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Recurrent Disruptions of Rituals and Routines in Families With Paternal Alcohol Abuse*

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Abstract: Changes in rituals and routines between drinking and sobriety were examined in families in treatment due to paternal alcohol abuse. Information was gathered through a semistructured family interview. Recurrent disruptions of rituals and routines were found between different phases in the drinking cycle. Disruptions were found typically with regard to the fathers' participation in rituals and routines, the parental roles and responsibility, the affective quality of the rituals, and the general family climate. Four categories of families were distinguished based on amount and type of disruptions in family rituals and routines (i.e., protecting, emotional disruptive, exposing, and chaotic families). Implications for intervention are described.

Key words: children of alcoholics, family disruption, family rituals and routines, paternal alcohol abuse, unpredictability.

Previous studies have indicated that parental alcohol abuse disrupts family rituals and routines (Bennett, Wolin, & Reiss, 1988; Fiese, 1993; Hawkins, 1997). However, these studies have mainly examined the long-term consequences of parental drinking by comparing family rituals and routines in the period before and after the drinking became problematic. The more frequent everyday disruptions of rituals and routines between drinking and nondrinking conditions occurring daily or weekly have been given less attention, yet are likely to affect family life profoundly.

Previous research suggests that instability and unpredictability in family interaction contribute to maladjustment in children of alcohol abusers (Ross & Hill, 2001). Recurrent disruptions of rituals and routines are potential generators of instability in the family life. The present study explores recurrent disruptions of rituals and routines in families with paternal alcohol abuse by considering changes in rituals and routines

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when the fathers are sober and when the fathers are drinking.

The Importance of Family Rituals and Routines

Family systems theory represents the general theoretical framework of the present study, implying a focus on family interaction, recognizing the mutual influence of family members, and acknowledging the need for a flexible family structure and organization (Whitchurch & Constantine, 1993). Systems theorizing identifies regulated activities such as rituals and daily routines as cornerstones of structure and stability for healthy families (Dickstein, 2002). According to family system theory, families have a tendency to maintain established patterns of behavior in the face of change or adversity. The level of disruption of rituals and routines related to parental drinking may therefore be an important indicator of how the alcohol abuse affects the family functioning.

Family routines and rituals are repetitive behaviors involving two or more family members (Fiese et al., 2002). Family rituals include traditions developed to celebrate culturally defined occasions as well as more idiosyncratic family traditions and anniversaries. Family rituals also include daily interaction patterns, such as meals and bedtime rituals (Fiese, 1992; Wolin & Bennett, 1984). The difference between routines and rituals is usually defined with reference to the symbolic meaning and affective quality attached to rituals in contrast to the more pragmatic, instrumental elements of routines (Fiese et al., 2002). However, the boundary between daily routines and rituals is not fixed, as rituals include a routine component and routines may develop into rituals.

Daily routines and rituals are assumed to be of great importance, in particular to families with young children, because they provide stability, structure, and predictability to everyday life (Fiese, Hooker, Kotary, & Schwagler, 1993). Through engaging in routines and rituals, children learn the rules, roles, and values of their family and the culture to which they belong. Family rituals also reinforce family identity by establishing the roles, identity, and belonging of family members (Wolin & Bennett, 1984). Fiese (1992) has distinguished between a meaning and a routine component of family rituals. The meaning component emphasizes the symbolic significance and affective quality ascribed to rituals, whereas the routine component represents the assignment of roles and duties and the regularity in how activities are conducted. Fiese (1992) reports associations between adolescent identity and the symbolic significance and positive affect of family rituals in nonclinical families. According to Fiese (1993), disturbances in the meaning component of family rituals are also related to health problems in adolescents with alcohol-abusing parents. Maintaining family rituals and routines has further been related to better adjustment in children in general, as well as in children of alcohol-abusing parents during childhood (Bennett et al., 1988) and in adult years (Hawkins, 1997).

Summary and Objectives of the Present Study

To summarize, family rituals and routines appear to be rich sources of information about family life. Their importance for the health and adjustment of family members has been emphasized theoretically and empirically. Apart from the work of Steinglass, Bennett, Wolin, and Reiss (1987), we know little about how parental drinking connects with family routines and rituals on an everyday basis beyond the long-term disruptive effects reported in previous studies. More knowledge on the short-term effects of drinking is important to better understand the everyday life of families and the environment in which the children are raised. A more detailed consideration of families where routines and rituals are disrupted and families where they are preserved is also needed.

The first objective of this study was to provide descriptive data on *how* family rituals and routines change or are maintained between phases of drinking and nondrinking in families with paternal alcohol abuse. A qualitative research approach was applied to provide in-depth descriptions from family members. Previous studies using observation (Jacob, Krahn, & Leonard, 1991; Jacob, Leonard, & Haber, 2001) or self-report methods (Seilhamer, Jacob, & Dunn, 1993) have indicated that different family interaction patterns emerge when the alcohol abuser is drinking compared to when he/she is sober. This suggests the existence of a biphasic pattern of interaction in families with parental alcohol abuse (Liepman et al., 1989). Based on these findings, one would expect differences in family rituals and routines between drinking and nondrinking phases. Because of the exploratory status of the present study, no assumptions were held about specific changes to be expected between drinking conditions.

The second aim of the study was to explore *variation among families* in terms of how paternal drinking affected routines and rituals and to develop a typology of family types based on the following: extent and type of disruptions of family rituals and routines due to the drinking and degree to which children were exposed to the paternal drinking and resultant disruptions.

Method

Participants

Twenty-three families were recruited by their therapists at four outpatient clinics for alcohol abusers in Norway. Inclusion criteria were the following: (a) one or both parents were in treatment at an outpatient clinic for alcohol abusers, (b) the parents were living together or had separated just recently (<9 months), and (c) the family had at least 1 child aged between 5 and 11 years. These inclusion criteria were chosen to secure similarities between families with regard to treatment status and family composition, as well as the family life cycle stage.

The families comprised 51 children (average number of children per family 2.2, $SD = 0.8$, range 1–4). Because of difficulties in comparing child adjustment across large age spans and different stages of child development, only children between 5 and 11 years (16 girls and 21 boys, $M = 8.4$ years, $SD = 2.1$) were assessed with regard to child adjustment.

Mean age of the fathers and the mothers was 36.0 years ($SD = 5.7$, range 24–48) and 32.8 years ($SD = 4.5$, range 23–43), respectively. On average, the parents had been married or cohabiting for 10.3 years ($SD = 4.1$, range 2–17 years). All mothers and 19 fathers were biological parents to the children living in the households.

Among both fathers and mothers, 61% had completed education above junior high school level (>9 years). The remaining parents had an education level of 9 years or less. This represents a lower level of education compared to Norwegian consensus data where 83% men and 81% women have more than 9 years of education (Statistisk Sentralbyrå, 1998).

The parents' level of occupation was assessed according to the Norwegian Standard Classification of Socioeconomic Status (1 = *low socioeconomic level*, 6 = *high socioeconomic level*) (Statistisk Sentralbyrå, 1984). Among the fathers, 65% had an occupation at a level of skilled worker or above, whereas the corresponding figure for the mothers was 48%. The average level of socioeconomic status for the fathers was 4.1 ($SD = 1.07$, range 2–6) and for the mothers 3.0 ($SD = 1.38$, range 1–5). According to Norwegian standards, this is considered to be a middle to lower class sample. About half of the fathers (57%) were employed. The other fathers were either unemployed or received social security. Two thirds of the mothers were employed (65%), 1 mother was a student, and the remaining mothers were housewives.

Norway is characterized as a homogeneous population with a great majority of inhabitants being Caucasians with a Norwegian ethnical

and cultural background. No information indicated that the families in this study differed from the majority of Norwegian families regarding ethnic, cultural, or religious background.

Parental drinking classification and characteristics. A slightly modified version of the criteria of Goodwin et al. (1974) was used to define different categories of parental drinking. According to these criteria, during the previous year *heavy drinkers* consumed on average 20 drinks a week (women: 15 drinks) without having symptoms of physical dependency or negative social, familial, legal, or work-related consequences due to the drinking. *Problem drinkers* fulfilled the same criteria with regard to alcohol consumption. In addition, they had problems in one or two areas related to physical dependency and or social, familial, legal, or work-related consequences. *Established problem drinkers or alcoholics* satisfied the same criteria regarding alcohol consumption and had problems in three or four areas (i.e., physical dependency, and or social, legal, familial, or work-related consequences).

In the present sample all fathers were diagnosed as alcohol abusers: 4% as heavy drinkers, 39% as problem drinkers, and 57% as alcoholics. The fathers' drinking was assessed by the parents on the Cahalan questionnaire (Cahalan, 1970), consisting of 11 dimensions of alcohol consumption and social/behavioral consequences of drinking. The sum of both parents' ratings of the fathers' drinking ($M = 37.6$, $SD = 10.6$) corresponded with findings from a Norwegian study of hospitalized male alcoholics (Løberg, 1980), confirming the status of the present sample as patients with severe alcohol problems. The history of the paternal alcohol abuse ranged from 2 to 31 years ($M = 11.2$, $SD = 6.8$). About half of the fathers (52%) had received previous treatment. The average duration of the present treatment was 17 months ($SD = 12.8$, range 1–50 months). The mean length of the children's (aged 5–11 years) exposure to the fathers' alcohol abuse was 6.7 years ($SD = 2.7$, range 2–11 years). Of the 23 mothers, one was rated as a heavy drinker, one as an alcoholic, and one as a drug abuser recovering from previous alcohol abuse. The mothers had stopped drinking at the time of participation in the study.

Procedure

The first meeting with the family was held at the outpatient clinic they attended. The parents signed an informed consent form and independently completed a series of questionnaires. The children were assessed by both parents on the ''Child Behavior Checklist,'' a standard measure of general child adjustment comprising both internalizing and externalizing behavior problems (Achenbach, 1991). Cutoff scores for total behavior problems derived from a general population sample of Norwegian children were used to identify clinically significant problems (raw scores above 28 for boys and 26 for girls) (Nødvik, 1999). The parents rated their own level of psychological symptoms using the Symptom Checklist-90 (SCL-90), a standard inventory for psychological symptoms in adults (Derogatis, 1992). The following cutoff points were used to rate the level of general psychological distress (GSI). GSI scores below .51 indicated mild levels of symptoms, GSI scores between .51 and .96 moderate levels of symptoms, and GSI scores above .96 indicated severe levels of psychological symptoms (Tingey, Lambert, Burlingame, & Hansen, 1996).

The therapists rated both parents' drinking according to the criteria of Goodwin et al. (1974) and also completed a questionnaire on demographic data. For instruments used but not included in the present analyses see Haugland and Havik (1998) and Haugland (2003).

Within the next few days after the first meeting, the families were interviewed in their homes. Two families chose to be interviewed at the outpatient clinic.

The Family Interview

A semistructured interview focusing on family rituals and routines was developed (Haugland, 1992). The purpose of this interview was intended to secure information about selected

areas, without leading toward specific responses. An introduction was given to each topic, emphasizing that families are different in how they organize their lives and how the alcohol abuse affects them. The main interview themes were decided beforehand, guiding the conversation toward as detailed and concrete descriptions as possible. The interviews were held in a conversational style, allowing exploration of issues raised by the family. Attempts were made to reflect interest in the perspectives of all family members. Disagreements and conflicts were met with assurances that it is common for family members to have different views on important issues.

The interview guide was inspired by previous studies on family routines and rituals (Bennett et al., 1988; Jensen, James, Boyce, & Hartnett, 1983). As family functioning may change during treatment, the interview focused on the year before the father entered the present treatment. Usually, this meant going 1–2 years back in time. "Ten settings where rituals and routines typically involve both parents and children were selected. These were assumed to be of importance to Norwegian families regardless of socioeconomic level. They included routines and rituals during the morning, dinner time, and the children's bedtime." In addition, methods of discipline, leisure activities, the children's homework, and contact with friends and relatives were also included. The interview also addressed rituals related to Christmas, the child's birthday, and the summer holiday; all these are considered important celebrations within the Norwegian culture. Each routine and ritual was described both during sober periods and when the father was drinking. For an illustration of the focus and the type of questions used, a sample of the interview guide with regard to the children's bedtime is given (Table 1). However, free follow-up questions suggested in the interview guide are not included in Table 1.

Two pilot interviews were conducted. One family was later included in the final sample, whereas the other was not included because the parents primarily abused drugs other than alcohol.

The average duration of the interviews was 2.5 hr (range 75 min–4 hr). All family members were invited to participate. In one third of the families only the parents were present during the interview. In another third the children were present without contributing (17 children, 2–15 years of age). In the remaining families, the children actively participated in the interview (13 children, 8–15 years of age). All interviews were tape-recorded and transcribed verbatim by a professional typist. The author checked the reliability of all transcripts.

Table 1. *Opening Questions to Assess Rituals and Routines Related to the Children's Bedtime During Drinking and Nondrinking Conditions in Families With Paternal Alcohol Abuse*

1. In some families children go to bed almost at the same time every night. In other families the children may go to bed at different hours from one day to the next. Also, differences may be found whether children have supper or not. In some families, children have certain things they do almost every night (e.g., read a story, have a goodnight hug, ask for a glass of water). In other families, this does not occur typically. Can you describe the evening and the children's bedtime routines in your family?
2. How regular was the pattern you have described above?
3. What happened with the children's bedtime routines on days/periods with heavy drinking?
4. How often were the bedtime routines maintained as usual regardless of the drinking?
5. How did the children respond (verbally/behaviorally/emotionally) when the father was drinking in the evening/at the children's bedtime?
   How did the grown-ups respond (verbally/behaviorally/emotionally)?
6. When father was drinking, what efforts were made to maintain the children's bedtime routines as usual?

Methods of Analyses

The interviews were analyzed by the following procedure. First, a text reduction was performed to make the amount of material more manageable. This was achieved by a procedure of ''meaning condensation'' whereby the texts for each interview was reduced to a briefer, more concise formulation (or A-texts) including all themes identified in the original transcript (Giorgi, 1975; Kvale, 1996). A content analysis (Lincoln & Guba, 1985; Patton, 1990) was then performed and new texts (or B-texts) that included only nonredundant themes addressing the main objectives of the study were generated. The B-texts were organized with regard to the following themes: (a) changes in daily routines and rituals during morning, dinner, and children's bedtime; (b) changes in methods of discipline, leisure activities, and external boundaries; (c) changes in roles; (d) changes in emotional climate; and (e) changes in annual celebrations. Also, family members' reactions to the drinking and the changes occurring in the family were recorded and grouped. By now, the original transcripts of 40–50 pages per family were compressed to 6 pages per family (B-texts). A general picture describing the changes occurring in routines and rituals between drinking and nondrinking conditions was constructed, completing the first aim of the study.

Family typologies. In an effort to explore within-group variation, family typologies were developed. Constructs of interest included level of disruption of family rituals and routines as well as the child's level of exposure to parental drinking, hangovers, and parental conflicts. Disruptions of rituals and routines and level of exposure to parental problems were scored on a 3-point scale (1.0 = *low level of disruption or exposure*, 3.0 = *high level of disruption or exposure*). The author and an independent rater scored all the condensed A-texts according to the manual. The interrater reliability between the scorers, as measured by intraclass correlations, was high (.92). Based on consensus scores the families were divided into categories. These were further refined through a qualitative procedure of comparing and contrasting families within and between categories approximating the constant comparison method (Dye, Schatz, Rosenberg, & Coleman, 2000; Lincoln & Guba, 1985). Demographic data and information on the adjustment of family members, derived from questionnaires, were later added to the categories. The quantitative scores for the qualitatively derived family categories, assessing level of disruptions and exposure, were the following: protective families: $M = 1.3$, $SD = .04$; emotional disruptive families: $M = 1.8$, $SD = .18$; exposing families: $M = 2.2$, $SD = .18$; and chaotic families: $M = 2.6$, $SD = .10$.

The categorization of the families comprised 21 of the 23 families. In 2 families, large discrepancies were observed between the information obtained from the interviews and other available information (e.g., from the therapists). These parents were assumed to portray a particularly biased picture of their situation, probably because they feared an ongoing investigation by the police and or the child protective service. The two interviews were considered less reliable and excluded from further analysis.

Trustworthiness with regard to methods, findings, and interpretations are important methodological criteria in qualitative research, and different approaches to reach these criteria are suggested (Elliott, Fischer, & Rennie, 1999; Kvale, 1996; Lincoln & Guba, 1985). In the present study, the credibility of the findings was checked by an independent psychologist experienced in working with relatives of alcohol abusers. She reviewed all the condensed A-texts, searching for discrepancies, overstatements, or errors in the presented results.

Results

The first objective of this study was to explore *how* family rituals and routines were influenced by paternal drinking. Therefore, descriptions of changes occurring in rituals and routines between drinking and nondrinking phases will

be given, including both the effects of the drinking on daily routines and rituals and on annual traditions and celebrations.

Disruptions of Daily Routines and Rituals

Phases in the drinking cycle. The majority of the fathers had an episodic drinking pattern (16 fathers), with some drinking at-home (9 fathers), some drinking out-of-home (7 fathers), and some at both locations (5 fathers). Regardless of drinking pattern and location, all families described changes in family rituals and routines occurring between drinking and nondrinking conditions. In addition, 16 of the 21 families reported changes occurring in the period before the drinking started and or in the period after the drinking stopped. Changes might occur because of the fathers' depressed mood or irritability in the days or weeks prior to the drinking. After the drinking stopped, changes in family functioning seemed to be related to the fathers' withdrawal symptoms, spousal conflicts, and or emotional reactions among family members. Thus, rather than a clear-cut biphasic pattern of family functioning as reported in earlier studies (e.g., Jacob et al., 2001; Seilhamer et al., 1993), reports from family members suggested a polyphasic pattern, comprising more than two phases in the drinking cycle.

Routines and rituals related to morning, dinner, and bedtime. The main changes in routines and rituals were found with regard to participation, responsibilities, and roles. All but 3 fathers disengaged from parenting. According to the family members, the majority of the fathers did not participate in daily routines and rituals when they were drinking or during hangovers. They disappeared from home or were too drunk or sick to take part. However, in most families both parents reported that daily routines and rituals were more or less upheld because of the mothers' efforts. In 13 of the 21 families, only minor changes occurred related to mornings, dinner, and the child's bedtime, such as more casual food being prepared or the children being allowed to sleep with the mother. However, the structure of the daily routine was to a large extent maintained. As described by a mother of an 8-year-old boy:

> When Philip [father] is drinking everything else is quite normal here. Everything is as usual at home, just that Phillip is no part of it. He is at home, but he gets up and drinks and goes to sleep again. But all the routines in the house are maintained as usual.

Some mothers were deliberate in retaining structure and stability for their children. Others performed household chores and upheld daily routines to distract themselves from negative thoughts and feelings related to their husbands' drinking.

Routines and rituals related to discipline and leisure activities. What the children were allowed to do and how the parents disciplined them often changed between drinking and nondrinking conditions. Among the fathers, 11 reported being more indulgent toward their children, either before, during, or after a period of drinking. A father of 3 preschool children explaining why changes occurred in his discipline practice between drinking phases stated, "And discipline doesn't exist when I'm drinking, because I find I have no right to reprimand the children when I'm drinking. I rather try to make things right when I'm sober again." The changes could be minor, e.g., giving the child a small amount of money, or more significant, e.g., buying the child whatever he/she wanted. Some fathers explained their indulgence as an attempt to avoid arguments and the need to be left alone. Guilty conscience and attempts to make amends were also reported. Other fathers could become stricter in their discipline because of irritability related to drinking or hangovers, and or because they needed to reestablish authority after a period of drinking.

Most mothers (16 mothers) maintained their usual rules and limits during or after the husbands' drinking. However, many (11 mothers) described changes in their emotional tone when they disciplined the children and believed they

were more irritable and impatient toward the children than when their husbands were sober. A mother of 2 girls whose husband had been drinking the last 5 years explained, "I think I set the same limits, but do it in a different way. I become grumpy and don't have the same energy to be patient if anything happens. Then I get more easily irritated and start nagging."

When the fathers were sober, all but 2 families spent time together every day, reading, talking, or sharing leisure activities. In contrast, when the fathers were drinking, they tended to disengage from everyday leisure because they disappeared or were not able to participate. However, most mothers (14 mothers) tried to maintain their usual leisure activities or replace them with others. One mother described her priorities during the last year by stating that "I tried to maintain a fairly normal family life. That the children, more or less, would have some good experiences and that we would do things together, them and me at least."

Only 3 fathers managed to maintain leisure activities "as usual" when drinking. These fathers had moderate level of drinking problems and were rated as problem drinkers according to the drinking categories of Goodwin et al. (1974). Whether the children enjoyed the leisure activities when the fathers had been drinking, however, seemed to depend on whether they had discovered the father's drinking problem or not.

Routines and rituals related to social contact. Some children did not change their contact with friends when their father was drinking. These children either had no friends or had friends visiting as usual. The fathers of these children either left the house when drinking, stayed sober during the daytime, or managed to hide their drunkenness from outsiders. However, in 7 families the children avoided having friends visit while the father was drinking, when his mood suggested that he might start to drink, or just after a drinking period. One preadolescent girl described the fear that her friends would see her father drunk:

> I was terrified that—if anybody asked if they could sleep over at my house, I didn't know what excuse to give. And even though they didn't know Dad had been drinking, if it was a weekend, I could never be sure.

Many mothers (12 mothers) reported that they preferred not to have other children visit when the husband was drinking. One reason was that mothers became upset emotionally during drinking periods and did not want to relate to others. Some were afraid that the children would be rejected if word got out about the drinking and others feared they would be reported to child protective services. In addition, some of the mothers (6 mothers) actively attempted to hide the husband's alcohol abuse from relatives and friends. One mother explained how she avoided contact with others when the husband was drinking:

> I went to bed earlier, so to say, because if someone came to the door they would notice that it was dark inside and they wouldn't ring the bell. Or I would take the phone off the hook to avoid saying that Jacob [father] was not able to talk to anyone.

Those who maintained contact with others had often informed friends and relatives about the drinking problems. These mothers argued that they needed to get away from home during periods of drinking to escape from their own feelings, to help the children forget the drinking, or to avoid answering the children's questions about the father.

Disruptions of Annual Celebrations and Holidays

The fathers' level of drinking during celebrations and holidays varied between families. None of the fathers reported heavy drinking during the children's birthday parties. They argued that drinking would ruin the celebration for the child. However, in 2 families the child's birthday party had to be postponed because of the drinking.

All but 3 fathers (18 fathers) drank moderately or abstained from alcohol on Christmas Eve, which is the peak of the Christmas celebration in Norway. These fathers did not want the

drinking to ruin Christmas Eve for the family and especially for the children. Being sober or drinking moderately on Christmas Eve was unrelated to the severity of the fathers' alcohol abuse, as indicated by the criteria of Goodwin et al. (1974). One father, who celebrated Christmas Eve with his wife and children, explained his choice to be sober by stating, "I probably feel that Christmas Eve is special. The children enjoy it more then. You shouldn't destroy everything for them by starting to drink. They have looked forward, especially to Christmas Eve, for a long time." Others argued that alcohol was not part of their Christmas traditions. For some this was an inheritance from their family of origin. However, several fathers reported drinking heavily right before or after Christmas (10 fathers), and some (5 fathers) were drinking during the Christmas day. Despite fathers' drinking, in most families, mothers attempted to prevent it from influencing the preparation or implementation of the Christmas traditions. However, the drinking could create an atmosphere of disappointment, sadness, and tension.

Many fathers (12 of the 21 fathers) described the family vacation during one of the summer months as a time of drinking. Four families reported that they had changed their plans for the vacation because of the drinking. For the remaining families, the father was either sober or drank moderately during the summer holiday (9 families), or heavy drinking occurred without causing major changes in plans, activities, or traditions (8 families). These families tried to make the best of the situation. One mother described a summer holiday when the family was traveling abroad by stating, "It went okay there. Oscar [father] was very pleased with having small portions [of alcohol] the whole day through and thereby kept drinking at a level where he could behave himself."

Disruptions of the Affective Quality of Rituals and the Family Climate

The most notable changes occurring between drinking and nondrinking conditions were related to the family atmosphere. Whereas the structure of daily rituals and routines could be maintained, the affective quality of the rituals and the emotional climate in which the routines were performed changed considerably. An example of this was the dinner meal. In the period before, during, or after heavy drinking the atmosphere at the dinner table could be characterized by arguments, irritability, or silence. As mentioned previously, changes in family climate also occurred with regard to annual rituals, affecting the satisfaction and affective quality of celebrations and holidays. Family members described disappointment, sadness, and anger associated with such occasions.

Family conflicts and the mood of the parents. The fathers' mood as well as the emotional state of the mothers often changed. Two fathers were described as irritable, restless, or depressed days or weeks prior to the drinking, creating an atmosphere of tension and apprehension in the family. The drinking phase was described as difficult in all families, regardless of whether the father was withdrawn and self-centered or aggressive, jealous, and quarrelsome. Also, the period after drinking could be troublesome, with many fathers (9 fathers) experiencing withdrawal symptoms, being irritable, or even delusional or suicidal. A majority of the mothers (19 mothers) reported being anxious, depressed, or angry during and after the fathers' drinking. Some felt that this made them less accessible to their children. They cared for the physical needs of the children and maintained activities and structure, but were too upset, irritable, or overwhelmed to attend to the psychological needs of the children. One mother described the contact with her 5-year-old boy when the father was drinking by stating that, "I just sort of made food for him [the child], washed him and helped him get dressed, but I didn't talk very much to him. I just answered questions and such, but nothing more than that."

Spousal conflicts were common during and after drinking periods. Many parents (15 families) reported that they quarreled, mainly about the drinking but also over issues such as

sexuality, child-rearing practices, economy, and or contact with relatives. Parental conflicts could last for days, weeks, and even months after a drinking period. Conflicts were expressed differently in different families but could also vary within the same family in different phases of the drinking. Conflicts could be expressed as stifling silence, where everybody tried "to walk on tip toe," afraid of saying anything that might make the father angry or start drinking. A mother with 2 children, aged 5 and 10, explained how they tried to cope with their fear and insecurity when the father was drunk by stating, "I think both children react by becoming much more silent than usual. Nothing much was said. I was also more silent. We didn't talk very much and sort of just did things, managed somehow, but were more silent."

Others (5 families) reported the occurrence of physical aggression or spousal abuse. A father of 2 children who had had a drinking problem for 20 years admitted that, "Usually I became aggressive when I was drinking. I could be aggressive towards her [mother]. The children have seen me hit her many times." Some fathers (5 families) were verbally aggressive toward the children, and some mothers (8 families) reported taking their anger out on the child. One mother whose husband became angry when drinking commented:

> It was very easy to be more cautious towards him [the father], and then I had to pull myself together not to yell at the kids. I should not use that tone towards the children when he was the one I really wanted to yell at and be angry with.

Whereas some parents (7 families) thought the children did not know about the drinking, about half of the parents (10 families) acknowledged that the family atmosphere and the parental conflicts affected the children negatively.

Typology of Families with Paternal Alcohol Abuse

Differences between families were observed with regard to amount and type of changes occurring in family routines and rituals and to what degree the children were exposed to the parental problems. Table 2 summarizes the family typologies and characteristics that were derived based on the qualitative analysis and scoring described in the Methods section.

Protecting families ($n = 3$). These families described minor changes in family routines and rituals occurring before, during, and after the drinking. Daily routines and rituals, including discipline practice, leisure activities, and social contacts were to a large degree maintained. Further, the fathers reported moderate drinking during celebrations and holidays. The drinking did not severely disrupt the fathers' roles as parents or husbands. They participated in rituals and routines more or less as usual and managed not to become overly intoxicated in the presence of the children. Two of the 3 fathers had for a period of time managed to conceal the seriousness of the drinking problem from the mothers. The parents in this category assumed that the children had noticed that something was wrong in the family without necessarily knowing about the alcohol abuse. The parents thought that the children, so far, had suffered little harm because of the fathers' drinking. They reported trying to protect the children from being exposed to parental conflicts. The mean score of both fathers' and mothers' ratings on SCL-90 indicated mild levels of psychological symptoms (GSI mothers: $M = .31$, $SD = .27$, GSI fathers: $M = .44$, $SD = .48$). None of the mothers rated the children ($n = 4$) as having clinically significant problems (internalizing problems: $M = 50.7$, $SD = 6.4$; externalizing problems: $M = 38.0$, $SD = 7.2$). All available information taken into consideration suggested that these families functioned better than the other families with higher levels of socioeconomic status and more social and psychological resources.

Emotional disruptive families ($n = 10$). In these families, the fathers withdrew from the parental role during drinking and hangovers. However, the mothers more or less managed to maintain the structural aspects of the daily

routines and rituals as well as celebrations. Thus, to the outside world these families seemed to function quite well. However, during and after drinking, the family atmosphere was characterized by high levels of conflict and negative emotions, permeating daily routines, rituals, and in some families also celebrations/holidays.

Many mothers reported having intense negative feelings associated with the drinking. This limited their ability to care for the psychological needs of the children when the father was drinking. In these families, the children were exposed directly to paternal drinking and hangovers. In spite of this, most parents had chosen not to talk to the children about the alcohol abuse. Some children repeatedly asked questions, such as: "What is wrong with dad?" and "Will daddy come home?" The mothers did not know what to answer, thinking that lying or avoiding the questions could cause anxiety and confusion, whereas disclosing information about the father's drinking could also increase the children's fear.

All fathers in this category had serious drinking problems. One half of the mothers and one half of the fathers had either moderate or severe levels of GSI (GSI mothers: $M = .81$, $SD = .58$, GSI fathers: $M = .98$, $SD = .81$). According to the mothers, 3 of the 15 children (20%)

Table 2. *The Effects of Paternal Drinking on Families: Family Typologies and Characteristics*

Protective Families	Minor changes in rituals and routines between drinking phases
	Fathers maintaining parental role more or less as usual in spite of drinking
	Children protected from excessive exposure to drinking and parental conflicts
	Less severe drinking problems and low level of comorbid problems in the fathers
	Low level of psychological problems in mothers and children
Emotional Disruptive Families	Mothers maintaining structural aspects of rituals and routines when fathers were drinking
	Conflicts and negative emotions permeating family rituals and routines in drinking phases
	Mothers' parenting affected negatively when fathers were drinking
	Children exposed to paternal drinking, hangovers, and parental conflicts
	Increased level of comorbid problems in the fathers
	Psychological problems observed among some mothers and some children
Exposing Families	Some changes in daily rituals, routines, and annual celebrations because of paternal drinking
	Major changes in family atmosphere during phases of drinking and recovery
	Children exposed to a large degree to paternal drinking, hangovers, and violent quarrels
	Children trying to prevent or stop the father from drinking
	High levels of psychological problems in both parents
	High level of psychological problems in most of the children
Chaotic Families	Considerable changes in routines, rituals, and annual celebrations because of paternal drinking
	Mothers did not compensate for the fathers' abdication from parental responsibility
	Poor structure with low levels of daily routines and rituals in periods of sobriety
	Children exposed to paternal drinking and physical violence toward the mother
	Destructive parentification of children observed
	Serious drinking problems and high levels of comorbid problems in the fathers

in this family category had problems of clinical significance, including both internalizing ($M = 50.0$, $SD = 11.0$) and externalizing behavioral problems ($M = 47.6$, $SD = 6.2$). Apart from the drinking, several couples presented their relationships as satisfactory. Many had contact with relatives who knew about the alcohol abuse and offered support in periods of heavy drinking.

Exposing families ($n = 6$). In these families, the mothers tried to compensate for the fathers' failure to fulfill parental roles when drinking. In spite of this, changes occurred, typically in daily routines and rituals (e.g., skipping dinner). Also, discipline practices and leisure activities might have changed. Many children avoided having friends visit when the fathers were drinking or in recovery. Family members typically tried to hide the drinking from relatives and friends and were subsequently less likely to receive support.

In these families, the drinking could disrupt annual celebrations, most often by changing the atmosphere, leaving family members feeling tense, insecure, and disappointed. The drinking caused major changes in the family atmosphere. The children witnessed violent quarrels between the parents including verbal or physical aggressiveness. The children were exposed typically to the drinking and or hangovers. Some children tried to prevent or stop the drinking by watching over the father or confronting him. The fathers' drinking was obvious to the family members, and most mothers had talked to their children about the drinking.

In these families, all but one father and one mother had either moderate or high levels of psychological symptoms (GSI mothers: $M = .80$, $SD = .37$, GSI fathers: $M = .74$, $SD = .35$). According to the mothers, 7 of the 9 children (78%) in this family category had behavioral problems of clinical significance, including both internalizing ($M = 57.5$, $SD = 6.0$) and externalizing problems ($M = 55.2$, $SD = 10.2$). The child protective service was involved in 4 families.

Chaotic families ($n = 2$). In these families, the mothers' failed to compensate for the fathers' abdication from parental responsibility in periods of drinking and hangover. Consequently, considerable changes occurred in the daily routines and rituals between drinking conditions. Additionally, a low degree of structure was reflected by the lack of daily routines with regard to mealtimes and the children's bedtime during periods of sobriety.

In chaotic families, the drinking disrupted annual celebrations and holidays. Because of drinking, the Christmas celebration might be inadequately prepared or vacations cancelled. The children were, to a large extent, exposed to the drinking, as well as violence between the parents. Patterns of parent/child role reversal were described, with the children taking care of the parents, younger siblings, and themselves during periods of parental drinking.

These fathers reported moderate or severe levels of psychological symptoms (GSI fathers: $M = .86$, $SD = .37$). They had a dominating role in the family. Celebrations, routines and rituals were adjusted according to their opinions, feelings, or drinking status. Mothers reported mild levels of psychological distress (GSI mothers: $M = .34$, $SD = .01$). However, they seemed submissive and were abused physically by their husbands. One mother had alcohol problems of her own. According to the mothers, 1 of 3 children (33%) in this family category had behavioral problems of clinical significance (internalizing problems: $M = 46.0$, $SD = 0$, externalizing problems: $M = 50.5$, $SD = 2.1$). The child protective service was involved in both families characterized as chaotic.

Discussion

The purpose of this study was to examine changes in family rituals and routines between nondrinking and drinking conditions in families with paternal alcohol abuse. Changes in daily routines and rituals were found with regard to most settings including morning, dinner, bedtime, discipline practice, leisure activities, and social contact. It appeared that paternal drinking

not only contributed to daily disruptions in rituals and routines, but also recurrent changes related to drinking conditions. The findings also suggest that drinking disrupts annual celebrations/holidays. Changes were found typically with regard to the fathers' participation, parental roles, the affective quality of rituals, and the emotional climate in which routines were performed. Four categories of families were identified based on differences in type and level of changes occurring between drinking conditions. Additionally, findings suggest fathers' drinking may be characterized by multiple phases of interaction, which contradicts earlier studies that reported a clearly defined biphasic pattern (e.g., Jacob et al., 2001; Liepman et al., 1989). The discrepancy may be explained by differences in methodology. Previous research has primarily applied observation methods in experimental settings where parents are either served alcohol or soft drinks (e.g., Jacob et al., 1991; Jacob et al., 2001). This approach limits the possibility of studying interaction in the periods before and after the drinking. However, these phases may be investigated through self-reports, as in the present study. Further efforts are warranted to examine whether these are actually distinct phases or should rather be regarded as subphases of the drinking condition.

The Compensatory Role of the Mothers

Most mothers tried to compensate for the fathers' failure to uphold parental roles and responsibilities during periods of drinking and hangovers. Many mothers managed to maintain routines and rituals and determined to a large degree how much the drinking influenced the family environment and the lives of the children. Mothers' efforts to compensate underscored the important role played by the mothers in families with paternal alcohol abuse. Indeed, other studies emphasize the importance of close mother-child relationships to moderate the risk of maladjustment in children in families with paternal alcohol abuse (e.g., Drake & Vaillant, 1988; El-Sheikh & Flanagan, 2001). The present study indicates that the maintenance of rituals and routines may be one mechanism whereby the mothers have a moderating effect. However, the present study also suggests that mothers may withdraw psychologically or direct their frustration or irritability toward the children in periods of paternal drinking. The mothers' abilities to regulate their own emotions seemed to affect their availability to their children. Thus, it seems that paternal drinking not only impacts the family directly in terms of its affect on fathers, but also indirectly impacts the family via its influence on the mothers. Indeed, our findings illustrate that mothers were aware of their irritability and less responsive parenting as a result of their husband's drinking. Mothers' role in families characterized by paternal drinking needs to be further studied to clarify how fathers' drinking impacts parent-child relationships. It will be of clinical value to identify personal and family systemic characteristics of those mothers who moderate the disruptive effects of the paternal drinking on the children.

The Affective Quality of Rituals and the Family Climate

The disruptions found in the affective quality of the rituals, in the more general family climate, and in the emotional state of the parents may represent important challenges to the children. Children may have problems comprehending and adjusting to these changes, and the family may be perceived as confusing, unsafe, and unpredictable. Disruptions in the affective quality of family rituals also undermine the symbolic meaning of rituals, thereby weakening family cohesiveness. According to Fiese (1993) children define the family identity positively in spite of paternal alcohol abuse, if the family preserves the affect and meaning related to their rituals, explaining why family rituals may serve a protective function for children.

Parental conflicts were commonly found during periods of drinking and recovery. Heightened levels of family conflict have been reported in previous studies on parental alcohol abuse (El-Sheikh & Flanagan, 2001). Parental conflict

in itself affects child adjustment, family functioning, and parenting negatively (Cummings & Davies, 2002). Further, the level of family conflict seems to mediate between parental alcohol abuse and child maladjustment (Velleman & Orford, 1993). The present findings indicate that parental conflicts vary in intensity and expression before, during, and after drinking, suggesting the need to assess several aspects of family conflicts in different phases of the drinking cycle.

Family Unpredictability and Perceived Uncontrollability

Perceived unpredictability and uncontrollability are theoretical concepts that may elucidate associations between disruptions of routines and rituals and child maladjustment. Because they function as organizational units, stabilizers, and agents of structure and predictability, frequent disruptions in routines and rituals might cause children to experience the family environment as unpredictable and or uncontrollable. Children of alcohol abusers report feelings of unpredictability when interviewed about their family environment (Velleman & Orford, 1990). Perceived parental unpredictability is further associated with alcohol abuse in children of alcohol abusers (Ross & Hill, 2001).

According to Lazarus and Folkman (1984), predictability is a question of having information that makes it possible to name what is happening, and to know when, how intense, and how long an uncomfortable situation will last. Predictability allows the person to prepare for what is coming and then, when it is safe, he/she can relax. Children have, a limited ability to understand parental alcohol abuse and to predict changes occurring in family rituals and routines because of the drinking. In the present study, some parents were reluctant to talk about the drinking, especially to their preschool children. The degree of predictability experienced by the children may therefore depend on the level of disruption in routines/rituals, communication about the alcohol abuse, and the child's age and ability to comprehend the information available.

Repeated experiences of unpredictability may lead to diminished perceptions of personal control. However, perceived predictability does not necessarily imply feelings of control (Lazarus & Folkman, 1984). Children may name and understand the alcohol abuse but still perceive the situation as uncontrollable. Research indicates that teenage children of alcohol abusers experience less control over their environment (Clair & Genest, 1987). Low perceived control has been related further to substance use among adolescents from families with alcohol abuse (Hussong & Chassin, 1997). Bennett et al. (1988) suggest that by protecting rituals and routines, parents communicate to their children the possibility to take control over present and future life events. However, further research is needed to examine the relationship between perceived unpredictability and or uncontrollability and level of disruptions of rituals and routines in families with parental alcohol abuse.

The Family Categories

The family categories were not considered to be permanent classifications. Several families had changed their pattern of interaction during treatment, either toward better functioning or toward more severe drinking and greater disruptions of rituals and routines. The categories reflected different levels of intrusiveness of drinking on the family environment. The differences between categories in mothers' compensatory behavior were noteworthy. Other dimensions distinguishing between the categories were (a) severity of the alcohol abuse, (b) children's level of exposure to parental problems, (c) social and psychological resources of both parents, and (d) presence of spousal violence. The chaotic families were characterized by poor outcome on all dimensions with the protective families on the opposite end of the continuum. This is in line with recent research suggesting risk aggregation in subgroups of families with alcohol abuse (Ellis, Zucker, & Fitzgerald, 1997).

Further investigations are needed to determine whether the categories suggested in this study predict child adjustment or treatment outcome.

Limitations and Implications for Further Research

The results of the present study should be viewed as a contribution to our understanding of family systems characterized by paternal drinking; however, caution is merited regarding the interpretation of its findings. The qualitative approach of the study and the lack of clear differentiation between daily rituals and routines limit its generalizability. The inclusion of standardized, quantitative measures such as the Family Ritual Questionnaire (Fiese & Kline, 1993) or the Family Routine Inventory (Jensen et al., 1983) might strengthen future research and allow for data collection on larger samples. Another limitation of this study was the use of retrospective reports, thus weakening the validity of the information due to defensive distortions and inaccuracy of memory. Whether the descriptions derived reflected the actual functioning of the families cannot be definitively determined. However, applying whole-family interviews with the perspective of several family members is assumed to increase the validity of the information, as family members often corroborate, supplement, and correct information given by others (Bennett & McAvity, 1985), although there may also be some contraindications to this approach. The main limitation of the findings was, rather, the absence of the children in some interviews and the wariness observed in some of the children participating in the interviews. In future studies, individual interviews with each child might be considered. Another limitation was related to inclusion criteria and selection of families. With more variation in cultural and ethnic background and patterns of abuse (e.g., maternal substance abuse) other patterns related to rituals and routines might emerge.

Implications for Practice

The present findings demonstrate the need to differentiate between family interaction during drinking and nondrinking conditions. Using global assessments of interaction may obscure salient differences occurring between phases in the drinking cycle. The results also indicate the importance of including the mothers in the treatment of alcohol-abusing fathers as one parent's drinking is indeed a family affair. Helping and supporting the mothers might reinforce their ability to maintain stability and predictability in the family, as well as to increase their emotional availability to the children. Intervention programs (Price & Emshoff, 1997) and self-help groups (Al-Anon/Alateen, 2004) emphasize the importance of informing children about parental alcohol abuse and the effects of parental drinking on families. They also offer suggestions on how to raise these issues with children. These are interventions that might help children to better understand recurrent changes occurring in the family interaction.

The distinct family categories, which emerged from the data, suggest the need to have different treatment goals and treatment approaches responsive to family type. The fact that the structure of family routines and rituals were severely disrupted only in the most dysfunctional families implies that clinicians should be concerned when daily routines and rituals break down because of parental drinking. In exposing and chaotic families, family rituals and routines must be established or reinstated. This may be achieved by initiating a process where family members reflect on present rituals and routines, how the drinking affects these, and whether there are rituals or routines that have been lost that they would like to reestablish. Parents may remember rituals that were important in their family of origin that they would like to pass on to their children. Discussing these issues may also increase the parents' overall understanding on how the drinking affects the family and the daily life of the children.

In protective and emotional disruptive families, in addition to treating the alcohol problem, one needs to focus on the disruptive effects of drinking on the family climate and the affective quality of the family rituals. These families may profit from the more general interventions outlined in the clinical literature on families with substance abuse aiming at reinforcing

negotiation skills, anger management skills, and family members' ability to tolerate intimacy and come to terms with the past (e.g., Treadway, 1989).

References

Achenbach, T. M. (1991). *Manual for the child behavior checklist/4–18 and 1991 profile*. Burlington: University of Vermont, Department of Psychiatry.

Al-Anon/Alateen. (2004). Retrieved October 14, 2004, from www.al-anon.org.

Bennett, L. A., & McAvity, K. (1985). Family research: A case for interviewing couples. In G. Handel (Ed.), *The psychosocial interior of the family* (pp. 75–94). Chicago: Aldine.

Bennett, L. A., Wolin, S. J., & Reiss, D. (1988). Deliberate family process: A strategy for protecting children of alcoholics. *British Journal of Addiction*, *83*, 821–829.

Cahalan, D. (1970). *Problem drinkers: A national survey*. San Francisco: Jossey-Bass.

Clair, D., & Genest, M. (1987). Variables associated with the adjustment of offspring of alcoholic fathers. *Journal of Studies on Alcohol*, *48*, 345–355.

Cummings, E. M., & Davies, P. T. (2002). Effects of marital conflict on children: Recent advances and emerging themes in process-oriented research. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, *43*, 31–63.

Derogatis, L. R. (1992). *SCL-90: Administration, scoring and procedure: Manual-II* (2nd ed.). Towson, MD: Clinical Psychometric Research.

Dickstein, S. (2002). Family routines and rituals—The importance of family functioning: Comment on a special section. *Journal of Family Psychology*, *16*, 441–444.

Drake, R. E., & Vaillant, G. E. (1988). Predicting alcoholism and personality disorder in a 33-year longitudinal study of children of alcoholics. *British Journal of Addiction*, *83*, 799–807.

Dye, J. F., Schatz, I. M., Rosenberg, B. A., & Coleman, S. T. (2000). Constant comparison method: A kaleidoscope of data. *The Qualitative Report*, *4* (1/2) Retrieved November 11, 2004 from http://www.nova.edu/ssss/qr/qR4-1/dye.html

Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, *38*, 215–229.

Ellis, D. A., Zucker, R. A., & Fitzgerald, H. E. (1997). The role of family influences in development and risk. *Alcohol Health & Research World*, *21*, 218–226.

El-Sheikh, M., & Flanagan, E. (2001). Parental problem drinking and children's adjustment: Family conflict and parental depression as mediators and moderators of risk. *Journal of Abnormal Child Psychology*, *29*, 417–432.

Fiese, B. H. (1992). Dimensions of family rituals across two generations: Relation to adolescent identity. *Family Process*, *31*, 151–162.

Fiese, B. H. (1993). Family rituals in alcoholic and non-alcoholic households. Relations to adolescent health symptomatology and problem drinking. *Family Relations*, *42*, 187–192.

Fiese, B. H., Hooker, K. A., Kotary, L., & Schwagler, J. (1993). Family rituals in the early stages of parenthood. *Journal of Marriage and the Family*, *55*, 633–642.

Fiese, B. H., & Kline, C. A. (1993). Development of the family ritual questionnaire: Initial reliability and validation studies. *Journal of Family Psychology*, *6*, 290–299.

Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology*, *16*, 381–390.

Giorgi, A. (1975). An application of phenomenological method in psychology. In A. Giorgi, C. Fischer, & E. Murray (Eds.), *Duquesne studies in phenomenological psychology* (Vol. 2, pp. 82–103). Pittsburgh, PA: Duquesne University Press.

Goodwin, D. W., Schulsinger, F., Moller, N., Hermansen, L., Winokur, G., & Guze, S. B. (1974). Drinking problems in adopted and nonadopted sons of alcoholics. *Archives of General Psychiatry*, *31*, 164–169.

Haugland, B. S. (1992). Ritualer og rutiner i familier med alkoholproblemer, Del II. Utvikling av et familie-intervju for kartlegging av samspill [Rituals and routines in families with parental alcohol abuse. Part II. Development of a family interview]. *Tidsskrift for Norsk Psykologforening*, *29*, 747–759.

Haugland, B. S. M. (2003). Paternal alcohol abuse: Relationship between child adjustment, parent characteristics, and family functioning. *Child Psychiatry and Human Development*, *34*, 127–146.

Haugland, B. S. M., & Havik, O. E. (1998). Correlates of family competence in families with paternal alcohol abuse. *Psychological Reports*, *83*, 867–880.

Hawkins, C. A. (1997). Disruption of family rituals as a mediator of the relationship between parental drinking and adult adjustment in offspring. *Addictive Behaviors*, *22*, 219–231.

Hussong, A. M., & Chassin, L. (1997). Substance use initiation among adolescent children of alcoholics: Testing protective factors. *Journal of Studies on Alcohol*, *58*, 272–279.

Jacob, T., Krahn, G. L., & Leonard, K. (1991). Parent-child interactions in families with alcoholic fathers. *Journal of Consulting and Clinical Psychology*, *59*, 176–181.

Jacob, T., Leonard, K. E., & Haber, J. R. (2001). Family interactions of alcoholics as related to alcoholism type and drinking condition. *Alcoholism: Clinical and Experimental Research*. *25*, 835–843.

Jensen, E. W., James, S. A., Boyce, W. T., & Hartnett, S. A. (1983). The family routine inventory: Development and validation. *Social Science and Medicine*, *17*, 201–211.

Kvale, S. (1996). *InterViews. An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.

Liepman, M. R., Nirenberg, T. D., Doolittled, R. H., Begin, A. M., Broffman, M. S. W., & Babich, M. E. (1989). Family functioning of male alcoholics and their female partners during periods of drinking and abstinence. *Family Process*, *28*, 239–249.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Løberg, T. (1980). Alcohol misuse and neuropsychological deficits in men. *Journal of Studies on Alcohol*, *41*, 119–128.

Nødvik, T. S. (1999). *Validity and use of the child behavior checklist in Norwegian children and adolescents. An epidemiological and clinical study*. Unpublished doctoral dissertation, University of Oslo, Norway.

Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.

Price, A. W., & Emshoff, J. G. (1997). Breaking the cycle of addiction: Prevention and intervention with children of alcoholics. *Alcohol Health & Research World*, *21*, 241–246.

Ross, L. T., & Hill, E. M. (2001). Drinking and parental unpredictability among adult children of alcoholics: A pilot study. *Substance Use and Misuse*, *36*, 609–638.

Seilhamer, R. A., Jacob, T., & Dunn, N. J. (1993). The impact of alcohol consumption on parent-child relationships in families of alcoholics. *Journal of Studies on Alcohol*, *54*, 189–198.

Statistisk Sentralbyrå. (1984). *Standard classification of socioeconomic status*. Oslo: Aschehoug & Co.

Statistisk Sentralbyrå. (1998). Aktuell utdanningsstatistikk nr. 3. [Recent data on education]. Retrieved December 17, 2004, from www.ssb.no/emner/04/utdanning_as/9803/0398t41.shtml/

Steinglass, P., Bennett, L., Wolin, S. J., & Reiss, D. (1987). *The alcoholic family*. New York: Basic Books.

Tingey, R. C., Lambert, M. J., Burlingame, G. M., & Hansen, N. B. (1996). Assessing clinical significance: Proposed extensions to method. *Psychotherapy Research*, *6*, 109–123.

Treadway, D. C. (1989). *Before it's too late. Working with substance abuse in the family*. New York: W.W. Norton.

Velleman, R., & Orford, J. (1990). Young adult offspring of parents with drinking problems: Recollections of parents' drinking and its immediate effects. *British Journal of Clinical Psychology*, *29*, 297–317.

Velleman, R., & Orford, J. (1993). The importance of family discord in explaining childhood problems in the children of problem drinkers. *Addiction Research*, *1*, 39–57.

Whitchurch, G. G., & Constantine, L. L. (1993). Systems theory. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods. A contextual approach* (pp. 325–352). New York: Plenum Press.

Wolin, S. J., & Bennett, L. A. (1984). Family rituals. *Family Process*, *23*, 401–420.