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The Relationship between Attachment Styles and Psychological Distress in Adult Children with Alcoholic Fathers

Ivan Suneel, Elizabeth M. Schwaiger & Sarah Anthony*
Forman Christian College University, Lahore

Research suggests that a causal relation exists between alcoholism in fathers and the resulting personality and behavior of the child. Correlational research design was used to explore two variables and purposive sampling was considered the best sampling strategy for a sample of 202 males and 198 females. For the participants, age (18-25) and education (tenth grade as minimum level of education) were the two variables that were controlled. Any child of alcoholic father above or below the age bracket given and possessing lower than 10th grade of education was not selected. Demographic sheet, General health Questionnaire and Adult Attachment Questionnaire were filled out by the participants. A one-way Analysis of Variance revealed significant differences between all three groups. Those with secure attachment styles reported the least psychological distress, followed by the avoidant attachment style group. Those falling into the anxious/ambivalent attachment style reported the highest levels of psychological distress. The results were discussed in the light of the literature review. The alcoholic consumption of the parents and their abusive behavior towards the children can manifest as fear of intimacy, unstable relationships, and lack of confidence and self-worth for the victims. It is further proposed that these problems can carry through generations if left unchecked, creating a plethora of damaged individuals.

Keywords: alcoholism; adult children of alcoholics; psychological distress; attachment styles

Alcoholism is posing a global threat, and yet, it continues to be reasonably common in several countries, even in Pakistan, where alcoholic trade is banned and generally frowned upon. Its prolonged effects are disruptive of normal daily functioning, unsatisfactory professional life, and unstable personal relationships. Naturally then, a significant link can be found between the consumption of alcohol by parents and the negligent upbringing of children, with two out of three cases facing such consequences (Rossow et al., 2016).

Extensive research done on the prevalence of alcoholism shows alarming statistics. In the U.S. alone, 22.6 million people are dependent on alcohol (Bernstein, et al., 2006). In Pakistan, around 10 million people were found to indulge in habitual consumption of alcohol. Research tells that alcoholism has a compelling link with physical abuse faced by children and an increased frequency of school dropouts. Research has highlighted that mental health disorders found in Children of Alcoholics (COAs) have higher manifestation scores, social problems and withdrawal, problems related to attention, depression, hyperactivity disorder, and substance use disorders. The family's mental, physical, emotional, and social life is significantly impacted where the father is with alcoholism (Vidal et al., 2018). According to the mean score of self-esteem, COAs reported lower in comparison to non-COAs.

Moreover, the offspring is at high risk of facing physical abuse, neglect, and parental manipulation (Haverfield & Theiss, 2014). The struggle to survive in such an unstable environment can lead to the child feeling unheard and, in response to that, may develop a defense mechanism that could take them even further from reality. Living in a family with alcoholism can have ongoing and long-term effects such as lack of hope, decreasing life satisfaction, difficulty forming secure relationships or attachments, and emotional disturbance and distress (Kurzeja, 2014). They exhibit negative patterns related to alcohol use and other disruptive behavior in their adulthood.

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*Correspondence concerning this article should be addressed to Ms. Sarah Anthony, Forman Christian College Univeristy, Lahore, Pakistan. Email: sarahanthony988@gmail.com

Prevalence of such behavioral problems is supported by many studies that support the far-reaching consequences of alcohol consumption by parents. In India, a recent study on school-going COAs concluded that signs and symptoms of general anxiety were significant in 10.8 percent of the students under observation. Furthermore, older COAs have a higher incidence of general anxiety symptoms and obsessions/compulsions than younger students (Karande et al., 2018).

The issues in behavior discussed above make it difficult for COAs to build healthy relationships due to the lack of skill set needed to strengthen adulthood attachment. Studies show that the absence of care, sensitivity, responsibility, and lack of attachment can cause suffering (Haverfield & Theiss, 2014). Adult children of alcoholics (ACOAs) deal with lower levels of hope, specifically concerning attachment styles, it becomes a significant problem since healthy relationships revolve around the stability of attachment that an individual carries. Without it, they can be doomed, contingent to the level of dysfunctionality present in the family (Kelley et al., 2010).

Stressing further upon the effects of parental relationships on children's behavior and their personal relationships, the attachment theory established by Bowlby provides a valid explanation; the relationship a child has with their primary caregiver acts as the foundation for all their forthcoming social and personal relationships, which, if proven dysfunctional, can lead to unfavorable consequences (Bowlby, 1980). Children, with caring attachment figures, are more likely to develop secure attachment, believing that they are acceptable and earnest of love and care, and that others are usually dependable and obtainable (Kearns-Bodkin & Leonard, 2008). In contrast, there is an insecure attachment which is categorized as anxious, avoidant, ambivalent/resistant, and disorganized. In such cases, children have to deal with inattentive caregivers and as a result, feel they are not acceptable or deserving of sincere love and support of other people and that others are usually non-dependable and refusing.

According to studies conducted in the past, the repercussions of attachment differ based upon the level of intensity of alcoholism in the family as well as which caregiver, the mother or father, is the alcohol abuser (Holyfield, 1995; Kelley et al., 2005). Several investigations explore the comparison of how the results vary when the father is dependent on alcohol, rather than the mother as well as the difference found when one parent was non-alcoholic, and the other was alcoholic. Based on previous studies, fathers were at a higher risk of physically abusing their children, while mothers are more prone to emotional absence and manipulation. Different attachment patterns are established based upon the scenario, circumstances, and the parent involved (Holyfield, 1995; Kelley et al., 2005). In the case of several children living under the same roof with an alcohol dependent parent, different types of insecure attachments are found in contrast to cases with one or two children (Chrzan-Dętkoś & Walczak-Kozłowska, (2017). It is observed that there is a higher likelihood of developing insecure infant attachment resulting from lack of warmth, care, support, and security. This could also be due to neglectful behavior towards an infant's basic needs (Brotherson & Sean, 2009).

In continuation of the previous discussion, factors such as the absence of closeness and meaningful time spent with family members contribute to insecure attachment style (Schwartz & Liddle 2001). Moments of high-level stress found in broken parent-child relationship led to a lack hope of repair and reunion with families. Children report feeling of self-blame, guilt, shame, and tend to hold themselves responsible for their caregivers' disruptive behavior (Lambie & Sias, 2005). Thus, the risk of depression, and deterioration of cognitive ability increases (Kelley et al., 2007).

The patterns of attachment amongst COAs were also observed for romantic relationships. It was found that children living in families with alcoholism are more anxious and avoidant when it comes to relationships with their romantic partners, in contrast to children living in a healthy family set-up. In a study, female participants who reported their mothers

dealing with alcoholism had prominent avoidance with their romantic partners in contrast to those female candidates with sober parents (Kelley et al., 2010). The culture of a society guides the morals, beliefs and values for the individuals, which then become essential to follow, especially for those living in a collectivistic culture like Pakistan's, hence, it becomes a challenge to make individuals disclose information about their life and family members (Haverfield & Theiss, 2014).

The purpose of this research was to examine the link between alcoholic fathers and the status of mental health among their adult children. Doing so would help us understand the various issues COAs face and how their lives differ from the lives of people who are not children of alcoholics, which would also solidify the theories that explain such phenomena. Furthermore, we could accordingly come up with strategic planning to help COAs deal with such unstable parenting.

Method

A correlational research design was used to examine the influence of attachment styles on psychological distress of the adult children of alcoholic fathers. A purposive sampling technique was used. For the participants, children of alcoholic fathers (N=400) ranging in age from 18 years – 25 years (M 21.45, SD 2.37) were recruited. Both genders participated almost equally (202 men, 198 women).

Assessment Measures

Demographic sheet, General health Questionnaire, and Adult Attachment Questionnaire were the three measuring instruments used in the current study.

Demographic Sheet

Demographic variables of the sample were selected on the basis of inclusion and exclusion criteria. The demographic sheet consisted of questions about gender and age.

General Health Questionnaire

The GHQ is a 30-item screening instrument that measures mental health functioning. The items are on a 4-point Likert-type scale, with an excellent reliability ($\alpha = .852$).

Adult Attachment Questionnaire

The adult attachment questionnaire (Hazan & Shaver, 1987) is a three-item, self-report inventory to measure attachment style. The AAC requires the participant to choose one of three options describing avoidant, anxious/ambivalent, and secure attachment styles, respectively.

Procedure

To keep a homogenous group, the researchers set some inclusion and exclusion criteria for the selection of the participants. The criteria were based on a triangulation approach that revolved around the variables associated with participant, Fathers and the family. For the participants, age (18-25) and education (tenth grade as minimum level of education) were the two variables that were controlled. Any child of alcoholic father above or below the age bracket given and possessing lower than 10th grade of education was not selected. The fathers had to be admitted to a rehabilitation center for treatment of alcoholism only for at least a second time. Poly drug abusers or those alcoholics who had been admitted for the first time were also not included in the population of adult children of alcoholics, for this study. The family system had to be nuclear with a minimum of three children in the family.

The researchers met the participants at the rehabilitation centers after setting an appointment on the phone. The rationale of the study was explained to them, and the questionnaires were shown. Assurance was given that the data collection procedure would not

disrupt everyday working of the facility and the researchers would come at the time slots appointed by the management. Moreover, they were informed that it would take 15 minutes on average to fill the forms.

After permission was sought the researchers met with the participants at the time scheduled by the management in a separate office. The researcher introduced himself and gave the rationale of the study. A quiet place was designated where the participants sat comfortably to fill the forms. Furthermore, they were informed that their participation was voluntary and they could withdraw at any time and it would take 15 minutes to fill the forms. They were also assured of confidentiality. After the consent was granted, the participants were handed a clipboard with the questionnaires attached and a pencil and an eraser. They were informed that there were no right, or wrong answers and they could choose the item that was most pertinent to them. In the end, the participants were thanked for their participation. The forms were checked for missed items which were then shredded.

All data was entered into SPSS and results were computed using SPSS Statistics Subscription. Descriptive statistics were computed for the demographic variables, Attachment Questionnaire, and the General Health Questionnaire (GHQ). A one-way Analysis of Variance was computed to compare psychological distress across the three attachment styles (Secure, Avoidant, and Anxious/Ambivalent).

It was hypothesized that COAFs with different attachment styles (Secure, Avoidant, and Anxious/Ambivalent) will have different levels of psychological distress.

Results

Descriptive statistics of the demographic variables and attachment style are presented in Table 1. The demographics were gender and age.

Table 1

Descriptive Statistics of Demographic Variables and Attachment Styles of Sample (N = 400

Variable	*N*	*%*	*Mean (SD)*	Range
Gender				
Men	202	50.5		
Women	198	49.5		
Age			21.45 (2.37)	18-25
Attachment Style				
Secure	140	35		
Avoidant	150	37.5		
Anxious/Ambivalent	110	27.5		
GHQ Screening			10.70 (5.51)	1-24

Participants fell into three categories: Secure (35%), Avoidant (37.5%), and Anxious/Ambivalent (27.5%). Both men (50.5%) and women (49.5%) were represented with an age range of 18-25 years old (M=21.45, SD = 2.37).

Table 2

Results of ANOVA Comparing Psychological Distress Across Attachment Styles (N = 400)

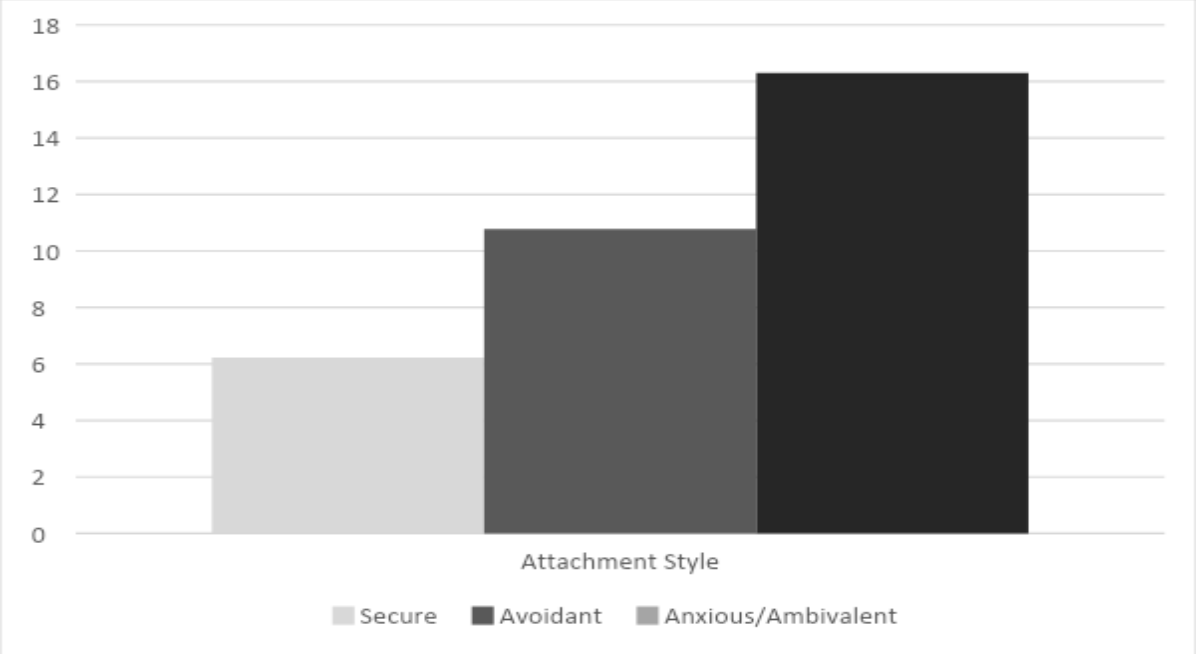
Measure	*M (SD)*	*df*	*F*	*eta2*	*p*
Attachment		2, 387	251.915	.517	< .001
Secure	6.229 (4.226)				
Avoidant	10.767 (4.012)				
Anxious/Ambivalent	16.330 (2.973				

Note. *M(SD) of Psychological Distress*

A one-way analysis of variance was conducted to compare the mean of the GHQ screening (i.e., psychological distress) across attachment styles in order to answer the main study hypothesis (see Table 2). There was a statistically significant difference in psychological distress scores across the three groups [$F(2, 387) = 251.915$, $p < .001$]. The effect size, as calculated using eta squared (*eta2* = .517), indicated a large effect, meaning that the difference between groups was not only significant, but also clinically meaningful. Post-hoc analysis using Bonferroni Multiple Comparisons indicated that all three groups were significantly different from each other. The Secure attachment group scored the lowest on psychological distress ($M = 6.229$, $SD = 4.226$), followed by the Avoidant group ($M = 10.767$, $SD = 4.012$). The Anxious/Ambivalent group's average scores ($M = 16.330$, $SD = 2.973$) indicated significantly higher psychological distress than either of the other two groups (see Figure 1).

Figure 1

Levels of Psychological Distress Across the Three Attachment Styles



Note. The vertical axis represents General Health Questionnaire (GHQ) scores.

Discussion

Apart from the psychological ramifications, the impact of parental alcoholism has been observed in the formation and maintenance of health and functional relationships. It is abundantly demonstrated by empirical findings that parental alcoholism leads to unavailability of the parents which in turn leads to lack of warmth and support and nurturing from the parents (Haverfield & Theiss, 2014). Development and maintenance of healthy relationships are rooted in the relationship with the parent or primary caregiver during the formative years of an individual's life (Bowlby, 1980). Experience of parental warmth and care during the early years of life lead to secure relationship with the parental but impacts future relationships too. On the contrary, lack of warmth, care, and support (Brotherson & Sean 2009) leads to insecure relationship with the parent or primary care giver and other present or future relationships. The insecure relationships may be anxious, avoidant, ambivalent or disorganized (Kearns-Bodkin & Leonard, 2008). Children of alcoholics have been reported to have difficulty in interpersonal relationships.

In the current study, the relationship between psychological distress and attachment style was analyzed. The results indicated a statistically significant difference on level of

psychological distress among the three attachment styles (i.e., secure, avoidant, and anxious/ambivalent). The adult children of alcoholics who scored high on secure attachment had lower psychological distress as compared to avoidant or anxious/ambivalent attachment style. Moreover, those who secured high on anxious/ambivalent attachment style scored high on psychological distress. These findings are consistent with theories of attachment, which state that those who are more securely attached, have better psychological adjustment. These findings are also in line with the review of the literature.

There are a few noteworthy implications of this study. In Pakistan, around 10 million people use alcohol habitually, yet it is considered a taboo subject. Given the number of children that would be impacted by this number of alcohol users and the results of this study, this indicates a need for education and intervention. The findings of this study could be used to educate the masses about parental alcoholism and its long-lasting effects on children. Given the similar pattern of relationship between attachment style and psychological distress among with population, it could also reduce stigma and psychological distress in this population. Given that attachment styles are considered to be malleable across a person's life, this provides evidence of the impact that secure attachments could have on this population. This knowledge could be helpful to plan counseling and therapeutic services for the children of the alcoholics in the rehab centers where the parent was undergoing treatment. This study could act as an impetus for further research in this area.

The limitation of this study is that it did not have a comparison group. It would be helpful to use a comparison group to further the empirical understanding and knowledge of alcoholism and its effects on children. Furthermore, additional variables could be considered in order to enrich our understanding of this phenomenon.

Conclusion

This study examined the relationship between attachment styles and psychological distress among COAs. The results found, in line with the previous research, that attachment styles and psychological distress were related. Specifically, COAs with more organized attachment styles (i.e., secure) indicated lower levels of psychological distress than those with less organized attachment styles (i.e., avoidant, anxious/ambivalent). These results indicate a need for education and intervention among parents who misuse alcohol, their partners, and COAs.

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