 51).

Persons who have grown up in environments where genuine dialogue has been practiced have the potential to learn effective interpersonal communication in which honesty and validation are primary requisites. By contrast, persons who have grown up in environments where alcohol or chemical abuse existed, rarely had opportunities to learn effective interpersonal communication skills such as honesty and validation. Their environments were structured by rigid rules, resulting in breakdowns of communication skills (Subby, 1987; Kritsberg, 1985). The rules learned by individuals in alcoholic environments led to uncertainty production instead of uncertainty reduction. These rules later become manifested in dysfunctional behaviors and

communication patterns for the children, resulting in
inflexible patterns of communication and an overall lack
of understanding of many of the interactional processes of
communication. These inflexible patterns of communication
may also lead to difficulty in conflictive situations.
The purpose of this study is to determine if differences
exist between adult children of alcoholics and adult
children of nonalcoholics in response to conflict
situations.

Significance of study

Studies done by Ackerman (1983, 1987), Woititz
(1983), Bepko (1985), and others have suggested that
adult children of alcoholics have difficulty coping in
many areas of adult life including intimacy, trust,
honesty, and responsibility, as compared to adult children
of nonalcoholics. No studies to date have been conducted
concerning how adult children of alcoholics, as compared
to adult children of nonalcoholics, respond to conflict
situations at the interpersonal level. Conflict is
exhibited in most every facet of life ranging from family
life to the workplace and to many social settings.
Investigators of interpersonal conflict resolution
(Robert, 1982; Goss and O'Hair, 1988; Deitz and Stevenson,
1986; Adler, Rosenfeld, and Towne, 1989;) have defined
strategies for handling conflict situations. Five
strategies to be used in this study are described by

Thomas and Kilmann (1977), and consist of the strategies of avoidance, accommodation, competition, collaboration, and compromise. This study is an attempt to discover if differences exist between adult children of alcoholics and adult children of nonalcoholics in response to conflict situations.

Why is it important to study conflict resolution strategies of ACOA's in comparison to a population of adult children of nonalcoholics? First, comparative studies have been used throughout much of the literature to ascertain behaviors of ACOA's (Ackerman 1983, 1987, Woititz, 1983). These comparative studies have served to identify determining communication and behavioral differences between adult children of alcoholics and nonalcoholics. In line with such studies, the proposed study will also be comparative. Second, it is important to determine if differences exist. Persons involved in conflict situations need to understand how they respond to conflict in order to make effective choices during conflict interactions. Hocker and Wilmot (1985) have stated "the first step in making effective choices about conflict is to understand your present styles" (p. 39).

It has been noted by several authors (Ackerman, 1983, Bepko, 1985, Black, 1981, Lawson, 1983, Marlin 1987) that ACOA's may have communication habits or patterns that prevent them from effectively communicating. This study

is an attempt to determine if there are any differences between responses to conflict situations at the interpersonal level for adult children of alcoholics and nonalcoholics. Specifically this study will predict that adult children of alcoholics will choose the conflict resolution styles of avoidance and/or accommodation more often than will adult children of nonalcoholics.

Research Hypothesis

No apparent study has been done to determine if adult children of alcoholics respond similarly or differently to conflict situations in comparison to adult children of nonalcoholics. This study is predictive in nature. The research hypothesis is: Adult children of alcoholics will choose the conflict styles of avoidance and/or accommodation more often than adult children of nonalcoholics in response to conflict situations.

Definition of terms

Four terms and phrases need specific definition: alcoholic, adult child of an alcoholic, conflict, and conflict styles of accommodation and avoidance. Gravitz and Bowden (1985) defined a person as an alcoholic if "he or she (1) drinks, (2) gets into trouble repeatedly as a result of drinking - be that trouble with family, career, work, health, or the law, and (3) continues to drink" (p. 6). Alcoholics will be operationalized in this study to mean that subjects indicated that a mother or father was

alcoholic. Vannicelli (1989) defined an adult child of an alcoholic as the "grown offspring (age 18 or older) of parents who have had alcohol problems" (p. 3). The phrase adult children of alcoholics will be determined by a positive response to a questionnaire concerning parental alcoholism.

Folger and Poole (1984) defined conflict as "the interaction of interdependent people who perceive incompatible goals and interference from each other in achieving those goals" (p. 4). For the purpose of this study, subjects were asked to consider a conflict as a situation in which differences exist. The term conflict styles are strategies or methods of responding to a conflict. This study defined accommodation as when the person is preoccupied with the other's welfare rather than his/her own. Avoidance is characterized by an individual trying to avoid unpleasantness, and trying to postpone or not worrying about issues. The two styles of conflict will be operationalized through the Thomas Kilmann MODE Instrument with response scores ranging from 0 - 12.

Overview

In order to validate or nullify this hypothesis, it is necessary to explore present communicative behaviors of adult children of alcoholics and examine their responses to conflict situations in comparison to adult children of nonalcoholics. Chapter Two provides a summary of the

literature on adult children of alcoholics by exploring rules within the family system, frequently discussed communicative and behavioral characteristics such as trust, intimacy, lack of honesty, responsibility; family roles, and also co-dependency issues. Chapter Two also reviews the conflict literature.

After reviewing the relevant literature in Chapter Two, Chapter Three addresses methodological issues, such as subjects for the study, instrumentation, procedure, and data analysis. Chapter Four provides results of the study in two sections: synopsis and analysis. The last chapter, Chapter Five, summarizes the findings while also exploring limitations and recommendations for further research.

Chapter 2

LITERATURE REVIEW

The Children of Alcoholics Foundation indicated that there are "28 million children of alcoholics in this country....One out of every eight Americans is the child of an alcoholic" (Fact Sheet: Children of Alcoholics Foundation). Six years ago, there were 21 people in an organization called the National Association for Children of Alcoholics. In 1988 there were more than 7,000. The 14 Al-Anon-affiliated children of alcoholics group meetings in the early 1980's have increased to 1,100 (Leerhsens & Namuth, 1988).

As family therapists in the field of chemical dependency began to look at alcoholism as a family disease, the entire field became aware that the alcoholic was not the only person affected by the disease (Wilson, 1986). The children were also affected by the disease.

Lawson (1983) described a study of 115 children who lived in alcoholic homes and indicated that children were unable to separate and individuate from their parents. The alcoholic families were chaotic, confusing, and unpredictable to the children. Children often experienced neglect, abuse, and inconsistent discipline; they rarely experienced structure. As a result, they became isolated, developed adjustment problems, and had difficulty with

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peer relationships. A large part of the problem was due to dysfunctional communication or mixed messages in which the children would receive one message in one circumstance and a different message in similar circumstances. Unpredictability became predictable.

Vannicelli (1989) stated that children growing up with problems due to dysfunctional environmental stresses developed coping mechanisms which allowed them to adapt to their unpredictable, chaotic environments. Although the potential adaptive strategies and defenses that children developed were quite extensive, varying from one child to the next, many authors have attempted to identify typical communicative patterns and dysfunctional behaviors for the now adult child.

Researchers and therapists such as Ackerman (1983, 1987), Bepko (1985), Black (1981), Burgin (1982), Marlin (1987), and Woititz (1983) identified these patterns of communication and behavioral deficiencies by exploring rules within the family system resulting in learned communicative behaviors of difficulty with intimacy, honesty, responsibility, and trust. Also, the rules have created co-dependent behaviors for adult children of alcoholics.

Rules within family systems

Pearce and Cronen (1980) stated: "Individuals may be modeled as a system of rules for meaning and action, and

the juxtaposition of two or more intrapersonal rule
systems produces an interpersonal rule system that exerts
logical forces controlling and constraining various lines
of sequential action" (p. 21). Shimanoff (1980) suggested
that "in order for communication to exist, or continue,
two or more interacting individuals must share rules for
using symbols" (p. 31). Rules guide and govern behaviors
between persons in a relationship. Rossiter & Pearce
(1975) claimed that good communication "requires that all
participants understand what is expected of them and what
to expect from others" (p. 29). In other words, all
participants should be aware of the rules and respond
accordingly. This is what would be expected in a healthy
environment of communication. In alcoholic environments,
though, the communication is generally not healthy.
Therefore, it is necessary to understand what rules
operate within such environments.

Subby (1987) suggested that rules teach individuals
interaction patterns and problem-solving techniques. In
an alcoholic environment, dysfunctional family rules lead
to co-dependency behaviors. Subby (1987) stated: "Co-
dependency is a pattern of living, coping, and problem-
solving created and maintained by a set of dysfunctional
rules within the family or social system. These rules
interfere with healthy growth and make constructive change
very difficult, if not impossible" (p. 16).

Subby (1987) listed nine rules of co-dependent behaviors:

(1) It's not okay to talk about problems.

(2) It's not okay to talk about or express our feelings openly.

(3) Don't address issues or relationships directly.

(4) Always be strong, always be good, always be perfect.

(5) Don't be selfish.

(6) Do as I say, not as I do.

(7) It's not okay to play or be playful.

(8) Don't rock the boat.

(9) Don't talk about sex. (p. 29)

The rules clearly indicated a lack of communication within the family system. Good interpersonal communication is exhibited through traits of self-disclosure, feedback, and affirming behaviors. The rules listed above suggest to the children it is not okay to be themselves and if they do talk, then that behavior is a disconfirming attribute. Stated briefly, the children learn to remain quiet and not to explore their own personal values and worth.

Even though rules were necessary to maintain order, those rules created more chaos for the child. The rules prevented the child from sharing and exploring feelings of self and feelings for others. The child grew up confused, unsure, and stressed. The cycle of co-dependency

continued for the adult child as "the more we [adult children] live with these rules, the more likely it is that we will begin to practice them in our own daily lives, and the more likely it is that we will find ourselves surrounded by other people who are caught in the same kinds of rules" (Subby, 1987, p. 53).

Kritsberg (1985) cited four rules that operated in the alcoholic family. The first rule was the rule of rigidity. Kritsberg (1985) stated that behavior within the family became increasingly unpredictable as the alcoholism progressed. Therefore the family adjusted to this unpredictability by trying to bring some stability to the family, imposing more and more rigid rules of behavior. Flexibility did not exist within this rigid system. The child learned to control as much as possible. Such children may emerge into controlling adults.

A second rule described by Kritsberg (1985) was the rule of silence. The children covertly or overtly learned not to talk about what was happening within the family system. Eventually the children learned that it was not acceptable to talk about issues or feelings or experiences. These types of communication rules manifested themselves as the adults continue not to express themselves to others.

Kritsberg (1985) suggested a third rule of denial for the alcoholic family. The children were told to ignore

the behavior of the alcoholic and pretend that everything was alright for them and their family. Kritsberg (1985) stated "the alcoholic family, although it rarely communicated directly with words, does communicate to its members in a variety of other ways. Non-directive talking, body language, and the `look' from parents that most ACOA's are familiar with, are some of the ways the alcoholic family communicates" (p. 17).

The fourth rule described by Kritsberg (1985) was the rule of isolation. According to this rule, the alcoholic family was a closed system, resisting new members and clinging to old members. The whole system tried to become self-sufficient, creating a myth that no one outside the system would understand and that no one outside the system could be trusted.

The rules described by Subby (1987) and Kritsberg (1985) for the alcoholic family have serious implications for the adult child of an alcoholic. The communication patterns learned manifested themselves as adult children did not trust others, relied almost totally on self, and were unsure of communication potential. Rossiter and Pearce (1975) claimed that satisfying relationships "with other persons are established through communication and our ability to communicate well is important" (p. 3). As they were growing up, adult children of alcoholics had seldom experienced or seen examples of good communication.

A supportive psychological climate that encouraged
communication did not exist. Argument, debate, and/or
dissent were not possible in a stringent environment where
certain types of speaking were not acceptable. The nature
of the act and any attached meanings may have been
dependent upon chemical use, instead of interpersonal
interaction. Lack of congruency between stated messages
and their subsequent meanings may have caused difficulty
for the adult children of alcoholics. Their perceptions
in viewing a situation and the realities of the situation
may also have been incongruent due to learned rules. This
incongruency may affect how these individuals responded to
and/or perceive a conflict situation in comparison to
adult children of nonalcoholics.

Behavioral and Communicative Characteristics

Research on ACOA's has indicated a number of defining
characteristics. Four of these characteristics frequently
described include lack of trust, difficulty with intimacy,
tendency to lie or to not be honest, and a sense of super
responsibility or irresponsibility.

Trust

Lawson (1983), Woititz (1983), Black (1981), and
Subby (1987) found that children living in alcoholic homes
had difficulty trusting others. One reason was because of
"double bind" messages in which parents would say one

thing but do another. Messages and meanings clearly
became confused:

> Children observed their parents say one thing and do
> another and would not know which message to respond
> to. If these messages became "double binds" the
> children could not win with either choice. Spouses
> of alcoholics would often protect the child with
> half-truths about the alcoholics but unfortunately
> the children came to believe that parents could not
> be trusted....Children living in these systems felt
> alone and had difficulty trusting others (Lawson, pp.
> 175-176).

> Black (1981) indicated a need for safety to create
> trust in an environment. She cited ingredients necessary
> for children to feel safe. "They need to be able to
> depend on their parents for friendly help, concern and
> guidance in responding to physical and emotional needs.
> Yet in alcoholic homes, children often cannot rely on
> parents to provide any of this safety" (p. 4).

As the children became adults, they often found they
could not trust caring acts and parental attention when
they occurred. A history of broken promises, lack of
consistency in discipline, and lack of positive
interaction had often left these young adults confused,
not trusting the motivation behind the acts. This
directly affected the level of self-disclosure. In order

for self-disclosure to take place, the individual needed
to feel a trusting environment. Past experience taught
ACOA's that communicative acts were not to be trusted,
thereby decreasing potential for self-disclosing acts.

Disclosure may also affect the level of interaction
in conflict situations. Children of alcoholics already
exhibited lack of trust in their present environments.
This lack of trust may impact their interaction in other
environments, environments in which conflict is a part.

Intimacy

Woititz (1985) defined an intimate relationship as a
love relationship with another person where "you offer,
and are offered, validation, understanding, and a sense of
being valued intellectually, emotionally, and physically"
(p. 21). Ackerman (1987) proposed that what complicated
the intimacy problem for many adult children was that
"having positive intimate relationships is exactly what
they are looking for and is exactly what they have always
perceived that they would do when they developed their own
adult relationships and families. But often they find
that they may not possess the abilities to achieve the
very intimacy for which they are looking" (p. 11).

Woititz (1985) cited several reasons why ACOA's
were afraid to develop intimacy. The first fear was a
loss of self, or if they were involved with someone they
will lose themselves. The second fear was a fear of being

found out or if someone really knew them, that the other person would not care about them. The third fear was abandonment because of an absence of perfection. Rachael V. (1987) illustrated this notion of abandonment in which adult children were "willing to do almost anything to hold on to a relationship in order not to be abandoned emotionally. Yet we kept choosing insecure relationships because they matched our childhood relationships with alcoholic parents" (p. 243).

In order for ACOA's to experience intimacy in a relationship, they appeared ready to do almost anything to ensure they would not be abandoned. How then would they react to a conflict situation if they were willing to do almost anything for the sake of the relationship or the other person? The literature implies a style or strategy of accommodation, or giving into others' wishes at the expense of their own wishes.

Lack of Honesty

Many ACOA's were raised in environments where lying, deceit, denial and cover-up were the norm versus an honest and open environment of learning behaviors and communicative patterns.

Ackerman (1987) explained that adult children lied about their family situations because they wanted others to think of them as normal. The children not only lied to convince others, but to protect themselves from exposure.

Soon lying became a part of their communication with others:

> The adult child may draw a distinct perception
> between lying that is negative as opposed to lying
> that "really" isn't lying but only self-protection.
> Yet another way of perceiving this behavior is a
> continuum of the pattern of your parents when they
> told you one thing and did another. One of the most
> common traits in alcoholic families is mixed messages
> of communication. The parents live one way and
> instruct the child not to tell anyone or ask the
> child to deny to outsiders whatever he or she sees.
> Perhaps for some adult children the most enduring lie
> originated when everyone in the family denied that
> anything was wrong, yet no one felt right (p. 7).

Forrest (1980) suggested that lack of honesty was due to denial. He maintained that anyone caught in a relationship with a problem drinker eventually exhibited certain self-defeating traits of that person, traits such as denial. The involved persons "spend a good deal of time and energy covering up for the drinker's problem. Making excuses to employers, co-workers, other family members, friends and relatives for misbehavior is basic to this insidious pattern of denial" (p. 33).

The protection of self through denial and deception also was discussed by Wholey (1984), who claimed that

family members as well as the alcoholic lived a life of deceit. They deceived themselves by trying to rationalize that they were in a normal situation. Unfortunately, there was nothing normal about the situation:

> They develop all kinds of schemes to cope. They
> start game-playing and role-changing. They become
> protectors....They protect many different things;
> themselves, the integrity of the family, the economic
> structure of the family, and, of course, family
> pride. As they enter into this alliance of deceit,
> they become very untrustworthy (p. 209).

In relation to conflict, lack of honesty suggested a denial of the situation. If adult children of alcoholics deny a conflict situation exists, this may impact their behaviors and responses to conflict situations.

Responsibility

One of the most frequently professed defining characteristics of adult children of alcoholics is the tendency to be super responsible or super irresponsible. Bepko (1985), Black (1981), Burgin (1982), Ackerman (1987), Marlin (1987) and Woititz (1983) addressed this characteristic of responsibility.

Bepko's research (1985) on adult children of alcoholics indicated that these people may be over -or underresponsible in two specific areas: task and emotion. She stated when one was underresponsible in the areas of

task or function, one failed to take out the garbage, to pay the bills, to get the oil changed in one's car, or to hand in one's homework. If one was overresponsible in the area of tasks, one did not only do one's own chores, but other person's as well. Since overresponsibility for function suggested a focus of energy on others, one may not have performed the tasks for others, but may have directed them in doing it, or commented on and criticized how the tasks were done.

In the emotional dimension, the underresponsible persons similarly failed to be direct in dealing with their feelings, blamed others for their problems or conflicts, or expected emotional caretaking, sensitivity, recognition, and responsiveness to their feelings by not directly asking for them or doing anything to get them. On the other hand, the overresponsible person was acutely sensitive to the needs and feelings of others and responded to them without being asked. This person had a tendency to be protective of other's feelings and assumed that the other person's feelings were more important than his or her own.

Burgin (1982) suggested a sense of responsibility in which subtly or directly, the child received the message to "mind your (parent) tonight. You know (the parent) drinks when he/she gets upset" (p. 19). The use of projected blaming made it difficult to know what was real.

The child who was a mediator or peacemaker was trapped because his or her resources were often inadequate to the tasks of helping the family. Because of this kind of projection, many ACOA's grew up feeling that if someone they loved was in trouble it was because the children had not done their job adequately. It became difficult for adult children of alcoholics to distinguish between what was their responsibility and what was not their responsibility.

Black (1981) described the responsible children as becoming totally self-reliant. They learned the best way to achieve stability was to provide it for themselves. They could not consistently rely on mom or dad. The alcoholic or co-alcoholic responded to children emotionally and psychologically at times, but the unpredictability and inconsistency of the parents's behaviors were problematic.

Marlin (1987) embellished this notion as she stated "in our quest for perfection, we learned to take responsibility for ourselves at a very early age" (p. 13). Most children of alcoholics grew up too soon. In taking on so much responsibility, they learned to act mature even when they didn't feel like adults. Their parents reinforced this maturity because it made life easier for them. The children who behaved very responsibly, took

charge, and did a job well were most likely to get praise from overwhelmed or sick parents.

Woititz (1983) and Ackerman (1983) discussed the responsibility trait as an all-or-nothing characteristic. Woititz (1983) claimed that adult children took it all on or gave it all up. There was no middle ground. She described the adult child as trying to please the parents, doing more and more, finally reaching the point of recognition where it really didn't matter anyway. As a result, the child did nothing. Ackerman (1983) also described this all-or-nothing attitude toward responsibility: "Whether or not an adult child identifies with this behavior may depend upon how he/she adjusted to parent alcoholics, whether by becoming exceptionally competent individuals or by manifesting behaviors which led to irresponsibility and acting-out behaviors which became problematic" (p. 13).

As adults, this sense of all-or-nothing manifested itself in other relationships, causing the adult to be rigid, staunch, and unbending. Black (1981) described this now adult child where unequal relationships were common in many relationships:

> Those responsible youngsters have become very rigid,
> serious, goal-attaining young adults who have
> confidence in their ability to accomplish a great
> deal. These adults speak well [a skill learned as

youngsters] and have mastered the ability to mask the reality of their earlier family life. No sense of equal relationships exists for these persons, nor does a sense of problem-solving. For these responsible adult children everything is black or white, one way or the other, with no in-between (pp. 54-55).

As the adult child saw everything in black-white visions, it became difficult for this adult to resolve conflict situations effectively. The adult had never learned the art of compromise or collaboration. The adult child had been told that there was only one way to solve a problem and that was the way of the alcoholic. Problem solving or discussing of possible alternatives to various situations had seldom been discussed. The thought of now solving a problem by looking at differing approaches was a new concept to the rigid, unbending adult child of an alcoholic. These behaviors may directly influence a conflict situation, as the adult children of alcoholics may take responsibility for the conflict interaction and the possible subsequent outcomes of that interaction.

Difficulty with intimate relationships, establishing trust, lying as easily as telling the truth, and being super responsible or irresponsible were four of the behavioral characteristics that adult children of alcoholics seemed to struggle with in communicating.

Research indicated that lack of good role models, mixed messages, and over-all dysfunctional communication have contributed as negative influences in the child's environment.

Family Roles

Another aspect of the literature about adult children of alcoholics is family roles taken on by these individuals. Adult children took on family role characteristics within their chaotic environment in order to adapt to the confusing communication patterns. Trying to create some semblance of order within a chaotic environment, children of alcoholics have turned to coping mechanisms such as adaptation. Ackerman (1983) stated that adaptation is the key to surviving in an alcoholic home. The children learned to adapt their behaviors to minimize the effects of alcohol. Lawson (1983), in observing communication patterns in alcoholic homes, stated that the family role behaviors began to emerge within the system: "These (roles) are emotional masks that are worn by family members to cover their true feelings in an effort to maintain a family's balance. As a crisis develops in the family system or anxiety about drinking becomes high, each member clings to his or her respective role tightly to brave the storm" (p. 103).

Therapists such as Black (1981) and Wegscheider (1981), in assessing adult children of alcoholics through

therapy, reached conclusions about family roles. They described four roles of responsible or heroic child, placating or mascot child, adjusting or lost child, and acting out or scapegoat child.

Black (1981) described the responsible child, similar to Wegscheider's (1981) hero child, often being the oldest child who took responsibility for the family. Generally this child showed everyone else that the family was alright. Characteristics of this child included hard work, success, and achievement with underlying feelings of failure or inadequacy.

A second role was the acting out child, similar to Wegscheider's scapegoat. This child generally was the second born, acting out the chaos from the family in negative ways such as stealing, drinking, or running away. This child appeared to be filled with anger, but really was feeling hurt.

Black's placating child or Wegscheider's mascot child was the third role enacted by the child of an alcoholic. This child generally was the youngest, characterized by caretaking. The child tried to buffer the pain for the other children at the expense of taking time to be a child him or herself. To alleviate tension, this child turned to clownish behaviors, resulting later in immaturity, fragility, or emotional impoverishment.

The fourth role, Black's adjusting child or
Wegscheider's lost child, opted for peace at any price.
This child made no demands, became a loner, preferring
privacy to family chaos. Spending so much time alone,
this child tended to be shy, withdrawn, quiet, and
forgotten.

Whether these children of alcoholics were labeled
heroes, lost children, scapegoats, responsible children,
adjuster or placaters, common themes became apparent.
Where there was chaos and confusion, a child would try to
adapt to the situation to create some semblance of order
and stability. Typically birth order determined what role
each child took. Additionally, one child may have taken
on a combination of roles.

Besides behavioral and communicative characteristics
and family roles, adult children of alcoholics are
identified through traits of co-dependency.

Co-dependency Issues

Subby (1987) defined co-dependency as "an emotional,
behavioral, and psychological pattern of coping which
develops as a result of prolonged exposure to and practice
of a dysfunctional set of family rules. In turn, these
rules make difficult or impossible the open expression of
thoughts and feelings. Normal identity development is
thereby interrupted" (p. 84). Wilson (1986) described co-
dependency as a disease growing out of a dysfunctional

addictive system in which "beliefs, behaviors, and lack of
spirituality lead to a process of non-living that is
progressively death oriented" (p. 21). These definitions
indicated that co-dependency was a reliance on someone or
something that was not healthy, causing the co-dependent
person to lose sight of who they were in a relationship.
Co-dependency can be further understood by examing
Wilson's characteristics of co-dependent behaviors.

Characteristics of co-dependency

Wilson (1986) described behaviors resulting from co-
dependent communicative patterns. Four of those behaviors
described were caretaking, control, self-centeredness, and
denial of feelings.

In describing caretaking, Wilson (1986) suggested
that co-dependents doubted others would want them for
their internal worth, so they compensated and made
themselves indispensable. She stated that the "only way
of doing this is by taking care of - doing things for
others that they really can and need to do for themselves"
(p. 53). A second co-dependent characteristic was
control. Due to the chaotic environment, co-dependents
compensated by trying to control whatever they could.
Eventually they believed they could and should be able to
control everything. Self-centeredness, a third
characteristic of co-dependency, frequently led to the
belief that everything that happened to another person was

a result of something the co-dependent did. Or if someone
in the family was angry, the co-dependent would believe
that he or she caused it and could make it better. A
fourth characteristic of co-dependency involved denial of
feelings. Wilson (1986) stated: "co-dependents have
become so preoccupied in fulfilling other's expectations
that they have lost touch with themselves" (p. 57). The
co-dependents frequently put other's feelings ahead of
their own. These findings imply a tendency for adult
children of alcoholics to accommodate a conflict
situation.

Conflict

Literature concerning some adult children of
alcoholics suggested these individuals are identified by
communicative and behavioral characteristics such as lack
of trust, difficulty with intimacy, a tendency to lie or
not to be honest, and a sense of super responsibility or
irresponsibility, family roles such as scapegoat, hero,
lost child, or mascot; and issues of co-dependency from
dysfunctional rules and rigid communicative models.
The literature rarely commented on how these adult
children reacted to conflict situations based upon their
myriad of identified behaviors. The literature suggested
that adult children of alcoholics may have difficulty with
problem-solving. Marlin (1987) discussed roles adult
children of alcoholics assumed and how those roles

affected behaviors when confronted in conflict situations.
She stated:

> One child tried to smooth things out and avoid
> confrontation, thereby taking on the family hero
> role. Another [the scapegoat] accepted full
> responsibility for any confrontation, becoming a
> target for other family members' aggression. A third
> shrank away from any confrontation through attempted
> invisibility, becoming the lost child. Finally, one
> attempted to eliminate confrontation by clowning to
> ease tension (p. 49).

Ackerman (1983) briefly mentioned three styles of
conflict behaviors exhibited by adult children of
alcoholics: (1) approach-approach conflict: when two goals
are simultaneously desired, and to reach one goal meant
not achieve the other; (2) avoidance-avoidance conflict:
paradoxical conflict in which "you are damned if you do
and damned if you don't" (p. 14); and (3) approach-
avoidance conflict: characterized by mixed feelings in
which a person was attracted to an object, but was
repulsed by some component of it (pp. 141-142).

Folger and Poole (1984) defined conflict as "the
interaction of interdependent people who perceive
incompatible goals and interference from each other in
achieving those goals" (p. 4). Various theories have been
developed to explain motives for conflict and styles for

responding to conflict situations. Some of the more
common theories presented by Folger and Poole (1984) were
psychodynamic theory utilizing Freud's concepts of the id,
ego, and superego; the field theory looking at climate and
perceptions of interdependency and interaction; the phase
theory explaining conflicts as processes rather than
events; and exchange and experimental gaming theory.

Other theorists attempted to explain conflict through
research on conflict styles. Robert (1982) described four
styles of conflict; aggressive/confrontative;
assertive/persuasive; observant/introspective; and
avoiding/reactive. Goss and O'Hair (1988) mentioned five
strategies for managing conflict: avoidance,
accommodation, competition, negotiation, and
collaboration. Similar strategies for conflict resolution
are Deitz's and Stevenson's (1986) five categories of
avoidance, pacification, competition, compromise, and
creative integration. Adler, Rosenfeld, and Towne (1989)
presented four personal conflict styles of nonassertion
(including avoidance and accommodation), indirect
aggression, direct aggression, and assertion.

Roloff (1976) studied high school students and their
responses to conflict resolution using a five-cluster
analysis consisting of revenge, regression, verbal
aggression, prosocial and physical aggression. He
categorized such responses to conflict on the basis of

their effects on social relationships: prosocial modes of conflict facilitating relationship growth and development and antisocial modes impeding relational growth and development.

Bell and Blakeney (1977) investigated the correlation between personality variables and intergroup conflict resolution modes. Their study operationalized four personality variables of achievement, dominance, aggression, and affiliation through the use of Edward's Personal Preference Schedule to see the correlation with preferences for confronting, forcing, and smoothing. Results indicated achievement was positively correlated with confronting. Aggression scores correlated weakly and positively with forcing. In 1982, Jones and Melcher replicated and extended Bell and Blakeney's study by looking at nine personality variables.

Other studies examined interpersonal conflict resolution strategies. Goodrich and Boomer (1963) studied the coping behaviors of husbands and wives when they attempted to resolve a marital conflict. They used a color matching technique in conjunction with doing interviews with the husband and wife, individual interviews with each spouse, questionnaires, home observation, role-playing and experimental observation to assess interpersonal conflict. An important characteristic of the color matching technique was that it

tapped dimensions of dyadic relationships; it was not designed for studying individuals or groups.

Research conducted by Woititz (1983), Ackerman (1983), and Black (1981) has shown adult children of alcoholics take on responsibility or give it up. Positive conflict resolution demands positive interaction and communication to resolve situations. If adult children of alcoholics perceive themselves as fearful of self-expression or not knowledgeable in methods of give and take, then these individuals may avoid the conflict. Their staunch, unbending, and rigid behavior would create non-flexibility, thereby incapacitating the attempts to resolve the conflict.

These inflexible behaviors may also cause accommodating strategies, strategies designed to neglect personal needs for the sake of the other person. The ACOA's inflexible behaviors would reflect the need to be other-centered. By giving in to the needs of the other, the ACOA's may continue the pattern of denying and not identifying their own needs.

A second factor that may contribute to ACOA's tendency to avoid or accommodate a conflict situation is learned behavior. The learned behaviors of pacifist or peacemaker in the home continued into adulthood wherein adult children attempted to pacify persons or situations. The need to create order out of a chaotic home life

carried into adulthood where the adult children ought to control their external environments in order to deal with their internal confusion and insecurities. The adult children may also pacify a conflict situation by giving in in order to be protective of the other's feelings, to assume that the other person's feelings were more important than their own. The adult children may have felt that if a conflict has arisen, they have done something wrong or feel they were bad, therefore they needed to make amends by giving in to that other person. Their internalization of low self worth allowed them to continue the pattern of blaming themselves, thereby accommodating others.

Based on the aforementioned communication and behavioral patterns of adult children of alcoholics, this study will attempt to understand how adult children of alcoholics respond to interpersonal conflict situations in comparison to adult children of nonalcoholics. This study is predictive in nature. Adult children of alcoholics will use conflict resolution styles of avoidance and/or accommodation more often than will adult children of nonalcoholics.

The following chapter, Chapter Three, examines methodological issues.

Chapter 3

METHODOLOGY

Subjects

The subjects for this study were three sections of
male and female students enrolled during the Spring 1990
Fundamentals of Public Speaking at the University of North
Dakota, a four-year university in the upper Midwestern
United States. Approximately 750 students were enrolled
in this course. Participation is this study was
voluntary. The fundamental speaking course is a general
course offered to students from a variety of majors.

The participating subjects consisted of 266 students.
From this population, 20 students identified themselves as
adult children of alcoholics. An additional sample of 20
adult children from nonalcoholic backgrounds was selected
by using a systematic sampling with a random start.

The 40 subjects included 23 males and 17 females.
Their ages ranged from 18-42, the greatest percentage of
these being 19 or 20 years old. Seventy-five percent of
the subjects were between the ages of 18 and 23.

Instrumentation

In this study, an attempt was made to operationalize
conflict strategies for adult children of alcoholics
through the Thomas and Kilmann (1977) five-category scheme
for classifying interpersonal conflict resolution.

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Thomas and Kilmann's (1977) research is based on the managerial grid introduced by Blake and Mouton in 1964. Blake and Mouton (1964) designed a managerial grid to assess leadership styles based on two dimensions: concern for people and concern for production. Individuals were asked questions about their leadership styles and, based upon their responses, were placed at the appropriate point on a grid.

Thomas and Kilmann (1977) devised five strategies for handling conflict: avoiding, accommodating, competing, collaborating, and compromising. The five categories were based upon two separate dimensions: cooperation (attempting to satisfy the other person's concerns) and assertiveness (attempting to satisfy one's own concerns). They defined each of the five categories and placed them on a grid similar to Blake and Mouton's managerial grid. Figure 1 depicts their model of conflict resolution strategies.

Figure 1: <u>Conflict Resolution Strategies</u>

```
   high      l competitive                    collaborative
             l       *                              *
             l
             l                 compromising
assertiveness l                      *
             l
             l avoidance                       accommodative
             l     *                                *
             l_____
```

low   cooperativeness   high

- competitive: assertive and uncooperative

- collaborative: assertive and cooperative

- avoidance: unassertive and uncooperative

- accommodative: unassertive and cooperative

- compromising: intermediate in both

                   cooperativeness and assertiveness
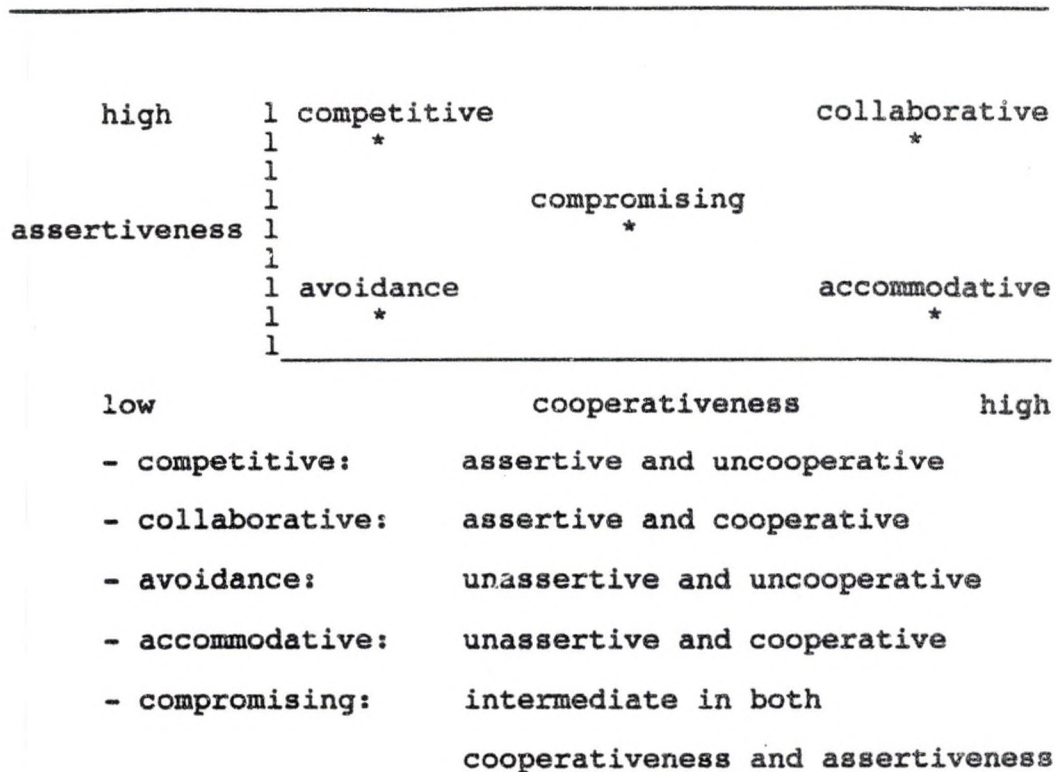
Thomas and Kilmann (1977) measured these five
categories through the use of a MODE instrument
(management-of-differences exercise: see Appendix A). The
instrument consisted of 30 statements generated to
describe each of the five categories. Subjects were
forced to choose between an "A" and "B" statement for each
of the 30 statements. Answers to statements were placed
on a grid to assess conflict resolution strategies.

Thomas and Kilmann (1977) provided lists of items
that operationalized the five conflict-handling

categories. Specifically, "competing" items were
generated to reflect an individual trying to win his/her
own position; "collaborating" items portrayed the
individual as involving the other in working out a
solution, getting concerns out in the open, being
concerned with satisfying both one's own and the other's
wishes; "avoiding" was operationalized as an individual
trying to avoid creating unpleasantness, and trying to
postpone or not worrying about issues; "accommodating"
items were phrased in terms of an individual's
preoccupation with the other's welfare rather than his/her
own; and "compromising" was related to either an
individual trying to find a middle ground position or to
accept an exchange of concessions.

The Thomas Kilmann MODE Instrument (TKI) has been
thoroughly tested according to XICOM Inc., publishers of
the instrument. They stated:

> The TKI (Thomas Kilmann Instrument) has been
> extensively tested in thousands of companies and
> organizations, and with hundreds of thousands of
> individuals on a world wide basis...We have found
> that (a) the TKI compared favorably in technical
> qualities (reliability, freedom from bias) to other
> available measures of the conflict modes; (b) people
> who take the Instrument tend to agree with their
> scores; and (c) the scores of several different

groups of people differ in expected ways (e.g., by sex role, situational power, training, personality).

Additional information and insight concerning the TKI was available through The Tenth Mental Measurements Yearbook by reviewers Richard E. Harding, Vice President, Research, Selection Research, Inc., Lincoln, NE; and Ronn Johnson, Assistant Professor of Educational Psychology, University of Nebraska-Lincoln, Lincoln, NE.

Harding (1989) stated that questions concerning the TKI are unanswered. He stated that "many basic questions are left unanswered such as, the methodology used in developing the instrument, reliability issues, validity issues, and strong documentation for appropriate use of the instrument" (p. 868). He did not rule out the use of the TKI for research purposes as he stated "the instrument may be of value for research purposes" (p. 868).

Johnson (1989) gave reliability figures for the TKI. He stated internal consistency coefficients were as follows: ".43 accommodating, .62 avoiding, .58 compromising, .65 collaborating, .71 competing" (p. 868). Like Harding (1989), Johnson (1989) also believed the TKI has value as a research tool. He stated "the conflict MODE has value as a research tool and a supplemental instrument, especially if the user (reader) reads the booklet carefully and understands the conceptualization of the constructs being measured" (p. 869).

Procedure

Before receiving their questionnaires, the subjects were told that this was a study of how persons of differing backgrounds responded to conflict situations. Instructions to complete the Thomas Kilmann MODE Instrument (Appendix A) and a consent form (Appendix B) were read to subjects. Subjects were also asked to complete a personal data sheet (Appendix C) stapled inside each questionnaire.

All subjects in this study were voluntary. Subjects' anonymity was protected as subjects did not sign their names to the questionnaire. Subjects indicated their willingness to participate in this study, though, by signing a consent form.

Since no names were needed or requested, and only demographic characteristics such as age, sex, and parental alcohol abuse or nonabuse were required, the subjects' privacy was protected.

The questionnaire was handed out at the beginning of each lecture section. After completing the questionnaire, the subjects were free to leave the classroom. The procedure was repeated for three lecture sections.

Data Analysis

Scoring the instrument was completed by identifying how many statements were circled for the five conflict strategies: competing, collaborating, compromising,

avoiding, and accommodating modes. Each mode score could range from 0 to 12.

A t-test was calculated for each scale in order to find out whether adult children of alcoholics differed from adult children of nonalcoholics regarding their conflict resolution strategies. Results were computed to determine if significant differences existed at the .05 level between adult children of alcoholics and adult children of nonalcoholics in response to conflict situations, especially in the avoidance and/or accommodation strategies. Chapter Four discusses the results of the study.

Chapter 4

RESULTS

Synopsis of Results

Initially, the psychometric characteristics of the
Thomas Kilmann MODE Instrument were examined. Table 1
presents the reliabilities for each of the five scales and
the inter-scale correlations. The reliabilities
(coefficient alpha) for the scales ranged from .20 for the
compromising scale to .70 for the competitive scale. The
inter-scale correlations ranged from .16 between competing
and collaborating to .-.54 between competing and
accommodating. The average inter-scale correlation was
.34. This reflects a moderate degree of interdependence
among the MODE scales.

Table 1: <u>Reliability Coefficients and Inter-scale Correlations for Thomas Kilmann MODE Instrument</u>

	1	2	3	4	5	6	7
1 Competing	$.70^a$	$-.33^*$	.16	$-.47^{**}$	$-.54^{**}$	.03	-.25
2 Collaborating		$.57^a$	-.21	$-.36^*$	-.21	-.19	-.13
3 Compromising			$.20^a$	$-.38^{**}$	$-.43^{**}$	-.04	-.11
4 Avoiding				$.46^a$	$-.30^*$	.16	.22
5 Accommodating					$.34^a$	.04	$.32^*$
6 Age						--	$.28^*$
7 Sex							--

[a] Numbers on diagonal represent reliability coefficients (Cronbach's alpha).

* $p < .05$

** $p < .01$

The means and standard deviations of the five scales and the results of the t-tests examining mean differences between the two groups are presented in Table 2. Both groups scored highest on the compromising scale and lowest on the competing scale. The results of the t-tests did not support the hypotheses. No significant differences were found between the two groups on any of the scales.

Table 2: Group Results: adult children of alcoholics (ACOA) and adult children of nonalcoholics (NA)

Variable	Group	Mean	Standard Deviation	t
Competing	ACOA	4.35	2.91	.822 ns
	NA	4.55	2.68	
Collaborating	ACOA	5.95	1.93	.444 ns
	NA	5.35	2.87	
Compromising	ACOA	7.05	1.79	.295 ns
	NA	7.65	1.78	
Avoiding	ACOA	6.80	2.04	.579 ns
	NA	6.40	2.46	
Accommodating	ACOA	5.90	2.34	.762 ns
	NA	6.10	1.77	
Age	ACOA	20.15	2.01	.068 ns
	NA	22.80	5.85	

ns = nonsignificant at the .05 level

These results can also be compared to those collected from a normative sample described in the MODE manual. The manual described a sample of 339 middle- and upper-level managers from business and governmental organizations. The instrument developers, Thomas & Kilmann, 1977, divided this sample into high, middle, and low levels on the scales on the basis of percentile rankings. The high area was defined to be a percentile rank of 75 or above, and the low area was defined to be at the percentile rank of 25 percent or below. A middle area between 25 and 75 was also defined. (see Appendix D for scoring instrument).

Table 3 indicates the distribution of adult children of alcoholics and adult children of nonalcoholics in the three categories of high, middle, and low for the five Thomas Kilmann MODE Instruments scales.

Table 3: Range results: Adult children of alcoholics
(ACOA) and adult children of nonalcoholics (NA)

	Compet	Collab	Comprom	Avoid	Accom
High	2 ACOA	2 ACOA	4 ACOA	7 ACOA	10 ACOA
	3 NA	3 NA	1 NA	7 NA	8 NA
Middle	8 ACOA	11 ACOA	14 ACOA	10 ACOA	9 ACOA
	11 NA	7 NA	11 NA	8 NA	12 NA
Low	10 ACOA	7 ACOA	2 ACOA	3 ACOA	1 ACOA
	6 NA	10 NA	8 NA	5 NA	0 NA

Several factors may account for the lower percentage in the current study. The first consideration is the ability or willingness of subjects to identify an alcoholic within their family structures. Subby (1987) and Kritsberg (1985) suggested the rule of silence operating within the alcoholic family in which members are not free to talk about the alcoholism present in the family. Subjects may not have been willing to defy this rule, thus not identifying parental alcoholism. Additionally some students chose to leave the classroom prior to filling out a questionnaire. This may have had an impact upon the number of subjects identified as ACOA's.

Second, although subjects may not have identified with alcohol abuse, they may have identified other chemical abuses within their family structure. This particular questionnaire and accompanying personal data sheet did not account for other substance abuses or dysfunctional family patterns.

A third factor contributing to the low percentage of adult children of alcoholics may have been from the definition of "alcoholic" cited on the personal data sheet. Using Gravitz and Bowden's (1985) definition, a subject would identify a parent(s) as alcoholic if that person(s) exhibited the following three characteristics: (1) drinks, (2) gets into trouble repeatedly as a result

of drinking - be that trouble with family, career, work, health, or the law, and (3) continues to drink. Perhaps subjects identified one or two elements of the definition, but not all three. Subjects' perceptions of alcoholism and its subsequent connotations may have influenced their responses.

A fourth factor influencing the percentage could be the subjects age. Ackerman (1987) has provided statistics of adult children of alcoholics ages when parental alcoholism was acknowledged. Ackerman (1987) suggested that at age 14.3 children would identify if both parents were alcoholic, at age 12.7 children would identify if only the father was an alcoholic, and at age 18.4 children would identify if only the mother was an alcoholic. As the average age of this sample was 20 for adult children of alcoholics and 22 for adult children of nonalcoholics, age does not appear to be a contributing factor to the low percentage.

Besides low percentage, a second issue that may have influenced the results is the reliability of the MODE instrument. Reliability is associated with a measuring instrument's consistency or stability. Reliability coefficients indicate the level of an instrument's reliability. Smith (1988) stated that a reliability coefficient is a statistical index ranging from 0 to 1,

"where 0 signifies no reliability and 1 indicates perfect reliability" (p. 47).

Unreliable test scores may result from random errors of measurement produced by factors such as fatigue or carelessness. Random errors result in responses that do not reflect a person's "true" knowledge or beliefs about the concepts being measured (Smith, 1989, p. 46).

Johnson (1989) reported lower reliability coefficients for the TKI. This in itself may produce speculation in testing results. A researcher may question if the sample responses were unreliable or if the TKI is cause for the low reliability coefficients.

Secondly, the coefficients for this study and previously documented reliability coefficients do not similarly compare. The present sample's reliability was significantly lower than documented reliability. The lower sample size may account for this difference. Other factors such as fatigue can easily be dismissed as a contributing factor as the subjects' testing period was expected to last no longer than 20 minutes (based on the researcher's own experience and five trial samples not used for this study). Many subjects finished their questionnaires within a ten minute time frame. This short completion time raises speculation as to how carefully the subjects read, comprehended, and responded to individually paired statements.

Finally, we must consider what communication implications, if any, can be derived from this study. It was hypothesized that adult children of alcoholics would accommodate and/or avoid a conflict situation more often than adult children of nonalcoholics. None of the results were significant at the .05 level.

Due to the nonsignificant findings within this study, it would be inappropriate to attribute meaning to the group response differences between the adult children of alcoholics and the adult children of nonalcoholics. However it is appropriate within the confines of this study to address the overall findings from both groups.

Both groups responded at a relatively high mean level to the conflict resolution strategies of accommodation and avoidance. Also, both groups responded at a relatively low mean level to the conflict resolution strategies of competing and collaborating.

As the higher response level from both groups was for the conflict resolution strategies of accommodation and avoidance, possible implications can be discussed.

Accommodating a conflict is characterized by a person being more concerned with other's wishes than with his or her own (Thomas and Kilmann, 1977, p. 311). Folger and Poole (1984) refer to accommodating as "appeasing or smoothing" (p. 40). Advantages and disadvantages for accommodating a conflict have been cited by Hocker and

Wilmot (1985). They suggested one advantage of accommodating was that an individual can show how reasonable they are by indicating that they are wrong in a conflict situation. Further, Hocker and Wilmot (1985) suggested that accommodation can be an important strategy in a relationship. "If harmony or maintenance of the relationship is the most crucial goal at the moment, then accommodation allows the relationship to continue without overt conflict" (p. 48).

Conversely, accommodation can also be detrimental or disadvantageous in the relationship. Hocker and Wilmot (1985) suggested "if accommodation is overused, the commitment to the relationship is never tested, since one or the other always gives in" (p. 48).

The subjects' responses to accommodation in this study suggested that they would consider the wishes of others before considering their own wishes. A possible explanation may relate to the common denominator of the "student" status of the subjects. Approval and/or acceptance may be important to these individuals, thus explaining the responses of accommodation. Secondly, these subjects may not have learned how to effectively assert their own opinions or beliefs. Thinking of others instead of self may be the "polite" or "appropriate" response to interaction based upon societal norms. Another possible explanation may stem from familial

environments. Learned behaviors could not be accounted for in this study. Subjects may be modelling conflict responses or behaviors after individuals that have influenced them.

Avoidance was another strategy in which greater numbers of subjects responses at the higher mean levels rank. Avoidance was characterized by an individual trying to avoid creating unpleasantness, and trying to postpone or not worrying about issues (Thomas and Kilmann, 1977, p. 311). Folger and Poole (1984) describe this type of behavior as "apathetic, isolated, or evasive" (p. 41). Hocker and Wilmot (1985) identified advantages and disadvantages of the conflict resolution strategy of avoidance. One advantage is that avoiding a conflict can provide a person with time to consider other responses to the situation. Also avoidance "can keep one from harm, for example, when you are in a relationship in which anything other than avoidance will bring you a negative response" (p. 47).

Disadvantages of using avoidance as a conflict response are that it usually provides an opportunity for the conflict to resurface due to the unresolved nature of the conflict. Also avoidance "tends to demonstrate to other people that you do not `care enough to confront' them and gives the impression you cannot change" (Hocker and Wilmot, 1985, p. 47).

Possible explanations can be advanced from subjects' responses to the conflict resolution strategy of avoidance. As with accommodation, perhaps subjects have not learned to interact effectively in conflicting situations, thereby creating a desire to avoid the situation altogether.

Rules within an alcoholic environment supported the conflict resolution strategy of avoidance for adult children of alcoholics. Subby (1987) posited three rules created through alcoholic environments: (1) it's not okay to talk about problems, (2) it's not okay to talk about or express our feelings openly, and (3) don't address issues or relationships directly (p. 29). These rules imply a strong connection to Kritsberg's (1985) rule of silence. The rules suggested to the child that open expression was not appropriate. These rules may be later manifested into adult behaviors of avoidance continuing old behavioral responses into new situations.

Overall responses to conflict situations for adult children of alcoholics and adult children nonalcoholics were similar. This creates a need for fur ner research within holistic boundaries to more fully account for external (environmental) and internal variables of subjects to determine if differences exist and if they exist at a significant level. Chapter Five presents conclusions and recommendations for further research.

Chapter 5

CONCLUSIONS

Summary

This study of conflict resolution strategies
predicted that adult children of alcoholics would avoid
and/or accommodate a conflict situation more often than
would adult children of nonalcoholics. Two hundred and
sixty-six subjects participated. Forty samples, 20 adult
children of alcoholics and 20 adult children of
nonalcoholics, were used in this study.

The results suggested inconclusive findings as there
were no significant differences at the .05 level between
responses of adult children of alcoholics and adult
children of nonalcoholics in interpersonal conflict
situations. Reasons for this lack of significance may be
attributed in part to small sample size and lack of
reliability of methodology through the Thomas Kilmann MODE
conflict instrument.

Limitations

One limitation of this study is that the subjects
interpreted how they perceived they would respond to
conflict situations. Subjects' perceptions may differ
from objective realities of a conflict interaction.
Additionally, the subjects might have to envisioned many
types of conflict situations. This may have influenced

their responses to one mode of conflict resolution over another. Another consideration is that some students chose not to participate. These individuals may have been adult children of alcoholics.

A second and perhaps most serious limitation is the reliability of the Thomas Kilmann MODE Instrument. In conjunction with the reliability, another limitation is the small sample size and insignificant findings, making generalizations about communicative behaviors risky.

Recommendations for Further Research

After years of conducting scholarly research on adult children of alcoholics, it appears we are moving from infancy into adolescent research development stages. The alcohol and counseling fields are just beginning to merge and conduct dialogues with each other in regard to ACOA's. The communciation field may also explore implications of adult children of alcoholics' behaviors.

People's communicative responses to uncomfortable, perhaps even frightening situations may provide us with useful rhetorical artifacts that may help us understand patterns of communication. Therefore, discovering how persons from unhealthy environments respond to conflict could be an area of useful research.

After reviewing this study, additional recommendations can be suggested. First, a new or improved method of research for assessing conflict

resolution styles is called for. The Thomas Kilmann MODE Instrument may be useful but with some alterations. Perhaps the TKI could be given to identified ACOA's group meetings. Directions for use of the TKI could also be more explicit, by either having participants identify a conflict with their alcoholic or identifying a conflict in another personal relationship.

New approaches to understanding conflict resolution may also be effective. The following questions may provide a useful start for additional research:

(1) Do adult children of alcoholics possess metaphorical images of conflict?

(2) How do adult children of alcoholics interpret conflict behavior?

(3) How do adult children of alcoholics resolve conflict within their family environments compared to other environments?

Three possibilities for analyses to these questions could be metaphorical analysis, content analysis, or fantasy theme analysis.

A metaphorical analysis would be useful to help diminish some of the urgency or direct interaction for the individual compares the conflict to another item. Metaphors could be graphed in terms of positive and negative impacts. This may indicate to ACOA's how they view a conflict, thus enabling them to change, if desired.

A second analysis is content analysis. A researcher
may consider asking permission to tape record or study
ACOA's group meetings or documented files for clues to
conflict management. A scheme for coding the conflict
could then be devised.

Finally, a fantasy theme analysis could be
incorporated. Subjects would create their reality of how
conflict is handled within their family boundaries. Other
members would respond and the researcher could do a
descriptive and critical analysis of the discourse. It
may be interesting to see how members identify a conflict
situation and how they see their responses in comparison
to other's perceptions of their responses.

Thomas Kilmann Conflict Mode Instrument *

Instructions for completing the questionnaire:

Consider situations in which you find your wishes differing from those of another person. How do you usually respond to such situations?

On the following pages are several pairs of statements describing possible behavioral responses. For each pair, please circle the "A" or "B" statement which is most characteristic of your own behavior.

In many cases, neither the "A" nor the "B" statement may be very typical of your behavior; but please select the response which you would be more likely to use.

Statements from the questionnaire

1. A. There are times when I let others take
        responsibility for solving the problem.

    B. Rather than negotiate the things on which we
        disagree, I try to stress those things which we
        both agree.

2. A. I try to find a compromise solution.

    B. I attempt to deal with all of his/her and my
        concerns.

3. A. I am usually firm in pursuing my goals.

    B. I might try to soothe the other's feelings and
        preserve our relationship.

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4. A. I try to find a compromise solution.

    B. I sometimes sacrifice my own wishes for the wishes
        of the other person.

5. A. I consistently seek the other's help in working
        out a solution.

    B. I try to do what is necessary to avoid useless
        tensions.

6. A. I try to avoid creating unpleasantness for myself.

    B. I try to win my position.

7. A. I try to postpone the issue until I have had some
        time to think it over.

    B. I give up some points in exchange for others.

8. A. I am usually firm in pursuing my goals.

    B. I attempt to get all concerns and issues
        immediately out in the open.

9. A. I feel that differences are not always worth
        worrying about.

    B. I make some effort to get my way.

10. A. I am firm in pursuing my goals.

    B. I try to find a compromise solution.

11. A. I attempt to get all concerns and issues
        immediately out in the open.

    B. I might try to soothe the other's feelings and
        preserve our relationship.

12. A.   I sometimes avoid taking positions which would
         create controversy.

    B.   I will let the other person have some of his/her
         positions if he/she lets me have some of mine.

13. A.   I propose a middle ground.

    B.   I press to get my points made.

14. A.   I tell the other person my ideas and ask for
         his/hers.

    B.   I try to show the other person the logic and
         benefits of my position.

15. A.   I might try to soothe the other's feelings and
         preserve our relationship.

    B.   I try to do what is necessary to avoid tensions.

16. A.   I try not to hurt the other's feelings.

    B.   I try to convince the other person of the merits
         of my position.

17. A.   I am usually firm in pursuing my goals.

    B.   I try to do what is necessary to avoid useless
         tensions.

18. A.   If it makes the other people happy, I might let
         them maintain their views.

    B.   I will let other people have some of their
         positions if they let me have some of mine.

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19. A. I attempt to get all concerns and issues immediately out in the open.

    B. I try to postpone the issues until I have had some time to think it over.

20. A. I attempt to immediately work through our differences.

    B. I try to find a fair combination of gains and losses for both of us.

21. A. In approaching negotiations, I try to be considerate of the other person's wishes.

    B. I always lean toward a direct discussion of the problem.

22. A. I try to find a position that is intermediate between his/hers and mine.

    B. I assert my wishes.

23. A. I am very often concerned with satisfying all our wishes.

    B. There are times when I let others take responsibility for solving the problem.

24. A. If the other's position seems very important to him/her, I would try to meet his/her wishes.

    B. I try to get the other person to settle for a compromise.

25. A. I try to show the other person the logic and benefits of my position.

    B. In approaching negotiations, I try to be considerate of the other person's wishes.

26. A. I propose a middle ground.

    B. I am nearly always concerned with satisfying all our wishes.

27. A. I sometimes avoid taking positions that would create controversy.

    B. If it makes other people happy, I might let them maintain their views.

28. A. I am usually firm in pursuing my goals.

    B. I usually seek the other's help in working out a solution.

29. A. I propose a middle ground.

    B. I feel that differences are not always worth worrying about.

30. A. I try not to hurt the other's feelings.

    B. I always share the problem with the other person so that we can work it out.

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APPENDIX B
Consent Form

You are invited to participate in this study of conflict resolution strategy behaviors. We hope to learn through this study if persons from differing backgrounds respond to conflict situations in similar or different fashions.

You are asked to participate as part of a cross population sample from UND. Your participation is entirely voluntary. This study involves no risks and takes about 20-30 minutes to complete. No information about your name is needed or requested. The only information that will be requested, on a separate data sheet, will be data such as age, sex, and parental alcohol abuse or nonabuse.

Your decision whether or not to participate will not prejudice your performance in the Communication 161 class or at the University of North Dakota. If you decide to participate, you are free to discontinue participation at any time without prejudice.

The investigator involved has made herself available to answer any questions that you may have concerning this study. In addition, you understand that you are encouraged to ask any questions concerning this study that you may have in the future. You may ask your individual Communication 161 instructor for the results of this study

after April 1, 1990.

I have read all of the above and willingly agree to participate in this study.

_____   _____

      (Signature)   (Date)

APPENDIX C

Personal Data Sheet

(1) Please indicate your age: _____ years old.

(2) Please indicate your gender:

(a) male

(b) female

(3) Please indicate if one of your parents is an alcoholic. Gravitz and Bowden (1985) define a person as an alcoholic if he or she: (1) drinks, (2) gets into trouble repeatedly as a result of drinking - be that trouble with family, career, work, health, or the law, and (3) continues to drink.

(a) mother is an alcoholic

(b) father is an alcoholic

(c) neither of my parents is an alcoholic

Scores* on the Thomas Kilmann Conflict MODE Instrument

	Competing	Collab	Compro	Avoid	Accom
100%	12		12	12	12
				11	11
	11	12	11	10	10
	10	11	10	9	9
90%					8
High 25%					
	9	10			7
80%	8		9	8	
- - - - - - -		- - - - 9 - - - -			- - 6 - - - -
70%	7		8		
				7	
60%					
Middle 50%	6				
		8			5
				6	
			7		
50%					
		7			
	5				
40%					
					4
			6		
	4			5	
30%					
			5		
		6			
- - - - - - -					- - 3 - - -
	3			4	
20%					

```
                          5
Low                                    4
25%                 2                              3
        10% _____
                        4
                        3              3
                        2              2          2          2
                  1     1              1          1          1
        0%  ____0_____0_____0_____0_____0__
```

* Scores are graphed in relation to the scores of the
  original 1977 norm group, composed of 339 managers at
  middle and upper levels of business and government
  organization.

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