

Relational Psychopathologies Of Adult Children Of Alcoholics

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Abstract

Reports of clinical observations have suggested that Adult Children of Alcoholics (ACAs) frequently experience difficulties with intimacy in adult relationships. Problems with relatedness are assumed to originate in the family of origin as a result of inconsistent, neglectful and/or abusive parenting attributable to parental alcoholism. The purpose of this study is four-fold:

- 1) define how the parenting characteristics of alcoholics differed from parenting style by persons who were not addicted to substances;
- 2) to identify factors which would lead to early identification of attachment problems based on parenting styles;
- 3) Once identified, these factors would pave the way for the development of techniques for use in the healing of attachment disorders; and 4) is there a relationship between the attachment patterns established during childhood and those continuing throughout the lifespan of the individual.

Method: Four instruments were used to solicit information on twenty variables concerned with attachment and bonding: the Children of Alcoholics Screening Test (CAST), the Parental Bonding Instrument, the Interpersonal Dependency Scale, and a personal history and questionnaire.

Three childhood attachment and adult bonding patterns were investigated: the secure, the insecure anxious, and the insecure ambivalent, using Hazan and Shaver (1987) attachment style prototypes and characteristics found within each pattern. In this study, responses from adult children of alcoholics were compared with those from non-alcoholic families of origin (non-ACAs).

Results: The end-product of the statistical analysis using Reduction of Wilks' Lambda was an equation consisting of a set of nine variables. When employed, these variables were found to successfully discriminate between the ACA and non-ACAs 85.19% of the time. ACAs most often identified with the insecure patterns whereas the non-ACAs most often identified with the secure pattern.

Introduction

Two distinct areas of research were initiated to investigate patterns of attachment following Bowlby's hypotheses that there is a genetic bias toward becoming attached to a specific person (Bowlby 1969, 1973, 1988.) One group of researchers focused on attachment dynamics within nuclear families while others focused on attachments to peers (Bartholomew 1990, 1991) and the protocol set forth of romantic attachments in adulthood by Hazan and Shaver (1987.) This paper follows the Tripartite model set forth by Hazan and Shaver (1987) and adhered to the assumption that romantic love is fundamentally an attachment process through which affectional bonds are formed (Simpson & Rholes 1998; and Hazan and Shaver 1987.) Specifically, this research identified the style of intimate attachments formed by adult children of alcoholics when

substance addiction was present in the family of origin and compared the patterns of adult children of alcoholics (ACAs) with those of adult children from families in which alcoholism was not present for three generations (non-ACAs). This research identified a set of nine variables that explained 42% of the variance that separates ACAs from non-ACAs as a group 85.19% of the time. It also showed a high degree of correlation between the type of attachment formed in childhood between parent and child and those formed in intimate relationships in adulthood.

The Tripartite Typology of Adult Romantic Attachments by Hazan and Shaver

Hazan and Shaver (1987) published a seminal article on adult attachment patterns. Their research identified three adult attachment styles – insecure/anxious-avoidant, insecure/ambivalent-resistant and secure. Each category consisted of characteristics identified by Hazan and Shaver that were commonly found in the intimate relationships of adults. Hazan and Shaver's original research article was expanded upon by Bartholomew (1990, 1991.) The attachment patterns in this research document followed the Tripartite Typology defined by Hazan and Shaver. The intent of this research was to compare the type of attachment patterns developed in the presence of maternal and/or paternal alcoholism and the resulting problems with relatedness during adulthood and to identify possible variables that differentiate ACAs from non-ACAs by group membership.

Instruments Used to Assess Attachment Patterns in Adulthood

The instruments used to assess adult attachment patterns were: The Children of Alcoholics Screening Test (CAST), The Parental Bonding Instrument, The Interpersonal Dependency Scale,

and a personal relationship history and questionnaire. It was recognized that self-report measures focus on feelings and behaviors of persons with whom one has a close relationship. It was also assumed that the individual can describe the personal relationship accurately.

Variables Investigated

The twenty variables for investigation in this study were chosen as a means to define more clearly the underlying perceptions of adult children of alcoholics as compared to adults from non-alcoholic families. While it is known that certain genetic and biological substrates make some individuals more vulnerable to developing attachment problems and addictions than others (Flores 2004), the focus of this research was on the perception of nurturance and its impact on the development of emotional ties with significant others.

The childhood variables studied were: 1) the perceived level of maternal care and affection, 2) perceived level of paternal care and affection, 3) perceived level of maternal control/overprotection, 4) perceived level of paternal control/overprotection, 5) insecure/anxious-avoidant attachment pattern with mother in childhood, 6) presence of an insecure/anxious-avoidant pattern of attachment with father during childhood, 7) presence of an insecure/ambivalent-resistant pattern of attachment with mother during childhood, 8) presence of an insecure/ambivalent-resistant pattern of attachment with father during childhood, 9) presence of the security pattern of attachment mother during childhood, 10) presence of the security pattern of attachment with father during childhood, 11) the presence of a best friend in elementary school, 12) presence of a best friend in high school; 13) impact of the time of onset of parental drinking upon the attachment patterns and 14) emotional reliance upon another.

The adulthood variables studied were: 1) presence of the insecure/anxious-avoidant pattern of attachment and bonding in adult intimate relationships, 2) presence of the insecure/ambivalent-resistant pattern of attachment and bonding in adult intimate relationships, 3) presence of the security pattern in adult intimate relationships, 4) emotional reliance upon another in current adult relationships, 5) extent of social self-confidence in adult relationships, and 6) assertion of autonomy (independence) in current adult relationships.

Four variables, level of perceived maternal affection, level of perceived paternal affection, level of perceived maternal control/overprotection, and level of perceived paternal control/overprotection were particularly useful in assessing distortions of parent-child attachment patterns. Research has shown that perceived level of care, especially maternal care, is linked to perceived quality of subsequent adult social support systems. The variables of emotional reliance on another, lack of social self-confidence, and assertion of autonomy are especially important in assessing the anomalies found in adult interpersonal relationships. These measures of dependency behavior stem from the infant's initial reliance upon the mother, but subsequently may become generalized to all interpersonal relationships.

Subjects:

The subjects in this study were limited to adult volunteers between the ages of 30 and 50 years old. All the subjects were native English speaking. Each subject was administered the Parental Bonding Instrument as a measurement of perceived affection and control/overprotection during the first sixteen years of life; the Children of Alcoholics Screening Test (CAST) to insure appropriate group assignment and to measure an individual's attitudes, feelings, perceptions, and

experiences associated with parental drinking; the Interpersonal Dependency Scale to assess current single and multiple relationships in areas of emotional reliance upon another (dependency and attachment), level of social self-confidence, and assertion of autonomy (independence). The Relationship History and Questionnaire was used to collect demographic data concerning subjects, their families of origin, and their relationship histories.

The level of significance of the subjects' responses was determined by performing the following statistical tests including: 1) t -tests, 2) Pearson Product-Moment correlations, and 3) discriminate analysis to determine a set of predictor variables which successfully discriminated the ACAs from non-ACAs. The level of significance was set at .05. Every effort was made to reduce possible errors in this research; however some limitations must be noted. First, since the subjects were questioned about their perceptions of their families of origin, feelings of family loyalty may have resulted in more favorable reports than was actually the case. Perceptions of the families of origin may have been biased if the subject had continued to be angry with family members or tended to deny any problems in the family. Additionally, since a significant amount of time has elapsed since the subjects had lived in their family homes, memory may not have allowed for an accurate measure of early perceptions in some cases. The validity and reliability of the Personal Relationship History and Questionnaire may have limited the findings of this study, as no formal studies were conducted on this instrument and the checklists were derived by combining information by numerous researchers. There may have been intervening variables not accounted for that influenced the results or the instruments used may have limited application in the study of attachment and bonding patterns.

Presentation of the Results of the Research

140 subjects participated in this study. Demographic characteristics of the subject population included the variables of gender, marital status, ethnicity and religious preference. To provide consistency and clarity, Group 1 referred to those participants whose families were free of alcoholism for at least three generations (non-ACAs; N=53). Group 2 referred to adult children of alcoholics (ACAs; N = 87).

The entire subject population consisted of 44 males (31.4%) and 96 females (68.6%). The average mean age of the participants was 40.4 years. The average educational level was 15.9 years. Five ethnic groups and five religious preferences were represented in the sample. Ninety-six participants indicated current marital status as married, 22 as divorced, 17 as single, and 7 were either widowed, separated, cohabitating, or did not respond to the question. The majority of the subjects who participated in the study were married (Group 1 = 67.9%; Group 2 = 67.4%). ACAs indicated they were divorced more often than non-ACAs (Group 1 = 11.3% and Group 2 = 18.6%).

The chi-square analysis of ACAs and Non-ACAs revealed no significant differences between the two groups of subjects in terms of demographic variables.

A comparison of childhood attachment variables between adult children of alcoholics and adult children of non-alcoholics were presented on Table 1. An overview of the results of the t-test analysis on Table 1 indicated that 12 out of 13 variables tested were significant when determining group membership during childhood. These findings indicated that non-ACAs

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(Group 1) perceived their parents as more caring and affectionate during childhood than ACAs (Group

2). Group 1 subjects also saw their fathers as less controlling than did Group 2 participants and indicated that their attachment pattern with both parents were secure. Group 2 (ACAs) indicated that their relationships with their parents were insecure. They most often identified with either the anxious-avoidant or ambivalent-resistant pattern of attachment as characteristic of their childhood relationships with both parents. No significant difference was found between the groups on perception of maternal control and overprotection.

A comparison of adult bonding variables between adult children of alcoholics and adult children of non-alcoholics were presented on Table 2. An analysis of the responses indicated that four of the six variables tested were significant when using the t -test as a measure of the degree of association between the independent and dependent variables. These variables were emotional reliance upon others, insecure/anxious- avoidant pattern, insecure/ambivalent-resistant pattern and the adult security pattern.

No significance difference was found for the following variables: lack of social self-confidence or assertion of autonomy.

Members of Group 2 (ACAs) indicated that the two patterns of insecure attachment and bonding were most characteristic of their intimate, romantic adult relationships, whereas Group 1 (non-ACAs) most often identified with an adult security pattern of attachment and bonding. In addition, the extent of emotional reliance upon others successful discriminated between the

groups. Group 2 (ACAs) were more likely to rely emotionally upon significant others than were members of Group 1.

Three variables correlated significantly with the age of the child at the time of onset and cessation of parental drinking behavior. These variables were maternal anxious-avoidant pattern in childhood ($r = <.01$), paternal anxious-avoidant pattern in childhood ($r = -.39$) and sum of maternal & paternal anxious-avoidant patterns ($r = -.39$).

Twenty childhood variables were correlated with the three patterns of adult attachment and bonding styles in an effort to identify the degree of relationship between the adult patterns and the variables between the two groups. (Table 3). Most important to the establishment of the anxious-avoidant pattern of attachment and bonding in adulthood was the perception of maternal control and overprotection during childhood ($r = .38$, $p <.001$). The absence of a best friend during elementary school years was an indicator ($r = -.33$, $p <.001$) of the presence of the ambivalent-resistant pattern of attachment both during childhood and in adulthood. The presence of a best friend during these years was an indicator of the security pattern of attachment and bonding.

A relationship was suggested between paternal control/overprotection ($r = .26$, $p <.01$) and insecure attachment and bonding patterns.

When determining which variables were the most important in the establishment of a pattern of security in adult intimate relationships, both the presence of early security with the father ($r = .42$) and the sum of maternal and paternal security in attachment during childhood ($r = .39$) were significant ($p < .0001$). Maternal security, having a best friend during high school,

perceptions of paternal control/overprotection and the absence of an insecure pattern of attachment with one or both parents were significant.

Wilks' Lambda stepwise analysis and Canonical coefficients were used to select which set of the 20 variables under investigation best explained current group membership and which could be used to predict group membership in the future. After introducing the significant variables ($p < .05$ or less) into the equation, 9 were identified which reduced Wilks' Lambda to .58. The introduction of other variables failed to significantly reduce Wilks' Lambda. It also found that these nine variables explained 42% of the variance between the two groups of participants. The nine variable set that best discriminated between the two groups can be used as a powerful prediction tool. The variables included in the set, from most to least important, were: a pattern of bonding characterized as insecure/anxious-avoidant in adult intimate relationships; paternal security pattern in childhood; maternal insecure/ambivalent-resistant attachment pattern in childhood; security pattern in adult intimate relationships; lack of social self-confidence; emotional reliance upon others; assertion of autonomy; insecure/ambivalent-resistant pattern characterizing adult relationships; and perception of paternal care and affection in childhood.

A classification plot was computed using the nine variable identified through the Wilks' Lambda stepwise analysis as predictive of group membership. It revealed that the variables successfully classified and distinguished members of Group 1 (non-ACAs) 88.5% of the time, and Group 2 (ACAs) 83.1% of the time. By using this equation of nine variables, accurate prediction of which group an individual belongs in is likely 85.19% of the time.

The Canonical correlation between the discriminant score and group membership was .65. This indicated that the set of nine variables identified using Wilks' Lambda were highly

significant and explained 42% of the variance between the two groups. This procedure supported the finding that the presence of an anxious-avoidant attachment in adult intimate relationships most significantly discriminated group membership. It also established that the presence of parental drinking was counterproductive to the establishment of healthy pattern of relationship, especially with the father. A negative relationship with the father also appeared to have an adverse effect upon the development of healthy social self-confidence in the child.

A summary of the key findings between groups was presented on Table 4. It showed that ACAs perceived a lack of maternal and paternal care growing up; that there were attempts to control by both parents; the attachment patterns with both parents were insecure; bonding in intimate relationships most commonly was insecure/anxious-avoidant; lack of a best friend in elementary school; displayed emotional reliance upon others; and social self-confidence was lacking.

Conclusions

This study on attachment showed that when alcoholism was present in the family, the children failed to develop secure emotional ties with either parent. This finding supported research by Callan and Jackson (1985) that found the absence of a “compensatory relationship” with both parents when normal family interaction was disrupted by inappropriate parental behaviors. It also supported the research findings of Priest (1985) & Wilson & Orford (1978) that showed the endurance of behavioral and emotional deficits that result from growing up in an alcoholic family system. The findings of this study offer an explanation for the relational pathologies found among both children of alcoholics and adult children of alcoholics. It specifically

identified parenting behaviors that were precursors to the development of insecure patterns of attachment in alcoholic family systems

In addition, nine variables were identified that separate ACAs from non-ACAs and which were predictive 85.19% of the time of group membership. By identifying specific and predictive relational variables, the difficulties with intimacy ACAs commonly experience in adult relationships were explained. Adult relational difficulties with intimate relationships were an outgrowth of the insecure attachment patterns described by Hazan and Shaver (1987) that were formed during childhood with their primary caregivers. Non-ACAs in this study, having developed a secure attachment pattern with their primary caregivers during childhood, continued the secure pattern into adulthood and thus had less difficulty with intimacy in their primary relationships.

The results also suggested that the more disruptive the parental alcoholic behavior was to the participant during childhood, the less likely the individual would identify with the secure pattern of attachment with either parent. Based upon the responses of the participants, the pattern of attachment and bonding most characteristic of adult children of alcoholics was either insecure/anxious-avoidant or insecure/ambivalent resistant. Adults from non-alcoholic families of origin most often identified with the security pattern of attachment and bonding as characteristic of their intimate, romantic relationships. When all childhood attachment and adult bonding patterns were correlated, the presence of the insecure/anxious-avoidant pattern in adult intimate, romantic relationships was the variable that most often distinguished Group 2 (ACAs) from Group 1 (non-ACAs).

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Adult children of alcoholics, in this research, perceived their fathers as more controlling than adults from non-alcoholic families. Group 2 (ACAs) participants also perceived both of their parents as less affectionate and less caring than did participants in Group 1 (non-ACAs). These findings suggest that a father's controlling and overprotective behaviors toward the child were instrumental in creating both emotional distance and insecure attachment ties between father and child. Both of these factors were significant in the establishment of both insecure patterns of attachment in adult relationships. Thus the child learned to avoid father as a form of self-preservation, and to avoid being emotionally controlled or punished by him.

Mothers were not seen as significantly different on the variable of control and overprotection by the participants. However, there appeared to be a relationship between maternal controlling behaviors (over-stimulation) and the development of the insecure/anxious-avoidant pattern of attachment.

Security with the father during childhood was very important to the establishment of secure bonding in adult relationships. When a child's relationship with father was secure, the adult relationships appeared to be secure, symmetrical and complimentary. When a child's relationship with father was perceived as insecure, the adult relationship patterns were often identified as insecure. Therefore there appeared to be a relationship between insecurity of attachment with father and insecurity in attachment and bonding in adult intimate relationships.

An additional finding that correlated with security was the presence of a best friend during elementary and high school. The absence of a best friend during these years was indicative of an ambivalent-resistant attachment pattern. This showed that the fear of intimacy in relationships started very early in one's developmental process in the family of origin.

Additionally, this study suggested there was a relationship between the time of cessation of parental drinking behavior and the development of the insecure/anxious-avoidant pattern of attachment ($r = -.39$). Thus when one (or both) parent was actively practicing the disease of alcoholism during the early stages of a child's development, paired with the emotional withdrawal by the primary caregiver (s), and the disruption the alcoholism creates in the family, made it difficult for either caregiver to consistently meet the emotional and physical needs of the child. As the child's needs for mutually rewarding interactions, parental availability, safety, unconditional love, and security go unmet, or at best sporadically met, the formation of a secure base needed by the child to develop secure attachment was severely damaged. Without a secure emotional base upon which to develop, the child's emotional growth and sense of self became compromised.

In summary, this study on attachment showed that when alcoholism was present in the family, the children failed to develop secure emotional ties with either parent. This finding supported research by Callan and Jackson (1985) that found the absence of a "compensatory relationship" with both parents when normal family interaction was disrupted by inappropriate parental behaviors. It also supported the research findings of Priest (1985) & Wilson & Orford (1978) that showed the endurance of behavioral and emotional deficits that result from growing up in an alcoholic family system. The findings of this study offer an explanation for the relational pathologies found among both children of alcoholics and adult children of alcoholics. It specifically identified parenting behaviors that were precursors to the development of insecure patterns of attachment in alcoholic family systems.

This study suggested there were specific differences between adults reared in an alcoholic family of origin and adults reared in a non-alcoholic family system. One difference, both during

childhood and in adulthood, was in the patterns of attachment and bonding which characterized their intimate relationships. Group 1 (non-ACAs) subjects reported a secure pattern of attachment with both parents during childhood. They also commonly characterized their intimate, romantic adult relationships as secure. Group 2 (ACAs) participants most often identified which insecure patterns of attachment during childhood, and commonly reported insecure patterns as characteristic of their adult intimate relationships.

Correlations between childhood and adult variables suggested that Group 2 (ACAs) participants more frequently identified with the insecure/anxious-avoidant pattern of attachment and bonding in adult intimate relationships than did members of Group 1 (non-ACAs). These findings suggested that attachment patterns originate in childhood and endure across the lifespan of the individual and across generations if left untreated clinically. Thus the early insecure patterns of relatedness continued to leave the adult vulnerable to difficulties in establishing secure intimate relationships unless the individual had worked through the emotional deficits with an empathic parent substitute (therapist or group).

Treatment Implications

The National Survey on Drug Use and Health Report (02/13/04) reported that in 2002 almost 5 million adults in the United States of America were alcohol dependent or alcohol-abusers and had at least one child younger than the age of eighteen living in their home. 62% of these alcohol-dependent or alcohol-abusing parents were fathers and 38% were mothers. This means that more than 13.4% of the children in the United States were living in a family system where alcohol, not the child, was the family's focus at the time of the survey. This has massive treatment implications for the future.

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Current research in neurophysiology has shown that the neurobiological development of the brain is determined by attachment experiences (Solomon & Siegel 2003.) Representations of self and of others called “inner working models” (Bowlby 1969) develop within the context of close interpersonal relationships. When the caregiver was unable to meet the infant’s needs for physical closeness and well timed, mutually rewarding interaction, insecure patterns of attachment developed. These patterns were the result of adaptation by the infant to the negative or inconsistent positive attachment experiences. In the alcoholic family system, the co-addict parent becomes both obsessed with the alcoholic family member and detached emotionally for self-protection. As a result, the children’s basic needs for security, affection, and safety are neglected or at best sporadically met. Children learn early that openness and attempts at emotional connectedness are not conducive to survival (Black & Bucky 1986) so they defensively protect themselves by withdrawing and/or avoiding the parents, by becoming ambivalent or overly punitive, or by developing an excess of interpersonal dependency. An excess in interpersonal dependency has been strongly implicated in the psychogenesis of depression, alcoholism, and other emotional disorders (Chodoff & Fenichel, cited in Simpson & Rholes, 1998.) Life in the family system where alcoholism dominates has been compared to living in a war zone emotionally (Cermak, 1988.) As a result, some researchers have labeled children of alcoholics as “caregiver casualties” (O’Connor, Sigman and Brill 1987.) This research showed that early attachment patterns established with the primary caregiver served as a prototype for later adult intimate attachments. Thus the pattern of attachment established during childhood continued to be perpetuated throughout adult relationships and across generations when there has been no therapeutic intervention.

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In conclusion, the results of this study suggested that clinicians must have a thorough knowledge of the impact of addiction upon the development of emotional ties when working with either children of alcoholics or adult children of alcoholics. Questions should be asked that focus upon the client's perceptions of life in their family of origin; questions such as, "Were you raised in an alcoholic family"? "Was one of both parents seen as unaffectionate and/or controlling"? "Did you feel secure or insecure in your relationship with your father? Mother?" "What if any, abuses occurred in the family"? "Do you depend on others emotionally to make decisions for you"? "How is your emotional relationship with your parents similar to relationships in your life today"? "Is it hard for you to initiate a conversation"? "Do you believe in love at first sight"? "Do you believe it is hard or easy to find someone to love and who will love you for life"? Answers to questions such as these give the clinician an indication of the attachment and bonding pattern that has been established.

The clinician must be able to become the empathic, "good-enough parent" for the client during therapy. In essence, the therapist becomes a secure base from which a client can explore their unmet needs, personal self-concept, beliefs, experiences, and attachment style when in intimate relationships. This is fundamental to creating changes in the clients' internal working models. According to Flores (2004) the internal working models are modified as a result of implicit memories being activated and revised within the context of the supportive therapeutic relationship. A secure attachment established between the client and a supportive therapist would facilitate healing and direct the process of closure for early losses, environmental deprivations, and relationship breeches. As the client is encouraged in their exploration of self and in positive, corrective growth experiences with significant others, a sense of personal identity is developed (Simpson and Rholes 1998.) Personal identity is a necessary prerequisite to the development of

social self-confidence, autonomy, and secure attachment bonds in adult intimate relationships
(Ainsworth 1969; Bowlby 1973, 1988.)

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Table 1

Comparison of Childhood Attachment Variable
Between Adult Children of Alcoholics
and Adult Children of Non-Alcoholics

Variable	Non-ACA		ACA		t-value
	Mean	SD	Mean	SD	
Maternal Care	24.55	8.76	17.90	9.73	p<.0001
Paternal Care	23.00	8.72	15.36	8.91	p<.0001
Maternal Control	14.43	9.05	17.41	10.17	N.S.
Paternal Control	12.85	7.25	15.37	7.00	p<.05
Maternal Anxious-Avoidant Pattern	.89	1.19	1.38	1.28	p<.05
Paternal Anxious-Avoidant Pattern	.88	1.19	1.38	1.28	p<.05
Maternal Ambivalent-Resistant Pattern	.11	.38	.74	.78	p<.0001
Paternal Ambivalent-Resistant Pattern	.11	.38	.74	.78	p<.0001
Sum of Maternal & Paternal Anxious Avoidant Pattern	1.77	2.38	2.76	2.56	p<.05
Sum of Maternal & Paternal Ambivalent- Resistant Pattern	.22	.75	1.47	1.57	p<.0001
Maternal Security Pattern	6.34	3.74	4.23	4.06	p<.001
Paternal Security Pattern	4.36	3.48	1.43	2.42	p<.0001
Sum of Maternal & Paternal Security Pattern	10.70	6.84	5.66	5.74	p<.0001

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Table 2

Comparison of Childhood Bonding Variable
Between Adult Children of Alcoholics
and Adult Children of Non-Alcoholics

Variable	Non-ACA		ACA		t-value
	Mean	SD	Mean	SD	
Emotional Reliance on Other	39.70	8.65	44.93	11.20	p<.01
Lack of Social Self-Confidence	36.51	3.34	36.93	3.45	N.S.
Assertion of Autonomy	26.92	6.71	29.28	7.58	N.S.
Adult Anxious-Avoidant Pattern	.85	1.08	2.13	1.22	p<.0001
Adult Ambivalent-Resistant Pattern	1.17	1.27	2.02	1.45	p<.001
Adult Security Pattern	2.79	1.50	1.90	1.51	p<.001

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Table 3

Comparison of Childhood Bonding Variable
Between Adult Children of Alcoholics
and Adult Children of Non-Alcoholics

Variables	Anxious-Avoidant 1 and 2		Ambivalent-Resistant 1 and 2		Secure 1 and 2	
Gender	-.08	-.16	-.19*	.10	.08	-.10
Age	-.15	.20*	.06	.16	.18	.01
Age at Onset of Parental Drinking	.02	-.11	.09	-.10	-.04	-.09
Age at Cessation of Parental Drinking	-.05	-.08	-.08	-.10	.12	-.17
Socioeconomic Level	.15	.15	.13	-.03	.01	-.17
Best Friend in Elementary School	.08	-.09	.15	-.33***	-.35***	.04
Best Friend in High School	.07	-.02	.04	-.18	-.20*	.19*
Maternal Care	-.33	.13	-.10	-.04	.33***	-.19*
Maternal Control	.38****	-.25*	.21*	-.19*	-.14	-.05
Paternal Care	-.14	.04	-.15	.17	.16	.00
Paternal Control	.26**	-.00	.25**	-.15	-.21*	.09
Maternal Anxious-Avoidant Pattern	.30**	-.09	.20*	-.10	-.20*	.26**
Paternal Anxious-Avoidant Pattern	.30**	-.09	.21*	-.10	-.20*	.26**
Maternal Ambivalent-Resistant	.28**	-.15	.20*	-.04	-.20*	.13
Paternal Ambivalent-Resistant	.28**	-.15	.20*	-.04	-.20*	.13
Sum of Anxious-Avoidant Pattern	.30**	-.09	.21*	-.10	-.20*	.26**
Sum of Ambivalent-Resistant Pattern	.28**	-.15	.20*	-.04	-.20*	.13
Maternal Security	-.16	.13	-.04	-.03	.30**	-.08
Paternal Security	-.30**	.21*	-.15	.07	.42****	-.09
Sum of Maternal & Paternal Security	-.24*	.18	-.09	.01	.39****	-.09

*p < .05

**p < .01

***p < .001

****p < .0001

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Table 4

Summary of Key Findings Between Groups

Key Variables	ACAs	Non-ACAs
Maternal Care	Lacking in care	Caring
Paternal Care	Lacking in care	Caring
Maternal Control	Attempts to control	Does not control
Paternal Control	Attempts to control	Does not control
Attachment pattern with mother	Insecure patterns	Security pattern
Attachment Pattern with father	Insecure patterns	Security pattern
Bonding pattern in adult intimate Relationships	Insecure/anxious-avoidant (most common)	Security pattern
Best friend in elementary school	Lacking	Present
Emotional reliance upon others	Dependent	Independent
Social self-confidence	Lacking	Present
Assertion of autonomy	Not different	Not different