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Parental Alcoholism on Attachment within Romantic Relationships: A
systematic literature review

by

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MSW Clinical Research Paper

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Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Alcoholism is a problem in the United States, many children around the country grow up with one or more caregivers who is alcohol dependent. This study uses a systematic literature review to examine the romantic relationships of adult children of alcoholics (ACOA) with specific attention to attachment. The studies included in this review came from academic peer reviewed journals, which are empirically based, and include qualitative and quantitative studies. The studies had to include discussion on attachment in a population over 18 years of age. Studies that were excluded were those that focused on specific ethnic groups, gender, or therapy modality within the ACOA population. It also excluded studies that focused on ACOA chemical dependency. Common themes found throughout the literature included: lack of relationship satisfaction, difficulties with trust and control, common experiences in childhood which impact adult relationships, insecure attachment style, and increased probability of being alcohol dependent or marrying someone who is alcohol dependent. Future research should focus on the commonalities and differences in dysfunctional family's verses alcohol dependent families and how to better serve these populations.

Keywords: adult children of alcoholics, romantic relationships, attachment

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Introduction

One in five adult Americans have lived with an alcoholic relative while growing up (Children of Alcoholics, 2014). That means more than “28 million Americans have seen at least one parent suffer alcohol’s serious adverse effects, leading to serious family problems” (Gold, 2013, p.1). There are psychological impacts associated with being raised by a parent who is suffering from alcohol abuse. Many of these children have experienced some form of neglect or abuse at the hands of their parent (Children of Alcoholics, 2014). Many alcoholic parents believe that their drinking has no effect on their families or children. Fortunately, there is a large amount of research noting the deep-seated psychological and emotional effects of being raised by a parent with a chemical addiction (Woititz, 1990). These children often become responsible for running the family, feeding them themselves and their parents, while constantly living in fear of their parents. There is also a large amount of guilt related to their inability to “save their parents” (Gold, 2013, p.1).

As these children grow into adulthood they have poor self-image and issues relating to others. These adult children of alcoholics (ACOA’s) have had negative relationship experiences in childhood such as inconsistencies with affection from a parent, lack of communication or closeness, and poor modeling for coping mechanisms (Kearns-Bodkin & Leonard, 2008). These early experiences can transgress into mental health issues in adulthood, specifically with relationships. Many ACOA may desire love and intimacy, but are likely afraid that a relationship in their adult lives will be as hurtful as their early relationships (Wood, 1987). They may also create unhealthy co-dependent relationships in search for closeness and intimacy (Watt, 2002). ACOA are also prone to problems with trust, loneliness and openness with their own feelings (Martin, 1995). These common symptoms and interpersonal issues can make finding treatment

that is effective challenging. Many of the deep rooted issues with ACOA can be linked to early attachment experiences. The attachment between a parent and child is the foundation for future attachments and relationships (Bloch & Guillory, 2011).

As social workers it is important to understand the complexities of interpersonal relationship related issues within this population. Understanding these challenges will help social workers navigate through the stages of the therapeutic process. It will also assist in a better understanding of how to build and test a therapeutic relationship so the work can deepen. The ability of a client to trust another person is imperative to making lasting changes and easing suffering. Due to the nature of therapeutic interventions a connection must be made between the client and the social worker.

The relationship between a child and parent is a model and base that future relationships are shaped by. Therefore, it important to understand the how being raised in a household by an alcoholic parent effects how adults feel attachment and intimacy in their romantic relationships. Intimacy and attachment are important components to a healthy relationship that contribute to overall relationship satisfaction.

This systematic review will examine the impact of parental alcoholism on attachment, feelings of intimacy and closeness, and satisfaction within romantic relationship among ACOA.

Literature Review

Alcohol use disorder

According to the American Psychiatric Association (APA) (2013), Alcohol use disorder is clinically defined as someone who meets two or more of the eleven criteria within the last year. The DSM-5 breaks Alcohol use disorder into three categories mild, moderate and severe. To meet the mild criteria, one must have the presence of 2 to 3 symptoms; moderate criteria includes have the presence of 4 to 5 symptoms and severe must have the presence of 6 or more symptoms (APA, 2013). Alcohol use disorder is also defined by Mayo Clinic (2015) as

a pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol, continuing to use alcohol even when it causes problems, having to drink more to get the same effect, or having withdrawal symptoms when you rapidly decrease or stop drinking.

Mayo (2015) continues to describe alcohol use disorder as a drinking pattern that create significant distress and problems functioning in your daily life.

Impacts of parental alcoholism

Millions of children grow up in a household with one or two alcoholic parents. An estimated 6.6 million children under 18 live in households with at least one alcoholic parent (Alcoholism-Statistics.com, 2013). These households are often “Chaotic, inconsistent, and have unpredictable family process with low family affection, high anxiety, and frequent family conflicts” (Larson et al., p. 290, 2004). This has been shown to lead to intrapersonal and interpersonal problems for many children raised in an alcohol dependent household (Larson et al., 2001).

Research has shown that families differ in functioning under the umbrella of parental drinking. Some parents are able to protect their children against disruptions, insecurity and chaos

despite having a serious drinking problem. In these families drinking causes minor changes to the family routines, these are known as “protected families”. More typical, are families that are identified as “chaotic families” where the children are exposed to destructive drinking patterns, violence, and lack of parental responsibility (Jarvinen, 2015).

Parenting behavior of Alcoholic-dependent Parents

Children of alcoholics (COA) are often exposed to inadequate parenting and negative parent-child interaction patterns. These house-holds often have more negative affect, conflict, and high rates of stress (Roosa et al., 1993). COA often experience harsher parenting and a lack of empathy towards their needs. Alcohol-dependent parents are also emotional unavailable to their children and create environments that lack consistency and safety for a child to form a secure-attachment (Kelley et al., 2005 & Schwartz & Liddle, 2001). Harter (2000) argues that inconstant nurturance in childhood, combined with parents who regard their own needs as more important, leads to difficulties trusting other, being appropriately intimate and having reasonable boundaries.

Many parents who are suffering from alcohol use disorder have other psychopathology that co-exists with their drinking (Fitzgerald, Davies, & Zucker, 2002; Lambie & Sias, 2005). Rohrbaugh (2008), describes some of these traits as low self-worth, problems with relationships, experiences of abuse as a child and their family of origin’s substance abuse issues. Due to the destructive nature of alcohol use disorder and the co-morbidity mental health issues, these parents have a lasting effect on the attachment and relationship with their children.

Impact on Children

Attachment

Examining and understanding parent-child attachment, can give us insight into adult attachment and relationships. The attachment theoretical framework helps to understand relationships, interpersonal communication, and emotional satisfaction. Bowlby's research was focused on the primary relationship between infant and caregiver (Bowlby, 1980). Bowlby suggested that a child creates a bond or attachment with one person, this "relationship acts as a prototype for all future social relationships so disrupting it can have severe consequences" (Bowlby, 1980). Bowlby (1969) theorizes that the attachment is created through repeated interactions with the primary caregiver, through these interactions children form internal representations or "working models" of both the self and of the attachment figure. As the attachment theory developed, Bowlby's colleague Mary Ainsworth researched attachment patterns. These patterns are secure attachment, anxious, avoidant, ambivalent/resistant, and disorganized attachments (Bloch & Guillory, 2011). For the purpose of this paper we will be discussing attachment in the context of secure attachment verses insecure attachment.

Secure attachment is formed by "children who experience available and responsive attachment figures" (Kearns-Bodkin & Leonard, 2008), these children will likely develop "expectations that they are worthy of love and support and that others are generally trustworthy and available" (Kearns-Bodkin & Leonard, 2008). Insecure attachment is formed by children "who do not have responsive caregivers" these children generally feel that they are "not worthy of the love and support of others and that people are generally unreliable and rejecting" (Kearns-Bodkin & Leonard, 2008). This paper will label anxious, avoidant, ambivalent/resistant, and disorganized attachments under the umbrella term of "insecure attachment". Research has shown

that attachment implications vary depending on the severity of the alcohol dependence of the caregiver as well as which parent is alcohol dependent (Martin, 1995 & Kelley et. al., 2005). The research focused on the differences between when a mother is alcohol dependent versus the father. It also looked at if one parent is alcohol dependent and the other is not. Fathers with alcohol dependency have a higher likelihood of being physically violent or abuse toward their children, whereas women have a higher likelihood of being emotionally absent and manipulative with their children. Each scenario creates different attachment patterns in the children (Martin, 1995 & Kelley et al., 2005). Multiple children raised in one household with an alcohol dependent parent can differ in the type of insecure attachment (De Rick & Vanheule, 2007).

Infants with an alcohol-dependent parent tend to have an insecure infant attachment (Mothersead, Kivlighan & Wynkoop 1998). This is directly related to a lack of comfort, support and security. This is often due to the alcohol-dependent parent being neglectful, unresponsive to the infant for basic needs, and failure to provide a safe presence of comfort and security (Mothersead, Kivlighan & Wynkoop, 1998 & Brotherson, 2005).

Other factors that can contribute to insecure attachments are that alcoholic families tend to have high stress which is exacerbated by a lack of closeness and “quality time” between the parents and the children (Schwartz & Liddle, 2001). Most families have times of high stress and breaks in the parent-child relationship followed by time of repair and togetherness. These children often lack an understanding of what repair in a relationship looks and feels like. They also tend to be self-blaming, shaming and take responsibility for the parent’s actions towards them (Lambie & Sias, 2005).

Mentalizing

According to Fewell (2013) “mentalizing involves the ability to imagine what might be in another's mind and the ability to perceive and interpret human behavior in terms of intentional mental states. It involves the capacity to think about others”. mentalizing is an important component to parenting. It allows the parent to interpret and understand the needs of an infant or young child, due to the infant or young child’s inability to voice their needs. The ability of the parent to mentalizing is a key feature in the child-adult attachment. The adult must be able to reflect back to the child an understanding of his or her feelings and state of mind. When a parent does not have the ability to mentalize there is a break in attachment (Fewell, 2013). Mentalizing is an important aspect to self-awareness, and understanding how we are “held” or viewed in the minds of others. When children or adults do not have the ability to mentalize, they do not understand their own feelings or the feelings of others.

Mentalizing is the basis of meaningful, sustaining relationships (Allen et.al., 2003). We need to be able to understand other people emotions to be empathic to their needs. COA often do not have this ability, they live in a chronic state of arousal and fear of exploring the minds of others (Fonagy, 2008). Their parents were unpredictable and often not empathic to their needs, so they do not learn how to mentalize. This often leads to COA using the affect of others to regulate their emotions. This leads to a state of hyperarousal, COA than use negative coping in order to self-soothe and receive relief from his state (Fewell, 2013; Allen et.al., 2003).

Maladaptive coping

The use of negative or maladaptive coping comes from several issues that arise during childhood. Each child internalizes what is happening differently and creates coping habits to deal with the inconsistency in parenting, home life, and the general dysfunction of their lives. Coping

plays a crucial role in stress resistance (Moos, 2002). One major type of coping for COA is the use of avoidant coping strategies. Active coping involves changing the nature of the stressor or the way it is perceived, whereas avoidant coping strategies are used to avoid or prevent a direct confrontation with the stressful event (Klostermann et al., 2011).

Avoidance coping has also been found to be positively related to depression, anxiety, eating disorder symptoms (Penland, Masten, and Zelhart, 2000 & Boyes, 2013) and associated with alcohol abuse (Thomas-Shepherd, 1996 & Schwartz & Liddle 2001). Children raised by alcohol dependent parents are at high risk of becoming alcohol or substance dependent themselves. These children are exposed to alcoholism directly through genetics and modeling and indirectly through parental distress and parent's dependence (Schwartz & Liddle 2001). Alcohol becomes a type of avoidant coping and creates a link between emotional distress and drinking behavior. The inability to mentalize adds to the COA poor impulse control, and poor self-awareness, and without self-awareness there is little possibility of self-control (Allen et. al., 2003). These COA may become frustrated with a situation which generates intolerable feelings, this creates the impulse to use a negative coping (such as alcohol or substances). COA are than unaware or unreflective of the emotions that drove them to the negative coping in the first place (Allen et. al. 2003)

COA have ridged patterns of coping to help them survive emotionally, these patterns often continue long after the child is out of the environment that created them. These coping patterns can be shutting out emotional feelings that are unwanted or over whelming, they cope with this by isolation, and have poor self-soothing skills (Allen, et. al., 2003).

Self-esteem

Research shows that being raised in a household headed by an alcohol-dependent parent leads to low-self-esteem among other mental health issues. Low self-esteem in “ACOA is likely caused by the alcoholism, which typically affects the parent’s behavior in negative ways. Those behaviors influence family processes such as communication between parents and children, which arguably plays a role in the development of children’s self-esteem” (Rangarajan & Kelly, 2006, p. 657).

These COA feel powerless in their situation, and blame themselves for their caretakers alcohol abuse, they often feel that if they achieve more and earn A’s their parents will stop drinking. When their parents do not stop, it leads to feelings of guilt, shame, low self-esteem, and worthlessness (Lambie & Sias, 2005; Fields, 2004).

Adulthood Attachment and Relationships

Some COA do not resolve their issues and suffer long term effects of growing up in an alcohol-dependent household. The adult children of alcoholics (ACOA) can develop pathological behaviors and dysfunctional coping styles, such as like inappropriate emotional expression, dependency, or manipulation. They also have a higher frequency of personality disorders (Williams & Corrigan, 1992).

ACOA’s have disrupted attachment in childhood which translates into several issues that affect overall functioning. These adults show greater rates of anxiety, poor self-esteem, and depression. Sheldon & West (1989) also report that “attachment remains unchanged from childhood to adulthood”. This translates in a lack of success in achieving security in a relationship, and reinforces their negative beliefs regarding attachment and their ability to feel close to another person (El-Guebaly et. al., 1993). ACOA replicate insure attachment patterns,

they move from distant attached, to detached, to enmeshed. They balance between anxious and angry attachment patterns to ambivalent (El-Guebaly et. al., 1993; Watt, 2002).

ACOA has shown difficulty with intimacy related to identifying feelings, expressing needs and feelings, and trust within a relationship (Martin, 1995; Newcomb, 1995). Intimacy in this context refers to the emotional and sexual openness, feelings of safety, and connection between partners. ACOA have reported lower satisfaction within a relationships and increased loneliness. Martin (1995) reports that “openness to one's own feelings would seem to be necessary for one to be able to disclose them to another person, and a deficit in openness would seem to be associated with less disclosure of feelings and, therefore, less intimacy”.

Conceptual Framework

As noted above, attachment theory provides a useful lens to enhance the understanding of the family system. Additionally, this theory offers a better understanding of how early attachments effect ACOA's current romantic relationships and therefor will provide the conceptual framework guiding this systematic literature review.

Methods

Research Purpose

The purpose of this systematic literature review is to explore the question: what is the impact of parental alcoholism on attachment, feelings of intimacy and satisfaction in ACOA's romantic relationships. This research will specifically look at insecure verse secure attachments in COA and how that effects intimacy, attachment, and overall romantic relationship satisfaction of ACOAs. A systematic literature review will allow a more comprehensive understanding of the current literature already available. This will give rise to area's that need further exploration and clarification for ACOA and adult relationships. This study will identify whether the current

literature has a consensus or gives conflicting results. If the results are conflicting social workers will need to do more research to gain further clarification.

This study will help clarify relationship difficulties within this population. It will also clarify the impact of growing up with an alcoholic dependent parent has on adult romantic relationships. This information can be used to answer or ask more clarifying questions in the future relating to ACOA.

Type of Studies

The literature reviewed came from academic peer reviewed journals, which were empirically based, and include qualitative, and quantitative studies. The Institutional Review Board at the University of St. Thomas did not need to approve this study as no human participants were interviewed or asked questions during this research.

Search Strategy

The preliminary search of academic journals and online search sites including Academic Search Premier, PsycInfo, Social work abstracts, and SocINDEX. These search methods were used through the St. Catherine University Library. Once the studies were identified they were reviewed and screened to ensure they met the inclusion and exclusion criteria. The preliminary search terms are “Adult Children of Alcoholics” and “Attachment or “Relationships”.

Review Protocol

The articles chosen were peer-reviewed, full-text articles that were accessed through the St. Catherine University Library. St. Catherine University is a catholic all woman’s liberal arts college. These articles were found using the search engines Academic Search Premier, PsycInfo, Social work abstracts, and SocINDEX. Articles were found in the month of November, 2015. These data qualifications are used to address the issue of validity for this research.

Inclusion Criteria

Articles that were selected must contain information regarding Adults (over 18 years of age) more specifically they must contain the words “Adult children of Alcoholic’s” as the main population of study. The articles chosen also focused on adult relationships and attachment, specifically regarding romantic adult partnership.

Exclusion Criteria

Articles that were excluded were looking at ACOA’s relationship with someone other than a romantic partner. Other exclusion factors include articles that focused on a specific ethnic groups, gender, or therapy modality within the ACOA population. This study also excluded articles centered on ACOA’s and their personal chemical dependency. Some articles that were chosen based on the inclusion criteria have information regarding some of the exclusion criteria noted above. These articles were chosen with the intention of keeping the focus on the ACOA romantic relationship.

Research Synthesis

Using the search terms are “Adult Children of Alcoholics” and “Attachment” OR “Relationships” a total of 244 articles were found using the 4 data bases stated above. Of the 244 only 12 articles fit within the inclusion and exclusion criteria. Several of the articles could not be used due to their primary focus on ACOA’s addiction and addiction treatment. A few of the articles looked at intergenerational alcohol abuse and the family attachment style.

Several articles could not be used because their focus was on the alcohol dependent parent and child relationship and attachment rather than an ACOA romantic relationships. Some of that articles focused on a specific gender of alcohol dependent parent and their relationship with their children. All articles that were focused on a specific gender or race were excluded. A

few articles focused on a specific therapy modalities such as forgiveness therapy to assist in relationship building with this population. One of the articles could not be included as it did not have specific research participants and was comprised of interviews and stories from Al-Anon and Alcohol Anonymous meetings along with the author's own experience as an ACOA.

There were a total of 12 articles that fit the inclusion and exclusion criteria and were relevant to the research question and therefore will be reviewed in this systematic literature review (see Table 1). Some of the articles were found on multiple databases using the same search words.

All of the studies used quantitative research except one study used both quantitative and qualitative. All articles used surveys and questionnaires as instruments to measure things such as family conflict, children of alcoholic screening Test, dating habits, marital satisfaction, and levels of intimacy. The studies sample was 16.7 % couples, 58.3 % college students, and 25 % other types of populations (church, outpatient programs). The majority of participants were self-identified ACOA. All studies included were originally written in English, and only 8.3 % or one study was conducted outside the United States.

The studies included in this literature review have several themes. These themes examine the impact of being raised by an alcohol dependent parent on ACOA romantic relationships. These themes are: satisfaction within their relationship, attachment within their relationships, feelings towards their partner and relationship, childhood experiences, the absence of a relationship, and mental health and substance abuse.

Table 1

Study's included in Systematic literature review

Author (Year)	Focus	Sample	Country	Study Type	Location of article
Beesley & Stoltenberg (2002)	Investigates the difference between ACOA & ACONA in the need for control, attachment style and relationship satisfaction.	200 college students	United States	Qualitative	Psych Info SocINDEX & Academic Search Premier
El-Guebaly et al. (1993)	Examines patterns of attachment in ACOA compared to ACONA	203 individuals attending an OP psychiatric program or community based alcoholism treatment program.	Canada	Qualitative	SocINDEX & Academic Search Premier
Kearns-bodkin at al. (2008)	Impact of maternal and paternal alcoholism on relationship functioning of husbands and wives over the first few (1-4) years of marriage.	634 couples, English speaking, and literate.	United States	Qualitative	Psych info
Kelley et al. (2004)	Examine general and romantic adult attachment of ACOA & ACONA	484 undergraduate college students	United States	Quantitative	Psych Info
Kelley et al. (2005)	Examined the general and romantic attachment and parenting received by both ACOA & ACONA.	401 undergraduate college students	United States	Quantitative	Psych Info
Larson et al. (2008)	Examined dating behaviors, attitudes, and relationship satisfaction in ACOA compared to ACONA.	943 Single, never married young adults college students.	United States	Quantitative	Psych Info
Lease (2002)	Examines the relationship between levels of depression in ACOA and ACONA and patterns of parental drinking, family interactions, attachment and self-esteem.	137 undergraduate students	United States	Quantitative	SocINDEX & Academic Search Premier
Martin (1995)	Examines whether ACOA have more problems with intimacy, loneliness, and openness with their own feelings compared to ACONA	76 adults ages 25-40 from a church.	United States	Quantitative	Psych Info Social work abstracts & SocINDEX
Newcomb et al. (1995)	Examining the difference between treatment seeking and non-treatment seeking ACOA and ACONA in regards to interpersonal and intimate relationships.	278 college students between the ages of 18-34.	United States	Quantitative	SocINDEX & Academic Search Premier
Olmsted et al. (2003)	Examines the Relationship between parental alcoholism, self-alcoholism and partner-Alcohol in couples.	128 married and engaged young couples	United States	Quantitative	Psych Info SocINDEX & Academic Search Premier
Vungkhanching et al. (2004)	Looks at the association between parental alcoholism and attachment style in early adulthood.	369 participants from a college university	United States	Quantitative	Psych Info
Watt (2002)	Examines marital and cohabiting relationships of	10,000	United States	Quantitative &	Psych Info

ACOA using a national
survey of Families and
households.

Qualitative

Satisfaction within a relationship

Intimacy. Several studies support the idea that ACOA feel less satisfaction compared to ACONA when it comes to dating, commitment, and both intellectual and emotional intimacy (Larson et al., 2001; Martin, 1995; Beesley & Stolenberg, 2002; Kearns-Bodkin & Leonard, 2008). Larson et. al. (2001) also reported that ACOA have more regret associated with dating, and they are less likely to perceive a relationship as permanent. ACOA in this study also reported not feeling a “cognitive connection” in conversation with a date or partner which led to overall feelings of regret and disappointment (Larson et. al., 2001, p. 12). It is interesting to note that in the study done by Martin (1995), ACOA reported low levels of intimacy but higher levels of “fusion with mates” than ACONA. Fusion with mates is defined as “the extent to which a person operates in a non-individualized way with a spouse or partner” (Martin, 1995, p. 53). ACOA also reported dating at an earlier age, and having more anxiety associated with dating than ACONA (Larson et al., 2001). The only study that received contradictory results was completed by Newcomb et al., (1995), which controlled for treatment seeking college age adults. They reported that in their previous research ACOA did show a “lack of capacity for intimacy, lower self-regard, need for attention and social approval from others” (Newcomb et al., 1995, p.290). When they conducted their research they did not find a statically significant difference between ACOA and ACONA college age adults that were seeking treatment in relation to intimacy concerns. Both groups were equally struggling with intimacy related issues (Newcomb et al., 1995).

Loneliness. As stated above, ACOA report less intimacy within their relationships which leads to feelings of loneliness and isolation (Martin, 1995; Larson et. al., 2001). ACOA have difficulty establishing relationship that are open to feelings of closeness. Martin (1995) also indicates that ACOA, who come from large families are particularly vulnerable to feelings of loneliness within their romantic relationships. It is also noted that ACOA.'s create superficial relationships in work and community settings and conflict can be created when others attempt to have a deeper relationship with them (Martin, 1995). Larson et.al (2001), reported that ACOA get into relationships earlier than ACONA, to escape feelings of loneliness and emptiness within their home life.

Only 2 articles discussed loneliness using specific language "being alone or lonely", several of the articles did discuss feeling less connected to others and less emotionally and cognitively connected to their partner which could indicate higher feelings of loneliness.

Marital satisfaction. ACOA are more likely to be currently co-habiting with a partner or be divorced rather than married (Watt, 2002). ACOA also report significantly less happiness within their marriage and have higher divorce rates (Watt, 2002; Larson et. al., 2001; Kearns-Bodkin & Leonard, 2008). Larson et. al. (2001) reports that because ACOA date younger and marry younger which is a strong prediction of marriage failure. In both Watt (2002) and Kearns-Bodkin and Leonard (2008) marital and intimacy satisfaction differed between men and woman and their parental alcohol history. Husbands with a history of maternal alcoholism reported lower marital satisfaction compared to husbands without a history of maternal alcoholism (Kearns-Bodkin and Leonard, 2008, p.8). Wives with paternal alcoholism reported lower levels of marital intimacy when compared to wives without a history of paternal alcoholism. (Kearns-Bodkin and Leonard, 2008, p.8). ACOA woman spend less time with their spouse and are more

likely to see divorce as an option for a troubled marriage compared to ACONA woman (Watt, 2002). ACOA and ACONA males did not differ in their belief that divorce is an option for a troubled marriage but did differ in that ACOA say that individual freedom is important and spend less time with their spouse (Watt, 2002).

Trust and Control. ACOA reports significantly higher need for control within their relationships (Beesley & Stoltenberg, 2002, Watt, 2002). ACOA also have difficulty trusting others (Larson et al., 2001; Watt, 2002; Martin, 1995). Kearns-Bodkin and Leonard (2008), noted that parents are often inconsistent with their affection. They can fluctuate between warm and loving to rejecting or absent. This has been indicated to create a lack of trust and a fear of being abandoned in ACOA. Thus ACOA crave love and intimacy but are fearful of being hurt by a partner and have difficulty giving trust and being open to expressing their emotions and desires (Kearns-Bodkin and Leonard, 2008, p.8). This fear and lack of trust creates a desire to control the relationship (Beesley & Stoltenberg, 2002; Kearns-Bodkin and Leonard, 2008).

Childhood Experiences

Parenting. ACOA have different perceptions of the parenting styles based on the gender of the parent. ACOA reported that their mothers were less emotionally involved with their children compared to the ACONA group and fathers showed no significant difference in parenting between the two groups (Kelley, 2005, p.1485). Alcohol dependent parents do not respond to their child with consistency and empathy (El-Guebaly et al., 1993). This lack of "responsiveness is data used by the child to create a sense of self in relation to other" (El-Guebaly et al., 1993, p.1406). The lack of parental responsiveness also leads the COA to be "parentified" which interferes with normal development and may leave the COA feeling unloved, unlovable, and unsafe (Olmstead et al., 2003; El-Guebaly et al., 1993). Parentification

is when the child becomes the parent and learns how to “raise themselves”. As adults many of these COA use maladaptive coping to deal with the lack of modeling, and feelings of inadequacy they experienced in childhood. Becoming a workaholic and or high achieving in school or work are other ways ACOA respond to internal feelings of inadequacy (Olmstead et al., 2003; El-Guebaly et al., 1993).

Locked in a role. Many ACOA take on role’s within their family system to maintain homeostasis within the family (Olmstead et al., 2003). These roles tend differ in gender, boys tend to take on the role of scapegoat and girls tend to take on the role of hero or enabler. These roles are often carried into ACOA roles within their adult relationships (Olmstead et al., 2003). Olmstead (2003) notes that the role of scapegoat in childhood has been linked to substance abuse in adulthood.

Attachment

Family dysfunction. Insecure attachment can be the result of family disruption that may not be the result of parental alcoholism. General family dysfunction is associated with emotional abuse, emotional distress, difficulties with interpersonal trust and intimacy (Lease, 2002, p. 448). Although there are several ACOA who grow up in abusive and dysfunctional households that have resiliency and are able to form secure attachments and create healthy families as adults (Lease, 2002).

The study completed by Lease (2002) did find that the drinking patterns in the male parent directly affects multigenerational family functioning and indirectly negatively influenced self-esteem. Parental drinking has shown to effect familial interaction patterns which may disrupt healthy attachment and self-esteem (Lease, 2002).

Insecure attachment. ACOA tend to experience higher proportions of insecure attachment styles (Lease, 2002; Beesley & Stoltenberg, 2002; Watt, 2002) significantly related to romantic attachment (Vungkanhing et al., 2004; Kelly et al., 2005). More specifically ACOA that have been exposed to angry and violent drinking environments (Lease, 2002). ACOA reported avoidant attachment behaviors and anxiety in romantic relationships compared to ACONA peers (Kelley et al., 2005). ACOA are more likely to regulate attachment to others by “maintaining both a defensive and self-protective orientation to relationships” (Kelley et al., 2005, p. 1491). Insecure and avoidant attachment in romantic relationships were not exclusive to ACOA but to perceived parenting and family functioning (Kelley et. al., 2005).

Of the 12 articles that fit the search criteria 5 specifically discussed attachment, using the attachment theory. The other 7 articles discussed relationships with romantic partners but did not specifically define the attachment or discuss attachment theory.

Alcoholism. Individuals with insecure attachment styles are more likely to use alcohol in order to cope with a troubled relationship, low self-esteem or distress (Vungkanhing et al., 2004). Sons of alcoholics are at significantly higher risk for alcoholism (Olmstead et al., 2003).

Marrying an alcoholic or having alcoholism is not an inevitable consequence of being an ACOA (Olmstead et al., 2003). Although alcoholics are more likely to marry each other. Male ACOA are more likely to become alcoholics and woman are more at risk for indirect transmission of alcoholism through marriage to an alcoholic (Olmstead et. al., 2003). It has been suggested that ACOA’s externalize or internalize behaviors, this may lead to high risk of alcoholism. These behaviors often place young ACOAs in deviant peer groups where many peers are also at high risk for alcoholism. Therefore “ACOA meet, date and marry others at risk for alcoholism” (Olmstead et. al., 2003, p.69).

Discussion

The research focused on the effects of being raised in a household with an alcoholic dependent parent and how that impacted ACOA's future romantic relationships. The literature looked at how the environment these children grew up in has shaped their relationships, ability to trust, marital satisfaction, coping styles and attachment. It also revealed that many of these children are at risk of being alcohol dependent themselves or marrying someone that is alcohol dependent.

Overall the data showed that ACOA have a harder time feeling connected emotionally, physically, and sexually with their partners than ACONA. Although one study did report that ACOA felt a higher sense of "fusion" with their mate. This may indicate a lack of individual identity or a sense of co-dependency. ACOA's create relationships that are superficial or surface level at work and in the community and abandon those relationships if the other person attempts to deepen the relationship. Due to the evidence that ACOA have a hard time feeling emotionally close and connected, they tend to have higher rates of loneliness and depression. This trend in isolation and loneness can lead the ACOA to use maladaptive coping skills which were modeled for them by their alcohol dependent parent.

This systematic literature review showed that a high majority of COA have insecure attachment with caregivers, which translates to challenges in their adult relationships. Although it was noted that being raised by an alcohol dependent parent does not necessarily mean that the child will have an insecure attachment. As mentioned above children who come from dysfunctional households also show high rates of insecure attachment. Therefore we cannot conclude that being an ACOA creates the insecure attachment. That being said, it could be the

dysfunctional environment and family style that creates that insecure attachment not the directly related to parental alcoholism.

It was challenging to synthesize the articles as each were comparing ACOA to ACONA or adults from dysfunctional homes. Many of the articles looked at variables that were different from one another. The articles were not examining the same thing when it came to ACOA and their attachment within a romantic relationship. Some articles looked at first dates and or dating behavior in general and others looked at longer term relationships. Although all the articles were looking at ACOA and a romantic relationship, several focused on one specific things such as loneliness or intimacy. One few of the articles looked at variables such as are ACOA likely to marry one another or marry alcoholics. Many of the articles talked about data such as need for control within a relationship or feeling insecure within a relationship but did not talk about why. With so much variation it was difficult to find themes that ran throughout. One thing that was missing from the articles was the strengths and resilience of the ACOA population.

Limitation

58.3 % of the sample population for this literature review was college students. It has been noted that college ACOA may not accurately represent the population as they may have “particular qualities that have helped them ameliorate some the maladaptive effects of parental alcoholism.” (Beesley & Stoltenberg, 2002, p.8). It has also been noted that children who grow up in dysfunctional families tend to show the same or similar attachment, maladaptive coping, and relationship difficulties. This may indicate that being raised by an alcohol dependent parent has the same effect on a child as being raised in a dysfunctional household. Several studies compared the two groups and found no statistically significant data. Future research should be

researching the differences and similarities between the two groups and answering the question of whether the groups should be separate or combined.

Newcomb, Stollman & Vargas (1995) suggest that ACOA work hard to appear “normal” and carry out the impression that everything is going well. This may develop when the alcohol dependent parent encourage their children to “collude in denying the reality of the alcoholic situation within the household” (p. 291). Considering that all 12 of the studies listed were self-report, one has to consider the accuracy of that reporting.

This research also did not control for gender of alcohol dependent parent, gender of ACOA, income and ethnicity. This information could significantly impact the articles and search criteria. The articles that were chosen were broad and not specific due to only using two search words. If we were to narrow our search to a specific gender, or income our data would be more specific and controlled, possibly giving us more clear answers.

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