Examining Relationship Interactions of Adult Children of Alcoholics

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Abstract

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The following study explores the factors associated with security of romantic attachment in Adult Children of Alcoholics (ACOAs). ACOAs are more vulnerable to inconsistent parenting and consequently are more likely to develop negative internal models of self, a stable construct that affects romantic attachments (Bowlby, 1982; Ainsworth et al, 1989; Bartholomew, 1990). This study examined associations between parent, and peer relationships as possible resiliencies. It was hypothesized that ACOAs will report less secure attachments with their parents (as measured by the IPPA), less romantic attachment anxiety and avoidance (as measured by the ECR-R), and no significant difference in peer attachment (as measured by the IPPA) when compared to ACONAs. It was also hypothesized that there will be an association between peer attachments and romantic attachments for ACOAs and not for the ACONAS. One hundred forty-three undergraduate students participated in the study. An independent T-test showed no significance for the initial hypothesis. The second hypothesis was partially supported, an independent T-test showed significant findings unique to ACOAs. ACOAs with more positive peer attachments had more positive romantic attachments.

Keywords: ACOA, Attachment

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TABLE OF CONTENTS

List of Tables.....	vii
List of Figures.....	viii
Chapter	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW	
Peer Attachment.....	4
ACOA Characteristics.....	5
Hypothesis.....	12
III. METHODOLOGY.....	13
Participants.....	13
Instruments.....	14
Procedures.....	15
IV. RESULTS.....	16
V. DISSCUSION.....	21
References.....	29
Appendices	45

LIST OF TABLES

Table	Page
1. Demographic Survey results.....	38
2. Mean Scores of Mother's Inventory of Parent and Peer Attachment... Scores (total and sub-scales) by Children's status as Adult Children of Alcoholics (ACOA) and Adult Children of Non-Alcoholics (ACONA).	39
3. IPPA Father Mean Outcomes Between ACOA and ACONA.....	40
4. IPPA Peer Mean Outcomes Between ACOA and ACONA.....	41
5. ECR-R Mean Outcomes Between ACOA and ACONA.....	42
6. Correlation between ECR-R and IPPA for ACOAs.....	43
7. Correlation between ECR-R and IPPA for ACONAs.....	44

LIST OF FIGURES

Figure	Page
1. Mean score of negative and positive peer attachment for..... ACOA and ACONA population.	36

CHAPTER ONE

Introduction

It is estimated that over seventeen million children (24%) in the US live with a parent who abuses or is dependent on alcohol or other psychoactive substances (Grant, 2000). Likewise there is significant research to support a heavy familial link between alcoholic parents having an alcoholic child. Goodwin (1985) reported a 25% prevalence rate of alcoholism among male adult children of alcoholics (ACOAs) compared to 5% prevalence of male adult children of non-alcoholics (ACONAs), and 10% women ACOAs compared to 1% women ACONAs.

Previous research supports that adult children of alcoholics (ACOAs) in general are at an increased risk for various negative outcomes including substance abuse, antisocial behavior, mood disorder, academic underachievement, low-self esteem, and insecure romantic relationships (Beesly & Stloberg, 2002). The development of these behaviors is thought to be a result of the environment in which the primary caregiver creates for the child. The way in which a child attaches to their primary caregiver, and the way a child is nurtured and reinforced by that caregiver subsequently shapes the child's behavior (Edwards, Das Eiden, & Leonard, 2006).

Due to the prevalence of alcoholism, and its potential to affect so many individuals negatively, the current study examines the ACOA through an Attachment Theory lens. The purpose is to gain a better understanding of ACOA relationships and resiliencies.

CHAPTER TWO

Literature Review

Parental involvement is identified throughout the research as important in the primary shaping of children's behavior. Therefore, this study will be based on attachment theory. Attachment theory states the nature of one's Childhood attachments with primary caregivers shapes an individual's attachment orientation in later life (Ainsworth et al, 1989; Bowlby 2004). Primary caregivers who foster and properly meet the needs of their children such as: comfort and protect, enable the child to become a better adjusted individual. Children who do not receive proper nurturing and whose needs are not meet are likely to view the self as unworthy or incompetent (Bowlby, 1980).

Bartholomew (1990) also found that working models of attachment affect our view of self and other. It is argued these views can be dichotomized into both positive and negative. The positive self view of others enables a person to see themselves as worthy of love and support, in contrast to the negative (unworthy). Likewise a positive view holds the belief that others are trustworthy and caring, contrasted to the negative, unreliable and rejecting. Positive models of the self are associated with dependence on others; whereas negative models of others are associated with avoidance.

Attachment theory provides a basis for later life attachment in peer relationships and romantic relationships. The effects of romantic attachment was examined by Hazan and Shaver (1987), who found that securely attached individuals are able to reach appropriate levels of intimacy, and do not worry

excessively about abandonment. Anxiously and ambivalently attached individuals display a need for extreme intimacy, and excessive worry about the commitment level of their partners. In addition they also show a fear of abandonment. Juxtaposed to anxious attachment, avoidant attached individual's experience increased amounts of discomfort with closeness, minimize the importance of relationships, and display increased difficulty in depending on others (Hazan & Shaver, 1987). The research has supported that in general ACOAs are more likely to report either an anxious, ambivalent, or avoidant attachment style (El-Guebaly, West, Maticka-Tyndale, & Pool, 1993).

Much of the research on adult attachment has used a four category classification: secure, avoidant, anxious, and disorganized; however, recent studies suggest a dimensional approach is more representative of human relationship styles (Bartholomew & Horowitz, 1991; Brennan & Shaver, 1998; Simpson, Rholes, & Nelligan, 1992). The two adult attachment dimensions are attachment anxiety and avoidance (Hazan & Shaver, 1987). Attachment anxiety corresponds with anxious or fearful preoccupation with relationships while attachment avoidance corresponds to dismissal, a need for independence, and avoidance of dependency in relationships (Brennan & Shaver, 1998; Simpson et al, 1992). Fraley, Waller, & Brennan (2000), used the attachment anxiety and attachment avoidance categories to create the experience in close relationship questionnaire revised (ECR-R). Fraley et al. (2000) found that using item response theory (IRT) they were able to make an item questionnaire that measured romantic attachment with stronger statistical validity.

Peer attachment

The peer relationship is very important and unique. There are varying levels of intimacy and quality that can be reached, and each peer relationship is different. During adolescence peer relationships exceed parents as the main source of social support and contribute to the development of youngsters; self concept and well being (Furman & Buhrmester, 1992). Likewise, peers are imperative to the development of social skills and affect regulation, because a sense of belonging and acceptance (La Greca & Prinstein, 1999). Close peer relationships teach individuals how to express and regulate emotion and how to interpret and react to others emotional expressions (Newcomb & Bagwell, 1995). In addition, secure peer relationships help individuals develop social skills required for romantic relationships later in life (Hartup, 1992). Bishop & Inderbitzen (1995) found that individuals with at least one reciprocal secure peer relationship had a higher self esteem, which is an indication of a positive internal model of self.

Peer relationships are different than parent-child relationships as they are relatively egalitarian and voluntary. Consequently there is more compromise in a peer relationship. The process of developing and sustaining peer relationships has significant connotations for affective development. Peer relationships provide the opportunity to negotiate areas of conflict in order to maintain a relationship that is mutually satisfactory.

Quality of peer attachment is also an important factor to consider as positive peer attachments can assuage certain stressors, and negative peer

attachments can amplify stressors. Individuals who are involved in controlling peer relationships defined by peer pressure and social dominance report low self-esteem and feelings of depression (Hussong, 2000), characteristic of a negative internal model of self. Hussong (2000) also found that positive attachments with peers are associated with lower feelings of social anxiety.

ACOA Characteristics

Attachment theory is related to the ACOA population in the following way: children of alcoholics are often exposed to inadequate parenting and negative parent-child interactions. They frequently encounter inconsistent nurturance in childhood. In addition they are more likely to have parents who regard their children's needs as secondary to their own. The combination of these factors then creates difficulties for ACOAs in trusting others, being appropriately intimate, and having appropriate boundaries (El-Guebaly et al., 1993).

Children who grow up with alcohol abusing parents are often faced with the need to adapt to a cycle of intermittent availability and responsiveness, because their caregivers moods and behaviors are altered by substance use and dependence (Brown, 1988). It is common for alcoholics to over utilize certain defense mechanisms such as denial and rationalization (Brown, 1988). Through the utilization of such defense mechanisms alcoholic parents are then able to maintain a family homeostasis, requiring the child to adapt to dysfunction (Brown, 1988). Brown (1988) found that a unique characteristic of ACOAs is the "illusion of control." Therefore ACOAs tend to have a more false sense of control than ACONAs.

Lyon and Greenberg (1991) found female ACOAs were more vulnerable to exploitive relationships and were more willing to volunteer time to help an exploitative experimenter. However female ACOAs were no more likely to help a nurturing experimenter than ACONAs, when their father was identified as an alcoholic. In addition ACOA females rated the exploitative experimenter as more likeable and intelligent than female ACONAs, this behavior is characteristic of attachment anxiety (Lyon & Greenberg, 1991).

Kelly, Nair, Rawlings, Cash, Steer, & Fals-Stewart (2005) conducted a study comparing the experience in close relationships among 401 college students comprised of both ACOAs and ACONAs. A battery of measures was administered to identify: general adult attachment style, romantic attachment style, and parental attachment style. Each participant was asked to complete the Children's Report of Parent Behavior Inventory (CRPBI) (Schludermann & Schluderman, 1970) which has a Cronbach's alpha of .60-.90, the Experience in Close Relationships-Revised (ECR-R) (Fraley, Waller, & Brennan, 2000), the Relationship Scale Questionnaire (RSQ) (Griffin, & Bartholomew, 1994), and the Children of Alcoholics Screening test (CAST) (Jones, 1983). The results of the CAST revealed that of the 401 students surveyed 95 of them qualified as ACOAs. Through the running of a General Linear Model Analysis of Variance (GLM ANOVA) on the ECR-R, RSQ, and CRPBI it was found that those who met the ACOA criteria reported a higher level of anxious and avoidant behavior in romantic relationships and a more fearful style of general adult attachment. It was then concluded that parenting in one's family of origin was a strong predictor of

anxious behavior in the engagement of romantic relationships, and fearful overall style of attachment.

El-Guebaly et. al. (1993) conducted a study of 203 individuals attending either a short term hospital based outpatient psychiatric program or a community based alcoholism treatment program. Participants were administered a battery of instruments to determine whether they met the criteria for ACOA, and their general attachment behavior. Each participant was asked to complete the Reciprocal Attachment Questionnaire (RAQ), the CAST, and the Million Clinical Multiaxial Inventory (Millon, 1983). The measures revealed only one significant finding between ACOA and ACONA women in the scores on withdrawal, separation protest, use of attachment figure, and perceived ability of attachment figure. It was concluded that ACOA women demonstrate more dysfunctional attachment styles than ACONA women. This study found results contrary to Goodwin (1985) who found that ACOA men were more likely to exhibit pathology. The current findings were suggested to be the result of miss-reporting, as all of the measures administered were self report. In conjunction with a larger sample size, more reliable measures were suggested to increase the significant findings in terms of ACOA need for control in relationships.

Beasley & Stoltenberg (2002) conducted a study on 80 participants from an undergraduate psychology class. Participants were administered a battery of measurements to assess ACOA status, and attachment behavior. Participants were asked to complete, the CAST, the Desirability of Control Scale (Burger & Cooper, 1979), Attachment Style Questionnaire (ASQ), and the Relationship

Satisfaction Questionnaire (RSQ). The need for control, ASQ, and the RSQ were all measured in and compared among ACOA and ACONA participants. The results revealed a significant difference among the three dependent variables: attachment style, need for control, and relationship satisfaction in ACOAs . It was concluded that this population of ACOAs reported a significantly higher need for control and significantly less relationship satisfaction than ACONAs. While ACOAs reported being more insecurely attached in romantic relationships than ACONAs, the difference was not significant. The sample size population appeared to be too small. Likewise, the population was undergraduate ACOAs, and therefore limits the study's external validity. In addition, the discriminating factor among ACOA and ACONA was the use of the CAST. Despite its wide spread usage has been reported to be less sensitive than the other inventories that measure ACOA status.

The Short Michigan Alcohol Screening Test-Parents (SMAST-P, Selzer, Vinokur, & Van Rooijen, 1975), has been shown to have a higher internal validity than the CAST. This measure was utilized by Gordon (2002), who conducted a study on 279 undergraduate psychology students, to assess the prevalence rate of ACOA in the university population, and their responses to psychological and social adjustment measures. Participants were asked to complete a battery of self report measures to determine their ACOA status and how they rank in six different dimensions: attachment, alcohol use, negative affect, disturbances of the self, interpersonal disturbances, and psychopathology. Among the instruments used the SMAST-P was identified as the best discriminator of ACOA. It was

reported the CAST identified 23% of the ACONA control participants as ACOAs. Participants were also asked to complete the Close Relationship Questionnaire (Hazan & Shaver, 1987), the Test of Self-Conscious Affect (TOSCA; Tangney, Wagner & Gramzow, 1989), the Anger Response Interview (ARI; Tangney, Wagner, Marschall, & Gramzow, 1991), the Interpersonal Reactivity Index (IRI, Davis, 1983), the Rosenberg Self-esteem and stability of the Self Scales (Rosenberg, 1965), and a number of other assessments to increase the incremental validity. It was found that ACOAs responded in less positive ways to measures of psychological and social adjustment than their ACONA counterparts. However it was additionally found that within the ACOA sub-group those who reported a more secure general attachment style appeared more resilient and better adjusted than ACOAs who reported less secure general attachment styles. It was concluded that while ACONAs on average did report more secure attachment styles and more positive responses to the psychological measures administered, however there are resiliency factors in ACOAs that enable them to adjust and attach securely. While this study did obtain significant findings its limitations were reported to be a snapshot of ACOA functioning (Gordon, 2002), it is suggested that the age of the participants was too young (age, $X = 20$) to obtain a fully developed relational style to others aside from family. It is therefore suggested that an older more diverse population be studied to augment the findings in this study.

Another study that used an alternate form of ACOA discrimination was conducted by Fewell (2006). In this study 171 college undergraduates were

assessed in their ACOA status and functioning across three different variables. The following study was a non-experimental, causal comparison of the effects of having an alcoholic parent on attachment, reflective function, and psychological distress. The effects of the family dysfunction were examined as a control variable for all respondents. Participants were asked to complete a battery of measurements to assess their security of attachment, reflective family functioning, and psychological distress. The measurements used were the Adult Children of Alcoholics single item inventory (Berkowitz & Perkins, 1988), the Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987), the Reflective Function Scale (RFS; Fonagy, Gergely, Jurist, & Target, 2002), the Self Report Family Inventory (SFI; Beavers & Hampson, 1990). The results showed those individuals who reported family dysfunction had lower security attachment and higher psychological distress than those who did not come from dysfunctional families. It was also found that ACOAs had less secure attachment to parents, higher levels of family dysfunction, and higher levels of psychological distress. However, there was no difference in attachment to peers. Additionally, ACOAs and those who reported coming from a dysfunctional family showed higher reflective functioning toward their parents; particularly to their mothers. This means that they have a higher awareness of how their parents were thinking often referred to as the Theory of Mind (ToM) compared to their ACONA counterparts. The future implications for research would be to further explore the relationship in attachment to peers between ACOAs and ACONAs.

The literature shows that ACOAs are more vulnerable to a number of negative psychosocial outcomes. From an attachment perspective parental attachment appears to be the chief governing factor in mediating resiliency for ACOAs in terms of secure romantic attachments. Moreover there is inconsistency as to whether the negative effects observed are attributable to familial dysfunction or comorbid parental psychopathology found in families where there is no alcoholism. This is referenced by Gordon (2002) in his rationale for not using the CAST as it has been shown to have a false positive rate of 23%. The SMAST-P will be used in this study to control for false positive identification of ACOAs. This study aims to explore the interaction of parental, peer, and romantic attachment to determine whether peer attachment can act as a protective factor for ACOAs' romantic attachment styles. The purpose is to gain a better understanding of ACOA relationships and resiliencies.

Hypothesis

Hypothesis 1

Compared to their ACONA counterparts ACOAs will have: less secure attachment style to both mother and father, more anxious and avoidant romantic attachment styles, and no significant difference in peer attachment style.

Hypothesis 2

There will be an association between peer attachments and romantic attachments for ACOAs and not for the ACONAS.

CHAPTER THREE

Methodology

Participants

One hundred forty-three Cal Poly undergraduates participated in the study, 59 males, and 86 females. Participants were gathered on a volunteer basis from introductory Psychology Classes at Cal Poly. All students at Cal Poly are required to take Introductory Psychology creating a probability sample that was representative of the Cal Poly student body. Participants were offered class credit to participate in the study; students not wanting to participate in the study were offered an alternative assignment. The age range was from 18-27 with the mode of 19. There were 63 freshman, 42 sophomores, 22 juniors, and 12 seniors. Participants were: 2% African American, 9% Asian American, 7% Latino, 5% biracial, and 77% White. Parental income breakdown 5.5% earn less than \$49,000, 29% earn from \$50,000- \$60,000, 44.1% earn \$100,000- \$199,999, and 21.4% earn over \$200,000. Seventy percent of ACOAs in the study were female, and 79% of alcoholic parents identified in the study were fathers. Participants were asked to complete a demographic survey at the end of the study. One question on the demographic scale asked if one or more of their parents was an alcoholic. One hundred twenty-eight participants reported no, 5 identified their mother as an alcoholic, 12 identified their father as an alcoholic, and this differed from the Short Michigan Alcoholic Screen Test (SMAST) results (the instrument used to define ACOA and ACONA). The SMAST found 111 participants met the criteria for ACONA and 34 met the criteria for ACOA. When a Chi-square was

run between those who self reported as an ACOA and those who were identified as an ACOA through the SMAST-P there was a strong significant finding $\chi^2(2) = 20.67, p < .01$, suggesting that the SMAST-P is a valid instrument. Data are shown in Table 1.

Instruments

There were four instruments used in this study (1) The Short Michigan Alcohol Screening Test- Parents (SMAST-P; Selzer et al., 1975) was used to determine ACOA status. This is a 28-item instrument that allows participants to rate parental drinking across several domains: family, work place, legal problems, and social difficulties. Participants are asked to respond “YES,” “NO,” or “DON’T KNOW/NOT RELEVANT,” to each item. The measure is broken down into two parts, 14 items on paternal drinking and 14 items on maternal drinking. The SMAST has a Cronbach’s alpha of .93 (Selzer et al., 1975).

(2) The Experience in Close Relationship Scale- Revised (ECR-R; Fraley et al., 2000). The ECR-R is a 36-item self report instrument used to measure romantic attachment styles: half of which assess attachment anxiety and half of which assess avoidance. The total score reflects the combination of attachment related anxiety and attachment related avoidance. A high score on the ECR-R indicates less attachment related avoidance and anxiety. The instrument is a 7-point Likert Scale ranging from 1-strongly agree to 7-strongly disagree.

(3) Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) was used to measure parental and peer attachment. This

instrument is a 75 item questionnaire (25-mother, 25-father, and 25-peer). The instrument is a 5-point Likert Scale ranging from 1-almost never/never to 5-almost always/always. Cronbach's alpha for the IPPA are: Mother attachment, .87, Father Attachment, .89, and Peer Attachment, .92 (Armsden &Greenberg, 1987). The IPPA is comprised of three subscales: alienation, communication, and trust. Combined, these three scores reflect total level of attachment.

(4) The demographic survey was created to account for possible intervening variables referenced in the literature such as age, gender, length of time lived with alcoholic parent and presence of a non-alcoholic parental figure if the participant identified a parent as an alcoholic. The demographic survey also asked about year in school, race, length of time lived with alcoholic parent, socioeconomic class, and substitute parental figure.

Procedure

Participants gathered in an assigned classroom on the Cal Poly campus. Participants were handed a packet with all of the instruments in the following order: Informed consent, IPPA, ECR-R, SMAST-P, and demographic survey. All participants that participated gave informed consent, and were instructed to complete the instruments. Upon completion participants turned in the completed packet for an essay prompt provided by the Cal Poly Psychology Department.

CHAPTER FOUR

Results

Hypothesis 1:

The initial hypothesis stated ACOAs will report less secure attachments with their parents (as measured by the IPPA), more anxious and avoidant romantic attachments (as measured by the ECR-R), and no significant difference in total peer attachment (as measured by the IPPA) when compared to ACONAs. An independent sample T-test was conducted to test this hypothesis, the equal variance assumption was tested, and an alpha level of .05 was used for all statistical tests. Contrary to the hypothesis, there was no significant difference found between the ACOA and ACONA population on total father attachment ($t(143) = 0.06, p > .05$), total mother attachment ($t(142) = 1.56, p > .05$) or romantic attachment ($t(141) = .56, p > .05$). On the other hand, the hypothesis of no significant difference between ACOA and ACONA peer attachment was supported ($t(143) = .92, p > .05$).

An independent sample T-test was conducted to evaluate differences between ACOA and ANOCNA groups on any of the subscale scores on the IPPA (*mother trust, mother communication, mother alienation, father trust, father communication, father alienation*) or the ECR-R scores (*attachment avoidance, and attachment anxiety*). Upon further analysis of the subscales there were no significant findings. Mean differences for ACOAs and ACONAs on the IPPA and ECR-R are shown in Table 2, Table3, Table 4, and Table, 5.

Hypothesis 2

Hypothesis 2 was that there will be an association between peer attachments and romantic attachments for ACOAs and not for the ACONAS. A Person-product-correlation was conducted to test this hypothesis within ACOA and the ACONA groups. Contrary to the hypothesis, for ACOAs, no relationship was found between peer attachment (defined by the IPPA) and romantic attachment (defined by the ECR-R) ($r(34) = .16, p=.34$) nor was there any relationship found for ACONAs ($r(109) = .07, p=.46$) or for the full population ($r(143) = .09, p=.25$).

Even though there was no association between peer attachment and romantic attachment in the ACOA group overall, the possibility that negative peer attachment would be a risk factor was tested by dichotomizing peer attachment into two groups: ACOA positive peer attachment $M=5.02$, and ACOA negative peer attachment $M=4.33$. Peer attachment was dichotomized by a median split. When these two groups were compared with an Independent Samples T-Test in the ACOA sample, there was a trend toward less anxious and avoidant romantic attachments among those with total positive peer attachments compared to those with negative total peer attachments ($t(32) = -1.79, p=.08$). These results raise the possibility that negative peer attachment may be a risk factor for romantic attachment for this ACOA population. No differences were found for the ACONA group regarding total peer attachment and romantic attachment.

In order to see if negative peer attachments would have different effects for different components of romantic attachment, positive and negative

total peer attachment groups were compared on two subscales of the ECR-R, romantic attachment anxiety and romantic attachment avoidance. For ACOAs, the difference between positive and negative peer attachment groups on romantic attachment anxiety was significant ($t(32) = 2.30, p = .03$), meaning ACOAs with negative peer relationships had more romantic attachment anxiety. There was no significant finding for ACOAs and the romantic attachment avoidance subscale ($t(32) = -.90, p = .37$). In the ACONA population, positive and negative peer attachment groups did not differ on the overall ECR-R ($t(107) = -.53, p = .60$), or the ECR-R subscales: attachment avoidance ($t(107) = .61, p = .55$), and attachment anxiety ($t(107) = -1.7, p = .10$). This suggests that the association of increased romantic attachment anxiety and negative peer relationships is a unique characteristic of this ACOA sample. It is possible that positive peer relationships could be a possible protective factor for ACOAs. Data are shown in Figure 1.

Additional tests were run to see if there were associations of parent attachment with less anxious and avoidant romantic attachment in the ACOA and ACONA groups. Relationships of romantic attachment subscales were examined within ACOA and ACONA populations and the total population. Within each group, a Pearson-product correlation was conducted to examine the relationship among parent attachment security, peer attachment security, romantic attachment security, romantic attachment avoidance, and romantic attachment anxiety.

There was a significant positive correlation found in the ACOA population between romantic attachment anxiety and total father attachment security ($r(33) = .46, p < .01$), meaning ACOAs who have insecure relationships

with their fathers had more romantic attachment anxiety. There was also a significant relationship found in the ACOA population between romantic attachment anxiety and father communication ($r(33) = .56, p < .01$) meaning ACOAs who have romantic attachment anxiety also have poor communication with their fathers.

The importance of attachment to the mother for romantic attachment was also examined in the ACOA and ACONA groups. There was no significant association for ACOAs between total mother attachment security and romantic attachment and anxiety ($r(34) = .20, p = .25$). There was a significant relationship found between ACOAs' total mother attachment security and total peer attachment ($r(34) = .35, p = .04$), meaning the more secure the ACOA's attachment with his or her mother the more secure the peer attachment was. This was not found for father attachment and peer attachment. Within the ACOA group, it appears that romantic attachment anxiety was more closely linked with father attachment security, whereas peer attachment was more closely related with mother attachment.

In the ACONA population, mother attachment was also significantly related to peer attachment, as in the ACOA group ($r(111) = .29, p < .01$). However, the associations with the ERC-R differed significantly in the ACONA group in comparison with the ACOA group. Within the ACONA population, a significant correlation was found between romantic attachment and total mother attachment security ($r(109) = .21, p = .02$) meaning ACONAs who had insecure attachments with their mother had more attachment related anxiety and avoidance with their

romantic partners. More specifically this relationship was found with the anxiety subscale of the Romantic Attachment measure. There was a significant positive correlation between romantic attachment anxiety and less secure total mother attachment ($r(109) = .23, p < .01$, meaning ACONAs with less secure total mother attachments reported significantly more romantic attachment related anxiety. There was no significant difference in the ACONA population between father attachment security and romantic attachment security ($r(109) = .09, p = .36$). It appears that for ACONAs, mothers are far more important than fathers for security of romantic attachments, whereas the reverse was found for the ACOA group.

CHAPTER FIVE

Discussion

Although the initial hypothesis was not supported by the data, there were a number of trends and significant findings that suggest attachment may be a protective factor for adult children of alcoholics (ACOAs). The first hypothesis stated that ACOAs will report less secure attachments with their parents, more romantic attachment related anxiety and avoidance, and no significant difference between peer attachments compared to adult children of non-alcoholics (ACONAs). No significant difference was found to support the initial hypothesis. This could be due to various limitations of the study such as alternative parental support, small sample size, and other factors which will be discussed further in a later section. The differences between participants with alcoholic parents and without on peer attachment were not significant which supported Fewell (2006)'s findings of no significant difference between ACOA and ACONAs on peer attachment.

The second hypothesis stated that there would be an association between peer attachments and romantic attachment for ACOAs and not ACONAs. This hypothesis was partially supported, while the correlation was not significant, when dichotomized into positive peer attachment and negative peer attachment there was a trend in the expected direction. The results indicated that ACOAs with secure peer attachment have more secure romantic attachment. In addition, when looking at the attachment anxiety subscale, the results were strongly significant. This is what you would predict from the literature; those ACOAs with

more positive peer relationships would have less attachment anxiety. Bishop & Inderbitzen (1995) found that individuals with at least one reciprocal secure peer relationship had higher self esteem, which is an indication of a positive internal model of self. In addition, Hartup (1992) found secure peer relationships help individuals develop social skills required for secure romantic relationships later in life. The results suggest that positive peer attachment is a protective factor for this sample of ACOAs.

Additional tests were run to see if there were associations of parent attachment with romantic attachment in the ACOA and ACONA groups. A Pearson product correlation was run on the subscales of The Experience in Close Relationship Scale- Revised (ECR-R; Fraley et al., 2000), and Inventory of Parent and Peer Attachment (IPPA; Armsden & Greenberg, 1987) . Two main relationships were found to be unique to the ACOA population. ACOAs with secure total father attachment and father communication had less attachment anxiety in romantic relationships.

Mothers are traditionally seen as primary caregivers and critical in the development of a positive internal model (Bowlby, 1982). As primary caregiver, mothers facilitate the development of emotional regulation and social interaction. This could account for the current results where security of attachment to mothers is associated with security of attachment to peers, for both the ACOA and ACONA populations. In addition, security of attachment was significant for ACONA romantic attachment. ACONAs with more secure attachments with their mother had more secure romantic attachment and less attachment anxiety.

Mothers' importance in romantic attachment security is consistent with previous research (Bowlby, 1982; Ainsworth et. al., 1979).

While the results show security of mother attachment was important for ACONAs' romantic attachment, security of father attachment was important for ACOAs' romantic attachment. These results could be due to several factors. The majority of alcoholic parents identified were fathers, and the majority of ACOAs in the population were female: 70% of ACOAs in the study were female, and 79% of alcoholic parents identified in the study were fathers. Berkowitz and Perkins (1988) found that female ACOAs tend to be more sensitive to family problems and appear more likely to internalize interpersonal problems than males. Lyon and Greenberg (1991) found female ACOAs were more vulnerable to exploitive relationships and were more willing to volunteer time to help an exploitive experimenter, but no more likely to help a nurturing experimenter than ACONAs, when their father was identified as an alcoholic. ACOA females also rated the exploitive experimenter as more likeable and intelligent than female ACONAs. This behavior is characteristic of attachment anxiety (Lyon & Greenberg, 1991). The findings suggest that having positive communication and a secure attachment with a father even though he is an alcoholic could act as a protective factor against romantic attachment anxiety.

Another notable trend in the results are the strong correlations for both ACOA and ACONA samples with attachment anxiety in romantic relationships opposed to attachment avoidant relationships. Attachment anxiety is characterized by anxious or fearful preoccupation with relationships; anxiously

attached individuals display a need for extreme intimacy, and excessive worry about the commitment level of their partners, and a fear of abandonment (Brennan & Shaver, 1987). Attachment avoidance corresponds to dismissal, and avoidance of dependency in relationships (Brennan et al., 1998; Simpson, Rholes, & Nelligan, 1996). Avoidant attached individual's experience increased amounts of discomfort with closeness, minimize the importance of relationships, and display increased difficulty in depending on others (Hazan & Shaver, 1987). Individuals who score high on attachment anxiety still seek out intimate relationships, and tend to have positive thoughts of others and negative thoughts about themselves. Individuals who score high on attachment avoidant do not seek out intimate relationships and have negative thoughts about themselves and others. All of the participants reported a positive supportive parental figure which would lay the foundation for positive view relationships and others, and account for the trend in attachment anxiety.

Limitations

The findings of no difference between ACOAs and ACONAS on the security of romantic attachments, and attachments to parents are contrary to popular research and intuition. These results could be due to the resiliency of the sample tested, and the population it represents. All of the participants had been accepted into a competitive university. Also, all reported having support from a parent figure. In the demographic survey 100% of individuals that identified one or more parent as an alcoholic were able to name another parental figure that provided support when asked, "Did you have any other parental figure without a

drinking problem who gave you support .” This means that while 34% of the population qualified as an ACOA each had a resiliency factor that may have protected them from developing a negative internal model. This is consistent with MacDonald’s (1992) findings that a secure attachment with at least one individual is important for psychological adjustment and attachment.

Another factor that could contribute to the not significant findings are the communities in which the population was raised. Bronfenbrenner (1979) ecological model’s states that an individual’s development is shaped by a bidirectional interaction between the individual and its environment, this includes parents, school, community, and government. The current ACOA sample was in general high income: 41.2% of ACOAs reported parental income was over \$50,000- \$99,000, and 49.9% reported parental income was over \$100,000. On average the majority of ACOAs parents earned well over the US national poverty level. This financial wealth could act as a protective factor, and suggests this ACOA population may have had more opportunities to access community supports, alternate caregivers, and high functioning alcoholic parents. These resiliencies in the current population would account for the findings of no significant differences in romantic attachment anxiety and avoidance between ACOAs and ACONAs. Attachment security is thought to be a stable construct throughout lifetime (Ainsworth et al., 1989). Therefore if the ACOAs were able to develop secure attachments with alternate parental figures they would develop a positive internal model of self worth (Bowlby, 1982). Positive internal models would make ACOAs exhibit less romantic attachment related anxiety and

avoidance yielding no difference than their ACONA counter part in romantic attachment. Information was not available on community supports and would be an important variable to consider in future research.

Another limitation to significant findings is the small size of the ACOA group. Of the 145 participants only 34 met the criteria as ACOA, resulting in a small sample with much variance to compare to the ACONAs. Real differences may not have appeared significant. For example, within the ACOA group, the difference in romantic attachment anxiety and avoidance for those with positive peer attachment, and ACOAs with negative peer attachment was only marginally significant. This could be due to the small sample size, and the presence of a substitute parental figure.

Another factor that could affect the current results is the age of the participants. While attachment style is a stable factor that is established since birth, romantic attachment is something that happens later in life. The mode age of participants in the study is 19 years old which has been suggested in previous research as an insufficient amount of time to have a significant romantic relationship (Gordon, 2002). Choosing participants from an older age bracket is suggested for future research.

Additionally the instruments used were all self report measures, left to the subjective interpretation of the participant. Brown (1988) found that a unique characteristic of ACOAs is the “illusion of control.” Brown found that in alcoholic systems there is a homeostasis that is maintained by the denial of alcohol as the core organizing factor in the system. Therefore ACOAs tend to

have a more false sense of control than ACONAs. This may result in answering the questionnaires from a false perceived sense of security. This was present in the current study where only 11.7% self-identified as an ACOA whereas 34% met the criteria as an ACOA. Measures that are more objective would increase the validity of the study.

Future Research

The following study found strong relationships for the ACOA sample between father attachment and communication. This relationship could be a possible protective factor and therefore further research is suggested to explore the nature of this relationship. An experiment that would define a causal relationship between ACOAs and fathers would show if father attachment is a protective factor for ACOAs. In addition a relationship was found between ACOAs and positive peer attachments. This quality was unique to ACOAs and it is suggested that further research be done to examine the nature of the relationship between these two factors.

Due to the numerous limitations of the study it is suggested that further research be done with a larger ACOA sample, and more socio-economically diverse ACOA sample. The current sample was chosen from a competitive University, and may have more resiliencies than the general ACOA population. It is also suggested to use an older ACOA sample as the mean age of the current sample was 19 and Gordon (2002) recommended an older sample to allow for the development of more mature romantic attachments.

Clinical Implications

The results of the study show a strong relationship between ACOAs' romantic anxiety and ACOA father attachment. Results also show a strong relationship between positive peer attachment and ACOA romantic anxiety. While causal relationships were not identified this information can still be useful to clinicians working with the ACOA population. It is suggested that clinicians do a full assessment on ACOAs and identify ACOA supports (peer attachments), and the nature of those attachments. Bishop & Inderbitzen (1995) found that individuals with at least one reciprocal secure peer relationship had higher self esteem, which is an indication of a positive internal model of self. In addition, Hartup (1992) found secure peer relationships help individuals develop social skills required for secure romantic relationships later in life.

It is also suggested that clinicians identify the nature of ACOAs attachment with their fathers and how it is related to their romantic relationships. Again the current findings suggest a relationship between these two factors and could suggest a possible protective factor. Daly and Mallinckrodt (2009) found that different therapeutic approaches were effective for clients who were attachment avoidant and attachment anxious. The results showed clients with more anxious attachment styles to their parents benefited from a therapy where the clinician increased relationship distance. However clients with more avoidant attachment styles to parents benefited from therapy where relationship distance was decreased. Therefore, if the clinician is able to identify the attachment style of the client they may be able to provide more effective treatment.

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Figure Caption

Figure 1. Mean score of negative and positive peer attachment for ACOA and ACONA population.

Table 1

Demographic Survey results								
Status	Sex	Age	Year	Living on own	Ethnicity	US born	Identify ACOA	Atl. Parent
ACOA	70%**	19	41%****	94%*	68%***	97%*	33%*	100%*
ACONA	56%**	22	44%****	97%*	79%***	90%*	6% *	100% *

* Percentage reported yes to demographic question

** Percent female

***Percent Caucasian

****Percent Freshmen

Table 2

Mean Scores of Mother's Inventory of Parent and Peer Attachment Scores (total and sub-scales) by Children's status as Adult Children of Alcoholics (ACOA) and Adult Children of Non-Alcoholics (ACONA).

Scale/ Subscale	N	Mean	Std. Deviation	t*	p**
Total Scale					
ACONA	111	99.04	17.10	.06	.94
ACOA	34	98.82	9.10		
Trust					
ACONA	111	42.32	6.88	-.05	.96
ACOA	34	42.38	7.06		
Communication					
ACONA	111	33.7	7.65	.10	.92
ACOA	34	33.56	9.27		
Alienation					
ACONA	111	12.99	4.17	-.15	.88
ACOA	34	13.12	4.28		

Note. ACOA and ACONA categories were defined by the Short Michigan Screening Test for Parents.

* result for t-test between ACOA and ACONAs

**p value for t-test between ACOA and ACONAs

Table 3

IPPA Father Mean Outcomes Between ACOA and ACONA

Scale/ Subscale	N	Mean	Std. Deviation	t*	p**
Total					
ACONA	111	86.90	16.35	1.57	.12
ACOA	33	81.66	18.37		
Trust					
ACONA	111	40.98	8.09	1.47	.15
ACOA	33	38.64	8.01		
Communication					
ACONA	111	28.73	6.74	1.27	.21
ACOA	33	26.94	8.35		
Alienation					
ACONA	111	13.77	4.89	-1.53	.13
ACOA	33	15.30	5.63		

Note: one missing data point for ACOA

* result for t-test between ACOA and ACONAs

**p value for t-test between ACOA and ACONAs

Table 4

IPPA Peer Mean Outcomes Between ACOA and ACONA

Scale/ Subscale	N	Mean	Std. Deviation	t*	p**
Total					
ACONA	111	103.22	11.72	.92	.36
ACOA	34	100.88	16.48		
Trust					
ACONA	111	43.99	4.84	1.39	.17
ACOA	34	42.5	7.15		
Communication					
ACONA	111	32.51	4.92	-.64	.53
ACOA	34	33.30	9.43		
Alienation					
ACONA	111	15.28	3.72	-1.64	.10
ACOA	34	16.53	4.43		

* result for t-test between ACOA and ACONAs

**p value for t-test between ACOA and ACONAs

Table 5

ECR-R Mean Outcomes Between ACOA and ACONA

Scale/ Subscale	N	Mean	Std. Deviation	t*	p**
Total					
ACONA	109	4.90	1.26	.57	.57
ACOA	34	4.67	1.27		
Attachment Avoidance					
ACONA	109	4.90	1.26	.57	.58
ACOA	34	4.76	1.37		
Attachment Anxiety					
ACONA	109	4.75	1.02	.36	.72
ACOA	34	4.67	1.27		

Note: Two missing data points for ACONAs

* result for t-test between ACOA and ACONAs

**p value for t-test between ACOA and ACONAs

Table 6
Correlation between ECR-R and IPPA for ACOAs

<i>Measure</i>	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Mom Total*	.93	.94	-.87	.35	.38	.18	-.26	.19	.20	.19	-.10	.30	.20	.31
2. Mom Trust*		.81	-.76	.90	.32	.03	-.14	.13	.17	.10	-.05	.22	.11	.27
3. Mom Communication*			-.72	-.42	-.39	.23	-.24	.23	.21	.26	-.09	.32	.23	.31
4. Mom Alienation*				-.42	-.38	-.27	.41	-.17	-.15	-.14	.14	-.28	-.24	-.24
5. Peer Total*					.76	.91	-.77	.24	.14	.33	-.23	.17	.29	.01
6. Peer Trust*						.48	-.70	.25	.16	.36	-.20	.17	.27	-.06
7. Peer Communication*							-.32	.03	.03	.09	-.08	-.00	.07	.03
8. Peer Alienation*								-.33	-.18	-.34	.35	-.27	-.43	-.06
9. Dad Total*									.90	.92	-.84	.33	.46	.12
10. Dad Trust*										.74	-.62	.17	.26	.05
11. Dad Communication*											-.74	.44	.56	.21
12. Dad Alienation*												-.17	-.37	.06
13. ECR-R total**													.86	.88
14. Anxiety**														.51
15. Avoidance**														1

Note: Numbers in bold indicate significant relationships

*Attachment measured by IPPA

** Attachment measured by ECR-R

Table 7

Correlation table for IPPA and ECR-R for ACONAs

<i>Measure</i>	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Mom Total*	.95	.94	-.85	.29	.28	.16	-.36	.33	.15	.35	-.46	.22	.23	.12
2. Mom Trust*		.79	-.79	.23	.11	.25	.29	.27	.16	.27	-.33	.13	.20	.01
3. Mom Communication*			-.70	.29	.20	.25	-.30	.34	.13	.39	-.45	.20	.19	.14
4. Mom Alienation*				-.26	-.25	-.08	.38	-.30	-.11	-.28	.51	-.29	-.27	-.21
5. Peer Total*					.93	.89	-.77	.20	.12	.19	-.25	.05	.20	-.09
6. Peer Trust*						.78	-.61	.21	.13	.20	-.25	.07	.26	-.11
7. Peer Communication*							-.47	.19	.15	.18	-.16	.00	.06	-.05
8. Peer Alienation*								-.11	-.01	-.12	.26	-.07	-.21	.07
9. Dad Total*								.84	.87	-.78	.07	.06	.07	
10. Dad Trust*									.52	-.45	.02	.01	.02	
11. Dad Communication*										-.75	.09	.10	.05	
12. Dad Alienation*												-.13	-.16	-.06
13. ECR-R total**													.75	.85
14. Anxiety**														.28
15. Avoidance**														1

Note: Numbers in bold indicate significant relationships

*Attachment measured by IPPA

** Attachment measured by ECR-R

Appendix A

Demographic Survey

Background Information

1. Gender (please circle): Male Female
2. Age:_____
3. Student Status (please circle):
 - 1) Freshman
 - 2) Sophomore
 - 3) Junior
 - 4) Senior
 - 5) Graduate Student
 - 6) Not currently a student
4. Please indicate your present living arrangements (circle one that applies):
 - 1) At home with parents
 - 2) Not at home, away from parents
5. Racial/Ethnic Background (Circle the one that you identify with the most):
 1. African American
 2. Asian
 3. Latino/Latina
 4. Biracial
 5. white
 6. Other(specify):_____
-
6. Where were you born? (Please circle)
 1. U.S.
 2. Other than U.S.(where?)_____
- 6a. If you were not born in the U.S., how old were you when you came here?_____
7. Who did you primarily live with as a child (Please check all appropriate boxes):

1) Parents together	☐ 0-5 years old	☐ 6-12 years old	☐ 13-18 years old
2) Single parent	☐ 0-5 years old	☐ 6-12 years old	☐ 13-18 years old
3) Parent and step parent	☐ 0-5 years old	☐ 6-12 years old	☐ 13-18 years old
4) Grandparents	☐ 0-5 years old	☐ 6-12 years old	☐ 13-18 years old
5) Foster Parents	☐ 0-5 years old	☐ 6-12 years old	☐ 13-18 years old
6) Other	_____		
8. Who else lived in your home while you were growing up? (Circle all that apply):
 1. only child

2. siblings (indicate number)_____
 3. Other (e.g. grandparents, aunts, uncles, cousin, friend, etc.)_____
-

9. What is your parents' current annual household income? (Please circle)

1. Below \$49,999
2. \$50,000-\$75,000
3. \$76,000-\$99,000
4. \$100,000-\$199,999
5. above \$200,000

10. Highest Level of parent education (circle all that apply)

Mother High School Some College Four Year University Advanced Degree

Father High School Some College Four Year University Advanced Degree

11. Did you have a parent or adult who served a parental role (e.g. step mother, grandfather, foster mother, etc.) who had a drinking problem when you were growing up? (circle all that apply):

1. No
2. Yes, my mother or substitute
3. Yes, my father or father substitute

If you answered No, you have finished with this questionnaire. If you answered Yes (answers 2 or 3), please respond to the following questions. (Please check all the answers that apply for mother or mother surrogate or father or father surrogate)

	Mother or Substitute Mother	Father or Substitute Father
If yes, was the parent biological or surrogate parent?	☐ Biological ☐ Substitute	☐ Biological ☐ Substitute
For how long did you live with this parent or parent surrogate while you were growing up?	☐ Entire time ☐ Most of the time ☐ Very little time ☐ Not at all	☐ Entire time ☐ Most of the time ☐ Very little time ☐ Not at all
For how long did you live with this parent or parent surrogate while you were growing up?	☐ 0-5 years old ☐ 6-12 years old ☐ 13-18 years old	☐ 0-5 years old ☐ 6-12 years old ☐ 13-18 years old

11a. Did you have any other parental figure (e.g. mother, father, step parent, grandparent, neighbor, teacher, etc.) who did not have a drinking problem from whom you received support? (Please circle)

- 1) Yes (specify relationship)_____
- 2) No

Appendix B

Inventory of Parent and Peer Attachment (IPPA)

IPPA

This questionnaire asks about your relationships with important people in your life; your mother, your father, and your close friends. Please read the directions to each part carefully.

Part I

Some of the following statements ask about your feelings about your feelings about your mother or the person who has acted as your mother. If you have more than one person acting as your mother (e.g. natural mother and a step-mother) answer the questions for the one you feel has most influenced you.

Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost Never or Never True	Not Very Often True	Some- Times True	Often True	Almost Always or Always True
1. My mother respects my feelings	1	2	3	4	5
2. I feel my mother does a good job as my mother	1	2	3	4	5
3. I wish I had a different mother	1	2	3	4	5
4. My mother accepts me as I am	1	2	3	4	5
5. I like to get my mother's point of view on things I'm concerned about.	1	2	3	4	5
6. I feel it's no use letting my feelings show around my mother.	1	2	3	4	5
7. My mother can tell when I'm upset about something.	1	2	3	4	5
8. Talking over my problems with my mother makes me feel ashamed or foolish.	1	2	3	4	5
9. My mother expects too much of me.	1	2	3	4	5
10. I get upset easily around my mother.	1	2	3	4	5
11. I get upset a lot more than my mother knows about.	1	2	3	4	5
12. When we discuss things my mother cares about my point of view.	1	2	3	4	5
13. My mother trusts my judgment.	1	2	3	4	5
14. My mother has her own problems so I don't bother her with mine.	1	2	3	4	5
15. My mother helps me to understand myself better.	1	2	3	4	5

16. I tell my mother about my problems.	1	2	3	4	5
17. I feel angry with my mother.	1	2	3	4	5
18. I don't get much attention from my mother.	1	2	3	4	5
19. My mother helps me to talk about my difficulties.	1	2	3	4	5
20. My mother understands me.	1	2	3	4	5
21. When I am angry about something my mother tries to be understanding.	1	2	3	4	5
	Almost Never or Never True	Not Very Often True	Some- times True	Often True	Almost Always or Always True
22. I trust my mother.	1	2	3	4	5
23. My mother doesn't understand what I'm going through these days.	1	2	3	4	5
24. I can count on my mother when I need to get something off my chest.	1	2	3	4	5
25. If my mother knows something is bothering me she asks about it.	1	2	3	4	5

Part II

This part asks about your feelings about your father, or the man who acted as your father. If you have more than one person acting as your father (e.g. natural and step-father) answer the question for the one you feel most influenced you.

	Almost Never or Never True	Not Very Often True	Some- Times True	Often True	Almost Always or Always True
26. My father respects my feelings.	1	2	3	4	5
27. I feel my father does a good job as my father.	1	2	3	4	5
28. I wish I had a different father.	1	2	3	4	5
29. My father accepts me as I am.	1	2	3	4	5

30. I like to get my father's point of view on things I'm concerned about.	1	2	3	4	5
31. I feel it's no use letting my feelings show around my father.	1	2	3	4	5
32. My father can tell when I'm upset about something.	1	2	3	4	5
33. Talking over my problems with my father makes me feel ashamed or foolish.	1	2	3	4	5
34. My father expects too much of me.	1	2	3	4	5
35. I get upset easily around my father.	1	2	3	4	5
36. I get upset a lot more than my father knows about.	1	2	3	4	5
37. When we discuss things my father cares about my point of view.	1	2	3	4	5
38. My father trusts my judgment.	1	2	3	4	5
39. My father has her own problems so I don't bother her with mine.	1	2	3	4	5
40. My father helps me to understand myself better.	1	2	3	4	5
	Almost Never or Never True	Not Very Often True	Some- Times True	Often True	Almost Always or Always True
41. I tell my father about my problems and troubles.	1	2	3	4	5
42. I feel angry with my father.	1	2	3	4	5
43. I don't get much attention from my father.	1	2	3	4	5
44. My father helps me to talk about my difficulties.	1	2	3	4	5
45. My father understands me.	1	2	3	4	5
46. When I am angry about something my father tries to be understanding.	1	2	3	4	5
47. I trust my father.	1	2	3	4	5
48. My father doesn't understand what I'm going through these days.	1	2	3	4	5
49. I can count on my father when I need to get something off my chest.	1	2	3	4	5
50. If my father knows something is bothering	1	2	3	4	5

me she asks about it.

Part III

This part asks about your feelings about your relationships with your close friends. Please read each statement and circle the ONE number that tells how true the statement is for you now.

	Almost Never or Never True	Not Very Often True	Some- Times True	Often True	Almost Always or Always True
51. I like to get my friends point of view on things I'm concerned about.	1	2	3	4	5
52. My friends can tell when I'm upset about something.	1	2	3	4	5
53. When we discuss things, my friends care about my point of view.	1	2	3	4	5
54. Talking over my problems with friends makes me feel ashamed of foolish	1	2	3	4	5
55. I wish I had different friends.	1	2	3	4	5
56. My friends understand me.	1	2	3	4	5
57. My friends encourage me to talk about my difficulties.	1	2	3	4	5
58. My friends accept me as I am.	1	2	3	4	5
	Almost Never or Never True	Not Very Often True	Some- Times True	Often True	Almost Always or Always True
59. I feel the need to be in touch with my friends more often.	1	2	3	4	5
60. My friends don't understand what I'm going through these days.	1	2	3	4	5
61. I feel alone or apart when I am with my friends.	1	2	3	4	5
62. My friends listen to what I have to say.	1	2	3	4	5
63. I feel my friends are good friends.	1	2	3	4	5

64. My friends are fairly easy to talk to.	1	2	3	4	5
65. When I'm angry about something my friends try to be understanding.	1	2	3	4	5
66. My friends help me to understand myself better.	1	2	3	4	5
67. My friends care about how I am feeling.	1	2	3	4	5
68. I feel angry with my friends.	1	2	3	4	5
69. I can count on my friends when I need to get something off my chest.	1	2	3	4	5
70. I trust my friends.	1	2	3	4	5
71. My friends respect my feelings.	1	2	3	4	5
72. I get upset a lot more than my friends know about.	1	2	3	4	5
73. It seems as if my friends are irritated with me for some reason.	1	2	3	4	5
74. I can tell my friends about my problems and troubles.	1	2	3	4	5
75. If my friends know something is bothering me, they ask me about it.	1	2	3	4	5

Appendix C

Experience in Close Relationship Scale Revises (ECR-R)

ECR-R

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship. Respond to each statement by circling a number to indicate how much you agree or disagree with the statement.

	Strongly Agree						Strongly Disagree
1. I'm afraid that I will lose my partner's love.	1	2	3	4	5	6	7
2. I often worry that my partner will not want to stay with me.	1	2	3	4	5	6	7
3. I often worry that my partner doesn't really love me.	1	2	3	4	5	6	7
4. I worry that romantic partners won't care about me as much as I care about them.	1	2	3	4	5	6	7
5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.	1	2	3	4	5	6	7
6. I worry a lot about my relationships.	1	2	3	4	5	6	7
7. When my partner is out of sight, I worry that he or she might become interested in someone else.	1	2	3	4	5	6	7
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.	1	2	3	4	5	6	7
9. I rarely worry about my partner leaving me.	1	2	3	4	5	6	7
10. My romantic partner makes me doubt myself.	1	2	3	4	5	6	7
11. I do not often worry about being abandoned.	1	2	3	4	5	6	7
12. I find that my partner(s) don't want to get as close as I would like.	1	2	3	4	5	6	7
13. Sometimes romantic partners change their feelings about me for no apparent reason.	1	2	3	4	5	6	7
14. My desire to be very close sometimes	1	2	3	4	5	6	7

scares people away.							
15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.	1	2	3	4	5	6	7
16. It makes me mad that I don't get the affection and support I need from my partner.	1	2	3	4	5	6	7
17. I worry that I won't measure up to other people.	1	2	3	4	5	6	7
18. My partner only seems to notice me when I'm angry.	1	2	3	4	5	6	7
19. I prefer not to show a partner how I feel deep down.	1	2	3	4	5	6	7
20. I feel comfortable sharing my private thoughts and feelings with my partner.	1	2	3	4	5	6	7
	Strongly Agree			Strongly Disagree			
21. I find it difficult to allow myself to depend on romantic partners.	1	2	3	4	5	6	7
22. I am very comfortable being close to romantic partners.	1	2	3	4	5	6	7
23. I don't feel comfortable opening up to romantic partners.	1	2	3	4	5	6	7
24. I prefer not to be too close to romantic partners.	1	2	3	4	5	6	7
25. I get uncomfortable when a romantic partner wants to be very close.	1	2	3	4	5	6	7
26. I find it relatively easy to get close to my partner.	1	2	3	4	5	6	7
27. It's not difficult for me to get close to my partner.	1	2	3	4	5	6	7
28. I usually discuss my problems and concerns with my partner.	1	2	3	4	5	6	7
29. It helps to turn to my romantic partner in times of need.	1	2	3	4	5	6	7
30. I tell my partner just about everything.	1	2	3	4	5	6	7
31. I talk things over with my partner.	1	2	3	4	5	6	7

32. I am nervous when partners get too close to me.	1	2	3	4	5	6	7
33. I feel comfortable depending on romantic partners.	1	2	3	4	5	6	7
34. I find it easy to depend on romantic partners.	1	2	3	4	5	6	7
35. It's easy for me to be affectionate with my partner.	1	2	3	4	5	6	7
36. My partner really understands me and my needs.	1	2	3	4	5	6	7

Appendix D

Short Michigan Alcoholics Screen Test- Parents (SMAST-P)

SMAST-Parents

Please complete the following questionnaire to the best of your knowledge.

Indicate you're a

answer by circling either "Yes, No or Don't Know/Not relevant."

1. Do you feel your father is a normal drinker?	Yes	No	Don't know/ not relevant
2. Did your mother, grandparent, or other near relative ever complain about your father's drinking?	Yes	No	Don't know/ not relevant
3. Did your father ever feel guilty about his drinking?	Yes	No	Don't know/ not relevant
4. Did friends and relatives think your father was a normal drinker?*	Yes	No	Don't know/ not relevant
5. Was your father able to stop drinking when he wanted to?	Yes	No	Don't know/ not relevant
6. Has your father ever attended an Alcoholics Anonymous meeting?	Yes	No	Don't know/ not relevant
7. Has your father's drinking ever created problems between him and your mother (or step-parent) or another relative?	Yes	No	Don't know/ not relevant
8. Has your father ever gotten in trouble at work because of drinking?	Yes	No	Don't know/ not relevant
9. Has your father ever neglected his obligations, family, or work for two or more days in a row because he was drinking?	Yes	No	Don't know/ not relevant
10. Has your father ever gone to anyone for help about his drinking?	Yes	No	Don't know/ not relevant
11. Has your father ever been in a hospital because of drinking?	Yes	No	Don't know/ not relevant
12. Has your father ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	Yes	No	Don't know/ not relevant
13. Has your father ever been arrested, even for a few hours because of other drunken behavior?	Yes	No	Don't know/ not relevant
14. Do you feel your mother is a normal drinker?	Yes	No	Don't know/ not relevant
15. Did your father, grandparent, or other near relative ever complain about your mother's drinking?	Yes	No	Don't know/ not relevant
16. Did your mother ever feel guilty about her drinking?	Yes	No	Don't know/ not relevant
17. Did friends and relatives think your mother was a normal drinker?*	Yes	No	Don't know/ not relevant
18. Was your mother able to stop drinking when she wanted to?	Yes	No	Don't know/ not relevant
19. Has your mother ever attended an Alcoholics Anonymous meeting?	Yes	No	Don't know/ not relevant

20. Has your mother's drinking ever created problems between her and your father (or step-parent) or another relative?	Yes	No	Don't know/ not relevant
21. Has your mother ever gotten in trouble at work because of drinking?	Yes	No	Don't know/ not relevant
22. Has your mother ever neglected her obligations, family, or work for two or more days in a row because she was drinking?	Yes	No	Don't know/ not relevant
23. Has your mother ever gone to anyone for help about her drinking?	Yes	No	Don't know/ not relevant
24. Has your mother ever been in a hospital because of drinking?	Yes	No	Don't know/ not relevant
25. Has your mother ever been arrested for drunken driving, driving while intoxicated, or driving under the influence of alcoholic beverages?	Yes	No	Don't know/ not relevant
26. Has your mother ever been arrested, even for a few hours because of other drunken behavior?	Yes	No	Don't know/ not relevant

Appendix E

Informed Consent Form

INFORMED CONSENT TO PARTICIPATE IN: Examining the Effects of Parental Drinking Behavior on Romantic and Peer Relationships

A research project on attachment style and parents' drinking behavior is being conducted by Diana I. Loera in the Department of Psychology and Child Development at Cal Poly, San Luis Obispo. The purpose of the study is to gain a better understanding of how college students react to their parents' behaviors and the effects of these behaviors on students' interpersonal relationship styles. A better understanding of these effects will be used to help college students in the development of their relationships.

You are being asked to take part in this study by completing the attached/enclosed questionnaires. The questions will ask about how you feel about your closeness to your parents, your relationships with peers and your romantic partners, and about your parents' experiences with drinking. Your participation will take approximately forty-five minutes. Please be aware that you are not required to participate in this research and you may discontinue your participation at any time without penalty. You may also omit any items on the questionnaire that you prefer not to answer.

The possible risks associated with participation in this study include feelings of distress or concern as you think about your history or your relationships. If you should experience any emotional distress, feelings of shame, embarrassment, or unhappiness, please be aware that you may contact Cal Poly Counseling Services at (805) 756-2511 for assistance.

Your responses will be completely anonymous. There will be no identifying information asked on the questionnaires. Your participation will help us understand the effects of parental drinking behaviors and parental closeness on college students' relationships, and may give you an opportunity to reflect on your own relationships. You may be eligible to receive psychology course research participation or extra credit as a subject in this study. If you are enrolled in Psychology 202, you will be given an alternate assignment to the four page literature review.

If you have questions regarding this study or would like to be informed of the results when the study is completed, please feel free to contact Diana Loera or Dr. Patrice Engle at (805) 756-2914. If you have questions or concerns regarding the manner in which the study is conducted, you may contact Steve Davis, Chair of the Cal Poly Human Subjects Committee, at 756-2754, sdavis@calpoly.edu, or Susan Opava, Dean of Research and Graduate Programs, at 756-1508, sopava@calpoly.edu.

If you agree to voluntarily participate in this research project as described, please indicate your agreement by completing and returning the attached questionnaire. Please retain this consent cover form for your reference, and thank you for your participation in this research.