Quality of Attachment and Perceived Parental Injunctions in Adult Children of Alcoholics and Non-Alcoholics

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QUALITY OF ATTACHMENT AND PERCEIVED PARENTAL INJUNCTIONS IN ADULT CHILDREN OF ALCOHOLICS AND NON-ALCOHOLICS

BY

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CHAPTER I

Introduction

Scope Of The Problem

Alcoholism ranks as one of the most vexing problems plaguing the United States today. In 1999, the Community Epidemiology Work Group reported that 8.2 million people were dependent on alcohol (American Psychological Association, 2001). Alcoholism concerns and affects religious and political leaders, law enforcers, communities, educators, employers, and families. The Lewin Group explored the economic cost for alcohol and drug abuse in the United States. They reported that an estimated 240 billion dollars is spent annually on treatment, prevention costs, health care, reduced productivity, crime and social welfare (American Psychological Association, 2001). Perhaps the biggest concern, according to the Robert Wood Johnson Foundation, as reported by the American Psychological Association (2001), is that substance abuse is the nation’s number one health problem.

The American Psychiatric Associations Diagnostic and Statistical Manual of Mental Disorders, (4th Ed.) (1994) contains specific criteria, which individuals must meet in order to be diagnosed as alcoholic:

1. Tolerance, as defined by either a need for markedly increased amounts or diminished effect with continued use.

2. Withdrawal, as manifested by either the characteristic withdrawal
syndrome or the substance is taken to relieve/avoid withdrawal symptoms.

4. The substance is often taken in larger amounts or over a longer period.

5. Unsuccessful efforts to cut down or control substance use.

6. A great deal of time is spent in activities to obtain the substance.

7. Important social, occupational, or recreational activities are given up.

8. Substance use is continued despite knowledge of having a physical or psychological problem.

Historic theorists such as Jellinek (1960) described alcoholism as a complex process, which should be looked upon as a disease. Contemporary theorists are now considering an alcoholic to be affected by a combination of biopsychosocial and spiritual factors.

Alcoholism is multi-dimensional symptom syndrome. A fact that makes identifying sources of alcoholism very difficult. Among the other issues, the impact of the children of alcoholics is well documented. Three important areas of influence include prenatal exposure, genetic influences, and family environmental factors. This investigation will explore familial factors that may contribute to the children of alcoholic syndrome. The areas highlighted for exploration include parent/child attachment and injunctions (negative thought patterns) that develop in the early years of childhood.

Families with Alcoholism

Alcoholism is now considered a problem affecting the entire family problem (Bennett, Wolin, & Reiss; 1988; Berger, 1993; Steiner, 1971; & Steinglass, 1987). Fox (1962) suggested that every family member "is affected by it [alcoholism] emotionally,
spiritually and in most cases economically, socially and often physically" (p.72).

Lindeman, Hawks, and Barteeck (1994) defined alcoholism as an altered family process with specific characteristics, as well as feelings of mistrust and insecurity, disturbed relationships, inconsistency, and behaviors of denial and dependency.

A nationwide study conducted by Grant (2000) determined that one in four United States children (under 18) is exposed to alcohol abuse or dependence in the family. In a past survey complied by The National Association for Children of Alcoholics (1982) more than 28 million United States citizens have at least one parent with a drinking problem. It is evident that alcohol problems in families constitutes an ongoing, growing concern.

Alcoholism can affect family members very early in their development. For example, fetuses exposed to prenatal alcohol may suffer from conditions better known as fetal alcohol syndrome (FAS) and/or fetal alcohol effects (FAE), that have a lifelong impact on the developing individual. More emphasis is now being placed on the abnormalities manifested as a result the mother’s prenatal drinking than in previous years. Research has indicated that behavioral and learning difficulties as well as a common set of birth defects can arise from FAS and FAE (Jones, Smith, Ulleland, & Steissguth, 1973; Kinney 1996). Fetal alcohol syndrome is relatively easy to identify; however, fetal alcohol effect has a more subtle consequence. Children who suffer from FAE are usually identified as behavior problems and may fall through the cracks until they come in contact with the juvenile justice system.

Some theorists believe that children of alcoholics have a biological predisposition towards alcohol dependence. Merikangas (1990) reported that approximately 30% of the familial transmission of alcohol could be attributed to genetic factors. Schuckit and
associates (1995) demonstrated that children of alcoholic parents (specifically sons) are genetically at greater risk for alcoholism than children from non-alcoholic parents. Conclusions based on research in this area are in dispute because of insufficient means to explain non-physical factors, such as environment and life situations. Because of technological advancements, research in the field of genetics has become more sophisticated. Research with twins has offered confirmatory evidence regarding the genetic theory linking alcoholism to heredity (Goodwin, 1971). There is also strong evidence that has supported the socio-psychological paradigm. Some investigators have provided a solid base, which indicated that unstable home environments are strongly linked to alcoholism (Black, 1981; McCord & McCord, 1960). The literature on alcoholic family environments has depicted the family as chaotic, unstable, inconsistent, unpredictable, conflicting, less cohesive, as well as engaging in illogical thinking than non-alcoholic family environments (Beletisis & Brown, 1981; Black, 1981; Cork, 1969; Yama, 1992). Kritsberg (1986) viewed the alcoholic family as rigid, silent, in denial and isolation. The familial characteristics Kritsberg compiled from clinical observations were grouped according to emotional, mental, physical and behavioral categories. Examples of each category include:

1) Emotional characteristics: Fear, shame, guilt, distrust, loneliness and anger.

2) Mental characteristics: Concrete thinking, limited knowledge base, compulsivity, and confusion.

3) Physical characteristics: Tenseness, stress, allergies, and gastrointestinal disorders.
4) Behavioral characteristics: Chaos and crisis, manipulation, and
intimacy difficulty.

Seixas (1979) and McRae (1986) postulated that dysfunctional, alcoholic family systems
share several common characteristics, which include communication difficulties, limited
problem-solving skills, a distorted reality base, as well as internalized transference of
negative messages, such as the way that familial shame over alcoholism is passed down
through the generations.

Berger (1993) believed that alcoholism must be viewed as a family disease since the
entire family suffers when there are members abusing alcohol. Bepko and Krestan
(1985) proposed that "a systemic perspective on alcoholism suggests that we view
alcoholism not as an individual problem but as an interactive one that affects and is
affected by interaction and change at many systemic levels" (p. 4). Family interaction
and commitment can contribute to the effectiveness of a family. Smith (1991) reported
that substance abusers lack appropriate role models. In fact, the negative patterns picked
up by substance abusers appear to be passed down through the generations. In essence,
these harmful patterns bind the family in a ruinous cycle. Wolin, Bennet, Noonan, and
Teitelbaum (1980) found that disruption in family rituals contributed to the
intergenerational transmission of alcoholism. In most alcohol-abusing families, rituals
may occur, but the way they are carried out is detrimental. In some cases, there is one
parent who is not alcoholic and manages to maintain the rituals for the children. Steiner
(1971) argued that there were games that alcoholics play which validate and allow for
alcoholic behavior. Furthermore, Hawkins (1997) claimed that the disruption of family
routines and rituals is linked to the development of adult-child-of-alcoholic
characteristics. Bennett, Wolin and Reiss (1988) reported that children of alcoholics (COA) who were involved in scheduled rituals and valued relationships were less likely to display affective and behavior problems. In addition, research on constructive family bonding was linked to higher educational promise in children whereas parental commitment was associated with the number of hours spent with children and the time spent via shared meals and leisure activities. Both were found to influence academic performance (Cooksey & Fondell, 1996; Downey, 1995; Hawkins & Hawkins, 1995). Unfortunately, parents with drinking problems are often not available to spend time, be supportive, or provide nurturance to their children (Black, 1981). In fact, Jarviolkowski (1993) asserted, “Many alcoholics are physically or emotionally abusive at times. Parents, who would never dream of harming their spouse or children when sober, may inflict tremendous harm under the influence of alcohol. When drunk, their personality undergoes dramatic changes” (p.56). Furthermore, Kerr and Hill (2000) discovered more incidents of physical abuse in families with alcoholism as compared to families without alcoholism.

Lindeman et al. (1994) discovered alcoholism to be linked to the disruption of family roles and functions. Common roles found in children of alcoholics include the hero, the enabler, the lost child, the scapegoat, and, lastly, the mascot (Wegscheider-Cruse, 1981). According to Kerr and Bowen (1988), a family employs different functioning positions, which require particular interdependent styles of relating to each other. Overfunctioning individuals are the care-givers and become responsible for the identified patient’s well-being. A codependent spouse is a classic example of this construct. According to Berger (1993),
“Codependency is a term used to describe the unhealthy reactions of the spouse, children, other relatives, employers, and friends to the alcoholic. Codependents let the alcoholic shape their behavior and destroy their self-esteem, so that they end up contributing to the alcoholic’s unnecessary habit. They also often become so involved with the drinker that they ignore their own needs and desires” (p. 80).

Just as important is the degree of differentiation that each family member possesses as well as the impact it has on an individual’s level of functioning. For example, the codependent spouse is so entwined covering up for the alcoholic’s behaviors that he/she may be neglecting his/her own personal growth. Furthermore, it becomes the codependent’s mission in life especially if the codependent is an ACOA who needs to save the alcoholic. Clearly, in order to save an alcoholic, one needs an alcoholic. As a result, recovery may be unconsciously sabotaged.

In an attempt to bridge the gap between alcoholism in family theory and practice, researchers have identified several variables, which may determine the severity of detrimental outcomes for children. Positive factors included a non-alcoholic parent, the treatment and recovery process, resiliency of the child, and significant outside resources, such as extended family, friends, religious leaders, and educators. Conditions found to have very little impact involve sibling birth order and alcohol consumption timetable (Snyder & West, 1986). Werner (1986) examined the effects of parental alcoholism on children and found that 59% of them were coping very well by 18 years of age. Werner concluded that several characteristics contributed to the children's resiliency including at
least average intelligence, good communication skills, an internal locus of control, high self-esteem, the ability to care and be compassionate, along with being motivated to achieve. Unfortunately, there are still many children today that suffer the detrimental consequences of a dysfunctional family because of being raised in an alcoholic home environment.

Adult Children of Alcoholics

An adult child of an alcoholic (ACOA) is defined as a fully-grown individual who had been reared by a problem-drinking mother, father, or both mother and father. Wallace (1987) reported that children of alcoholics are a special population at high-risk for medical, psychological, and social problems and should be treated with careful, individualized assessment of the family. As children of alcoholics grow into adolescence and adulthood, they are four to six times more likely to develop alcohol problem-drinking patterns (Cotton, 1979; Hundleby & Mercher, 1987; Hyphantis, Koutras, Liakos, & Marselos, 1991; Russell, 1990). Children from alcoholic families are at-risk for many other negative types of outcomes. For example, Sher, Walitzer, Wood and Brent (1994) demonstrated that the adult-children-of-alcoholics population are at-risk for problems such as substance abuse and psychopathology. Frances, Timm, and Bucky (1980) found that families with a history of alcoholism displayed more anti-social behavior, along with increased psychopathology. Black (1981) perceived ACOAs as shame-based. Cook (1987) reported that substance-abusing families experience higher levels of internalized shame than non-substance-abusing families. In addition, families with higher levels of shame are more likely to exhibit multiple addictions than families with lower levels of
shame.

Woititz (1985) believed that adult children of alcoholics behave in disturbing ways as a result of their fears of abandonment in which the most obvious is relationally observed through a struggle with intimacy. According to Harman, Armsworth, Hwang, Vincent and Preston (1995), college students with problem-drinking parents experienced more adjustment problems and distress than college students with non-alcoholic parents. These adult children of alcoholics were more likely to develop a variety of detrimental conditions such as depression, anxiety and somatic problems (Moos & Billings, 1982).

It is evident that ACOAs can come from a range of socioeconomic levels, ethnic and cultural groups, geographic locations, age groups and are of either gender. Adult children of alcoholics typically display a number of characteristics or clinical impressions (Black 1981; Woititz, 1983). For instance, ACOA's have difficulty understanding what "normal" is, are very critical of themselves, overreact, feel different, and need approval. In families where parental alcoholism exists, these characteristics are woven into a child's personality and become the very foundation of functioning.

The National Institute on Alcohol Abuse and Alcoholism (1983) in an Alcohol Alert reported on the significance of cognition, as well as of cognitive measurement at different developmental stages as it correlates to alcoholic conditions. Within this frame of reference, Ervin, Little, Streissguth and Beck (1984) discovered that children raised with an alcoholic father obtained lower scores on intelligence tests involving full-scale, performance, and verbal scores than did children raised by non-alcoholic fathers.

Patterns of cognition are learned not only through observation, but also through interactions as well. Vygotsky (1978) provided a rational for how thought patterns get
from parents to children. He proposed that people internally reconstruct their processing from external interactions involving attention, memory and concept formation. In Vygotsky's words, "an interpersonal process is transformed into an intrapersonal one" (p.57). Hence, a child experiences processing in two ways: first socially and then individually. Cooksey and Fondell (1996) reported that parental interaction with children in terms of time spent via shared meals, leisure activity, and homework was important to academic achievement. These researchers found that parental interaction was linked to improved academic performance. Conversely, Wilsnack and Beckerman (1984) reported that ACOAs experience an inadequate parent/child bonding process. The inadequate parent/child bonding process that ACOAs endure may be due to the inconsistent, chaotic, and/or vacant interactive tendencies of an alcoholic parent.

The present investigation is intended to explore the link between patterns of cognition and bonding or attachment processes. The factors for investigation were derived from the original works of Bowlby (1969, 1989) who proposed that people develop secure or insecure attachment styles and Goulding and Goulding (1976) who viewed negative cognitive patterns of perceiving self and others as injunctions.

Attachment

Attachment theory is concerned with the bonds that are created through the shared interactions of parent and child. Early theorists such as Bowlby (1979) and Ainsworth, Blehar, Waters, and Wall (1978) recognized that attachment processes exert a strong influence on human behavior. Bowlby (1989) defined attachment as "any form of behavior that results in a person attaining or maintaining proximity to some other clearly
identified individual who is conceived as better able to cope with the world" (p. 26-27).

To understand Bowlby's theory of attachment, one must think in terms of parenting style. Bowlby's perspective on parenting is closely based on inspecting the parent-child relationship that develops in the early months of a child's life. More specifically, the theory highlighted the level or quality of nurturance that the mother provided to an infant. In the early years, a child will develop patterns of behavior that regulate this interaction. Certain interactions will stimulate emotional responses in a child. When parents are available and respond to a child, the emotional responses are subdued, and a secure base is achieved. When children have secure foundations, they will feel free to explore the world knowing that a parent will be there at their return. Conversely, when no parent is available to comfort the child's distress, fear and anxiety may arise and develop into a broad array of psychological and social problems. Bowlby (1989) proposed three types of attachment that a person develops from parent/child interactions including secure, anxious/ambivalent and avoidant.

The effects that early attachment processes have on a person's perception, cognition and interpersonal relationships can be predicted and identified in adult social relationships. Kenny (1987, 1988, 1990, 1994) investigated attachment (quality, autonomy fostered by parents and emotional support offered by parents) in college students and found that people with insecure attachments were linked to social, educational and psychological difficulties. Hazan and Shaver (1987) discovered links between the quality of attachment to parents (secure, anxious/ambivalent and avoidant) and young-adult psychological well-being and romantic love relationships. Investigators found the style of attachment important for understanding relational problems with adult
children of alcoholics (Brennan, Shaver, & Tobey, 1991). More specifically, participants with alcoholic parents reported more avoidant and anxious-ambivalent attachment patterns than participants with non-alcoholic parents. It is important that researchers understand how early parent/child interactions develop into internalized thought patterns and ultimately predict the child's behavior.

Cognition and Injunctions

As previously documented in this examination, ACOAs were observed to have mental characteristics that could be detrimental such as concrete thinking, limited knowledge base, compulsivity and confusion (Kritsberg, 1986). Research is needed to understand how the mental components develop as well as how a person's thinking is linked to the way one feels and behaves. According to the Webster's New World Dictionary (1980), cognition is defined as "The process of knowing in the broadest sense including perception, memory, judgment, etc" (p. 276). In this sense, cognition determines the direction one's behavior will proceed. If a person's cognition is disruptive, obstructive, unclear, or incomplete, behaviors will be capricious, unstable and may cause erratic responses. Which leads us to question how it is that one develops cognition?

Attribution theorists believe that people form ideas from causal inferences. The goal is to attribute a pattern of causes or a consistent cause to an outcome. It is through these formed impressions that individuals incorporate and apply information when making judgments (Fiske & Taylor, 1991). Formed impressions according to Berne (1972) are perceived as schemas.

Fiske and Taylor (1991) continue by defining a schema as "a cognitive structure that represents knowledge about a concept or type of stimulus, including its attributes and the
relations among those attributes" (p.98). Schemas perform many functions including filters serving and regulating all new information, facilitators of old memory into storage, and generators of inferences wherever gaps of information are present. Hence, people use schemas congruent with their feelings, as well as a way to control an outcome. As schemas develop, they become organized, compact, and resilient to inconsistency.

Byng-Hall (1995) found that the family as a relational system develops scripts in which to think and behave. Laing (1971) viewed the family as a system of highly intertwined relationships. It is because of the integration that relationships create knots or snags within the interpersonal transactions amongst family members (Laing, 1971). He also proposed that ways of being and thinking are internalized and passed down through the generations. Furthermore, a person's reaction to a situation is derived from environmental factors and a pre-formed set of beliefs. Hence, parental beliefs and repetitive parent-child interactions contribute to the cognitive development of the ways the child will perceive one's self and others. It is generally accepted that there is a growing need to understand how these cognitive patterns of perception are internalized and processed into behavior.

Berne (1964, 1972) was interested in the way interpersonal interactions form the way an individual thinks and behaves. His theory highlighted interpersonal interactions through three components including ego-states (Parent-Child-Adult), the contribution of "Games" and life positions such as "I'm OK - You're OK." Games are different from rituals, past-times, and activities in that they maintain an ulterior quality and a payoff. Steiner (1971) perceived that alcoholics engage in similar patterns of interaction or games in which an alcoholic will portray one of three positions including drunk, lush and
wino. Each position has a script that operates from the you're OK and I'm not OK life position. Life positions become part of a person's script, which is formed through interactions with parents in early development. These messages become internalized as cognitive thought patterns of perceiving self and others.

Berne (1972) postulated that injunctions are negative cognitive patterns, which are derived from the cognitive interpretations of parent/child interaction in early childhood. Goulding and Goulding (1976) suggested that reinforced negative thought patterns about self and others become encapsulated in the form of injunctions. Furthermore, they developed twelve such injunctions including "Don't be; Don't be you; Don't be a child; Don't grow; Don't make it; Don't; Don't be important; Don't be close; Don't belong; Don't be well; Don't think; and Don't feel" (p. 41). According to these theorists, injunctions prevent and obstruct healthy growth processes in cognitive, emotional, and social development.

It is important to explore how families with alcoholism cognitively function and support the negative patterns of perceiving self and others. Steiner (1971) observed that alcoholics maintain the "Don't think" pattern of cognition. Within this frame of reference, alcoholics are conditioned not to think for themselves. Instead, thoughts become replications of another person's (parents') cognitive patterns. Black (1981) suggested that silent rules exist in parent/child relations of alcoholic families including "Don't talk" (p. 33), "Don't trust" (p. 39), and "Don't feel" (p. 45). Injunctions such as these are internalized messages that guide the behavior of alcoholic family members.

This investigation will provide a link between adult children of alcoholic characteristics and injunctions. For instance, the ACOA characteristic involving
difficulty with intimacy correlates to "Don't be close." More specifically, an obvious association exists between Black's (1981) "Don't trust" message and the Goulding and Goulding (1976) "Don't be close" injunction.

How is it that many children from alcoholic families develop serious psychological problems, while other children within the same family system arrive into adulthood relatively unscathed? According to Werner (1986) children who experience very few ramifications from being reared in an alcoholic family environment share several characteristics including the ability to seek support outside the family, the use of good communication skills, the capability to care, and the motivation to change or achieve. The characteristic that is important to this investigation is the child's ability to seek support outside the family system. In responding to a crisis, the single most important factor is the existence of a strong support system regardless of other factors. In other words, some children feel free to explore outside source alternatives which perhaps indicates the child having a secure attachment and/or coming from a well-differentiated family. According to Minuchin (1974) dysfunctional families might be excessively close (enmeshed) or disengaged. A well-differentiated family balances a sense of belonging and differentiation through clear interpersonal boundaries.

Within this frame of reference, one can imagine how Werner's resilient characteristics might be fostered by positive thought patterns. However, injunctions or negative thought patterns can very easily obstruct the development of constructive, resilient characteristics. For example, someone's intelligence level may be decreased by thought patterns such as "Don't think" and "Don't feel" injunctions; communication skills may be obstructed by the "Don't be, Don't think and Don't feel" injunctions; internal locus of
control can be negated by the "Don't be you" injunction, and motivation can be hindered by the "Don't succeed" injunction. This non-empirical association was provided to strengthen the readers' understanding of negative cognition as perceived to interrupt and obstruct constructive development or in this case resilient characteristics.

In retrospect, a person with more injunctions is perceived as harboring a life position of "You're OK - I'm not OK." Furthermore, the more injunctions a person has formed, the more games they are believed to engage in, such as the games an alcoholic plays. Conversely, the fewer injunctions a person has, the fewer games are played and the more they are involvement in activities, rituals, past-times and intimacy with other people.

Most of the research conducted on adult children of alcoholics thus far concentrates on psychosocial issues such as relationships, in addition to pathological conditions such as anxiety and depression. Data revealed a link between adult children of alcoholics and insecure parent/child attachment styles (Brennan et al., 1991). More research is needed as to establish the reasons why adult children of alcoholics harbor insecure attachment orientations. It is this researcher's belief that negative cognitive patterns of perceiving self and others, in the form of injunctions, greatly contribute to the course of a lower quality attachment development. Furthermore, internal processing of injunctions appear to collectively produce behaviors that contribute to detrimental developmental consequences.

Research provides convincing evidence that alcoholism is passed down through the generations, and this pattern reinforces the continuation of a harmful cycle. The aim of the current research is to examine the relationship between:

1) Quality of attachment in ACOAs and non-ACOAs
2) Level of injunctions in ACOAs and non-ACOAs

3) Differences between ACOAs and non-ACOAs on specific injunctions such as "Don’t think," and "Don’t feel."

4) Gender differences in ACOAs and non-ACOAs on level of injunctions.

To date, no study of adult attachment has examined the cognitive patterns of self and other perception in the form of injunctions with ACOAs. Investigations have been conducted assessing the association between ACOAs and attachment, ACOAs and forms of cognition, and attachment and cognition in general.

It is this investigator’s hope that this study will assist in bridging the gap between empirical research findings on the quality of attachment and cognitive patterns of perceiving such as injunctions which impair psycho/social/emotional development. At this point in time, no efforts in research have been made to link attachment with parentally instilled injunctions in children of alcoholics.

Negative cognitive patterns of perceiving self and others can be viewed as part of the process of attachment. More specifically, through interpersonal child-parent relationships, a child's cognitions of self and others may become internally imprinted. Negative cognitive patterns are passed down through the generations via interpersonal relationships.

This study is important because positive thought processes and secure attachment cultivate growth and support sound social and emotional adjustment. Conversely, negative self-perceptions and insecure attachment inhibit growth and disrupt sound social and emotional adjustment. The results of this study may assist with preventive measures,
conceptualization and treatment modalities for the adult children of alcoholics involved in an adjustment process.

Children of alcoholics frequently exhibit a range of deficits. These difficulties occur in social relationships and cognitive processes. There are two popular approaches (clinical and self-help) to working with this population. The clinical approach utilizes a professional in the field of psychology or psychiatry assisting an addicted client through a therapeutic process (assessment, intervention, and evaluation). The self-help approach, as exemplified by Alcoholics Anonymous and Al-anon, does not employ a professional in the field. Alcoholic Anonymous consists of alcohol addicted people who assist each other on the road to recovery. Despite lack of professional assistance, self-help groups can be effective. Generally speaking, clinicians recommend that both orientations be employed when working with this population. What is known about attachment and the development of cognitive patterns is a contribution to the field of ACOA. The integration of developmental and cognitive theories may offer insight and increase effectiveness of clinicians working with adult children of alcoholics. Attachment theory and cognition theories relating to the development of cognitive processes are closely related. An exploration of both constructs collaboratively may shed insight what obstructs people from fully developing holistically as a human being.

Definition of Terms

For the purpose of this study, the examiner theoretically defined an adult child of an alcoholic as a fully grown individual (18 years or older) who had been reared by a problem-drinking mother, father or both mother and father. ACOA and non-ACOA
status were behaviorally identified through the completion of the Children of Alcoholics Screening Test (CAST) (Jones, 1981). Beidler (1989) argued that ACOA should not be a separate field of study because other conditions such as trauma and child abuse in families might also represent characteristics that are normally associated with ACOAs. On the other hand, Wallace (1987) fully supports the ACOA population as a unique field of study, assessment and treatment. These theoretical differences make accuracy in determining ACOA status difficult; however, the CAST makes up for the gap by asking specific questions on parental problem-drinking. In addition, the use of the CAST (self-report measure) does not delineate between parents who are clinically diagnosed alcoholics and problem-drinkers. Nor does it identify any forms of recovery. Naturally, utilizing a clinically diagnosed population of alcoholics and their children would have obtained a more representative population than self-identified university students. However, due to time and economic restraints, college students were used as participants.

The offspring of alcoholics are higher at-risk to develop problem-drinking than offspring of non-alcoholics (Cotton, 1979; Hyphantis, Koutras, Liakos, & Marselos, 1991; Hundleby & Mercher, 1987; Russell, 1990). In order to control for participant problem-drinking, the Short Michigan Alcohol Screening Test (MAST) will be administered (Selzer, 1971; Selzer, Vinokur, & Van Rooijen, 1975).

According to pioneer attachment theorists, people will develop secure or insecure attachment from parent/child interactions in the early years of development (Ainsworth 1969; Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1989). Attachment will be identified through the Parental Attachment Questionnaire (PAQ) which assesses the quality of attachment, autonomy fostered by parents, and emotional support offered by
parents (Kenny, 1987). Injunctions, which illustrate the negative cognitive patterns of perceiving self and others that are reinforced in people and become ingrained in their personalities, will be assessed through the Drego Injunctions Scale (Drego, 1996).
CHAPTER II

Review of the Related Literature

A review of applicable literature is necessary to create a thorough understanding of the three variables being investigated in this study. A targeted focus involves exploring the areas of adult children of alcoholics, attachment, and cognition. A more specific review will cover combinations of these variables. The goal of this chapter is to provide a conceptual approach to attachment and internal cognitive patterns in relation to parental injunctions, which may be associated with adult children of alcoholics (ACOAs).

Adult Children of Alcoholics

Adult children of alcoholics can be defined as adults having been reared by one or more alcoholic parents. The alcoholic family environment is an important factor that affects a child's development and contributes to competence and/or difficulties in adulthood. The National Institute of Health and the National Institute on Alcohol Abuse and Alcoholism (2000) provided statistical information on the children of alcoholics in the United States. The reports indicated that approximately one in four United States children (19 million children) are exposed to familial alcoholism or abuse before the age of 18. The National Association for Children of Alcoholics (1982) estimated that one in eight United States adult drinkers is alcoholic or experiences alcohol use ramifications. With these statistics and knowing the detrimental effects, it appears worth the time and
effort to investigate this population further. The term adult children of alcoholics was popularized by Woititz (1983) and Black (1981). According to Woitiz (1983) ACOA's were described as having certain personality characteristics or clinical impression

1. ACOAs guess at what “normal” is.
2. ACOAs have difficulty following projects through to completion.
3. ACOAs fabricate for no apparent reason.
4. ACOAs do not have fun easily.
5. ACOAs are very critical of themselves.
6. ACOAs experience intimacy problems.
7. ACOAs overreact to circumstances beyond their control.
8. ACOAs are in need of approval and affirmation.
9. ACOAs view themselves as different.
10. ACOAs are either over-responsible or under-responsible.
11. ACOAs are very loyal.
12. ACOAs are impulsive.

Woitiz (1983) argued that ACOAs struggle with the consequences of parental alcoholism by assuming high-risk characteristics. Research has uncovered specific familial characteristics that substantially affect whether or not ACOAs will suffer detrimental outcomes (Finn et al., 1997; Sher et al., 1994).

Some investigators contended that the ACOA population should not be a unique field of study because people from dysfunctional families who are non-alcoholic can display the same characteristics (Beidler, 1989; Harrington & Metzler, 1997). Research has not always succeeded in finding differences between the groups (Fulton & Yates, 1990; Sher, 1991; Tweed & Ryff, 1991). However, Tweed and Ryff, (1991) found that ACOAs perceived their homes as significantly more emotionally abusive than did non-ACOAs. Woititz (1983) contended that ACOAs reflect the above characteristics more strongly than non-ACOAs. Furthermore, Wallace (1987) suggested that children of alcoholics must
be seen and treated as a unique population who are highly susceptible to medical, psychological, and social difficulties.

Similar to the findings of Woititz (1983), Fisher, Jenkins, Harrison and Jesch (1992) examined characteristics of children with problem-drinking parents. The researchers reported that ACOAs from dysfunctional families frequently reported four of the ACOA characteristics (guess at what normal is, fabricate when it is just as easy to reveal the truth, have difficulty having fun and with intimate relationships) more so than ACOAs from non-dysfunctional families. This may imply that ACOAs experience higher levels of dysfunction than non-ACOAs, thus, giving these four ACOA characteristics empirical validity. In a study conducted by Webb, Post, Robinson and Moreland (1992), ACOAs scored higher on levels of anxiety than non-ACOAs. However, measures of knowledge and self-concept did not indicate any significant differences in ACOA and non-ACOA groups. Conversely, Wiegheider-Cruse (1985) claimed that eventually children of alcoholics internalize parental rejection by developing a self-image that is unworthy of love and security and deserving of harsh, negligent treatment.

Harrington and Metzler (1997) compared adult children from dysfunctional families with alcoholism (ACDFA) to adult children with dysfunctional families without alcoholism (ACDF) and adult children of functional families (ACFF) on relationship satisfaction and classification of ACDFA as a unique population. The investigation uncovered that ACDFAs and ACDFs displayed significant difficulty with problem-solving communication skills in intimate relationships. Black, Bucky and Wilder-Padilla (1986) explored differences between ACOAs and non-ACOAs. The ACOA
participants reported less interpersonal resources as children and more emotional and psychological difficulties as adults than non-ACOAs.

The ACOA population has been at high-risk for emotional difficulties including depression, low self-esteem, and anxiety (Anderson & Quast, 1983; Cermak, 1986; Dodd, Roberts, 1994; El-Guebaly, Walker, Ross & Currie, 1990; Kritsberg, 1986; Roosa, Sandler, Beals & Short, 1988; Moos and Billings, 1982). Gunderson, Kerr and Enclund (1980) observed that individuals with character (personality) disorders display parental failure in providing basic nurturing, safety and empathic affection. If left parentally unattended (which is a pattern among abusing parents), children may manifest an array of personality disorders (Bowlby, 1989). In addition, Modell (1980) found that parents who fail at parenting lack emotional responsiveness. Maher (1992) wrote that community life (including the family system) is slowly dissolving and as a result emotional disorders are increasing. If families dissolve emotionally, it seems inevitable that an increase of emotional disorders especially in the children will be manifested. According to Berne (1972), children reared in an environment that lacks emotional support, such as the unstable alcoholic home, may develop thinking patterns that prevent them from constructive emotional and intellectual growth.

Some theorists have proposed that ACOAs are shame-based (Black, 1981). Stierlin (1974) explored the intricacies of emotions, such as shame and guilt, as both integral components and as separate entities. Within this frame of reference, shame is defined as painful embarrassment, and guilt is considered the anguish that one feels over harming another person. Furthermore, the factors of shame and guilt keep a person detrimentall
glued to a family bond and interfere with a person's ability to detach from the system.

Shame, when internalized, will affect the way a person thinks, feels, and behaves. Cook (1987) reported that substance-abusing families indicated higher levels of internalized shame than non-substance-abusing families. Furthermore, families with substance abuse with higher levels of shame were more likely to have multiple addictions. Shame, as an internalized emotion, not only precipitates an addiction, but alcohol can serve to solidify and maintain the shameful personality for the whole family. According to Stierlin (1974), family myths continue the detrimental cycles of shame by carefully hiding the shame from outsiders and preventing family members from breaking away or constructively working through their feelings of shame.

In most alcoholic families, drinking is the family secret. Information is concealed or revealed only in the attempt to exert power to help or hurt other family members. Families with rigid boundaries conceal secrets through loyalty (Imber-Black, 1998). The secret becomes the focal point, and it serves to organize the family (Steinglass, 1980). According to Goffman (1963) the secret is a stigma. To preserve a secret, family members may engage in a process of impression management. Within the framework of impression management, an individual under the tension of a stigma is forced to limit the release of information to others and/or assume on the characteristics of the discredited individual (Alcoholic).

Beneath the stigma or secret lies a primitive, cognitive defense mechanism called denial. According to Brown (1988), "Denial of parental alcoholism includes denial of perception and the affect congruent with it. It also involves faulty construction—the act of reasoning. Almost always, denial of parental alcoholism requires not only a narrowing
of cognitive and affective range, but also a distorted view of the self" (pp.106-107).

Brown suggested that denial obstructs healthy cognitive development in children of
alcoholics. Guidano and Liotti (1983) found that the cognitive level equivalent to denial
occurs during Piaget's concrete operational stage. Deutsch (1982) proposed that clinical
treatment/interventions with COAs may bring forth pent-up emotions surrounding issues
of guilt and shame, at which point the COA will deny or minimize the alcoholism. In
some cases, the emotional interchange builds up to a point whereby someone can no
longer handle the chaos and pathological symptoms, and then destructive behaviors
become manifest.

Secrets, denial, shame and guilt are maintained through the push-pull inter-relational
patterns sculpted in alcoholic families. These inter-relational patterns choreograph the
family dance. Steinglass and colleagues (1987) reported that family members who
attempt to change behaviors and challenge the family system will meet with negative
consequences. Steinglass (1980) postulated that interactive patterns within families are
formed to secure homeostasis or the maintenance of family functioning whether it be a
positive or negative influence. Clinical observations of the patterns developed by family
members led Steinglass to infer that drinking behavior has meaningful adaptive
consequences for family stability and functioning. In addition, the adaptive
characteristics reinforce and maintain the drinking pattern (Davis, Berenson, Steinglass
& Davis, 1974).

To some extent, ACOA individuals have become a population of survivors. Unless,
the presence of a positive role model, mentor, and/or resiliency factors, an ACOA is
forced to develop their own set of independent skills. In a treatment modality,
considering to what extent secrets, denial, guilt, and shame are processing becomes vital. Within this frame of reference, it may take time for an individual to admit family addiction and that one point of contact may not be enough time to elicit such “secretive” information.

Many researchers will assess, examine and treat adult children of alcoholics as a unique population. There are several self-report instruments designed to determine ACOA classification. Five instruments have been examined for possible use in this study:

Adult Children of Alcoholics Tool (ACAT) (Hawkins & Hawkins, 1995). The ACAT contains 25 self-report items that measure the ACOA personality characteristics proposed by Black (1981) and Woititz (1983). The ACAT has an internal consistency reliability of .84 as measured by an alpha coefficient and a test-retest (one-month) reliability of .78.

Children of Alcoholics Screening Test (CAST) (Jones, 1981). The CAST is a 30-item, self-report questionnaire that measures a respondent’s attitudes, feelings, perceptions and experiences regarding parental problem-drinking. The CAST can be utilized with children, adolescents, or adults. Jones (1981) reported a .98 Spearman-Brown split-half reliability coefficient with samples of children, adolescents, and adults.

Children of Alcoholics Short Screening Instrument (CASSI) (Vail-Smith & Knight, 1996). The CASSI contains four self-report items that assess a participant’s judgment about parental drinking and reaction to parental drinking. Jones (1981) recorded a .94 Cronbach alpha reliability coefficient and a test-retest reliability of .81.

Children from Alcoholic Families Instrument (CAF) (DiCicco, Davis, & Orenstein, 1984). The CAF consists of one self-report item and was designed to
be used with adolescents in a school-based survey. The validity and reliability of this instrument were not reported. The instrument selected to determine adult children of alcoholic classification for this study is the CAST. The CASSI was comparable to the CAST in terms of assessing perceptions; however, the CAST had a higher reliability and validity coefficient than the CASSI. The CAF was disregarded based on the use of a single item (self-determinant) of ACOA classification. The ACAT is a reliable measure and could have been used for this study. However, the ACAT emphasized the personality characteristics of an ACOA whereas the CAST takes into account the attributes, feelings, perceptions and experiences of being raised by an alcoholic parent. As the research has suggested, there are unhealthy characteristics that ACOAs develop because of higher levels of dysfunction in families with alcoholism. However, as Werner (1986) pointed out, some ACOAs are resilient and develop healthy characteristics such as the ability to seek outside support. Hence, the kind of attachment a child has to a parent may contribute to the ability to seek outside support. Another consideration is whether or not outside support is available.

Attachment

Interpersonal relationships are an important part of social and life situations. Similar to other systemic family thinkers, Minuchin (1974) described relationships as follows:

In the linear model, the behavior of the individual is seen as sparked by others. It presumes an action and a reaction, a stimulus and a response, or a cause and an effect. In the systems paradigm, every part of a system is
seen as organizing and being organized by other parts. An individual's behavior is simultaneously both caused and causative. A beginning or an end are defined only by arbitrary framing and punctuation. The action of one part is simultaneously the interrelationship of other parts of the system. (p. 20)

Systems operate according to each person's contribution and interaction with others. Another family systems perspective is that of Bateson (1971) who commented:

We can assert that any on-going ensemble of events and objects which has the appropriate complexity of causal circuits and the appropriate energy relations will surely show mental characteristics.... In no system which shows mental characteristics can any part have unilateral control over the whole. (p. 5)

Bonding that occurs within families is better known as attachment. Attachment relationships are characterized by a degree of reciprocated affection, physical closeness and solidity of emotional bonding (Thompson, 1996). Various theorists have proposed the importance of infant-mother attachment for healthy human development (Ainsworth, 1969; Bowlby, 1980; Mahler, Pine, & Bergman, 1975). Ainsworth (1969) explored mother-infant relational processes through a psychoanalytic orientation encompassing object relations, a social-learning model, and an ethological view of attachment. Ainsworth examined maternal deprivation and the importance of establishing a sense of security in infants. Her research supported Harry Harlow's (1976) findings with Rhesus monkeys, which indicated that healthy development depends upon maternal nurturance. Based on their observations of parent-child dyads, Mahler et al. (1975) found that the
success of interpersonal relationships depends on the mastering of separation anxiety. These authors described individuation as the process whereby an individual develops and maintains a healthy, autonomous self. Bowen (1978) affirms that the more differentiated (the ability to grow as an individual while maintaining family relations) a person is, the more successful ones interpersonal relationships are and vice-a-versa. Colapinto (1991) proposed that a person becomes self-defined through the many interrelated roles one experiences whereby differentiation is needed for enmeshed families and connectedness is needed for disengaged families. In both cases, the goal is to function interdependently concurrent to individuating. Moreover, individuals unable to function interdependently may have difficulty with connectedness. According to Minuchin (1985), families with lower levels of differentiation are more likely to succumb to triangulation. In families with alcoholism, Minuchin uses this example of triangulation; the non-alcoholic parent will often collude with a child against the alcoholic parent.

Bowlby (1989) defined attachment as a close interactive process between two people in which one person is perceived to have stronger coping skills than the others. To understand Bowlby's theory of attachment better, one must think in terms of parenting patterns. Using an ethological approach, Bowlby assessed a child's bond to his/her mother. In a child's first-months, certain behavioral patterns develop which regulate the mother/child proximal relationship. Within this time period the behavior patterns become stimulated to respond to certain conditions and take effect when certain of these are presented. These conditions involve the child's sense of protection and nourishment, which are dependent upon the child's level of emotional arousal. In a mild case, a child's
arousal can be satiated by seeing or hearing one's mother. In a moderate case, the child's arousal may need to include a touch. In cases of higher arousal, the child may be distressed and require intense holding and conversing in order to pacify. The key component according to Bowlby is the parent's availability and readiness to act when summoned. When parents are attuned to their child's needs, they can respond and reduce the infant's uncomfortable feelings. Conversely, the unavailability of a parent causes anxiety, which has the potential to manifest in an array of disorders. In essence, attachment patterns program an inclination toward a way to respond to oneself, other people, and the world. Given that the characteristics of alcoholic parenting consist of inconsistency and unresponsiveness, alcoholism is likely to impact early attachment.

Bowlby (1989) viewed healthy attachment as requiring a secure base. A secure base for a child involves increasing the freedom to roam and explore his/her gradually expanding world beyond without the fear of abandonment. Early attachment theorists viewed attachment style as either secure or insecure. Bowlby proposed that secure attachment stems from a healthy bond between child and parent, and insecure attachment can result in anxious/ambivalent or avoidant bonding. Ainsworth et al. (1978) postulated that a child with an insecure attachment style would avoid interacting with others, especially when distressed. Accordingly, children raised in abusive home environments learn to dismiss from their thinking any feelings, thoughts, and impulses towards action with others. If left unattended, such a child may manifest an array of personality disorders (Bowlby, 1989). George, Kaplan, and Main (1985) stressed four different types of attachment styles in adults which include secure/autonomous, dismissing, preoccupied, and uninvolved/disorganized. According to these authors the
secure/autonomous attachment style is created when caregivers appropriately respond to children; dismissing attachment promotes avoidant attachment; preoccupied attachment refers to a preoccupation with past relationship experiences whereby some anger may be present; and uninvolved/disorganized attachment involves memories of past trauma which may promote momentary disassociation.

Early research on attachment is limited in terms of empirical research findings. Attachment theory has gained an enormous amount of attention over the last three decades. Developmentally, a child who does not feel secure will fail to develop healthy attachments. Constant exposure to emotional unavailability from parents has detrimental effects that can last a lifetime. Hazan and Shaver (1987) have found links between the quality of attachment to parents (secure, anxious/ambivalent and avoidant) and young adult psychological well-being and romantic love relationships. The results of this study indicated that participants with secure attachment reported less psychological stress and more favorable interpersonal relationships. Furthermore, these researchers described adults with secure attachment as having satisfying, pleasant and trusting intimate relationships, as well as an acceptance and tolerance of their partners’ flaws. Individuals with avoidant attachment styles maintained a fear of intimacy and discomfort with closeness. The anxious-ambivalent attachment participants perceived love and intimacy with a strong, almost obsessive sexual attraction. According to Woititz (1985) ACOAs have difficulty with intimacy and closeness to others. In fact, ACOAs may avoid relationships or become enmeshed in them.

Contemporary scholars are examining and providing convincing evidence that attachment styles developing in early childhood remain with a person through
adolescence and adulthood. A recent study by Crespi and Sabatelli (1997) linked family development implications, such as parental alcoholism, to the process of individuation in late adolescence. These investigators designed a developmental agenda to better understand the way adolescents cope with parental alcoholism.

Developmentally, the period of adolescents involves balancing separation from family attachments to increase individuation while remaining connected amongst family members. According to Mahler, Pine and Bergman (1975) the process of individuation is greatly affected by the childhood resolution of parent/child separation. According to Minuchin (1974) dysfunctional families might be excessively close (enmeshed) or disengaged. Families that are enmeshed provide a sense of belonging; however, do not allow for differentiation. Conversely, families that are disengaged allow for differentiation; however, very little belonging. A well-differentiated family balances a sense of belonging and differentiation through clear interpersonal boundaries.

Unfortunately, many alcoholic families are too rigid in boundaries (Black, 1981) and this is often where differentiation of family members is unsuccessful.

Casemore (1990) reported that adolescents who are unsuccessful in separating from their parents are more at-risk for substance abuse than adolescents who successfully separate from parents. Differences have also been discovered between the genders. Van Wel, Linssen, and Abma (2000) examined parental bonding and well-being in late-adolescents. The outcome of their study suggested that more solid parental bonding occurred in daughters than sons during the transition into adulthood. Kenny (1994) also observed that girls have better parental bonds than boys. Greenberger and McLaughlin (1998) found that females with secure attachment styles employed more coping strategies
and sought out support systems more often than males with secure attachment styles. Researchers examining secure and insecure attachment styles and coping strategies observed that participants with secure attachment types reported more active coping techniques in their families, whereas participants with anxious/ambivalent attachment types exhibited a passive/appraisal coping style (Harvey & Byrd, 2000). Cowan, Cohn, Cowan and Pearson (1996) discovered links among attachment theory, family systems and symptoms of psychopathology in children. The results of this study revealed that, when paternal alcoholism was present, children showed more externalized symptoms, such as aggression. When maternal alcoholism was present, children displayed more internalized symptoms, such as depression and withdrawal.

Del Carmen and Huffman (1996) bridged the gap between attachment research (developmental approach) and mental health (clinical orientation) by examining assessment, classification and treatment factors of psychopathology from infancy to adolescence. These investigators emphasize integrative research to understand developmental attachment models and psychopathology. They successfully linked clinical factors to specific funding patterns, as well as highlighted efforts that increase communication with multiple discipline and methodological approaches. Donaldson-Pressman and Pressman (1994) conceptualized a narcissistic family as having characteristics similar to a dysfunctional family with alcoholic parents. These are families that hold onto secrets, are anger-filled, feel empty and defective inside, and suffer from depression or anxiety. It is not uncommon to find substance abuse, physical or sexual abuse, a criminal record, mental illness, or neglect. Brown (1988) noted that "Parental narcissism…leads to a loss of self rather than autonomous development. True
separation cannot occur at any point in development without the foundation of attachment and dependence, based on the centrality of the child's needs and the parent's accurate responsiveness to them" (p.139). Along this framework, Erikson (1968) found that establishment of trust in a child must precede the capacity for autonomy. This was further supported by Mahler, Pine and Bergman (1975) who proposed that the mastery of separation anxiety is a prerequisite to successful individuation.

Researchers have demonstrated that individuals can deactivate the attachment style formed in childhood. The deactivation of a negative attachment pattern (i.e.anxious-ambivalent or anxious avoidant) occurs with insight into and understanding of one's inner needs of an importance of attachment (Bowlby, 1973) Accordingly, it is not impossible for someone raised with an avoidant attachment style to develop a more secure type of attachment (Bowlby, 1973). Within this framework, do certain cognitive patterns that develop in early childhood hold the key to the deactivation process of unhealthy attachment? This researcher's guess is that, if a person alters a restrictive thought pattern to a permissive thought pattern, that the newly coordinated behaviors will resemble that of a person with a secure attachment style which may be achieved through therapeutic intervention.

The popularization of attachment theory across many psychological orientations such as object-relational, social-learning, systemic and developmental, have yielded significant research contributions, especially in the assessment domain. Today, it is possible to find several instruments, which measure attachment style. In some cases, the instruments address specific subcategories, such as quality of relationship, social
incompetence, trust and compulsive care-giving. The more frequently used self-report measures, along with reliability and validity include:

The Relationship Scales Questionnaire (Bartholemew & Horowitz, 1991) set up a four-group taxonomy measuring attachment. This measure consists of 30 items which assess four types of attachment including secure, anxious/preoccupied, fearful and dismissing. Vacha-Haase, Murphy, Ratzier and Davenport (1996) observed Cronback alphas on the four scales that ranged from .36 to .57.

The Measure of Insecure Attachment (West & Sheldon, 1988) consists of 40 items designed to measure four types of attachment including compulsive care-seeking, compulsive self-reliance, compulsive care-giving and angry withdrawal. Cronbach alphas ranged from .74 to .85. This suggests an acceptable internal consistency for the scale. A test-retest (over 4 months) yielded a range from .76 to .82.

The Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987) contains two scales, parent (28 items) and peer (25 items), which measure trust, communication, and alienation and assess perceived security and proximity-seeking. In an assessment of internal consistency, Armsden and Greenberg (1987) found Cronbach alpha coefficients ranging from .86 to .91 for the parent attachment scale and .72 to .91 for the peer attachment scale. A test-retest reliability yielded a .93 for the parent measure and .86 for the peer measure.

The Parental Bonding Instrument (Parker, Tupling & Brown, 1979) includes 25-items that measure parenting on the two dimensions of care and control. Care corresponds with parental warmth and affection as well as neglect and overprotection. Control corresponds with autonomy support as well as intrusion. In an assessment of internal
consistency, the inventors uncovered a Spearman Brown split-half reliability of .74 for overprotection and .88 for care. A test-retest (over 3 weeks) yielded a reliability coefficient for both scales ranging from .63 to .76.

The Bell Object Relations Inventory (Bell, Billington, & Becker, 1986) contains 45-items designed to measure object relations on four subscales involving alienation, insecure attachment, egocentricity and social incompetence. In an assessment of internal consistency, a Spearman Brown split-half reliability was obtained for the four subscales ranging from .78 to .90. A test-retest reliability was not reported.

The Parental Attachment Questionnaire (Kenny, 1987; 1990; 1991; 1992) is a self-report measure of quality of attachment. The investigations recruited from college campuses where the sample population consisted of late adolescents and young adults. Kenny (1987) originally composed an attachment instrument composed of 70 questions on parental relationships, which was adapted from the research of Ainsworth, et al. (1978) on attachment. In later studies, Kenny (1990, 1991, 1992) narrowed the survey down to 55-items that measured three subscales including the quality of relationship, parental support with autonomy, and provision of emotional support. The subscales best describe the individual’s feelings and experiences relating to their relationship with their parents. Kenny (1990, 1991, 1992) developed the PAQ to assess more specifically the relationship one has with either parent. PAQ has a Likert-type scoring format encompassing (1) not at all; (2) somewhat; (3) moderate amount; (4) quite a bit; (5) very much. In a measure of internal consistency, Cronbach alpha reliabilities were found for men (.93) and women (.95). Alpha coefficients for the three scales ranged from .88 to .96. Test-retest reliability over a two-week time span obtained coefficients of
.82 to .91 (Kenny, 1992). Kenny (1988) investigated the relationship between the PAQ subscales and the Marlowee Crown Social Desirability scale. Correlations for the PAQ subscales of quality of attachment and parental role in providing emotional support were not significant; however, there was a significant correlation with the PAQ parental fostering of autonomy subscale ($r = .22$, $p < .04$).

Kenny (1990) discovered that college students with secure attachment styles were positively connected with self-reports of career maturity. Furthermore, Kenny discovered that the PAQ subscales autonomy and emotional support were predictors of career planning for college students. Kenny (1991) found that people with insecure attachment styles were linked to social difficulties and psychological symptoms. Kenny (1992) postulated that individuals who are free from guilt and anxiety over parental relationships (attachment) were associated to personal and academic adjustment in college.

Attachment Style Questionnaire (Feeney, Noller, & Hanrahan, 1994) consists of 40 items and measures three attachment styles including secure, avoidant and anxious. The instrument represents an attempt to clarify dynamics central with attachment in terms of individual differences and romantic relationships. This measure was targeted for the young-adolescent population. In an assessment of internal consistency, Cronbach alphas for the three scales were .83 to .85. A test-retest (over 10 weeks) reliability coefficient for the three scales ranged from .74 to .80.

The Attachment Style Measure (Hazan & Shaver, 1987) consists of a single-item measure designed to indicate one of three attachment styles, including secure, anxious/ambivalent and avoidant. In an assessment of internal consistency, Vacha-Haase et al. (1996) observed coefficient alphas for the three scales ranging from .45 to
.64. In a test-retest (over 2 weeks) Levy and Davis (1988) uncovered reliabilities for the three scales ranging from .48 to .65. The psychometric limitations of this study (1 item measure) have led researchers to develop other instruments. Brennan, Shaver and Tobey (1991) compared Hazan and Shaver's measure to Bartholomew and Horowitz's instrument. The outcome suggested that fearful attachment is similar to avoidant attachment, and preoccupied attachment corresponds with anxious/ambivalent.

The Adult Attachment Scale (Collins & Read, 1990) is a 21-item measure that assesses adult attachment and characteristics of three attachment types including dependent, anxiousness, and closeness. In an assessment measuring internal consistency, Cronbach alphas for the three scales ranged from .69 to .75. A test-retest (over 2 months) yielded for the three scales a range of .52 to .71. These researchers found the characteristics of dependent and closeness styles of attachment to be moderately correlated (.38) which suggests that, when a person feels one can depend on another person, then one is more likely to feel comfortable getting close. The characteristic of anxiety was weakly correlated to depend (−.24) and close (−.08).

The instrument selected for determining secure/insecure attachment in this investigation assessment was the Parental Attachment Questionnaire (PAQ) by Kenny (1987). This instrument was chosen because it is specifically focused on examining an adult’s perception of interpersonal relationship with parents. This premise compliments the goals of this research, because university students are adults and will be more likely to recall their parental relationships. Moreover, the PAQ was picked over the Adult Attachment Scale and Attachment Style Questionnaire because of having a somewhat higher reliability and validity. The Attachment Style Measure was dismissed on the
account that the participants self-rated themselves as to which type of attachment style fit best.

The research on attachment illustrates the consequences of insecure attachment styles as a child grows into adulthood. Bowlby (1989) observed that the parent/child developed attachment style can be altered. Perhaps as a person changes negative thought patterns to more constructive/permitissive thoughts an insecure attachment style may be altered to a secure attachment style.

Cognition and Injunctions

Let us now examine how is it that one’s thinking can affect one’s life. Steiner (1971) observed that an alcoholics are conditioned to not think for themselves. Instead, thoughts become replications of another person’s (parent’s) cognitive patterns. Korpi and Kiser (1996) studied critical thinking and examined how people think. Their theory illustrated how the Critical Thinking Paradigm (CTP) is a technique "for thinking about your thinking, while you are thinking, in order to improve your thinking" (p.232). This is pertinent to ACOAs, because they possess thinking patterns or mental characteristics such as concrete thinking, limited knowledge base, compulsivity and confusion (Kritsberg, 1986). The CTP can be applied to ameliorate or rectify negative cognitive patterns. People who are negatively conditioned may not be aware that their thinking is harmful.

Attribution theorists believe that people form ideas from causal inferences. Within the framework of attribution theory the goal is to attribute a pattern of causes or a consistent cause to an outcome. It is through these formed impressions that individuals
incorporate and apply information when making judgments. There is controversy amongst attribution theorists as to whether motivation or cognitive process is the impetus for making judgments. However, it is generally accepted that underlying attributes explain behavioral and emotional processes across situations (Fiske & Taylor, 1991).

Bem's (1967) theory of self-perception is central to the way an individual perceives emotions and attitudes. Bem observed that it was internal cues that trigger reactions in individuals. A person's reaction to a situation is derived from environmental factors and a pre-formed set of beliefs or, as Berne (1972) would refer to them as schemas. Fiske and Taylor (1991) explained a schema as "A cognitive structure that represents knowledge about a concept or type of stimulus, including its attributes and the relations among those attributes" (p. 98) and "schema, as organized prior knowledge, [that] shapes what is perceived and remembered...[through] our active construction of reality" (p. 99).

Schemata perform many functions including as filters serving and regulating all new information, facilitators of old memory into storage, and generators of inferences wherever gaps of information are present. Accordingly, new schemata will penetrate into memory only when the influence is strong enough to override the emotions attached to the past schema. Hence, people use schemas congruent with their feelings, as well as a way to control an outcome. As schemata develop, they become organized, compact, and resilient to inconsistency.

Feelings become attached to particular beliefs. Beliefs relate to issues of power, morals, concern, gender, change, cultural and religious factors. Once beliefs are stored into memory, particular feelings can be evoked when situations occur which resemble the past experience. Feelings evoked from trauma can be extremely painful and will often
get denied or avoided. Ainsworth and her colleagues (1978) found that children with anxious/avoidant attachment patterns avoid emotions and memories by not allowing themselves to get close to others. Bowlby (1969) proposed that the mental representations a child constructs about parents determines whether or not the child will feel secure. The feeling of security and the sense of belonging to a family are very important to a child.

Vygotsky (1978) best described how beliefs or cognitions that first appear in the relationships between individuals (parent and child), are then internalized by an individual. He wrote,

"We call the internal reconstruction of an external operation internalization. An operation [such as memory, attention or concept formation] that initially represents an external activity is reconstructed and begins to occur internally. An interpersonal process is transformed into an interpersonal one. Every function in the child's development appears twice: first on the social level, and later, on the individual level; first between people, and then inside the child" (p. 57).

Byng-Hall (1995) theorized that the thoughts and behaviors a child employed with a parent become the child's way of thinking and acting in adulthood and, like Berne (1964), felt that family scripts integrate a variety of related dimensions. The family as a relational system develops scripts, which shape how to think and behave. Family scripts encompass rituals, myths, stories, and legends that form mutually believed expectations for families. Rituals shape how the family will interact on special occasions. Family
myths configure the belief system that a family will possess. Family stories define and remind family members of past thoughts and actions, as well as appropriate behaviors. Family legends determine the ongoing thoughts and actions of family members. In a family system all these conditions intertwine and generate a family script. Stern (1985) examined family rituals, such as feeding time in infants. Stern discovered that infants cultivate a mental representation of the way to act to an event. Moreover, the infant will emotionally and behaviorally respond to specific parental expectations. However, in stressful parental situations a child might develop a counteridentity. The counteridentity reinforces the child to behave and think the opposite of the stressful parent. Another option is that the child assumes a dissociated state, which allows the youngster to disconnect from the pain of the situation. Victims of sexual abuse, for example, will often state feeling as if they were floating over the traumatic event.

Laing (1971) viewed the family as a system of highly integrated relationships. It is because of the integration that relationships create knots (snags within the interpersonal transactions) amongst family members. He also proposed that ways of being and thinking are internalized and passed down through the generations. These "knots" (Laing, 1971) can be destructive and hinder individual psychosocial growth. Laing wrote, "As long as we cannot up-level our thinking beyond...[the same negative patterns]...it will go on and on" (p. 124).

Some theorists are interested in the way interpersonal interactions form the way an individual thinks and behaves. Berne's (1964, 1972) theory of transactional analysis focused on interpersonal interactions involving three components which contain the three ego-states (Adult, Child and Parent) in each person involved in the transaction, the
contribution of games, and the four possible life positions or messages including “I’m OK – You’re OK,” “I’m not OK – You’re not OK,” “I’m OK – You’re not OK,” and “I’m not OK - You’re OK.”

Berne's (1964) understanding of the process of relational games is best described as an interactive process of, "Ongoing series of complementary ulterior transactions progressing to a well-defined, predictable outcome. Descriptively it is a recurring set of transactions, often repetitious, superficially plausible, with a concealed motivation... games are clearly differentiated from procedures, rituals, and pastimes by two chief characteristics: (1) their ulterior quality and (2) the payoff” (p.48). Some theorists have taken the game concept and developed it as a basis for treating families. For persons who utilize them, the repetition of games is a way of displaying ingrained behaviors.

Harris (1969) proposed that most humans are living in “Not OK” feelings and remain dependent on others for stroking and nourishment to obtain an “OK” feeling. The I’m “Not OK” negative life position can cause a person to withdraw from rituals, activities, past-times, and intimacy. Furthermore, Harris posited that negative cognitive patterns have a definite impact on interpersonal behavior. The human goal is to obtain an I’m OK – You’re OK position. Life positions become part of a person’s script, which is formed through interactions with parents in early development, can be positively modified in psychotherapy or through other healing interpersonal experience and can be viewed as the mechanism that a person refers to when interacting with oneself and others. Byng-Hall (1988) proposed that scripts could also be developed by a traumatic event. The messages that a dysfunctional family deliver give the recipient the message
that he or she is not O.K. (Whitfield, 1987).

Steiner (1971) suggested that alcoholics engage in similar patterns of interaction or play a similar game. Derived from Berne's theory of games, this concept examines the Child-Adult-Parent ego-state dynamics. Steiner investigated these same patterns in alcoholic families and concluded that an alcoholic will maintain one of three positions including "drunk," "lush," and "wino." The script that each alcoholic position operates from is that "You're OK and I'm not OK." Goulding and Goulding (1997) in their Redecision Therapy Model emphasized the effect of early childhood decisions in determining the OK and not-OK status. Their orientation addressed how negative parental messages are transferred to children through repetition.

As previously mentioned, Byng-Hall (1995) theorized that the thoughts and behaviors a child employed with a parent become the child's way of thinking and acting in adulthood. Berne (1972) postulated that injunctions are negative cognitive patterns, which are derived from the cognitive interpretations of parent-child interactions in early childhood. Berne defined injunctions as "repeated and/or traumatic early parental messages which lead to chronic impairment of functioning in vital areas of life" (p.251). More importantly, injunctions become an integral part of a person's life script in which healthy development is obstructed.

Essentially, injunctions involve behaviors, feelings and thoughts. There is not a set number or limit as to which injunctions can exist. However, Goulding and Goulding (1976) proposed twelve significant injunctions. They suggested that negative thought patterns about self and others may be summarized in any of the following injunctions, including "Don't be; Don't be you; Don't be a child; Don't grow; Don't make it; Don't;
Don't be important; Don't be close; Don't belong; Don't be well; Don't think; and Don't feel” (p.41). On closer inspection, the "Don't be" injunction is similar to the notion of don't exist whereby the client would need to experience one's life as valuable in order to overcome it. The "Don't be you" injunction is focused on gender issues. For example, socially women are not supposed to be assertive in the work environment. Women who do get assertive are viewed as troublemakers or aggressive. The "Don't grow" injunction stunts people at certain developmental ages. The "Don't make it" injunction hinders the individual from being more successful, talented, beautiful or smart than a parent.

The "Don't" injunction can be described as "Don't do anything, because anything you do may lead to disaster" (p.45). The "Don't be important" injunction hinders a person from meeting one's needs. The "Don't belong" injunction leads the individual to assume he or she is different from others. The "Don't be close" injunction is similar to "Don't trust" or "Don't love" and refers to not allowing other people any supportive role in one's life. The "Don't be well" injunction hinders a person from being of good health, both physically and psychologically.

The "Don't think" and "Don't feel" injunctions are self-explanatory in their obstruction of growth. Black (1981) suggested that silent rules exist in parent/child relations of alcoholic families including "Don't talk" (p.33), "Don't trust" (p. 39), and "Don't feel" (p. 45). The "Don't talk" message is a family law that requires each member to keep quiet about the real issue (alcoholism). The "Don't trust" message inhibits interpersonal closeness, because relying on one's self is much safer than trusting an unstable person (like an alcoholic parent). The "Don't feel" message relayed in alcoholic families is fueled by denial and hinders affect development and expression.
Goulding and Goulding (1997) proposed that "Adult decisions are made cognitively...for a specific situation...are easily changed with new data...and that Child decisions are most often made when the person is unable to get good response, good solutions from Adult decisions" as an adult (p. 42). In addition, "a negative Child decision will be needed to curb both the Free Child and the Adult ability to make reality-oriented decisions" (p.42). With destructive results, negative messages act as inhibitors on constructive growth. James and James (1992) postulated that people who have difficulty understanding the world or feel like misfits do not exhibit the ability to think independently and suffer from Adult ego-state contamination. Ellis and Harper (1975) found that “crooked” thinking as well as inappropriate, self-defeating and disorganizing emotion indicated contamination of the Adult ego-state.

Steiner (1971) found that people who cannot think independently suffer from the "Don't think" injunction, which discounts the Child ego-state and reduces a person's power to understand and obstructs emotional development and rationality. Moreover, Steiner (1971) postulated that alcoholics maintain the “Don’t think” injunction. According to Steiner (1971) an alcoholic needs to develop awareness in order to produce well-being. Unfortunately, alcoholics live in denial. This is why the first step to recovery in Alcoholics Anonymous is to admit one is powerless to alcohol, which is virtually breaking down the denial and allowing the well-being to begin. Steiner (1971) believed that the Don’t Think injunction becomes predominant when the Child ego-state decreases interaction. Inevitably, dismissing the Child ego-state will stunt emotional development, the ability to understand and the ability to think rationally.

Drego (1996) explored the influence of sociocultural aspects on injunction
development amongst Gujar women. She viewed cultural aspects as parts of an individual's Parent ego-state. Through societal norms injunctions are formed and oppressive symptoms manifest. The study included three phases of data collection including scores on the Drego injunctions scale, myths, and songs. The outcome from Indian women revealed that oppression is derived from individual, group and cultural influences. According to Berne (1972) a child raised in a supportive and encouraging environment has the door open to experience life. Children raised in an environment which lacks support, such as the alcoholic home environment, may experience these injunctions. On the contrary, children raised in emotional, physical, and social healthy home environments may experience the freedom to grow in those domains.

The opposite of injunctions are permissions. Permissions foster growth and development by allowing an individual to proceed and grow. Allen, Allen, and Barnes (1991) designated 16 constructs that give permission to exist: live life with zest; experience yourself; be close, trust, and feel secure; shape your environment and be important; experience your own feelings; be your self; feel belonging; feel good about self and others; nurture and soothe yourself; experiment and/or change; think clearly and solve problems; be appropriately empathic; integrate yourself into one's community; succeed in love and employment; and, lastly, find meaning out of living. The authors argued that the absence of permissions could lead to detrimental consequences.

Attachment and Cognition

Baldwin (1992) was the first to coin the phrase relational cognition. His theory encompassed factors within relationships that motivate cognition. According to Baldwin,
relational schemata comprise three components, including a self schema, which reflects how the self is experienced when interpersonal actions occur, a partner schema which reflects the qualities of the partner, and an interpersonal script which reflects expectations based on past interactions. Baldwin suggested that the art of experiencing one's self occurs in relation to interactions with other people. For example, parent-child communication that is emotionally laden may manifest hurtful affect which typically generates a "Don't" message, such as "Don't be." Some theorists believe that injunctions are instilled through communications during pre-verbal development (Stewart & Joines, 1987). It may well be that small children are more susceptible to the negative ramifications of emotional pain because they lack the cognitive development to think about the process. With repetition, these related affects may be stored in memory as ways of thinking, behaving and acting.

Lopez (1996) studied how child-parent interactions and current adult attachments predict positive cognition in college students. The results of this investigation indicate that current adult-attachment orientations positively mediate any negative effects of past child-parent attachment on current constructive cognition. Alcoholics, according to Bateson, engage in a symmetrical relationship with the booze bottle. A symmetrical relationship entails one position contributing to the outcome of another position. For example, when an alcoholic perceives drinking as a weakness, the tendency is to give-up on problem solving. Through shame and guilt, the cycle of alcohol consumption continues. Steiner (1971) wrote that, to the alcoholic, the game involves drinking consumption, and the past-time is a hangover. The payoff for an alcoholic involves collecting stamps (reasons to continue) consisting of anger, sadness, or other emotions.
During the course of the game the alcoholic collects enough stamps to reinforce an existential position of You’re OK and I am not OK, which supports the continuation of the alcohol consumption. Through interpersonal interactions, the alcoholic will cultivate relationship complementarily. Such is the case of involving a codependent partner.

As the literature implies, there is a growing need to understand whether and how negative constricting messages or injunctions are internalized from interpersonal relationships during childhood, are reinforced through experience, and eventually become determinants of cognition and behavior. Development of fresh theoretical treatment techniques and interventions in the four areas of attachment which include secure/autonomous, preoccupied, dismissing, and uninvolved/disorganized (George et al., 1985) and negative thought patterns or cognition, based on such understanding, will greatly contribute to the mental-health field.

ACOA and Cognition

In families where parental alcoholism exists, it is important to uncover how these parent-child interactional patterns are absorbed by the children and become integral parts of their lives. It has long been documented that chronic alcoholics are characterized by an array of cognitive deficits, such as memory loss. Researchers comparing studies on cognitive functioning in COAs and non-COAs concluded that the literature supported the association between parental alcoholism and psychopathology in children (West & Prinz, 1987). Drake, Butters, Shear, Smith, Bondi, Irwin and Schuckit (1995) suggested that family history of alcoholism may make the individual particularly vulnerable to detrimental effects on cognition.
Retzer and colleagues (1991) analyzed families with alcoholism according to their “relational reality” which involved the family’s perception of the world, their function in the world, and how the family defined relations, rules, and values. Moreover, the investigator assessed family members with opposing views and worked on softening their hardened, non-compliant points-of-view. For example, if the family refers to the identified patient as a weak victim, then the family is stuck in the “unshakeable disease concept” and needs to reframe that pattern of cognition. However, a negative cognitive process in the form of mixed messages may produce stagnation and fear. For instance, even though someone detests the action (alcoholism), he/she may, nevertheless, love the family member (Jamiolkowski, 1993).

A lack of parental interactions may account for cognitive impairments, lower academic achievement, and increased school failure found in children with alcoholic parents (Johnson & Rolf, 1988). Beck and Emery (1985) proposed that disruptions in cognitive processes might manifest in disturbances in affect and behavior. For example, denial is a defense mechanism that alcoholics and family members may employ to deal with the anxious feelings that arise because of living in an alcoholic family environment. Conversely, once an individual breaks through his/her denial, anxiousness may decrease. However, when a family member breaks through denial and accepts the familial dysfunction, whatever changes he/she implements will be viewed by other family members as a betrayal. In many cases, an ACOA who breaks down the defense mechanism (denial) and separates from the familial dysfunction, stands the risk of losing parental attachment. The very thought of abandonment will leave the ACOA feeling quite vulnerable. Changing cognitive patterns, thus introducing the fear of abandonment,
can induce anxiety (Brown, 1988). Furthermore, Beck and Emery (1985) found a similarity in the symptoms of the psychiatric diagnosis of thought disorder and ACOA characteristics as posed by Woititz (1983). Rosen (1985) suggested that cognitive patterns of perceiving self and others greatly contributed to the healthy development of a person and found any difficulties arising in cognition to be a result of parental problems that caused a breakdown in the family unit. Black (1981) wrote about the cognitive patterns of perception employed by ACOAs and proposed that this population is more prone to the injunctions “Don’t talk,” “Don’t trust” and “Don’t feel.”

A study of cognitive, academic and behavioral problems in school-aged COAs reported no significant differences in academic performance compared to non-COAs. Within this study, however, a significant difference was noted in the mother’s perceptions and self-perceptions of cognitive competence, which further supported the theory that ACOAs have subtle cognitive functioning problems (Johnson & Rolf, 1988).

Baldwin (1992) realized the need to further analyze the way interpersonal experiences influence cognition in commenting:

Other important topics (to explore) involve expectations of negative, dysfunctional interaction patterns that are involved in conflictual, abusive or depressogenic relationships…Research could examine the cognitive representation of these expectations, and the various factors that make the relational schema more or less accessible in different contexts. (p. 550)

In reflecting on attachment styles and injunction patterns, one might view a secure attachment as maintaining less injunctions whereby an anxious/ambivalent attachment style may be linked to the Don’t Be You, Don’t Be Important; Don’t Make it, Don’t Be
Well injunctions and the avoidant attachment style may coordinate with the Don’t Be Close, Don’t Be; Don’t Be a Child, Don’t Belong; Don’t; Don’t Think and Don’t Feel injunctions (Keeping in mind that there may be some overlap with any of the injunctions).

ACOA and Attachment

Recent investigators have focused on the links between adult attachment styles and parental alcoholism. In the United States alone, there are approximately one million college students from alcoholic families (Claydon, 1987). Kenny (1987) proposed that, college students with secure attachment patterns viewed college as an environmental exercise to be mastered. Furthermore, secure attachment was significantly linked to social competence, academic and personal adjustment, and career maturity (Kenny, 1987; Kenny, 1990; Kenny & Donaldson, 1991). Kenny (1987) explored parental attachment styles in first-year college students. The students in the study revealed a secure style of attachment whereby the parents were perceived as encouraging independence and supportive when needed. Brennan, Shaver, and Tobey (1991) delineated the importance of attachment style in understanding relational problems with ACOAs. In this investigation, college students with alcoholic parents reported more avoidant and anxious-ambivalent attachment patterns (insecure) than college students with non-alcoholic parents. Kobak and Sceery (1988) examined the association between attachment processes in late adolescence and affect regulation and the ability one has to organize and regulate emotional responses accordingly. The outcomes suggested that the style of attachment one develops during childhood with parents is significantly related to
the way that one regulates affect during stressful situations. Sayers (1991) wrote about Anna Freud’s observation of children’s reactions to air raid sirens at the Hempstead nurseries during World War II. The mother influenced the child’s response to bombing. More specifically, if mothers had calmed the child during an air raid, the child, even in the mother’s absence during a latter raid could be observed calming themselves. Distraught mother’s children did not know how to soothe themselves.

Motherseed, Kivlighan, and Wynkoop (1998) observed that alcoholism did not significantly predict parental attachment or interpersonal distress. The findings did indicate a link between parental attachment and dysfunction in the family system. More specifically, the more family dysfunction reported, the less parental attachment and the more interpersonal distress were manifested in college students. Clearly, interpersonal distress can be a strong influence on the development of disorders. Kenny and Hart (1992) discovered that college women with secure parental attachment reported fewer eating disorders. More specifically, very little interpersonal distress was reported among college woman who received positive emotional support and the fostering of autonomy in their families.

Herzberg, Hammen, Burge and Daley (1999) investigated the associations between attachment cognition and social support in late-adolescent women. The outcome suggested that secure attachment cognition reflected greater security in close relationships and the ability to obtain social support. Fundamentally, the results from this study support the emphasis of attachment theory, namely that attachment styles continue to influence interpersonal functioning into adolescence and adulthood. Bowlby (1969) contended that the pattern of attachment style between infant and parent becomes
internalized through cognitive representations of the perceived attachment. Vygotsky (1978) provided a rational for how thought patterns get from parents to children. He proposed that people internally reconstruct their processing from external interactions involving attention, memory and concept formation. In Vygotsky’s words, "an interpersonal process is transformed into an intrapersonal one" (p.57). Hence, a child experiences processing in two ways: first socially and then individually. Furthermore, the attachment style an individual possesses will influence coping skills and sense of personal worth and self-efficacy (Mikulincer, Florian, & Weller, 1993).

The cognitive patterns that develop about the self and others are strongly influenced by the affect connected with the type of attachment, thus becoming part of the personality. These schemata affect an individual’s way of interpreting situations and can have a gross effect on their development (Herzberg, et al., 1999). Burge, Hammen, Davila, and Daley (1997) examined the association between attachment cognition and academic and employment functioning. The research was based on data from the UCLA High School Senior Survey, leading to the conclusion that attachment cognition is better perceived as a predictor than as a mere association. The results of the study suggested that in the academic realm, attachment and cognition were correlated with school strain, stress, and difficulty attaining deadlines. In regard to employment, attachment cognition was associated with work strain, job satisfaction, over-commitment, and anxiety over performance. These findings support the attachment theory premise that a secure attachment style can provide a secure base from which to operate in adulthood, which, in this case, involved successful employment and academic functioning as well as a positive attitude toward work. Burge et al. (1997) pointed out that “insecure attachment
cognitions might be regarded, in part, as an indicator of general dysfunction ...

[Furthermore] psychological dysfunction is a potential confound in studies that predict function from attachment cognitions and needs to be controlled for” (p.2).

Gender Differences in Attachment and ACOAs

Some investigators are interested in attachment differences between males and females. Research conducted with college students on attachment revealed women to be more significantly bonded to their parents than males (Kenny, 1987, 1990; Kenny & Donaldson, 1991). Women also appeared to be more trusting of their contemporaries, have better communication skills, and fare better on measures assessing personal and social identity than males (Lapsley, Rice & FitzGerald, 1990). Jaeger, Becker-Hahn and Weinraub (2000) examined attachment theory and socio-emotional outcomes in female ACOAs with alcoholic fathers. The researchers found that the female ACOAs reported more insecure attachment styles than non-ACOA females. Significant findings were not reported for female ACOA's with alcoholic fathers and compulsive care-giving.

However, compulsive care-giving indicated a negative correlation with attachment security for females with alcoholic fathers. Essentially, the outcome of this study suggested that attachment theory may be useful for determining developmental ramifications of ACOAs. El-Guebaly, West, Maticka-Tyndale and Pool (1993) noted that ACOAs score differently on attachment measures whereby they demonstrate more insecure attachment styles than non-ACOAs. Moreover, their study supported the hypothesis that female ACOAs are inclined to distinctive attachment preferences. Researchers have reported gender differences associated with affective disorders
whereby females indicate more symptoms of depression and anxiety, and males report more antisocial traits (Crowe, 1983; Smith & Winokur, 1983).

Brown (1988) proposed that future researchers interested in the ACOA population should include attachment theory in their investigation, since so much research has linked insecure attachment styles with ACOAs. Moreover, data from empirical research supported the concept that attachment difficulties are more likely to occur in children from alcoholic families than in children from non-alcoholic families. As previously indicated, this finding has strong implications for healthy human development.

Goals of This Investigation

There are two goals in this investigation. The first goal is to explore whether a connection exists between the quality of attachment, as manifested through parent/child interactions, and negative cognitive patterns of perceiving self and others as embodied in injunctions. More research is needed into why adult children of alcoholics have insecure attachment styles. Providing a link between attachment and cognition in ACOAs could expand the understanding of how interpersonal relationships influence the course of development socially, cognitively, and psychologically.

The second goal of this study is focused on integrating clinical theory into research. To date, there has been abundant research on attachment. However, injunctions have been reported only in clinical literature. This project represents an attempt to bring injunction theory into research literature. From a systemic point of view, attachment styles are derived from parent-child interactions and injunctions are negative cognitive patterns that develop as a result of early parental messages. Hence, in exploring the two
dimensions simultaneously, a better understanding may be obtained regarding the processes of early childhood interactions and the development of cognitive patterns of perceiving self and others. By increasing knowledge of these dynamics, a practitioner can create innovative techniques that can be combined with other interventions to assist ACOA victims and their families who encounter difficulties with attachment and cognition.

Research Questions

The objective of this research is to evaluate the following research questions:

1. Does a difference exist between quality of attachment in adult children of alcoholics and adult children of non-alcoholics?

2. Do ACOAs have higher levels of injunctions than adult children of non-alcoholics?

3. Do ACOA and non-ACOA females differ on the “Don’t think” injunctions?

4. Do ACOA and non-ACOA males differ on the “Don’t feel” injunction?

5. Do gender differences exist regarding the expressed internalization of injunctions?

And, do these patterns vary for ACOAs and non-ACOAs?

Based on the research questions, the following hypotheses emerge:

Hypothesis 1

Participants with problem drinking parents (ACOAs) will display poorer quality of attachment than participants with non-problem drinking parents (non-ACOAs). Within this framework, social desirability and participant problem drinking will be controlled.

Attachment theorists suggest that the parent/child bond can be expressed in terms of
secure or insecure attachment. The alcoholic home environment is reportedly full of inconsistency, chaos, and a lack of structure (Black, 1981). This detrimental home environment may contribute to anxiousness and a fear of abandonment in an ACOA. Alcoholic parents are perceived as emotionally and physically unavailable because of their involvement with alcohol.

Hypothesis 2

Participants with problem-drinking parents will display higher levels of injunctions than participants with non-problem drinking parents. Participant problem-drinking and social desirability will be controlled for in this observation.

Cognitive patterns of perceiving self and others are adopted in the parent/child environment. An alcoholic is often unavailable to attend to the emotional needs of children because of his/her involvement with alcohol. When a child is not validated emotionally, the child may run the risk of incorporating the cognitive and emotional patterns learned in interaction with the alcoholic parent as summarized in the injunctions. Conditions such as anxiety, fear of abandonment, depression, and abuse are reflected in adult children of alcoholics and can pose emotional restraints on healthy development.

Exploratory Hypothesis 3

ACOA females will display higher levels of the “Don’t think” internalized injunction than non-ACOA females. ACOA males will display higher levels of the "Don’t Feel" internalized injunction than non-ACOA males.

Females display closer bonds to parents (Kenny & Donaldson, 1991; Kenny, 1987). Byng-Hall (1995) conceptualized that the thoughts a child employs with a parent become
the child's way of thinking in adulthood. Steiner claimed that ACOAs suffer from the "Don't think" injunction. Thus, in parent/child relationships that are enmeshed, the girls may be more likely to assume the thinking patterns of their parents. The assumption is that females are more in tune with emotions whereas males are more in tune with cognition. ACOA females were found to be at-risk of developing conditions such as depression and anxiety (Crowe, 1983; Smith & Winokur, 1983). Female emotionality may be reflected more in cognitive schemas than males. Thus, making ACOA males more likely to struggle with feelings.

Exploratory Hypothesis 4

ACOAs and non-ACOAs will differ on levels and patterns of injunctions according to gender. Whereby hypothesis 3 analyzes specific injunctions according to ACOAs, hypothesis 4 assesses the level and degree of those injunctions amongst ACOAs and non-ACOAs.

Theorists in the field have argued that cognitive schemas or injunctions such as "Don't feel," "Don't talk" and "Don't trust" (Black, 1981) and "Don't think" (Steiner, 1975) are present in adult children of alcoholics. The assumption is that these schemas are the same as the "Don't feel," "Don't be," and "Don't be close" injunctions posed by Goulding and Goulding (1976). This is attributed to the development of cognitive patterns instilled through parent/child interactions. Hence, the chaotic, unavailable, unstructured alcoholic home environment will not only cultivate negative cognitive patterns of perceiving self and others but an insecure attachment style. Furthermore, it is the assumption that ACOA males will have more difficulty with feelings than non-ACOA
males and ACOA females will have more difficulty with thinking than non-ACOA females. However, both ACOA males and females will have more difficulty with being close and acts of intimacy than non-ACOAs.

As previously mentioned, the aim of the current research is to examine the relationship between adult quality of attachment and cognition in adult children of alcoholics. To date, no study of adult quality of attachment in ACOAs has examined the cognitive patterns of perceiving self and others in the form of injunctions.
CHAPTER III

Methodology

Participants

The target sample used for this study consisted of 200 hundred graduate and undergraduate students enrolled in a large suburban private university setting. The participants were recruited from classrooms on campus. The participants are be both commuter and resident students. Efforts were expended to represent cultural diversity as well as various academic disciplines. Both males and females were reflected in both the ACOA and the non-ACOA categories.

To be included in this study, the volunteer participants had to meet the following criteria:

1) The students were at least 18-years old.

2) The participants considered for the ACOA category scored a six or more on the CAST.

3) The participants considered for the non-ACOA category scored a five or less on the CAST.

4) The adult children of alcoholics must have been raised by an alcoholic parent/step-parent/relative/guardian.

According to research conducted by Woodside (1986) the national estimate of adult children of non-alcoholics is approximately 70% of the population. Three hundred test
packets were distributed in classrooms as part of the self-selection sampling process. This recruitment design was tailored to equate the participants from alcoholic parents to the participants of non-alcoholic parents as well as allow for the dismissal of participants who do not meet the stated criteria: a score of six or more on the Children of Alcoholics Screening Test.

Procedure

Participants were recruited with permission from the instructors, during classroom hours from various graduate and undergraduate disciplines. The researcher (Paula Gallagher) or her colleagues delivered a brief introduction about the study (Appendix A) and distribute to each participant, who voluntarily chooses to participate in the study, a test packet. On top of each packet was a participant letter (Appendix B) explaining the basic procedures and the aim of the study, the participant's right to complete confidentiality, the participant's right to withdraw from the study at any time without prejudice, and notification that with a written request the participant's ability to receive an abstract of the research findings. The participants completed the study packet on their own time and will return it to the researcher or colleague as soon as they conveniently finish them. Participants were instructed to allow 60 minutes for completing the information. The study packets were kept confidential and secure by the researcher. Given the procedures of this investigation, it is believed that minimal psychological risks were posed to the participants.

Each participant received a packet containing the following assessment measures: Children of Alcoholics Screening, Parental Attachment Questionnaire, Drego Injunctions...
Scale, Short Michigan Alcoholism Screening Test, Social Desirability Scale, and a Demographics Survey. Participants were instructed to complete all forms in the order they are received. Any completed packets that did not meet the previously stated criteria were dismissed from the study. All measurement scales were collected and scored by the researcher.

Instruments

The *Children of Alcoholic Screening Test (CAST)*

The CAST was selected to identify comparison groups. The instrument was designed by Jones (1981) and contains 30 items arranged in a dichotomous (Yes/No) format to describe behaviors, perceptions, emotions and experiences of the respondent. A participant’s score was the sum of all the “Yes” replies. According to Jones (1981) scores can range from 0-30 out of which a score ranging from 6 - 30 designates the person as having one or both alcoholic parent(s). Scores of 5 or less indicate the absence of parental problem drinking.

For screening probable adult children of alcoholics, the CAST has been viewed by researchers as a reliable measure. Pilat and Jones (1984) reported the instrument as maintaining a validity coefficient of .78 and a .98 Spearman-Brown split-half reliability coefficient.

*Parental Attachment Questionnaire (PAQ)*

The PAQ designed by Kenny (1987) was utilized to measure attachment between a participant and parents. The 50-item questionnaire assessed familial interactions that may manifest maladjustment in college students. Each participant was to reply to each
item by rating responses on a 5-point Likert scale: (1) not at all, (2) somewhat, (3) moderate, (4) quite a bit, and (5) very much. Scores are obtained for both of the participant’s parents.

According to a factor analysis performed, the questionnaire measures three subscales including attachment quality, autonomy fostered by parents, and emotional support offered by parents.

Kenny (1987) reported that no significant difference was found between the scores of the mothers and fathers. The higher a participant’s score, the more likely he/she is to have ill-adapted familial interactions and attachment. For the purposes of this study, a high total score including the three subscales will indicate an insecure parent/child attachment style. A lower total scores including the three subscales will indicate a secure parent/child attachment style.

The reliability of the PAQ was obtained by Kenny (1987). In a test-retest reliability over a two-week time period, the measure yielded on a whole a .92 and .82 to .91 for the three individual scales. Kenny (1990) measured internal consistency for all the scales using the Cronbach's coefficient alpha which ranged between .88 to .96.

The Drego Injunctions Scale

Drego (1996) designed a 60-item inventory that yields information regarding how cognitively programmed an individual is to think a certain way. The questionnaire was derived from research on the injunctions of Goulding and Goulding (1976) including, “Don’t be, Don’t be you, Don’t be a child, Don't grow, Don't make it, Don't, Don't be important, Don't be close, Don't belong, Don't be well, Don’t think, and Don’t feel.” The participants are to answer each items on a Likert scale ranging from 1 to 9 with 1
meaning never true and 9 meaning always true. The scale determines a high or low level of injunction presence.

Drego (1996) developed the injunction inventory to assess oppression in the women from Gujar, India. The investigator analyzed cultural injunctions in three discussion phases, group scores on the injunction scale, dominant cultural songs, and strong cultural myths. The results of Drego's investigation helped to give insight into the oppressive symptoms endured by the Indian women. Cultural oppression in the Indian women was perceived as internalized by the individual, and sustained by the group and the community at large. According to Drego (1996), it is the injunctions which the women maintain that "hold them prisoner to social traditions and make any change exceedingly difficult to implement" (p.63). This qualitative/quantitative study contributed to the research on cognition by paralleling and matching the comments made in the three discussion phases to a specific injunction. This study may add to the validity properties of the instrument by further comparing the injunctions to insecure attachment styles in adult children of alcoholics.

The Short Michigan Alcoholism Screening Test

Selzer, Vinokur and Van Rooijen (1975) designed the Michigan Alcoholism Screening Test (MAST) to detect alcoholism. The MAST consists of 25 questions that can be administered in 10 to 15 minutes. Today, many treatment and research facilities employ the MAST as a screening device for alcoholism. Selzer found that 13-items were very strong for predicting alcoholism. Hence, the 13-items were put forth and tested as the Short Michigan Alcoholism Screening Test (SMAST). A problem drinker is
determined by a score of five or more. A score of four suggests the possibility of a problem and a score of three or less indicates no problem drinking. The SMAST has an internal consistency which was determined by a coefficient alpha for two different groups resulting in .83 and .87 and for the entire sample a .95. The SMAST showed internal consistency according to coefficient alphas for two groups resulting in correlations of .76 and .78 and for the entire sample a .93. A product-moment correlation for the two groups was $r = .93$ and .90 and for the entire sample $r = .97$. For the purposes of this investigation, the SMAST will be used.

*The Social Desirability Scale*

Crowne and Marlowe (1960) designed the Social Desirability Scale (M-C SDS) to assess honesty without pathology. The original M-C SDS consists of 33-items that are responded to either as true or false. Using a Kuder-Richardson formula 20, the internal consistency coefficient for the scale was .88. A test-retest correlation was .89 over four-weeks time. Strahan and Gerbasi (1972) shortened the M-C SDS to encompass only 20-items. Correlations between the M-C SDS and the shortened M-C (20) scale were in the .90s. Generality of the M-C (20) was supported by similar coefficient findings including participant composition and conditions of administration. The internal consistency of the M-C (20) is as reliable as the M-C SDS and is preferred in time-constraint study situations.

*Demographic Survey*

A demographic survey will be included in the research packet and administered to each participant in order to assess relevant information and participant characteristics. The survey was created by the investigator and will examine the following components:
gender, age, ethnicity, education level, academic major, marital status, raised by (an)
alcoholic parent(s), presently living with alcoholic parent/guardian, which
parent/guardian was alcoholic, and any prior therapeutic treatment.

Power Analysis

A power analysis was used to ascertain the number of participants needed for this
investigation. Based on the number of independent variables a MANCOVA statistical
procedure will be employed. The power analysis will determine appropriate sample size
in order for the results of the study to be considered significant. The statistical power is
made up of four factors including the statistical test, the effect size, the sample size and
the alpha level. Experimenters use statistical power procedures to avoid Type I error.

Type I error occurs when the hypothesis is falsely rejected (Cohen, 1983).

Alpha is set at .05

Medium effect size = ES

Power = .80

The power analysis of this study yielded a sample size of 74.

\[
\begin{align*}
2 & = \frac{R}{2} = 0.30 & = \frac{30}{1 - R} = 1 - 0.30 & = 0.70 & \times L & = 30.36 \\
2 & = \frac{n}{f + \frac{K + 1}{2}} = 0.4286 & + 4 + 1 = 74
\end{align*}
\]

In this statistical computation for power, the effect size (.30) was represented by
\( f \); \( K \) reflects the number of independent variables (8); \( L \) indicated the power value of
.99 (30.36) as directed by the designated table in Cohen and Cohen (1983). Once the effect size, sample size, alpha level and power are in place there is a 99% chance of finding a medium effect size with a 95% chance of drawing an accurate statistical conclusion. In addition, this investigation will employ a multiple regression, which according to Borg and Gall (1989) requires a minimum of 15 participants per each variable. There are 12 variables to be considered making the sample size needed increase to 180. Study packets will be distributed and collected until the desirable sample size is obtained and each variable has equal representation.

Independent Variables

There are four independent variables examined in this study. The first two categories involve adult children of alcoholics and adult children of non-alcoholics as determined by the CAST. The last two categories are broken up into gender categories encompassing males and females.

Dependent Variables

The attachment measure (PAQ) consists of three subscales including attachment quality, autonomy fostered by parents, and emotional support offered by parents. The injunction measure (Drego Injunction Scale) consists of 12 injunctions encompassing "Don't be; Don't be you; Don’t be a child; Don't grow; Don't make it; Don't; Don't be important; Don't be close; Don't belong; Don't be well; Don't think and Don't feel."

Confounding Variables

For exploratory purposes, participant alcoholism will be addressed and controlled for
in this investigation. Individual alcoholism will be determined by scores obtained from Selzer and associates (1975) SMAST. Crowne and Marlowe's (1960) Social Desirability Scale will also be controlled for in this study.

Data Analysis

The two statistical procedures were utilized for this investigation including a multiple analysis of covariance (MANCOVA) and a discriminant function analysis. A MANCOVA is used to examine multiple dependent variables. The MANOVA statistical computation analyzes the independent variables in relation to the influence of dependent variables. Statistically, this process attempts to eliminate the effects of extraneous variables to the study’s outcomes. This is accomplished by the removal of the covariates from potential explanations of variance on the dependent variable. A discriminant analysis is a type of regression that classifies variable information and allows for multiple continuous independent variables. Discriminant function analysis will weigh out all the independent variables and place participants responses into multiple categories (Vogt, 1993).

For hypothesis number one a MANCOVA statistical procedure will be employed to assess participants with problem drinking parents who display poorer quality of attachment to participants with non-problem drinking parents. Within this framework, social desirability and participant problem drinking will be controlled. For hypothesis number two a MANCOVA statistical procedure will be used to assess participants with problem-drinking parents and participants with non-problem-drinking parents to level of injunctions. Within this framework, social desirability and participant problem drinking
will be controlled. For hypothesis number three a MANCOVA statistical procedure will be employed to address ACOA females and Non-ACOA females on higher levels of the “Don’t think” internalized injunction, as well as AOIA males and Non-ACOA males on higher levels of “Don’t feel” internalized injunctions. The assumption is that ACOA females will display higher levels of the “Don’t think” internalized injunction and ACOA males will indicate higher levels of the “Don’t Feel” internalized injunction. For hypothesis number four a discriminant function analysis will be used to compare the ACOA and non-ACOA groups on the categorization of internalized injunctions. The demographic data will be evaluated through descriptive statistics.

Limitation to this Study

There are several limitations to this research design. Initially, the use of a self-report questionnaire to determine parental problem drinking may be biased, bogus, or misconstrued. The PAQ is a self-report measure that assesses parent-child attachment through three subscales. An insecure attachment style may not be determined if only one of the subscales is low. Hence, determining a secure versus an insecure attachment type could be difficult since the measurement does not allow for people who may have low scores that fall in one subscale. In the Bowlby (1967, 1969) study previously discussed, there are three attachment types that can occur including secure, anxious/ambivalent, and avoidant. Each area had notable differences. Hence, this study does not delineate the different types of insecure attachment. Another concern for the study’s design is the deactivation of an attachment type. It is this researcher’s belief that attachment types can be altered, for instance, through therapeutic change. To explore
this limitation the researcher will ask in the demographic survey if participants had
received prior therapeutic treatment.

The participants recruited for this study were all college-aged. Some of these students
may still be residing with their parents and may not have individuated/separated yet.
Hence, the researcher will add a question in the demographic survey on whether or not
the participant is currently residing with the alcoholic parent as well as the social
economic status of the parent. Furthermore, college-aged students who may, themselves,
be afflicted with a drinking problem may decrease the effectiveness of this study.
ACOAs who are problem drinkers may minimize or deny their parents’ drinking
behaviors. Accuracy of reporting alcoholism in the SMAST will be potentially
controlled for in the Social Desirability Scale. In addition, this study is not addressing
the differences between one parent and both parents having drinking problems. Nor does
the study address the issue of maternal or paternal problem-drinking.

A more accurate account of alcoholism could have been obtained by recruiting
participants that were clinically diagnosed alcoholic and their families. However,
because of budgetary and time restraints, the college campus was used to gather the
sample.
CHAPTER IV

Results

Introduction

The purpose of this chapter is to provide an overview of the data, the results of the statistical analysis, hypothesis testing, and a summary. The chapter begins with a presentation of descriptive statistics on the demographic variables and the independent and dependent variables. This is followed by the results of hypotheses testing.

Overview of the Data

One hundred and eighty-three students, attending a private university in the northeast quadrant of the United States of America, participated in this study. All the students were invited by the researcher or the researcher's assistants to voluntarily participate in this study. The researcher or the researcher's assistants distributed the questionnaire packets at the beginning of class with the professor's permission. Participants were invited to complete the questionnaires on their own time and to return them to the next scheduled class where the researcher or the researcher's assistants would collect the completed packets.

Approximately four hundred questionnaire packets were assembled and distributed of which one hundred and eighty-three packets were completed and returned. This reflects a 45.9 percent return rate, which is considered very high for survey research. The remaining two hundred and seventeen packets were not returned. According to the
researcher and the researcher’s assistants several reasons were presented as to why the packets were returned. These included that participants left the packet at home, forgot to fill them out, misplaced the packet, or the participant was absent the day the completed questionnaires were collected.

All participants were asked to complete a demographic form, which included information on gender, age, marital status, ethnicity, education level, and major. In addition, the demographic form contained the following questions: were you raised by an alcoholic parent/guardian; if so, who was the identified alcoholic (e.g., father, grandmother); do you currently reside with this person; and did the participant ever receive therapeutic services.

Out of the 183 participants, 82 (45%) were males, and 101 (55%) were females. A frequency distribution on the participants’ age is presented in Table 1. This data indicated that 75% of the participants were 25 years old or less. The mean age was 24.96 years old with a standard deviation of 8.88 years. A frequency distribution on the participants’ marital status showed that out of the 183 participants, 136 (76%) were single, 27 (15%) were married, 12 (6%) were living with a partner, 5 (3%) were divorced, and 3 did not respond to this question. A frequency distribution on the participants’ ethnic backgrounds revealed that out of the 183 participants, 112 (68%) were Caucasian, 27 (16%) were African American, 20 (12%) were Hispanic, 2 (1%) were Asian, 5 (3%) reported other, and 17 did not respond to the question.

A frequency distribution on education level found that out of the 183 participants, 146 (84%) were obtaining a bachelors degree, 18 (10%) a masters degree, 7 (4%) a doctorate, 3 (2%) reported other, and 9 did not respond to the question. A frequency
<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-20</td>
<td>74</td>
</tr>
<tr>
<td>21-25</td>
<td>58</td>
</tr>
<tr>
<td>26-30</td>
<td>12</td>
</tr>
<tr>
<td>31-35</td>
<td>10</td>
</tr>
<tr>
<td>36-40</td>
<td>7</td>
</tr>
<tr>
<td>41-45</td>
<td>10</td>
</tr>
<tr>
<td>46-50</td>
<td>3</td>
</tr>
<tr>
<td>51-55</td>
<td>1</td>
</tr>
<tr>
<td>56-60</td>
<td>1</td>
</tr>
<tr>
<td>61-65</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>178</td>
</tr>
<tr>
<td>Missing</td>
<td>5</td>
</tr>
</tbody>
</table>
distribution on the participant’s academic major found that out of the 183 participants, 62 (40%) were psychology majors, 36 (24%) reported other, 24 (16%) were art and education majors, 14 (9%) were business majors, 13 (8%) were nursing majors, 5 (3%) were biology majors, and 29 participants did not respond to this question.

Table 2 reflects the frequency distribution on the CAST (Jones, 1981). According to the CAST assessment a participant’s parent(s) with problem drinking is reflected by a score of 6 or more “yes” answers. The results of the frequency distribution showed that out of 183 participants, 117 responded that they were not raised by a problem drinking parent/guardian (Non-ACOA), 65 responded that they were raised by a problem drinking parent/guardian (ACOA), and 1 participant did not respond to the questionnaire. In the sample there were 48 (26%) male non-ACOAs, 68 (38%) female non-ACOAs, 33 (18%) female ACOAs and 32 (18%) male ACOAs. Among the non-ACOA participants, 48 (44%) were male and 68 (56%) were female. Among the ACOA participants, 33 (51%) were male and 32 (49%) were female.

Out of the 65 participants who identified a parent/guardian as a problem drinker, 30 (48%) reported the father, 3 (3%) the mother, 3 (3%) the stepfather, 2 (2%) the stepmother, and 27 (44%) participants did not respond to this question.

A frequency distribution addressing whether or not the participant was residing with the perceived alcoholic parent/guardian found that out of the 65 participants 5 females and 7 males still reside with the problem-drinking parent, 16 females and 18 males indicated no longer residing with the problem-drinking parent, and 19 participants did not respond to this question. Information obtained on whether the participant had ever received therapeutic services reflected that out of 117 non-ACOA participants 10 females and 6 males reported receiving therapeutic services, 44 females and 27 males did not
Table 2

Frequency Distribution of Participants by Gender and ACOA Status

<table>
<thead>
<tr>
<th>Gender</th>
<th>ACOA Group</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ACOA</td>
<td>33</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>48</td>
</tr>
<tr>
<td>Males</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACOA</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>68</td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ACOA</td>
<td>181</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>181</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
receive therapeutic services, and 30 participants did not respond to this question. Out of the 65 ACOA participants 9 females and 12 males reported receiving therapeutic services, 19 females and 17 males indicated not receiving therapeutic services, and 6 females and 3 males did not respond to this question.

Table 3 represents descriptive statistics for the total score and each of the three attachment variables as measured by the Parental Attachment Questionnaire (Kenny, 1987), which include Affective Quality of Relationships, Parents as Facilitators, and Parents as Source of Support. Of the 183 participants, 52% of the participants had total affective quality of relationships scores in the high range (203-275 total score), 33% in the medium range (129-202 total score), and 15% in the low range (55-128 total score). The frequency distribution indicates that most of the participants perceived receiving medium to high affective quality from their parents. On closer inspection of each subscale, scores were again divided up into high (69-90 total score), medium (43-67 total score) and low (18-42 total score). Within the distribution of parents as facilitators, 38% obtained scores in the high range, 54% in the medium range, and 8% in the low range. This indicates that most of the participants perceived their parent facilitator availability in the medium to high range. Within the distribution on parents as source of support category, 27% were found to be in the high range, 56% in the medium range, and 17% in the low range. This indicates that most of the participants perceived receiving medium to high parental support.

A frequency distribution was conducted on the 12 injunction variables, as measured by the Drego Injunctions Scale (Drego, 1996) which include Don’t Be, Don’t Be You, Don’t Grow, Don’t Be a Child, Don’t Be Important, Don’t Be Close, Don’t Make It,
Table 3

Frequency Distribution of Scores on Attachment Scale

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Quality of Relationships</td>
<td></td>
</tr>
<tr>
<td>55-66</td>
<td>4</td>
</tr>
<tr>
<td>67-76</td>
<td>7</td>
</tr>
<tr>
<td>77-86</td>
<td>20</td>
</tr>
<tr>
<td>87-96</td>
<td>21</td>
</tr>
<tr>
<td>97-106</td>
<td>15</td>
</tr>
<tr>
<td>107-116</td>
<td>36</td>
</tr>
<tr>
<td>117-126</td>
<td>47</td>
</tr>
<tr>
<td>127-135</td>
<td>29</td>
</tr>
<tr>
<td>Parents as Facilitators of Independence</td>
<td></td>
</tr>
<tr>
<td>22-29</td>
<td>3</td>
</tr>
<tr>
<td>30-37</td>
<td>16</td>
</tr>
<tr>
<td>38-45</td>
<td>27</td>
</tr>
<tr>
<td>46-53</td>
<td>47</td>
</tr>
<tr>
<td>54-61</td>
<td>59</td>
</tr>
<tr>
<td>62-70</td>
<td>28</td>
</tr>
<tr>
<td>Parents as Source of Support</td>
<td></td>
</tr>
<tr>
<td>20-26</td>
<td>5</td>
</tr>
<tr>
<td>27-33</td>
<td>23</td>
</tr>
<tr>
<td>34-41</td>
<td>40</td>
</tr>
<tr>
<td>42-48</td>
<td>52</td>
</tr>
<tr>
<td>49-55</td>
<td>43</td>
</tr>
<tr>
<td>56-65</td>
<td>18</td>
</tr>
<tr>
<td>Total Quality of Attachment</td>
<td></td>
</tr>
<tr>
<td>55-128</td>
<td>27</td>
</tr>
<tr>
<td>129-202</td>
<td>59</td>
</tr>
<tr>
<td>203-275</td>
<td>94</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
</tr>
</tbody>
</table>
Don’t Feel, Don’t, Don’t Belong, Don’t Be Well and Don’t Think. The scale is composed of 60 items; 5 items are linked with each of the 12 injunctions. Each item can be responded to in the range from 1 – 9, which makes the possible total score range between 5 and 45 for each injunction. The means and standard deviations for the twelve injunction variables are represented in Table 4.

A frequency distribution on participants’ problem drinking behavior is represented in Table 5. Participants’ problem drinking behavior was measured by the SMAST (Selzer et al., 1975). Problem drinking is defined as scoring above a cutoff of 5 or more “yes” responses. At this level, 26 participants provided responses that indicated problem drinking, and 154 participants provided responses that did not indicate problem drinking and 3 were incomplete.

A frequency distribution on social desirability is presented in Table 6. Social desirability was measured by The Social Desirability Scale (Crowne and Marlowe, 1960). The score fell into one of four ranges; high social desirability (16-20), moderate social desirability (11-15), some social desirability (6-10), and low social desirability (0-5). Out of the 183 participants, 14 (7.7%) were in the high range, 51 (27.9%) were in the moderate range, and 84 (45.9%) evidenced some, though less than a moderate amount of social desirability. The results of the frequency distribution suggest that more people (62.8%) fell in lower ranges than in the higher ranges (35.5%). Three participants did not respond to the questionnaire.

The means and standard deviations on all continuous variables are presented in Table 7 (Affective Quality, Facilitator of Independence, and Sources of Support, Don’t Be, Don’t Be You, Don’t Grow, Don’t Be a Child, Don’t Be Important, Don’t Be
### Table 4

Frequency Distribution of Scores on Injunction Scale

<table>
<thead>
<tr>
<th>Injunctions</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t Be</td>
<td>17.595</td>
<td>7.766</td>
</tr>
<tr>
<td>Don’t Be You</td>
<td>12.554</td>
<td>6.520</td>
</tr>
<tr>
<td>Don’t Grow</td>
<td>13.672</td>
<td>6.706</td>
</tr>
<tr>
<td>Don’t Be a Child</td>
<td>20.309</td>
<td>7.430</td>
</tr>
<tr>
<td>Don’t Be Important</td>
<td>20.557</td>
<td>8.945</td>
</tr>
<tr>
<td>Don’t Be Close</td>
<td>16.554</td>
<td>8.593</td>
</tr>
<tr>
<td>Don’t Make It</td>
<td>16.082</td>
<td>9.033</td>
</tr>
<tr>
<td>Don’t Feel</td>
<td>18.863</td>
<td>8.649</td>
</tr>
<tr>
<td>Don’t</td>
<td>15.186</td>
<td>9.164</td>
</tr>
<tr>
<td>Don’t Belong</td>
<td>13.278</td>
<td>7.828</td>
</tr>
<tr>
<td>Don’t Be Well</td>
<td>12.704</td>
<td>7.555</td>
</tr>
<tr>
<td>Don’t Think</td>
<td>15.131</td>
<td>8.648</td>
</tr>
</tbody>
</table>

### Table 5

Frequency Distribution of Scores on the Short Michigan Alcohol Screening Test (Participant Problem Drinking) Scale

<table>
<thead>
<tr>
<th>SMAST</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00</td>
<td>13</td>
</tr>
<tr>
<td>2.00</td>
<td>23</td>
</tr>
<tr>
<td>3.00</td>
<td>97</td>
</tr>
<tr>
<td>4.00</td>
<td>21</td>
</tr>
<tr>
<td>5.00</td>
<td>10</td>
</tr>
<tr>
<td>6.00</td>
<td>7</td>
</tr>
<tr>
<td>7.00</td>
<td>2</td>
</tr>
<tr>
<td>8.00</td>
<td>5</td>
</tr>
<tr>
<td>9.00</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
</tr>
<tr>
<td>Missing</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 6

Frequency Distribution of Scores on the Strahan and Gerbasi (Social Desirability) Scale

<table>
<thead>
<tr>
<th>Social Desirability</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5</td>
<td>31</td>
</tr>
<tr>
<td>6-10</td>
<td>84</td>
</tr>
<tr>
<td>11-15</td>
<td>51</td>
</tr>
<tr>
<td>16-20</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>180</strong></td>
</tr>
<tr>
<td><strong>Missing</strong></td>
<td><strong>3</strong></td>
</tr>
</tbody>
</table>

Table 7

Descriptive Statistics of Variables Used in the Study

<table>
<thead>
<tr>
<th>Variables</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Cronbach's Alpha Reliability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>181</td>
<td>25.889</td>
<td>17.254</td>
<td></td>
</tr>
<tr>
<td>Affective Quality</td>
<td>179</td>
<td>108.134</td>
<td>18.660</td>
<td>.9469</td>
</tr>
<tr>
<td>Fac. of Independence</td>
<td>181</td>
<td>51.828</td>
<td>10.853</td>
<td>.7474</td>
</tr>
<tr>
<td>Parents Support</td>
<td>181</td>
<td>44.099</td>
<td>9.070</td>
<td>.8330</td>
</tr>
<tr>
<td>Don't Be</td>
<td>183</td>
<td>17.595</td>
<td>7.766</td>
<td>.5775</td>
</tr>
<tr>
<td>Don't Be You</td>
<td>182</td>
<td>12.554</td>
<td>6.520</td>
<td>.6591</td>
</tr>
<tr>
<td>Don't Grow</td>
<td>183</td>
<td>13.672</td>
<td>6.706</td>
<td>.5811</td>
</tr>
<tr>
<td>Don't Be a Child</td>
<td>181</td>
<td>20.309</td>
<td>7.430</td>
<td>.6357</td>
</tr>
<tr>
<td>Don't Be Important</td>
<td>183</td>
<td>20.557</td>
<td>8.945</td>
<td>.7551</td>
</tr>
<tr>
<td>Don't Be Close</td>
<td>182</td>
<td>16.554</td>
<td>8.593</td>
<td>.7147</td>
</tr>
<tr>
<td>Don't Make It</td>
<td>183</td>
<td>16.082</td>
<td>9.033</td>
<td>.8020</td>
</tr>
<tr>
<td>Don't Feel</td>
<td>183</td>
<td>18.863</td>
<td>8.649</td>
<td>.7266</td>
</tr>
<tr>
<td>Don't</td>
<td>182</td>
<td>15.186</td>
<td>9.164</td>
<td>.7945</td>
</tr>
<tr>
<td>Don't Belong</td>
<td>183</td>
<td>13.278</td>
<td>7.828</td>
<td>.7883</td>
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<tr>
<td>Don't Be Well</td>
<td>183</td>
<td>12.704</td>
<td>7.555</td>
<td>.6990</td>
</tr>
<tr>
<td>Don't Think</td>
<td>183</td>
<td>15.131</td>
<td>8.648</td>
<td>.7827</td>
</tr>
<tr>
<td>ACOA</td>
<td>182</td>
<td>1.357</td>
<td>.480</td>
<td>.9410</td>
</tr>
<tr>
<td>Social Desirability</td>
<td>180</td>
<td>2.938</td>
<td>.590</td>
<td>.4747</td>
</tr>
<tr>
<td>Participant Drinking</td>
<td>175</td>
<td>3.198</td>
<td>1.305</td>
<td>.4446</td>
</tr>
</tbody>
</table>
Close, Don’t Make It, Don’t Feel Don’t, Don’t Belong, Don’t Be Well, Don’t Think, Adult Children of Alcoholics, Social Desirability and SMAST (participant problem drinking). Cronbach’s Alpha reliability coefficients are reported for each continuous variable in Table 7. It is important to note that the higher the score, the more reliable the subscale is at assessing the given measure. The attachment subscales (Source of support −.83, Facilitators of Independence −.74, and Affective Quality −.94) were all robust (high) scores. The injunction subscales (Don’t Be −.57, Don’t Be You −.65, Don’t Grow −.58, Don’t Be a Child −.63, Don’t Be Well −.69) were all moderate scores. The injunction subscales (Don’t Be Important −.75, Don’t Be Close −.71, Don’t Make It −.80, Don’t Feel −.72, Don’t −.79, Don’t Belong −.78, and Don’t Think −.78) were all robust (high) scores. The CAST scale (.94) obtained a very robust reliability and, the SMAST (.44) and the Social Desirability Scales (.47) were in the moderate range.

The Pearson correlation coefficient was conducted to examine the degree to which relationships exist between variables. A correlation can range from +1 to −1. A correlation of +1 reflects a perfect positive linear relationship. A correlation of −1 reflects a perfect negative linear relationship. Pearson correlation coefficients were computed on the twelve injunction variables. All of the twelve injunction variables correlated moderately to high among themselves. Correlations for injunction variables are presented in Table 8. Using the Bonferroni approach to control for type-I error across the correlations, the r value of less than .05 was required for significance. The results of the correlation analyses presented in Table 8 shows that all of the 144 correlations were statistically significant at the .01 level. Pearson correlation coefficients were computed on attachment, social desirability, attachment variables were significantly correlated with
Table 8

Correlations Between the Twelve Injunction Scales

<table>
<thead>
<tr>
<th>Injunctions</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Don’t Be</td>
<td>1.00</td>
<td>.55**</td>
<td>.62**</td>
<td>.621**</td>
<td>.63**</td>
<td>.55**</td>
<td>.61**</td>
<td>.59**</td>
<td>.53**</td>
<td>.63**</td>
<td>.63**</td>
<td>.64**</td>
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<tr>
<td>2. Don’t Belong</td>
<td>1.00</td>
<td>.58**</td>
<td>.58**</td>
<td>.69**</td>
<td>.60**</td>
<td>.64**</td>
<td>.76**</td>
<td>.73**</td>
<td>.67**</td>
<td>.72**</td>
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<td></td>
</tr>
<tr>
<td>3. Don’t Be Well</td>
<td>1.00</td>
<td>.52**</td>
<td>.58**</td>
<td>.56**</td>
<td>.57**</td>
<td>.52**</td>
<td>.53**</td>
<td>.60**</td>
<td>.54**</td>
<td>.56**</td>
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<td></td>
</tr>
<tr>
<td>4. Don’t Think</td>
<td>1.00</td>
<td>.64**</td>
<td>.55**</td>
<td>.54**</td>
<td>.56**</td>
<td>.57**</td>
<td>.70**</td>
<td>.68**</td>
<td>.74**</td>
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<td></td>
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<tr>
<td>5. Don’t Be You</td>
<td>1.00</td>
<td>.63**</td>
<td>.64**</td>
<td>.65**</td>
<td>.59**</td>
<td>.70**</td>
<td>.69**</td>
<td>.66**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Don’t Grow</td>
<td>1.00</td>
<td>.57**</td>
<td>.60**</td>
<td>.62**</td>
<td>.63**</td>
<td>.55**</td>
<td>.61**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Don’t Be a Child</td>
<td>1.00</td>
<td>.78**</td>
<td>.65**</td>
<td>.63**</td>
<td>.67**</td>
<td>.63**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Don’t Be Important</td>
<td>1.00</td>
<td>.70**</td>
<td>.69**</td>
<td>.69**</td>
<td>.64**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Don’t Be Close</td>
<td>1.00</td>
<td>.79**</td>
<td>.73**</td>
<td>.73**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>10. Don’t Make It</td>
<td>1.00</td>
<td>.73**</td>
<td>.76**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Don’t Feel</td>
<td>1.00</td>
<td>.83**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Don’t</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. *p < .05, two tailed, **p < .01, two tailed
each other. A significant relationship was identified between ACOA status and the attachment variable parents as source of support ($r = -0.209, p < .01$). In addition, the ACOA variable was significantly correlated to participant drinking ($r = 0.248, p < .01$). Using the Bonferroni approach to control for type-I error across the correlations, the $r$ value of less than .05 was required for significance. Among the 36 variable used in this study (Injunction subscales, attachment subscales, social desirability, participant drinking and ACOA status) the correlations analyses indicate that 10 out of the 36 variables were statistically significant at the .01 level and that 2 out of the 36 variables were statistically significant at the .05 level (As reported in Tables 8 & 9).

Analysis of Hypotheses

_Hypothesis 1:_ Participants with problem drinking parents (ACOAs) will display poorer quality of attachment than participants with non-problem drinking parents (non-ACOAs). Social desirability and participant problem drinking will be controlled.

A one-way multivariate analysis of covariance (MANCOVA) was conducted to determine the effect of adult children of alcoholics and adult children of non-alcoholics on the three dependent attachment variables: affective quality of relationships, parents as facilitators of independence, and parents as source of support. Social Desirability and participant problem drinking were the covariates and were controlled for as represented in Table 10.

No significant differences were found among the adult children of alcoholics and the adult children of non-alcoholics on the total score of attachment (Wilks's Lambda ($\Lambda$) = .96, $F(3, 161) = 2.21$, $p < .08$). The multivariate Partial Eta Square ($\eta^2$) based on Wilks's $\Lambda$ was results indicate that the ACOA and non-ACOA participants did not differ on the
Table 9

Correlations Between Attachment Measures, Participant Drinking (SMAST), Social Desirability, and Adult Children of Alcoholic (ACOA) Variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parents as Source of Support</td>
<td>1.00</td>
<td>-.106</td>
<td>.062</td>
<td>.422**</td>
<td>-.209**</td>
<td>73**</td>
</tr>
<tr>
<td>2. Participant Drinking (SmaST)</td>
<td>1.00</td>
<td>-.054</td>
<td>-.11</td>
<td>.248**</td>
<td>-.067</td>
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</tr>
<tr>
<td>3. Social Desirability</td>
<td>1.00</td>
<td>-.021</td>
<td>.02</td>
<td>-.009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Parents as Facilitators of Independence</td>
<td>1.00</td>
<td>-.13</td>
<td>.64**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Adult Children of Alcoholics</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td>-.17*</td>
<td></td>
</tr>
<tr>
<td>6. Affective Quality of Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td></td>
</tr>
</tbody>
</table>

Note. * p < .05, two tailed, ** p < .01, two tailed

Table 10

Multivariate Analysis of Covariance (MANCOVA) Between Groups of ACOAs and Non-ACOAs on Attachment

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks' Lambda</td>
<td>3</td>
<td>2.21</td>
<td>.04</td>
<td>.088</td>
</tr>
</tbody>
</table>


total score of attachment when assessed under the multivariate statistical procedure. However, a \( p < .08 \) is approaching significance and merited further exploration on each of the three attachment variables.

Therefore, a univariate analysis of variance (one-way ANOVA) was conducted on each of the three attachment variables which includes affective quality of relationships, facilitators of independence, and parents as sources of support (See Table 11). The ACOA and non-ACOA groups, when compared on affective quality of relationships scored significantly different (\( F(3,166) = 2.25, p < .02 \)). The ACOA and non-ACOA groups when compared regarding facilitators of independence, (\( F(3,168) = 1.04, p < .07 \)) showed non-significance; but with a tendency toward significance. The ACOA and non-ACOA groups, when compared on parents as sources of support, indicated significant findings (\( F(3,168) = 2.64, p < .01 \)). Table 12 contains the means and standard deviations on the dependent variables for the ACOA and non-ACOA groups.

The analysis of covariance yielded no significant difference for social desirability (\( F(3,161) = .602, p = .61 \)) and participant problem drinking (\( F(3,161) = .752, p = .52 \)), which indicates that social desirability and participant problem drinking did not significantly influence the non-significant ACOA and non-ACOA multivariate scores on the three attachment scales.

**Hypothesis 2:** Participants with problem drinking parents (ACOAs) will display higher levels of injunctions than participants with non problem drinking parents (non-ACOAs). Social desirability and participant problem drinking will be controlled.

A one-way multivariate analysis of covariance (MANCOVA) was conducted to determine the effect of adult children of alcoholics and adult children of non-alcoholics
Table 11

Analysis of Variance (ANOVA) Between Groups of ACOAs and Non-ACOAs On Attachment

<table>
<thead>
<tr>
<th>Attachment Subscales</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOA and Non-ACOA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affective Quality of Relationships</td>
<td>3</td>
<td>2.25</td>
<td>.02</td>
</tr>
<tr>
<td>Facilitators of Independence</td>
<td>3</td>
<td>1.04</td>
<td>.07</td>
</tr>
<tr>
<td>Parents as Source of Support</td>
<td>3</td>
<td>2.64</td>
<td>.01</td>
</tr>
</tbody>
</table>

Table 12

Multivariate Mean Differences Between Groups of ACOAs and Non-ACOAs on Attachment Measures

<table>
<thead>
<tr>
<th>Attachment Subscales</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective Quality of Relationships</td>
<td>ACOA</td>
<td>59</td>
<td>103</td>
<td>17.98</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>108</td>
<td>110</td>
<td>19.52</td>
</tr>
<tr>
<td>Parents as Facilitators of Independence</td>
<td>ACOA</td>
<td>59</td>
<td>49</td>
<td>9.05</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>108</td>
<td>52</td>
<td>11.62</td>
</tr>
<tr>
<td>Parents as Source of Support</td>
<td>ACOA</td>
<td>59</td>
<td>41</td>
<td>8.60</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>108</td>
<td>45</td>
<td>9.83</td>
</tr>
</tbody>
</table>
on the twelve injunction (dependent) variables; Don’t Be, Don’t Be You, Don’t Grow, Don’t Be a Child, Don’t Be Important, Don’t Be Close, Don’t Make It, Don’t Feel, Don’t, Don’t Belong, Don’t Be Well and Don’t Think. Social desirability and participant problem drinking were the covariates and were controlled for as represented in Table 13.

No significant differences were found among the adult children of alcoholics and the adult children of non-alcoholics on the twelve injunction variables. Table 14 contains means and standard deviations on the dependent variable for the ACOA and non-ACOA groups.

The analysis of covariance found no significant difference for social desirability ($F(12,153)=1.180$, $p=.30$) and participant problem drinking ($F(12,153)=.3.75$, $p=.52$), which indicates that social desirability and participant problem drinking did not significantly influence the non significant ACOA and Non-ACOA multivariate scores on the three attachment scales.

**Hypothesis 3:** ACOA females will display higher levels of “Don’t Think” internalized injunction than Non-ACOA females. ACOA males will display higher levels of “Don’t Feel” internalized injunction than Non-ACOA males. Social desirability and participant problem drinking will be controlled.

A $2 \times 2 \times 2$ multivariate analysis of covariance (MANCOVA) was conducted to determine the effect of ACOA females and non-ACOA females on the Don’t Think internalized injunction dependent variable and the effect of ACOA males and non-ACOA males on the Don’t Feel internalized injunction dependent variable. Social desirability and participant problem drinking were the covariates and were controlled for accordingly as represented in Table 15. The MANCOVA statistical procedure indicated that no
Table 13

Multivariate Analysis of Covariance (MANCOVA) Between Groups of ACOAs and Non-ACOAs on Injunctions

<table>
<thead>
<tr>
<th>Group</th>
<th>df</th>
<th>F</th>
<th>Eta Square</th>
<th>Sig.</th>
</tr>
</thead>
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<tr>
<td>ACOA</td>
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<td>12</td>
<td>.541</td>
<td>.04</td>
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<tr>
<td>Wilks' Lambda</td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Table 14

Multivariate Mean Differences Between Groups of ACOAs and Non-ACOAs on Injunction Variables

<table>
<thead>
<tr>
<th>Injunction</th>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t Be</td>
<td>ACOA</td>
<td>58</td>
<td>17.93</td>
<td>7.31</td>
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<tr>
<td></td>
<td>Non-ACOA</td>
<td>110</td>
<td>17.22</td>
<td>8.21</td>
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<tr>
<td>Don’t Be You</td>
<td>ACOA</td>
<td>58</td>
<td>11.93</td>
<td>6.02</td>
</tr>
<tr>
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<td>Non-ACOA</td>
<td>110</td>
<td>12.81</td>
<td>6.70</td>
</tr>
<tr>
<td>Don’t Grow</td>
<td>ACOA</td>
<td>58</td>
<td>14.12</td>
<td>6.69</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>110</td>
<td>13.32</td>
<td>6.56</td>
</tr>
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<td>Don’t Be A Child</td>
<td>ACOA</td>
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<td>19.89</td>
<td>7.07</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>110</td>
<td>20.30</td>
<td>7.40</td>
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<td>19.86</td>
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</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
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<td>20.80</td>
<td>9.48</td>
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<td>16.08</td>
<td>7.82</td>
</tr>
<tr>
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<td>Non-ACOA</td>
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<td>16.37</td>
<td>8.69</td>
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<tr>
<td>Don’t Make It</td>
<td>ACOA</td>
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<td>15.55</td>
<td>8.27</td>
</tr>
<tr>
<td></td>
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<td>Don’t Feel</td>
<td>ACOA</td>
<td>58</td>
<td>19.06</td>
<td>7.30</td>
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<td>Non-ACOA</td>
<td>110</td>
<td>18.59</td>
<td>9.22</td>
</tr>
<tr>
<td>Don’t</td>
<td>ACOA</td>
<td>58</td>
<td>15.06</td>
<td>9.05</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>110</td>
<td>14.90</td>
<td>9.09</td>
</tr>
<tr>
<td>Don’t Belong</td>
<td>ACOA</td>
<td>58</td>
<td>12.56</td>
<td>7.42</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>110</td>
<td>13.23</td>
<td>8.07</td>
</tr>
<tr>
<td>Don’t Be Well</td>
<td>ACOA</td>
<td>58</td>
<td>12.24</td>
<td>7.62</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>110</td>
<td>12.46</td>
<td>7.23</td>
</tr>
<tr>
<td>Don’t Think</td>
<td>ACOA</td>
<td>58</td>
<td>14.96</td>
<td>9.00</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>110</td>
<td>14.87</td>
<td>8.38</td>
</tr>
</tbody>
</table>
Table 15

Multivariate Analysis of Covariance (MANCOVA) Between Groups of ACOAs and Gender on The Don't Think and Don't Feel Injunctions

<table>
<thead>
<tr>
<th>ACOA/Gender</th>
<th>df</th>
<th>F</th>
<th>Eta Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOA/Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks' Lambda</td>
<td>2</td>
<td>1.640</td>
<td>.02</td>
<td>.197</td>
</tr>
<tr>
<td>ACOA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks' Lambda</td>
<td>2</td>
<td>.161</td>
<td>.002</td>
<td>.851</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wilks' Lambda</td>
<td>2</td>
<td>.138</td>
<td>.002</td>
<td>.871</td>
</tr>
</tbody>
</table>

significant differences were found among the ACOA females and non-ACOA females on the Don’t Think injunction and the ACOA males and the non-ACOA males on the Don’t Feel injunction (Wilks’s $\Lambda = .98$, $F(2,164) = 1.64$, $p < .19$). The multivariate $\eta^2$ based on Wilks’s $\Lambda$ was .20, which is considered a low effect size. A multivariate statistical procedure was conducted and indicated that ACOA and non-ACOA females and males did not differ on the Don’t Think and Don’t Feel injunction variables. Table 16 contains means and standard deviations on the dependent variable for the ACOA and non-ACOA groups.

T-tests were used to further clarify the findings of the MANCOVA. The independent variable was ACOA female and Non-ACOA female on the Don’t Think injunction dependent variable. The t-test results for the females and males are presented in Table 17. The results indicate that the ACOA female and the non-ACOA females did not differ significantly on the Don’t Think injunction. The t-test results for ACOA males and non-ACOA males on the Don’t Feel injunction dependent variable indicate that the male ACOA and non-ACOA participants did not differ significantly on the Don’t Feel injunction.

The analysis of covariance found no significant difference for participant problem drinking ($F(2,164) = 1.81$, $p = .16$), which indicates that participant problem drinking did not significantly influence the non-significant ACOA and non-ACOA multivariate scores on the two injunction variables (Don’t Think and Don’t Feel). However, the analysis of covariance found a significant difference for social desirability ($F(2,164) = 4.27$, $p = .01$), which suggests that participants’ social desirability may have influenced the non-significant ACOA and non-ACOA multivariate scores on the two injunction variables.
Table 16

Descriptive Statistics on ACOA and Non-ACOA Groups and Males and Females on The Don't Think and Don't Feel Injunctions

<table>
<thead>
<tr>
<th>Injunction/ Gender</th>
<th>Groups</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Don't Feel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>ACOA</td>
<td>30</td>
<td>20.133</td>
<td>6.811</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>45</td>
<td>17.311</td>
<td>9.999</td>
</tr>
<tr>
<td>Female</td>
<td>ACOA</td>
<td>30</td>
<td>17.900</td>
<td>7.489</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>66</td>
<td>19.575</td>
<td>8.768</td>
</tr>
<tr>
<td><strong>Don't Think</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>ACOA</td>
<td>30</td>
<td>9.380</td>
<td>9.380</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>45</td>
<td>9.926</td>
<td>9.926</td>
</tr>
<tr>
<td>Female</td>
<td>ACOA</td>
<td>30</td>
<td>8.573</td>
<td>8.573</td>
</tr>
<tr>
<td></td>
<td>Non-ACOA</td>
<td>66</td>
<td>7.306</td>
<td>7.306</td>
</tr>
</tbody>
</table>
Table 17

T-Test Mean Differences on Groups of ACOAs and Non-ACOAs Males and Females on the Injunctions Don't Think and Don't Feel and Non-ACOAs on Injunctions

<table>
<thead>
<tr>
<th>Injunction/Gender</th>
<th>Group</th>
<th>T-test</th>
<th>df</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Think</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA</td>
<td>.290</td>
<td>98</td>
<td></td>
<td>.773</td>
</tr>
<tr>
<td>Non-ACOA</td>
<td>.305</td>
<td>98</td>
<td></td>
<td>.761</td>
</tr>
<tr>
<td>Males</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA</td>
<td>-.450</td>
<td>79</td>
<td></td>
<td>.654</td>
</tr>
<tr>
<td>Non-ACOA</td>
<td>-.454</td>
<td>79</td>
<td></td>
<td>.651</td>
</tr>
<tr>
<td>Don't Feel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA</td>
<td>.856</td>
<td>98</td>
<td></td>
<td>.395</td>
</tr>
<tr>
<td>Non-ACOA</td>
<td>.813</td>
<td>98</td>
<td></td>
<td>.418</td>
</tr>
<tr>
<td>Males</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA</td>
<td>-1.282</td>
<td>79</td>
<td></td>
<td>.204</td>
</tr>
<tr>
<td>Non-ACOA</td>
<td>-1.210</td>
<td>79</td>
<td></td>
<td>.230</td>
</tr>
</tbody>
</table>
(Don't Think and Don't Feel).

To further assess the relationship between the injunctions Don't Feel and Don't Think on social desirability, Pearson correlation coefficients were computed. The results of the correlation indicate a weak but positive correlation between social desirability and the injunction Don't Think (r = .234, p < .002) and, between social desirability and the injunction Don't Feel (r = .183, p < .014). Therefore, both the Don't Think and the Don't Feel injunctions are positively influenced by social desirability. It is important to note that a robust correlation (r = .689, p < .000) exists between the injunctions Don't Think and Don't Feel.

Hypothesis 4: ACOAs and Non-ACOAs will differ on levels and patterns of injunctions according to gender.

A discriminant analysis was conducted to determine levels and patterns of the twelve injunctions for ACOA, non-ACOA, males and females. In neither the ACOA nor Non-ACOA groups did the females or males differ significantly on the 12 injunction variables (F (3, 172) = 1.40, p < .43) (See Table 18). However, the Don't Be Close variable was approaching significance (Wilks $\Lambda = .96$, F(3,172) = 2.03, $p < .11$). The discriminant analysis indicated that neither ACOA nor gender predicted significant differences on the twelve injunction variables. Means and standard deviations are presented in Table 19.

Summary

The purpose of this chapter was to provide first an overview of the data and second results of the statistical analyses and hypothesis testing. The chapter began with a presentation of descriptive statistic on the demographic factors and the independent variables. There were four hypotheses assessed in this investigation. ACOA and non-
Table 18

Discriminant Analysis of Mean Differences on Injunctions

<table>
<thead>
<tr>
<th>Variable</th>
<th>df</th>
<th>F</th>
<th>Sig.</th>
<th>Wilks Lambda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don't Be</td>
<td>3</td>
<td>1.315</td>
<td>.271</td>
<td>.97</td>
</tr>
<tr>
<td>Don't Be You</td>
<td>3</td>
<td>1.787</td>
<td>.151</td>
<td>.97</td>
</tr>
<tr>
<td>Don't Grow</td>
<td>3</td>
<td>.828</td>
<td>.480</td>
<td>.98</td>
</tr>
<tr>
<td>Don't Be a Child</td>
<td>3</td>
<td>.835</td>
<td>.476</td>
<td>.98</td>
</tr>
<tr>
<td>Don't Be Important</td>
<td>3</td>
<td>1.046</td>
<td>.374</td>
<td>.98</td>
</tr>
<tr>
<td>Don’t Be Close</td>
<td>3</td>
<td>2.031</td>
<td>.111</td>
<td>.96</td>
</tr>
<tr>
<td>Don’t Make It</td>
<td>3</td>
<td>.122</td>
<td>.947</td>
<td>.99</td>
</tr>
<tr>
<td>Don't Feel</td>
<td>3</td>
<td>1.291</td>
<td>.279</td>
<td>.97</td>
</tr>
<tr>
<td>Don’t</td>
<td>3</td>
<td>.501</td>
<td>.682</td>
<td>.99</td>
</tr>
<tr>
<td>Don’t Belong</td>
<td>3</td>
<td>1.640</td>
<td>.182</td>
<td>.97</td>
</tr>
<tr>
<td>Don’t Be Well</td>
<td>3</td>
<td>.896</td>
<td>.444</td>
<td>.98</td>
</tr>
<tr>
<td>Don’t Think</td>
<td>3</td>
<td>.194</td>
<td>.901</td>
<td>.99</td>
</tr>
<tr>
<td>Total (Overall)</td>
<td>3</td>
<td>1.405</td>
<td>.430</td>
<td></td>
</tr>
</tbody>
</table>
ACOA participants when compared on overall attachment scores yielded results approaching significance. On closer inspection, it was determined that ACOA and non-ACOA participants did have significance when compared to parents as source of support and affective quality of relationships, but not on parents as facilitators of independence.

ACOA and non-ACOA participants did not differ when compared on the 12 injunction variables. ACOA and non-ACOA males and females did not differ when compared on the Don’t Think and Don’t Feel injunctions. ACOA status and gender did not predict levels and patterns on the twelve injunctions.

Although this investigation lacked significant findings when comparing ACOA and non-ACOA on injunctions, there was some significance in comparing ACOA and non-ACOA participants on attachment measures. The results of the statistical findings will be discussed further in next chapter.
CHAPTER V

Summary and Conclusions

The purpose of this study was to examine to what extent the quality of attachment and perceived parental injunctions are correlated for adult children of alcoholics and adult children of non-alcoholics. It was the investigator’s hope to obtain empirical research results whereby a clearer picture of the relationships that exist between ACOAs and attachment and ACOAs and negative thought patterns could further assist clinicians working with the ACOA population. As reported by Holmes (1994), clients in intensive psychotherapy have experienced successful shifts from unhealthy to healthy attachment styles. Brown’s (1988) therapeutic model provided an avenue for clinical change in clients with dysfunctional family relationships by treating attachment problems.

The findings of this study indicate that ACOAs are more likely than non-ACOAs to evidence unhealthy attachment patterns. Within the framework of this research, information was provided that supports the relationship between certain attachment conditions and ACOAs. Although significant distinctions were revealed in two of the attachment measures (affective quality of attachment and parents as source of support), no distinction was found between ACOAs and non-ACOAs on the overall targeted predictions. This study was unique in that it was the first to evaluate the relationship between ACOAs and non-ACOAs with injunctions, ACOAs, non-ACOAs, and gender differences with injunctions, and, ACOAs, non-ACOAs, and gender differences with
specific injunctions.

Chapter five is designed to provide an overview and discussion of the findings of this investigation. In the chapter demographic statistics are explored. This is followed by a discussion of the hypotheses, confounding variables and correlation findings. After the research results are examined, the practical implications and limitations of the study will be addressed as well as future research recommendations.

Demographic Statistics

The sample used in this study consisted of 183 ethnically diverse men and women (University students) in which no notable differences were observed on educational level, academic major, marital status, age, gender, and therapeutic services received. The typical participant was between 18 and 25 years of age, with 12 or more years of education and single. It became apparent as the data were being collected that there were more ACOA females than males. One reason for this condition may be that ACOA males develop problems that are more likely to interfere with academic pursuits (i.e., maladaptive behaviors, substance abuse, employment opportunity). Other considerations why there were more females include the fact that there are more females enrolled in the university and perhaps ACOA females are more likely to volunteer, “Talk” versus “Don’t Talk” and return completed study packets than ACOA males. A final consideration involves whether or not participants inaccurately reported ACOA or non-ACOAs status. Denial is a frequently reported characteristic of ACOAs (Black 1981; Brown 1988; Woitiz 1983). Theorists (Black 1981; Brown 1988) who study family alcoholism have postulated that ACOAs learn denial by strongly reinforced direct and indirect messages from family members. Moreover, in some cases, familial alcoholism can be detected
only with high rapport and intense interaction between an ACOA and a trusted confidant.

The demographics in this study indicate that more than half of the participants were Caucasian. The other ethnic backgrounds represented in this study included African American, Asian American, and Hispanic. More than one half of the participants (ACOA and non-ACOAs) never received therapeutic services. Information was not gathered on participants' current therapeutic status or the length of time spent in therapy. More than one half of the participants in this study were psychology majors. The other majors reported in this study included art and education, business, nursing, and biology. Graduate students were less likely than other students to self-identify themselves as ACOA. It may be that fewer ACOAs pursue graduate education or, maybe the ACOA graduates chose not to partake in this study.

The CAST (Jones, 1981) was administered to a sample of volunteers in a large urban university. Out of the 183 volunteers who participated in this research project, 65 respondents identified themselves as ACOA. This represented 36% of the sample population. The percentage of ACOAs who volunteered for this research is comparable to the percentage of ACOA university students identified in the research findings of Claydon (1987). This suggests that, within a university setting, it is probable that researchers will recruit a certain percentage of non-clinical, self-reported ACOA participants as a sample population.

Out of the ACOA participants, 65 participants reported parent problem drinking, indicating a clear association and recognition of problem drinking in the family. More than one half of ACOA participants reported no longer residing with the problem-drinking parent. And over one-half of the participants reported that their fathers were the
problem-drinkers. As reported by the ACOAs, more fathers than mothers were identified as the problem-drinking parent. This supports the research of Brown (1988) who determined that more men than women were labeled alcoholic. Within this frame of reference, when thinking in terms of parental problem-drinking, Cloninger et al., (1981) found that there are two different types of alcoholics: Type 1, which involves minimal criminality and mild abuse, and Type 2, which implicates a history of criminality, severe abuse and treatment. It may be that Type 1 alcoholics differ from Type 2 alcoholics in terms of family home environment. This may alter the way children of problem-drinking parents manifest or develop conditions such as mental illness, denial, unhealthy attachment, resiliency and negative thought patterns.

Discussion of Hypotheses

The investigator in this research proposed that Adult Children of Alcoholics would present differently than Adult Children of Non Alcoholics. More specifically, the researcher hypothesized that ACOAs would experience less positive attachment qualities than non-ACOAss. Data revealed a link between adult children of alcoholics and insecure parent/child attachment styles (Brennan et al., 1991).

The researcher also hypothesized that ACOAs would report more parental instilled injunctions than non-ACOAss. This assumption was derived from the research regarding alcoholic home environments being inconsistent, chaotic and unpredictable. Black (1981) posited that alcoholic family members maintain particular thought patterns such as “Don’t feel,” “Don’t think” and “Don’t talk.” Goulding and Goulding (1976) generated a list of twelve injunctions that they construed to be the most prevalent. Research provided convincing evidence that alcoholism is passed down through the generations, and this
reinforces the continuation of a harmful cycle (Wolin et al., 1980).

This research was designed to answer the following research questions: 1) “Does a difference exist between quality of attachment in adult children of alcoholics and adult children of non-alcoholics?” 2) “Do ACOAs have higher levels of injunctions than adult children of non-alcoholics?” 3) Are specific injunctions more prevalent with male and female ACOAs and male and female non-ACOAs?” 4) Do gender differences exist regarding the expressed internalization of injunctions, and, do these patterns vary for ACOAs and non-ACOAs?” Until this investigation, no study of adult attachment has examined the cognitive patterns of self and other perception in the form of injunctions with ACOAs.

According to the first hypothesis, participants with problem-drinking parents will display poorer quality of attachment than participants without problem-drinking parents. Within this framework social desirability and participant problem-drinking will be controlled. Based on the one-way multivariate analysis of covariance (MANCOVA) statistical procedure, there was support for this hypothesis.

No significant differences were found among the adult children of alcoholics and adult children of non-alcoholics on the overall attachment indicator ($p < .08$); however, a .08 level of probability approached significance and merited further exploration on each of the three attachment variables. A univariate analysis of variance (one-way ANOVA) was conducted on each of the three attachment variables. A significant finding emerged between ACOA and the quality of relationships ($p < .02$) and ACOA and parents as sources of support ($p < .01$). The results suggested that adult children raised by problem drinking parents had less parental support and lower relationship quality than adult
children raised by non-problem drinking parents. Similarly, research conducted by Wilsnack and Beckerman (1984) found that the ACOA participants experience an inadequate parent/child bonding process. Past research has provided empirical evidence to support the findings that ACOAs are affected (Black, 1981), in different ways (Ackerman, 1986), and have characteristics that validate them as a unique population (Woititz, 1983).

Essentially, the results provide support to the researcher's hypothesis that a significant difference exists between the quality of attachment in adult children of alcoholics and adult children of non-alcoholics. In addition, this finding appears to provide empirical support to the relationship between family functioning and the overall psychological, emotional and social well-being of a child once matured.

According to the second hypothesis, participants with problem-drinking parents were predicted to display higher levels of injunctions than participants with non-problem drinking parents. Participant problem-drinking and social desirability were controlled for in this observation. Based on the one-way multivariate analysis of covariance (MANCOVA), there was no support for this hypothesis. There are a number of possible explanations for why there was no relationship between ACOAs and non-ACOAs on levels of injunctions. The first reason might be that university students, especially graduate students, could fall on the side of over achievers. Woititz (1983) reported that ACOA students could range from academic overachievers to students on probation for academic failure. It is less likely that ACOAs who experienced academic failure would go on to achieve. Although unverified, it may be that ACOAs who struggled academically were not as receptive towards volunteering for this study and thus were
more likely to be absent from school the day of the study packets were disseminated or forgetful with returning and completing the study packets for the following week when the researcher and/or the researcher’s assistant collected them. Furthermore, ACOA’s that never attended college were not included in the sample population. The second possible explanation might have to do with the reliability of the Drego Injunction Scale. It may be that the scale is not a valid measure of negative thought patterns. It may also be that the scale was too negatively loaded. Possibly the development of a measurement that assess both injunctions (negative thought patterns) and affirmations (positive thought patterns) would provide a more accurate account of the thought patterns in an individual.

A third possible explanation may have to do with which parent was the alcoholic. This study indicated that there were more fathers perceived as problem-drinking parents than mothers. It may be that the ACOA’s mother (with the assumption that she as the primary caregiver) was able to instill more healthy thought patterns despite experiencing some of the detrimental family-life conditions of being reared in a family with problem substance use/abuse.

A final explanation explores the possibility that results might have been different if the four different attachment types (secure, preoccupied, dismissing, involved/disorganized) attachment types were utilized (George, Kaplan, and Main, 1985). By employing a measure that would have evaluated the four different attachment types the researcher would have been able to support the findings of the Parental Attachment Questionnaire as well as tease through and categorize participants into four attachment types.

According to the third hypothesis, ACOA females would display higher levels of the “Don’t think” internalized injunction than non-ACOAs females. ACOA
males would display higher levels of the “Don’t feel” internalized injunction than non-ACOAs males. Based on a 2 x 2 x 2 multivariate analysis of covariance (MANCOVA) statistical procedure, no significant difference emerged to support this hypothesis; however, when examining the influence of confounding variables, a significant difference was found for social desirability.

There are a number of possible explanations for the lack of significant findings. The first possible explanation is that the sample contained more women than men. It may be that an ACOA woman who comes to a university for undergraduate or graduate studies is an achiever. This would then counter the literature proposed by Black (1981) which posited that ACOA women are more inclined to harbor the “Don’t think” injunction.

The second possible explanation is that a significant difference was noted for social desirability (confounding variable) which suggests that participants’ desires to be what they think is socially correct was a stronger influence than what they may actually be feeling or thinking. In fact, Crowne and Marlowe (1964) examined human goals and expectations in test-taking behavior and found that social factors (a need for approval) may influence the way people answer test questions. Crowne and Marlowe determined that human needs and expectations are based on a desire for social support, self-protection, and failure avoidance. These researchers call this process the approval motive. Crowne and Marlowe reported that “Approval-motivated individuals say the right things about themselves...however, those identified as approval dependent seem to resolve some social and personal conflicts in ways that result in detriment to themselves” (p.204). More specifically in regard to test-taking behavior, Crowne and Marlowe posited that “If it is important for [the participant] to gain approval or acceptance, to deny
inadequacies, to obtain dependency gratification, or to achieve recognition or status, we may anticipate that his test responses will be bent to serve these aims (p.32).”

A positive correlation between social desirability and the injunctions “Don’t Think” and “Don’t Feel” further supported this explanation that the participants may have altered their responses to the items measuring “Don’t Think” and “Don’t Feel” injunctions. Hence, it is not clear if the results add support or lack support for the postulation set forth by the researcher: “Are specific injunctions more prevalent with male and female ACOAs and male and female non-ACOAs.”

According to the fourth hypothesis, ACOA and non-ACOAs would differ on levels and patterns of injunctions according to gender. Based on a discriminant analysis statistical procedure, there was no support for this hypothesis. The overall analysis did not indicate a significant difference; however, on closer inspection, one of the twelve injunctions, “Don’t Be Close,” yielded in the nearing significance range (p < .11). There are a number of explanations why the injunction Don’t Be Close was approaching significance. The first possible explanation is supported by theorists who posit that the goal of achieving real intimacy in relationships is exceedingly difficult for ACOAs (Woitiz, 1985) and that ACOAs have less interpersonal resources (Black et al., 1986).

A second possible explanation might be supported by the attachment findings in this study and previous research. There was support found in this study that ACOAs have lower quality attachment than non-ACOAs. Attachment relationships are characterized by a degree of reciprocated affection, physical closeness, and solidity of emotional bonding (Thompson, 1996). The assumption then may be made that ACOAs may experience less reciprocated affection, physical closeness, and solidity of emotional
bonding. According to Mahler et al. (1975) the success of interpersonal relationships depends on the mastering of separation anxiety. The question then is raised as to whether or not children of alcoholics are more likely to experience separation anxiety. This is further supported by Bowlby (1989) who posited that healthy attachment requires a secure base. Bowlby proposed that a secure base is cultivated from a healthy bond between child and parent.

A third possible explanation might have to do with viewing alcoholism as an entire family problem (Steinglass et al., 1987). Lindeman, Hawks, and Bartek (1994) defined alcoholism as an altered family process with specific characteristics, as well as feelings of mistrust and insecurity, disturbed relationships, inconsistency, and behaviors of denial and dependency. It is considered a betrayal when family secrets are revealed and the "Don't Talk" injunction is broken (Black, 1981). Emotional effects in ACOAs are more commonly manifested through problems with interpersonal relationships as first experienced through the interactions shared with family members. Moreover, research conducted by Motherseed, Kivlighan, and Wynkoop (1998) discovered that interpersonal distress can be influenced by the degree of attachment. Overall, significant differences were not obtained when comparing ACOA, gender, and injunctions. This may be due to the way that ACOAs were identified. For example, recruiting ACOAs from clinically diagnosed parents might have produced different results. In addition, ACOA women attending a higher education institution may have the tendency to "Think" versus "Don't think." The same would apply for the ACOA males who attend college. Perhaps, they have learned to "Feel!" versus "Don't feel." A final consideration includes the fact that ACOAs have a tendency to deny their feelings and thoughts. As a result, they may not
have responded accurately to the items on the questionnaires.

Confounding Variables

As part of this investigation, each participant was assessed for problem-drinking according to the scores obtained from the Short Michigan Alcoholism Screening Test. Cotton (1979) posited that offspring of alcoholics are three to five times more likely to develop alcoholism themselves than offspring of non-alcoholics; therefore the likelihood of an ACOA meeting the problem drinking status is possible. An ACOA who meets the criteria of a problem drinker may also possess negative problem-drinking characteristics such as denial. It is important to note that those who did indicate self-drinking problems on the SAST were more likely to be ACOAs. However, within the framework of this study the SAST did not uncover significant results in relation to attachment and injunctions.

As an additional verification to assess for false positives and false negatives, or perhaps denial, the participants were also assessed for their abilities to be straightforward in reporting, which was determined through the Strahan and Gerbasi (1972) scale. Kritsberg (1986) viewed the alcoholic family as silent and in denial. Black (1981) also reported that in some alcoholic families members do not talk about the family problem. A more important consideration revolves around the problem-drinking family’s ability to distort events. This results in family members resorting to in fabrication, misjudging and denial in communications. However, in this study the Strahan and Gerbasi (1972) scale did not yield significant results regarding social desirability in relation to attachment and injunctions.

In conclusion, it is important to indicate that no causal or predictive statements can be
derived in regard to participant problem-drinking and social desirability. These factors were controlled for the purpose of further assessing the quality of attachment, the degree of injunctions, and the ACOA status of the participants.

Correlation Results

Within the group of Adult Children of Alcoholics, the quality of attachment was assessed by three sub-scales (the affective quality of relationship, parents as facilitators of independence, and parents as sources of support). The findings revealed that a positive significant correlation existed between ACOAs and one of the attachment sub-scales (Parents as source of support). It appears that being raised by problem-drinking parent(s) may increase the likelihood of poor attachment such as not perceiving a parent as available or a source of support. Parental problem-drinking was expected to affect the quality of attachment, as previous theorists have portrayed, because of the problem-drinkers' detrimental behaviors (inconsistency, unavailability, chaotic). This may indicate that there is less parental support in problem-drinking home environments. In this sample, the correlation analysis of the other two attachment sub-scales (Affective quality of relationship and facilitators of independence) were not significant which suggests that there was no significant interaction going on between affective quality of relationship and parents as facilitators of independence variables and being an ACOA.

Within the structural design of this study, two confounding variables, social desirability and participant problem drinking, were investigated regarding Adult Children of Alcoholics. A positive significant correlation existed between both variables, suggesting that being an ACOA increased the likelihood of participant problem drinking and social desirability. According to the research, offspring of alcoholics are more at-

The twelve injunction scales correlated moderately to high among themselves. This suggests that one negative thought pattern (i.e., Don’t Feel) increases the likelihood or presence of another negative thought patterns (i.e., Don’t be Close). The twelve injunction scales, when examined in relation to ACOA status, social desirability and participant problem-drinking, resulted in several low positive correlations. However, the twelve injunction scales in relation to the three attachment scales produced several low negative correlation among the variables. This suggests that there is a relationship on some level between negative thought patterns and quality of attachment.

Practical Implications and Limitations

There are several limitations and implications to the design of this study, which are important to consider. First, it is difficult to generalize the results of this study to the entire population because of the ambiguity of characteristics that make-up an ACOA. The research today on ACOA classification is controversial. Some investigators argue that the ACOA population should not be a unique field of study because people from dysfunctional families who are non-alcoholic can display the same characteristics (Harrington & Metzler, 1997). This is further supported by Yearing’s (2002) scholarly contribution on codependency which identified four relevant codependent factors, including the relationship an individual maintains with an alcoholic, the family’s overall health level, the level of differentiation as derived from the family of origin and gender. Yearing (2002) postulated that codependency has “relevance as a psychological construct that is not necessarily exclusive to addiction” (p. 160). And, therefore “seems to be
related to family-of-origin variables pertaining to separation and attachment that may be inherent in all families” (p. 160). Conversely, Wallace (1987) suggested children of alcoholics must be seen and treated as a unique population who are highly susceptible to medical, psychological and social difficulties. Adult children of alcoholics display a number of characteristics and/or clinical impressions (Black, 1981; Woititz, 1983). Black (1981) reported that children of alcoholics are raised in chaotic/inconsistent home environments in which the “Don’t Feel” cognitive pattern is reinforced.

The question then answers as to what is considered a dysfunction? One would assume that dysfunction might be considered detrimental conditions that cause impairment in one or more area, including physical, social, psychological, emotional, spiritual and familial dimensions. Fundamentally speaking, conditions such as post-traumatic stress disorder, physical handicaps, chronic illness, acute disease, mental illness, abuse, adversity, deprivalion and catastrophic disasters may all qualify under the umbrella of conditions considered dysfunctional. It may be that, without using a more reliable ACOA indicator, very little difference might exist between the participants who reported parental problem-drinking and the participants who did not report any parental problem-drinking. Thus, it would be important to use additional procedures that secure the recruitment of an ACOA.

The ACOA and Non-ACOAs groups evaluated in this study were recruited from the same private suburban university. Participants were invited from a variety of educational levels ranging from undergraduate to doctoral levels. The private university is located in a middle-class neighborhood. Obtaining samples from public universities as well as urban and rural schools might make the sample more generalizable.

ACOAs in this study were identified via self-reports. According to Campbell
and Fiske (1959) self-report measures are subject to mono-method bias. This suggests that the participants’ answers to the self-report may be presenting a false-true or a false-negative outcome. However, other theorists have argued that research findings support self-reports regarding parental problem-drinking identification as generally reliable and valid (Rhea, Nagoshi, & Wilson, 1983).

On closer inspection, more than half of the ACOA participants reported scores on the CAST that were ACOA classifiable, but low considering the total CAST score. Certainly ACOAs are at-risk for a multitude of problems including depression, low self-esteem, and anxiety (Cermak, 1986; Kritsberg, 1986; El-Guebaly & Offord, 1977; Rossa et al., 1988; Walker, Ross & Currie, 1990). Unfortunately, in this study questions were not asked to assess factors such as mental illness, adverse conditions, and denial, which make the results of the assessment instrument questionable. However, Staley and El-Guebaly (1991) reported considerable evidence that the CAST is an “accurate screening instrument for ACOA determination” (p. 667). Therefore, the assumption can be made that, although the results from the self-reported ACOA instrument were valid, additional information would have perhaps made the determination more reliable. Research by Sher and Descutner (1986) purported that, even though reliable identification can be obtained through ACOA self-reports, the confirming evidence and reduction of false negatives could be derived from information gathered from other family members.

It is the belief of some theorists that a child raised in an alcoholic home environment can be resilient to ACOA characteristics. Werner (1986) reported that mediating factors exist, such as communication skills, intelligence, temperament, and previous traumatic events, that obstruct the manifestation of unhealthy ACOA characteristics. According
to Werner, mediating factors impact the course or severity of dysfunctional family consequences. Werner's introduction to mediating factors or notion of resiliency suggested that some children reared by problem-drinking parent(s) were not inclined to develop detrimental ACOA characteristics.

Within the design of this study, the participants were asked in the demographics section whether or not they received therapeutic services. However, the question was never asked as to whether or not the perceived problem-drinking parent was in recovery or receiving therapeutic services, suggesting that there were other factors that may contribute to the way the participants responded. Perhaps a problem-drinking parent received therapeutic services, medical attention or had undergone a recovery program, such as Alcoholics Anonymous after raising the children but before the participant entered college. Thus, the parent is no longer drinking and may have changed deleterious behaviors, which could have altered the way the participant perceived the parent as a problem-drinker or as not a problem drinker. Furthermore, it may be that, as a child, the ACOA was not given the information that a parent was in recovery or getting treatment, thus may have had no awareness of the condition.

In reference to ACOA classification a final implication to consider is based on research conducted by Seefeldt and Lyon (1992) who cautioned counselors when making an ACOA classification. According to these investigators, some counselors fall into the trap of making an ACOA determination by focusing on selective information, which supports ACOA classification. Conversely, counselors may fail to notice valuable etiological data that would support a different condition such as depression. Therefore, it may be that the primary problem the client is experiencing may not be ACOA, but
another condition.

Alcoholism is considered an entire family problem (Berger, 1993; Steiner, 1971; Steinglass, 1987). Family systems are important to social development because they provide the first interpersonal relationship experiences for a child. Attachment theory is concerned with the bonds, which are created through the shared interactions of parent and child. A caregiver can provide a sense of comfort and security to a child. In problem-drinking families the care provided by parents is often absent and/or impaired. People develop secure or insecure attachment styles based on parent/child interrelations (Bowlby, 1969, 1989). Lindeman and associates (1994) reported alcoholism as an altered family process with specific characteristics, specifically feelings of insecurity, disturbed relationships, inconsistency and dependency. Early theorists recognized that attachment processes exert strong influences on human behavior and healthy human development (Ainsworth et al., 1978). Wilsnack and Beckerman (1984) reported that ACOAs experience an inadequate parent/child bonding process. Attachment theorists believe that early attachment behavior is directed toward one's primary attachment figure, who is usually the mother or a mother substitute (Ainsworth, 1969). It is noteworthy that out of the 65 ACOA participants recruited for this study only six participants reported that the mother was the problem-drinker. Therefore, one can question whether or not the primary caregiver was the alcoholic parent. If most of the ACOA participants reported their fathers as the problem-drinking parent, but he was not the primary parent, then the results of this study might have been different, had the problem-drinking parent also been the primary caregiver for the participant.

Within this frame of reference, a connection may exist between attachment styles and
gender in adult children of alcoholics. A past study found gender differences between parental alcohol use and adult attachment styles. El-Guebaly et al. (1993) collected data on adult women and men. These researchers found that a significant relationship existed between parental alcohol use and adult attachment styles for the female participants. El-Guebaly and colleagues (1993) found that the females displayed more unhealthy attachment styles than the males.

In this investigation, no significant difference was found between adult children of alcoholics and adult children of non-alcoholics on the total quality of attachment. These findings are further supported by the research of Motherseed, Kivlighan, and Wynkoop (1998) who postulated that alcoholism did not significantly predict parental attachment or interpersonal distress. However, the statistical results obtained from this research indicated that two of the three subscales used to measure attachment did, indeed, support the link between ACOAs and attachment style. Significant findings were noted with the attachment measures involving affective quality of relationship and parents as source of support. This finding lends support to the research on college students whereby alcoholic parents reported more unhealthy attachment styles than college students with non-alcoholic parents (Brennan et al., 1991).

Fundamentally, as a child, the ACOA may have felt uncertain whether the alcoholic parent(s) would be available or supportive when needed. The inconsistency displayed by a problem-drinking parent may have left the impression in the ACOA’s mind that the alcoholic parent(s) was (were) available and supportive on some occasions but not on others. In addition, the amount of time the child spent with the parent might contribute to the perception the ACOA has with the parent. For example, if a father is the problem-
drinker in a family and his actual presence is limited because of working, traveling, and frequenting bars, then the ACOA perception of his father may not be that of a parent who is inconsistent. Although this parent would be perceived as unavailable, it may not be with a negative or uniform connotation.

The question might then be asked, "How does a negative connotation or thought pattern develop?" Byng-Hall (1995) theorized that the thoughts and behaviors a child employs with a parent becomes the child's way of thinking and acting in adulthood. Berne (1972) postulated that injunctions are negative cognitive patterns, which are derived from the cognitive interpretations of parent/child interaction in early childhood. Goulding and Goulding (1976) suggested that reinforced negative thought patterns about self and others become encapsulated in the form of injunctions. Steiner (1971) observed that alcoholics maintain the "Don't think" pattern of cognition. Black (1981) suggested that silent rules exist in parent/child relations of alcoholic families including Don't talk, Don't trust, and Don't think. Interestingly, Black's (1981) Don't trust message coincides with the Goulding and Goulding (1976) Don't be close injunction.

The ACOA and the non-ACOAs groups were compared on the twelve injunctions. No significant difference emerged between ACOAs and non-ACOAs on the injunction measures. There are several factors that may have contributed to a lack of significance with this measure. Firstly, the sample was extracted from a university in which people who obtain higher degrees might be more of achievement seekers and possess positive thoughts regarding personal growth which would contradict injunctions such as Don't think, Don't grow, Don't make it, Don't belong and Don't be important. Secondly, a university student could be viewed as proactive and are seeking out counseling services
available on the university campus. Lastly, the research design did not clarify the time period and duration in which participants had received therapeutic services. It may be that some participants who have engaged in therapy for a long time have changed some of the negative cognition that haunted them from early childhood years.

Another limitation to consider is that the participants utilized in this study were enrolled in an urban university. College students can be viewed as a selective group who may not be representative of the entire population. Furthermore, it may be that the participants enrolled in college have less parental drinking problems, less attachment problems, and fewer injunctions that would hold them back from achieving.

Future Research

The limitations and findings of this research project provide additional suggestions for research. It may be valuable to replicate this study considering the limitations and implications in order to determine if the ACOA sample is truly unique. It is equally important to detect if negative cognitive patterns have been corrected by therapeutic measures as well as if gender differences exist when considering the problem-drinking parent(s).

The outcome of this study did not yield a significant relationship between ACOAs and total attachment. However, post-hoc analyses performed on the three attachment measures yielded significant relationships between ACOAs and some attachment measures. The measures for parents as sources of support and affective quality of relationships did reach significance. The outcome of this study did not yield a significant relationship between ACOAs and injunctions; however, the model did yield some interesting results that would lead to important interesting research. On closer
examination of the injunction variables, the "Don't be close" injunction was approaching significance for the ACOA population. Since the degree of injunction influence was determined by a self-report measure that the ACOA participants completed, it may be advantageous to expand the contents of these factors in future research by utilizing participants whose parents have recently been diagnosed with alcoholism. This may help to validate ACOA identification. In addition, the use of both objective and subjective measures while assessing injunctions may gather a more accurate picture. For example, the researcher may want to conduct a structured interview which may include both the ACOA participant and the alcoholic parent.

Participants who volunteered to partake in this study were invited to complete a self-report questionnaire on problem-drinking parent(s). Self-report questionnaires are subjective reports and are more likely to produce erroneous results, and, as previously mentioned, denial is a frequently reported characteristic in ACOAs. Defining a more reliable measure of Adult Children of Alcoholics would be important. For example, to more accurately tease out the difference between problems in a dysfunctional family that are not alcohol-related from a dysfunctional family with predominant parental problem-drinking the researcher may need to recruit ACOAs (men and women) from problem-drinking parents who were recently admitted into clinical treatment and are diagnosed with alcohol dependence. Recruiting ACOAs from clinical settings where characteristics can be assessed as well as identifying any other detrimental condition that may contribute to dysfunction (i.e., abuse, depression) would greatly increase the reliability of the results from the ACOA population used as samples in studies. An alternative approach to solicit ACOA participants would be through adult-children-of-alcoholic (ACOA) and
alcoholics anonymous (AA) meetings. ACOA meetings offer the advantage of participants who already perceive themselves as ACOAs. AA meetings can be instrumental by providing self-identified alcoholics who may have adult children willing to participate in a research study.

Future researchers interested in reproducing this investigation may expand the approach by controlling for other variables that may alter cognitive patterns. For example, on the demographics form it was asked if the participant received therapy; however, the time when the participant obtained the therapy was not determined, nor was the length of the therapy, the goals of therapy and whether or not the therapy was perceived to have helped.

Assessing therapeutic interventions, especially as they relate to cognitive thinking patterns, may offer an understanding as to whether or not injuctions are higher in ACOAs as well as reinforce therapeutic effectiveness. Future research is recommended to thoroughly assess for gender differences regarding injuctions and problem-drinking parent(s) as well as quantify the degree of parental dysfunction attributable to drinking rather than simply noting a positive or negative problem-drinking parent. Naturally, replicating this study using a larger sample may increase reliability and generalizability.

Previous research revealed a link between adult children of alcoholics and unhealthy attachment. The results of this study added support to this original finding. Therefore, the concept of attachment is valuable when considering future research with adult children of alcoholics. It is evident that additional research is necessary to account for internal and external factors (i.e., confounding variables) when designing research studies of this nature. Since the numbers of children being reared in homes with
problem drinking issues is alarming (National Association for Children of Alcoholics, 1982), it behooves researchers to continue the search for cutting edge strategies, innovative programs, creative interventions, and inter-linking systems that can assist in the efforts to craft healthy family development. It is evident that with the breakdown of healthy family development, as in families where alcohol related problems exist and unhealthy attachment types are becoming more common, an increase in mental-health concerns, criminal activities, unemployment, welfare services, as well as, inter-relational difficulties and insensitivity is inevitable. Thus, there is the need to cultivate future research that helps support the well-being of family development.

Conclusion

A series of multivariate statistical procedures were conducted to answer the research questions: “Are there a significant relationships between adult children of alcoholics on the quality of attachment, global degree of injunctions, and gender differences as related to specific injunctions?” It was the investigator’s hope to provide empirical research on the topic whereby significant relationships such as ACOA and attachment can offer direction for clinical interventions.

Over the past several decades, developmental theorists (Ainsworth et al., 1978; Bowlby, 1988; Haven & Shaver, 1987; Kenny, 1987) have agreed that attachment remains an important aspect and basis for healthy human development. A caregiver provides a sense of comfort and security to a child. In alcoholic families the care-giving is impaired. Past research has provided empirical evidence to support the findings that ACOAs are affected (Black, 1981) in different ways (Ackerman, 1986) and have characteristics that distinguish them as a unique population (Woitiz, 1983).
The findings of this study provided evidence to support that ACOAs are inclined to unhealthy attachment development. More specifically related to this study, affective quality of attachment and parents as source of support are strongly linked to children who grew up in parental problem-drinking home environments. Although significant distinctions were revealed in two of the attachment measures (affective quality of attachment and parents as source of support), no distinction was found between ACOAs and non-ACOAs on the overall targeted predictions. In addition, evidence was provided that the Don’t Be Close injunction is associated with ACOAs.

A much larger sample size as well as implementing corrective recommendations for future research would increase the probability of reliable outcome measures that will address the precise interaction among, negative though patterns, attachment, and parental and participant problem-drinking. This sample was relatively small; hence, caution needs to be applied when generalizing the observed effects and findings to other groups of young adults or university/college students as well as the community at large.

The findings of this investigation support that focusing on attachment difficulties may be an efficient and effective way to help clients who present with a history of unhealthy family relationships. Despite the need for additional research and cross-validation of the present findings, the outcome of this study supports recognition that family factors are associated with attachment and possibly negative thought patterns (specifically the Don’t Be Close injunction).
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Appendix A

Script Read to Participants
Participants were given the following script:

Hello! My name is Paula Gallagher and I am a doctoral student in the Marriage and Family Program at Seton Hall University. As part of my dissertation research, I am examining the association between Adult Children of Alcoholics and Adult Children of Non-Alcoholics in the area of parent and children relationships and attitudes about self and others amongst college students.

I am looking for people to participate in my study. Participation in this project is voluntary and confidential and you have the right to not participate or withdraw at any time without penalty prejudice or impact to class grade. If you choose to take part in this research, there will be six questionnaires to complete that will take approximately 60 minutes. If you are interested, you can pick up a study packet on your way out. They can be completed outside of class and returned to myself (Paula Gallagher) or my colleague as soon as you can conveniently finish them.

I realize that your time is valuable and would like to thank you ahead of time for your effort and consideration. If you choose to participate, returning the completed questionnaires implies your consent to take part.
Appendix B

Institutional Review Board Letter
Dear Potential Participant,

Hello! My name is Paula Gallagher. I am a doctoral student at Seton Hall University in the Marriage and Family Program. This study is for my dissertation. I am researching the experiences of young adults from families both with and without parental drinking problems. Specifically I am interested in perceptions about relationships with parents and thoughts about self and others. I am looking for volunteers to participate in this research, which is part of my doctoral dissertation being conducted at Seton Hall University under the supervision of Professor Robert Massey, Ph.D.

Participation in this project is voluntary and confidential. You are free to participate or not and to withdraw at any time without penalty or prejudice. More specifically, choosing not to participate or withdrawing from the study at any time will have no impact on your course grade. Please do not write your name on the questionnaires in order to protect your confidentiality. The data will be analyzed only as a group. If you wish to learn of the results, you can write me in a separate letter at the address indicated below.

If you choose to take part in this research, participation will involve filling out six questionnaires including the Children of Alcoholics Screening Test (measures parental problem-drinking), Parental Attachment Questionnaire (measures opinions about relationships between parent and children), Drego Injunctions Scale (measures attitudes towards self and others), Short Michigan Alcoholism Screening Test (measures personal drinking patterns), Strahan and Gerbasi Scale (measures general social attitudes), and a Demographics Survey. Instrument completion requires about 60 minutes. I realize that your time is valuable, and I also want to collect some potentially meaningful data. If your professor is providing extra credit for participation, and you choose not to participate, your professor will give you an opportunity for an alternative assignment.

For some people answering these questions may arouse some uncomfortable feelings. If this happens, you can talk to a friend or a family member or consult a counselor in the Counseling Center located on the second floor of Mooney Hall.

If you choose to participate, returning the completed questionnaires implies your consent to take part in the study.

This project has been reviewed and approved by the Seton Hall University Institutional Review Board for Human Subjects Research. The IRB believes that the research procedures adequately safeguard the subject's privacy, welfare, civil liberties, and rights. The Chairperson of the IRB may be reached through the Office of Grants and Research Services. The telephone number of the Office is (973) 275-2974.
Thank you for your time and consideration.

Sincerely yours,

[Signature]

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Appendix C

Demographic Survey
Demographic Survey

Kindly place a check next to the response that applies.

1. What is your gender?  
   ___Male  ___Female

2. What is your marital status?  
   ___Married  ___Divorced
   ___Single  ___Live with partner

3. Were you raised by an alcoholic parent/guardian(s)?  
   ___YES  ___NO

4. If you answered YES to question 3, please identify the alcoholic parent/guardian(s).  
   ___Mother  ___Father
   ___Step-Mother  ___Step-Father
   ___Grandmother  ___Grandfather
   ___Guardian  ___Relative

5. Do you currently reside with this person?  
   ___YES  ___NO

6. Have you ever received therapeutic services?  
   ___YES  ___NO

Kindly answer the following questions:

7. What is your cultural background? ________________________________

8. What is your educational level? ________________________________

9. How old are you? ________________________________

10. What are you majoring in? ________________________________

COMMENTS
______________________________
______________________________
______________________________
______________________________