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# A Quantitative Comparison of Adult Children of Alcoholics (ACOAs) and Non-ACOAs on Attachment

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# Walden University

College of Social and Behavioral Sciences

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Carly Rodgers

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Walden University  
2017

Abstract

A Quantitative Comparison of Adult Children of Alcoholics (ACOAs) and  
Non-ACOAs on Attachment

by

Carly Rodgers

MA, Walden University, 2009

BS, University of Maine at Presque Isle, 2007

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

March 2017

## Abstract

Children who grow up in an environment where at least 1 parent is an alcoholic can experience behavioral and emotional problems that continue into adulthood. A critical literature gap concerning the relationship between attachment and adult child of an alcoholic (ACOA) status, as well as personal alcohol abuse and levels of hope, was identified. The purpose of this study was to gain a better understanding of the influence of having alcoholic parents on personal alcohol abuse, attachment, and hope among ACOAs. Informed by attachment theory, this cross-sectional study compared attachment among ACOAs and non-ACOA and the impact of attachment on personal alcohol abuse and hope. A convenience sample of 155 adults was recruited from a self-administered online survey. Data were analyzed by independent group *t* tests, Pearson correlations, and multiple regressions. Significant differences between ACOAs and non-ACOA were found on personal alcohol abuse, attachment to mother and father figures and anxious attachment to significant other, and hope. ACOA status was significantly correlated with attachment to mother, father, and significant others and personal alcohol abuse, and negatively correlated with hope. Additionally, ACOA status and hope were significant predictors of attachment with mothers; hope was a predictor of attachment with fathers and significant others; and ACOA status was a predictor of anxious attachment with fathers and significant others. This study may aid professionals in tailoring the treatment of ACOAs by addressing underlying negative experiences related to attachment, personal alcohol abuse, and hope, which ACOAs may be reluctant to disclose, thus allowing these individuals to become healthier members of society.

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## Dedication

This dissertation is dedicated to the two people who came into my life unexpectedly and have become my biggest supporters. For you, LB, I'm not sure I would have been able to make it this far without your continued love, patience, and understanding. For you, E, from the very beginning, you were able to see something in me that I have struggled to see myself. Your continuous encouragement, unwavering belief in me, and refusal to let me give up have allowed me to reach this milestone. The compassion and the strength that you exude have inspired me to become the person I am today. Thank you.

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## Table of Contents

List of Tables .....	v
Chapter 1: Introduction to the Study.....	1
Background and Orientation .....	2
Problem Statement .....	8
Purpose of Study .....	9
Research Questions and Hypotheses .....	10
Theoretical Framework .....	11
Attachment Theory .....	12
Theoretical Synthesis .....	13
Nature of the Study .....	13
Definition of Key Terms .....	14
Assumptions.....	18
Limitations .....	19
Significance.....	19
Social Change Implications .....	21
Summary .....	22
Chapter 2: Literature Review .....	25
Literature Search Strategy.....	26
Theoretical Foundation .....	27
Theoretical Synthesis .....	28
Attachment Theory .....	29



Literature Review Related to Key Variables .....	31
Alcoholic Family Dynamics .....	31
Dysfunctional Relationships .....	33
Insecure Attachment .....	33
Adult Children of Alcoholics.....	35
Personal Alcohol Abuse.....	37
Hope .....	38
Link Between Attachment, Alcohol Abuse, and Levels of Hope.....	41
Advantages and Limitations of Previous Research .....	43
Review of Methodology .....	44
Summary and Conclusions .....	46
Chapter 3: Research Method.....	48
Research Design and Rationale .....	49
Methodology.....	50
Population .....	50
Sampling and Sampling Procedures .....	50
Data Collection and Recruitment.....	51
Demographic Information.....	52
Instrumentation and Operationalization of Constructs .....	52
The Children of Alcoholics Screening Test—Short Form (CAST-6) .....	52
Comprehensive Hope Scale—Trait (CHS-T) .....	53
Relationship Structure Questionnaire (ECR-RS).....	54

CAGE Questionnaire .....	55
Data Analyses .....	56
Data Analyses Plan .....	57
Threats to Validity .....	58
External Validity.....	59
Internal Validity .....	59
Construct Validity.....	60
Ethical Procedures .....	60
Summary.....	61
Chapter 4: Data Collection and Results .....	63
Introduction.....	63
Data Collection .....	65
Demographic Results .....	66
Results.....	69
Independent Groups <i>t</i> Tests .....	69
Correlational Analyses.....	69
Standard Multiple Regressions .....	71
Summary.....	73
Chapter 5: Discussion, Conclusions, and Recommendations .....	76
Introduction.....	76
Interpretation of the Findings.....	78
Limitations of the Study.....	80

Recommendations.....	82
Social Change Implications .....	83
Conclusion .....	85
References.....	87
Appendix A: Informed Consent/Email Invitation.....	113
Appendix B: Children of Alcoholics Screening Test (CAST-6) .....	116
Appendix C: Comprehensive Hope Scale—Trait (CHS-T).....	117
Appendix D: Relationship Structures Questionnaire (ECR-RS) .....	120
Appendix E: The CAGE Questionnaire.....	123

## List of Tables

Table 1. Frequencies and Percentages for Demographics .....	67
Table 2. Central Tendency, Standard Deviation, Skewness, Kurtosis, and Reliability.....	68
Table 3. Independent Group <i>t</i> Tests.....	69
Table 4. Pearson Product-Moment Correlations Between Predictor (ACOA Status) and Outcome Variables.....	71
Table 5. Statistical Output of Multiple Regression to Assess the Effect of Attachment (Mother Figure) on ACOA Status, Personal Alcohol Use, and Hope.....	72
Table 6. Statistical Output of Multiple Regression to Assess the Effect of Attachment (Father Figure) on ACOA Status, Personal Alcohol Use, and Hope.....	73
Table 7. Statistical Output of Multiple Regression to Assess the Effect of Attachment (Significant Other) on ACOA Status, Personal Alcohol Use, and Hope.....	74

## Chapter 1: Introduction to the Study

Alcohol dependence is a family illness (Vernig, 2011). Researchers have suggested that adults who grew up with and were raised by families with an alcoholic parent or parents are at increased risk for psychological problems, including depression, anxiety, low self-esteem, and hypervigilance of others (Dayton, 2009). Alcoholic family systems are often categorized as unstable and chaotic, due in part to the unpredictability, and at times violence, of the alcoholic parent(s). The unstable, inconsistent, and chaotic nature of alcoholic family systems may lead to the perpetuation of unhealthy coping mechanisms and maladaptive behaviors into adulthood as these adult children of alcoholics (ACOAs) begin to settle into families of their own (Beesley & Stoltenberg, 2002; McGaha-Garnett et al., 2010).

It is estimated that there about 28 million children of alcoholics living in the United States, with an estimated 11 million of these children under the age of 18 (Family Alcoholism Statistics, 2013). Growing up in an alcoholic environment is a problem because children of alcoholics experience a variety of behavioral and emotional issues that can continue into adulthood (Osterndorf, Enright, Holter, & Klatt, 2011). Accordingly, the problem is to how to better understand the role ACOA status plays in an individual's personal alcohol abuse, level of attachment, and hope. The purpose of this quantitative, cross-sectional investigation was to better assess and understand the impact that alcoholic parents have on their children by comparing a sample of ACOAs with a sample of adult children from households without alcoholic parents.

In this investigation, I also sought to assess how the constructs of the study and attachment style worked together to create levels of hope and quality of life dimensions

among adult children of alcoholics and adult children of nonalcoholics. This study helps to fill a gap in knowledge and understanding of the relationships between personal alcohol abuse, attachment, and levels of hope in regard to ACOA status. The results of this study will be used to develop an intervention curriculum for ACOAs (and their families) and may promote further research about correlations between personal alcohol abuse, attachment, and levels of hope and the presence (or lack thereof) of alcoholism in an individual's family. Results of this study will be used to raise awareness and seek increased services for ACOAs by enhancing the theoretical knowledge base of helping professionals (Blake & Norton, 2014).

Chapter 1 contains a comprehensive and thorough overview of the present study, in which I sought to identify whether a difference exists between ACOAs and non-ACOAs in the presence of alcohol abuse, attachment, and levels of hope. This chapter includes background research literature on the study topic, as well as the study's problem statement, purpose, research question and hypotheses, theoretical framework, nature, definitions of variables and key constructs, assumptions, limitations, and significance.

### **Background and Orientation**

In 2013, an estimated 16.6 million adults living in the United States met the criteria for an alcohol abuse disorder (Substance Abuse and Mental Health Services Administration [SAMHSA], 2013). Alcoholism is a huge problem in America, wreaking havoc on individuals' health, careers, psychological/mental status, and socioeconomic status, in addition to causing issues within families (Kurzeja, 2014). While alcohol abuse harms the lives of spouses, parents, and coworkers, recent estimates have indicated that 8.3 million children (approximately 11% of all children) currently live with at least one

parent who abuses or is dependent on alcohol (Kelley et al., 2010). Often, the children of alcoholic parents are innocent bystanders who are left to pick up the pieces and attempt to lives riddled with fear, hurt, pain, guilt, and confusion.

Alcoholism is a chronic and complex relapsing disorder of great destructive power, which, according to the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V; American Psychiatric Association [APA], 2013), is characterized by compulsive drinking, impaired social and occupational function, and loss of control over intake of alcohol (Enoch & Goldman, 2001; Vaillant, 2009).

Research has suggested that an estimated 43% of children in the United States have lived with at least one individual who currently suffers or previously suffered from an alcohol abuse or dependence problem (Johnson & Stone, 2009), with an estimated 10% of U.S. children currently living with a parent with alcohol problems, according to a 2012 study (SAMHSA, 2012). Furthermore, according to a national survey on alcohol use and related conditions, an estimated 16.6 million adults (18+) had an alcohol use disorder in 2013 (SAMHSA, 2013).

Approximately 25% of college students have been found to meet the criteria for being an adult child of an alcoholic (Grant et al., 2004; Kelley et al., 2005). In a household in which alcohol is abused by one or both parents, the environment is often one in which behavior is frequently unpredictable and communication may be unclear. The family life of an alcoholic(s) is said to be full of chaos, inconsistent, and dysfunctional. Further, “familial dysfunction is often regarded as having a more important impact on adults, perhaps because of a failure to recognize that adult children

of alcoholics may have adopted more than one coping strategy” (Scharff, Broida, Conway, & Yue, 2004, p. 575).

Alcohol abuse and family psychopathology are critical factors affecting individual functioning, interpersonal relationships, and the dynamics of family life (Anda et al., 2002). There may also be a loss of hope experienced among adult children of alcoholics (Scioli et al., 2011). Lower levels of attachment (poor relationships) among adult children of alcoholics, especially related to personal alcohol abuse and hope, represent a problem, as the presence, absence, and quality of an individual’s hope is influenced by temperamental factors and sense of self (Scioli et al. & Shade, 2001). The bond that is made between a child and parent(s) is one that sticks with the child throughout life, and when a parent is emotionally and/or physically unavailable to the child when needed, the child may develop withdrawn and anxious behavior (Bowlby, 1973, 1980). Repeated interactions with a parent or parents allow children to develop a model that reflects their expectations about the nature of social relationships and what constitutes a healthy relationship.

ACOAAs are an understudied population. Although not all adult children of alcoholics are or can be accounted for, research indicates that there are an estimated 21 million children of alcoholics living in the United States, with an estimated 10 million of these Americans being children (National Association for Children of Alcoholics [NACoA], 2011; SAMHSA, 2013). One challenge in understanding the experiences of ACOAs is that many of these individuals are hesitant to disclose information about this aspect of their life and family due to the stigma associated with alcoholism (Hall & Webster, 2007a). Consequently, lack of attachment skills is a problem for many ACOAs



who were not provided with sensitive and responsive care that promoted a healthy sense of self (Haverfield & Theiss, 2014) and thus do not possess the necessary skill set for adulthood attachment that is required for healthy relationships. Without these skills, individuals' present and future relationships suffer (Dayton, 2012).

Furthermore, almost one in five American adults (about 18%) have lived with an alcoholic while growing up. For an ACOA, failure to recognize the impact of parental alcoholism is related to multiple adaptation strategies (Scharff et al., 2004). ACOAs may be at a higher risk for a variety of negative psychosocial, psychological, and behavioral outcomes. ACOAs may report lower life satisfaction, along with prevalence of negative emotion and an inability to cope with emotional overload (Haverfield & Theiss, 2014). While there is a plethora of available research examining alcoholism (e.g., Vaillant, 2009), alcohol use and abuse (Johnson et al., 2009), and adult children of alcoholics (e.g., Grant et al., 2004; Haverfield & Theiss, 2014), no specific research was found that addressed levels of hope specific to adult children of alcoholics. Lower levels of hope for ACOAs, especially related to attachment, are a problem because ACOAs' models of what constitutes a healthy relationship may be flawed or nonexistent, depending on the level of dysfunction within the family (Kelley et al., 2005; Kelly, 2010).

Bowlby, a British psychoanalyst, developed attachment theory in an attempt to understand the intense distress experienced by infants who had been separated from their parents (Fraley, 2010). Bowlby proposed that children have an innate need to attach to one main attachment figure and they should receive the continuous care of this single most important attachment figure for approximately the first 2 years of life (Bowlby, 1969). When children, particularly infants, are separated from this single most important

attachment figure, Bowlby observed, they exhibit attachment behaviors (crying, clinging, and frantically searching; Fraley, 2010). Placing an emphasis on maternal attachment, Bowlby presented the following as long-term consequences of deprivation: (a) delinquency, (b) reduced intelligence, (c) depression, (d) increased aggression, and (e) affectionless psychopathy (inability to show affection and concern for others). The attachment relationship between the child and the primary caregiver leads to the development of an internal working model.

Bowlby (1980) emphasized the importance of these close, healthy relationships by stating,

Intimate attachments to other human beings are the hub around which a person's life revolves, not only when he is an infant or a toddler or a schoolchild but throughout his adolescence and his years of maturity as well, and on into old age. From these intimate attachments, a person draws his strength and enjoyment of life. (p. 442)

Individuals who enjoy close, supportive, and healthy relationships are better protected against psychological disorders, with these supportive relationships helping to facilitate recovery and promote well-being (Bilderbeck et al., 2011). In comparison, dysfunctional relationships can act as precipitating factors in the development of illness in those who are vulnerable (Hollist, Miller, Falceto, & Fernandes, 2007). Research has shown that ACOAs are not familiar with relationships that are based on honesty, trust, or open-mindedness (Anda et al., 2002) because their relationships with their alcoholic parent(s) have been strained (Haverfield & Theiss, 2014).

Indirectly, this strained relationship produces a model of unhealthy relationships, increasing the likelihood of depression and decreasing levels of cognitive competence (Kelley et al., 2007). Directly, the child is likely to experience parental manipulation, conflict, abuse, and neglect (Haverfield & Theiss, 2014). The child may feel lost and, in order to survive the chaos, may develop defense mechanisms that, in turn, make it more difficult to function in the real world. The long-lasting effects of growing up in an alcoholic environment result in emotional distress, lack of life satisfaction, and difficulty forming secure attachments (Kurzeja, 2014).

For ACOAs, negative effects on attachment (attachment-related anxiety and avoidance in relation to mother, father, and significant other) and hope are a problem, in that many ACOAs exhibit negative patterns related to alcohol consumption and other behaviors. Improved recognition and understanding of these effects, along with treatment of alcoholism in adults and tandem family interventions to reduce the burden of adverse childhood experiences in alcoholic households, would likely decrease the long-term risk of alcoholism, lower levels of hope, and other adverse effects of trauma observed among ACOAs (Anda et al., 2002). Because of their upbringing and subsequent lack of hope, ACOAs may find it difficult to achieve personal wholeness and develop/maintain healthy relationships, and may be likely to repeat destructive family patterns (Kurzeja, 2014).

Attachment style is predictive of individuals' levels of hope (Blake & Norton, 2014). Lower levels of attachment for ACOAs, especially related to presence of alcohol abuse and hope, represent a problem because their models of what constitutes a healthy relationship may be flawed or nonexistent based on the level of dysfunction within the

family. The effect of unhealthy relationships is based on a lack of attachment skills and consequent lack of ability to form healthy relationships.

The gap in knowledge and understanding that prompted this study is discernible in the lack of existing research exploring the relationship between attachment and ACOA status, as well as personal alcohol abuse and levels of hope. Some of the negative consequences associated with ACOAs' childhood experiences include attachment-related anxiety and avoidance (Haverfield & Theiss, 2014; Lander, Howsare, & Byrne, 2013). To date, investigators have yet to examine hope in relation to ACOA status; however, research and theory suggest that hopeful individuals may have an important advantage for personal success. Secure adult attachment has been linked to hope, and insecure attachment dimensions have been linked to a wide variety of mood, anxiety, eating, and substance use concerns (Mikulincer & Shaver, 2007). Increased levels of hope may serve as an important primary prevention factor against a myriad of mental health problems (McDermott et al., 2015).

### **Problem Statement**

Being an ACOA is an issue in adulthood, given that as children, ACOAs encountered an assortment of behavioral and psychological issues that can carry into adulthood. For example, they may have experienced unhealthy or insecure attachment relationships (Burkett & Young, 2012), a high incidence of alcohol abuse (Brook et al., 2003; Burkett & Young, 2012), and decreased levels of hope (Scioli et al., 2011). Such experiences may have negative attachment consequences (i.e., attachment-related anxiety and avoidance for mother, father, and significant other) and may result in lower levels of hope. Results from this study may contribute to a better understanding of the relationship

(if any) that exists between attachment (poor relationships), ACOA status, an individual's personal alcohol abuse, and hope.

Research-based information about levels of attachment, personal alcohol abuse, and levels of hope (collectively) among ACOAs is nonexistent. Several studies have focused on the ACOA population (Anda et al., 2002; Haverfield & Theiss, 2014, 2016; Kurzeja, 2014), revealing numerous negative consequences associated with having at least one alcoholic parent (e.g., increased depressive symptoms, decreased self-esteem and resilience, hyperactivity, and temperament issues); however, no studies to date have narrowed the focus to the above-stated factors. The gap in knowledge that led to this study is apparent in the lack of existing research exploring the relationship between attachment, personal alcohol abuse, and hope in adulthood among the ACOA population.

### **Purpose of Study**

The purpose of this study is to understand more fully the influences that attachment has on ACOA status, personal alcohol abuse, and hope, given that children growing up in an alcoholic environment experience a variety of behavioral and emotional problems that continue into adulthood. One major challenge in understanding the experiences associated with ACOAs is their reluctance to disclose, as this may be perceived (by ACOAs) as too risky or stigmatizing (Haverfield & Theiss, 2014). Children of alcoholics often experience hurtful treatment within their family of origin (Worthington, Scherer, & Cooke, 2006). Through this quantitative study, I aimed to address the above-stated problem of how attachment relates to ACOA status, personal alcohol abuse, and hope, as well as what role attachment plays in an individual's life, by seeking a better understanding of the interaction of these constructs as they apply to

ACOAs. It is my goal that this information serve as the basis and foundation for resources, intervention tools and curricula, and targeted programs that are better tailored to meet the needs of ACOAs (Scioli et al., 2011).

Although studies have been aimed at ACOAs and the psychological symptoms associated with growing up in the home of an alcoholic (Grant et al., 2004; Harter, 2000; Kelley et al., 2005; Scharff, Broida, Conway, & Yue, 2004), no studies to date have compared levels of hope among ACOAs and non-ACOAs. Studies are needed to examine the impact of parental alcoholism and its relationship to attachment on ACOA relationship functioning (Kearns-Bodkin & Leonard, 2008). The long-term risk of the negative consequences associated with ACOAs' experiences (personal alcohol abuse, attachment-related anxiety and avoidance, and lowered hope) will likely be decreased with improved recognition and treatment of alcoholism in adults and tandem family interventions to reduce the burden of adverse experiences on children growing up in an alcoholic household (Anda et al., 2002).

### **Research Questions and Hypotheses**

RQ1: Are there significant mean differences between ACOAs and non-ACOAs in the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope?

*H*<sub>1o</sub>: There are not significant mean differences between ACOAs and non-ACOAs on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope.

*H1<sub>a</sub>*: There are significant mean differences between ACOAs and non-ACOAs in the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope.

RQ2: What are the relationships between ACOA status, the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope?

*H2<sub>o</sub>*: There are not statistically significant relationships between ACOA status, the presence of alcohol abuse, attachment, and a measure of hope.

*H2<sub>a</sub>*: There are statistically significant relationships between ACOA status, the presence of alcohol abuse, attachment, and a measure of hope.

RQ3: Are ACOA status, the presence of alcohol abuse, and hope significant predictors of attachment (attachment-related anxiety and avoidance) for mothers, fathers, and significant others?

*H3<sub>o</sub>*: ACOA status, the presence of alcohol abuse, and hope are not significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and significant other.

*H3<sub>a</sub>*: ACOA status, the presence of alcohol abuse, and hope are significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and significant other.

### **Theoretical Framework**

This study focused on an examination and comparison of attachment and levels of hope among ACOAs and non-ACOAs. The theoretical framework of this study consisted of attachment theory (Ainsworth, 1963, 1967, 1978, 1984; Bowlby, 1958, 1959, 1960).

## **Attachment Theory**

Finding himself dissatisfied with traditional theories, Bowlby sought a new understanding through discussion with colleagues from such fields as evolutionary biology, developmental psychology, control systems theory, etiology, and cognitive science (Bowlby, 1969; Cassidy, 1999). Attachment theory is based on the notion that an individual's childhood attachment with his or her primary caregivers shapes that individual's attachment orientation throughout life (Bowlby, 2004). The major basis for attachment theory and the major conclusion of Bowlby (1951) was that in order for an individual to grow up mentally healthy, "the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (p. 13).

Another major contributor to the emergence and development of attachment theory was Ainsworth. Ainsworth (1984) moved Bowlby's work beyond the formative years to include adolescent and adult attachment outcomes (Thomas, 2005). Ainsworth (1978) identified three specific attachment typologies: (a) secure attachment, where there is initially a clear preference for the caregiver over a stranger; (b) avoidant (insecure attachment); and (c) ambivalent (insecure attachment).

Through this study, I sought to fill the gap in knowledge and understanding about the relationships between attachment and levels of hope in regard to ACOA status by further examining ACOAs' experiences and prevalence of negative emotions, and how these relate to personal alcohol abuse. A more detailed explanation is presented in Chapter 2.



## **Theoretical Synthesis**

The theoretical framework used for this study was Bowlby's (1958, 1959, 1960) and Ainsworth's (1963, 1967, 1978, 1984) attachment theories. Bowlby's attachment theory addresses the presenting problem and focus of this study by providing the framework to approach a better understanding of the differences (if any) that may exist between ACOAs and non-ACOAs. All hope theories are driven by attachment, with Scioli and his colleagues (2011) reporting, "attachment can be argued to be the linchpin from which all other forms of hope derive" (p. 93). Interactions with primary caregivers help the individual develop an internal working model of attachment (Bowlby, 1969).

Bowlby's attachment theory has become an important framework in understanding interpersonal processes that are carried out from childhood into adulthood—namely the way in which attachment style affects the quality of close relationships (Simmons, Gooty, Nelson, & Little, 2009). ACOAs' lack of secure attachment can account for a variety of problems (Bifulco et al., 2006; Morriss et al., 2009). Hope is theorized to be impacted by the regulatory nature of secure attachment (Simmons et al., 2009), so it stands to reason that an individual's hope is likely to be influenced by the presence (or absence) of secure attachment.

## **Nature of the Study**

This study followed a survey research design. It provided a quantitative understanding and description of what role ACOA status has (or does not have) in the presence of alcohol abuse, attachment, and hope. The survey method involved obtaining self-report data regarding ACOA status, personal alcohol abuse, level of attachment, and level of hope (Rea & Parker, 2005). The survey was cross-sectional, with all data

collected at one point in time. Data were collected in only one form: an online questionnaire consisting of four scales. Using this form of data collection allowed for a sufficient amount of descriptive information to be obtained by collecting cross-sectional data.

Four scales (Children of Alcoholics Short Form [CAST-6; Hodgins, Maticka-Tyndale, Ed-Guebaly, & West, 1993], Comprehensive Hope Scale—Trait [CHS-T; Scioli, Ricci, Nyugen, & Scioli, 2011], Relationship Structures Questionnaire [ECR-RS; Fraley, Heffernan, Vicary, & Brumbaugh, 2011a; Fraley, Niedenthal, Marks, Brumbaugh, & Vicary, 2006], and CAGE [Ewing, 1984]) were administered. The independent variables of this study were ACOA status, presence of alcohol abuse, and hope. The dependent variable was attachment. The survey method involved reaching out to a large number of people to ask them to respond to questions regarding their personal experiences and behaviors. This method allows for the investigation of attitudes and opinions that are not usually observable, the description of characteristics of a larger population, and the studying of behaviors that may be difficult for individuals to disclose face to face (Nardi, 2015).

### **Definition of Key Terms**

*Adult attachment:* For the purpose of this study, adult attachment is operationally defined as “the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security” (Sperling & Berman, 1994, p. 8).

*Adult children of alcoholics (ACOAs):* For the purpose of this study, an adult child of an alcoholic (ACOA) is operationally defined as an adult from a family with an alcoholic parent, grandparent, and/or other family member (Kritzberg, 1990).

*Alcohol abuse/misuse:* In the fourth edition (text revision) of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-V)*, *alcohol use disorder* (alcohol abuse or dependence) is defined as a “chronic, maladaptive pattern of use that results in clinically significant impairment or distress” (APA, 2013, p. 490). For the purpose of this study, *alcohol abuse* (for the purpose of this study) is operationally defined as presence of alcohol use disorder in the past year.

*Alcoholic:* For the purpose of this study, an alcoholic is operationally defined as an individual who engages in “repeated drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that interferes with the individual’s health or his/her social or economic function” (Ulleland, 1972, p. 168).

*Alcoholism/alcohol dependence:* *Alcoholism* (the term commonly used among the public) or *alcohol dependence* (the clinical term used in the diagnosis of an alcohol problem) is a “complex multifactorial disease that is both genetically and environmentally influenced” (Enoch & Goldman, 2001, p. 145).

*Attachment theory:* Attachment theory is based on the notion that one’s childhood attachment with a primary caregiver or caregivers shapes one’s attachment orientation throughout life (Bowlby, 2004). The major basis for attachment theory (and the major conclusion of Bowlby [1951]) is the idea that in order for an individual to grow up mentally healthy, “the infant and young child should experience a warm, intimate, and

continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (p. 13).

*Dysfunctional family:* For the purpose of this study, a dysfunctional family is one that deviates from the norms of social behavior in a way that is regarded as bad (Scharff, Broida, Conway, & Yue, 2004)

*Family roles:* Within the perspective that a family is a system, one can see each member of a family as tending to take on a role or roles to fit with the rest of the family. Within an alcoholic family, Nardi (1981) argued, these role definitions are impacted by parental alcoholism. For the purpose of this study, family roles (in reference to an alcoholic family) are operationally defined as “rigid patterns of behavior from childhood that were adopted to survive emotionally in a family rendered dysfunctional by alcoholism” (Alford, 1998, pp. 251) and are represented by the following specific roles: hero, scapegoat, lost child, mascot, and placater (Black, 1981; Greenfield, 2006; Wegscheider-Cruse, 1985).

*Healthy relationship (healthy family):* For the purpose of this study, a healthy relationship and/or healthy family is operationally defined as a relationship in which the boundaries are clear and seldom invasive; individuals within the relationship (family) assume responsibility for their own thoughts, actions, and feelings; and irresolvable conflict is at a minimum. A healthy family is able to relate with trust, “without erecting ponderous interpersonal defenses” (Beavers, 1982, p. 52).

*Hope:* For the purpose of this study, hope is operationally defined as a future-directed, four-channel emotion network “constructed from biological, psychological, and

social resources. The four constituent channels are the mastery, attachment, survival, and spiritual systems” (Scioli, 2011, p. 78).

*Mastery:* Possession or display of great skill or technique. The operational definition of mastery (as it relates to hope) is an experience of shared power and control that emerges “from a felt association with a perceived external force or presence (spiritual and/or non-spiritual)” and may be further strengthened by the perception that “one’s ultimate goal commitments are sanctioned by others, for example, one’s family, community, cultural group, or a perceived higher power” (Scioli, Ricci, Nyugen, & Scioli, 2011, p. 81).

*Adult children of nonalcoholics (non-ACOAs):* For the purpose of this study, non-ACOAs are operationally defined as individuals who do not identify with the criteria and definition for ACOAs (as defined by Kritzberg, 1990).

*Parentification:* For the purpose of this study, parentification is operationally defined as the process whereby children or adolescents assume adult roles before they are emotionally or developmentally ready to do so (Stein, Riedel, & Rothermam-Borus, 1999).

*Spirituality:* For the purpose of this study, spirituality (and faith) is operationally defined as one’s outlook on life and personal relationship with a higher power or being (Walsh, 2009).

*Survival:* For the purpose of this study, survival is operationally defined as one’s way of addressing the great challenges of life and the human condition, which include fear, pain, loss, and death (Scioli et al., 2011).

### **Assumptions**

There were two major assumptions for this study. First, it was assumed that the four scales that were used accurately assessed what they purported to measure. The reason that this assumption was necessary in the context of the study was that there had been no previous studies using all instruments together to assess ACOAs. The CAST-6 (Hodgins, Maticka-Tyndale, Ed-Guebaly, & West, 1993), CHS-T (Scioli, Ricci, Nyugen, & Scioli, 2011), ECR-RS (Fraley, Niedenthal, Marks, Brumbaugh, & Vicary, 2006), and CAGE Questionnaire (Ewing, 1984) had all been used in several studies and found to be valid and reliable.

Second, it was assumed that at least half of the participants had a history that included growing up in an alcoholic family system. For the purpose of this study, it was assumed that the responses to quantitative items were a reflection of the participants' own experiences as they related to their childhoods, family upbringings, and current adult lives. I also assumed that the quantitative sample population characterizes differences in personal alcohol abuse, attachment, and hope among those growing up in an alcoholic family environment when compared to those growing up in a family environment where alcoholism was not present. It was assumed that the participants answered all questions truthfully and that a self-report method was adequate for data collection (Del Boca & Darkes, 2003). In order to ensure and maintain honesty from participants, participants were offered the protection of confidentiality and anonymity, and it was also explained that they could withdraw from the study at any point.

### **Limitations**

A limitation of the current study is generalizability, which is inherent in any convenience sample (Ozdemir, St. Louis, & Topbas, 2011). Study parameters restricted the generalizability of study results to other independent adult populations. Limits to generalizability include factors such as a smaller and homogenous sample size and a specific population. Participants in the study included both females and males.

While I sought in the present study to add to the body of literature regarding ACOAs, there are other limitations that should be noted. This study only used self-report measures. Although self-report measures have been found to be reliable and valid methods that offer perceived anonymity (Johnson & Turner, 2003), research also suggests that the use of such measures increases the probability of bias in response (Paulhus & Vazire, 2007).

Another area of limitation of this study relates to using a cross-sectional approach. The most important limitation and/or problem with this type of study is “differentiating cause and effect from simple association” (Mann, 2003). A cross-sectional approach is confined to one point in time and thus provides a snapshot of a sample of a population at a single point in time (Weerasekera, n.d.).

### **Significance**

There is consensus that ACOAs are at risk for a variety of negative emotions and consequences (Haverfield & Theiss, 2014). This study may help to change and expand upon the current understanding of the relationship between attachment, personal alcohol abuse, and hope in adulthood among the ACOA population. Additionally, it may increase imperative consciousness of how important the familial environment (i.e., parents) is to

an individual in the process of forming attachments, making alcohol consumption decisions, and developing hope.

Despite the growing percentage of individuals who were exposed to alcohol abuse and dependence in the household in which they grew up, the short- and long-term ramifications of growing up in such an environment have often been minimized by society. ACOAs tend to have lower self-esteem, a distorted understanding of what constitutes a healthy relationship, and even genetic vulnerability. Currently, there is a lack of interventions and programs developed specifically around the “influencing factors that mitigate parental alcoholism” (Park & Schepp, 2015, p. 1228). This study may contribute to the advancement of practice by informing the development of interventions and programs that focus on reinforcing healthy relationships, enhancing attachments with nonalcoholic caregivers and peers, and strengthening self-esteem. Previous studies have shown that both attachment and self-esteem can be enhanced through interventions (Fabrizio et al., 2013; Leigh et al., 2012).

As Seligman and Csikszentmihalyi (2000) pointed out, research suggests that certain human strengths such as courage, hope, and optimism can act as buffers against psychological disorders (see also Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007). Whether one views hope as a stable personal “trait” (Snyder et al., 2005), as a variable “state” (Bland & Darlington, 2002), or as both (Scioli, 2011), hope has been identified as a central feature of recovery from chronic physical illness (Snyder et al., 2005) and mental illness (Bland et al., 2002). The results of this study have the potential to support change on the individual, relationship, family, and community levels through a more thorough understanding of this ever-growing problem.



The results may serve as the basis and foundation for resources, tools, and programs that are better tailored to meet the needs of ACOAs. Recognizing relevant factors that may contribute to more positive treatment outcomes for the population would assist ACOAs in their attachments to others (Raffaella, 2012). In addition, this study explored between-group differences, ACOAs versus non-ACOA, to replicate previous findings related to adult attachment styles (Kelley, Cash, Grant, Miles, & Santos, 2004), family roles, and levels of hope in this population in an attempt to provide professionals working with ACOAs (as well as the general population) with support, resources, and understanding.

As previously stated, growing up amongst alcoholism presents issues for children that continue into adulthood in the form of behavioral and emotional problems. Results of this study may be used to produce information about the presence of alcoholism within the family and the negative and positive effects associated with it. Much focus in the past has been placed on the negative aspects of alcoholism and growing up as an ACOA; however, evidence has suggested that not all ACOAs are destined to suffer from poor mental health, as a large percentage of ACOAs are able to develop positive self-esteem and do not suffer from alcohol abuse themselves (Hall, 2013).

### **Social Change Implications**

There is insufficient research-based information available about the relationships between ACOA status, the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope (Kearns-Bodkin & Leonard, 2008; Scioli, 2011). Because of the scarcity of research, lack of awareness of the potential negative consequences of ACOA status continues. When

individuals have a better understanding of how to serve the ACOA population more effectively, a better understanding of the levels of hope associated with ACOAs, and an understanding of the interaction of these constructs as they apply to ACOAs, society will benefit.

The findings of this study may be used in a number of ways on multiple levels, including the individual, family system, neighborhood, organizational, national, and global levels. This research helps to establish a current understanding as to what role attachment has in ACOA status, personal alcohol abuse, and an individual's level of hope (Anda et al., 2002). Simply knowing that an individual identifies as an ACOA represents no more than a starting point for obtaining more in-depth information. The promise for social change in the general population, and more specifically among the ACOA community, increases through improved awareness of how important an individual's familial environment (and the presence of an alcoholic parent) is to the individual's alcohol consumption decisions, process of forming attachments, and hope. Further, the outcomes may provide individuals with insight and the possibility of gaining understanding and improving their relationship satisfaction.

### **Summary**

In this first chapter, the psychological well-being and dysfunction often attributed to the effects of growing up in an environment where at least one parent is identified as an alcoholic were introduced. Several theories and constructs related to ACOAs, family roles, attachment styles, and levels of hope were also introduced in order to better explain and help form the theoretical framework surrounding this "at-risk" population (Anda et al., 2002; Bifulco et al., 2006; Morriss et al., 2009). Recognized as a population that is at

risk for psychological dysfunction and potential psychopathology (Haverfield & Theiss, 2014), individuals identifying themselves as adult children of alcoholics are growing in number (Centers for Disease Control and Prevention, 2014). Accordingly, the problem addressed in this study is understanding and anticipating how an adult child's upbringing (either in an alcoholic family system or a nonalcoholic family system) will affect his or her family, attachment styles, and level of hope.

Attachment styles capture attitudes and reactions toward close partners and can mediate the effects of disturbed relationships upon psychological health (Bifulco et al., 2006; Morriss et al., 2009). A secure attachment has been linked to higher well-being, whereas an insecure attachment has been associated with lower well-being (Lavy & Littman-Ovadia, 2011; Wei, Liao, & Shaffer, 2011). Adult attachment security has been linked to hope, and previous research has connected insecure attachment dimensions to a wide variety of mood, anxiety, eating, and substance use concerns (McDermott et al., 2015; Mikulincer & Shaver, 2007). An increase in hope can mediate a myriad of mental health problems, with hope serving as a mediator between attachment and personal alcohol abuse (McDermott et al., 2015).

This study addressed the issue of how decreased attachment can lead to personal alcohol abuse and low levels of hope. Decreased attachment may not prepare children to perform social roles in adulthood; such children may learn to deny problems instead of facing them and consequently finding solutions (Kurzeja, 2014). Decreased or unhealthy attachments, specifically among ACOAs, may also lead to a continuation of the cycle of addiction. Furthermore, data have provided evidence that attachment systems governing "maternal bonding and pair bonding to a mating partner are subverted by drugs of abuse

to create addictions that are just as powerful as natural attachments” (Burkett & Young, 2012, p. 16).

In Chapter 2, I review the existing literature and explore whether there is a current gap in the research on factors surrounding the presence of dependence/abuse, attachment, and hope/quality of life in relation to ACOA status. The chapter provides an in-depth look at the variables of the study and concludes with an explanation of why the study was conducted.

## Chapter 2: Literature Review

Chapter 2 provides an in-depth description of the intricate and perplexing relationship between growing up and living as an ACOA and the subsequent effects on an individual's attachment styles, personal alcohol abuse, and levels of hope (Bowen, 1966, 1978; Bowlby, 1958, 1959, 1960; Scioli et al., 2011). Researchers have suggested that adults who grew up with and were raised by families with an alcoholic parent are at an increased risk for psychological dysfunction and potential psychopathology (Haverfield & Theiss, 2014). ACOAs tend to exhibit attachment-related anxiety and avoidance, personal alcohol abuse, and lowered hope (Anda et al., 2002).

Research has indicated that ACOAs report higher levels of general psychological distress when compared to non-ACOA's (Hall & Webster, 2002; Haverfield & Theiss, 2014). Early attachment relationships predict adult levels of hope, with evidence that healthy attachment relationships established early in life (during childhood) contribute to an individual's overall hopefulness and an ability to manifest goal-directed thought (Bifulco et al., 2006; Morriss et al., 2009). Thus, it can be presumed that with unhealthy, dysfunctional attachment relationships early in life, an individual's ability to manifest goal-directed thought and overall hopefulness would be negatively impacted (Blake et al., 2014). Furthermore, lower levels of attachment for ACOAs, especially related to personal alcohol abuse and levels of hope, represent a problem because ACOAs' models of what constitutes a healthy relationship may be flawed or nonexistent based on the level of dysfunction within the family. Following is a critical review of empirical literature relevant to the nature of the study.

### **Literature Search Strategy**

The research for this thorough review took place in two stages. Online library resources were used initially, with older references obtained from local university and town libraries. During the first stage, online databases were used, including PsycARTICLES, PsycINFO, and EBSCO's Academic Search Premier. Upon a search of ProQuest, the following results were found in regard to studies that have been conducted thus far: one) adult children of alcoholics—544 results; two) adult children of alcoholics and hope—six results; three) hope—22,522 results; four) quality of life—1,788 results; and five) quality of life and adult children of alcoholics—27 results.

Upon a search of various databases (PsycINFO, PsychARTICLES, PsycCRITIQUES, PsycEXTRA, SocINDEX, PsycTESTS, and Academic Search Premier) the following results were found: one) adult children of alcoholics—315 results; two) adult children of alcoholics and hope—one result (a self-help book); three) hope—90,466 results; four) quality of life—55,380 results; and five) quality of life and adult children of alcoholics—zero results. The majority of the research used for this literature review was no more than 10 years old; however, I reviewed some research dating back 20+ years in order to read the original literature behind the theoretical framework.

The purpose of this quantitative study was to identify and determine whether there is a correlation between attachment and ACOA status, personal alcohol abuse, and levels of hope. Additionally, research, data, and the Comprehensive Hope Scale (Trait) were obtained through personal communication with Dr. Anthony Scioli. In this chapter, I present an explanation of the theory of attachment as well as hope, dividing pertinent issues into two main topics: healthy adult relationships and dysfunctional relationships.

The purpose of this study and the associated research hypotheses and quantitative method query was to address a gap in the literature by contributing to a greater understanding of how ACOA status and attachment style affect an individual's personal alcohol abuse and level of hope.

### **Theoretical Foundation**

Attachment theory, grounded within an evolutionary foundation, includes both normative and individual-difference aspects of infant-caregiver attachment and their impact on the development of infant survival (Fraley, 2010). The normative aspects of infant-caregiver attachment relate to the modality, typical patterns, and stages of attachment bonds, whereas the individual-difference aspects pertain to elevations relative to the typical patterns and stages (Dumont, 2009). Bowlby's (1969) theory indicates that an attachment-control system develops from both of these aspects. This idea involves the assumption that attachment-control systems are created through experience (rather than being preformed) and have a role in the organization of behavior and emotion in close relationships over the course of an individual's life (Bowlby, 1969; Green & Goldwyn, 2002).

Drawing upon Bowlby's attachment theory, Ainsworth proposed that early infant experiences become internal working models of the self and others while shaping an individual's future social experiences and relationships (Simmons et al., 2009). Secure attachment should influence individual psychological states, which, in turn, should affect valued outcomes (Simmons et al., 2009). Attachment has been studied to determine whether it plays a role in developing any protective factors (Simmel, 2007).

Attachment theory makes a strong prediction with regard to the development of empathetic capacity, and the responsiveness that underlies security is also predicted to give rise to empathy (Panfile & Laible, 2012). Each relationship that an individual forms within an attachment is unique and helps to build and develop the framework for that individual (Pittman, Keiley, Kerpelman, & Vaugn, 2011). Within this framework, individuals' information about the self and the world as a whole is organized. Secure individuals develop internal working models of the self as "deserving of care, others as trustworthy and dependable, and relationships as positive and worthwhile" (Panfile & Laible, 2012, p. 2).

Secure individuals have a sense that the world is a safe place that is susceptible to them and the accomplishment of their goals (Simmons et al., 2009). Although secure attachment has been studied by many and found to be a positive influence on an individual's life, it is not a guarantee of mental health; rather, it can be viewed as a protective factor and as a stable foundation that later shapes the organization of identity (Pittman et al., 2011). Studies have found that children with secure attachment histories are more resistant to stress (Mills-Koonce et al., 2011) and more likely to rebound toward more adequate functioning after experiencing hardship or troubled times (Karreman & Vingerhoets, 2012). Therefore, resiliency is viewed as a developmental construct within this framework (Terzi, 2013).

### **Theoretical Synthesis**

Attachment-related anxiety and avoidance can contribute to an ACOA's personal alcohol abuse and level of hope (Raffaella, 2012). The risk for alcoholism and coactive psychopathology is not equivalent for all children within or between alcoholic families;



however, family studies have found that ACOAs are 3-4 times as likely to develop alcoholism as adults whose parents were not alcoholics (Bifulco et al., 2006).

Theoretically, however, links between growing up in an environment with an alcoholic parent and less security in relationships from childhood into adulthood have been addressed in Bowlby's (1958, 1959, 1960) and Ainsworth's (1963, 1967, 1978, 1984) attachment theories.

Components of attachment theory tend to point to a model that allows for a more complete picture/description of ACOAs when compared to non-ACOA's. Attachment theory provides an empirically supported and comprehensive lifespan explanation of security, development, and relationship satisfaction in ACOAs (Dumont, 2009). Carr (2004) stated that those who have a secure attachment to their parent(s) are likely to develop a hopeful disposition. The combination of family systems, attachment, and hope theories supported the primary focus of this study, which was to identify and determine whether there is a correlation between hope and ACOA status.

### **Attachment Theory**

Originally, the quest of attachment theory was to explain the nature of a young child's bond to his or her caretaker (Ainsworth & Bowlby, 1991). Although Bowlby and Ainsworth worked independently of one another, attachment theory as it is recognized today consists of the work set forth by both authors. Bowlby formulated the basic foundation of attachment theory by drawing on concepts of developmental psychology, psychoanalysts, information processing, ethology, and cybernetics. Bowlby's work transformed the way in which children's ties to their mother, as well as the subsequent disruption of this relationship through separation, deprivation, and bereavement, are

viewed (Fraley, 2010). Drawing from Bowlby's work, Ainsworth was instrumental in developing the concept of an attachment figure as a secure base from which the infant can explore the world (Fraley, 2006, 2010).

Bowlby's major deduction, grounded in developmental psychology and available empirical evidence, was that in order to grow up mentally healthy, "the infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment" (Bowlby, 1951, p. 13). He placed a strong emphasis on the mother (or permanent mother substitute), stating that fathers were secondary to mothers, with their role being to support their wives' mothering. The blueprints of attachment theory consist of five papers, three of which Bowlby presented to the British Psychoanalytic Society in London: "The Nature of the Child's Tie to His Mother" (1958), "Separation Anxiety" (1959), and "Grief and Mourning in Infancy and Early Childhood" (1960).

Although the research of Bowlby and Ainsworth placed emphasis on the parent-child attachment relationship, both authors maintained that these early attachment systems formed during childhood remain stable throughout an individual's lifespan (Ainsworth, 1978; Bowlby, 1969, 1982; Grunert, 2008). In the early 1970s, a shift began away from infant attachment toward adult attachment relationships, with studies of adult bereavement (Bowlby & Parkes, 1970; Parkes, 1972) and marital separation (Weiss, 1973, 1977). Carrying on into the 1980s, Shaver and Hazan (1988) further expanded on attachment theory by translating Ainsworth's infant attachment patterns into adult patterns (Bretherton, 1992).

Attachment theory is an important factor in relationships and their quality. At the center of attachment theory is the assumption that individual differences in adult attachment styles are a function of variation in people's developmental histories (Mikulincer & Shaver, 2007). Research has revealed that adult attachment styles have expansive consequences for interpersonal functioning, emotion regulation, and well-being (Fraley, Roisman, Booth-LaFrance, Owen, & Holland, 2013). In a recent study examining the interpersonal and genetic antecedents of adult attachment style, "individual differences in attachment style were correlated with a wide array of developmental antecedents including maternal sensitivity, changes in maternal sensitivity, father absence, early and changing social competence, and best friendship quality" (Fraley et al., 2013, p. 827).

### **Literature Review Related to Key Variables**

#### **Alcoholic Family Dynamics**

Alcoholism is a classic family secret whose concealment only reinforces destructive behaviors for the sake of maintaining homeostasis (e.g., Henderson, Davison, Pennebaker, Gatchel, & Baum, 2002; Baddeley & Singer, 2009). It is clear that alcohol misuse does not occur in a vacuum and family members are participants in the development and maintenance of disorders associated with alcohol misuse (Vernig, 2011). These destructive behaviors and interpersonal, emotional, and social consequences associated with growing up in an alcoholic family are painful for the entire family and may persist into adulthood, long after the resolution of the parent's alcohol misuse (Vernig, 2011). Lower levels of attachment (poor relationships) for ACOAs, especially related to personal alcohol abuse and hope, are a problem because ACOAs'

models of what constitutes a healthy relationship may be flawed or nonexistent based on the level of dysfunction within the family (Beesley & Stottenberg, 2002).

Also referred to as *alcohol dependence*, alcoholism is one of the most prevalent and most severe mental disorders. An estimated 88,000 people die from alcohol-related causes annually, making it the third leading preventable cause of death in the United States (Centers for Disease Control and Prevention, 2014). The potential negative consequences of alcoholism include not only diminished physical health, but also lessened social interactions and social behaviors, as well as effects on the social environment in general for the individual and those around him or her (Schroeder & Kelley, 2008).

However, there appears to be more stigma and stereotypes attached to alcoholism when compared to other mental disorders/illnesses. Those recognized as alcohol dependent are less frequently regarded as mentally ill and thus are “held much more responsible for their condition, provoke more social rejection and more negative emotions, and ... are at particular risk for structural discrimination” (Schomerus et al., 2010, p. 105). Schomerus and colleagues (2010) found through their systematic literature review that individuals with alcoholism are held much more responsible than those suffering from depression and schizophrenia, in particular. The negative stigma that is attached to alcoholism carries with it social exclusion and may hinder the seeking of professional help/services. Alcoholics are also thought of as unpredictable, dangerous, weak willed, and incurable, despite the lack of evidence to back up such statements (Schomerus et al., 2010).

In regard to the alcoholic family system in particular, the family (as a system) must adapt to the behaviors of the alcoholic member(s). Those from more dysfunctional families have shown more negative profiles than those from families with low levels of dysfunction or no dysfunction; thus, it was found that the more severe the level of dysfunction, the more severe the level and prevalence of symptoms (Scharff et al., 2004). Adaptations of these behaviors and symptoms may present themselves as denial, avoidance, absorbing anger, and/or trying to cover up or hide the disease (Haverfield & Theiss, 2014). The family systems approach is concerned chiefly with adults and current functioning, in contrast to the attachment theory approach, which is more concerned with children and their development (Rothbaum et al., 2002).

### **Dysfunctional Relationships**

#### **Insecure Attachment**

The lack of secure attachment commonly found in ACOAs may account for a variety of problems. More specifically, Brown (1999) placed focus on attachment by stating,

Attachment—early and ongoing—is based on denial of perception which results in denial of affect which together result in developmental arrests or difficulties.

The core beliefs and patterns of behavior formed to sustain attachment and denial within the family then structure subsequent development of the self, including cognitive, affective and social development. (p. 5)

Insecure attachment style may lead to the development of a more vulnerable self-concept, which increases the likelihood of greater adherence to irrational beliefs. These irrational beliefs may be due in part to flawed modeling of familial relationships or may

be a defense for coping with them. Irrational beliefs concerning the self and the world as a whole may hinder an individual from achieving basic relational goals (Stackert & Bursik, 2003).

Avoidant children learn to suppress attachment behaviors (crying, clinging, calling, and following) in order to maintain closeness to an attachment figure and learn to suppress attachment behaviors in stressful situations, but they engage with their caregivers more freely when there is a smaller chance of being ignored or rejected (Fraley, 2010). These suppressed behaviors and the motivational systems giving rise to them are flexible because young children who are separated from their caregivers are less likely to survive (Bowlby, 1969). Attachment behavior is activated under conditions that threaten the stability of the relationship, independently of what can actually be done to maintain that stability (Fraley, 2002, 2006, 2010). More specifically, young children who are reared within a stable caregiver attachment are more likely to survive and thrive as compared to those raised by an unstable caregiver attachment (Fraley, 2002, 2006, 2010).

During infancy, attachment relationships are typically formed with other family members and individuals who are actively involved and engaged in the child's life and care. Middle childhood is marked by new attachments formed outside the family as children begin to form friendships. During adolescence and early adulthood, individuals begin to form sexual/romantic relationships. Even though the early attachment formed with an individual's parent(s) and/or caregiver(s) tends to remain present throughout the individual's lifetime, attachments formed at later stages in life generally provide an individual with his or her principal relationships (Dumont, 2009).

Attachment behavior, according to Bowlby (1977), is “held to characterize human beings from the cradle to the grave” (p. 201). Adult children of alcoholics may prefer a more individualistic status, preferring less verbal and physical closeness with others (Lavy & Littman-Ovadia, 2011; Wei, Liao, & Shaffer, 2011). The experience of inadequate, chaotic, and at times violent parenting, affects ACOAs, with the negative effects lasting a lifetime if not addressed in therapy or another healing process (Haverfield & Theiss, 2014).

### **Adult Children of Alcoholics**

ACOAs are more likely than non-ACOAs to come from dysfunctional families (Fisher et al., 2011). However, as noted previously, not all individuals who identify as an adult child of an alcoholic present with the same psychological issues. Each individual is just that, a unique individual. Adult children of alcoholics (ACOAs) present with a variety of risk factors and maladaptive behaviors, including: difficulty loosening up and enjoying themselves; they may deny or minimize feelings of sadness, experience unexplained symptoms of depression, face considerable difficulties in interpersonal relationships; and may possess unhealthy coping mechanisms and maladaptive behaviors that may limit their functional life (Hall & Webster, 2002) and influence parenting styles (Hall & Webster, 2007a).

On the other hand, resilient children of alcoholics share several internal and external protective factors: they tend to be more optimistic, have an increased motivation, increased self-esteem (Kim & Lee, 2011), are above-average intelligence (Jaffee, Caspi, Moffitt, Polo-Tomas, & Taylor, 2007), are more internally-oriented (Hall & Webster, 2002), demonstrate less stress and possess healthy coping skills (Shannon, 2009). The

path to resilience a “really good life” is centered on intangibles (Moe, 2007). Moe (2007) further provides that children and even adults of alcoholics can discover their own unique resilience when they are provided with a venue in which they can express their feelings, are educated, and are shown there are other ways to live.

Adult children of alcoholics (ACOAs) are more likely to have difficulty regulating their thoughts and behaviors, often referred to as executive functioning, and have a lower sense of control when compared to non-ACOAs; ACOAs tended to exert either too much or too little control (Schroeder & Kelley, 2008). Executive functioning can be broken down into two dimensions: 1) behavioral regulation; and 2) meta-cognition. Behavioral regulation is the ability to inhibit/shift one’s behavior to allow for appropriate metacognitive control, while meta-cognition is comprised of the processes used to monitor/regulate one’s execution of various problem solving sets (Schroeder & Kelley, 2008). Lower levels of family organization and less family expressiveness predicted greater metacognitive difficulty; poorer family organization and less family control were also associated with an increased difficulty in respondents’ reports of behavioral regulation in a study that examined executive functioning in college aged ACOAs and non-ACOAs (Schroeder & Kelley, 2008).

ACOAs are often forced to grow up and become adults too quickly due to circumstances associated with growing up in an environment in which one or both parents were alcoholics (Pasternak & Schier, 2012). Some (Kucinska, 2002) believe that because adult children of alcoholics had to grow up early, that even well into their adulthood, deep down they remain children. The term parentification was defined in 1981



by Boszormanyi-Nagy and Spark to mean the “subjective distortion of a relationship as if one’s child [were] his parent” (p. 151).

When a parent(s) drinks and children feel helpless or frightened, the children may care for their parents in order to bring a sense of control to an otherwise uncontrollable situation (Kelley, French, Bountress, and Keefe et al., 2007). Unpredictability within the family system is one factor in the development of parentification (Kelley et al., 2007). The residue of dysfunctional family dynamics may be seen in persistent cognitive distortions about the way relationships function (Stackert & Bursik, 2003).

### **Personal Alcohol Abuse**

Parental alcoholism increases the risk for early onset of drinking and offspring alcoholism (Braitman, Kelley, Ladage, et al., 2009; Chassin, Pitts, & Prost, 2002; Yau, Zubieta, Weiland, et al., 2012). Family studies have found ACOAs are 3-4 times as likely to develop alcoholism when compared to adults whose parents were not alcoholics (Anda et al., 2002; Bifulco et al., 2006). ACOAs may model substance use behaviors or model inappropriate behavior in response to negative affect (Hall & Webster, 2007a), with individuals between the ages of 18 and 23 being especially at risk (Harford, Grant, Yi, & Chen, 2005).

Early externalizing problems have persistently been recognized as a risk factor for alcoholism (Hall & Webster, 2007b; Zucker, Donovan, Masten, & et al., 2008). Results suggest that a close connection between motivational responses, alcohol consumption, and behavioral risk may underlie addiction vulnerability in ACOAs (Yau et al., 2012). A recently study also found among healthy adults with a familial history of alcoholism

reported increased stimulating effects of alcohol and increased “wanting” and “liking” compared to controls with similar levels of alcohol use (Söderpalm & Söderpalm, 2011).

## **Hope**

Hope is universal in nature and has long been endorsed by the “spiritually minded as well as the most atheistic philosophers and scientists” (Scioli et al., 2011, p. 78). Hope is a basic, fundamental, and integral part of life (Dorsett, 2010). Hope is an emotion rooted in early trust experiences, with individuals with high hope scores reporting less severe psychological problems and a more positive mood and outlook concerning problems in their lives (Carifo & Rhodes, 2002; Kwon, 2002). Hope provides a reason to continue living, helps to maintain motivation and positive expectations, and may mediate the effect of depression (Dorsett, 2010).

In the last few decades, several theories of hope have emerged, as well as numerous approaches and ways to look at and define hope. Hope, defined in the simplest of terms, can be viewed as the basic belief in good things to come. From a psychological standpoint, cognitive theories and theorists have disregarded hope as an emotion, while the psychodynamic theorists and theories have long viewed hope as closely related to emotion; other theorists have long stood by the notion that one can instill hope in a person only by emphasizing a link between hope and emotion. Hope may even be regarded as a coping mechanism (Bullough, 2011). Four key components of hope include: 1) hope is focused on the future; 2) hope anticipates that the future will be better than the present (and the past); 3) hope has both cognitive and affective aspects; and 4) the hopeful person believes that the object of their hope can be realized (Elliot, Kurylo, & Rivera, 2002; Kwon, 2002).

Stotland (1969), operating out of a framework of social psychological theory on cognitive schemas, defined hope as “an expectation greater than zero of achieving a goal” (p. 2). Stotland’s theory, similar to hope theory, places an emphasis on an individual’s cognitive analysis of goal-oriented outcomes (Snyder, 1995). While both hope theory and Stotland’s theory factor in cognitive process, hope theory breaks this process into two subcomponents (agency and pathways) and measures hope through a valid and psychometrically scale without inferring it from behavior (Snyder, 1995). Stotland’s theory places the level of perceived probability of goal attainment at the core while also placing emphasis on the perceived importance of the goal (Erickson & Post, 1975).

Alfred Adler once stated, “We cannot think, feel, will, or act without the perception of a goal.” Drawing off this statement, Charles Snyder, one of the first developers of positive psychology, developed his own definition and theory of hope. Snyder defines hope as “ a cognitive set that is based on a reciprocally derived sense of successful (a) agency (goal-directed determination) and (b) pathways (planning of ways to meet goals)” (Snyder et al., 1991, p. 571). Snyder’s Hope Theory is based on three main components associated with hope: 1) having goal-oriented thoughts; 2) developing strategies to achieve goals; and 3) being motivated to expend effort to achieve goals (1994). Snyder maintained that an individual’s belief in their ability to realize these components helps to determine the likelihood that an individual will develop a sense of hope.

Averill, Catlin, and Chon (1990) have offered the more recent definition of hope by conducting survey research focused on how people define hope. Through their research, Averill and colleagues concluded that hope is an emotion that has cognitive

rules governing it (1990). Two proposed “rules” of hope that emerged from Averill, Catlin, and Chon’s research concluded hope as being realistically achievable and accompanied by a willingness to take action to achieve the hoped for goals (Bland et al., 2002). This theory views the emotion of hope as appropriate when a “goal is important, under some control, at the midrange in terms of probability of attainment, and socially acceptable” (p. 358) and is based upon a social constructivist underpinning in which the focus is on the guidelines and norms established by society (Snyder, 1995). While Averill and colleagues offer a theory that is more complex than hope theory, it does not offer an easy measurability and the ecological validity is based on how people perceive it (Snyder, 1995).

Scioli (2011) decided to take a different perspective on hope and defined hope as a future-directed, four channel emotion network, “constructed from biological, psychological, and social resources.” The four constituent channels are the mastery, attachment, survival, and spiritual systems. Mastery may be viewed as higher goals, purpose, empowerment, collaboration, and one’s values. Attachment involves trust, openness, and connection(s). Survival may be viewed as an individual’s coping options and self-regulation. An individual’s spiritual system involves faith, cosmic meaning, presence assurance, and meaning. The hope network is designed to regulate these systems via both feed-forward (expansion) and feedback processes (maintenance)” that serves to generate a “greater perceived probability of power and presence as well as protection and liberation” (p. 79).

Hope has been viewed in terms of hopes for a cure, hope in terms of goals, and hope in terms of quality of life dimensions (Scioli et al., 2011), however, there are no

studies regarding hope among ACOAs when compared to hope among non-ACOAs. Although there exists several different theories on hope (Averill, Catlin, & Chon, 1990; Snyder, 1995; Snyder, 2000; Snyder, 2004; Stotland, 1969), psychologists have neglected the study of this powerful emotion. They have not “gone much further than the notion of ‘generalized expectations,’ nor have they incorporated hope-related insights from within their own discipline such as those of Erikson (1950) or Schore (1994), much less thinkers from other fields such as the philosophers Bloch (1986), Marcel (1962), Lynch (1965), or Godfrey (1987)” (Scioli et al., 2011).

Hope, recognized as a factor associated with mental health protection and promotion, may be predictive of better outcomes in high- and low-risk situations (Haroz, Jordans, de Jong, Gross, et al., 2015). Drawing upon previous hope theories and scales developed to measure hope (levels), Scioli (2011) developed the Comprehensive Hope Scales (consisting of the State Hope Scale and the Trait Hope Scale) in order to measure and assess levels of hope among individuals. Carr (2004) maintains that adults, with high hope, when faced with problems tend to break “large vague problems into small clearly defined and manageable problems,” whereas when adults with low hope encounter “insurmountable barriers their emotions follow a relatively predictable sequence from hope to rage; from rage to despair; and from despair to apathy” (p. 92).

### **Link Between Attachment, Alcohol Abuse, and Levels of Hope**

Children who are forced to grow up within an environment where alcoholism is present, exhibit a range of behavioral and mental health issues that continue on into adulthood. Early attachment relationships predict adult levels of hope (Blake & Norton, 2014). It can even be argued that attachment may be the linchpin from which all other

forms of hope derive (Scioli et al., 2011). Hope is essential for resilience (Ong, Edwards, & Bergeman, 2006) and has also been included as among the most important emotions underlying subjective well-being (Carr, 2004; Scioli et al., 2011).

The interaction of attachment and levels of hope has been studied at length over the years (Blake et al., 2014; Snyder, 1994). Early caregiver relationships that are able to satisfy and fulfill the needs for contact and caring, contributing to a stable, dependable environment, allow infants to conclude that the world can be safely trusted. As with healthy attachment, hope is another result of this early establishment of trust (Snyder, 1994), with hope recognized as a mechanism through which secure attachment leads to better performance (Simmons, Gooty, Nelson, et al., 2009). Initial caregiver/parental relationships that are rooted in effective, responsive care provide infants and children with an early model of hopeful behavior. These early relationships that serve as a model of hopeful behavior are predictive of the degree to which infants' internalized social schemas are aligned with healthy, hope-nurturing social interaction (Snyder, 2002).

Attachment style is predictive of an individual's levels of hope (Blake et al., 2014; Snyder, 1994). Conversely, sufficient levels of hope are necessary in the development of healthy adulthood attachments (Shorey et al., 2003). Healthy attachment relationships provide purpose and meaning in life, along with behavioral guidance, which in turn has a positive effect on health habits and psychological wellbeing (Umberson & Mantez, 2012).

Growing children who formed healthy, secure relationships come to view themselves as being capable of influencing others and shaping their environments so as to attain a desired goal or outcome (Shorey et al., 2003). A previous study found high-hope

individuals, specifically, reported at least one positive attachment relationship in early childhood, which allowed these high-hope individuals to develop effective and efficient agentic (motivation to move toward) and pathways (ways to achieve) thinking (Shorey et al., 2003). High-hope individuals continue to form healthy, strong, and secure attachments well into their adulthood, enabling them to reach out to friends and/or family in times of stress and when difficult situations arise. In contrast, an insecure attachment background, and seemingly vulnerable self-concept, is likely to be manifested as expectations that others are unworthy and irresponsible, and the self is unworthy and unlovable (Nishikawa, Hagglof, & Sundbom, 2010).

A clear understanding of how social support works to protect, sustain, and improve health and wellbeing is an ongoing area of interest. Emotional support (concern and caring, valuing, companionate presence) of significant others and instrumental coping assistance (information, advice, appraisal, and encouragement) is thought to be helpful in sustaining an individual's sense of mattering, self-esteem, and belonging (Thoit, 2011). In return, this is likely to reduce an individual's emotional distress. If individuals learn to be more hopeful they will be more likely to make commitments, set goals, and work effectively toward attaining those goals. In essence, firmly establishing hope in young individuals should be a "society priority" (Blake et al., 2014, p. 9).

### **Advantages and Limitations of Previous Research**

While several studies have examined the relationship between attachment and hope (Blake et al., 2014; Snyder, 1994), of the existing research, no studies to date have examined the role ACOA status plays on these variables. Over the course of the past few decades, a number of studies have focused on ACOAs, bringing to light the growing

epidemic. However, to date, none of these studies have placed an emphasis on personal alcohol abuse, attachment, and levels of hope (collectively) as they relate to ACOA status.

Previous research on the relationship between attachment and levels of hope has allowed for a solid theoretical knowledge foundation. However, a weakness of the previous research is that none to date have focused on the link between dependence, attachment, and levels of hope/quality of life as they relate to ACOA status. The presented literature review revealed a gap in a focus on these particular variables and highlights an area that this study will address.

### **Review of Methodology**

A quantitative cross-sectional survey methodological scheme, using a non-probability convenience sampling technique was employed for this study in order to measure the psychological constructs of attachment, and hope. Utilizing a quantitative method in order to address individual differences and understand human behavior is empirically supported (Lubinski, 1996). Quantitative methods are used to explain phenomena by collecting numerical data that are analyzed using mathematically based methods (Aliaga & Gunderson, 2000). Psychometrically sound scales (CAST-6; ECR-RS; CHS-T; CAGE) were employed in order to determine if there is any relationship among the dependent variable (attachment) and the independent variables (ACOA status, personal alcohol abuse, and hope).

The use of a quantitative self-report survey offers a valid, reliable, and generalizable research method measured in matters of degree rather than absolute properties (Del Boca & Noll, 2000). Self-report surveys require individuals to answer in



an honest manner on personal characteristics, such as beliefs and attitudes, which is one of the associated risks to this form of data collection. However, Del Boca and Noll (2000) indicate the greatest source for random or systematic errors using this method involve participant tasks, such as questionnaire wording, procedural clarity, format administration, question sequencing, and key entry and researcher coding.

Convenience sampling involves gathering data from individuals (participants) who are easily accessible as they present in a central locale. Using this form of data collection requires fewer resources, less time, and the cost of collecting information is typically lower when compared to other forms of sampling (Hedt & Pagano, 2011). Convenience sampling also avoids the difficulty of true random samples (Kiess, 2002).

Independent *t*-tests were performed in order to analyze and test the first hypothesis: There are significant mean differences between the presence of alcohol abuse, hope, and attachment measures as a function of ACOA status. Using independent *t*-tests allows for the comparison of two unrelated groups on the same continuous, dependent variable. Also commonly referred to as a between-groups design, independent *t*-tests evaluates whether the mean value of the test variable for one group differs significantly from the mean value of the test variable for the second group (Green & Salkind, 2003).

Pearson correlations were performed in order to test the second hypothesis: Attachment will be predicted by three independent variables: ACOA status, presence of alcohol abuse, as well as measures of hope. Pearson correlations will help determine the strength between the variables and will allow for the identification of small, medium, or large relationships between the variables (Costello, 2012).

Three standard multiple regressions were performed in order to analyze and test the third hypothesis: ACOA status, the presence of alcohol abuse, and hope are significant predictors of attachment (attachment related anxiety and avoidance), for mother, father, and significant other. Multiple regression is a highly flexible and general data analytic system. Multiple regression is useful when the form of the relationship among variables is not constrained (Cohen, Cohen, West, & Aiken, 2003).

### **Summary and Conclusions**

The effects of alcohol abuse and dependence extend well beyond the individual. Through their own behavior, the alcoholic influences the lives of those around him or her, especially children, in a negative manner. In summary, after an extensive review of the literature presented, there are many areas of research that have been incorporated; however, there is always room for areas of further research (Bickelhaupt, 2012). It is evident that some (adult) children of alcoholics experience worse development/social outcomes than others, but the effects of parental alcoholism on levels of hope remain unclear.

Alcoholism is a systemic disease par excellence. Alcoholism is characterized by tolerance and withdrawal syndrome when alcohol is either discontinued or the intake is decreased (APA, 2013). Alcoholism is a disease that not only affects the lives of the alcoholic, but also the lives of those around them (family, friends, co-workers, etc.). Alcoholic individuals often spend a significant amount of their time using alcohol, reduce or give up altogether important social, occupational, or recreational activities, make unsuccessful attempts to control their use of alcohol, and continue to use alcohol despite evidence of physical and psychological problems (Sher, 2005).

Chapter 3 presents and describes the research procedures and analysis that elicited data in response to the research questions and research hypothesis as collected through the Hope/Quality of Life Survey. Chapter 4 reports the results of the study. Chapter 5 presents interpretations of the results of this study and reports study conclusions.

### Chapter 3: Research Method

The research presented in Chapters 1 and 2 established the primary concepts of this study. The concepts of this quantitative study included attachment styles, personal alcohol abuse, and levels of hope. Theorizing and research on the concept of hope have thus far not delved into a comparison of ACOAs and non-ACOAs (Scioli, 2011). ACOAs are at greater risk (3 to 4 times) of developing alcoholism when compared to non-ACOAs and are at increased risk for many additional problems throughout the course of their lives (Anda et al., 2002; Bifulco et al., 2006; Hinrichs, DeFife, & Westen, 2011).

In this study, I aimed to discover whether a difference exists between these two groups (ACOAs and non-ACOAs) in regard to levels of attachment, presence of alcohol abuse, and levels of hope, as well as to assess what role (if any) ACOA status plays in attachment. I also aimed to determine whether ACOA status, the presence of alcohol abuse, and hope are significant predictors of attachment (attachment-related anxiety and avoidance) for mothers, fathers, and significant others. Lower levels of attachment for ACOAs, especially related to personal alcohol abuse and hope, are a problem because ACOAs' models of what constitutes a healthy relationship may be flawed or nonexistent based on the level of dysfunction within the family.

In the sections of this chapter, I examine the design and rationale that underlie this research study. The methodology is presented, including the population, sampling procedure, participation and data collection procedures, and instrumentation of constructs. The chapter covers issues related to the validity of the study in addition to the ethical considerations that needed to be addressed.

### **Research Design and Rationale**

This study used a quantitative cross-sectional survey methodological scheme, with a nonprobability convenience sampling technique (Hong & Lim, 2009) that measured the psychological constructs of hope and attachment. Although attachment, personal alcohol abuse, and hope have been measured using various techniques (i.e., interview, single-item categorical measures, behavioral observation, and coding of narratives), the use of self-report measures has emerged as the most common approach (Graham & Unterschute, 2015). In prior research on ACOAs, the use of a survey methodology has proven effective and convenient (Kelley et al., 2014; Murphy & Kelley, 2015). The dependent variable studied was attachment. The independent variables were ACOA status, presence of alcohol abuse, as well as measures of hope.

This research approached the level of hope as a complex multivariate construct with ACOA status as a significant piece of the predictive equation. This construct, along with ACOA status, was used to help explain the impact and influence parental alcohol usage has on the lives of children. Independent group *t* tests (used to compare two unrelated groups on the same continuous, dependent variable), chi-square test of independence (applied when there are two categorical variables from a single population), and a binary logistic regression were performed. A binary logistic regression is the best fitting and “most parsimonious, clinically interpretable model to describe the relationship between the outcome (dependent or response) variable and a set of independent (predictor or explanatory) variables” (Hosmer, Lemeshow, & Sturdivant, 2013, p. 1).

## **Methodology**

### **Population**

The population for this study was individuals over the age of 18 who completed the web-based survey. The use of web-based surveys offer a variety of benefits, including the following: allowing for a more inclusive audience; allowing for further reach; being relatively cheap to carry out; and using an electronic format for faster analysis (Wyatt, 2000). This study examined a sample of students and individuals over the age of 18.

### **Sampling and Sampling Procedures**

This study used a cross-sectional quantitative survey design, with a nonprobability convenience sampling technique (Hong & Lim, 2009). The difference between probability and nonprobability sampling is that nonprobability sampling does not involve random selection, whereas probability sampling does. Although a nonprobability sample does not involve random selection and may not viewed as representative of the population, for the purpose of this study, using this population (college population ages 18 and over, both traditional and nontraditional students) was deemed an effective method for examining the effects of growing up in an alcoholic family (Beesley & Stotlenberg, 2002).

The sample size was contingent on several factors. A statistical power of .80 or higher when performing a multivariate regression and sample size of  $N = 120$  will yield significant results and minimize the potential for Type I or Type II errors (Cohen, 1988; Stevens, 2002). In order to reduce the chances of making a Type I error, the alpha level was set at .05. It is recommended that social science research studies consist of at least 100 participants with at least 20 to 30 participants per group or predictor in order to have

adequate power (Stevens, 2002; VanVoorhis & Morgan, 2007). The participants were individuals over the age of 18 who completed the online survey. The justification for using this group was to determine which variable(s) correlated with those identifying as an ACOA and those who did not.

### **Data Collection and Recruitment**

Approval to conduct this research with human participants (individuals who were 18 years of age or older) was obtained from Walden's Institutional Review Board (IRB), approval number 07-26-16-0057549. Participants were recruited through email and social media postings. Eligibility to participate in the study applied to all individuals who were 18 years of age or older. Convenience sampling, when employed properly, provides a reliable and valid methodological approach to acquire volunteer participants (Collins, Onwuegbuzie, & Jiao, 2006). Individuals were asked to encourage their friends and family to voluntarily participate in the study as well.

Interested individuals were presented with informed consent forms to electronically sign after first receiving information directly from me about confidentiality, anonymity, and the purpose of the study. Informed consent is built upon the elements of information, decisional capacity, and voluntarism (Roberts, 2002). No payment or incentive was offered to participate in the study. It was explained that the study was being conducted as a requirement to complete a PhD Clinical Psychology degree at Walden University. Individuals were made aware that the participation in this study was voluntary and that they could withdraw from the study at any time, whereupon their data would not be included. The informed consent form can be found in Appendix A.

## **Demographic Information**

Demographic information was collected for each individual who participated in the study. The demographic information included gender, age, education level, relationship status, and subjective health. This demographic information was collected to determine whether there were any interactions between these variables and the variables related to the research questions and hypotheses of this study (Scioli et al., 2011).

## **Instrumentation and Operationalization of Constructs**

Four scales, CAST-6 (Hodgins, Maticka-Tyndale, Ed-Guebaly, & West, 1993); CHS-T, (Scioli, Ricci, Nyugen, & Scioli, 2011); ECR-RS (Fraley, Niedenthal, Marks, Brumbaugh, & Vicary, 2006); and CAGE (Ewing, 1984), were administered. Each of these scales' development, construction, and validity are presented in detail below.

### **The Children of Alcoholics Screening Test—Short Form (CAST-6)**

The Children of Alcoholics Short-Form (CAST-6 [see Appendix B]; Hodgins et al., 1993) was developed and derived from the original 30-item Children of Alcoholics Screening Test developed by Pilat and Jones (1984). The original CAST was designed to measure participants' feelings, attitudes, perceptions, and experiences related to their parents' drinking behavior; however, Hodgins and colleagues (1993) felt that the full inventory was unnecessary for ACOA identification purposes. Thus, Hodgins and colleagues (1993) developed a six-item measure (CAST-6) in order to differentiate children of alcoholics from those who did not grow up in an alcoholic home.

The development of the CAST-6 occurred through the study of three distinct populations: (a) individuals seeking outpatient psychotherapy within a hospital-based program; (b) individuals seeking psychotherapy within a substance abuse program in a



community-based mental health clinic; and (c) a sample of medical students participating in a larger study of attitudes toward substance abuse (Hodgins et al., 1993). Upon the use of principal components factor analysis to identify items from the full CAST that could be used to determine ACOA status, six items from the full CAST were found to successfully differentiate ACOAs from non-ACOA among all three populations.

In order to assess internal consistency of the six items, a comparison using item-total correlations for the six items along with the full 30-item scale was conducted. Hodgins and colleagues (1993) also reported Chronbach's alpha, with item-total correlations for the CAST-6 ranging from .62-.89 (among the three populations) and correlations between the CAST-6 and full 30-item scale ranging from .92-.94, which suggests strong internal consistency in the short form.

### **Comprehensive Hope Scale—Trait (CHS-T)**

The Comprehensive Hope Scales were developed in order to assess and measure hope based on four clusters (mastery, attachment, survival, and spirituality). *State hope* is thought to be a type of “emergent property” engendered by serious and/or persistent illness and other profound life challenges; as Pruyser (1987) maintained, “hope presupposes a tragedy” (p. 465). *Trait hope* might function as a generalized disposition that facilitates successful adaptation to serious life events (Snyder et al., 1991). Using an integrative theory of hope (Scioli, 2006; Scioli & Biller, 2010), item content for both the Comprehensive Hope Scale—State (CHS-S) and Comprehensive Hope Scale—Trait (CHS-T; see Appendix C) scales was derived. The development of the Comprehensive Hope Scales began with 78 state items and 126 trait items, with this larger pool being

reduced to 40 (state) and 56 (trait) on the basis of (a) alpha levels, (b) principal component analysis, and (c) face validity (Scioli, 2011).

The State Hope Scale consists of 40 items that comprise 10 subscales, and the Trait Hope Scale consists of 56 items that comprise 14 subscales. Both of the Comprehensive Hope Scales display excellent internal consistency (state hope alpha = .93; trait hope alpha = .94), with each of the clusters (mastery, attachment, survival, and spirituality) being validated against established measures (e.g., Spielberger Anxiety Scale, NEO facets, Piedmont Spiritual Transcendence, etc.; Scioli, 2011).

### **Relationship Structure Questionnaire (ECR-RS)**

The Relationship Structures Questionnaire (ECR-RS; see Appendix D) is a self-report instrument that was developed and designed to assess attachment patterns among close relationships (Fraley et al., 2006; Fraley et al., 2011a). This instrument is comprised of nine items that are used to assess attachment styles among four targets (i.e., mother, father, significant other, and best friend); however, the instrument allows for the use of any or all of the intended targets. For the purpose of this study, the targets assessed were mother, father, and significant others.

The ECR-RS, which assesses attachment-related anxiety and avoidance in the relationships of individuals, presents a common set of items that are used to assess attachment among different domains that further provide security across contexts, allowing contrasts and comparisons to be made seamlessly and in meaningful ways (Fraley et al., 2011a). Per Fraley, Vicary, Brumbaugh, and Roisman (2011b), attachment-related anxiety is concerned with “the extent to which a person is worried that the target may reject him or her (e.g., ‘I’m afraid that this person may abandon me’),” whereas

attachment-related avoidance focuses on the strategies individuals use to “regulate their attachment behavior in specific relational contexts” (p. 980).

Fraley and his colleagues (n.d.) have found the ECR-RS to be quite a useful tool, with research from their lab indicating that the scales involved in the ECR-RS are “meaningfully related to various relational outcomes (e.g., relational satisfaction, likelihood of experiencing a breakup, the perception of emotional expressions), as well as to one another” (p. 1). The test-retest reliability (over the course of 30 days) of the individual scales was found to be .65 “for the domain of romantic relationships (including individuals who experienced break-ups during the 30 days period) and .80 in the parental domain” (Fraley, n.d., p. 1).

### **CAGE Questionnaire**

The CAGE questionnaire (see Appendix E), developed by Ewing (1968), consists of four yes/no items that serve as a screening test to detect alcohol-related problems and assess severity. The CAGE questionnaire is “short, feasible, and easily applied in clinical practice” (Dhalla & Kopec, 2007, p. 33). CAGE is an acronym for *cutting down, annoyed by criticism, feel guilty, and early morning usage*. Two of the four questions measure emotional symptoms: Have people ever annoyed (A) you by criticizing your alcohol or drug use, and have you ever felt guilty (G) about your alcohol or drug use? Behavioral symptoms are measured by the remaining two questions: Have you ever felt you should cut down (C) on your drinking or drug usage, and have you ever drunk or used drugs early (E) in the morning? (Blume & Schmaling, 1997; Ewing, 1968).

The CAGE questionnaire is highly predictive of dependence and/or substance abuse (Buchsbaum, Buchanan, Centor, Schnoll, & Lawton, 1991). Previous studies have

shown adequate test-retest reliability (.80-.95), and adequate correlations with other instruments (.48-.70; Dhalla et al., 2007). Dhalla and Kopec (2007) also found the CAGE questionnaire to be a valid instrument when detecting “alcohol abuse and dependence in medical and surgical inpatients, ambulatory medical patients, and psychiatric inpatients (average sensitivity 0.71, specificity 0.90)” (p. 33).

### **Data Analyses**

The IBM© SPSS Statistics Standard Grad Pack software version 23.0 for Macintosh (IBM Corp., 2015) was used to analyze data collected for this study. Data screening and cleaning were carried out to ensure that the data had been entered correctly into the software. To ensure accuracy, after all the data were entered into the system, the data were checked again twice. Data cleaning was accomplished by sorting the data so that the highest number of data was in the parameter of the variable. Data were screened for data entry errors, missing data, and outliers.

The primary research questions and hypotheses for this study were as follows:

RQ1: Are there significant mean differences between ACOAs and non-ACOAs on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope?

*H*<sub>1o</sub>: There are not significant mean differences between ACOAs and non-ACOAs on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope.

*H*<sub>1a</sub>: There are significant mean differences between ACOAs and non-ACOAs on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope.

RQ2: What are the relationships between ACOA status, the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope?

*H2<sub>o</sub>*: There are not statistically significant relationships between ACOA status, the presence of alcohol abuse, attachment, and a measure of hope.

*H2<sub>a</sub>*: There are statistically significant relationships between ACOA status, the presence of alcohol abuse, attachment, and a measure of hope.

RQ3: Are ACOA status, the presence of alcohol abuse, and hope significant predictors of attachment (attachment-related anxiety and avoidance) for mothers, fathers, and significant others?

*H3<sub>o</sub>*: ACOA status, the presence of alcohol abuse, and hope are not significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and significant other.

*H3<sub>a</sub>*: ACOA status, the presence of alcohol abuse, and hope are significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and significant other.

### **Data Analyses Plan**

Independent groups *t* tests, standard multiple regressions, and Pearson correlations were used to examine the research questions. Specifically, independent groups *t* tests were performed to examine the first research question, which addressed whether significant mean differences exist between ACOAs and non-ACOA on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope. Independent groups *t* tests

are used to look at differences between two groups of variables of interest, while chi-square tests of independence compare observed frequencies to expected frequencies (Jaccard & Becker, 2002).

To examine the second research question - what are the relationships between ACOA status, the presence of alcohol abuse, attachment (attachment related anxiety and avoidance for mother, father, and significant other), and a measure of hope - Pearson product moment correlations were run. Multiple regression analyses are a versatile, all-purpose system and major tool in the methods of causal (path, structural, equation) analysis (Cohen, Cohen, West, & Aiken, 2013).

Finally, to examine the third research question - are ACOA status, the presence of alcohol abuse, and hope significant predictors of attachment (attachment related anxiety and avoidance), for mothers, fathers, and significant others -standard multiple regressions were performed. Prior research has generally shown Pearson correlations between ordinal and continuous variables tend to be reliable and acceptable alternatives when the ordinal data is normally distributed and has many ranks (Cohen et al., 2013). The results were interpreted with a level of minimum significance of .05.

### **Threats to Validity**

Becoming an increasingly more powerful platform for research, the Internet and use of online questionnaires/surveys have been successful in research targeting defined groups of individuals (Remillard, Mazor, Cutrona, et al., 2014). The choice to utilize self-report measures organized into one online questionnaire was made for several reasons including lower costs and burdens than mailed or in-person questionnaires, ease of data collection, access to populations in real time, and the ability to reach populations that

may be traditionally difficult to contact (Landers & Behrend, 2015; Remillard et al., 2014).

### **External Validity**

External validity or generalization of the results from the present study may also have limitations due to the use of convenience sampling. The use of convenience, non-probability sampling, involves randomly sampling a convenient population that is similar to the intended population (Landers & Behrend, 2015), which limits the generalizability of the study. Convenience sampling may also introduce factors that have the potential to alter relationships among the study's variables of interest and lead to interpretive problems controlled for in other types of sampling strategies (Hultsch, MacDonald, Hunter, Maitland, & Dixon, 2002).

Another threat to the external validity of the study was the possibility individuals' might interpret the wording of questions in an inaccurate manner (Hawkshead et al., 2007). The wording of questions can affect the response (Paulhus & Vazire, 2007). Therefore, the wording of all questions in this study was presented in a clear, concise manner in order to decrease the likelihood of confusion or misinterpretation.

### **Internal Validity**

Self-report studies allow for the possibility that participants may not be entirely truthful, and responses can be influenced by other emotional, cognitive, and environmental factors. Inaccurate self-reporting can be caused by errors in self-observation, recall bias, and/or social desirability bias (Gagne, 2005; Hawkshead & Krousel-Wood, 2007; LaFleur, 2004; Paulhus & Vazire, 2007). Social desirability bias occurs when research participants answer questions in a manner that may be viewed as

favorable by others instead of choosing responses that are reflective of their true feelings (Grimm, 2010).

Internal validity may also suffer because no additional or more objective behavioral measures were used to confirm the self-reports. Responses provided by research participants were considered truthful and accurate. Regardless of the cause of inaccurate self-reporting, research participants may compromise data quality as they provide misleading responses (Grimm, 2010).

### **Construct Validity**

Construct validity concerns the degree to which “inferences are warranted from the sampling particulars of an experiment (e.g., the units, settings, treatments, and outcomes) to the entities these samples are intended to represent” (Henderson, Kimmelman, Fergusson, et al., 2013). All measures have already been reviewed for construct validity by other studies, which is why they will be utilized for this study. Each of the selected measures were found psychometrically and empirically sound. In order to address the potential threats of external, internal, and construct validity, the importance of honesty and confidentiality of any responses was emphasized and generalization was only suggested in terms of the larger population of ACOAs.

### **Ethical Procedures**

Recruitment of participants was voluntary, based on open participation, and was offered through online list-serves to all individuals ages 18 and over. In accordance with the Ethical Principles of Psychologists and Code of Conduct (APA, 2002), participants were given an informed consent document to ensure they were aware of and understood the purpose of the study and the procedures involved. Participants were informed they did



not need to participate in the study and could withdraw from the study at any point. In order to protect participants' autonomy and protect them from harm, all information was anonymous and confidential as no data being collected contained any identifying information that could be directly linked to research participants. No invasive procedures were included in this study.

To guard against any unintended negative consequences and/or harm, Institutional Review Boards (IRBs) are set in place to evaluate proposed research to ensure the safety of participants (and their communities) and to ensure the study is ethically and scientifically appropriate (Bell, Dzombak, Sulewski, & Mehta, 2012). More specifically, IRBs are "responsible to review and approve, require modifications, or withhold approval of research involving human participants" (Oakes, 2002). IRBs also help to standardize research methods and protocols for addressing ethical dilemmas and exist as a check against naturally occurring lapses in judgment (Bell et al., 2012). As mentioned above, all participants remained anonymous; therefore, there was no conflict of interest and no ethical concerns related to recruitment materials or data collection.

In order to ensure the safety and protection of data, a hard drive with password protection was only available to the primary researcher to ensure confidentiality. All data collected will be destroyed by wiping of the hard drive it is stored on after 5 years from the final acceptance of the dissertation. All precautions complied with sections 4.01 and 9.11 of the Ethical Principles of Psychologists and Code of Conduct (APA, 2002).

### **Summary**

The purpose of this quantitative, cross-sectional design study, was to assess how the study constructs attachment, personal alcohol abuse, and hope work together to create

a more complete picture of the differences (if any) that exist between adult children of alcoholics and non-adult children of alcoholics. As Vernig (2011) stated, alcohol dependence is a family illness, a diverse one. This study was unique because it addressed an under researched area of the levels of hope among a population that has increased over the course of the last decade, with an estimated 43% of children in the United States reported to have lived with at least one individual who is currently or has in the past suffered from alcohol abuse or a dependence problem (Johnson & Stone, 2009).

Chapter 3 presented the methodological research approach and design, along with participant sample and statistical power, measures/scales utilized and their reliability and validity, the research procedure, and research questions and hypotheses.

## Chapter 4: Data Collection and Results

### Introduction

As discussed in Chapter 1, very little research information on attachment, personal alcohol abuse, and levels of hope among the ACOA population exists. While several studies have placed emphasis on this population (Anda et al., 2002; Haverfield & Theiss, 2014, 2016; Kurzeja, 2014), no studies to date have narrowed the focus to the above stated factors. The purpose of this study was to understand the influence attachment has on ACOA status, an individual's personal alcohol abuse, and hope while addressing the lack of research in this particular area. Understanding the experiences associated with ACOAs, in particular, has remained a challenge due in part to the reluctance of ACOAs to disclose their experiences, as they may be perceived as stigmatizing (Haverfield & Theiss, 2014).

Based on a theoretical framework consisting of attachment theory, the primary research questions and hypotheses for this study were as follows:

RQ1: Are there significant mean differences between ACOAs and non-ACOA's on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope?

*H1<sub>o</sub>*: There are not significant mean differences between ACOAs and non-ACOA's on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope.

*H1<sub>a</sub>*: There are significant mean differences between ACOAs and non-ACOA's on the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope.

RQ2: What are the relationships between ACOA status, the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and a measure of hope?

*H2<sub>o</sub>*: There are not statistically significant relationships between ACOA status, the presence of alcohol abuse, attachment, and a measure of hope.

*H2<sub>a</sub>*: There are statistically significant relationships between ACOA status, the presence of alcohol abuse, attachment, and a measure of hope.

RQ3: Are ACOA status, the presence of alcohol abuse, and hope significant predictors of attachment (attachment-related anxiety and avoidance) for mothers, fathers, and significant others?

*H3<sub>o</sub>*: ACOA status, the presence of alcohol abuse, and hope are not significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and significant other.

*H3<sub>a</sub>*: ACOA status, the presence of alcohol abuse, and hope are significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and significant other.

This chapter begins with a discussion of the data collection process, including demographics and an assessment of the sample. It presents information about the timeframe for data collection, baseline descriptive and demographic characteristics of the sample, and how representative the sample is of the population. In addition, I discuss the results of the study, including descriptive statistics, an evaluation of statistical assumptions, and statistical analysis findings. Tables to illustrate the results are included

where appropriate in order to support the data presentation's efficiency and clarity (American Psychological Association, 2010). The chapter concludes with a summary.

### **Data Collection**

Data were collected using a self-administered, online survey designed specifically for this study, which took 3 days to obtain enough participants. The specific scales included in this study were the Children of Alcoholics Short Form (CAST-6; Hodgins, Maticka-Tyndale, Ed-Guebaly, & West, 1993), Comprehensive Hope Scale—Trait (CHS-T; Scioli, Ricci, Nyugen, & Scioli, 2011), Relationship Structures Questionnaire (ECR-RS; Fraley, Heffernan, Vicary, & Brumbaugh, 2011a ; Fraley, Niedenthal, Marks, Brumbaugh, & Vicary, 2006), and CAGE [Ewing, 1984]. Psychometric properties for each instrument were provided and discussed in the Chapter 3 section “Instrumentation and Operationalization of the Constructs.”

Participants for this study were individuals over the age of 18 who completed the web-based survey after being recruited using email invitations and social media postings between July 31 and August 2, 2016. For all participants, the specific scales used in the survey were administered according to the instruction of each of the instruments. Eighty-two percent of the surveys were completed entirely ( $n = 155$ ), and 18% were partially completed ( $n = 35$ ) and removed because of a large number of missing responses (e.g., entire scales not completed and/or more than 15% of responses not completed; Jans, Heeringa, & Charest, 2008; Little & Rubin, 2002). In addition, participant confidentiality was ensured, as described in Chapter 3. There was no main discrepancy between the planned data collection and the actual data collection. Data for this study were collected

and analyzed using the IBM© SPSS Statistics Standard Grad Pack software version 22.0 for Macintosh (IBM Corp., 2013).

### **Demographic Results**

Demographic descriptors consisted of gender, age, education, relationship status, and health. Data were first examined for completeness and outliers. The results are presented in Table 1. A total of 155 participants participated in this study. Overall, of the 155 participants, 12.9% of the participants were male ( $n = 20$ ) and 87.1 % were female ( $n = 135$ ). The ages of the participants in this study ranged from 23 to 74 years old with a mean age of 39 years ( $SD = 11.64$ ). Males were included for the overall analyses, although generalizability as presented in Chapter 5 is limited to females only (Kukull & Ganguli, 2012). To date, no data exist on the percentage (overall and rate of males/females) of ACOAs, and only a rough estimate of children of alcoholics (COAs) is available (Family Alcoholism Statistics, 2013); therefore, a direct comparison of demographics to a larger sample could not be completed. External validity is thus limited; however, the representation of the sample in this study is similar to that in other studies on ACOAs (Loera, 2010; Shannon, 2009; Vaught, Wittman, & O'Brien, 2013).

Regarding the data for level of education, the largest participant demographic was college graduates, with 81.29% of the sample having completed at least a bachelor's degree ( $n = 126$ ). With respect to relationship status, the majority of participants (60%) were reportedly married ( $n = 93$ ), whereas 19.35% reported that they were single, never married ( $n = 30$ ). The final category of demographic data was health, with 92.26% of participants indicating being in at least good health ( $n = 143$ ). Of the 155 participants who fully completed the survey, 33% identified as ACOAs ( $n = 51$ ).

*Table 1**Frequencies and Percentages for Demographics*

	<i>N</i>	%
<b>Gender</b>		
Male	20	12.90
Female	135	87.10
<b>Age</b>		
Mean	39	
Median	35	
<b>Education</b>		
Less than high school degree	1	0.65
High school degree or equivalent (GED)	3	1.94
Some college but no degree	18	11.61
Associate's degree	7	4.52
Bachelor's degree	59	38.06
Graduate degree	67	43.23
<b>Relationship Status</b>		
Married	93	60.00
Widowed	2	1.29
Divorced	9	5.81
Separated	0	0.00
In a domestic partnership or civil union	4	2.58
Single, but cohabitating with a significant other	17	10.97
Single, never married	30	19.35
<b>Health</b>		
Poor	3	1.94
Fair	9	5.81
Good	58	37.42
Very good	56	36.13
Excellent	29	18.71

I examined the subscales for skewness and kurtosis. All scales had distribution characteristics that were acceptable with respect to skewness ( $< 1$ ) and kurtosis ( $< 2$ ), in accordance with Gravetter and Wallnau (2014). Note that with two of the scales (CHS-T and ECR-RS), reverse coding was employed according to the scoring instructions of the instruments. Histograms were used in order to visually inspect each variable to assess the shape of their distributions against a normal curve. Skewness ranged from -0.39 to 1.87, and kurtosis ranged from -1.09 to 2.79. Table 2 presents each of the scales' descriptive statistics of central tendency, standard deviation, skewness, kurtosis, and reliability, using Cronbach's alpha. Alpha values ranged from .70 (CAGE Questionnaire) to .96 (CHS-T). A coefficient of .70 to .80 has been deemed "acceptable," and anything above .80 is "very good" (Bryan, Glynn, & Kittleson, 2011). The variables used to test the hypotheses in this study met the statistical assumptions for each of the analyses (Gravetter & Wallnau, 2014).

*Table 2*

*Central Tendency, Standard Deviation, Skewness, Kurtosis, and Reliability*

Scale	<i>M</i>	Median	<i>SD</i>	Skew	Kurtosis	$\alpha$
CAST-6	7.79	6.00	2.26	.86	-.86	.91
CHS-T	158.56	157.0	29.31	-.04	-.73	.96
Mother—Avoidance	3.32	2.83	1.86	.51	-.91	.94
Mother—Anxiety	1.95	1.00	1.54	1.87	2.79	.89
Father—Avoidance	3.63	3.50	1.82	.22	-1.09	.95
Father—Anxiety	1.98	1.00	1.57	1.60	1.38	.94
Sig. other—Avoidance	2.10	1.67	1.32	1.27	.83	.92
Sig. other—Anxiety	2.35	1.67	1.76	1.31	.59	.93
CAGE	5.02	4.00	1.22	.79	-.73	.70

*Note.*  $\alpha$  = Cronbach's alpha reliability; Sig. other = significant other.



## Results

### Independent Groups *t* Tests

Independent groups *t* tests were performed to test the first alternative hypothesis ( $H1_a$ ), which was that there are significant mean differences between ACOAs and non-ACOAAs in the presence of alcohol abuse, attachment (attachment-related anxiety and avoidance for mother, father, and significant other), and hope. Specifically, independent groups *t* tests were performed to assess mean ACOA status differences on the predictor variables (personal alcohol abuse, attachment, and hope). Results indicated that there were significant mean differences for all variables, with the exception of avoidant attachment with a significant other, as presented in Table 3.

Table 3

#### Independent Group *t* Tests

Variable	Non-ACOA		ACOA		<i>t</i>	<i>p</i>	<i>df</i>
	Median	<i>SD</i>	Median	<i>SD</i>			
P.A. abuse	4.78	1.12	5.51	1.30	-3.45	.02	86
Mother—Avd.	3.05	1.72	3.87	2.03	-2.48	.05	86
Mother—Anx.	1.58	1.09	2.69	2.01	-3.67	.00	65
Father—Avd	3.40	1.73	4.10	1.91	-2.20	.23	91
Father—Anx.	1.60	1.19	2.74	1.95	-3.82	.00	69
Sig. other—Avd.	2.04	1.22	2.25	1.49	-.95	.19	153
Sig. other—Anx.	2.09	1.52	2.90	2.09	-2.48	.00	77
Hope	162.08	27.00	151.39	32.66	2.02	.09	85

Note. Avd. = avoidant; Anx. = anxious

### Correlational Analyses

Pearson product-moment correlations were performed to test the second alternative hypothesis ( $H2_a$ ) that ACOA status, the presence of personal alcohol abuse, and hope are significant predictors of attachment (attachment-related anxiety and

avoidance) for mother, father, and significant other. CAST-6 scores, measuring ACOA status, were positively and statistically significantly correlated with attachment: (a) mother—avoidance ( $r = -.23, p < .01$ ) and anxiety ( $r = -.37, p < .01$ ); (b) father—avoidance ( $r = -.21, p < .01$ ) and anxiety ( $r = -.39, p < .01$ ); and (c) significant other—avoidance ( $r = -.24, p < .01$ ).

CAST-6 scores were also positively and statistically significantly correlated with presence of alcohol abuse ( $r = -.31, p < .01$ ). CAST-6 scores were also negatively and statistically significantly correlated with hope ( $r = -.22, p < .01$ ). Thus, the null hypothesis that ACOA status, the presence of alcohol abuse, and hope are not significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and significant other was rejected. As CAST-6 scores increased, so did scores for presence of alcohol abuse and attachment-related avoidance and anxiety (for mother, father, and significant other alike). In addition, as CAST-6 scores increased, hope decreased. Correlations for all predictor and outcome variables are provided in Table 4.

Table 4

*Pearson Product-Moment Correlations Between Predictor (ACOA Status) and Outcome Variables*

	1	2	3	4	5	6	7	8	9
1. ACOA status	1	.23**	.39**	.21**	.39**	.06	.24**	-.22**	.31**
2. Avoid. att. (M)	.23**	1	.62**	.32**	.27**	.22**	.26**	-.22**	.09
3. Avoid. att. (F)	.21**	.32**	1	.11	.18**	.60**	.24**	-.23**	.06
4. Avoid. att. (SO)	.06	.22**	.11	1	.18**	.14	.62**	-.31**	.08
5. Anx. att. (M)	.39**	.62**	.18*	.18*	1	.42**	.42**	-.16	.12
6. Anx. att. (F)	.39**	.27**	.60**	.14	.42**	1	.34**	-.33**	.06
7. Anx. att. (SO)	.24**	.26**	.24**	.62**	.42**	.34**	1	-.38**	.11
8. Hope	-.22**	-.22**	-.23**	-.31**	-.16**	-.33**	-.38	1	-.20*
9. P.A.A.	.31**	.09	.12	.06	.06	.09	.11	-.20*	1

*Note.* Avoid = avoidance; Anx = anxious; Att = attachment; M = mother; F = father; SO = significant other; P.A.A. = Personal alcohol abuse.

\* $p < .05$ , \*\* $p < 0.01$ .

### Standard Multiple Regressions

Six standard multiple regression analyses were performed to test the third alternative hypothesis ( $H3_a$ ) that there are statistically significant relationships between ACOA status, the presence of alcohol abuse, attachment, and a measure of hope. Multiple regression analysis was used to develop a model for predicting individual's attachment (mother figure) from ACOA status, personal alcohol abuse, and hope. ACOA status and hope had a significant ( $p < 0.01$ ) zero-order correlation with avoidant and anxious attachment (mother figure), as shown in Table 5.

Table 5

*Statistical Output of Multiple Regression to Assess the Effect of Attachment (Mother Figure) on ACOA Status, Personal Alcohol Use, and Hope*

	<i>b</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>	Model summary		
						<i>adj. R</i> <sup>2</sup>	<i>F</i>	<i>p</i>
<b>Avoidance</b>						.06	4.53	.005
ACOA status	.16	.07	.19	2.29	.02			
Hope	-.01	.01	-.18	-2.25	.03			
P.A. abuse	-.01	.13	-.01	-.09	.93			
<b>Anxiety</b>						.14	9.27	.00
ACOA status	.25	.05	.37	4.69	.00			
Hope	-.004	.004	-.08	-1.07	.29			
P.A. abuse	-.02	.10	-.02	.21	.83			

*Note.* P.A. abuse = personal alcohol abuse.

Multiple regression analysis was used to develop a model for predicting individuals' attachment (father figure) from ACOA status, personal alcohol abuse, and hope. Hope had a significant ( $p < 0.01$ ) zero-order correlation with avoidance and anxious attachment (father figure), and ACOA status had a significant ( $p < 0.01$ ) zero-order correlation with anxious attachment (father figure), as shown in Table 6.

Table 6

*Statistical Output of Multiple Regression to Assess the Effect of Attachment (Father Figure) on ACOA Status, Personal Alcohol Use, and Hope*

	<i>b</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>	Model summary		
						<i>adj. R</i> <sup>2</sup>	<i>F</i>	<i>p</i>
<b>Avoidance</b>						.06	4.51	.005
ACOA status	.15	.07	.18	2.29	2.17			
Hope	-.01	.01	-.20	-2.25	.02			
P.A. abuse	-.05	.12	-.03	-.41	.68			
						.21	14.49	.00
<b>Anxiety</b>								
ACOA status	.25	.05	.36	4.77	.00			
Hope	-.01	.004	-.27	-3.63	.00			
P.A. abuse	-.13	.10	-.10	-1.37	.17			

*Note.* P.A. abuse = personal alcohol abuse.

Multiple regression analysis was used to develop a model for predicting individuals' attachment (significant other) from ACOA status, personal alcohol abuse, and hope. Hope had a significant ( $p < 0.01$ ) zero-order correlation with avoidance and anxious attachment (significant other), and ACOA status had a significant ( $p < 0.01$ ) zero-order correlation with anxious attachment (significant other), as shown in Table 7.

### Summary

The aim of this study was to determine what, if any, influence attachment has on ACOA status, an individual's personal alcohol abuse, and hope. Participants were recruited through the use of email invitations and social media (e.g., LinkedIn, etc.), and the collection of data took 3 days to complete. A moderately sized ( $N = 155$ ) usable convenience sample of adults over the age of 18 responded and completed the online

survey. Of the 155 participants who fully completed the survey, 33% identified as ACOAs ( $n = 51$ ).

*Table 7*

*Statistical Output of Multiple Regression to Assess the Effect of Attachment (Significant Other) on ACOA Status, Personal Alcohol Use, and Hope*

						Model summary		
	<i>b</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>	<i>adj. R</i> <sup>2</sup>	<i>F</i>	<i>p</i>
<b>Avoidance</b>						.08	5.41	.001
ACOA status	-.01	.05	-.01	-.16	.87			
Hope	-.01	.004	-.31	-3.86	.00			
P.A. abuse	-.03	.09	.02	.29	.77			
						.15	10.09	.00
<b>Anxiety</b>								
ACOA status	.13	.06	.16	2.08	.04			
Hope	-.02	.005	-.34	-4.45	.00			
P.A. abuse	-.01	.11	-.01	-.08	.93			

*Note.* P.A. abuse = personal alcohol abuse.

Results showed that there were significant mean differences between ACOAs' and non-ACOAs' status differences on the predictor variables (personal alcohol abuse, attachment, and hope), with the exception of avoidant attachment with a significant other. The results of this study indicated that ACOA status is positively and statistically significantly correlated with both avoidant and anxious attachment (mother, father, and significant other) and personal alcohol abuse. ACOA status is also negatively and statistically significantly correlated with hope. Furthermore, ACOA status and hope were predictors of both avoidant and anxious attachment with mother figures. Hope was a predictor of both avoidant and anxious attachment with father figures and significant others, while ACOA status was a predictor of anxious attachment with father figures and

significant others. Chapter 5 begins with a brief overview of the study, followed by a discussion of the findings, including interpretation of the results of this study, limitations and recommendations for researchers and practitioners, and implications for social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The degree to which attachment is predicted by ACOA status, personal alcohol abuse, and hope has not previously been addressed. One purpose of this study was to understand more fully the influence attachment has on ACOA status, an individual's personal alcohol abuse, and hope. Attachment relationships with an individual's parents/caregivers formed during infancy and childhood have a significant influence on how children turn out, including their emotional development, behavioral habits, personality, and other factors (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Parental/caregiver attachments are highly important, especially given that studies have shown that the drinking behaviors of parent(s) are associated with internalizing and externalizing problems of children that may continue into adulthood (Vanasse, Sodermans, Matthijs, & Swicegood, 2014).

There is a lack of research in regard to the relationship, if any, that exists between attachment, ACOA status, personal alcohol abuse, and hope. One major challenge in understanding the experiences associated with ACOAs is their reluctance to disclose their experiences, given the negative social perceptions and stereotypes of alcoholics (Haverfield & Theiss, 2014). ACOAs may also feel pressured to keep their parent's alcoholism a family secret (Haverfield & Theiss, 2016).

The data for this study were collected using a cross-sectional quantitative survey design with a nonprobability convenience sampling technique, which yielded 155 participants. Four scales, CAST-6 (Hodgins, Maticka-Tyndale, Ed-Guebaly, & West, 1993); CHS-T, (Scioli, Ricci, Nyugen, & Scioli, 2011); ECR-RS (Fraleay, Niedenthal,



Marks, Brumbaugh, & Vicary, 2006); and CAGE (Ewing, 1984), were administered to assess the relationship between attachment and ACOA status, personal alcohol abuse, and hope among individuals 18 years of age and older. The dependent variable studied was attachment, and the independent variables were ACOA status, personal alcohol abuse, and hope. The study followed a survey research design and provided a quantitative description of attachment as it relates to ACOA status, personal alcohol abuse, and hope of a small population.

The findings of this quantitative nonexperimental study indicated that there were significant mean differences between ACOAs and non-ACOA's on the presence of alcohol abuse, attachment, and hope, with the exception of no significant differences in avoidant attachment with a significant other. A positive and statistically significant correlation was found between ACOA status and personal alcohol abuse. A negative and statistically significant correlation was found between ACOA status and hope. Findings also revealed a positive and statistically significant zero-order correlation between ACOA status and both avoidant and anxious attachment (mother, father, and significant other). Results of this study indicated that all three alternative hypotheses were supported.

The specific goals of this research were to identify whether a difference exists between two groups (ACOA and non-ACOA's) in regard to their levels of attachment, presence of alcohol abuse, and levels of hope (Scioli, 2011) and also assess what role (if any) ACOA status plays in attachment. I also aimed to determine whether ACOA status, the presence of alcohol abuse, and hope are significant predictors of attachment (attachment-related anxiety and avoidance) for mothers, fathers, and significant others. Many ACOAs are unaware of the residual effects of being an ACOA, and these

consequences (both positive and negative) need more understanding and clarity (Dehn, 2010), which is another reason that this study was conducted. Filling a gap in the literature by empirically researching and combining the above constructs methodologically, my rationale in conducting this study was to analyze these variables' influences on the experiences of ACOAs as they compare to non-ACOAs, thus allowing for a more complete profile of ACOAs that may be used as a driving force toward better serving this population as ACOAs see the issues and do something about them on a more regular and consistent basis.

### **Interpretation of the Findings**

This study examined and compared attachment, presence of personal alcohol abuse, and a measure of hope among ACOAs and non-ACOAs.

The results revealed significant mean differences between ACOAs and non-ACOAs on the presence of alcohol abuse, attachment, and hope, with the exception of no significant differences in avoidant attachment with a significant other. This indicated that individuals who identified as ACOAs reported a higher likelihood of presence of alcohol abuse when compared to their non-ACOA peers. This supports previous research on ACOAs (e.g., Dayton, 2012; Grant et al., 2004; Shade, 2001).

The first alternative hypothesis was supported, and the findings were consistent with results reported by previous studies affirming that ACOAs are more likely to develop alcoholism when compared to adults whose parents were not alcoholics (Anda et al., 2002; Bifulco et al., 2006; Haverfield & Theiss, 2014, 2015; World Health Organization [WHO], 2014). With the exception of avoidant attachment with a

significant other, all attachment relationships examined were found to have significant differences among ACOAs and non-ACOAs.

Attachment theory holds that the quality of attachment to one's parents, which develops in infancy, affects an individual's ability to form healthy attachments in adulthood (Lander, Howsare, & Byrne, 2013), which is supported and reflected in the results of this study, as ACOAs reported more avoidant and anxious attachments to their mothers and fathers and anxious attachment with their significant other. As previously noted, no studies have examined the relationship between ACOA status and hope; thus, the results of this study offer a significant contribution, as ACOAs were found to have lower levels of hope when compared to non-ACOAs.

The second alternative hypothesis was supported, and the findings revealed that the negative correlation between ACOA status and hope was strong, indicating that ACOAs reported a lower level of hope when compared to non-ACOAs. To date, there has been no previous research on the relationship between ACOA status and hope. Haverfield and Theiss (2014) found that some ACOA participants described having a lack of hope and/or difficulty in having hope, which is consistent with this study's findings.

Attachment theory posits that secure individuals are more hopeful, and thus secure attachment allows individuals to view their lives in a more positive light and increase their overall well-being (Simmons, Gooty, Nelson, & Little, 2009). Research suggests that hope can also act as a buffer against psychological disorders (Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007). The finding that ACOAs have a decreased level of

hope is significant, represents a new contribution to the understanding of the experiences of ACOAs, and supports the alternative hypothesis.

The third alternative hypothesis was also supported and revealed several significant correlations, which is consistent with previous studies (Haverfield & Theiss, 2014, 2015; Kearns-Bodkin & Leonard, 2008) in regard to ACOA status, the presence of alcohol abuse, and hope as significant predictors of attachment (attachment-related anxiety and avoidance) for mother, father, and romantic partner. Specifically, ACOA status had a significant correlation with both avoidant and anxious attachment with mother, and anxious attachment with father and significant other, and hope had a significant correlation with both avoidant and anxious attachment with mother, father, and significant other.

These results are consistent with studies that have emphasized that ACOAs are at an increased risk for early onset of drinking and alcoholism (Braitman et al., 2009; Chassin, Pitts, & Prost, 2002; Yau et al., 2012). Findings are also consistent with attachment style being predictive of an individual's levels of hope (Blake et al., 2014; Snyder, 1994) and further emphasize the importance of the role that the development of healthy attachment relationships during infancy/childhood plays in the formation of adult relationships.

### **Limitations of the Study**

Although the results of this study could significantly contribute to what is known about ACOAs, their experiences, and the psychological symptoms associated with growing up in the home of an alcoholic (Scharff et al., 2004; Harter, 2000; Grant et al., 2004; Kelley et al., 2005), there are a number of limitations to be considered. One

limitation of this study had to do with generalizability, particularly the number of participants in each group. Generalizability is a limitation inherent in any convenience sample (Ozdemir, St. Louis, & Topbas, 2011). The data revealed that 67% ( $n = 104$ ) of participants were non-ACOA's and 33% ( $n = 51$ ) were ACOA's.

While each group had a sufficient number of participants to warrant further analyses, a higher participation rate may have provided more statistical power and allowed for more generalizability. The statistical power was sufficient in this study to yield significant results and minimize the potential for Type I or Type II errors (Cohen, 1988; Stevens, 2002). Generalizability for this study should be limited to females only, because of the small representation of males (Kukull & Ganguli, 2012).

Another limitation of this study involved gathering data through self-report measures. Self-report measures have been proven reliable and valid (Johnson & Turner, 2003); however, self-reported data can rarely be independently verified. Self-reported data may also contain sources of biases, including selective memory, social desirability bias, recall bias, attribution (attributing positive events and outcomes to one's own agency, but attributing negative events and outcomes to external forces), exaggeration, and telescoping (recalling events that occurred at one time as if they occurred at another time; Brutus, Aguinis, & Wassmer, 2013).

A final limitation of this study relates to the use of a cross-sectional approach. A cross-sectional approach is limited to one point in time, cannot be used to analyze behavior over a period of time, and provides a snapshot of a sample of a population at a single point in time (Carlson & Morrison, 2009; Weerasekera, n.d.). A lower response rate may also make the study susceptible to bias and misclassification due to recall bias.

One possible confound related to recall bias and the cross-sectional approach is participant reactivity based on recalling only a specific or specific past events (Hawkshead & Krousel-Wood, 2007; Paulhus & Vazire, 2007). A final limitation with this type of study, however, is differentiating and determining cause and effect (Mann, 2003).

### **Recommendations**

The results of this study are particularly novel and add to a little-researched field; thus, there are still many gaps in the knowledge base that need to be filled. However, based on these results, the next steps for future research into the area of attachment as it relates to ACOA status, presence of personal alcohol abuse, and hope are to build a stronger evidence base. It would be beneficial to repeat this study on a larger scale.

Furthermore, an understanding of how attachment may influence other aspects of individuals' overall psychological well-being is needed, specifically among ACOAs. Variables such as information about individuals' extended family and codependency may be more informative, and researchers in future studies should consider examining such variables. Previous research has frequently found that codependency is characteristic of ACOAs' relationships (Young & Timko, 2015).

Results indicated that the hypotheses of this study were supported, with the exception of no mean differences found between ACOAs and non-ACOAs in regard to avoidant attachment with a significant other. In future research, the study should be set up to examine attachment relationships on a deeper, more involved level in order to provide more insight as to why the first hypothesis was not fully supported. Finally, it would also

be beneficial to employ an involved qualitative component assessing the lived experiences of ACOAs, which could uncover confounding variables among ACOAs.

Looking ahead, it will be important for mental health professionals, teachers, and supportive caregivers/figures to allow ACOAs to have a voice and offer validation when they are ready and willing to share their experiences and feelings. This is related to representation of subgroups effected by ACOA and ACOA-related issues. By using longitudinal and other types of sampling, problems such as the low representation of males could also be addressed (Twisk, 2013).

### **Social Change Implications**

ACOA's have long been identified as having many difficulties compared to their non-ACOA peers. ACOAs are characterized as experiencing poor interpersonal relationships and insecure attachments, difficulty trusting others, increased likelihood of personal alcoholism, and other negative symptoms (Anda et al., 2002; Hall & Webster, 2002; Haverfield & Theiss, 2014). The findings of this study may be used in a number of ways on all levels, including the individual, family system, neighborhood, organizational, national, and global levels.

More specifically, clinicians and other professionals working with ACOAs may use the results of this study to further tailor their approach and develop more specialized treatments to address the negative aspects of growing up in an alcoholic environment (Vaught, Wittman, & O'Brien, 2013). For clinicians and other professionals, there is a lack of clear understanding, especially because most clients present as dually diagnosed; the results of this study provide clinicians and professionals with more understanding and ammunition. Research has indicated prevention and intervention as possible remedies to

the problems that ACOAs face. Intervention strategies include group programs, which may help reduce feelings of isolation, shame, and guilt. Effective prevention at an early stage, during childhood, is possible if children (who have been identified as at risk or children of alcoholism) are provided with a safe, supportive environment (by teachers, school counselors, nonalcoholic parents, coaches, etc.) where they learn to express feelings (Dehn, 2010).

When little or no support is available to children during their years of development and growth, along with the absence of validation for their emotions and feelings, they are less likely to develop a true sense of self (Middelton-Moz & Dwinell, 2010). The results of this study may help those identifying as ACOAs and those who have experienced other adverse childhood events to find a sense of meaning and deeper understanding in their lives, along with the sense that they are not alone. Results may also be used to expand upon attachment and hope theories, and what is known about the relationship that exists between these constructs as they apply to ACOAs.

The findings of this study could be used to address the social problem and growing epidemic of alcoholism. Alcoholism is a highly stigmatized disease that affects not only those dependent on alcohol, but also family members, friends, and all those close to such individuals. Although ACOAs have little to no control over the presence and severity of their parents' dependency and are likely unaware of its residual effects, finding ways to reframe the illness is crucial in the promotion of more positive outcomes. With an enhanced understanding of the experiences of ACOAs, clinicians and other professionals may contribute to more fully developed treatments for ACOAs. The recognition of alcoholism as an uncontrollable disease by not only those closely affected,



but also the population as a whole, will allow for less stigma. A decrease in stigma may encourage more ACOAs to speak up and reach out to others, thus improving the likelihood of overcoming the hardships associated with having an alcoholic parent (Haverfield & Theiss, 2015).

The social change implications of this study relate to its potential to offer mental health professionals a better understanding of the experiences of ACOAs, so that they might identify and assist them on entering into treatment. The psychological well-being of ACOAs, who have already experienced the negative consequences of growing up in an alcoholic environment (Dayton, 2009), can be better served through changes and more specialized treatments. The ability to specialize treatment to address underlying aspects of attachment, personal alcohol abuse, and hope would benefit these individuals and those around them. The individuals would benefit from better, more tailored treatment that allows them to become healthier. In turn, this would lead to them becoming more productive members of their communities and society as a whole. In addition, results from this study may provide individuals with insight and the possibility of understanding and improving their relationship satisfaction.

### **Conclusion**

Alcoholism affects families and children in every area of the development. Each member of a family is uniquely affected by the presence of alcoholism, and adults who grew up in an environment where alcoholism was present during their childhood are at an increased risk of developing alcohol abuse themselves, in addition to experiencing negative impacts on emotional and behavioral patterns (Lander, Howsare, & Byrne, 2013). The results of this study were consistent with prior research and contributed to the

knowledge base by providing new information in regard to what is known about the experiences of ACOAs.

Despite its limitations, this study provides important and new insight into the impact of parental alcoholism on the presence of alcohol abuse, attachment, and hope. The findings of this study can be used by mental health professionals to intervene and change the trajectory of these negative consequences at many junctions. The general public can benefit from these findings as well, in that they place emphasis on the understanding that alcoholism is a disease. Such understanding is likely to help reduce the stigma surrounding alcohol-dependent individuals and their families (Haverfield & Theiss, 2015).

Of particular importance, the current findings suggest that children raised by alcoholic parents are likely to carry the problematic effects of their upbringing into adulthood. The current findings suggest that the children of alcoholics may likely be more affected than the alcoholics themselves. By considering children when addressing the effects of alcoholism, even if only from an educational or preventative perspective, the knowledge base can be broadened across the board in order to address the increasing number of individuals negatively affected by alcoholism.

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## Appendix A: Informed Consent/Email Invitation

Dear Invitee,

My name is Carly Rodgers, I am a doctoral student in the School of Psychology at Walden University. I am conducting a research study as part of the requirements for my degree in Clinical Psychology. I would like to invite you to participate. I am studying attachment, presence of alcohol abuse, and levels of hope among adult children of alcoholics and adult children of non-alcoholics.

The study involves completing basic demographic information and four scales. You will be asked to provide information concerning personal alcohol use and alcohol use of your parent(s), along with information about relationships. It will take approximately 30 minutes to complete the study.

Participation is voluntary. You may withdraw from the study at any time. Your participation will not require your name or any other identifying information. The information you provide will be kept confidential.

If you would you like to participate in this study, please read the Informed Consent letter below. To begin the study, click the link at the end.

Thank you for your time and participation!

### **Letter of Consent**

You are invited to take part in a research study to compare the levels of hope among adult children of alcoholics as compared to non-adult children of alcoholics. This form is part of a process called “informed consent” which is designed to make you aware of the nature of the study prior to deciding whether to take part.

This study is being conducted by a researcher named Carly Rodgers, who is a doctoral student at Walden University.

#### **Background Information:**

The purpose of this study is to compare and examine attachment and levels of hope among adult children of alcoholics and adult children of non-alcoholics.

#### **Participant requirements for this study:**

Each participant must be an adult at least 18 years of age

#### **Procedures:**

If you agree to be in this study, you will be asked to:

- Complete demographic information (e.g., gender, age, ethnicity, education level, marital status, overall health, and income), so I can describe the demographic characteristics of the study participants.
- Complete 4 scales, which will take approximately 30 minutes to complete. There is no time limit, and no need to rush through the questions. The scales will include questions about your parents' alcohol use, how you generally think and feel, various relationships in your life, and your personal alcohol use.

**Voluntary Nature of the Study:**

This study is voluntary. If you decide to join the study now, you can still change your mind later. You may stop at any time.

**Risks and Benefits of Being in the Study:**

The survey questions, while of a personal nature, are unlikely to cause distress or discomfort. You are free to discontinue your involvement at any point in the process.

Participation in this study may provide information that will be beneficial to professionals in the mental health field by helping them gain a better understanding of growing up in an environment where at least one alcoholic parent was present as it relates to levels of hope and attachment.

There is no compensation for participating in this study.

**Privacy:**

Your name and any identifying information will not be collected. Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include anything that could identify you when reporting results. Data will be kept secure on a password protected hard drive at the researcher's home. Data will be maintained for a period of 5 years, as required by the university.

**Contacts and Questions:**

If you have questions now or at a later time, you may contact the researcher via [carly.rodgers@waldenu.edu](mailto:carly.rodgers@waldenu.edu). The researcher's faculty advisor is William Disch, PhD, who can be contacted at [william.disch@waldenu.edu](mailto:william.disch@waldenu.edu). You may ask any questions you have before you begin the survey.

If you want to talk privately about your rights as a participant, you can call Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is [612-312-1210](tel:612-312-1210) (for US based participants) OR 001-612-312-1210 (for participants outside the US). Walden University's approval number for this study is 07-26-16-0057549 and it expires on July 25, 2017.

Please print or save this consent form for your records.

**Statement of Consent:**

I have read the above information. I feel I understand the study well enough to make a decision about my involvement. By clicking the link below, I understand and agree to the terms described above.

**Link to Survey:**

<https://www.surveymonkey.com/r/attachmentandhope>

## Appendix B: Children of Alcoholics Screening Test (CAST-6)

Please circle the answer that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 6 questions.

1. Have you ever thought that one of your parents had a drinking problem?  
NO YES
2. Did you ever encourage one of your parents to quit drinking?  
NO YES
3. Did you ever argue or fight with a parent when one of them was drunk?  
NO YES
4. Have you ever heard your parents fight when one of them was drunk?  
NO YES
5. Did you ever feel like hiding or emptying a parent's bottle of liquor?  
NO YES
6. Did you ever wish that a parent would stop drinking?  
NO YES



## Appendix C: Comprehensive Hope Scale—Trait (CHS-T)

*How I Generally Think and Feel: In this section we are interested in how you think, feel, and act most of the time. You should answer the questions in this section according to what is generally true of you. For example, if you have had an unusually good or bad week, put those thoughts and feelings aside and focus on your typical ways of thinking, feeling, and doing things.*

Please use the following scale to answer each question.

<b>Not Me</b>	<b>A Little Like Me</b>	<b>A Lot Like Me</b>	<b>Exactly Like Me</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>

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- \_\_\_ 1. I believe that I am going to get what I really want out of life.
- \_\_\_ 2. I have a trusted friend or family member in whom I can confide.
- \_\_\_ 3. I can find ways to relax.
- \_\_\_ 4. I believe there are ways one can get in touch with a greater spiritual force.
- \_\_\_ 5. I give some credit to others for my successes in life.
- \_\_\_ 6. I find comfort in my spiritual beliefs.
- \_\_\_ 7. The future looks bright to me.
- \_\_\_ 8. I believe there is a positive force somewhere in the universe.
- \_\_\_ 9. I like to seek out new experiences.
- \_\_\_ 10. In pursuing my goals, I try to work hand-in-hand with God or a higher power.
- \_\_\_ 11. I'm capable of finding support from others when I need it.
- \_\_\_ 12. I have never felt close to any kind of spiritual force or presence.
- \_\_\_ 13. I have a purpose in life.
- \_\_\_ 14. I believe that the spirit lives on in some form after the body perishes.
- \_\_\_ 15. I have doubts about achieving those things that really matter to me.

- \_\_\_ 16. I have a friend or family member who really listens to me.
- \_\_\_ 17. I have ways of reducing my fears and worries.
- \_\_\_ 18. Spiritual experiences are possible with the right attitude.
- \_\_\_ 19. I depend on a committed parent, friend, or mentor for advice.
- \_\_\_ 20. My spiritual beliefs keep me calm during a crisis.
- \_\_\_ 21. I'm hopeful about the future.
- \_\_\_ 22. I believe in a benevolent (kind) higher power.
- \_\_\_ 23. I find it stressful to travel and meet new people.
- \_\_\_ 24. My spiritual beliefs have empowered me to succeed in life.
- \_\_\_ 25. In these stressful times, I'm fortunate to have a network of friends and family.
- \_\_\_ 26. I have the ability to connect with God, a spiritual force or a higher power.
- \_\_\_ 27. My life has meaning.
- \_\_\_ 28. Every human being has an immortal soul.
- \_\_\_ 29. I can succeed in ways that are important to me.
- \_\_\_ 30. There are people in my life that I completely trust.
- \_\_\_ 31. By looking within yourself, you can find untapped sources of strength.
- \_\_\_ 32. I cannot imagine ever having a spiritual experience.
- \_\_\_ 33. When setting goals, I like to get feedback from others.
- \_\_\_ 34. My spiritual beliefs provide me with a feeling of safety.
- \_\_\_ 35. The future will bring opportunities for a better life.
- \_\_\_ 36. There is a higher intelligence that guides life in a positive direction.
- \_\_\_ 37. I'm uncomfortable around strangers.
- \_\_\_ 38. My goals can be achieved without prayer or "spiritual" assistance.

- \_\_\_ 39. I feel safe knowing there are people I can call in a time of crisis.
- \_\_\_ 40. In the right environment, I can feel the presence of a spiritual force or a higher power.
- \_\_\_ 41. I have made (or will make) a difference in this world.
- \_\_\_ 42. When we die, there is a part of us that continues to live.
- \_\_\_ 43. I will find ways to make my dreams come true.
- \_\_\_ 44. I feel safe enough with certain people in my life to share how I really feel.
- \_\_\_ 45. I can stay calm under almost any set of circumstances.
- \_\_\_ 46. Spiritual experience can occur at any time or place.
- \_\_\_ 47. I do some of my best work when inspired by others.
- \_\_\_ 48. I could never imagine relying on spiritual beliefs to manage fear or stress.
- \_\_\_ 49. I look forward to the future.
- \_\_\_ 50. There is too much evil in the world to believe in a just or caring higher power.
- \_\_\_ 51. I view life as an adventure and welcome new experiences.
- \_\_\_ 52. Accomplishments are due to human willpower; not prayer or spiritual guidance.
- \_\_\_ 53. I've had good success when seeking help from others.
- \_\_\_ 54. It's unlikely that I will ever experience a spiritual force or a "higher power".
- \_\_\_ 55. I have a reason to live.
- \_\_\_ 56. Immortality is a myth.

## Appendix D: Relationship Structures Questionnaire (ECR-RS)

This questionnaire is designed to assess the way in which you mentally represent important people in your life. You'll be asked to answer questions about your parent and your significant other. Please indicate the extent to which you agree or disagree with each statement by circling a number for each item.

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Please answer the following questions about your mother or a mother-like figure  
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1. It helps to turn to this person in times of need.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

-----  
Please answer the following questions about your father or a father-like figure  
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1. It helps to turn to this person in times of need.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

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Please answer the following questions about your dating or marital partner.

Note: If you are not currently in a dating or marital relationship with someone, answer these questions with respect to a former partner or a relationship that you would like to have with someone.

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1. It helps to turn to this person in times of need.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

2. I usually discuss my problems and concerns with this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

3. I talk things over with this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

4. I find it easy to depend on this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

5. I don't feel comfortable opening up to this person.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

6. I prefer not to show this person how I feel deep down.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

7. I often worry that this person doesn't really care for me.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

8. I'm afraid that this person may abandon me.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

9. I worry that this person won't care about me as much as I care about him or her.  
strongly disagree 1 2 3 4 5 6 7 strongly agree

## Appendix E: The CAGE Questionnaire

1. Have you ever felt you ought to cut down on your drinking?

NO YES

2. Have people annoyed you by criticizing your drinking?

NO YES

3. Have you ever felt or bad or guilty about your drinking?

NO YES

4. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

NO YES