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Attachment style and relationship satisfaction in intimate relationships of adult children of alcoholics

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Attachment Style and Relationship Satisfaction in Intimate Relationships of Adult Children of
Alcoholics

by

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A THESIS

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Abstract

A population in which little research exists is with adult children of alcoholics (ACOAs), specifically in regards to their functioning in intimate relationships. This study examined attachment styles and levels of relationship satisfaction of ACOAs and adult children of non-alcoholics (ACONAs) in current intimate relationships. Analyses were also completed examining differences that may exist between maternal versus paternal alcoholism, as well as gender differences among ACOAs. Participants completed a demographic questionnaire along with the Children of Alcoholics Screening Test, Experiences in Close Relationships Scale-Revised, and Couples Satisfaction Index. Findings demonstrated that ACOAs reported more insecure attachment styles and lower relationship satisfaction than ACONAs. No significant results were found when analyzing maternal versus paternal differences or between-gender differences. Potential counselling implications include developing a stronger therapeutic alliance between client and counsellor in individual, couple, and group therapy, along with enhanced interventions based on differences in attachment styles and relationship satisfaction.

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TABLE OF CONTENTS

Approval Page.....	i
Abstract.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
List of Tables.....	vii
List of Figures.....	viii
 CHAPTER ONE: INTRODUCTION.....	 1
Introduction.....	1
Study's Purpose, Aims, Objectives, and Research Questions.....	1
Significance of Study.....	2
Layout of the Document.....	3
 CHAPTER TWO: LITERATURE REVIEW.....	 4
Introduction.....	4
Adult Children of Alcoholics.....	4
Attachment.....	8
Categories of Attachment.....	9
Secure.....	9
Anxious/Ambivalent.....	10
Avoidant.....	10
Attachment and Relationship Satisfaction Later in Life.....	11
Previous Research Examining Stability of Attachment.....	11
Adult Attachment Styles.....	15
Secure.....	15
Anxious/Ambivalent.....	15
Avoidant.....	15
Other Categorizations of Attachment.....	16
Research Examining Adult Attachment and Relationship Satisfaction.....	18
Relationship Satisfaction and Attachment among ACOAs.....	20
Relationship Satisfaction among ACOAs.....	24
Attachment Styles of ACOAs.....	25
Attachment and Relationship Satisfaction among ACOAs.....	27
Gender of the Alcohol-Abusing Parent and/or ACOA.....	28
Summary.....	30
Rationale for Current Study.....	31
 CHAPTER THREE: METHODOLOGY.....	 33
Research Questions and Hypotheses.....	33
Research Design.....	34
Participants.....	34
Sampling.....	34
Recruitment.....	35
Measures.....	37
Demographic Questionnaire.....	37

Children of Alcoholics Screening Test (CAST).....	38
Couples Satisfaction Index (CSI)	39
Experiences in Close Relationships Scale-Revised (ECR-R)	41
Procedure	43
Data Analysis	45
Descriptive Statistics	46
Chi-Square Test for Independence	46
Independent Samples t-tests	46
One-Way Analysis of Variance (ANOVA).....	47
Summary	47
CHAPTER FOUR: RESULTS	48
Demographic Data	48
Descriptive Statistics.....	50
CAST	50
CSI	51
ECR-R	51
Hypotheses.....	52
Hypothesis One	52
Hypothesis Two	53
Hypothesis Three	54
Other Data Analyses	56
Summary	56
CHAPTER FIVE: DISCUSSION.....	58
Introduction.....	58
Hypothesis One.....	58
Hypothesis Two	59
Hypothesis Three	59
Limitations	61
Implications for Counselling	64
Implications for Future Research.....	67
Summary	68
REFERENCES	70
APPENDIX A: RECRUITMENT POSTERS	83
APPENDIX B: ONLINE EQUIVALENCY OF INFORMED CONSENT	86
APPENDIX C: EXPLANATION OF STUDY	88
APPENDIX D: DEBRIEFING STATEMENT	90
APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE.....	92
APPENDIX F: CHILDREN OF ALCOHOLICS SCREENING TEST (CAST).....	95

APPENDIX G: COUPLES SATISFACTION INDEX (CSI)	97
APPENDIX H: EXPERIENCES IN CLOSE RELATIONSHIPS SCALE-REVISED (ECR-R)	104

List of Tables

Table 1. Summary of Studies Involving Attachment Styles and Relationship Satisfaction of ACOAs	21
Table 2. Demographic Data	49

List of Figures

Figure 1. ACOA Status and Attachment Categories	52
Figure 2. ACOA Status and Attachment Style	53
Figure 3. ACOA Status and Relationship Satisfaction	54
Figure 4. Gender of Alcohol-Abusing Parent and Relationship Satisfaction	55

CHAPTER ONE: INTRODUCTION

Introduction

Children who grew up in homes where one or more parent abused alcohol may be affected in various ways, and these outcomes can continue to affect their experiences throughout adulthood in terms of both intrapersonal and interpersonal variables (Harter, 2000). Adult children of alcoholics (ACOAs) may be influenced by the relationships that they developed with their alcohol-abusing parent(s) during childhood. Early attachment with caregivers may range from secure, consistent, and responsive, to insecure, inconsistent, and neglectful. These attachment experiences encountered in childhood can be argued to be fundamental in the development of relationships in adulthood, including experiences within intimate relationships (Ainsworth, 1979; Bowlby, 1973; Hazan & Shaver, 1987).

Study's Purpose, Aims, Objectives, and Research Questions

The purpose of the current study is to understand how attachment theory may play a part in the experiences of ACOAs in intimate relationships, relating to both attachment styles as well as relationship satisfaction. The aim is not only to contribute to the small quantity of research that exists that focuses on the experiences of ACOAs in intimate relationships, but also to provide implications for the purpose of counselling and therapeutic work with ACOAs.

The objectives of the study are to: (1) Understand if there are any significant differences between ACOAs and adult children of non-alcoholics (ACONAs) in attachment style, (2) Understand if there are any significant differences between ACOAs and ACONAs with respect to relationship satisfaction in current intimate relationships, and (3) Explore any differences that may exist between attachment styles and relationship satisfaction experienced by ACOAs

affected by maternal versus paternal alcoholism, as well as any differences that may exist between male and female ACOAs.

Using a demographic questionnaire along with three self-report measures, the following research questions were examined: (1) Do ACOAs differ from ACONAs in attachment style? (2) Do ACOAs differ from ACONAs in levels of relationship satisfaction in current intimate relationships? (3) Are there between-group or between-gender differences in attachment styles and relationship satisfaction that exist for ACOAs affected by maternal versus paternal alcoholism? Various statistical analyses were completed in order to answer these research questions, which in turn addressed the aforementioned objectives of the present study. These analyses will be further discussed in Chapter Three.

Significance of Study

ACOAAs have been found to be at risk for relational difficulties, problematic family dynamics, and increased family stressors (Harter, 2000; Rangarajan, 2008). Furthermore, Griffin, Amodeo, Fassler, Ellis, and Clay (2005) have found ACOAs to demonstrate lower satisfaction with life than ACONAs. The ways in which these difficulties may be experienced by ACOAs, along with the attachment insecurities that they may have experienced growing up around an alcohol-abusing parent, may affect the ways in which they connect within intimate relationships.

As there is not a significant amount of literature that was located pertaining to ACOAs and their attachment styles and relationship satisfaction within intimate relationships, the current study has the potential to address this gap in the literature. Furthermore, the results from this study may assist ACOAs in receiving appropriate counselling interventions and services with the

ability to address their needs based on differences that may exist in attachment styles and relationship satisfaction in intimate relationships in comparison with ACONAs.

Layout of the Document

This document is comprised of four supplementary chapters, with Chapter Two reviewing both past and current literature that examines attachment theory as well as current literature pertaining to ACOAs in general. Additionally, literature that refers more specifically to attachment styles and relationship satisfaction experienced in the intimate relationships of ACOAs will be reviewed. Chapter Three reports the methodology used in the current study including the research questions and hypotheses along with descriptions of the research design, participants, and procedure, as well as the self-report measures and statistical analyses used. Chapter Four involves a comprehensive examination of the analyses used to address the present study's three research questions along with other data analyses completed. Finally, Chapter Five provides an insightful discussion in regards to the results, and also addresses important limitations that must be considered along with implications of the findings and recommended areas for future research.

CHAPTER TWO: LITERATURE REVIEW

Introduction

Alcoholism can have a large impact not only on the affected individual but also on surrounding family members and friends. An important population on which little research exists is ACOAs, specifically in regards to attachment styles and relationship satisfaction in current intimate relationships. Studies that have recently been completed provide reason to believe that analyzing both attachment styles and relationship satisfaction are necessary in order to garner a better understanding of the intimate relationships of ACOAs (Beesley & Stoltenberg, 2002; Kelley et al., 2005; Watt, 2002).

The following literature review will begin by outlining research findings in the area of psychological adjustment and outcomes experienced by ACOAs in general, and will then provide the reader with a more detailed description of attachment theory, as well as attachment categories, both in infancy and later life. Additionally, studies that have specifically examined attachment styles and relationship satisfaction of ACOAs in intimate relationships will be extensively reviewed.

Adult Children of Alcoholics

Ruben (2001) defined ACOAs as follows: “The term ‘Adult Children of Alcoholics’ carries a double meaning: An adult who is trapped in the fears and reactions of a child, and the child who was forced to be an adult without going through the natural stages that result in a healthy adult” (p. 8). Although these definitions may reflect the experiences of ACOAs, for the purpose of this research an ACOA will be defined as an adult who lived with an alcoholic parent in their family of origin before the age of 16 (Pilat & Jones, 1984/1985; Kelley et al., 2010).

In 2000, Harter completed a review of empirical literature that had been published since 1988 discussing the psychosocial adjustment of ACOAs. Through an analysis of 86 studies, Harter was able to conclude that “ACOAs are at risk for substance abuse, antisocial behaviors or other behavioral undercontrol, depressive symptoms, anxiety disorders, generalized distress or maladjustment, low self-esteem, and difficulties in family relationships” (p. 329).

Methodological limitations were identified by the researcher, however, including related factors of comorbid parental pathology, dysfunctional relationships in the family system, as well as childhood abuse and/or trauma. Other limitations found throughout the literature reviewed by Harter included lack of adequate power, small effect sizes, and poorly defined ACOA samples.

According to the limited amount of literature that had been published over the past decade, investigations have concluded that ACOAs are at increased risk for various negative outcomes such as relational difficulties, substance abuse, low self-esteem, depression, behavioural difficulties, and antisocial behaviour (Beesley & Stoltenberg, 2002; Griffin et al., 2005; Kelley et al., 2010; Rangarajan, 2008; Schroeder & Kelley, 2008).

More recently, Griffin et al. (2005) completed a comprehensive study in which 290 women participated, 42% of whom identified as ACOAs. The researchers found that female ACOAs scored significantly lower on measures of social adjustment and satisfaction with life, and reported a more depressed mood and significantly more alcohol problems than female ACONAs. When Griffin and colleagues examined the scores of the participants in a subsequent mediation analysis, they found that effects of parental alcoholism on adult outcome were, in reality, indirect. Adult outcome was mediated by other stressors such as sexual abuse and parental psychiatric disorder, as well as by positive resources such as family cohesion and family organization. Further analyses showed that other stressors in childhood were good predictors of

adult outcomes regardless of parental alcoholism. Hall and Webster (2007) agreed that “the factors intertwined with alcoholism are highly complex and interact in a multiplicative fashion...The stimuli are complex and often unclear, the antecedents have multiple cues and there is no consistent and clear rules that can be incorporated” (p. 507).

Hussong et al. (2008) examined differences between the experienced stressors of children of alcoholics (COAs) and children of non-alcoholics (CONAs) as well as ACOAs and ACONAs spanning the ages of 2 to 33 years through three longitudinal studies. Seven life domains (physical health, general family stressors, family separations, financial, work/academics, spouse/partner, and peers) were examined, along with the experienced recurrence of self-defined negative stressful life events, and in one of the longitudinal studies, severity ratings of these negative life events.

The first longitudinal study that was examined by Hussong et al. (2008), the Michigan Longitudinal Study (see Zucker et al., 2000), included boys aged 2-5 years and girls aged 3-11 years. Interviews were performed with children and questionnaires were completed, and collateral information was obtained through parental interviews as well. The researchers found that COAs and their parents identified general family stressors, family separation, work/academics, and physical health to be more common stressors than CONAs. COAs also showed significantly greater recurrence of negative stressful life events in familial, educational, occupational, and interpersonal domains than CONAs, although marginally significant.

The Adolescent and Family Development Project (see Chassin, Flora, & King, 2004) used a sample of 454 families with children ages 10-15. Follow-ups were performed every year for a total of five years. In contrast with Zucker et al. (2000), this sample consisted of an older population. Again, parents and children were interviewed, along with siblings of the COAs, and

questionnaires assessing life stressors were administered. Results showed that COAs were at greater risk for general family stressors, family separation, and financial stressors. Similarly, COAs demonstrated significantly greater recurrence of negative stressful life events in familial, educational, occupational, and interpersonal domains compared to CONAs.

The Alcohol Health and Behavior Project (see Sher, Walitzer, Wood, & Brent, 1991) assessed 487 college students who participated in the study for four years as well as at two follow-up periods at Years 7 and 11. Similarly to the previous groups, participants completed both interviews and questionnaires. It was found that ACOAs demonstrated greater risk for negative stressors in the domains of general family stressors, financial, work/academics, and peers. The risk for recurrence of a stressor once again showed that ACOAs experienced greater recurrence of negative stressful life events when compared to controls.

Risk for severity of stress was analyzed throughout the three longitudinal studies, with ACOAs reporting higher levels of stress from the abovementioned negative life events than ACONAs (Hussong et al., 2008). The researchers noted, however, that ACOAs also reported more stressful life events in general, which must be taken into account. Following a re-estimation completed by the researchers based on the number of negative life events noted by ACOAs, this population continued to demonstrate marginally higher stress severity ratings. From the results of all three longitudinal studies, the greatest differences that were found between COAs/ACOAAs and CONAs/ACONAs were family problems.

As it becomes clear that growing up in an alcoholic home can be a significant risk factor for ACOAs, and that ACOAs demonstrate greater problems with family dynamics than ACONAs (Hall & Webster, 2007; Hussong et al., 2008), developing an understanding of a possible theory that underlies these difficulties becomes imperative. One theory that may provide

further understanding into the negative outcomes of ACOAs is attachment theory, which is described below.

Attachment

Attachment theory is grounded in psychoanalytic theory and was further developed by John Bowlby through his research examining the behaviour of young infants in the mother-infant relationship. According to the tenets of attachment theory, the attachment that an infant experiences in relation to a caregiver is dependent upon whether or not the relationship allows for exploration and independence, while the infant maintains a sense of safety that they can return to the mother in times of distress or threat; the caregiver then acts as a “secure base” (Ainsworth, Blehar, Waters, & Wall, 1978). Attachment theorists propose that the initial relationship that an infant develops with its primary caregiver affects the manner in which the individual tends to approach future relationships (Bowlby, 1969).

The early experiences that an individual has with a primary caregiver are internalized into working models of relationships; mental representations of others and self that direct affect, behaviour, and cognition in close relationships (Bowlby, 1982). These models influence expectations in regards to social relationships that are encountered. Typically, these behavioural patterns, or attachment styles, develop before the age of one and often begin with the relationship with one’s caregiver, generally one’s mother. This consequential mental representation of intimate relationships is comprised of two key interconnected aspects of a relationship with a caregiver: Whether, when frightened or stressed, a child can expect to receive support and comfort, and whether the child feels as though they are worthy of support and love (Cowan & Cowan, 2007). Primary caregivers who are unavailable when needed by their infant either

physically and/or emotionally, and who exhibit hostile and rejecting behaviour, may cultivate anxious behaviour in their children (Bowlby, 1973).

Categories of Attachment

Bowlby (1969) contended that when infants become separated from their primary caregivers for a long period of time, they begin to experience a series of predictable reactions that are exhibited in three ways: Protest, despair, and detachment. Protest often involves crying, active searching, and resistance to the efforts made by others to soothe. The second reaction, despair, is a state of passivity and sadness, while detachment involves an active indifference for and avoidance of the mother when she returns.

Ainsworth and colleagues (1978) established three primary patterns of attachment that paralleled the three reactions noted by Bowlby (1969) of protest, despair, and detachment: *Secure*, *anxious/ambivalent*, and *avoidant*. These patterns were also expanded upon by Hazan and Shaver (1987) to reflect attachment styles in adulthood in relation to romantic love, which will be discussed at a later point in the chapter.

Secure

A secure attachment style is developed when an infant's caregiver is available and receptive, allowing the infant to have confidence in the responsiveness of the caregiver in times of need (Mikulincer & Shaver, 2007a). The infant seeks proximity to the caregiver and when received, actively attempts to maintain contact, becomes readily comforted, and displays no avoidance or resistance to this interaction (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991). This attachment style is exhibited when infants, who become distressed, turn to their caregiver for support (Ainsworth et al., 1978).

Anxious/Ambivalent

An anxious/ambivalent attachment style is formed when there is inconsistency in a caregiver's responsiveness and receptivity to the infant, resulting in the infant demonstrating resistance when in contact with the caregiver, along with an inability to become comforted (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991). Alternatively, the child will also demonstrate a tendency to seek proximity and contact with the caregiver, signifying ambivalence towards the mother (Ainsworth et al., 1978). This child may exhibit what Ainsworth et al. (1978) classified as "maladaptive behaviour" (p. 62) in which the infant becomes more angry or passive than others. This is characteristic of an infant who, when distressed, appears angry and distraught, demonstrating signs of protest towards their caregiver (Ainsworth et al., 1978).

Avoidant

An infant classified as avoidant demonstrates avoidance of both proximity and interaction with their caregiver, either ignoring or circumventing responses through means of averting gaze and looking the other way (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991). Additionally, this infant will treat a stranger in similar fashion to their caregiver and actually demonstrate *less* avoidance than he or she would towards the caregiver (Ainsworth et al., 1978). Although the infant does not resist contact with the caregiver, when picked up the infant does not tend to cling to the caregiver or have concerns with being released from their hold (Ainsworth et al., 1978). This infant shows signs of detachment from the caregiver in moments of distress (Ainsworth et al., 1978).

In summary, attachment theory revolves around the proposal that the interaction between primary caregiver and infant, whether it is inconsistent and unresponsive or consistent, responsive, and caring, leads to the infant's development of insecure or secure attachment styles,

respectively (Ainsworth et al., 1978; Bowlby, 1969). This is a proposition that many researchers believe carries over from infancy to adulthood, especially in romantic relationships (Hazan & Shaver, 1987). Research examining attachment and relationship satisfaction in intimate relationships occurring later in life as well as categories of adult attachment and their relation to intimate relationships will be further discussed below.

Attachment and Relationship Satisfaction Later in Life

It is believed that the pattern of attachment to primary caregivers is the foundation for the development of working models that reflect either feelings of security or insecurity in early relationships, and most researchers believe that these early attachment patterns remain past infancy (Ainsworth et al., 1978; Bowlby, 1988). Bowlby (1980) made it clear that emotions are important in understanding attachment theory: “Many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships” (p. 130). Researchers propose that the patterns developed from infant-caregiver bond can become influential in adult interpersonal relationships, including adult romantic relationships (Ainsworth, 1979; Bowlby, 1973; Hazan & Shaver, 1987). Research that has examined the continuity of attachment styles throughout childhood and adulthood will be reviewed below, and adult attachment styles will be discussed.

Previous Research Examining Stability of Attachment

An important method for evaluating consistency of attachment style is to examine the stability of attachment over childhood, adolescence, and adulthood and compare this to the attachment style measured in infancy. Findings achieved using this method have not been consistent, though, with certain studies reporting high continuity of attachment style and others reporting significant differences.

Hazan and Shaver (1987) found that the prevalence of the three attachment styles (secure, anxious/ambivalent, and avoidant) was similar in adulthood (56% secure, 25% avoidant, and 19% anxious/ambivalent in Study One; 56% secure, 23% avoidant, and 20% anxious/ambivalent in Study Two) to what had been found in previous research examining attachment in infancy (62% secure, 23% avoidant, and 15% anxious/ambivalent; see Campos, Barrett, Lamb, Goldsmith, & Stenberg, 1983).

Waters, Merrick, Treboux, Crowell, and Albersheim (2000) contacted 50 adults who were among the original 60 participants assessed for attachment style at 12 months of age. They found that, 20 years later, 72% of the participants were assessed as demonstrating the same attachment style in adulthood as they had demonstrated in infancy. Furthermore, the researchers noted that changes that did occur in adult attachment classifications were associated with negative life events that participants had experienced within familial, occupational, and interpersonal life domains.

Hamilton (2000) assessed the attachment style of 30 infants at 12 months of age and again at 17-19 years of age. Results demonstrated that 77% of the adolescents had maintained the same attachment classifications over time. Similarly to Waters et al. (2000), Hamilton found negative life events to be associated with the maintenance of insecure attachment.

In a 15-year longitudinal study, Aikins, Howes, and Hamilton (2009) observed the stability of attachment ratings of 47 participants at both 12 months of age and again at 16 years of age. Contrary to the results found by Waters et al. (2000) and Hamilton (2000), only 25.5% of participants remained in the same attachment category at both ages, with 30% of the individuals who identified as securely attached in infancy remaining categorized as securely attached in

adolescence. It is important to note that the researchers once again found the experience of negative life events to be the strongest predictor of disorganized attachment.

In a high risk population comprised of 57 participants, Weinfield, Sroufe, and Egeland (2000) assessed attachment styles at 12 months of age and again in early adulthood at 19 years of age. Mothers of the participants were between the ages of 12 and 34, with 82% of the pregnancies being unplanned. The majority of the mothers were living below the poverty line and 40% had not completed high school; these were identified as some of the factors that marked the participants as high risk. Results showed only 38.6% of participants to have maintained attachment styles, demonstrating no significant continuity of attachment style. When insecure categories were collapsed to form an “insecure” versus “secure” analysis, the rate of continuity jumped to 50.9%, although the finding remained insignificant. Whereas research primarily finds secure attachment to be the predominant classification (Hazan & Shaver, 1987), the main attachment style in this population was *dismissive*, an insecure attachment style that was developed by Main, Kaplan, and Cassidy (1985) and will be discussed below. Weinfield et al. (2000) attributed the predominance of the dismissive attachment style, as well as the lack of continuity of attachment styles, to the high-risk sample and the possibility of less stable environments, and thus less stable relationships, in comparison to the middle-class participants found in other studies.

Attachment over time from 12 months of age to 18 years of age was assessed for a sample of 84 participants by Lewis, Feiring, and Rosenthal in 2000. In contrast to the sample obtained by Weinfield et al. (2000), these participants came from White middle- and upper-middle-class suburban homes. The researchers found that attachment categorization at 12 months was not significantly related to attachment at 18 years: Of the infants who were labelled

as insecure, only 38% remained insecurely attached, whereas 43% of those who were labelled as secure had moved to being insecurely attached. By the time the participants had reached the age of 18, 17% of the families had experienced divorce, which was identified as a significant contributor to insecure attachment when participants were assessed at 18 years of age, with 79% of those affected by divorce demonstrating insecure attachment.

In an attempt to examine changes in attachment styles that may occur during adolescence and adulthood, Zhang and Labouvie-Vief (2004) examined data from 370 adult participants whose ages ranged from 15 to 87. The participants were assessed for attachment style again both two years and six years later. The researchers found that the first attachment ratings significantly predicted ratings both two years and six years later with 16-24% and 6-20% of the variance being accounted for, respectively. This demonstrated that the capacity of the attachment measure to predict attachment style was stronger two years later than it was six years after the initial assessment. To account for this difference, the researchers discussed the measure used, the Relationship Questionnaire (Bartholomew & Horowitz, 1991), as being unable to distinguish the dimensionality of attachment as a construct, and thus suggested that it may not have been able to detect fluctuations in attachment style over time.

Taken together, these results demonstrate that although studies have not been consistent in their findings and other variables have been identified as contributing to more insecure attachment later in life, patterns of attachment developed in infancy can remain with an individual far longer than childhood and may go on to affect close relationships in adulthood.

Adult Attachment Styles

Secure

From infancy, working models are developed that lead individuals to attribute secure attachment styles formed with parents to others during times of distress, seeing them as a support system (Mikulincer & Shaver, 2007b). They perceive others as being generally responsive and accepting, reporting higher levels of interdependence and commitment to relationships (Bartholomew & Horowitz, 1991). Individuals with secure attachment styles do not worry about trusting and depending on others, nor do they experience stress in regards to being abandoned or getting too close in a relationship (Hazan & Shaver, 1987). Furthermore, they view themselves as being someone with ability and worth (Mikulincer & Shaver, 2007b).

Anxious/Ambivalent

In adulthood, individuals with an anxious/ambivalent attachment style display insecurity in regards to feelings of ability and self-worth. They often feel as though others do not want to get as close as they would like, experiencing the need to get very close with partners, which can in turn deter people from wanting to be with them (Hazan & Shaver, 1987). Furthermore, they experience constant worry that others will abandon or reject them, resulting in feelings that their partners or attachment figures do not love them (Hazan & Shaver, 1987; Mikulincer & Shaver, 2007b).

Avoidant

Later in life, those with avoidant attachment styles may feel as though others are inconsistent in their abilities to respond to them when in distress (Mikulincer & Shaver, 2007b). They may also feel as though others are rejecting, and may demonstrate reluctance in trusting

and depending on others as well as concerns with becoming close to them, in turn leading to autonomy and less acceptance of interpersonal relationships (Mikulincer & Shaver, 2007b).

Other Categorizations of Attachment

Research discusses two underlying dimensions, anxiety and avoidance, that can be utilized when describing attachment style (Ainsworth et al., 1978; Bartholomew & Horowitz, 1991). Anxiety concerns individuals' worries about their partner's availability and supportiveness during times of need or distress, whereas avoidance describes the extent to which individuals challenge themselves to remain autonomous in regards to emotional intimacy in their romantic relationships (Ainsworth et al., 1978).

The aforementioned attachment styles that arose from studies performed by Ainsworth et al. (1978) and Hazan and Shaver (1987) were further developed and re-categorized by Bartholomew and Horowitz in 1991. They proposed that four different adult attachment patterns can be identified based on levels of anxiety and avoidance, adding a dismissive style developed by Main and colleagues (Main et al., 1985).

Secure attachment is conceptualized as having a sense of worthiness along with an outlook that others are generally accepting people (Bartholomew & Horowitz, 1991). Secure individuals experience low anxiety and low avoidance, indicative of comfort with intimacy and autonomy. This category is analogous to Ainsworth et al. (1978) and Hazan and Shaver's (1987) secure attachment.

Preoccupied attachment describes a sense of unworthiness along with positive views of others. Additionally, there is a tendency to base one's self-worth on whether or not the significant people in their lives accept them (Bartholomew & Horowitz, 1991). It is displayed

through a high sense of anxiety paired with a low level of avoidance. Preoccupied attachment corresponds to the anxious/ambivalent categorization designated by Hazan and Shaver.

The third category, *fearful-avoidant*, also indicates a sense of unworthiness; however, these individuals also demonstrate a distrust of intimacy. They exhibit high anxiety as well as avoidance, feeling that if they avoid intimacy, they remain sheltered from the rejection that they expect when in close relationships (Bartholomew & Horowitz, 1991). The parallel category devised by Hazan and Shaver would be that of avoidant.

Finally, *dismissive-avoidant* encompasses a sense of self-worth along with negative perceptions of others' trustworthiness and receptiveness (Bartholomew & Horowitz, 1991). These individuals feel as though they must protect themselves from failure by completely avoiding close relationships, leading to what they perceive as maintaining independence and protecting their vulnerability (Bartholomew & Horowitz, 1991). Those identified as dismissive-avoidant are described as having high avoidance and low anxiety in relationships.

Bartholomew and Horowitz (1991) classified these four styles as falling onto a continuum, although experiences differ between individuals and not everyone will directly match the proposed model. The researchers organized the continuum in terms of quadrants, ranging from low to high anxiety, and low to high avoidance (Fraley, Waller, & Brennan, 2000). Those falling into the quadrants that represent any of the three insecure attachment styles have been reported to have high levels of insecurities, low levels of interdependence, feelings of distrust in relationships, and problems with commitment in regards to relationships (Bartholomew & Horowitz, 1991; Hazan & Shaver, 1987). This will be further elaborated upon below.

Research Examining Adult Attachment and Relationship Satisfaction

Hazan and Shaver (1987) found that participants categorized their love experiences similarly based on attachment styles. Secure lovers described their important love experiences as happy, friendly, and trusting, stating that they were able to be supportive and accepting of their romantic partner. Additionally, their relationships tended to endure longer and they were less likely to be divorced. Anxious/ambivalent lovers expressed that their experience of love involved obsession, longing for reciprocation and union, intense emotional highs and lows, as well as jealousy and sexual attraction in extreme forms. Avoidant lovers showed a fear of intimacy, emotional highs and lows, and jealousy, scoring the lowest of the three groups in regards to positive love experience. The researchers found clear differences in emphasis and intensity between the three attachment categories in their experiences of romantic love.

In the above study, secure participants differed significantly from both anxious/ambivalent and avoidant participants on dimensions of happiness, friendship, trust, and fear of closeness (Hazan & Shaver, 1987). Furthermore, anxious/ambivalent participants differed significantly from both secure and avoidant groups on dimensions of obsessive preoccupation, sexual attraction, desire for union, desire for reciprocation, and love at first sight. Finally, avoidant participants differed significantly from both secure and anxious/ambivalent participants in terms of acceptance, while all three groups demonstrated statistically different scores on emotional extremes and jealousy.

In 2003, Stackert and Bursik examined irrational relationship expectations in regards to what constitutes healthy romantic relationships, and their association with attachment styles and relationship satisfaction. They had 118 undergraduate students complete an adult attachment style questionnaire modified by Hazan and Shaver (1987) along with a measure examining

irrational relationship beliefs and relationship satisfaction. Results demonstrated that anxious/ambivalent and avoidant participants endorsed significantly more irrational beliefs about their romantic relationships than secure participants (Stackert & Bursik, 2003). Furthermore, correlational analyses indicated that there were significant negative correlations between the irrational beliefs and relationship satisfaction: The stronger the irrational beliefs, the less relationship satisfaction both male and female participants reported. Results from male participants demonstrated that irrational beliefs surrounding sexual perfectionism were negatively correlated with relationship satisfaction. For women, there was a negative association between relationship satisfaction and beliefs that disagreements are destructive. Finally, the researchers found that securely attached participants showed a higher level of overall relationship satisfaction ($M = 25.96$, $SD = 4.78$) than either the anxious/ambivalent group ($M = 23.59$, $SD = 4.98$) or the avoidant group ($M = 23.39$, $SD = 4.26$).

A more recent study completed by Timm and Keiley (2011) sampled 205 participants (105 women, 100 men) that had been married at least one year and were living with their spouses. Participants completed an adult attachment measure along with both a marital satisfaction scale and a sexual satisfaction scale. The researchers found that secure adult attachment was positively associated with participants' marital satisfaction, but not sexual satisfaction, and that sexual communication was significantly associated with sexual satisfaction as well as marital satisfaction.

Additional studies have found similar results through measures of both self-report and observation, demonstrating that attachment styles are associated with relationship, marital, and/or sexual satisfaction, with secure participants reporting significantly higher relationship satisfaction than those with insecure attachment styles (Alexandrov, Cowan, & Cowan, 2005;

Butzer & Campbell, 2008; Lowyck, Luyten, Demyttenaere, & Corveleyn, 2008; Timm & Keiley, 2011). The limited research surrounding both attachment style and relationship satisfaction in the lives of ACOAs will be discussed below.

Relationship Satisfaction and Attachment among ACOAs

Although attachment orientation in ACOAs has received little attention in recent literature, existing research demonstrates that insecure attachment and dysfunction in interpersonal relationships as well as decreased relationship satisfaction may be related to parental alcoholism (Harter, 2000; Kelley et al., 2005; Larson & Reedy, 2004; Vungkhanching, Sher, Jackson, & Parra, 2004). Due to the fact that parental alcoholism can have broad implications for the family and may result in a decrease in quality of parenting (Eiden, Edwards, & Leonard, 2002; Latham & Napier, 1992), it is important to assess whether parental alcoholism experienced during childhood may contribute to attachment orientations in the intimate relationships of ACOAs.

Research examining solely the relationship satisfaction of ACOAs will be discussed, along with research investigating the attachment styles of ACOAs. Additionally, a study that has examined components of both relationship satisfaction and attachment styles of ACOAs will be outlined. A section dedicated to research exploring the gender of the alcoholic parent as well as gender differences between ACOAs will be reviewed. A comprehensive table (see Table 1) has been included to provide a summary of the literature that follows.

Table 1. Summary of Studies Involving Attachment Styles and Relationship Satisfaction of ACOAs

Study	Participants (n)	Attachment Measures	Key Findings
<i>Relationship Satisfaction among ACOAs</i>			
Larson, Holt, Wilson, Medora, & Newell (2001)	ACOA = 172 ACONA = 771	N/A	-ACOAs experienced greater levels of anxiety in initiating and maintaining relationships than ACONAs -Male ACOAs reported less relationship satisfaction than male ACONAs -ACOAs did not report less sexual or emotional intimacy than ACONAs
Larson & Reedy (2004)	ACOA = 95 ACONA = 192	N/A	-ACOAs reported lower quality of intimate relationships than ACONAs -Parental alcoholism affected family competency, health, and conflict resolution, which in turn affected dating quality
Watt (2002)	More than 10,000	N/A	-ACOAs were less likely to marry, and more likely to be unhappy in relationships and divorce than ACONAs
<i>Attachment Styles of ACOAs</i>			
El-Guebaly, West, Maticka-Tyndale, & Pool (1993)	ACOA = 102 ACONA = 101	Reciprocal Attachment Questionnaire	-Female ACOAs scored higher than female ACONAs on “angry withdrawal,” “separation protest,” and unavailability of attachment figure
Jaeger, Becker Hahn, & Weinraub (2000)	Adult Daughters of Alcoholic Fathers (ADAFs) = 26 Non-ADAFs = 26	Adult Attachment Interview	-ADAFs reported significantly less secure attachment organization than non-ADAFs

Kelley, Cash, Grant, Miles, & Santos (2004)	ACOA = 109 ACONA = 331	Relationship Scales Questionnaire (RSQ); Experiences in Close Relationships Scale- Revised (ECR-R)	-ACOAs reported more anxiety and avoidance in romantic relationships and more fearful general attachment than ACONAs
Kelley et al. (2005)	ACOA = 95 ACONA = 241	RSQ; ECR-R	Same as above (Kelley et al., 2004)
Kelley et al. (2010)	Female ACOA = 76 Female ACONA = 189	RSQ; ECR-R	-Female ACOAs reported more anxiety and avoidance in romantic relationships than female ACONAs, no differences found in general attachment -Female ACOAs reporting maternal alcoholism were more avoidant in romantic relationships than those reporting paternal alcoholism
Vungkhanching, Sher, Jackson, & Parra (2004)	ACOA = 202 ACONA = 167	Attachment questionnaire developed by the researchers, based on four-category measure developed by Bartholomew and Horowitz (1991)	-Year 11 follow-up of longitudinal study found that more ACOAs than ACONAs were in the fearful-avoidant and dismissive-avoidant attachment categories, and less ACOAs than ACONAs were in the securely attached category
<i>Attachment and Relationship Satisfaction among ACOAs</i>			
Beesley & Stoltenberg (2002)	ACOA = 40 ACONA = 40	Attachment Style Questionnaire	-Attachment: ACOAs identified as more insecurely attached than ACONAs, although results were not significant -Relationship Satisfaction:

			ACOA's reported significantly less relationship satisfaction than ACONAs
<i>Gender of the Alcohol-Abusing Parent and/or ACOA</i>			
Kearns-Bodkin & Leonard (2008)	634 recently married couples Husband ACOA = 171 Wife ACOA = 208 Husband ACONA = 463 Wife ACONA = 426	Relationships Questionnaire adapted from Bartholomew and Horowitz (1991)	-Husbands affected by maternal alcoholism reported lower relationship satisfaction than husbands without an alcoholic mother -Wives affected by paternal alcoholism reported lower relationship satisfaction than wives without an alcoholic father ($p = .07$) -Husbands affected by paternal alcoholism showed less positive views of others as trustworthy and available -Wives affected by maternal alcoholism initially had positive views of others; however, by their first wedding anniversary, they reported significantly lower views of others as trustworthy and available -Parental alcoholism was associated with insecure attachment representations for both husbands and wives
Kelley et al. (2008)	Female ACOA = 89 Female ACONA = 201	Parental Attachment Questionnaire	-Female ACOAs affected by maternal alcoholism had more negative relationships with their mothers as well as fathers than female ACONAs -No significant differences were found for female ACOAs affected by paternal alcoholism

Relationship Satisfaction among ACOAs

As mentioned previously, ACOAs have been found to report less satisfaction in their intimate relationships than ACONAs (Beesley & Stoltenberg, 2002; Kearns-Bodkin & Leonard, 2008; Larson & Reedy, 2004; Watt, 2002). Watt (2002) found ACOAs to be distinct from ACONAs given that ACOAs were less likely to marry, more likely to be unhappy in their relationships, and more likely to be divorced, even when parental divorce and other variables were controlled.

Larson and Reedy (2004) found similar results in that ACOAs reported lower quality in their intimate dating relationships; however, the researchers noted that parental alcoholism did not significantly affect dating quality. Rather, it was the parental alcoholism that significantly affected three variables of family process, family health or competency, family cohesion, and family conflict resolution, which in turn affected the quality of romantic relationships. The researchers stated that “parental alcoholism alone does not have direct negative effects on the quality of dating relationships of young adults” (p. 299).

In a study completed by Larson, Holt, Wilson, Medora, and Newell (2001), the researchers examined dating behaviours as well as attitudes towards dating and relationship satisfaction of ACOAs in comparison to ACONAs. They found that ACOAs had dated fewer individuals and also experienced greater levels of anxiety in initiation and maintenance of relationships than ACONAs. Male ACOAs, but not females, reported significantly lower levels of relationship satisfaction as well as commitment, trust, and intellectual intimacy than male ACONAs. Contrary to what was hypothesized, though, ACOAs did not report less sexual or emotional intimacy than ACONAs. This may be due to difficulties experienced by ACOAs in

the developmental stage of a relationship in comparison to a longstanding relationship, especially for females (Larson et al., 2001).

Attachment Styles of ACOAs

Interactions with primary caregivers assist individuals in developing internal working models of attachment (Bowlby, 1969). As alcoholics, parents may not develop a secure bond with their children, and in response, children of alcoholics may not develop secure psychological adjustment, internal working models that are carried forward into adulthood (Beesley & Stoltenberg, 2002). According to El-Guebaly, West, Maticka-Tyndale, and Pool (1993), the interpersonal difficulties of ACOAs are reflective of the relational patterns developed in the alcoholic family of origin. Over time these patterns become the foundation for negative expectations pertaining not only to establishing, but also maintaining, secure intimate relationships.

El-Guebaly et al. (1993) went on to assess ACOAs ($n = 102$) and ACONAs ($n = 101$) in a help-seeking setting in terms of attachment styles with current attachment figures (which were not specified as intimate relationships). They found that female ACOAs differed significantly from female ACONAs, scoring higher on dimensions of “angry withdrawal,” “separation protest,” perceptions of their current attachment figure as being unavailable, and the use of this attachment figure less than ACONAs for support. There were no significant differences found between male ACOAs and ACONAs.

From a sample size of 369 undergraduate participants, Vungkhanching et al. (2004) later found that a higher proportion of ACOAs identified experiencing avoidant attachment than ACONAs (39% versus 25%, respectively). Furthermore, there was a statistically significant difference between secure and insecure (using Bartholomew and Horowitz’ (1991)

categorizations of fearful-avoidant, preoccupied, and dismissive-avoidant) attachment, with 54% of ACOAs identifying as securely attached and 46% as insecurely attached, compared to the ACONA group, where 72% identified as securely attached and only 28% reported insecure attachment.

Jaeger, Becker Hahn, and Weinraub (2000) examined 26 adult daughters of alcoholic fathers (ADAFs) and a matched group of 26 adult daughters of non-alcoholic fathers (non-ADAFs) from a larger sample of 251 participants, comparing their responses on the Adult Attachment Interview (AAI; Main et al., 1985). The AAI assesses attachment organization based on information obtained via self-report relating to childhood and parental relationships, as well as to how participants believed that these relationships have affected who they have become.

The ADAF group was significantly more likely to report parental separation, but not parental divorce or death. Furthermore, ADAFs reported significantly less secure adult attachment organization, with only three participants classified as securely attached compared to nine participants in the non-ADAF group. Of those ADAFs who were identified as insecurely attached, 11 were classified as dismissive (avoidant) and 10 were classified as preoccupied (anxious/ambivalent) compared to 12 non-ADAFs who were classified as dismissive (avoidant) and three as preoccupied (anxious/ambivalent). When follow-up Chi-square tests were completed based on secure versus insecure attachment, ADAFs were significantly more likely to report insecure attachment styles. In comparison to other literature examining attachment, this study had a low number of securely attached participants in both groups. This could be accounted for in the way that participants were matched by age, ethnicity, religion, and education level of the father.

Kelley et al. (2004) and Kelley et al. (2005) examined attachment styles among ACOAs and ACONAs, hypothesizing in both instances that ACOAs would report more insecure attachment styles in general (preoccupied, fearful, and dismissive) as well as more anxious and avoidant romantic attachment styles compared to ACONAs. Both studies utilized large sample sizes ($N = 484$ and $N = 401$, respectively) of undergraduate students between the ages of 18 and 30 years. Of these participants, 440 and 336 were used in data analysis. In both of the studies, it was found that ACOAs reported significantly more fearful general attachment styles than ACONAs, along with significantly more anxious and avoidant romantic attachment. Additionally, Kelley et al. (2005) found that meeting the criteria for identification as an ACOA significantly predicted greater fearful and avoidant general attachment styles. These results were also replicated in another study completed by Kelley et al. in 2010.

Attachment and Relationship Satisfaction among ACOAs

Only one empirical study was located that examined the romantic relationships of ACOAs in terms of both attachment and relationship satisfaction. In a sample of 40 ACOAs and 40 ACONAs, Beesley and Stoltenberg (2002) found that ACOAs reported significantly lower levels of relationship satisfaction in their current romantic relationships than ACONAs. In terms of attachment style, however, the researchers reported that “while ACOAs reported being more insecurely attached than their ACONA counterparts, the mean difference between the two groups was not statistically significant” (p. 292). It was suggested that this lack of statistical significance may have been due to the use of a college sample in terms of the likelihood that more resilient ACOAs may attend college. The researchers also suggested that family dysfunction may be a confounding variable, which was also identified by Larson and Reedy

(2004). Limitations of the study included the use of a convenience sample and possible lack of discriminatory power due to small sample size.

Gender of the Alcohol-Abusing Parent and/or ACOA

It is possible that the gender of the alcoholic parent may affect children's attachment outcomes in later life, as may the gender of ACOAs themselves (El-Guebaly et al., 1993; Jaeger et al., 2000; Kelley et al., 2008). In accordance with attachment theory, children generally develop secure or insecure attachment based on their relationships with their primary caregivers (Bowlby, 1969). As mothers have traditionally been more likely to be primary caregivers to their children in the home, it is hypothesized that ACOAs affected by maternal alcoholism may be impacted on a larger scale than those affected by paternal alcoholism.

Kearns-Bodkin and Leonard (2008) performed a study in which they analyzed couples taking part in a longitudinal study to assess gender differences in ACOAs along with gender differences among alcohol-abusing parents. They examined 634 couples ($N = 1268$) at the time of their marriage along with at their first, second, and fourth wedding anniversaries. They found that husbands affected by maternal alcoholism reported significantly lower relationship satisfaction than those husbands that did not have an alcoholic mother. No other differences were found for husbands affected by paternal alcoholism, or affected by the alcoholism of both parents.

As for wives, although a small effect size was found, those affected by paternal alcoholism reported lower relationship satisfaction than those wives without an alcoholic father. No differences were found for wives affected by maternal alcoholism, or affected by the alcoholism of both parents. In relation to attachment, differences were found for both husbands and wives. Husbands affected by paternal alcoholism demonstrated less positive views of others

as being trustworthy and available. Alternatively, wives affected by maternal alcoholism initially demonstrated positive views of others at the time of marriage; however, by the first wedding anniversary, they reported significantly lower views of others as being trustworthy and available.

Kelley et al. (2010) investigated gender of the alcohol-abusing parent in association with daughters' general and romantic attachment styles. Results demonstrated that female ACOAs who suspected their mother of alcohol abuse reported significantly greater avoidant attachment styles, including less comfort with closeness, in intimate relationships than ACONAs. In comparing female ACOAs suspecting their mothers of alcohol abuse and female ACOAs suspecting their fathers of alcohol abuse, no significant differences emerged.

Kelley et al. (2008) examined female ACOAs in comparison to female ACONAs in terms of attachment to both parents. They hypothesized that female ACOAs would report negative attachment towards both parents, and also predicted that ACOAs suspecting their mothers of being the alcohol-abusing parent would demonstrate negative attachment towards both mother and father, but that these differences would not exist for ACOAs that experienced paternal alcoholism. These hypotheses were supported, as the researchers found that female ACOAs affected by maternal alcoholism reported significantly more negative quality in their relationships with their mothers in terms of affect, identifying them as significantly poorer sources of support than ACONAs. The female ACOAs affected by maternal alcoholism also reported significantly less social support from their fathers and poorer relationship quality. No significant results were found in comparison to female ACOAs affected by paternal alcoholism and female ACONAs with non-problem-drinking fathers.

Researchers have also demonstrated that fathers' alcohol abuse is associated with insecure attachment in ACOAs, as ACOAs reporting paternal alcoholism reported greater anxious and avoidant attachment styles in intimate relationships than ACONAs (Kelley et al., 2004). Furthermore, Jaeger et al. (2000) found that ADAFs reported more insecure attachment than a group of non-ADAFs. It is clear from the aforementioned literature that results examining maternal versus paternal alcoholism have been conflicting.

In the limited research that was located, female ACOAs have been found to suffer the brunt of the effects of parental alcoholism in relation to attachment, with female ACOAs generally scoring higher on insecure measures of attachment styles and exhibiting lower scores measuring relationship satisfaction than men (El-Guebaly et al., 1993; Watt, 2002). Of the few studies that have examined group-differences between male ACOAs and ACONAs, results have not been consistent. El-Guebaly et al. (1993) found no significant differences between male ACOAs and ACONAs, whereas Larson et al. (2001) found male ACOAs to report lower levels of relationship satisfaction, commitment, and trust than not only male ACONAs, but female ACOAs as well.

This research suggests that differences in maternal and paternal alcoholism as well as the gender of affected ACOAs may be important variables to analyze in upcoming research, with a noticeable gap existing in the literature in understanding maternal versus paternal alcohol abuse and its association with both daughters' and sons' attachment styles and relationship satisfaction in adult intimate relationships.

Summary

Recent literature indicates that ACOAs tend to experience more negative outcomes than those who were not affected by parental alcoholism as children, specifically through reports of

more insecure attachment styles in adult romantic relationships. As ACOAs have been known to report lower relationship satisfaction in these relationships than ACONAs, understanding underlying mechanisms of this lack of satisfaction in the intimate relationships of ACOAs is imperative. Attachment theory, as has been described, has been shown to be empirically linked to experiences of adult romantic relationships, and there is compelling evidence that insecure attachment may play a role in the relationship satisfaction of ACOAs. The current study hopes to enhance available research in this field by examining attachment styles and relationship satisfaction in the intimate relationships of ACOAs.

Rationale for Current Study

The overarching benefits, implications, and contributions of this research to the psychological literature may be substantial. Although researchers have touched upon the attachment styles and relationship satisfaction of ACOAs, there has been little research that amalgamates both variables. Furthermore, there have not been many published studies that examine attachment styles of female ACOAs affected by both paternal and maternal alcoholism, and no known studies have been dedicated to examining male ACOAs affected by both paternal and maternal alcoholism. Adding to the small quantity of available research will provide a stronger understanding of factors involved in interpersonal connections for adult children who have been affected by an alcohol-abusing parent, as well as the role that attachment may play in family systems. The results of the current study may be useful in the development of theories relevant to understandings of the experiences of ACOAs, and may add to current theories of attachment, perhaps clarifying the influence that attachment may have on adult interpersonal relationships.

Furthermore, the results from this study may be able to provide ACOAs with the support needed through enhanced intervention strategies and counselling programs. Awareness of the ways in which past relationships with parents may influence current romantic relationships can be a powerful therapeutic intervention. Finally, if group differences exist between maternal and paternal alcohol-abusing parents, the development of specific programs tailored to affected ACOAs based on the gender of the alcohol-abusing parent and an awareness of their attachment styles may be beneficial in providing appropriate and successful treatment.

CHAPTER THREE: METHODOLOGY

As discussed in the previous chapter, the purpose of this study was to acquire a better understanding of attachment styles and relationship satisfaction in a diverse sample of ACOAs and ACONAs in intimate relationships. This chapter will explain the research questions and hypotheses of the present study, describe the research design used, and provide information regarding participants and sampling methods. Subsequently, the measures administered and their reliability and validity will be reviewed, and the procedure and data analysis methods that were employed will be discussed.

Research Questions and Hypotheses

In order to address the gaps that exist in the current literature, this study will examine the following research questions, in hopes of garnering a more in-depth understanding of possible differences between males and females who identify as ACOAs versus ACONAs in attachment style and relationship satisfaction, as well as maternal versus paternal alcoholism:

- (1) Do ACOAs differ from ACONAs in attachment style?
- (2) Do ACOAs differ from ACONAs in levels of relationship satisfaction in current intimate relationships?
- (3) Are there between-group or between-gender differences in attachment styles and relationship satisfaction that exist for ACOAs affected by maternal versus paternal alcoholism?

Congruent with the tenets of attachment theory and supported by the literature in this area of study, the subsequent hypotheses have been developed:

- (1) ACOAs will demonstrate more insecure attachment styles (as indicated by higher scores of anxiety and avoidance on the Experiences in Close Relationships Scale-Revised) in comparison to the ACONA group
- (2) ACOAs will demonstrate lower relationship satisfaction in current intimate relationships (as demonstrated by lower scores on the Couples Satisfaction Index) than ACONAs
- (3) ACOAs affected by maternal alcoholism will report higher levels of insecure attachment as well as lower levels of relationship satisfaction than ACOAs affected by paternal alcoholism. Although no previous research has analyzed male ACOAs in relation to gender of the alcohol-abusing parent, it is hypothesized that male ACOAs will also demonstrate more insecure attachment and lower relationship satisfaction when affected by maternal alcoholism rather than paternal alcoholism, although to a lesser extent than female ACOAs.

Research Design

The current study will use a quasi-experimental research design to respond to the abovementioned research questions and hypotheses. A quasi-experimental design is not as strong as a true experimental design as there are no manipulations of the variables and no randomized assignment of participants to groups (Gravetter & Forzano, 2011). As it is quite difficult to ensure randomization and conduct a true experimental design, quasi-experimental designs tend to be easily and more frequently implemented (Gravetter & Forzano, 2011).

Participants

Sampling

Participants were initially 376 males and females from the University of Calgary including undergraduate and graduate students as well as faculty and administrative staff. As

will be discussed in more detail in Chapter Four, the final number of participants whose data was used for analyses was 292, consisting of 59 males, 232 females, and one participant who identified as *other*, who were recruited through the use of convenience sampling. This method of sampling involves using participants who are easily found and willing to participate (Gravetter & Forzano, 2011). Gravetter and Forzano (2011) label convenience sampling as a weak method due to its lack of random selection, making it highly likely that the sample population will be biased and not representative of the population as a whole.

As convenience sampling is frequently used despite its methodological flaws, Gravetter and Forzano (2011) offered two approaches that can be taken in order to offset the problems associated with convenience sampling, both of which were implemented in the current study. First, they suggested making efforts to collect samples that are reasonably representative and thus less biased. This was implemented in the present study through the use of different recruitment strategies that allowed for access to various subsets of the population. These methods of recruitment will be discussed in detail in the next paragraph. Furthermore, Gravetter and Forzano suggested providing clear explanations of the manner in which the sample was obtained along with the characteristics of the participants. This information was presented above and will also be discussed throughout this chapter as well as Chapter Four.

Recruitment

Two different groups of participants were recruited for this study. The first group included ACOAs who were willing to participate, with the criteria that participants must: (1) be 18 years of age or older, (2) be in a committed intimate relationship of at least six months, and (3) identify as an adult child of an alcoholic. Hazan, Campa, and Gur-Yeish (2006) suggested that a minimum of six months is necessary for infants to become fully attached to primary

caregivers, and they also suggested that it would likely take at least this long to develop a sense of attachment in adult romantic relationships. The ACONA sample required participants to be: (1) 18 years of age or older and (2) in a committed intimate relationship of at least six months.

Participants were recruited through posters placed on campus as well as e-mail list-serves delivered through the Faculty of Graduate Studies and the Department of Psychology website at the University of Calgary. Recruitment occurred over the Fall semester of the 2011-2012 academic year. Posters (see Appendix A) were displayed in different buildings of the university in order to access a diverse sample.

The posters provided students with an online link to the Survey Monkey website (www.surveymonkey.com), where they could complete a demographic questionnaire along with three other measures that will be further discussed below. Grieve and de Groot (2011) found no significant differences when examining the equivalence of internet and pen-and-paper administration for self-report measures, demonstrating that online administration, which is more efficient and cost-effective, produces similar results as pen-and-paper administration.

In addition to the Survey Money link, the posters also contained general information regarding the study, the inclusion criteria, the approximate time required to complete the study, and information about a chance to be entered into a draw for an iPod Touch. The researcher's name and e-mail address were also provided on each poster advertisement in case potential participants wanted to ask questions before taking part in the survey.

The same information was provided when electronic list-serves were used as a recruitment strategy. Over two consecutive weeks in the Fall semester, the same text from the poster was presented as part of a weekly "Update from the Faculty of Graduate Studies" newsletter that was sent to all graduate students by the University of Calgary's Faculty of

Graduate Studies (FGS). Furthermore, the same textual content was placed on the Psychology Department's "Monday Memo," an online newsletter accessible on the Department of Psychology's website. Through the use of the FGS list-serve, a larger number of graduate students were able to be recruited than if only posters had been used, as this is a population that generally spends less time on campus than undergraduate students and thus may not have been aware of the poster advertisements. A large number of undergraduate and graduate students were also targeted through the posting on the "Monday Memo," as this is an online newsletter available to students who may not have been on campus. Participant demographics will be discussed in Chapter Four.

Measures

Four questionnaires were administered online to all participants in this study: (1) a demographic questionnaire, (2) the Children of Alcoholics Screening Test, (3) the Experiences in Close Relationships Scale-Revised, and (4) the Couples Satisfaction Index.

Demographic Questionnaire

The demographic questionnaire (see Appendix E) was administered to determine the representativeness of the sample as well as to collect descriptive data on the participants. The questionnaire included 12 questions requesting participants' age, gender, sexual orientation, completed education, student status, ethnicity, religion, length of relationship, relationship status, and living situation. Participants were also asked to provide information as to how they heard about the study, whether or not they identified as an adult child of an alcoholic, and if so, which parent (or both) they experienced as being an alcoholic. Participants also had the option of selecting *other* and providing a written response to questions regarding sex, ethnicity, religion, living situation, and the parent they experienced as being an alcoholic.

Children of Alcoholics Screening Test (CAST)

The CAST (see Appendix F; Jones, 1991) identifies adults who had at least one alcoholic parent during childhood, and can also be used to assess the severity and impact of parental problem-drinking on the individual. This self-report questionnaire consists of 30 *yes* or *no* items; scores range from 0 to 30, with the cut-off score for identifying ACOAs set at six or greater. Sample items include “Did you ever encourage one of your parents to quit drinking?”, “Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?”, and “Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?” The higher the total score on the CAST, the more a family tends to be affected by alcoholism and, thus, the more severely impacted the individual (Jones, 1991).

Psychometric analysis of the CAST’s internal consistency has yielded split-half reliability coefficients of .96 to .98 (Beesley & Stoltenberg, 2002; Charland & Côté, 1998; Jones, 1991; El-Guebaly et al., 1993; Kelley et al., 2005; Yeatman, Bogart, Geer, & Sirridge, 1994). Test re-test reliability coefficients were found to be .86 and .94 over a one-year interval and an eight-week interval, respectively (Clair & Genest, 1992; Havey & Dodd, 1995). Sheridan (1995) also assessed the psychometric properties of the CAST, and results demonstrated high reliability with a Cronbach’s alpha of .98 and strong construct validity in the forms of both convergent and divergent validity. Charland and Côté (1998) found the CAST to have a Cronbach’s alpha of .95, and found sensitivity and specificity rates to be 78.4% and 98.0%, respectively, when using a cut-off score of six. The measure also had a discriminant validity correlation of .82, demonstrating that the CAST has a higher ability to distinguish between ACOAs and ACONAs than other screening measures that have been analyzed (Sheridan, 1995).

In search of a shorter research screening tool, Hodgins, Maticka-Tyndale, El-Guebaly, and West (1993) developed the CAST-6, using six items from the original scale. They found internal consistency to range from .86 to .92 across three adult samples, and found the CAST-6 to correlate strongly (.92 to .94) with the original CAST. A later study performed by Havey and Dodd (1995) found the test-retest reliability of the CAST-6 to be .78. With a cut-off score of three, classification errors were low, with 4% false positives and 2% false negatives observed (Hodgins et al., 1993). Havey and Dodd (1995) found the CAST-6 to produce false negative and false positive rates of 1% and 0%, respectively. Hodgins and Shimp (1995) along with Hodgins, Maticka-Tyndale, El-Guebaly, and West (1995) later revised the CAST-6 to have a cut-off score of two rather than three, as this score performed equally well in a variety of populations.

In the present study, the original CAST was administered to distinguish ACOAs from ACONAs and to provide comparative information related to severity of parental problem-drinking experienced by ACOAs. The original 30-item CAST was selected as it has been shown to have well-developed psychometric properties.

Couples Satisfaction Index (CSI)

The CSI (see Appendix G) is a 32-question scale developed by Funk and Rogge (2007). Their intent was to integrate eight well-validated self-report measures of relationship satisfaction, as these measures alone were found to provide relatively poor levels of precision in assessing satisfaction. Item response theory (IRT) was conducted with 180 communication and satisfaction items derived from eight different measures of relationship satisfaction, and the 32 items that demonstrated the most precision and power in measuring relationship satisfaction were selected. On the CSI, a score is provided for each question and a total satisfaction score is derived as well, which ranges from 0-161. What Funk and Rogge call a distress cut-score of

104.5 is used: Those scoring under 104.5 are labelled as distressed in their satisfaction within their intimate relationship. One global item uses a seven-point Likert scale, whereas the other items consist of a variety of response anchors with six-point Likert scales. Sample items include “How often do you wish you hadn’t gotten into this relationship?”, “I still feel a strong connection with my partner”, and “How rewarding is your relationship with your partner?”

In comparison to other measures examining relationship satisfaction, including the Marital Adjustment Test and the Dyadic Adjustment Scale, the CSI scales were shown to have higher precision of measurement and greater power for detecting differences in levels of satisfaction demonstrated by a higher effect size than both scales (Funk & Rogge, 2007). The CSI also retains strong convergent and construct validity with previously existing measures of relationship satisfaction, with an overall reliability of $\alpha = .98$ (Funk & Rogge, 2007). Papp (2010) reported internal consistency of the CSI to be .94 for males and .93 for females. Kalinka, Fincham, and Hirsch (2012) found the CSI to have a Cronbach’s alpha of .95, and in a meta-analysis performed by Graham, Diebels, and Barnow (2011), the mean Cronbach’s alpha found throughout the only five studies that have used the CSI was .94.

Brief forms of the CSI have also been implemented in recent research and empirical evidence exists for the use of two brief versions of the CSI. In a study performed by Braithwaite, Selby, and Fincham (2011), the CSI-4, a brief four-item version of the CSI, demonstrated Cronbach’s alphas of .91, .94, and .93 across three studies, and Gordon and Chen (2010) found reliability to be high at both baseline and post-treatment ($\alpha = .88$; $\alpha = .91$, respectively). The CSI-16 demonstrated varying Cronbach’s alphas, with one study having a Cronbach’s alpha of .83 (Reis, Caprariello, & Velickovic, 2011) while another found the Cronbach’s alpha to be .98 (Sanford & Grace, 2010).

Graham et al. (2011) stated that “the preliminary data appear promising, and the methods used in the development of the measure suggest that it should prove useful across a variety of relationship types” (p. 46). In the current study, the full version of the CSI was used to obtain a relationship satisfaction score in order to assess between-group differences in satisfaction.

Experiences in Close Relationships Scale-Revised (ECR-R)

The ECR-R (see Appendix H; Fraley, Waller, & Brennan, 2000) is a 36-item self-report questionnaire that assesses individuals’ experiences of emotionally intimate relationships by evaluating dimensions of anxiety and avoidance in an attempt to reflect adult attachment. Each item is rated on a seven-point Likert scale ranging from *strongly disagree* to *strongly agree*. Sample items include “I’m afraid that I will lose my partner's love”, “I find it difficult to allow myself to depend on romantic partners”, and “I am nervous when partners get too close to me.” There are 18 items that assess the dimension of avoidance and 18 items related to the dimension of anxiety. Fourteen of these 36 items are reverse-scored. Total scores are averaged for each dimension and used to place participants into one of four categories relating directly to attachment: (1) secure, (2) preoccupied, (3) dismissive, and (4) fearful-avoidant.

The ECR, developed by Brennan, Clark, and Shaver (1998), is the original version of the ECR-R, which was revised by Fraley et al. (2000) through the use of IRT to better discriminate between the two dimensions with equal sensitivity (Mikulincer & Shaver, 2007a). Some of the original questions were replaced and the revised version has been found to have an increased ability to assess security, rather than simply labelling it as an absence of both anxiety and avoidance (Mikulincer & Shaver, 2007a). In other words, the ECR-R is able to differentiate between participants scoring at the high end of the dimensions and those scoring at the low end (Sibley, Fisher, & Liu, 2005). Further analysis demonstrated “substantial improvement in the

scale's measurement precision of the dimensions, while also demonstrating good individual item functioning" (Fairchild & Finney, 2006, p. 120).

Psychometric properties of the ECR-R seem to be comparable to the original ECR (Sibley et al., 2005; Sibley & Liu, 2004). As the old and new dimensions share most of the same items, findings for the original and revised dimensions are also similar, with correlations around .95 (Mikulincer & Shaver, 2007a). Factor analysis completed by Sibley and Liu (2004) extracted two factors, anxiety and avoidance, that were found to explain 51% of the total variance. They also found high internal reliabilities of both factors of anxiety and avoidance ($\alpha = .95$; $\alpha = .93$, respectively). A later study completed by Sibley et al. (2005) further examined the psychometric properties of the ECR-R, confirming the two-factor design of the instrument which demonstrated a correlation of .48.

Test-retest reliability has been found to be .86 over a six-week period (Sibley & Liu, 2004). Furthermore, Fairchild and Finney (2006) found the anxiety and avoidance subscales to demonstrate good construct validity as well as appropriate convergent and divergent reliability in comparison to other scales. Kelley et al. (2005) found Cronbach's alphas of .92 and .94, while Fairchild and Finney found similar Cronbach's alphas of .92 and .93 for both the anxiety and avoidance scales, respectively.

Brief versions of the ECR and ECR-R have been designed, demonstrating comparable validity to the original measures (Lo et al., 2009; Wei, Russell, Mallinckrodt, & Vogel, 2007). The ECR and ECR-R have also been translated into Chinese, Korean, Norwegian, Spanish, and Greek, displaying comparable psychometric properties of high internal consistency reliability, test-retest reliability, and correlations to the original versions, although α values tended to be lower in the Spanish version than the originals (Alonso-Arbiol, Balluerka, & Shaver, 2007;

Alonso-Arbiol, Balluerka, Shaver, & Gillath, 2008; Lee, Grossman, & Krishnan, 2008; Mallinckrodt & Wang, 2004; Olsson, Sørø, & Dahl, 2010; Tsagarakis, Kafetsios, & Stalikas, 2007).

In the present study, the ECR-R was used to analyze differences in attachment styles between ACOAs and ACONAs, as well as between female and male ACOAs and ACOAs affected by maternal versus paternal alcoholism.

Procedure

Ethics permission was granted for the completion of this study by the Conjoint Faculties Research Ethics Board (CFREB) at the University of Calgary. The aforementioned questionnaires were administered online through Survey Monkey in order to protect the anonymity of participants and to ensure confidentiality; identifying information such as computer IP addresses was excluded by Survey Monkey. The link to the Survey Monkey website was provided through poster advertisements as well as e-mail list-serves for participants to complete at their earliest convenience.

The first page of the survey included the title of the study, name and contact information for the researcher and supervisor, along with the purpose of the study and approximate time to completion (see Appendix B). Next, a page was included that explained the potential risks and benefits of participating in the study and that supplied information as to the use of collected data (see Appendix C). On this page, participants were also provided with contact information for the researcher as well as the CFREB if participants had any ethical concerns. It was explained that participants could withdraw from the study at any time, and a disclaimer required by the CFREB that the responses from Survey Monkey would be subject to United States' laws was also placed on this page. Finally, information regarding the draw to win an iPod Touch was provided,

explaining that participants who were interested in being entered into the draw would be asked to provide their e-mail address at the end of the survey in order to be entered into the draw as well as to be contacted if they won. Those participants who withdrew before the survey ended were advised to e-mail the researcher if they wished to be entered into the draw. This page of the survey required participants to agree that they were providing informed consent before being able to continue on. The demographic questionnaire, CAST, ECR-R, and CSI followed on subsequent pages.

The survey results were downloaded from Survey Monkey and saved in a Microsoft Excel file on the researcher's password-protected computer. The file containing results from the questionnaires was then imported into an SPSS statistical software spreadsheet for future analyses. Although the e-mail addresses of participants who wished to enter the draw for the iPod Touch were included in the information that was downloaded from Survey Monkey, this was not included in the SPSS spreadsheet, nor was any other information that could lead to the identification of participants included.

Of the original 376 participants, 274 entered the draw for the iPod Touch. A random number from 1 to 274 was generated using an online random number generator. This random number was then matched to the corresponding participant, who was contacted by e-mail and congratulated. The researcher asked the participant over the initial e-mail if they would be comfortable meeting at the University of Calgary campus to receive the iPod Touch, to which the participant agreed. Arrangements were made for the researcher to meet the participant soon after initial contact was made.

It is important to note an ethical issue that arose during the recruitment phase of this study, involving a participant who identified as distressed in an e-mail sent to the researcher

inquiring into the possibility of participation in the current study. An e-mail was sent in return to the participant that included contact information for counselling agencies in the city, as well as for crisis lines and walk-in counselling services. Later in the week, the participant sent three e-mails to the researcher stating that the participant was thinking of killing him/herself, and asking the researcher if he/she deserved to die. The researcher immediately contacted her supervisor, Dr. Cairns, who directed the researcher to respond to the participant, again providing contact information for the Distress Centre Calgary and referring the participant back to the previous e-mail that included a list of counselling agencies, allowing the participant to know that he/she did not deserve to die. Dr. Cairns then contacted the Senior Ethics Resource Officer within CFREB, who also discussed the ethical concern with the Chair of CFREB.

It was concluded at this time that all appropriate measures had been taken from an ethical standpoint, and that there was no risk of imminent danger to the participant. Dr. Cairns and her colleague, Dr. Strong, both agreed that no further contact in the form of a follow-up e-mail was necessary, as it was thought that further contact may lead to the participant understanding the e-mails as a connection with the researcher, and to the participant continuing to contact the researcher rather than the counselling agencies suggested. Although the researcher received no further e-mails from this participant, the researcher did receive a Facebook “friend request” from the participant, which was again brought to the attention of Dr. Cairns, and was not accepted by the researcher.

Data Analysis

Various analyses of the data were performed to test the three hypotheses that have been previously outlined. Analyses consisted of descriptive statistics including demographic data, means, and frequencies. Additionally, analyses such as Chi-square tests for independence,

independent samples *t*-tests, and one-way analysis of variance (ANOVA) were completed. All analyses were conducted using the SPSS 17.0 statistical software. A brief description of each type of analysis is presented below.

Descriptive Statistics

Examining descriptive statistics, in which raw scores are summarized, allows data to be more manageable and visible to the audience (Gravetter & Forzano, 2011). Descriptive statistics were analyzed and compiled in a series of figures, tables, and summary measures in order to simplify the large aggregate data. The use of descriptive statistics also allows for comparisons and summaries to be easily made between different variables.

Chi-Square Test for Independence

Chi-square tests for independence can be used to understand if there is a relationship between two categorical variables (Field, 2009). This is done by analyzing the frequencies that are observed in the categories compared to the frequencies that could be expected by chance. Chi-square tests for independence were used to answer research question one, or to assess significant differences between ACOAs and ACONAs in relation to the four different attachment categorizations. Research question three also involved the use of Chi-square tests for independence in analyzing male and female ACOAs in relation to the four attachment categorizations.

*Independent Samples *t*-tests*

Independent samples *t*-tests establish whether or not two means collected from independent samples differ from each other significantly (Field, 2009). *T*-tests were used in relation to research question two, comparing relationship satisfaction means for the ACOA group and ACONA group. Furthermore, *t*-tests were used to assess research question three in order to

compare gender of the alcohol-abusing parent and the mean relationship satisfaction scores reported by ACOAs, as well as gender of ACOAs and mean relationship satisfaction scores. Effect sizes will also be reported alongside significance. Three assumptions must be met before an independent samples *t*-test can be completed: Assumption of normal distribution, assumption of homogeneity of variance, and assumption of independence. These assumptions were tested prior to analyzing data by means of independent samples *t*-tests.

One-Way Analysis of Variance (ANOVA)

A one-way ANOVA is used when the means of three or more conditions that are drawn from the same population are being analyzed (Field, 2009). In this case, the one-way ANOVA was used to answer part of research question three involving comparisons between ACOAs with a mother, father, or both parents who are alcoholics and relationship satisfaction in current intimate relationships. Assumptions for data analyzed using a one-way ANOVA are identical to those necessary to run an independent samples *t*-test, which were also tested prior to completing the analysis.

Summary

In order to test the three aforementioned hypotheses, 376 participants completed a demographic questionnaire along with three self-report measures: The CAST, ECR-R, and CSI. As discussed throughout this chapter, all three of these measures have been shown to have strong validity and reliability. Data from 292 participants were used in the final analyses, which included the use of descriptive statistics, Chi-square tests for independence, independent samples *t*-tests, and an ANOVA.

CHAPTER FOUR: RESULTS

Demographic Data

The original data set for the current study consisted of 376 participants from the University of Calgary. Eighteen participants who consented to participate but then did not answer any questions were eliminated, bringing the number of participants to 358. Furthermore, one participant who identified as being under 18 years of age, as well as 15 participants who answered *less than six months* for the length of their current relationship, 14 participants who answered *not in a relationship* as their relationship status, and six other participants who completed the study more than once were eliminated from analyses. Finally, 30 participants were removed as they were not categorized as ACOAs or ACONAs as per results from the CAST, which will be discussed in the following pages.

The final sample size consisted of a total of 292 participants, 79.5% women ($n = 232$) and 20.2% men ($n = 59$), with one participant identifying their sex as *other*. Ages ranged from 18 to 54, with the mean age being 24.3 years ($SD = 7.12$). The majority of participants identified as students (91.8%), with 79.5% being undergraduates and 20.5% being graduate students.

Length of relationship varied, with 42.1% of participants reporting that they had been in their current relationship for six months to one year, 21.9% reporting 1-3 years, 21.9% reporting 3-6 years, , 8.6% reporting over 10 years, and 5.5% reporting 6-10 years. Descriptive statistics examining relationship status found that 71.2% of participants reported being in a committed dating relationship, 13.7% were married, 13.0% were in a common-law relationship, 1.7% were in a relationship but also seeing other people, and one participant (0.3%) reported not being in a relationship, although this participant also reported being in a current relationship of 1-3 years and was thus included in the analyses. In describing their living situation, 42.8% of participants

reported living with parents, 38.0% were living with their partner, 14.0% were living with roommate(s), 3.8% were living alone, and four participants (1.4%) reported *other*, specifying that they lived with both roommates and their partner, with their child, or in a multi-generational home. See Table 2 for more detailed descriptive statistics.

Table 2. Demographic Data

Demographic Variable	Frequency	Percentage
Age		
18-22	157	53.8
23-27	78	26.7
28-32	25	8.6
33-37	11	3.8
38-42	7	2.4
>42	14	4.7
Sex		
Female	232	79.5
Male	59	20.2
Other	1	0.3
Student Status		
Yes	268	91.8
No	24	8.2
Program		
Graduate	55	20.5
Undergraduate	213	79.5
Ethnicity		
Aboriginal	3	1.0
Asian	32	11.0
Black	3	1.0
Caucasian	233	79.8
Hispanic	5	1.7
Middle Eastern	7	2.4
Other	9	3.1
Religion		
Buddhist	6	2.1
Catholic	42	14.4
Christian	69	23.6
Jewish	2	0.7
Jehovah's Witness	1	0.3
Hindu	1	0.3
Mormon	3	1.0
Muslim	2	0.7

Agnostic	63	21.6
Atheist	75	25.7
Other	28	9.6
Length of Relationship		
6 months-1 year	64	21.9
1-3 years	123	42.1
3-6 years	64	21.9
6-10 years	16	5.5
Over 10 years	25	8.6
Living Situation		
With partner	111	38.0
With roommates	41	14.0
With parents	125	42.8
Alone	11	3.8
Other	4	1.4
Relationship Status		
Committed relationship	208	71.2
In a relationship, but seeing other people	5	1.7
Common-law	38	13.0
Married	40	13.7
Not in a relationship	1	0.3

Descriptive Statistics

CAST

The CAST was used to categorize participants as either ACOAs or ACONAs. As suggested by Jones (1991), participants with a score of 0-1 on the CAST were categorized as ACONAs. Those scoring 2-5 were considered indeterminate, and were excluded from data analyses ($n = 30$) as they cannot be categorized as either ACONAs or ACOAs. Those scoring 6 or greater were categorized as ACOAs. Using the final sample size, 57.2% of the participants ($n = 167$) were categorized as ACONAs, while 42.8% ($n = 125$) were identified as ACOAs.

Cronbach's alpha for the CAST was .968 in the current study.

CSI

Of the 292 participants, 265 completed the CSI. Scores on the CSI ranged from 14 to 161, with 161 being the highest score that can be obtained. Funk and Rogge (2007) presented a score of 104.5 as a distress cut-score to identify relationship distress, stating that those scoring under 104.5 would be classified as distressed and those scoring above would not be distressed in their current intimate relationships. Results demonstrated a mean score of 121.92 ($SD = 31.06$) on the CSI, which is comparable to results found by Funk and Rogge with a mean score of 121 and standard deviation of 32. One quarter of participants (25.7%) fell below the distress cut-score, demonstrating that one quarter of participants may be distressed in their current intimate relationships. Cronbach's alpha for the CSI was found to be .978.

ECR-R

Of the 292 participants, 274 completed the ECR-R. Just over three quarters of participants (77.4%) scored as secure on the ECR-R, while the remaining 22.6% scored as insecure. When data were analyzed in relation to attachment styles, insecure results were further broken down with 11.7% of participants scoring as fearful-avoidant, 7.3% as preoccupied, and 3.6% as dismissive. For both anxiety and avoidance dimensions of the ECR-R, mean scores fell below what would be categorized as insecure (≥ 4 out of 7), with the avoidance dimension ($M = 2.72$; $SD = 1.11$) falling lower than the anxiety dimension ($M = 2.92$; $SD = 1.19$). These findings seem appropriate when considering that more participants categorized as insecure scored as fearful-avoidant and preoccupied (high on the anxiety dimension), while the fewest scored as dismissive (high on the avoidant scale). Cronbach's alpha was .928 for the anxiety scale and .925 for the avoidance scale for the ECR-R.

Hypotheses

Hypothesis One

Hypothesis one proposed that ACOAs would demonstrate more insecure attachment styles in comparison to ACONAs, as indicated by higher anxiety and/or avoidance scores on the ECR-R. As illustrated in Figure 1, this hypothesis was supported, as ACOAs were more likely to be categorized as insecurely attached (38.7%) than ACONAs (9.3%), and ACONAs were more likely to be securely attached (90.7%) than ACOAs (61.3%), $\chi^2(1) = 33.46, p < .000$. When attachment categories were further examined, ACOAs were found to be categorized as more fearful-avoidant, dismissive, and preoccupied in attachment styles than ACONAs, $\chi^2(3) = 36.04, p < .000$ (See Figure 2).

Figure 1. ACOA Status and Attachment Categories

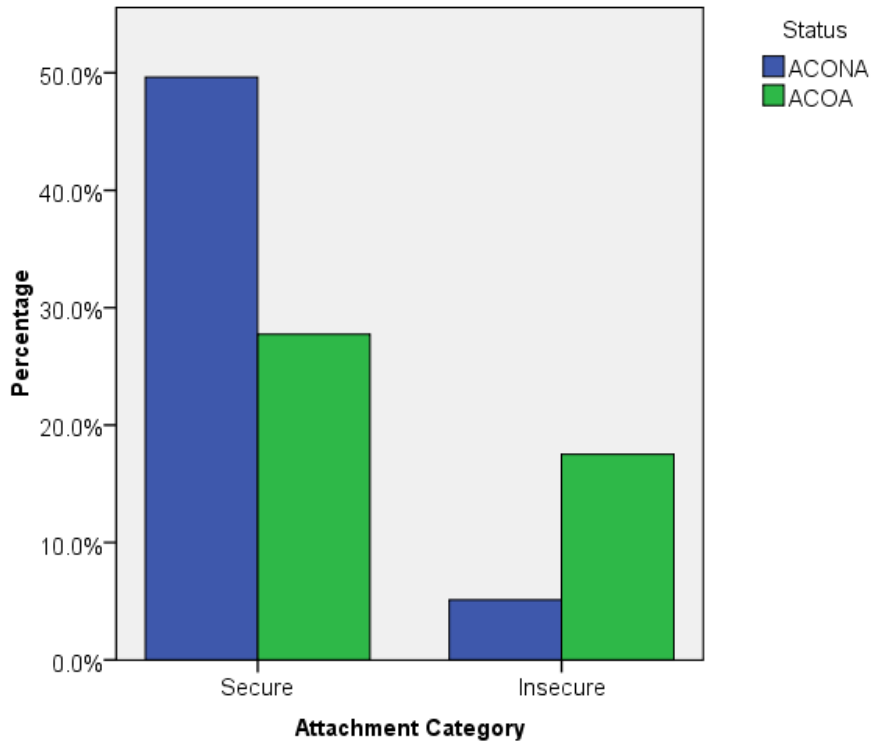
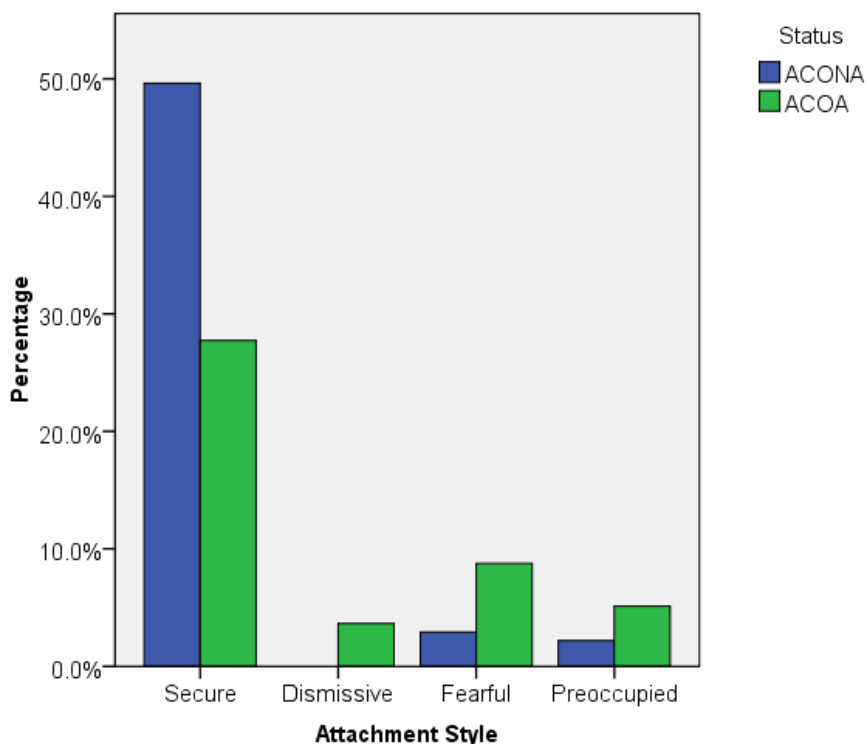


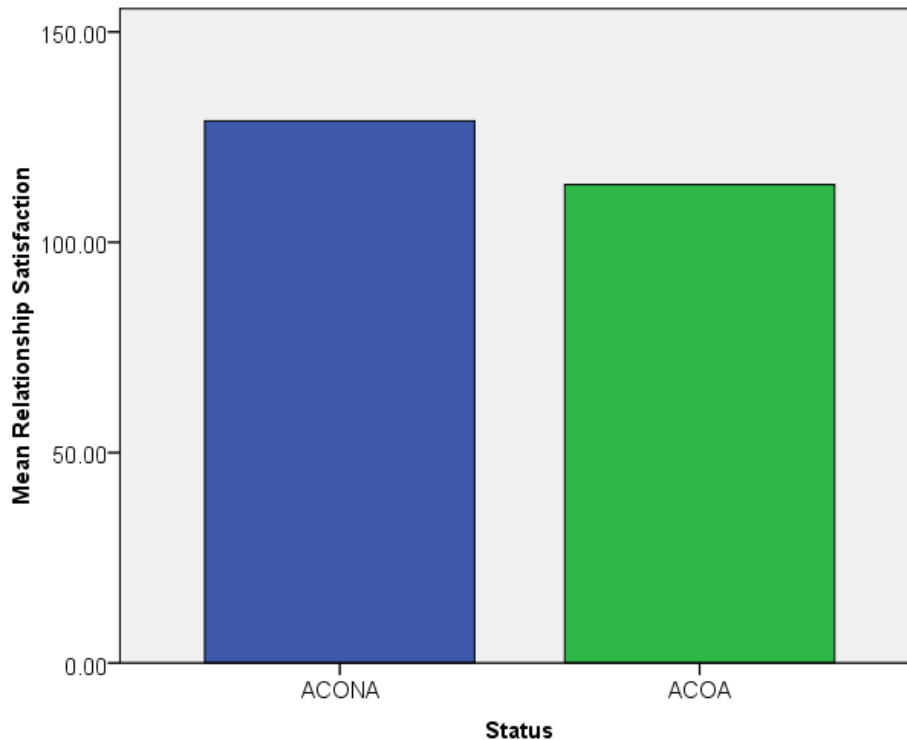
Figure 2. ACOA Status and Attachment Style

Hypothesis Two

Hypothesis two proposed that ACOAs would demonstrate lower overall relationship satisfaction in their current intimate relationships than ACONAs, as indicated by lower mean scores on the CSI. As illustrated in Figure 3, this hypothesis was supported, with ACOAs reporting significantly lower levels of relationship satisfaction ($M = 113.69$; $SD = 34.63$) than ACONAs ($M = 128.84$; $SD = 25.85$), $t(265) = 4.07$, $p < .001$. Assumptions for t -test were supported: No outliers were found, and no concerns existed with normal distribution, skewness, or kurtosis. An effect size or Cohen's d of 0.50 was found, accounting for 24% of the variance in relationship satisfaction observed between ACOAs and ACONAs. In terms of the proportion of participants scoring in the distressed range (<104.5), 16.8% of ACONAs were categorized as

distressed compared to 32% of ACOAs. These results were statistically significant, $\chi^2(291) = 8.45, p < .01$.

Figure 3. ACOA Status and Relationship Satisfaction

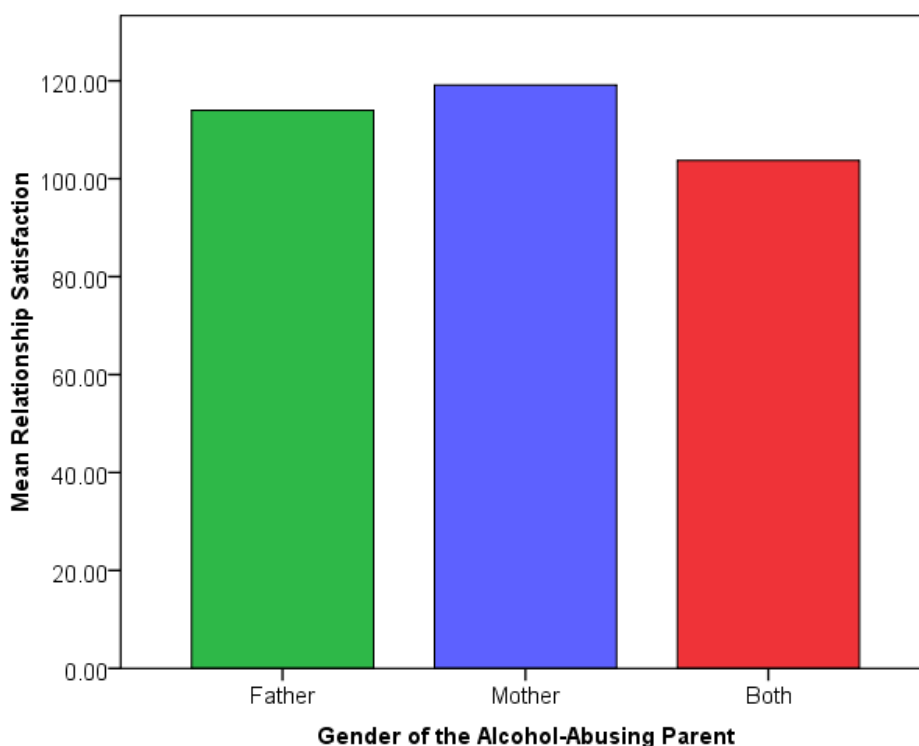


Hypothesis Three

Hypothesis three proposed that those ACOAs affected by maternal alcoholism would report lower levels of overall relationship satisfaction, as well as higher levels of insecure attachment, than ACOAs affected by paternal alcoholism. This hypothesis was not supported, as no significant differences emerged for ACOAs affected by maternal alcoholism ($n = 20$; $M = 119.15$; $SD = 27.29$) versus paternal alcoholism ($n = 73$; $M = 113.99$; $SD = 35.19$) on scores of relationship satisfaction, $t(91) = -.607, p = .545$. It is of interest to note that participants were also able to select both parents to be alcoholics. A one-way ANOVA was run to assess differences between all three groups, and all necessary assumptions were met for the one-way

ANOVA. Although results were not significant, participants who reported both parents to abuse alcohol demonstrated lower relationship satisfaction ($n = 14$; $M = 100.43$; $SD = 39.61$) than ACOAs affected by either maternal ($n = 20$; $M = 119.15$; $SD = 27.29$) or paternal ($n = 73$; $M = 113.99$; $SD = 35.19$) alcoholism, $F(2, 104) = 1.28$, $p > .05$ (see Figure 4).

Figure 4. Gender of Alcohol-Abusing Parent and Relationship Satisfaction



Furthermore, no significant differences arose between attachment categories of ACOAs who identified their mother, father, or both of their parents to be alcoholics, $\chi^2(6) = 7.98$, $p > .05$, nor did any significant differences arise when comparing secure and insecure attachment styles, $\chi^2(6) = 1.78$, $p > .05$. There was therefore no relationship found between variables of attachment and the gender of the alcohol-abusing parent, suggesting that these variables are independent of each other.

It was also hypothesized that female ACOAs would demonstrate lower relationship satisfaction and more insecure attachment styles than male ACOAs. These hypotheses were not supported, as there were no significant differences between male ACOA scores ($n = 31$; $M = 113.29$; $SD = 32.43$) and female ACOA scores ($n = 90$; $M = 113.83$; $SD = 35.54$) in terms of relationship satisfaction, $t(119) = -0.075$, $p > .05$. Assumptions for the t -test were supported.

In relation to attachment styles, once again, no significant differences were found between male ($n = 31$) and female ($n = 93$) ACOAs, $\chi^2(3) = 2.35$, $p > .05$, nor were any significant differences found between secure and insecure attachment categories, $\chi^2(1) = 0.18$, $p > .05$. Percentages of male and female ACOAs who identified as securely attached were 64.5 and 60.2, respectively. Male and female ACOAs who identified as dismissively attached were 12.9% and 6.5%, those fearfully attached were 16.1% and 20.4%, and those preoccupied in attachment style were 6.5% and 12.9%, respectively.

Other Data Analyses

Severity of parental alcoholism was assessed by obtaining CAST scores of all ACOAs and determining a median split, allowing for an exploration into both attachment styles and relationship satisfaction based on severity of CAST scores. The median score on the CAST was 17, with 59 ACOAs scoring less than or equal to 17, and 66 ACOAs scoring over 17. No significant differences were found when comparing attachment styles, $\chi^2(3) = 2.88$, $p > .05$, or relationship satisfaction, $t(119) = 0.120$, $p > .05$, between the two groups.

Summary

For the current study, 376 participants were recruited from the University of Calgary. Of this sample, 84 participants were eliminated, leaving a final sample size of 292. This sample

included male and female students, both undergraduate and graduate, and faculty members from various ethnic and racial backgrounds.

Hypothesis one, which proposed that ACOAs would demonstrate more insecure attachment styles than ACONAs, was supported. Scores on anxiety and avoidance dimensions of the ECR-R revealed that significantly more ACOAs were categorized as insecurely attached than ACONAs. Furthermore, significantly more ACOAs were categorized as fearful-avoidant, dismissive, and preoccupied in their styles of attachment than ACONAs.

Hypothesis two, which proposed that ACOAs would demonstrate lower relationship satisfaction scores than ACONAs, was also supported. Mean scores on the CSI were calculated, and ACOAs reported significantly lower relationship satisfaction scores than ACONAs.

Finally, hypothesis three, which proposed that ACOAs affected by maternal alcoholism would report lower relationship satisfaction as well as more insecure attachment styles than ACOAs affected by paternal alcoholism was not supported. ACOAs affected by the alcoholism of both parents, however, did score lower (although not significantly) than ACOAs affected by either maternal or paternal alcoholism. Additionally, the hypothesis that female ACOAs would demonstrate lower relationship satisfaction and more insecure attachment styles than male ACOAs was not supported.

CHAPTER FIVE: DISCUSSION

Introduction

Three hundred and seventy six participants from the University of Calgary participated in the current study, completing surveys that measured attachment style, relationship satisfaction in current intimate relationships, and whether or not participants qualified as an adult child of an alcohol-abusing parent. Responses from 292 participants were analyzed after 84 participants were eliminated from analyses. The study's hypotheses examined attachments styles and relationship satisfaction among ACOAs and ACONAs. This chapter will discuss the results of each hypothesis that was reported in the previous chapter, as well as conclusions that can be drawn from these results. In closing, details in regards to this study's limitations, as well as implications for counselling and future research in this area will be provided.

Hypothesis One

Hypothesis one proposed that ACOAs would demonstrate more insecure attachment styles than ACONAs. This hypothesis was fully supported, with results demonstrating that ACOAs experienced significantly more insecure attachment styles than ACONAs, specifically more fearful-avoidant, dismissive, and preoccupied attachment styles.

This finding is consistent with previous literature examining attachment styles of ACOAs. Vungkhanching et al. (2004) also found ACOAs to differ significantly in attachment style from ACONAs, with ACOAs experiencing more insecure attachment. Similarly, studies completed by Kelley et al. (2004, 2005, 2010) have found ACOAs to report more anxiety and avoidance, and thus more insecurity, in terms of attachment in both general and romantic relationships. Although the results observed by Beesley and Stoltenberg (2002) did not reach statistical significance in their analysis of ACOAs and attachment style, they did find ACOAs to

be more insecurely attached than ACONAs, providing support to their conclusion that the lack of significance may have been due to small sample size, and thus a lack of power. It is clear that the current study supports results from previous literature that ACOAs report experiencing more insecure attachment styles than ACONAs.

Hypothesis Two

Hypothesis two proposed that ACOAs would demonstrate less relationship satisfaction in current intimate relationships than ACONAs. This hypothesis was also supported, with ACOAs reporting significantly lower relationship satisfaction in intimate relationships than ACONAs.

This finding is congruent with the limited amount of previous research that has been published in regards to ACOAs and relationship satisfaction. Larson and Reedy (2004) also found ACOAs to report lower quality of intimate relationships than ACONAs, and Beesley and Stoltenberg (2002) reported ACOAs to disclose significantly lower relationship satisfaction in intimate relationships than ACONAs. Larson et al. (2001) also found ACOAs to experience greater anxiety in both initiating and maintaining intimate relationships than ACONAs. Furthermore, not only did Watt (2002) find ACOAs more likely to be unhappy and dissatisfied in intimate relationships, but also less likely to be married and more likely to be divorced. It is clear that the current study validates the research completed to date, with findings demonstrating that ACOAs tend to report lower relationship satisfaction in current intimate relationships than ACONAs.

Hypothesis Three

Hypothesis three proposed that ACOAs affected by maternal alcoholism would demonstrate more insecure attachment styles, as well as lower relationship satisfaction, than ACOAs affected by paternal alcoholism. This hypothesis was not supported by the data. No

significant differences were found between ACOAs affected by maternal alcoholism and those affected by paternal alcoholism in regards to attachment styles or relationship satisfaction. It is proposed that this lack of significance may be due to low power in that there were not a sufficient number of participants in each group (mother or father as alcohol-abusing).

As this research question has not been intensively investigated in the literature, it was hypothesized that due to the fact that mothers are more likely to be primary caregivers, ACOAs affected by maternal alcoholism may be impacted on a larger scale than those affected by paternal alcoholism. This is consistent with research completed by Kelley et al. (2008), with female ACOAs affected by maternal alcoholism reporting more negative relationships, albeit with their parents, than female ACONAs. No significant differences were reported between females affected by paternal alcoholism and female ACONAs. On the contrary, Kearns-Bodkin and Leonard (2008) found males affected by maternal alcoholism to report lower relationship satisfaction, but females to report lower relationship satisfaction when affected by paternal alcoholism. Further investigation into gender of the alcoholic parent was also proposed as an area for future research by Jaeger et al. (2000) and Kelly et al. (2008).

ACOA's who reported maternal alcoholism ($M = 113.83$; $SD = 35.54$) did not differ significantly in relationship satisfaction than ACOAs who reported paternal alcoholism ($M = 113.29$; $SD = 32.43$). One aspect of the research that was not accounted for was the option to select both parents as alcohol-abusing. ACOAs who identified both parents to be alcohol-abusing reported lower relationship satisfaction ($M = 100.43$) than those who identified either maternal alcoholism ($M = 119.15$) or paternal alcoholism ($M = 113.99$). Although this difference was not statistically significant, it clearly has practical significance and should be examined in future research.

Furthermore, hypothesis three proposed that female ACOAs would demonstrate more insecure attachment styles and lower relationship satisfaction than male ACOAs. Once again, this hypothesis was not supported. No significant differences were found, as female ACOAs did not demonstrate more insecure attachment or lower relationship satisfaction than male ACOAs. The effect size and power were also very small, with Cohen's d being -0.014. As discussed in the abovementioned literature, findings have been mixed in regards to relationship satisfaction by gender of ACOAs, and no studies that directly compare male and female ACOAs by attachment style or relationship satisfaction were located. Further research must be completed in order to ascertain whether non-significance was due to lack of power, or if other factors may have been involved.

Limitations

There are several important limitations that arose throughout the current study and that must be considered alongside the results. First, the sample size of 292 participants was relatively small for the population of the University's students and faculty, although studies of similar design have completed analyses with a much smaller number of participants. The small sample may have had an impact on the power of the statistical analyses used, and therefore may have affected the generalizability of the results, particularly for the gender analyses completed for hypothesis three.

Another limitation to the research design is the use of convenience sampling to obtain participants, which threatens the validity of the current study. Although posters were placed in various areas throughout campus, the method of convenience sampling was only able to reach those students and faculty who saw the posters. The sample was therefore not representative of all students and faculty on campus, nor was it randomized. Another important piece to consider

when examining this sample is that 79.5% identified as women, the mean age was 24.3 years, and 79.8% identified as Caucasian. It is clear that these results are not generalizable across various gender, age, and ethnic groups.

The recent development of one of the measures used may also be considered a limitation, as the CSI, which measured relationship satisfaction in the current study, was only developed in 2007 and has not yet been administered in many published studies. Although Graham et al. (2011) reported the preliminary data to appear promising for the use of the CSI in measuring relationship satisfaction, and the validity and reliability of the measure appear strong, these are only preliminary analyses and more research into the validity and reliability of the CSI is necessary.

University student ACOAs may experience higher levels of psychological functioning and may be more resilient than ACOAs who did not attend university, as ACOAs who are more severely affected by their parent's drinking may not have the psychological and/or academic capacity to attend university (Kelley et al., 2010). Thus, a more resilient population may have been utilized for the current study. Furthermore, as this topic can be sensitive for adults who have been affected by parents' drinking behaviours in the past, there is the possibility that those who have been most severely affected would not be willing to participate for various reasons. Those with avoidant attachment styles may not have been interested in completing a survey that identifies their attachment style, or may not have met the criteria to participate in the study as they may be less likely to remain in relationships past six months. Additionally, those who are experiencing distress in their current intimate relationships may not have been willing to participate, as participation in the current study may be thought to exacerbate their levels of

distress. As there is potential that this sample may be biased for these reasons, results cannot be generalized to the broader population.

A sixth limitation involves the use of online surveys, with the potential for self-selection bias; there are some individuals who are more likely than others to complete online surveys, including an inability for those who do not have access to the internet to participate. As participants in this study were students and faculty from a university setting, it is likely that they would be able to access the internet on campus, and thus this was not likely a large concern.

Furthermore, there was not an option within the Survey Monkey package used to have the manner in which the measures appeared randomized or the questions of each measure counterbalanced. The CAST was the first measure that participants completed, and thus may have primed certain participants to complete the rest of the measures in a certain way. This may be especially true for ACOAs who may have been focused on negative aspects of relationships following the completion of the CAST.

Another limitation in regards to the use of online surveys includes lack of contact with the researcher, and the possibility of participants faking good or faking bad on self-report measures. Although Grieve and de Groot (2011) listed many advantages to online data collection such as accessibility, the minimization of missing data, and electronic transfer of data which in turn decreases data entry error, they also recognized that online data collection may influence participants' ability to fake responses on self-report measures. Faking "occurs when an individual strategically alters their self representation in a particular test" (Grieve & de Groot, 2011, p. 2386). Faking good involves representing oneself in a more positive manner, while faking bad would be representing oneself more negatively. Grieve and de Groot found significant differences between original scores and faked scores on a self-report depression

measure, with faked depression scores meeting criteria for severe depression. It is possible that participants in the current study may have responded to the questionnaires either in a more positive manner, if they were trying to decrease their experience of insecure attachment or low relationship satisfaction, or in a negative manner, perhaps in order to help ensure significant results if they were making assumptions about the researcher's hypotheses.

Finally, the fact that direct information as to the duration and severity of parental alcoholism was not obtained from participants may be considered a limitation. Severity was assessed by obtaining the CAST scores of all ACOAs, determining a median split, and then examining both attachment styles and relationship satisfaction. Preliminary analysis found that no significant differences arose when comparing attachment style or relationship satisfaction between the two groups. As no questions were asked regarding length of time spent living with the alcohol-abusing parent or the extent or developmental timing of parental alcohol use, no valid comparisons can be made between ACOAs and the severity of their experiences of living with one or more alcohol-abusing parent.

These limitations emphasize a need for future research in the area of attachment styles and relationship satisfaction of ACOAs with a larger sample size along with randomized sampling. Ideally, sampling would take place in the community in order to allow for results that are more generalizable to the broader population. Future research, which may yield more significant results simply due to increased sample size and thus increased statistical power, may provide necessary information for counsellors working with ACOAs in a therapeutic setting.

Implications for Counselling

There are many aspects of the results of this study that are deemed to be relevant and necessary to counsellors, predominantly those working with ACOAs or others who demonstrate

insecure attachment styles in relationships. First, counselling services could take into consideration that ACOAs may demonstrate more insecure attachment styles as well as lower relationship satisfaction than adults who were not affected by a parent's drinking during childhood. Having counsellors who are well informed in regards to attachment styles and who are cognizant as to how these styles may be affecting ACOAs in their current intimate relationships may provide clients with a better understanding of their actions and reactions within their relationships.

Furthermore, an individual affected by parental alcoholism who demonstrates an insecure attachment in interpersonal relationships may also experience insecure attachment within the therapeutic relationship. The therapeutic alliance between a counsellor and an ACOA must be considered, as the relationship may differ based on what type of attachment the client is experiencing. The manner in which the counsellor relates to the client and is able to develop a strong therapeutic alliance may assist in relieving, or aggravating, the anxious or avoidant attachment that the client may be experiencing. For instance, Petrowski, Nowacki, Pokorny, and Buchheim (2011) found that insecurely attached clients with preoccupied attachment styles experienced a better therapeutic alliance with counsellors who were dismissive in their attachment styles compared to those who were preoccupied. Other research has found that secure attachment to the counsellor and a strong therapeutic alliance were associated with significantly greater reduction in client distress, whereas anxious attachment to the counsellor was associated with significantly greater client distress (Sauer, Anderson, Gormley, Richmond, & Preacco, 2010). The authors suggested that counsellor awareness of client attachment orientation and provision of a safe and nurturing environment that facilitates the development of

a more secure attachment to the counsellor may allow for more positive outcomes and processes in counselling.

A further area for which this research could have large implications is that of group therapy with ACOAs. Many therapy and support groups exist for specific populations, including those affected by alcoholism. It is important for counsellors and other health care providers to be aware of the differing attachment styles that ACOAs may experience, as this cognizance may be used to enhance group processes. Research has demonstrated that there is a positive correlation between avoidance in romantic relationships and fears of being vulnerable in group therapy, including fears of shame and humiliation (Marmarosh et al., 2009). Markin and Marmarosh (2010) also reported that those experiencing avoidant attachment are more likely to leave groups, and that those experiencing anxious attachment report having fewer and less satisfying social supports in the group, remaining preoccupied with being accepted or rejected by group members. Awareness of the differences between anxious or avoidant ACOAs on the part of the counsellor may assist in the development of a positive therapeutic alliance between counsellor and group members, as well as between group members themselves.

This implication also stands for couple therapy; due to the decreased relationship satisfaction that ACOAs may experience, couple therapy with ACOAs is also an area for which more awareness of attachment style is necessary. Mondor, McDuff, Lussier, and Wright (2011) found avoidant attachment to be a characteristic of relationship dissatisfaction. They also found that attachment avoidance for men and women, and attachment anxiety for women, were predictive of relationship dissatisfaction. Awareness of differing attachment styles in dyadic bonds and how insecure attachment may be affecting the relationship could lead to increased success in couple therapy (Johnson, 2008). Increasing awareness within the relationship of a

couple through psychoeducation and treatment through attachment-based therapies may assist the couple in gaining understanding into how they can better handle situations within their relationship based on their attachment styles.

Although attachment-based therapies are not practiced by all counsellors, an increase in evidence-based practice research has led to an increase in the universality and applicability of attachment-based therapy. As a larger number of counsellors become familiar with this research and are able to identify insecure attachment within their clients, specifically within ACOA populations, the more resilience and treatment success we may see within the population.

Implications for Future Research

There are many directions that can be taken in regards to future research in the area of ACOAs and their attachment styles and relationship satisfaction. In order to build on the current study, future research should attempt to obtain more participants in order to reach a larger effect size and more power for analyses, thus increasing the validity of findings. A more diverse sample, including more males, participants from various ethnic backgrounds, and a general community population, is also recommended in order to increase generalizability.

As was discussed previously as a limitation, participants may have faked good or faked bad when completing the self-report measures used in the current study. Including a measure of social desirability in future studies would alert researchers to whether faking good or bad may be taking place. Furthermore, participants' awareness of the inclusion of the social desirability measure may decrease the likelihood that participants would answer questions in a socially desirable manner that may lead to faking good or faking bad.

Examining the duration and severity of parental alcoholism through direct questioning would be imperative for future research, as gaining understanding into these areas may lead to

significant findings, both statistically as well as practically. Comparing duration of time and the developmental period that ACOAs lived with one or more alcohol-abusing parent as well as severity of parental alcoholism may provide interesting and viable correlations with attachment styles and relationship satisfaction. Questions could be added to the demographic questionnaire to assess the duration, developmental timing, and severity of parental alcoholism, and the CAST could be used as a supplementary measure to also assess severity based on how high participants score once they are categorized as ACOAs.

It would also be important to continue exploring and examining gender differences of alcohol-abusing parents as well as ACOAs themselves. Although results were not found to be statistically significant in this study, there was a noticeable decrease in the relationship satisfaction of ACOAs affected by the alcohol abuse of both parents compared to either maternal or paternal alcohol abuse. Expanding on both of these areas with a larger sample of participants is recommended.

Finally, a mixed methods approach to research involving ACOAs may provide a more comprehensive understanding of the experiences of individuals who have been affected by parental alcoholism. In the current study, two participants e-mailed the researcher to inquire into the use of qualitative interview methods for a further understanding of their experiences. As one participant wrote, “Id [*sic*] be more than willing to come in and give you any more info [*sic*] you need. obviously everyone's story is quite different so if you need to know mine im [*sic*] down with that.”

Summary

This study has examined a sample of ACOAs and ACONAs and their attachment styles and relationship satisfaction in current intimate relationships. It is hoped that this research will

add to the small amount of current literature that is available, with the purpose of the study being to garner an understanding of differences between ACOAs and ACONAs in regards to the aforementioned areas. The participants were 292 students and faculty members at the University of Calgary who completed a demographic questionnaire along with three self-report surveys measuring attachment, relationship satisfaction, and identification as an adult child of an alcoholic. Findings demonstrated that ACOAs reported more insecure attachment and lower relationship satisfaction in current intimate relationships than ACONAs. No significant results were found when analyzing gender of the alcoholic parent or gender of ACOAs, though while not statistically significant, those identifying both of their parents as alcoholics did report lower relationship satisfaction.

It is hoped that these results, demonstrating both statistical and practical significance, will assist in providing a stronger understanding of factors involved in interpersonal connections for adult children who have been affected by one or more alcohol-abusing parent, as well as the role that attachment theory may play in family systems. Furthermore, these results may provide counsellors working with ACOAs with more information as to variables that may affect the therapeutic alliance and progress in therapy. Results may also lead to the development of enhanced intervention strategies and counselling programs that provide ACOAs with the support needed within various areas of their lives.

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APPENDIX A: RECRUITMENT POSTERS

Educational Studies in Psychology, Faculty of Education



Do you identify as an adult child of an alcoholic?

Are you currently in a committed intimate relationship of six months or longer?

ONLINE STUDY!

30-45 MINUTES!

ENTER TO WIN AN IPOD TOUCH!

If you experienced parental alcoholism growing up, are currently in an intimate relationship of six months or longer, and are 18 years of age or older, you are eligible to participate.

If you are interested, please contact the researcher, Marley Resch, at
mnresch@ucalgary.ca

You can also complete the survey at
<https://www.surveymonkey.com/s/UofCresearch>

Educational Studies in Psychology, Faculty of Education



**Are you currently in a committed
intimate relationship of six months or
longer?**

ONLINE STUDY!
30-45 MINUTES!
ENTER TO WIN AN IPOD TOUCH!

If you are currently in an intimate relationship of six months or longer and are 18 years of age or older, you are eligible to participate in this study.

If you are interested, please contact the researcher, Marley Resch, at
mnresch@ucalgary.ca

You can also complete the survey at
<https://www.surveymonkey.com/s/UofCresearch>

APPENDIX B: ONLINE EQUIVALENCY OF INFORMED CONSENT

There are potential risks and benefits that may arise from your participation in this study. Questionnaires involve questions that may be upsetting to some participants. Questions will ask you to reflect on certain aspects of your childhood that may lead to emotional distress. Furthermore, questions will be asked about your current intimate relationship that may also upset some participants. If you have any concerns following the study, please email the researcher, Marley Resch, at mnresch@ucalgary.ca. The researcher will do her best to connect you to counselling agencies or resources in your area.

As for benefits, the results from this study may be able to provide adult children of alcoholics and others experiencing low satisfaction in current relationships with the support that they need through enhanced intervention strategies and counselling programs.

The main use of collected data will be to inform the researcher's Master's Degree project. All participants will remain anonymous through the reporting of results collected as a group. All participant information and questionnaires will be printed and filed anonymously in a locked filing cabinet where only the researcher will have access to the raw data. Electronic data will be kept on the researcher's computer with a locked password. Data will be kept until two years following publication of results, at which point the paper documentation will be shredded and destroyed and electronic data will then be securely deleted.

Your participation in this study is voluntary, and you may withdraw from the study at any time without penalty or consequence of any kind. If you wish to do so, you may exit the survey screen at any time by clicking closing the link. Any data entered up to that point will be retained. If you do withdraw from the study, you may still contact the researcher by email to be entered into the draw to win an iPod Touch. The draw for the iPod Touch will occur in April or May, 2012, and the researcher will contact the winner by the email address provided when the participant entered into the draw.

This study has been reviewed by the Conjoint Faculties Research Ethics Board (CFREB). If you have further questions regarding this study or wish to contact the Ethics board with comments or complaints, please contact the Senior Ethics Resource Officer, Russell Burrows, at 403-220-3782, or rburrows@ucalgary.ca.

If you have further questions or concerns that can be address by the researcher, please contact Marley Resch at 403-990-7552, mnresch@ucalgary.ca, or her supervisor, Dr. Sharon Cairns, at scairns@ucalgary.ca

The online survey is being administered by SurveyMonkey(c), an American software company. As such, your responses are subject to U.S. laws, including the USA Patriot Act. The risks associated with participation are minimal, however, and similar to those associated with many e-mail programs, such as Hotmail(c) and social utilities spaces, such as Facebook(c) and MySpace(c).

If you proceed by clicking "Agree", this indicates your consent to participate in this study.

APPENDIX C: EXPLANATION OF STUDY

Study Name: Attachment Style and Relationship Satisfaction in Intimate Relationships of Adult Children of Alcoholics

Name of Researcher: Marley Resch, MSc. Counselling Psychology student, Phone: 403-990-7552, Email: mnresch@ucalgary.ca

Supervisor: Dr. Sharon Cairns, Division of Applied Psychology, Phone: 403-220-3671, Email: scairns@ucalgary.ca

This study is in partial fulfillment of Marley Resch's thesis requirement for her MSc in counselling psychology. The main purpose of the study is to understand differences in attachment styles and levels of relationship satisfaction that may exist between adult children of alcoholics (ACOAs) and adult children of non-alcoholics (ACONAs) in their current intimate relationships. If you choose to participate, you will be asked to complete four questionnaires online. This will take approximately 30-45 minutes.

APPENDIX D: DEBRIEFING STATEMENT

Attachment Style and Relationship Satisfaction in Intimate Relationships of Adult Children of Alcoholics

Thank you for participating in this study regarding attachment styles and current relationship satisfaction. Your contribution to this research is greatly appreciated, as it is the basis of the Master's degree project of Graduate student Marley Resch.

This study was seeking to determine differences in attachment styles and relationship satisfaction that may exist between adult children of alcoholics (ACOAs) and adult children of non-alcoholics (ACONAs). Based on previous research, it is hypothesized that ACOAs may have more insecure attachment styles and show decreased relationship satisfaction as compared to ACONAs. This research also hopes to identify any differences that may exist between ACOAs who have been affected by their mothers drinking or their fathers drinking, an aspect that has not been thoroughly studied at this time. It is our hope that this study will add to current research as well as identify new aspects to be studied in the future.

Thank you once again for your participation. If you would like to learn more about this research or if you are interested in the results of the study, you may contact Marley Resch at mnresch@ucalgary.ca

Please contact her if you have any further questions or concerns regarding this research as well.

APPENDIX E: DEMOGRAPHIC QUESTIONNAIRE

Age ____

Sex (please check one box only)

- ☐ Male
- ☐ Female
- ☐ Other

Sexual Orientation

- ☐ Heterosexual
- ☐ Bisexual
- ☐ Gay or Lesbian
- ☐ Queer
- ☐ Transsexual

Educational Level Completed

- ☐ Less than high school
- ☐ High school graduate
- ☐ Some Undergraduate Degree completed
- ☐ Undergraduate Degree completed
- ☐ Masters Degree completed
- ☐ Doctoral Degree completed

Are you currently a student? (please check one box only)

- ☐ No
- ☐ Yes

If yes,

- ☐ Undergraduate
- ☐ Graduate

Race/Ethnicity

- ☐ Aboriginal
- ☐ Asian
- ☐ African-Canadian, African-American, or Black African
- ☐ White/Caucasian
- ☐ Hispanic
- ☐ Middle Eastern
- Other (please specify) ____

Religion

- ☐ Buddhist
- ☐ Catholic
- ☐ Christian
- ☐ Jewish
- ☐ Jehovah Witness

☐ Hindu
☐ Mormon
☐ Muslim
☐ Agnostic
☐ Atheist
Other (please specify) _____

Length of Current Relationship (please check one box only)

☐ Less than 6 months
☐ 6 months- 1 year
☐ 1-3 years
☐ 3-5 years
☐ Over 6 years
☐ Over 10 years

Relationship Status (please check one box only)

☐ In a committed relationship
☐ In a relationship, but seeing other people
☐ Common-law
☐ Married
☐ Not in a relationship

Living Situation (please check one box only)

☐ Live with partner
☐ Live with roommates
☐ Live with parents
☐ Live alone
Other _____

Where did you hear about this study? _____

Do you identify as an adult child of an alcoholic? ☐ Yes ☐ No

If yes, which parent did you experience as being an alcoholic?

☐ Father
☐ Mother

APPENDIX F: CHILDREN OF ALCOHOLICS SCREENING TEST (CAST)

The Children of Alcoholics Screening Test (CAST)
(Jones, 1991)

Please check the answer below that best describes your feelings, behavior and experiences related to a parent's alcohol use. Take your time and be as accurate as possible.

- ☐ Have you ever thought that one of your parents had a drinking problem?
- ☐ Have you ever lost sleep because of a parent's drinking?
- ☐ Did you ever encourage one of your parents to quit drinking?
- ☐ Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking?
- ☐ Did you ever argue or fight with a parent when he or she was drinking?
- ☐ Did you ever threaten to run away from home because of a parent's drinking?
- ☐ Has a parent ever yelled at or hit you or other family members when drinking?
- ☐ Have you ever heard your parents fight when one of them was drunk?
- ☐ Did you ever protect another family member from a parent who was drinking?
- ☐ Did you ever feel like hiding or emptying a parent's bottle of liquor?
- ☐ Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
- ☐ Did you ever wish that a parent would stop drinking?
- ☐ Did you ever feel responsible for or guilty about a parent's drinking?
- ☐ Did you ever fear that your parents would get divorced due to alcohol misuse?
- ☐ Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?
- ☐ Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?
- ☐ Did you ever feel that you made a parent drink alcohol?
- ☐ Have you ever felt that a problem drinking parent did not really love you?
- ☐ Did you ever resent a parent's drinking?
- ☐ Have you ever worried about a parent's health because of his or her alcohol use?
- ☐ Have you ever been blamed for a parent's drinking?
- ☐ Did you ever think your father was an alcoholic?
- ☐ Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
- ☐ Did a parent ever make promises to you that he or she did not keep because of drinking?
- ☐ Did you ever think your mother was an alcoholic?
- ☐ Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family?
- ☐ Did you ever fight with your brothers and sisters about a parent's drinking?
- ☐ Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
- ☐ Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
- ☐ Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?

APPENDIX G: COUPLES SATISFACTION INDEX (CSI)

The Couples Satisfaction Index (CSI)
(Funk & Rogge, 2007)

Please answer the following questions by choosing the most appropriate answer according to your relationship with your partner

1. Please indicate the degree of happiness, all things considered, of your relationship.

0 Extremely Unhappy

1 Fairly Unhappy

2 A Little Unhappy

3 Happy

4 Very Happy

5 Extremely Happy

6 Perfect

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

2. Amount of time spent together

5 Always Agree

4 Almost Always Agree

3 Occasionally Disagree

2 Frequently Disagree

1 Almost Always Disagree

0 Always Disagree

3. Making major decisions

5 Always Agree

4 Almost Always Agree

3 Occasionally Disagree

2 Frequently Disagree

1 Almost Always Disagree

0 Always Disagree

4. Demonstrations of affection

5 Always Agree

4 Almost Always Agree

3 Occasionally Disagree

2 Frequently Disagree

1 Almost Always Disagree

0 Always Disagree

5. In general, how often do you think that things between you and your partner are going well?

- 5 All the time
- 4 Most of the time
- 3 More often than not
- 2 Occasionally
- 1 Rarely
- 0 Never

6. How often do you wish you hadn't gotten into this relationship?

- 5 All the time
- 4 Most of the time
- 3 More often than not
- 2 Occasionally
- 1 Rarely
- 0 Never

7. I still feel a strong connection with my partner

- 0 Not at all True
- 1 A little True
- 2 Somewhat True
- 3 Mostly True
- 4 Almost Completely True
- 5 Completely True

8. If I had my life to live over, I would marry (or live with/date) the same person

- 0 Not at all True
- 1 A little True
- 2 Somewhat True
- 3 Mostly True
- 4 Almost Completely True
- 5 Completely True

9. Our relationship is strong

- 0 Not at all True
- 1 A little True
- 2 Somewhat True
- 3 Mostly True
- 4 Almost Completely True
- 5 Completely True

10. I sometimes wonder if there is someone else out there for me

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

11. My relationship with my partner makes me happy

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

12. I have a warm and comfortable relationship with my partner

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

13. I can't imagine ending my relationship with my partner

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

14. I feel that I can confide in my partner about virtually anything

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

15. I have had second thoughts about this relationship recently

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

16. For me, my partner is the perfect romantic partner

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

17. I really feel like part of a team with my partner

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

18. I cannot imagine another person making me as happy as my partner does

0 Not at all True

1 A little True

2 Somewhat True

3 Mostly True

4 Almost Completely True

5 Completely True

19. How rewarding is your relationship with your partner?

0 Not at all

1 A little

2 Somewhat

3 Mostly

4 Almost Completely

5 Completely

20. How well does your partner meet your needs?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 Mostly
- 4 Almost Completely
- 5 Completely

21. To what extent has your relationship met your original expectations?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 Mostly
- 4 Almost Completely
- 5 Completely

22. In general, how satisfied are you with your relationship?

- 0 Not at all
- 1 A little
- 2 Somewhat
- 3 Mostly
- 4 Almost Completely
- 5 Completely

23. How good is your relationship compared to most?

- 0 Worse than all others (Extremely bad)
- 1
- 2
- 3
- 4
- 5 Better than all others (Extremely good)

24. Do you enjoy your partner's company?

- 0 Never
- 1 Less than once a month
- 2 Once or twice a month
- 3 Once or twice a week
- 4 Once a day
- 5 More often

25. How often do you and your partner have fun together?

0 Never

1 Less than once a month

2 Once or twice a month

3 Once or twice a week

4 Once a day

5 More often

For each of the following items, select the answer that best describes *how you feel about your relationship*. Base your responses on your first impressions and immediate feelings about the item.

26. INTERESTING 5 4 3 2 1 0 BORING

27. BAD 0 1 2 3 4 5 GOOD

28. FULL 5 4 3 2 1 0 EMPTY

29. LONELY 0 1 2 3 4 5 FRIENDLY

30. STURDY 5 4 3 2 1 0 FRAGILE

31. DISCOURAGING 0 1 2 3 4 5 HOPEFUL

32. ENJOYABLE 5 4 3 2 1 0 MISERABLE

**APPENDIX H: EXPERIENCES IN CLOSE RELATIONSHIPS SCALE-REVISED
(ECR-R)**

The Experiences in Close Relationship – Revised (ECR-R) Questionnaire
(Fraley, Waller, & Brennan, 2000)

Instructions: 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 checking the box to indicate how much you agree or disagree with the statement. Please check one box only for each statement.

SD=Strongly Disagree; **D**=Disagree; **DS**=Disagree Somewhat; **N**=Neutral; **AS**=Agree Somewhat; **A**=Agree; **SA**=Strongly Agree

[illegible]

