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**INTERPERSONAL ISSUES OF DEPENDENCY IN ADULT  
CHILDREN FROM DYSFUNCTIONAL  
RELATIONSHIPS**

**by**

**Dennis Michael Beaufait**

**A Dissertation  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
requirements for the  
Degree of Doctor of Education  
Department of Counselor Education  
and Counseling Psychology**

**Western Michigan University  
Kalamazoo, Michigan  
April 1992**

# INTERPERSONAL ISSUES OF DEPENDENCY IN ADULT CHILDREN FROM DYSFUNCTIONAL RELATIONSHIPS

Dennis Michael Beaufait, Ed.D.

Western Michigan University, 1992

This study was designed to examine issues of interpersonal behavior among adult children of alcoholics when compared to adult children of non-alcoholics by assessing the functioning level of family of origin relationships. Undergraduate students from a midwestern university were divided into four groups based on their scores on the Children of Alcoholics Screening Test (CAST) by Jones (1981) and the Index of Family Relations (IFR) by Hudson (1982). The sample consisted of 302 subjects between the ages of 18 and 50 who volunteered to participate in a study which examined interpersonal behavior as measured by the Interpersonal Dependency Inventory (IDI). Subjects' scores on each questionnaire were analyzed using a series of one-way analysis of variance (ANOVA) in which groups were compared for mean differences in interpersonal behavior.

Sixteen hypotheses were tested for significance in interpersonal differences as measured by the IDI subscales of emotional reliance on others, lack of self-confidence, assertion of autonomy, and dependency.

Analyses indicated that adult children from dysfunctional family relationships and adult children from non-dysfunctional family relationships in non-alcoholic homes had significant differences at the .05 level of confidence. No significant differences were found between adult children of alcoholics and adult children of non-alcoholics who came from dysfunctional family relationships. Also, no significant differences were found between adult children of alcoholics and adult children of non-alcoholics

who came from non-dysfunctional family relationships. These findings suggest that differences in adult interpersonal behavior are a function of family of origin relationships rather than from family alcoholism. It was suggested that adult children of alcoholics are more similar to a normal population than they are dissimilar depending on the family of origin relationships. Further research is suggested to examine the quality of early family relationships that occur for adult children of alcoholics and adult children of non-alcoholics when exploring differences in interpersonal behavior.

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**Western Michigan University, 1992**

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## ACKNOWLEDGEMENTS

I would like to dedicate this dissertation to my grandparents, Neal and Dorothy Lang, whose love and support made possible the man that I am today. I would also like to dedicate this work to my mother, Marjorie, whose special love and caring provided me with acceptance and encouragement throughout my doctoral training. My family taught me a great deal about interpersonal relationships which contributed to the development of this doctoral project.

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Dennis Michael Beaufait

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## CHAPTER I

### INTRODUCTION

#### Background of the Problem

Dysfunctional family relationships are perpetuated through fear of rejection, fear of punishment, fear of abandonment, and ongoing generalized anxiety (Shubby, 1987). Dysfunctional family relationships may come in different forms including relationships that occur as a result of chemical dependency, authoritarianism, mental illness, or any type of abuses (emotional, physical, and sexual) in the family system. If relationships in the family of origin are dysfunctional, then its individual members are at risk for developing interpersonal and intrapersonal difficulties.

There are many ways dysfunctional family relationships can traumatize individual family members. One possible way is through alcoholism, which affects over 75 million Americans (Whitfield, 1987). Children of alcoholic families face many difficult situations and they develop survival skills of negotiating, hiding, and adapting in order to survive (Gravitz & Bowden, 1985). It is estimated that there are between 28 and 34 million children of alcoholics, half of whom are adults (Black, 1985).

Children of alcoholics who have had dysfunctional family relationships develop a defense system in order to survive in an unstable environment. They learn at an early age not to trust others or themselves and have difficulties expressing feelings, needs, or wants. For many children growing up in alcoholic homes it becomes a lot easier to detach from the chaotic home life rather than to participate in it. Children learn an assortment of survival behaviors including dissociation, repression, withdrawal, anger,

and identification with the persecutor in order to manage disruptive family environments (Bradshaw, 1988). The survival behaviors begin to feel "normal" as adult children of alcoholics build "walls" in order to separate themselves from their surroundings. As a result, reality gets confused, feelings are repressed, and actions become fragmented. Adult children confuse love with caretaking, spontaneity with irrationality, intimacy with smothering, and expression of anger with violence (Gravitz & Bowden, 1985).

Wegscheider (1981) suggests that children of alcoholics who have experienced dysfunctional relationships may take on certain roles fulfilling different functions in the family system: the hero, who provides responsibility; the mascot, who provides distraction; and the scapegoat, who provides focus. For example, in adulthood the overly responsible child becomes an overly responsible adult: overly serious, overly self reliant, unable to trust, unable to relax, and a need to be in control (Gravitz & Bowden, 1985).

Various studies have demonstrated that children of alcoholics have a tendency to develop low self-esteem, depression, lack of self-confidence, and impaired interpersonal relationships (Ackerman, 1987a; Cork, 1969). The literature suggests that adults who have been raised in alcoholic homes experience interpersonal and relationship difficulties (Ackerman, 1987a; Black, 1979; Booz-Allen & Hamilton, 1974). Adult children of alcoholics who have had dysfunctional relationships experience difficulties that include unresolved emotional bonds, role confusion, poor affect expression, poor communication, mistrust, and problems in intimacy (Black, Bucky, & Wilder-Padilla, 1986). According to Black (1981) and Wegscheider (1981) adult children of alcoholics have experienced family relationships that were inconsistent, lacked communication and trust, had ambivalent expectations and were socially unstable.

Research has demonstrated that adult children of alcoholics have difficulties with interpersonal discomfort and intrapsychic conflicts (Cermak & Brown, 1982) which interfere with interpersonal closeness and relationship satisfaction. It has been suggested that adult children of alcoholics who have experienced impaired relationships in the family of origin will have impoverished interpersonal behavior. Interpersonal difficulty can lead to problems with intimacy, excessive dependency, inability to trust, and controlling adult relationships (Ackerman, 1987b; Stuart & Sundeen, 1983; Woititz, 1983).

The difficulties that adult children of alcoholics experience may be linked to relationships in the family of origin. Family alcoholism may lead to dysfunctional family relationships causing difficulties in interpersonal functioning. The literature suggests that family alcoholism causes role instability, environmental inconsistency, undependability, and emotional unavailability in family relationships (Morehouse & Richards, 1982). Clinicians suggest that the interpersonal experience is disrupted in alcoholic families (Wegscheider, 1981; Woititz, 1985). However, other types of families may also experience dysfunctional interpersonal relationships which cause problems for children in later adulthood.

The various characteristics associated with adult children of alcoholics are quite extensive, and yet most of the conclusions about these characteristics have been based on clinical observations rather than upon empirical research. The research on adult children of alcoholics has been limited and has not been well documented (Adler & Raphael, 1983). The majority of studies have focused on adult children of alcoholics who have sought treatment, neglecting those adult children who have not experienced behavioral and emotional difficulties (El-Guebaly & Offord, 1977). Clinicians in the field have concluded, despite the lack of empirical evidence, that adult children of alcoholics will eventually experience emotional and social dysfunction.

Clinical research has overlooked the adult children of alcoholics who have had positive adjustments despite alcoholism as a family problem (Heller, Sher, & Benson, 1982). Recent empirical research by Woititz (1983) has shown that personality characteristics do not necessarily apply to those adult children of alcoholics that are from a non-clinical population (Seefeldt & Lyon, 1990). Other empirical studies have failed to discover differences between adult children of alcoholics and adult children without family alcoholism (Alterman, Searles, & Hall, 1989). These researchers warned against diagnosing adult children of alcoholics as having certain problems and characteristics (Calder & Kostyniuk, 1989). Another study concluded that adult children of alcoholics do not necessarily demonstrate unique characteristics that are different from other adult children from different kinds of dysfunctional families (Poston, 1987). This may suggest that the characteristics typically associated with adult children of alcoholics may be common with adult children of non-alcoholics whose families may be dysfunctional for different reasons (Chambliss & Hassinger, 1990).

Further research is needed comparing adult children of alcoholic families and those adult children from families with other dysfunctions. The characteristics that have been associated with adult children of alcoholics may relate more to stressful family relationships rather than to alcoholism (Burk & Sher, 1988). Additional research is needed in order to examine the characteristics that have been associated with adult children of alcoholics and whether these characteristics are unique to this specific population or more common to those families that experience dysfunctional relationships in general.

## Statement of the Problem

In order to gain an improved understanding of dysfunctional relationships there must be an examination of interpersonal functioning (Seilhamer & Jacob, 1990). The difficulty in establishing and maintaining healthy interpersonal relationships may be the result of issues surrounding dysfunctional family problems rather than a particular symptom of family stress. The literature on adult children of alcoholics is contradictory and has been based mostly on clinical observations by clinicians in the field. The results from recent empirical studies are suggesting that adult children of alcoholics from the non-clinical population are adjusting well in comparison with adult children of non-alcoholics (Seilhamer & Jacob, 1990). The labeling of adult children of alcoholics may be misleading and overgeneralized in explaining various characteristics that may be attributable to other causes (Burk & Sher, 1988). Adult children of alcoholics may vary in regard to their personality characteristics, which may be the result of family alcoholism or may be related to other factors.

The present study investigated the interpersonal behavior of adult children of alcoholics as compared to adult children of non-alcoholics by assessing the functioning level of family of origin relationships. Also, this study examined interpersonal differences between adult children from dysfunctional family relationships and those adult children from non-dysfunctional family relationships.

## Purpose of the Study

The purpose of this study was first to examine the interpersonal behavior of dependency in adult children of alcoholics as compared with those individuals who were adult children of non-alcoholics. The second purpose of this study was to examine interpersonal behavior of dependency in adult children from dysfunctional family relationships as compared with adult children from non-dysfunctional family

relationships. This study was designed to discover aspects of interpersonal behavior that may cause relationship difficulties.

Additionally, the study intended to determine if various interpersonal characteristics are the result of family alcoholism or are the result of dysfunctional family relationships in general. That is to say, the present study explored whether certain interpersonal characteristics, as stated in the literature, are the direct result of family alcoholism or the result of dysfunctional interpersonal relationships. It was intended that this study would add further information to the understanding of interpersonal behavior that occurs as a result of dysfunctional relationships. This study offered additional data to the existing body of literature regarding adult children of alcoholics as compared with adult children of non-alcoholics.

### Research Questions

Since comparisons were made between adult children of alcoholics (ACA), and adult children of non-alcoholics (ACnA), and between adult children from dysfunctional family relationships (ACDFR) and adult children from non-dysfunctional relationships (ACnDFR) the following research questions were developed:

1. What are the differences in interpersonal dependency between adult children of alcoholics from dysfunctional family relationships and adult children of alcoholics from non-dysfunctional family relationships?
2. What are the differences in interpersonal dependency between adult children of non-alcoholics from dysfunctional family relationships and adult children of non-alcoholics from non-dysfunctional family relationships?
3. What are the differences in interpersonal dependency between adult children of alcoholics and adult children of non-alcoholics who had dysfunctional family relationships?



4. What are the differences in interpersonal dependency between adult children of alcoholics and adult children of non-alcoholics who had non-dysfunctional family relationships?

### Null Hypotheses

1. There are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACA's with respect to emotional reliance on others as measured by the (IDI) Interpersonal Dependency Inventory (Hirschfeld et al., 1977).

2. There are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACA's with respect to lack of self-confidence as measured by the IDI.

3. There are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACA's with respect to assertion of autonomy as measured by the IDI.

4. There are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACA's with respect to dependency as measured by the total score from the IDI.

5. There are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to emotional reliance on others as measured by the IDI.

6. There are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to lack of self-confidence as measured by the IDI.

7. There are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to assertion of autonomy as measured by the IDI.

8. There no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to dependency as measured by the total score from the IDI.

9. There are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to emotional reliance on others as measured by the IDI.

10. There are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to lack of self-confidence as measured by the IDI.

11. There are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to assertion of autonomy as measured by the IDI.

12. There are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to dependency as measured by the total score from the IDI.

13. There are no differences between ACA's and ACnA's from non-dysfunctional family relationships with respect to emotional reliance on others as measured by the IDI.

14. There are no differences between ACA's and ACnA's from non-dysfunctional family relationships with respect to lack of self-confidence as measured by the IDI.

15. There are no differences between ACA's and ACnA's from non-dysfunctional family relationships with respect to assertion of autonomy as measured by the IDI.

16. There are no differences between ACA's and ACnA's from non-dysfunctional family relationships with respect to dependency as measured by the total score from the IDI.

### Definition of Terms

1. Adult children of alcoholics (ACA) refers to those adults who have come from a family of origin or a family of adoption where either one or both parents were alcoholics.

2. Adult children of non-alcoholics (ACnA's) refers to those individuals who come from a family of origin or a family of adoption whose parents were not alcoholics.

3. Adult children from dysfunctional family relationships (ACDFR) refers to those adults who have come from a dysfunctional family system, whether family of origin or family of adoption, where interpersonal relationships were dysfunctional created by some form of family stress. These dysfunctional family relationships may occur as a result of emotional, physical, sexual, and verbal abuse where the family system is in either intermittent or constant crisis. Dysfunctional family relationships in this study will be characterized as a measure of intrafamilial stress (Hudson, 1982).

4. Adult children from non-dysfunctional family relationships (ACnDFR) refers to those adults who come from a family of origin or a family of adoption where family members do not experience dysfunctional family relationships. These adults will come from families that have a relatively low degree of family relationship problems and family relationships are not punitive, abusive, or in constant crisis.

5. Interpersonal behavior is the process of exchange between two or more individuals where "two or more individuals in interaction are simultaneously the causes and the effects of each other's behavior" (Danziger, 1976, p. 184). For purposes of

this study the interpersonal process was defined by Harry Stack Sullivan (1953) who hypothesized that complementary needs lead two or more people to engage in a reciprocal pattern of behavior that serves to meet each other's needs.

6. Interpersonal dependency refers to a process of complex thoughts, feelings, and behavior which surrounds the need to associate, interact, and rely upon valued others (Hirschfeld, Klerman, Chodoff, Korchin, & Barrett, 1976). Interpersonal dependency may be characterized by positive emotions including warmth, affiliation and intimacy, or it may manifest negative emotions such as enmeshment, separateness, and emptiness. Interpersonal dependency in this study refers to attachment type behaviors with significant others in terms of reliance on others, issues of self confidence, and ability to assert autonomy.

7. Emotional reliance on others refers to the position of the self in relation to others, and the degree and intensity of the relationship to a single other person (Hirschfeld et al., 1977). In this study emotional reliance on others will be defined as the individual's level of need to seek out emotional dependence on another individual.

8. Lack of self-confidence refers to an individual's relationship to other people and the capacity to develop confidence in one's own judgement (Hirschfeld et al., 1977). In this study a lack of self-confidence is seen as a characteristic of not relying on one's own judgement which suggests interpersonal dependence.

9. Assertion of autonomy refers to the degree to which an individual is independent of the evaluations of others (Hirschfeld et al., 1977). In this study assertion of autonomy will characterize an individual's ability to be self reliant and indifferent to others' evaluations and judgements.

10. Shame in this study refers to a negative internal experience of unwanted exposure where an individual perceives the self as flawed. When shamed, the individual is suddenly overwhelmed with self conscious feelings of being isolated and

alone. The experience of shame leaves the individual feeling at risk with a diminished sense of self. This experience is usually felt in an interpersonal process where negative self judgement is formed as a result of not meeting significant others' expectations.

### Limitations of the Study

1. The homogeneous (similar in demography) sample of subjects used in this study limits the generalizability of results to other populations.
2. The selection of all subjects from a midwestern university's undergraduate student population where the majority of ages ranged between 18 and 21 limits the research findings in the study.
3. The groups researched in this study have unequal sample sizes. The adult children of alcoholics group and the adult children of dysfunctional family relationships group both have small numbers of subjects. This limited number of subjects with unequal sample sizes may increase the probability of a Type 2 error, i.e., not detecting an effect when one is present.

### Delimitations

1. This study did not attempt to identify various types of dysfunctional family relationships other than those caused by family alcoholism and the global sense of family relationship dysfunction.
2. This study did not consider the history of subjects with respect to birth order, geographical location of family, family members' occupations, family mental illness, family members' levels of education, and the subjects' length of stay with the family of origin.
3. This study did not examine other personality characteristics related to social, psychological, and occupational functioning.

4. This study did not consider male and female differences with respect to interpersonal functioning.

### Overview of the Study

In Chapter I, characteristics of adult children of alcoholics were discussed as well as issues surrounding interpersonal behavior. It was proposed that the literature regarding adult children of alcoholics is inconclusive since it related only to clinical observations and is not based on empirical research. It has been recently suggested by researchers that the literature on adult children of alcoholics may be misleading in that recent empirical data find no differences between the adult children of alcoholics and adult children in the "normal population." The purpose of the study was discussed and research questions related to the various hypotheses were stated. Finally, terms were defined in relationship to the present study and its limitations were considered.

In Chapter II, a selected review of the literature relating to interpersonal behavior in adult children of alcoholics and adult children from dysfunctional family relationships is presented. The selection of subjects, the procedures, and methods of the present study are discussed in Chapter III. The research findings and statistical information are provided in Chapter IV. Finally, Chapter V concludes with a summary of the study, a discussion of the present research, and recommendations for future research.

## CHAPTER II

### REVIEW OF THE LITERATURE

Adult children of alcoholics have been found to experience emotional, behavioral, and personality problems (Wilson & Orford, 1978). Cork (1969) found that individuals from alcoholic homes become overly self-reliant and unable to trust others. Adult children of alcoholics were found to have interpersonal discomfort problems and intrapersonal conflicts (Cermak & Brown, 1982). In a study on interpersonal behavior, adult children of alcoholics had greater difficulty with issues of trust, emotional expression, and interpersonal dependency than did adult children of non-alcoholics (Black et al., 1986). According to Woititz (1986) adult children of alcoholics may experience problems in maintaining interpersonal relationships and intimacy. Stated in another way, Alateen (1973) has suggested that alcoholism is a disease of interpersonal relationships.

This chapter contains a review of the literature related to adult children of alcoholics and relationship issues. A review of personality and interpersonal characteristics of adult children of alcoholics and adult children of dysfunctional family relationships is presented. Family dynamics are considered as they relate to alcoholic family environments and to dysfunctional family environments that have impaired interpersonal relationships. This chapter also includes a discussion on interpersonal behavior and interpersonal dependency. Finally, the chapter concludes with a summary relating interpersonal behaviors of dependency with dysfunctional relationships.

The review of the literature is outlined as follows:

- I. Characteristics of Adult Children of Alcoholics
  - A. Clinical Observations
  - B. Current Empirical Findings
- II. Dysfunctional Family Relationships
  - A. Dysfunctional Relationships
  - B. Influences of Shame on Interpersonal Functioning
- III. Interpersonal Behavior
  - A. Interpersonal Theory
  - B. Interpersonal Dependency
- IV. Summary

### Characteristics of Adult Children of Alcoholics

#### Clinical Observations

Adult children of alcoholics have been found to have common interpersonal and intrapersonal characteristics which include: a need to control, inability to trust, a tendency to avoid feelings, a tendency to be overly responsible, a tendency to ignore needs, a high tolerance for inappropriate behavior, and poor self-esteem (Cermak & Brown, 1982). Additional characteristics are: a disconnectedness with experience, consider crisis as routine, a tendency to think in extremes, and problems with interpersonal relationships. When involved with others, adult children of alcoholics may become emotionally unavailable or unable to share in a healthy way because of a need to protect the self. Adult children of alcoholics associate love with anxiety and anger with guilt, which usually pushes the lover away with one hand, as they cling desperately with the other. Adult children of alcoholics come from families that are



unpredictable, inconsistent, uncertain, and filled with chaos in terms of family roles (Wegscheider, 1981).

Woititz (1983) has found that adult children of alcoholics share common characteristics and have difficulty with: knowing what is normal, completing a project, being honest, judging the self, having fun, taking themselves too seriously, being intimate, accepting change, receiving affirmation, feeling unique, behaving responsibly, feeling loyal, and acting impulsively.

Adult children of alcoholics have been found to show less stable work history, frequent physical illness, emotional detachment or interpersonal dependency, and increased impulsivity (Woodside, 1983). Clinicians have found that adult children of alcoholics use a tremendous amount of energy in developing a defensive adaptation (Middleton-Moz & Dwinell, 1986). The resources that adult children of alcoholics develop, in order to protect themselves as a result of a chaotic family environment, become the very resources that interfere with their own development.

There are a variety of personality and interpersonal issues that have been found to be associated with adult children of alcoholics as a result of coming from an unstable family environment. Gravitz and Bowden (1984) suggest that unpredictable and chaotic family relationships can affect roles within the family system which may lower a family member's sense of security and self-esteem. The family relationships that occur in an alcoholic home produce interpersonal roles that may result in patterns of behavior in adulthood that were similar to those defined in the family of origin (Epstein & Bishop, 1981). The unpredictable and chaotic home life that adult children of alcoholics experienced as children may add to the frustration of interpersonal relationships as adults (Chafetz, 1979). As a result of these relationships, adult children, having lived with the fear of abandonment, may learn to protect themselves by controlling relationships in adulthood (Greenleaf, 1981). Consequently, adult children

of alcoholics may hold on desperately to relationships in order to avoid abandonment. Since the family of origin relationships were unavailable, adult children of alcoholics have unmet dependency needs.

Characteristics may vary in adult children of alcoholics depending on the type of the family of origin. Ackerman (1987b) indicates that adult children are affected differently and may have different degrees of negative feelings. There are a variety of issues to be considered related to family alcoholism including the degree of alcoholism, the type of alcoholics, the family member's reactions to stress, the offspring's perception of the family environment, the sex of the alcoholic, the length of active alcoholism, and the offspring's age at the time of exposure to alcohol. There are those adult children of alcoholics who do not demonstrate the typical associated problems as a result of family alcoholism (Booz, Allen & Hamilton, 1974; El-Guebaly & Offord, 1979). In fact Goodman (1987) indicated that it would be misleading to assume that all adult children of alcoholics are affected in the same manner despite the personality and interpersonal difficulties from the family of origin.

### Current Empirical Findings

The extensive list of characteristics that have been associated with personality and interpersonal behaviors of adult children of alcoholics has been for the most part unsubstantiated with empirical research. The more recent empirical findings in the field do not support significant differences between personality and interpersonal functioning of adult children of alcoholics and adult children of non-alcoholics.

Wilson and Blocher (1990) found that no significant differences existed between those personality characteristics of adult children of alcoholics and those characteristics from adult children of non-alcoholics as measured by the Personal Orientation Inventory. In another study of undergraduate liberal arts students at a

northeastern university, it was found that both male and female children of alcoholics were similar to their peers on various measures of impulsiveness, lack of tension, other directedness, need for social support, and unsociability as measured on the Interpersonal Orientations Form (Borgatta & Bohrnstedt, 1968).

In another study with college students, 497 individuals were selected from an introductory psychology course and were tested on levels of self-esteem and personality features. This study demonstrated that personality characteristics of adult children of alcoholics were not the direct result of being brought up in an alcoholic home, calling into question the labeling of adult children of alcoholics as a way of explaining certain behaviors (Churchill, Broida, & Nicholson, 1990).

Barnard and Spoentgen (1986) measured personality characteristics of college students at a midwestern state university and found that the adult children of alcoholics were similar in personality orientation to the group of college students that were adult children of non-alcoholics. This study also demonstrated that a treatment-seeking adult children of alcoholics group showed some difficulty with psychological functioning over the non-treatment-seeking adult children of alcoholics. This study concluded that adult children from more highly stressed families are more likely to experience personality difficulties than those adult children from low stressed alcoholic families. Adult children of alcoholics in this study were found to demonstrate psychological functioning at a rate similar to the general population.

In a study that examined adult children of alcoholics from a community population, it was found that adult children of alcoholics did not feel less happy, have less purpose in life, or have lower self-esteem than did adult children from non-alcoholic families (Tweed & Ryff, 1991). This study used various personality measures in order to compare psychological well being between these two groups.

They found no significant difference between groups on the identified measures of intimacy, identity, and generativity.

In a study by Clair and Genest (1987) it was found that some alcoholic families were more stable than others. This study, using the Family Environment Scale (Moos & Moos, 1981), compared offspring from alcoholic parents and non-alcoholic parents. Selecting subjects from various geographical locations, the study discovered that, contrary to the literature, children from alcoholic homes functioned at the same average level as children from non-alcoholic homes.

Other studies which have examined personality characteristics of adult children of alcoholics and adult children of non-alcoholics have found similar results by either demonstrating no significant difference between comparative groups or demonstrating that the personality characteristics measured did not necessarily represent adult children of alcoholics (Chambliss & Hassinger, 1990; Pedicino, 1988/1989; Poston, 1987). For example, in a series of 27 different studies examining family history characteristics related to positive or negative effects of alcoholism it was found that in many cases there were no statistical differences between groups (Windle, 1990).

In a study by Seefeldt and Lyon (1990) it was found that there were no statistical differences between adult children of alcoholics and adult children of non-alcoholics on various personality measures which attempted to verify 12 of Woititz's (1983) 13 listed characteristics of adult children of alcoholics. This study selected undergraduate students (mean age of 23.5 years) and by using various instruments that measured personality characteristics, attempted to verify 12 of the characteristics from the clinical observations of Woititz's work with adult children of alcoholics (1983). This study concluded by warning both researchers and practitioners about how the labeling of adult children of alcoholics may be misleading the general public into

thinking that adult children from alcoholic families may have special problems that require treatment when research does not verify this notion.

Recent empirical research on adult children of alcoholics is in conflict with the conclusions from clinical observation. Personality and interpersonal characteristics that have been associated with the treatment-seeking adult children of alcoholics may also be common to adult children of non-alcoholics in that families may be dysfunctional in different ways. Much of the clinical literature has been based on those adult children of alcoholics who have sought treatment rather than on those adult children of alcoholics from the general population. Conclusions that have been made regarding adult children of alcoholics may have misled the general public.

Recent doctoral research has documented empirical findings related to characteristics of adult children of alcoholics. These dissertation studies, which examined interpersonal behavior of adult children of alcoholics, found no support for the literature when comparing adult children of alcoholics to adult children of non-alcoholic groups (Baxter, 1989/1990; Bowers, 1988/1989; Marin, 1989; McCarthy-Woods, 1988/1989; McComb, 1987; Pedicino, 1988/1989). These studies, which attempted to measure interpersonal differences, were unable to find significance when comparing ACA's and ACnA's. In other studies, doctoral research has not found any significant difference between adult children of alcoholic groups and adult children of non-alcoholic groups in reference to personality and psychosocial adjustment characteristics (Andrasi, 1986/1987; Brower, 1987; Hedderick, 1989/1990; Marlow, 1987/1988; Teece, 1990/1991; Thomson, 1989/1990).

One possible explanation for this discrepancy between the clinical observations that have been made by practitioners and the findings from empirical research may be related to the level of family functioning and the capacity for interpersonal relationships in the family of origin. Another consideration is the lack of documented research

comparing adult children from alcoholic homes and adult children from other types of dysfunctional homes.

A study by Baker and Williamson (1989) found that the treatment-seeking adult children of alcoholics had similar psychological profiles as other clinical populations that were seeking treatment. One author suggests that those individuals that seek treatment, regardless of the problem, may share some common characteristics related to the human condition (Vannicelli, 1989). That is to say, those adult children of alcoholics who seek treatment may share common characteristics with other individuals who seek treatment as a result of certain family of origin difficulties. The dynamics of the family may differ depending upon the quality of interpersonal relationships, level of family disruption, and availability of significant others for ongoing support. Family dysfunction may play a greater role in determining the quality of interpersonal relationships later in adulthood, than a specific stressor such as alcoholism. Further, identifying adults that come from alcoholic homes as being adult children of alcoholics may help clinicians organize treatment planning but may lead to overgeneralizing and overlabeling a group of people in a stereotypical way.

### Dysfunctional Family Relationships

#### Dysfunctional Relationships

The quality of interpersonal functioning in adulthood may depend on various characteristics that exist in the family of origin relationships. For example, in a family of origin study measuring the quality of interpersonal intimacy occurring in alcoholic homes it was found that honesty, empathy, and respect were important factors that influenced children's interpersonal intimacy behaviors in adulthood (Settle, 1988/1989). In a study by Werner (1986) it was found that those children from alcoholic families that were resilient in adulthood were found to have positive attention

from primary caretakers during the first year of life. This study found that the quality of parental contact within the first year of life may have a significant positive impact on the quality of interpersonal functioning in later life.

Parental alcoholism is only one factor among others that may influence interpersonal behavior (Moos & Billings, 1982). Other factors involved that may promote dysfunctional family relationships are prolonged parental absences (Chafetz, Blane, & Hill, 1971), separation and divorce (Wilson & Orford, 1978), and family chaos (Bromet & Moos, 1977). Another factor that may contribute to a dysfunctional family environment may be disturbed interpersonal balances that occur between the parent and child (El-Guebaly & Offord, 1977). Certain characteristics that have been associated with children of alcoholics may be common for adult children that come from stressful family relationships and dysfunctional family environments (Burk & Sher, 1988).

The quality of adult psychosocial adjustment may depend upon the quality of the relationship style between parent and child, the consistency style of family supervision, and the style of parental socialization (Moore, 1982). Family disruption and dysfunctional family relationships occur in part as a result of poor quality of interpersonal functioning rather than a specific event. The quality of interpersonal relationships can positively influence such events as marital disruption, divorce, post-divorce life, and the ability to maintain intimate contact with family members (McLanahan & Bumpass, 1988; Oderberg, 1986; Booth & Edwards, 1989).

Dysfunctional relationships may take different forms, especially in the family of origin where they may be expressed in a variety of roles. Dysfunctional family relationships may take the form of a chemically dependent family, a rigid/authoritarian family, a mentally ill family, or an abusive family (emotional, physical, and/or sexual).

Miller (1983) suggests that a dysfunctional family relationship occurs in a family system when children are humiliated by an abusive child rearing technique which interferes with the children's self-confidence, self-esteem, and self-will which renders them insecure, inhibited and emotionally numb. Whatever the cause behind disruptive family relationships, children ultimately become the victims of their parents' projections (Miller, 1983) as they become shamed for qualities that their parents dislike in themselves. The parents' motives for abusing their children, whether it be emotionally, physically, or sexually, is to a large degree their own struggle to regain power they once lost to their parents when they were children. Children remain silent about the pain they feel from dysfunctional family relationships usually because they are prevented from sharing their feelings of hurt with another human being. As a result of this unresolved pain through dysfunctional relationships, children experience a loss of self which interferes with personality integration. Furthermore, children who are not allowed to be aware of what is happening to them will become "frozen" to the humiliations of childhood.

Individuals experience embeddedness in dysfunctional family relationships and have difficulty in the natural separation process with family members because of interpersonal entanglements (Kegan, 1982). Children from dysfunctional family relationships are unable to develop a sense of distinctiveness from the family system due to enmeshed relationships. Consequently, subject-object relations development is not allowed to evolve in a healthy way as children become preoccupied with a defensive adaptation rather than organizing self-other relationships (Kegan, 1982).

Children who experience dysfunctional family relationships are not allowed to trust their feelings, and later in adulthood they may continue to repress their feelings in order to adjust to another dysfunctional relationship. Consequently, as children are unable to separate from the family system they will grow into adulthood remaining



subject to the parents' dysfunctional relationships. The shame that children experience for being humiliated in a dysfunctional relationship will bind them to another person's "reality" where they identify with their parents' impaired relationship.

Children who grow up in this system of dysfunctional relationships lack nurturing and environmental support where object consistency and the healthy development of self-esteem become difficult. Children become capable of either enmeshment or detachment as they learn a sense of hopelessness about developing relationships (Middleton-Moz & Dwinell, 1986). Children from dysfunctional relationships develop a pseudo-mature, super-responsible, and overly self-efficient strategy for living in order to "survive" in a disruptive environment. Having been neglected or abused by their parents, these children begin to idealize their parents with a fantasy bond in order to survive and to avoid further abandonment (Bradshaw, 1988). These children, like the children of alcoholics who seek treatment, have had their psychological and physical boundaries violated by their parents, or other adults, and they come to believe that their identities are related to those who have violated them. Adult children from dysfunctional relationships suffer from underlying problems of abandonment, boundary confusion, and delayed development (Middleton-Moz & Dwinell, 1986).

Children who deny their inner self and cling as a defensive strategy to others are ultimately "set up" for a re-enactment of their dysfunctional family relationships. For example, in the case of an abusive authoritarian relationship in the family, children who idealize their parents grow into adulthood eager to transfer their willing obedience to another family system that uses authoritarian rules in their relationships.

Children from dysfunctional relationships develop a "false" sense of self in order to defend against the feeling of shame. Shame is potentially developed in children who experience dysfunctional relationships in their family of origin where they

experience negative messages and negative family rules (Whitfield, 1987). Shame can become an experience of total non-acceptance (Bradshaw, 1988). Shame is a feeling of being flawed and it becomes an important influence in dysfunctional relationships. The inner self becomes unacceptable and remains hidden from broken family relationships. Children may be taught that they are "defective" human beings as a result of being shamed by the various forms of abusive child rearing practices that occur within dysfunctional family relationships. Children may use a tremendous amount of energy in order to cover up the feeling of shame which ultimately blocks healthy development and predisposes them to other behavioral and emotional disorders. As children from dysfunctional relationships deny their feelings while experiencing ongoing abuse they have difficulty in resolving interpersonal conflicts at different stages of development.

These children from dysfunctional relationships grow into adulthood minimizing the effects of their dysfunctional relationships. These adult children continue to avoid their unacceptable feelings and may become preoccupied with a variety of compulsive type behaviors in order to restore a sense of connectedness with others. Compulsivity for adult children from dysfunctional relationships may be a way of managing their feelings in order to hide their inner pain. Adult children from dysfunctional relationships, having suffered in silence as children, can become subject to all kinds of compulsions as adults, including alcoholism, drug dependency, occultism, religious fanaticism, and any form of rigid political, social, and behavioral ideology, as a result of being deprived of a relationship with themselves (Miller, 1983). The shame experienced in childhood fuels the compulsive behavior (Bradshaw, 1988) which can lead to further illusions of connectedness and well being.

The tragedy for adult children from dysfunctional relationships is that, in order to survive, they had to conceal the truth in an attempt to hide the shame from early humiliations in childhood. In dysfunctional relationships children are prevented from

sharing their pain with another (Miller, 1983). Consequently, they split-off from themselves in childhood and become emotionally numb in adulthood as a way of managing their unacceptable feelings (Bradshaw, 1988). Adult children are unable to access their inner experiences and become conditioned, to some extent, to recreate the same enmeshed relationship that they experienced in their family of origin where abandonment, confusion, and boundary dilemmas continue to cause conflict (Gravitz & Bowden, 1985). Adult children from dysfunctional family relationships do not respond to who they really are but rather respond to what happened to them in their family of origin.

Doctoral research regarding family of origin functioning among adult offspring has produced significant results. One such study of adult daughters of alcoholic fathers found that there were significant differences between adult daughters of dysfunctional relationships and the control group related to quality of family functioning in the areas of conflict, cohesion and expressiveness (Gwaltney, 1989/1990). In another study regarding family of origin issues of adult female incest survivors, it was found that family relationships were impaired in the areas of conflict resolution, clarity of expression, and respect for others' differences (VanFleet, 1988/1989). One study found significant differences in intimacy adjustment with adult daughters from dysfunctional family relationships compared with adult daughters from non-dysfunctional relationships (Farnsworth, 1988). In a study on violence in disruptive family relationships, it was found that being abused as a child was a significant predictor for later abuse as an adult (Rose, 1986/1987).

There are various factors involved in dysfunctional relationships that may influence interpersonal functioning later in adulthood. Relationships that occur in childhood lay the foundation for future interpersonal relationships (Greenleaf, 1981). If relationships are impaired in childhood there may be negative effects in interpersonal

functioning, especially with significant others later in adulthood. One of the factors that may create dysfunctional family relationships is the experience of shame which interferes with the interpersonal process. Shame, although not central to this study, may be relevant in terms of understanding how dysfunctional relationships occur, especially those that produce enmeshment and interpersonal dependency.

### Influences of Shame on Interpersonal Functioning

The experience of shame may be an important development in human affairs as it is basic to significant interpersonal relationships (Kaufman, 1980). Adult children who have encountered dysfunctional relationships may feel the most threatened because shame can be interpersonally transferred to another. The negative aspects of shame can interfere with adult children's ability to form healthy loving relationships and may adversely affect interpersonal encounters.

The disowning of self in adulthood may cause a variety of inner life and interpersonal problems. The condition of shame, as a result of experiences in dysfunctional relationships, may cause the adult children to disown various parts of their inner world creating a splitting of the self (Kaufman, 1985). For example, children who encounter shame at an early stage of development may disassociate from aspects of themselves and begin to identify with their parental (love) objects (Brown, 1987). As a result of this identification process the interpersonal bridge becomes broken and children may become enmeshed with the love object. This enmeshment, along with fear of abandonment, promotes further dependency for the children on the parental (love) object. Consequently, children will develop a diminished sense of self from the interpersonal transfer of dysfunctional family relationships (Sidoli, 1988).

The effects of childhood shame may interfere with adult interpersonal behavior as adult children are unaware of the continual struggle between fears of becoming

engulfed by a partner and at the same time terrified of abandonment (Kritsberg, 1990). Adult children from dysfunctional relationships who have experienced shame will become more vulnerable and fearful of being dependent and needy when getting close to another individual. Research has given support to the notion that shame-proneness is positively correlated with interpersonal dependency (Mirman, 1984/1985). Adult children may either mistrust interpersonal closeness or may fear losing the other and become dependent.

The experience of shame may be linked to dysfunctional family relationships and may interfere with interpersonal functioning in adulthood. However, not all dysfunctional relationships have their origin in shame as there are many factors that influence the interpersonal process.

### Interpersonal Behavior

#### Interpersonal Theory

Adults who have come from homes with dysfunctional relationships have been subject to negative interpersonal behavior which activates undesirable cognitions and affects. In this study it was important to examine the relationship between dysfunctional behavior and interpersonal functioning. Difficulties in personality development occur, in part, as a result of interpersonal problems.

Sullivan (1953) emphasized that the "human personality is the relatively enduring pattern of recurrent interpersonal situations which characterize all human life" (pp. 110-111). According to Sullivan, personality does not exist outside of the interpersonal process and that the individual cannot be seen apart from another person (Swensen, 1973). Laing (1961) postulated that in order to have an accurate account of an individual's personality, one must take into account the individual's relationship with others. Leary (1957) suggested that human behavior is interpersonal in that it is

related to other human beings.

The interpersonal movement, which encompassed various disciplines including psychiatry, interpersonal communications, and interpersonal psychology (Kiesler, 1982), was founded by the early work of Sullivan. It was Sullivan (1953) who hypothesized the notion of the complementary relationship which leads two individuals to interact in a reciprocal pattern that serves to satisfy each others' needs. This principal of complementarity states that a person's actions will evoke a particular sequence of reactions from another (Horowitz & Vitkus, 1986).

Sullivan (1962) believed that the interpersonal process is a developmental experience that is essential at the different stages of growth. If this process of interpersonal development is impaired by destructive attitudes, then "normal" interpersonal processes may become dysfunctional. Sullivan (1953) felt that those individuals who met with disapproval from significant family members would be threatened in their self-esteem and security and this threat would result in feelings of anxiety. Also, Swensen (1973) believed that if an individual's needs are frustrated by fear and anxiety then "normal" human development would be disrupted as an individual's behavior, in part, is motivated by the search for satisfaction and security with others in the interpersonal process. Any threat to this interpersonal process, especially early in development, could threaten future relationships in adulthood.

Sullivan's interpersonal theory was later elaborated upon by various researchers. Those that expounded on Sullivan's work included the research of Leary (1957), Foa (1961), Schutz (1958), and Carson (1969). These researchers were able to develop empirical research by identifying various dimensions of interpersonal behavior in the areas of dominance-submission (control), love-hate (affiliation), and inclusion (Kiesler, 1982).

Leary (1957) postulated nine working principles related to interpersonal functioning. Those relevant to this present study in understanding interpersonal behavior are as follows:

First principle: "Personality is the multilevel-pattern of interpersonal responses (overt, conscious, or private) expressed by the individual. Interpersonal behavior is aimed at reducing anxiety. All the social, emotional, interpersonal activities of an individual can be understood as attempts to avoid anxiety or to establish and maintain self-esteem" (p. 15).

Second principle: "The variables of personality systems should be designed to measure--on the same continuum--the normal, adjustive aspects of behavior as well as abnormal or pathological extremes" (p. 26).

Third principle: "Measurements of interpersonal behavior must be public and verifiable operations; the variables must be capable of operational definition. However, conclusions about human nature cannot be presented as absolute facts but as probability statements" (p. 45).

For purposes of this study, it is assumed that interpersonal behavior can be understood as a way of maintaining self-esteem and problems in interpersonal behavior are understood as the direct result of increased anxiety. It is also assumed that individual personality systems can only be understood in relationship to interpersonal interactions which can be measured on a continuum. Further, it is assumed that in order to measure the interpersonal functioning level of an individual, it has to be operational and that constructs about interpersonal behavior are not absolute.

Another interpersonal theorist, Kiesler (1982), elaborated on Sullivan's work (1953) and explored the interpersonal process as a method of understanding human personality. From Kiesler's (1982) six fundamental constructs of human personality

there are four relevant theoretical assumptions that pertain to the present study, which will be used in understanding interpersonal behavior for this research:

1. "Interpersonal study focuses on human transactions, not on the behavior of the individuals" (p. 5).
2. "In interpersonal explanations the construct of self occupies a central theoretical position. This self is social, interpersonal, transactional in its development and functioning throughout life" (p. 6).
3. "[I]nterpersonal theory takes an interactionist position in which a person's social behaviors are a function of both his or her predispositions towards transactions and situational/environmental events" (p. 8).
4. "In attempting to understand human transactions, interpersonal theorists adopt a notion of (circular) rather than linear causality" (p. 9).

For purposes of this present study the following assumptions are made: that dysfunctional relationships are formed through the interpersonal process of early family interactions; that interpersonal behavior is a developmental process that occurs throughout the lifespan; that individuals interact with situations and environmental events which are interconnected with one's perception in the interpersonal encounter; and that the interpersonal process is a two person bi-directional experience where the individual influences the environment and is influenced by the environment.

Problems in living may be seen as inadequate or dysfunctional interpersonal behavior (Kiesler, 1982). Specific symptoms may predispose an individual to interact in certain types of interpersonal styles in order to maintain the nature of the symptom (Horowitz & Vitkus, 1986). For example, a dependent personality may seek out interpersonal relationships with others who are more assertive and domineering in order to be released from individual responsibility and self-reliance. The nature of an interpersonal encounter between two individuals is a function of their interactive



histories and past relationships with individuals including family of origin (Swensen, 1973). If these family of origin relationships were dysfunctional then a certain degree of anxiety may be created in interpersonal functioning (Sullivan, 1953). Further, if these relationships were dysfunctional as a result of destructive attitudes and beliefs from others, then an individual's self-esteem may be lowered as well (Kahle, Kulka, & Kingel, 1980).

Interpersonal theorists (Carson, 1969; Kiesler, 1982; Leary, 1957; Schutz, 1958; Sullivan, 1953) point out that healthy interpersonal encounters offer individuals a flexible broad style of interpersonal behavior; whereas dysfunctional interpersonal encounters, for the most part, offer a rigid nonverbal and verbal style of communication. Inadequate or dysfunctional interpersonal behavior occurs when an individual has a limited repertoire of communication skills and responds with a restricted behavioral style.

In the interpersonal process, if narcissistic needs for affection are not satisfied in childhood, the individual in adulthood may continually seek to find satisfaction for those needs. Murray (1938) suggests that an individual will be compelled to seek out interpersonal relationships with others that will satisfy earlier unmet needs. As a result of unmet needs from dysfunctional interpersonal relationships, the individual will seek out the essential narcissistic supplies of affection and attention with other individuals in order to fulfill what is lacking. For example, mate selection studies (Winch, 1958) have shown that interactions between two individuals may remove interpersonal frustrations if they are able to find satisfaction in fulfilling some aspect that the other lacks.

In the case of disordered interpersonal family relationships the children with unmet narcissistic needs may seek to fulfill these needs compulsively in adult interpersonal relationships in order to maintain self-esteem (Fenichel, 1945). This

passive-receptive interpersonal style may lead to dependency in adulthood as any interpersonal frustration may trigger a regression towards the infantile longings for affection and attention--forcing the individual to be more reliant on others and less autonomous.

### Interpersonal Dependency

Dependency has been referred to as process by which an individual relies on another (Bowlby, 1969). Murray (1938) understood dependency as a fusion of affiliation and succorance. Leary (1957) viewed dependency as an anxiety neurosis that has various characteristics in the personality which attempt to solicit help from others. Horney (1937) suggested that there are three approaches in which people respond developmentally: moving toward others (dependency), moving away from others (shyness), and moving against others (rebellious). The moving towards others implied a tendency for the individual to be dependent on others. The concept of dependency has also been associated with the social-learning theorists (Sears, Whiting, Nowlis, & Sears, 1953). The learning theorists suggest that dependency upon the mother is a secondary drive that is associated with the role of caretaking. Interpersonal theorists (Hirschfeld et al., 1976) view dependency as a complex series of thoughts, feelings, and behaviors that are associated with the need to interact with and rely upon other important individuals. In this present study, dependency is understood from the interpersonal theorist's perspective and is considered to be an aspect of certain dysfunctional relationships.

Healthy interpersonal dependency is related to attachment where the infant is dependent upon an undifferentiated external object (e.g., mother), and is considered crucial for normal human development. When social attachment becomes impaired it has been found that cognitive processes may be disrupted and object permanence may

be delayed (Paraskevopoulos & Hunt, 1971). The quality of social attachment early in life will determine the quality of object permanence in relationship formation in later years (Yarrow, 1972).

There are numerous studies on human development that suggest that any disturbance in the social attachment in infantile relationships can lead to intimacy problems in adulthood (Hazan & Shaver, 1987). Further, difficulties with intimacy may interfere with one's ability to formulate both a stable identity and healthy interpersonal relationships. Erikson (1950) suggested that the capacity for trust or mistrust grows out of these early developmental experiences in dependent relationships.

If healthy interpersonal dependency changes into forms of enmeshment as a result of dysfunctional relationships in the family of origin there can be relationship difficulties in adulthood. Peck (1978) suggests that the negative aspects of dependency include the inability to experience wholeness and the lack of adequate functioning without the assistance of another. These negative aspects of interpersonal dependency have been seen as an individual's inability to function adequately in daily living through self-reliance, self-confidence, and autonomy (Hirschfeld et al., 1977).

According to the Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition, (American Psychological Association, 1980) the dependent personality disorder includes: "passively allows others to assume responsibility for major areas of life because of inability to function independently; subordinates own need to those of persons on whom he or she depends in order to avoid any responsibility of having to rely on self; and lacks-self-confidence" (p. 326).

The negative aspects of interpersonal dependency can cause an assortment of personality problems. In one study it was discovered that people in general hold resentments over those upon whom they are dependent (Lester, 1979). Feelings of

abandonment may preoccupy both dependent or adult children as they become fearful of a perceived loss of their parent or partner in an interpersonal relationship (Teismann & Mosher, 1978).

In extreme cases of negative interpersonal dependency individuals may experience a life of fear as their sense of self is developed around another individual. In one study of women with a history of childhood dependency it was found that in adulthood they did not value independence, had low aspirations, lacked personal meaning, entered the domestic world earlier, and were unassertive, moody, and self-pitying (Caspi, Bem, & Elder, 1989). These women had difficulty in adult relationships and led constrictive lives without self-fulfillment and used rigid interpersonal styles in order to fulfill unmet narcissistic needs.

The development of interpersonal dependency needs from individuals who are from dysfunctional relationships can create, in extreme cases, enmeshment and an unhealthy attachment where individuals may not develop beyond a symbiotic state. This type of interpersonal dependency may limit personal fulfillment and growth (Orford & O'Reilly, 1981). Human development begins with symbiosis where the infant is in an undifferentiated self object state with the mother (Hamilton, 1988). This experience of the blurring of ego boundaries in early development is part of the maturation process. However, if close association of symbiosis is maintained well beyond what is considered normal in development, extreme difficulties may occur in differentiation and in identity formation later in interpersonal development. Symbiosis may develop into an undifferentiated ego boundary state between the mother and the child where an inability to perceive the self as being separate occurs (Summers, 1978). The child develops an inability to function more independently and in adult interpersonal relationships may establish symbiotic type relationships with others. The child, unable to see the self as a separate individual, will be unable to develop satisfying

interpersonal relationships outside the family; or if relationships are established, they also will be symbiotic (Lewis & Landis, 1973).

It is postulated in this study that individuals that come from families with dysfunctional interpersonal relationships will: have a greater need and desire for support and approval from others; be more anxious when alone; have low social self-confidence; have difficulty making decisions on their own; and have less autonomous and independent behavior.

From the isolation studies of Hartup (1958), it was found that the withdrawal of nurturance will increase dependency needs in the child. In a parent-child affiliation study by Sears et al., (1953), it was found that inconsistent nurturance in parenting will lead to greater dependency behavior in interpersonal relationships. Affiliation studies have demonstrated that there is a link between interpersonal isolation, lack of nurturance, and susceptibility to social influence in childhood (Walters & Parke, 1964). These studies suggest that when withholding interpersonal attention and nurturance, children will exhibit approval-seeking and dependent-type behaviors. These studies confirm the findings of Hirschfeld et al., (1976) who state that children who have excessive dependency needs will seek to fulfill their narcissistic needs with others in order to maintain self-esteem. In particular these interpersonal theorists equate interpersonal dependency with excessive reliance on others, low self-confidence, and increased anxiety when alone.

The negative aspects of interpersonal dependency may develop as a result of dysfunctional relationships in the family of origin. Family relationships that are unable to adequately manage various stressors in life may create ongoing interpersonal tension and confusion within family relationships. As a result of these dysfunctional family relationships children may receive inconsistent or inadequate caretaking. Children may experience these interpersonal relationships as psychological abandonment and may

question their self-worth (Beletsis & Brown, 1981). Dysfunctional family relationships may interfere with the separation process for children and their ability to develop autonomy. Consequently, children experience an inconsistent family system where they rely on others for their well-being. Children from these dysfunctional relationships may continue to seek out others to satisfy their unmet needs and develop an excessive emotional attachment in the interpersonal process.

Regardless of the family's stressor, whether it be alcoholism, physical abuse, sexual abuse, or other abusive behaviors, the family members experience an extreme amount of anxiety and dependency in order to continue to maintain the family's system. One study, on family role relationships of adult children of alcoholics (Jesse, 1977/1978), found that instability of early family relationships with alcoholic parents would increase the children's dependency needs.

Healthy interpersonal relationships depend, in part, upon the ability of a person to preserve and maintain interests while allowing the other person in the relationship the freedom to grow (Bakker & Bakker-Rabdaou, 1973). If an individual's sense of self and interests are not honored within the context of interpersonal relationships, either emotional detachment or emotional enmeshment may be the result.

Doctoral research on interpersonal relationships related to family alcoholism found interpersonal difficulties associated with high levels of family dysfunction (Carey, 1986; Lawson, 1988/1989; Tolton, 1988/1989). Another doctoral dissertation on relational psychopathology of adult children (Held, 1990/1991) found (by using the Interpersonal Dependency Scale) that adult children of alcoholics were characterized as having an insecure, anxious and avoidant style of attachment in their interpersonal relationships. In a dissertation case study of family role relationships that occur in family alcoholism Jesse (1977/1978) found that unstable family relationships produced unresolved dependency needs in children. It was suggested that these children of

alcoholics relied more on others for assistance and required more overall help. In a recent doctoral study on interpersonal boundary regulation with family alcoholism Inger (1988/1989) found that adult children of alcoholics scored higher on the relationship scales of conflict avoidance, dependency, and shyness.

It is the intent of this present study to examine interpersonal dependency and document any differences that may occur as a result of dysfunctional family relationships, whether they come from family alcoholism, family abuse, or any other dysfunctional family environment.

### Summary

In summary, the review of the literature section has included: (a) characteristics of adult children of alcoholics, both clinical observations and empirical findings; (b) dysfunctional family relationships, both relationships and the influences of shame; (c) interpersonal behavior, interpersonal theory, and interpersonal dependency; and (d) interpersonal dependency as an important component of interpersonal behavior. The research offers mixed findings related to personality characteristics of adult children, and the intent of this study was to examine interpersonal differences that may occur between the groups of adult children of alcoholics and adult children from dysfunctional relationships in terms of interpersonal dependency. Finally, support was given in the literature for investigating whether interpersonal issues of dependency occur as a result of family alcoholism or as a result of other factors in human behavior. This study investigated dysfunctional family relationships as one possible factor involved in developing interpersonal dependency in adult relationships.

## CHAPTER III

### METHOD

#### Causal-Comparative Design

##### Population and Sample

Subjects for this study were selected from an undergraduate student population at a midwestern university. The university is a state supported institution with an enrollment of over 26,000 full-time and part-time students. Using a table of random numbers, ten classes were randomly selected from 510 university classes of general education studies. From the 10 classrooms there were 482 potential subjects out of which 302 subjects (62.6%) volunteered for the study. Subjects in each classroom were given the opportunity to disqualify themselves from the study.

Demographic characteristics of the sample included information on the subjects' age, race, gender, marital status, educational level, employment status and socio-economic status. Students were selected based on their willingness to participate in this study.

##### Research Design

The present study used a series of one-way ANOVA's (analysis of variance) in which groups were compared for differences in means obtained from the Interpersonal Dependency Inventory (IDI) (Hirschfeld et al., 1977). There were two independent variables each divided into two groups. One independent variable, as determined by the Children of Alcoholic Screening Test (CAST) (Jones, 1981), was divided into two



groups: adult children of alcoholics (ACA) and adult children of non-alcoholics (ACnA). The other independent variable, as determined by the Index of Family Relations (IFR) (Hudson, 1982), was divided into two groups: adult children from dysfunctional family relationships (ACDFR) and adult children from non-dysfunctional family relationships (ACnDFR). The dependent variables were measures of interpersonal dependency from the IDI and consisted of four scales: emotional reliance on others, lack of self-confidence, assertion of autonomy, and interpersonal dependency. This causal-comparative ("ex-post facto") design utilized two independent variables in order to determine if there were differences between groups as measured by the dependent variable of interpersonal dependency. Figure 1 illustrates the design concept using one-way ANOVA where groups are divided based on the independent and dependent variables.

	<u>ACDFR</u>	<u>ACnDFR</u>
ACA	IDI	IDI
ACnA	IDI	IDI

Figure 1. Research Design Concept Using One-Way ANOVA.

#### Method of Analysis

#### Data Collection

With approval from the Human Subjects Institutional Review Board (HSIRB), each subject in the study completed a demographics sheet, the CAST, the IFR, and the IDI. With the permission of the respective authors, items from these instruments were transferred onto a NCS TRANS-OPTIC sheet for convenience of data entry in

computer processing. Data were collected by administering all four instruments in a group testing situation for each classroom selected for the study. Based on the results of the data from these instruments, subjects were divided into four groups. The first group consisted of adult children of alcoholics that came from families with dysfunctional relationships; the second group was those subjects who were adult children of non-alcoholics who also came from families with dysfunctional relationships; the third group was subjects of adult children of alcoholics who did not come from families that experienced dysfunctional relationships; and the fourth group consisted of subjects that were adult children of non-alcoholics and who also did not come from dysfunctional family relationships.

The CAST discriminated between adult children of alcoholics and adult children of non-alcoholics; the IFR discriminated between those adults from dysfunctional family relationships and those that were not from dysfunctional family relationships. These four groups were compared for differences as measured by the IDI, which consisted of four (dependent variables) interpersonal variables: emotional reliance on others, lack of self-confidence, assertion of autonomy, and interpersonal dependency.

Subjects in this study were given verbal instructions at the beginning of the administration of these instruments. The data recorded from these instruments were all confidential and the subjects' names were unknown. For purposes of identification each subject was given a number so as to be able to organize the data. These instruments were administered in order to measure any differences between groups. No treatment was administered in this study as the data were available as a result of existing consequences in interpersonal functioning (Isaac & Michael, 1981).

## Instrumentation

### Children of Alcoholics Screening Test (CAST)

The CAST was developed by Jones (1981) in order to identify children and adults of alcoholics. This instrument is a 30-item inventory that measures children's feelings, attitudes, and experiences regarding family alcoholism. It has been established that the CAST can identify latency-age, adolescent, and adult children of alcoholics (Pilat & Jones, 1984). The total score ranges from 0-30 with a cutoff score of six (six or above identifying adult children of alcoholics and five or less indicating no experiences with parental alcoholism). The total score is obtained by calculating total number of "yes" answers. The CAST became the basis from which one of the independent variables was formed.

Two initial empirical studies have validated the CAST as an instrument designed to discriminate between children of alcoholics and a control group of children of non-alcoholics. In the first study, 82 clinically diagnosed children of alcoholics, 15 self-reported children of alcoholics, and a randomly selected control group of 118 children participated which demonstrated the validity and the reliability of the CAST instrument as a total for discriminating between groups. This study correlated group scores with the total CAST scores and yielded a validity coefficient of .78 ( $p \leq .0001$ ) and a reliability coefficient of .98 by using the Spearman-Brown split-half procedure (Jones, 1981). Jones (1981) found that a cutoff score of six was able to reliably identify 100% of the diagnosed children of alcoholics and 100% of the self-reported children of alcoholics. Another study with adults, using the CAST, found a similar reliability coefficient of .98 (Jones, 1981). These research findings of the CAST lend support for its continued use in identifying children and adults of alcoholics.

The CAST has been used in several studies since establishing the initial validity

and reliability of the instrument. Dinning and Berk (1989) compared the CAST to the family environment by using the Family Relationship Index (Moos & Moos, 1981) and found that there is a uniformly high degree of internal consistency and reliability in the instrument. A Spearman-Brown split-half reliability coefficient of .96 was obtained for the entire sample of subjects, Cronbach's Alpha coefficients of .95 for males, .97 for females, and .96 for the total sample were established. This study presented the CAST as being related to family cohesion, high family conflict, and low overall family relational support (Dinning & Berk, 1989). The study suggests that the CAST has high internal consistency reliability. The authors recommend that the CAST's psychometric properties are useful in discriminating and studying children of alcoholics in clinical and non-clinical situations.

Since the development of the CAST (Jones, 1981) various research studies have used the instrument as a way of identifying children and adults of alcoholics (Barnard & Spoentgen, 1986; Berkowitz & Perkins, 1988; Bradley & Schneider, 1990; Churchill et al., 1990; Rearden & Markwell, 1989; Tweed & Ryff, 1991; Werner & Broida, 1981; Wilson & Blocher, 1990; Wilson, 1989). Various doctoral researchers have also used the CAST as a way of discriminating between groups of children or adult children of alcoholics and control groups (Andrasi, 1986/1987; Bowers, 1988/1989; Carey, 1986; Ecker, 1989; Ellis, 1988/1989; Goglia, 1986; Harrison, 1990/1991; Hedderick, 1989/1990; Held, 1990/1991; Johnson, 1989/1990; King, 1989/1990; Kositany, 1988/1989; Lawson, 1988/1989; Marin, 1989; McCarthy-Woods, 1988/1989; McComb, 1987; Pickett, 1988/1989; Pierucci, 1990; Teece, 1990/1991). Research studies documented in unpublished manuscripts have also used the CAST as a useful tool to discriminate between adult children of alcoholics and control groups (Chambliss & Hassinger, 1990; Mucowski & Hayden, 1988).

### Index of Family Relations (IFR)

The IFR was developed by Hudson (1982) and was designed to measure the degree, magnitude, or severity of problems that family members experience in their relationships with one another. This instrument can measure, in a global fashion, the overall intrafamilial stress that occurs in interpersonal relationships. The instrument has 25 items and a total score that ranges from 0-100, where a low score indicates a relative absence of relationship problems being measured and a higher score indicates the presence of more severe relational problems (Hudson, 1982). The IFR has a cutoff score of 30 where scores above 30 indicate significant relational problems and scores below 30 indicate that severity of relational problems do not exist. The IFR became the basis from which one of the independent variables was formed.

Norms for the instrument were based on 518 respondents from both clinical and non-clinical populations and from both college students and non-students. Results from three empirical studies established a mean Cronbach's Alpha of .95, indicating excellent internal consistency (Bartosh, 1977; Hudson, Acklin & Bartosh, 1980; Hudson, Hamada, Keech, & Harlan, 1980). The IFR has a discriminant validity of .92 correlating poorly with measures that are unrelated and correlating positively with measures that correlate with family relationships (Hudson, 1982). Additionally, from the empirical studies, the IFR has known group validity which significantly distinguishes respondents as having family relationship problems (Hudson, 1982). The IFR has good factorial validity ranging from .79 to .91 on all 25 items of the instrument when compared to four other scales (generalized contentment scale; zung scale; beck scale; and clinical criterion status scale). These studies suggest that the 25 items of the IFR were able to discriminate between groups (Hudson, Acklin, & Bartosh, 1980; Hudson, Hamanda, Keech, & Harlan, 1980).

Since the development of the IFR (Hudson, 1982) various doctoral research

studies have used the instrument in determining levels of relationship family stress (Abell, 1986/1987; Colvin, 1981/1982; Daley, 1986/1987, Kennedy; 1983/1984; McBride, 1988). These studies were able to assess the level of family stress on interpersonal functioning.

### Interpersonal Dependency Inventory (IDI)

The IDI was developed by Hirschfeld et al., (1977) as an instrument designed to measure interpersonal dependency. The IDI is a 48-item instrument that has a theoretical base in the psychoanalytic, social-learning, and attachment theories that emphasize excess dependency as it relates to emotional and behavioral difficulties (Corcoran & Fischer, 1987). The IDI generates four scores (three subscale scores and one dependency score) which became the basis for the dependent variable in this research.

The items on each subscale are answered using a 4-point scale and once scored become part of a calculation that generates a cross-product term (subscale 2 times subscale 3). The cross-product score is entered into a formula that measures dependency (dependency score =  $40.84 + .20 [ER] + .18 [LS] - .66 [AA] + .53 [TS]$ ; where ER is emotional reliance on others, LS is lack of self-confidence, AA is assertion of autonomy, and TS is a cross-product term). This formula of dependency has been shown, by the authors, to be a more sophisticated measure of the psychoanalytic formulation of undue dependency than a more traditional total score of the three subscales. The scoring procedure of the IDI produces four variables each of which can be used in statistical analyses.

The IDI measures interpersonal dependency type behaviors: emotional reliance on others, lack of self-confidence, and assertion of autonomy. The emotional reliance on others subscale measures the individual's need or desire for support and approval by

another in order to establish a sense of well being. The lack of self-confidence subscale measures an individual's level of social self-confidence in relationship to other people. The assertion of autonomy subscale measures the degree to which an individual is independent of the evaluations of others and their capacity for being self-sufficient in terms of decision making and asserting one's judgement (Hirschfeld et al., 1976).

Norms for this instrument were based on university students, psychiatric patients, and non-psychiatric community residents. There is a cutoff score of 50 where those subjects scoring higher than 50 will have problems of dependency and those subjects scoring below 50 will have fewer dependency needs and a more "normal" profile. In a study comprised of college students and psychiatric patients, it was established that the IDI had good internal consistency with split-half reliabilities that range from .72 to .91 on the three subscales. It was reported from this study that the subscale of emotional reliance on others had a Spearman-Brown corrected split-half reliability of .86; the subscale of lack of self-confidence had a corrected split-half reliability of .76; and the assertion of autonomy scale had a corrected .84 split-half reliability for the normal sample (Hirschfeld et al., 1977). The IDI was also reported to have good concurrent validity where the first two subscales correlate significantly with measures of general neuroticism (Maudsley Personality Inventory) and anxiety, interpersonal sensitivity, and depression (Corcoran & Fischer, 1987). Also the authors present strong evidence for various factor to scale relationships which suggests a stable test scale composition.

The IDI has been used to validate other interpersonal inventories (Horowitz, Rosenberg, Baer, Ureno & Villaseñor, 1988) and corresponded positively to the Inventory of Interpersonal Problems. The IDI has been used in various research studies that examined interpersonal dependency and related behaviors (Barkley & Procidano, 1989; Boyce, Parker, Hickie, Wilhelm, Brodaty & Mitchell, 1990; Brown

& Reimer, 1984; Flaherty & Richman, 1989; Hirschfeld, Klerman, Clayton, Keller & Andreasen, 1984; Pilowsky & Katsikitis, 1983; Reich, Noyes, Hirschfeld, Coryell, & O'Gorman, 1987; Zeldow & Pavlou, 1984). Various doctoral researchers have also used the IDI in evaluating interpersonal difficulties in subjects especially in the area of dependency (Anderson, 1987/1988; Baer, 1987/1988; Blisard, 1985/1986; Caro, 1985/1986; Eyman, 1984/1985; Lish, 1986; Mahon, 1981/1982; Mirman, 1984/1985; Nolan, 1985/1986; Tublin, 1990).

### Data Analysis

A series of one-way analysis of variance (ANOVA) procedures was used to determine differences between group means on the IDI. An additional 2 x 2 analysis of variance was generated (although not primary to this study) to determine main effects between groups and any interaction. The data from the IDI were divided between adult children of alcoholics and adult children of non-alcoholics, and between adult children from dysfunctional family relationships and adult children from non-dysfunctional family relationships and then analyzed. Analyses were computed using the statistical program on the Vaxcluster mainframe computer at Western Michigan University in Kalamazoo. The probability used in evaluating the data in order to determine statistical significance was at the .05 level.

The demographic information obtained by the questionnaire was analyzed by descriptive statistics in order to further identify characteristics of the sample and the frequency distribution of subjects in groups.



## CHAPTER IV

### RESULTS

The first section of this chapter reports the demographic characteristics of all subjects included in the study. The second section presents the results of the analyses related to each hypothesis statement. The analysis of data includes the results from the Demographic Data Sheet, the Children of Alcoholics Screening Test (CAST) (Jones, 1981), the Index of Family Relations (IFR) (Hudson, 1982), and the Interpersonal Dependency Inventory (IDI) (Hirschfeld et al., 1977). The sample means between groups will be presented and compared based on the hypothesis statement using a series of one-way analyses of variance (ANOVA). A discussion of the results of the analysis will follow in Chapter V.

#### Description of Sample

Subjects for this study were selected from undergraduate students at Western Michigan University who volunteered for the research project. University classes were randomly selected, using the table of random numbers, from a list of general studies classes on campus. There were 482 potential subjects from 10 different classrooms out of which 302 subjects (62.6%) volunteered for the study. Not all of these subjects produced complete data sets from the survey instruments which resulted in variations of *N* in the different analyses. Student participation was voluntary and precautions were taken to protect the rights of student volunteers and to decrease any potential discomfort. Information from students who were under the age of 18 was not

used in the project. The following tables provide information on the subjects' classification, group's age, race and ethnicity, gender, marital status, educational level, employment status, and social/economic status of the family. Additionally, information was gathered on subjects' previous history of receiving counseling and whether a substance abuse problem was involved. Tables 1-10 will report the demographic characteristics of the sample used in this study.

Table 1 is a cross tabulation of the subjects' group classifications that was determined by cut-off scores on the CAST and the IFR.

Table 1  
Cross Tabulation of Subjects by the Cut-Off Scores  
on the Children of Alcoholics Screening  
Test and Index of Family Relations

	ACDFR ( <i>n</i> )	ACnDFR ( <i>n</i> )	Total ( <i>N</i> )
ACA ( <i>n</i> )	23	30	53
ACnA ( <i>n</i> )	47	182	229
Total ( <i>N</i> )	70	212	282

Note. Not all subjects produced complete data sets as the results of missing items in selected survey forms. Variations of *N* were used in the different analyses as determined by the available data (*N* ranged between 282 - 302). ACA = Adult Children of Alcoholics; ACnA = Adult Children of Non-Alcoholics; ACDFR = Adult Children of Dysfunctional Family Relationships; ACnDFR = Adult Children of Non-Dysfunctional Family Relationships.

Table 1 reflects the total number of subjects who completed all four survey forms at the time of administration.

### Age

Table 2  
Frequency and Percent  
of Subjects' Age

Age	Frequency	Percent
18-21 yrs.	226	74.8
22-25 yrs.	40	13.2
26-30 yrs.	9	3.0
31-35 yrs.	11	3.6
36-40 yrs.	4	1.3
41-50 yrs.	11	3.6
51 + yrs.	1	.3
Total	302	100.0

Note. Not all of these subjects produced complete data sets. All subjects were included in the study and the analyses reflect variations of *N* depending on available data.

Table 2 describes the subjects' age by categories. Subjects' ages ranged from 18-51 years old and 74.8% of the subjects were between the ages of 18-21 years old. The second largest group of subjects ranged between 22-25 years old and comprised 13.2% of the sample. All subjects who participated in the study were included in the frequency results regardless of complete or incomplete data sets.

Race/Ethnicity

Table 3  
Frequency and Percent of Subjects'  
Race/Ethnicity

Race/Ethnicity	Frequency	Percent
Caucasian	276	91.4
Black	16	5.3
Native American	1	.3
Hispanic	2	.7
Asian	5	1.7
Oriental	1	.3
Other	1	.3
Total	302	100.0

Note. Not all of these subjects produced complete data sets. All subjects were included in the study and the analyses reflect variations of *N* depending on available data.

Table 3 shows that subjects in this study came primarily from a caucasian background although other ethnic backgrounds were represented. The majority of the subjects (91.4%) in the sample were caucasian. Blacks had the second largest group at 5.3% of the total sample. Those subjects of Asian cultural background comprised the third largest group (1.7%). Hispanics were the fourth largest group (0.7%) of the sample. Native Americans, Orientals, and people from other cultural origins each represented 0.3% of the total sample.

Gender

Table 4  
Frequency and Percent of  
Subjects' Gender

Gender	Frequency	Percent
Male	76	25.2
Female	226	74.8
Total	302	100.0

The majority of subjects as shown in Table 4 were female comprising 74.8% of the sample. Males represented 25.2% of the number of subjects in the study.

Marital Status

Table 5  
Frequency and Percent of  
Subjects' Marital Status

Marital Status	Frequency	Percent
Married	30	9.9
Single	264	87.4
Divorced	7	2.3
Widowed	1	.3
Total	302	100.0

The majority of subjects as shown in Table 5 were single, that is 87.4% of the sample. Those who were married accounted for 9.9% of the sample.

### Education Level

Table 6  
Frequency and Percent of Subjects'  
Education level

Education Level	Frequency	Percent
0-1 yrs. of college	64	21.2
2 yrs. of college	65	21.5
3 yrs. of college	156	51.7
4 yrs. of college	16	5.3
>4 yrs. of college	1	.3
Total	302	100.0

Table 6 describes various levels of education within the sample. Education levels ranged from one semester to beyond five years of college. The majority of subjects' education ranged between one to four years of college. The mean average of college education was 2.4 years, the median level of college education was 3 years and the mode was 3 years of college education. The majority of the subjects (51.7%) had 3 years of college education. The second largest group of subjects had 2 years of college education accounting for 21.5% of the total sample. The third largest group had up to 1 year of college education and comprised 21.2% of the sample. The two smallest groups had 4 years or more of college education at 5.3% and 0.3% of the sample, respectively.

Employment

Table 7  
Frequency and Percent of Subjects'  
Employment

Employment	Frequency	Percent
Full-time	24	7.9
Part-time	162	53.6
Unemployed	106	35.1
Homemaker	10	3.3
Total	302	100.0

Note. Not all of these subjects produced complete data sets. All subjects were included in the study and the analyses reflect variations of *N* depending on available data.

This research sample represented those subjects who were full-time employed, part-time employed, unemployed and homemakers. Table 7 describes the employment status for the sample. The majority of subjects (53.6%) worked part-time while going to school. Those students who were unemployed accounted for 35.1% of the total sample. Full-time employed students comprised 7.9% of the subjects sampled. The fourth category surveyed (Homemaker) was the smallest group at 3.3% of the total sample. No information was gathered as to whether subjects were full or part time students. The total sample ( $N = 302$ ) includes those subjects who made an attempt at responding to the items on the demographics survey form and the other survey instruments used in the study.

Socio-Economic Status of Family

Table 8  
Frequency and Percent of Subjects' Socio-  
Economic Status of Family

Socio-Economic Status	Frequency	Percent
<\$10,000/yr.	14	4.6
\$10,001-20,000/yr.	34	11.3
\$20,001-30,000/yr.	36	11.9
\$30,001-40,000/yr.	44	14.6
\$40,001-50,000/yr.	43	14.2
\$50,001-60,000/yr.	50	16.6
\$60,001-75,000/yr.	37	12.3
\$75,000 +/yr.	37	12.3
Other	7	2.3
Total	302	100.0

The annual gross income in the family of origin for each subject ranged between under \$10,000 to above \$75,000 per year. Table 8 reports annual income of family members from this sample. The largest group of subjects (16.6%) had a family annual gross income between \$50,001 and \$60,000 per year. The second largest group (14.6%) had a family annual gross income between \$30,001 and \$40,000 per year. The smallest group (4.6%) had a family income under \$10,000 per year and 2.3% of the sample had a family income level that was different from the other available income groups.



### History of Counseling or Psychotherapy

Table 9  
Frequency and Percent of Subjects' History of  
Counseling or Psychotherapy

History of Counseling or Psychotherapy	Frequency	Percent
Yes	75	24.8
No	227	75.2
Total	302	100.0

Note. Not all of these subjects produced complete data sets. All subjects were included in the study and the analyses reflect variations of *N* depending on available data.

Subjects were asked whether they had received counseling or psychotherapy in the past. In the research sample 75.2% indicated no history of either counseling or psychotherapy. Subjects who reported receiving either counseling or psychotherapy were 24.8% of the sample. The process of counseling and psychotherapy was viewed as similar forms of mental health services but different in terms of the intensity in the therapeutic relationship. Table 9 describes how subjects reported this information. Subjects who were receiving counseling or psychotherapy at the time of this research study were ineligible to participate. Subjects who received counseling or psychotherapy in the past were not considered an at-risk group and were included in the research study.

### History of Substance Abuse Problem

Table 10  
Frequency and Percent of Subjects' History of  
Substance Abuse Problems

History of Substance Abuse Problems	Frequency	Percent
Yes	5	1.7
No	297	98.3
Total	302	100.0

Note. Subjects who reported a history of having a substance abuse problem were included in the research study.

Subjects in this sample were asked whether they had ever experienced a substance abuse problem. The majority of subjects (98.3%) reported no history of a substance abuse problem. Those subjects who did report a history of a substance abuse problem were 1.7% of the sample. Table 10 describes how subjects responded to this information.

### Analysis of Data Related to Hypotheses

#### Research Question One

Research Question: What are the differences in interpersonal dependency between adult children of alcoholics from dysfunctional family relationships (Group A) and adult children of alcoholics from non-dysfunctional family relationships (Group B)

as measured by the Interpersonal Dependency Inventory (Hirschfeld et al., 1977)

Table 11

Descriptive Statistics Summary on the Interpersonal Dependency  
Inventory for Adult Children from Dysfunctional Family  
Relationships and Adult Children from Non-  
Dysfunctional Family Relationships  
From Alcoholic Homes

Hypotheses	<i>N</i>	ACDFR (Group A)		<i>N</i>	ACnDFR (Group B)	
		Mean	<i>SD</i>		Mean	<i>SD</i>
#1 Emotional Reliance on Others	23	43.22	9.48	30	40.60	8.41
#2 Lack of self confidence	23	24.78	6.14	30	24.13	6.05
#3 Assertion of Autonomy	23	27.48	9.43	30	25.47	5.44
#4 Dependency	23	47.89	5.83	30	47.51	4.85

Note. ACDFR=Adult Children From Dysfunctional Family Relationships;  
ACnDFR=Adult Children From Non-Dysfunctional Family Relationships

Table 11 reports the statistical analysis of three subscales and score of dependency as measured by the IDI. Means were compared using descriptive

statistics. The one way analysis of variance (ANOVA) in Tables 12-15 indicates that there were no significant statistical differences between groups on any of the scales (.05 level of significance).

### Null Hypothesis 1

Table 12  
Analysis of Variance Summary  
for Hypothesis 1

Emotional Reliance On Others					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	89.19	1	89.19	1.13	0.29
Within Groups	4029.11	51	79.00		
Total	4118.30	52			

Note. Cochran's *C* = 0.5597; *p* = 0.545 (approx.)

Hypothesis 1 states that there are no differences between dysfunctional family relationships (Group A) and non-dysfunctional family relationships (Group B) for adult children of alcoholics (ACA's) with respect to emotional reliance on others as measured by the Interpersonal Dependency Inventory (IDI). When these group means were compared on the scale of emotional reliance of others it was found that there was no significant statistical difference. The assumption of homogeneity was met when tested by Cochran's *C* which was computed by dividing maximum variance by sum of variances and testing for significance at .05 level of confidence. The analysis reported

in Table 12 indicates no significant statistical differences between Group A and Group B for adult children of alcoholics; therefore, Null Hypothesis 1 was not rejected.

### Null Hypothesis 2

Table 13  
Analysis of Variance Summary  
for Hypothesis 2

Lack of Self-Confidence					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	5.49	1	5.49	0.15	0.70
Within Groups	1891.38	51	37.09		
Total	1896.88	52			

Note. Cochran's  $C = 0.5075$ ;  $p = 0.939$  (approx.)

Hypothesis 2 stated that there are no differences between dysfunctional family relationships (Group A) and non-dysfunctional family relationships (Group B) for ACA's with respect to lack of self-confidence as measured by the IDI. Groups A and B were compared on the scale of lack of self-confidence, and it was found that there were no significant statistical differences. When tested by Cochran's  $C$  the assumption of homogeneity was met. Table 13 indicates that adult children of alcoholics from dysfunctional family relationships and those from non-dysfunctional family relationships show no statistical differences in lack of self-confidence; therefore the null hypothesis was not rejected.

Null Hypothesis 3

Table 14  
Analysis of Variance Summary  
for Hypothesis 3

Assertion of Autonomy					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	52.68	1	52.68	0.95	0.33
Within Groups	2815.21	51	55.20		
Total	2867.89	52			

\* $p < .05$

Note. Cochran's  $C = 0.7500$ ;  $p = 0.007$  (approx.)\*

Hypothesis 3 states that there are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACA's, with respect to assertion of autonomy as measured by the IDI. Groups A and B were compared on the assertion of autonomy scale and no significant statistical differences were found. Table 14 reports no significant statistical differences between groups. The assumption of homogeneity was not met when using the Cochran's  $C$  test; this would suggest that conclusions based on Hypothesis 3 are tenuous. Adult children of alcoholics from dysfunctional family relationships and those from non-dysfunctional family relationships showed no statistical difference on the assertion of autonomy scale; therefore the null hypothesis was not rejected.

Null Hypothesis 4

Table 15  
Analysis of Variance Summary  
for Hypothesis 4

Dependency					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	1.89	1	1.89	0.07	0.80
Within Groups	1429.46	51	28.03		
Total	1431.35	52			

Note. Cochran's  $C = 0.5913$ ;  $p = 0.353$  (approx.)

Hypothesis 4 states that there are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACA's with respect to dependency as measured by the IDI. Groups A (Adult Children from Dysfunctional Family Relationships) and B (Adult Children from Non-Dysfunctional Family Relationships) were compared on the dependency scale and the analysis shown in Table 15 reports no significant statistical difference. The Cochran's  $C$  test was computed and the assumption of homogeneity of variance was met. Adult children of dysfunctional family relationships and those from non-dysfunctional family relationships from alcoholic homes showed no statistical difference on the dependency scale; therefore the null hypothesis was not rejected.

Research Question Two

Table 16

Descriptive Statistics Summary on the Interpersonal Dependency  
Inventory for Adult children From Dysfunctional Family  
Relationships and Adult Children from Non-  
Dysfunctional Family Relationships from  
Non-Alcoholic Homes

Hypotheses	ACDFR (Group A)			ACnDFR (Group B)		
	<i>N</i>	Mean	<i>SD</i>	<i>N</i>	Mean	<i>SD</i>
#5 Emotional Reliance on Others	49	44.02	8.98	189	39.54	7.94
#6 Lack of self confidence	51	25.14	6.65	191	23.14	6.03
#7 Assertion of Autonomy	49	27.50	7.37	186	25.40	6.18
#8 Dependency	47	48.48	5.65	182	46.49	5.38

Note. ACDFR=Adult Children From Dysfunctional Family Relationships; ACnDFR=Adult Children From Non-Dysfunctional Family Relationships. Variations of *N* are the result of missing data in selected survey forms. Incomplete data sets were used depending on the raw scores of each instrument.

Research Question: What are the differences in interpersonal dependency between adult children of non-alcoholics from dysfunctional family relationships and adult children of non-alcoholics from non-dysfunctional family relationships as measured by the IDI (Hirschfeld et al., 1977)?



Table 16 reports the statistical analysis of the 3 subscales and the dependency score for adult children of non-alcoholics from both dysfunctional family relationships and non-dysfunctional family relationships. Sample means were compared for both groups A and B using descriptive statistics. The number of subjects varied in groups A and B as a result of incomplete data from the surveys. The one-way analysis of variance (ANOVA) shown in Tables 17-20 indicates that there were significant statistical differences on each scale at the .05 level of confidence.

#### Null Hypothesis 5

Table 17  
Analysis of Variance Summary  
for Hypothesis 5

Emotional Reliance on Others					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	781.23	1	781.23	11.72	0.000*
Within Groups	15725.93	236	66.64		
Total	16507.16	237			

\* $p < .05$

Note. Cochran's  $C = 0.5615$ ;  $p = 0.181$  (Approx.)

Hypothesis 5 stated that there are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to emotional reliance on others as measured by the IDI. Means between groups A and B were compared on the emotional reliance on others scale, indicating a significant

statistical difference. The analysis in Table 17 shows that adult children of non-alcoholics from dysfunctional family relationships had more difficulty with emotional reliance on others than did the adult children of non-alcoholics from non-dysfunctional family relationships. The assumption of homogeneity was met by the Cochran's *C* test. Adult children of non-alcoholics showed statistical differences on the emotional reliance scale when comparing the two groups; therefore the null hypothesis was rejected.

### Null Hypothesis 6

Table 18  
Analysis of Variance Summary  
for Hypothesis 6

Lack of Self-Confidence					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	161.19	1	161.19	4.25	0.04*
Within Groups	9108.50	240	37.95		
Total	9269.69	241			

\* $p < .05$

Note. Cochran's *C* = 0.5490;  $p = 0.283$  (Approx.)

Hypothesis 6 indicates that there are no differences in dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to lack of self-confidence as measured by the IDI. Groups A and B were compared on the lack of self-confidence scale; the analysis shown in Table 18 indicates a significant statistical difference. Adult children of non-alcoholics from dysfunctional family

relationships had more difficulty with feeling a lack of self-confidence when compared to those adult children of non-alcoholics from non-dysfunctional family relationships. The homogeneity of variance assumption was met when tested by Cochran's *C*. Adult children of non-alcoholics showed statistical differences on the of lack of self-confidence scale; therefore the null hypothesis was rejected.

### Null Hypothesis 7

Table 19  
Analysis of Variance Summary  
for Hypothesis 7

Assertion of Autonomy					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	170.60	1	170.60	4.11	0.04*
Within Groups	9672.60	233	41.51		
Total	9843.20	234			

\* $p < .05$

Note. Cochran's *C* = 0.5868;  $p = 0.059$  (Approx.)

Hypothesis 7 states there are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to assertion of autonomy as measured by the IDI. Group means (A and B) for adult children of non-alcoholics on the assertion of autonomy scale were compared. The analysis indicated a significant statistical difference between these groups as shown in

Table 19. Adult children of non-alcoholics from dysfunctional family relationships had more difficulty with assertion of autonomy than did the adult children of non-alcoholics from non-dysfunctional family relationships. The assumption of homogeneity was met when tested by Cochran's *C*. Adult children of non-alcoholics showed statistical differences on assertion of autonomy; therefore the null hypothesis was rejected.

### Null Hypothesis 8

Table 20  
Analysis of Variance Summary  
for Hypothesis 8

Dependency					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	148.05	1	148.05	5.02	0.026*
Within Groups	6700.94	227	29.52		
Total	6848.99	278			

\* $p < .05$

Note. Cochran's *C* = 0.5242;  $p$  = 0.605 (Approx.)

Hypothesis 8 stated that there are no differences between dysfunctional family relationships and non-dysfunctional family relationships for ACnA's with respect to dependency as measured by the dependency score from the IDI. Means were compared between Groups A and B on the interpersonal dependency scale. The results of the analysis shown in Table 20 shows significant statistical differences between the groups in relation to dependency. Adult children of non-alcoholics from dysfunctional family relationships have more difficulty with interpersonal dependency than those

adult children of non-alcoholics from non-dysfunctional family relationships. The assumption of homogeneity was met using Cochran's *C*. Adult children of non-alcoholics showed significant statistical differences in relation to interpersonal dependency; therefore the null hypothesis was rejected.

### Research Question Three

Research Question: What are the differences in interpersonal dependency between adult children of alcoholics and adult children of non-alcoholics who had dysfunctional family relationships as measured by the IDI (Hirschfeld et al., 1977)?

Means from groups C and D were compared on the three subscales and the dependency score on the IDI. Table 21 shows a descriptive statistical summary of these groups. The one-way analysis of variance (ANOVA) reported in Tables 22-25 shows no significant statistical differences at the .05 level of confidence between groups of adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships.

The number of subjects varied in the adult children of non-alcoholics group (Group D) because those subjects who did not complete the survey instruments were not included in the analyses. Subjects who responded to the critical items which were necessary for instrument interpretation were included in the analyses. The statistical program for the project was designed to accommodate variations in the resulting data from each survey instrument. The program automatically retained those surveys with sufficient data for scoring and rejected those surveys with missing data excluding them from the analyses. Consequently, the number of subjects in each analysis may change based on the surveys completed during the research study. In this section, Table 21 reflects variations of *N* for the Adult Children of Non-Alcoholics Group (Group D) where the number of subjects ranged between 47-51.

Table 21  
Descriptive Statistics Summary on the Interpersonal  
Dependency Inventory for Adult Children of  
Alcoholics and Adult Children of Non-  
Alcoholics from Dysfunctional  
Family Relationships

Hypotheses	ACA (Group C)			ACnA (Group D)		
	<i>N</i>	Mean	<i>SD</i>	<i>N</i>	Mean	<i>SD</i>
#9 Emotional Reliance on Others	23	43.22	9.48	49	44.02	8.95
#10 Lack of self confidence	23	24.78	6.14	51	25.14	6.65
#11 Assertion of Autonomy	23	27.48	9.43	49	27.49	7.37
#12 Dependency	23	47.89	5.83	47	48.48	5.65

Note. ACA = Adult Children of Alcoholics; ACnA = Adult Children of Non-Alcoholics. Variations of *N* are the result of missing data in selected survey forms. Incomplete data sets were used depending on the raw scores of each survey instrument.

Null Hypothesis 9

Table 22  
Analysis of Variance Summary  
for Hypothesis 9

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Emotional Reliance on Others					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	10.09	1	10.09	0.12	0.73
Within Groups	5852.89	70	83.61		
Total	5862.99	71			

---

Note. Cochran's  $C = 0.5269$ ;  $p = 0.752$  (Approx.)

Hypothesis 9 stated there are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to emotional reliance on others as measured by the IDI. Groups C (Adult Children of Alcoholics) and D (Adult Children of Non-Alcoholics) in Table 22 were compared on the emotional reliance on others scale and no significant statistical difference was noted. The assumption of homogeneity was met using Cochran's  $C$ . Adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships showed no statistical difference on the scale of emotional reliance on others; therefore the null hypothesis was not rejected.

Table 23  
Analysis of Variance Summary  
for Hypothesis 10

<i>Lack of Self-Confidence</i>					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	1.99	1	1.99	0.05	0.83
Within Groups	3039.95	72	42.22		
Total	3041.94	73			

Note. Cochran's  $C = 0.5395$ ;  $p = 0.637$  (Approx.)

Hypothesis 10 stated there are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to lack of self-confidence as measured by the IDI. Means from groups C and D in Table 23 were compared on the lack of self-confidence scale and no significant statistical differences were found. Cochran's  $C$  was used to test for homogeneity of variance. Adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships showed no statistical difference on the lack of self-confidence scale; therefore the null hypothesis not rejected.



Null Hypothesis 11

Table 24  
Analysis of Variance Summary  
for Hypothesis 11

Assertion of Autonomy					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	0.00	1	0.00	0.00	0.99
Within Groups	4559.98	70	65.14		
Total	4559.98	71			

Note. Cochran's  $C = 0.6210$ ;  $p = 0.149$  (Approx.)

Hypothesis 11 stated there are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to assertion of autonomy as measured by the IDI. Groups C and D were compared on the scale of assertion of autonomy. The analysis reported in Table 24 showed no significant statistical difference between groups. Cochran's  $C$  was used to test for homogeneity of variance. Adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships showed no statistical difference on the assertion of autonomy scale; therefore the null hypothesis was not rejected.

Null Hypothesis 12

Table 25  
Analysis of Variance Summary  
for Hypothesis 12

Depenency					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	5.42	1	5.42	0.17	0.68
Within Groups	2213.89	68	32.56		
Total	2219.31	69			

Note. Cochran's  $C = 0.5162$ ;  $p = 0.852$  (Approx.)

Hypothesis 12 stated there are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to dependency as measured by the dependency score from the IDI. Groups C and D shown in Table 25 were compared on the total score of interpersonal dependency and no significant statistical difference was found. The Cochran's  $C$  was used in meeting the assumption of homogeneity test. Adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships presented no significant statistical difference; therefore the null hypothesis was not rejected.

Research Question Four

Table 26

Descriptive Statistics Summary on the Interpersonal Dependency  
Inventory for Adult Children of Alcoholics and Adult  
Children of Non-Alcoholics from Non-  
Dysfunctional Family  
Relationships

Hypotheses	ACA (Group C)			ACnA (Group D)		
	<i>N</i>	Mean	<i>SD</i>	<i>N</i>	Mean	<i>SD</i>
#13 Emotional Reliance on Others	30	40.60	8.41	189	39.54	7.94
#14 Lack of self confidence	30	24.13	6.05	191	23.14	6.03
#15 Assertion of Autonomy	30	25.47	5.44	186	25.39	6.18
#16 Dependency	30	47.51	4.85	182	46.49	5.38

Note. ACA=Adult Children of Alcoholics; ACnA=Adult Children of Non-Alcoholics. Variations of *N* are the result of missing data in selected survey forms. Incomplete data sets were used depending on the raw scores of each survey instrument.

Research Question: What are the differences in interpersonal dependency in adult children of alcoholics and adult children of non-alcoholics who had non-dysfunctional family relationships as measured by the IDI (Hirschfeld <sup>et al.</sup> Klerman, Gough, Barrett, Korchin, and Chodoff, 1977)?

Table 26 reports the statistical summary of the three subscales and the interpersonal dependency score for those groups of adult children of alcoholics and adult children of non-alcoholics who came from non-dysfunctional family relationships. Table 26 compared means between Groups C and D. The one-way analyses of variance (ANOVA) shown in Tables 27-30 indicate no significant statistical differences between groups at the .05 level of confidence.

### Null Hypothesis 13

Table 27  
Analysis of Variance Summary  
for Hypothesis 13

Emotional Reliance on Others					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	29.11	1	29.11	0.45	0.50
Within Groups	13902.15	217	64.07		
Total	13931.26	218			

Note. Cochran's  $C = 0.5288$ ;  $p = 0.549$  (Approx.)

Hypothesis 13 stated there are no differences between ACA's and ACnA's from dysfunctional family relationships with respect to emotional reliance on others as measured by the IDI. Groups C and D shown in Table 27 were compared on the emotional reliance on others scale; the statistical analysis indicated no significant statistical differences between groups. The assumption of homogeneity was met as

shown in Table 27. Adult children of alcoholics and adult children of non-alcoholics from non-dysfunctional family relationships showed no statistical differences on the emotional reliance on others scale; therefore the null hypothesis was not rejected.

#### Null Hypothesis 14

Table 28  
Analysis of Variance Summary  
for Hypothesis 14

Lack of Self-Confidence					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	25.78	1	25.78	0.71	0.40
Within Groups	7959.93	219	36.35		
Total	7985.71	220			

Note. Cochran's  $C = 0.5020$ ;  $p = 0.966$  (Approx.)

Hypothesis 14 stated there are no differences between ACA's and ACnA's from non-dysfunctional family relationships with respect to lack of self-confidence as measured by the IDI. Groups C and D shown in Table 28 were compared on the scale of lack of self-confidence. The analysis reported no significant statistical difference between adult children of alcoholics and adult children of non-alcoholics groups. Homogeneity of variance assumption was met by the Cochran's  $C$  test. Adult children of alcoholics and adult children of non-alcoholics who came from non-dysfunctional family relationships showed no significant statistical differences

when compared on the scale of lack of self-confidence; therefore the null hypothesis was not rejected.

### Null Hypothesis 15

Table 29  
Analysis of Variance Summary  
for Hypothesis 15

Assertion of Autonomy					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	0.14	1	0.14	0.00	0.95
Within Groups	7927.82	214	37.05		
Total	7927.96	215			

Note. Cochran's  $C = 0.5632$ ;  $p = 0.191$  (Approx.)

Hypothesis 15 stated there are no differences between ACA's and ACnA's from non-dysfunctional family relationships with respect to assertion of autonomy as measured by the IDI. Groups C and D in Table 29 were compared on the assertion of autonomy scale. The assumption of homogeneity was met by using the Cochran's  $C$ . No significant statistical differences were found between groups; therefore the null hypothesis was not rejected.

Null Hypothesis 16

Table 30  
Analysis of Variance Summary  
for Hypothesis 16

Dependency					
Source	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	26.65	1	26.65	0.95	0.33
Within Groups	5916.51	210	28.17		
Total	5943.16	211			

Note. Cochran's  $C = 0.5517$ ;  $p = 0.289$  (Approx.)

Hypothesis 16 stated there are no differences between ACA's and ACnA's from non-dysfunctional family relationships with respect to dependency as measured by the dependency score from the IDI. Groups C and D in Table 30 were compared on the interpersonal dependency scale of the IDI. The assumption of homogeneity was met by using the Cochran's  $C$ . The analysis showed no significant statistical difference between the adult children of alcoholics group and adult children of non-alcoholics group from non-dysfunctional family relationships; therefore the null hypothesis was not rejected.

### Summary

Sixteen hypotheses were tested in order to examine interpersonal differences on the various scales of the IDI. Group comparisons were made with four different groups: between those adult children of alcoholics that came from dysfunctional family

relationships and non-dysfunctional family relationships; between adult children of non-alcoholics that came from dysfunctional family relationships and non-dysfunctional family relationships; between adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships; and between adult children of alcoholics and adult children of non-alcoholics from non-dysfunctional family relationships. Group comparisons were measured based on mean scores from scales of emotional reliance on others, lack of self-confidence, assertion of autonomy, and interpersonal dependency.

Significant statistical differences were found on four of the sixteen hypotheses. Those groups comprised of ACnA's from dysfunctional family relationships and ACnA's from non-dysfunctional family relationships (hypotheses five through eight) which when tested by one-way analysis of variance (ANOVA) showed significant statistical differences when examined on the IDI. The other comparison groups showed no significant statistical differences when means were compared.

Chapter V will provide a summary of the study, a discussion of the hypotheses based on the analysis, and finally, conclusions will be drawn and implications made for future research.



## CHAPTER V

### SUMMARY, DISCUSSION AND CONCLUSIONS

#### Summary

The purpose of this study was to examine the interpersonal behavior of dependency in adult children of alcoholics and in adult children of non-alcoholics with respect to both dysfunctional family relationships and non-dysfunctional family relationships. Another purpose of this study was to examine interpersonal dependency in adult children from dysfunctional family relationships and in adult children from non-dysfunctional family relationships with respect to both family alcoholism and family non-alcoholism. The study was designed to discover aspects of interpersonal behavior that may cause difficulties in adult relationships.

Additionally, this study intended to determine if various interpersonal characteristics as measured by the Interpersonal Dependency Inventory (Hirschfeld et al., 1977) are the result of family alcoholism or are the result of dysfunctional family relationships in general. It was intended that this study would add further information to the understanding of interpersonal behavior that occurs as a result of dysfunctional relationships.

A review of the literature examined the characteristics of adult children of alcoholics including both clinical observations and empirical findings. The review of the literature examined dysfunctional family relationships in general and the influence of shame on those interpersonal experiences. The literature on interpersonal theory and behavior was examined in order to illustrate the importance of dependency in

interpersonal relationships. The literature offered mixed findings related to personality characteristics of adult children. The present study was designed in order to further examine interpersonal characteristics between these groups of adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships. This study investigated dysfunctional family relationships as a possible factor involved in developing interpersonal dependency problems in adult relationships.

Subjects from undergraduate classrooms of general education classes at a midwestern university volunteered to participate in the study. Three hundred and two college students ranging in age from 18 to 51 years old volunteered for the research. Information for this research was gathered from four survey instruments that were given to each subject in the study. These instruments included a Demographics Sheet, The Children of Alcoholics Screening Test (Jones, 1981), The Index of Family Relations (Hudson, 1982), and the Interpersonal Dependency Inventory (Hirschfeld et al., 1977). These instruments were administered to all subjects who participated in the study. The data were analyzed for significant differences by one-way analyses of variance (ANOVA).

Sixteen hypotheses were developed in order to test for significant differences between groups of adult children of alcoholics and adult children of non-alcoholics, and between adult children of dysfunctional family relationships and adult children of non-dysfunctional family relationships with respect to interpersonal dependency. Four out of the sixteen hypotheses tested for significance showed significant mean differences ( $p < .05$ ). The research showed mixed results, some of which were contrary to the literature reviewed, and some of which validated the literature in terms of the interpersonal behavior of adult children of alcoholics and adult children of non-alcoholics.

## Discussion

### Hypotheses 1 Through 4

Hypotheses 1 through 4 examined differences between dysfunctional family relationships and non-dysfunctional family relationships for adult children of alcoholics with respect to the four scales of the IDI. Adult children of alcoholics showed no significant differences in interpersonal behavior on the scales of emotional reliance on others, lack of self-confidence, assertion of autonomy, and interpersonal dependency when divided between both dysfunctional family relationships and non-dysfunctional family relationship groups.

The lack of significant differences in Hypotheses 1 through 4 may be the result of the nature of family alcoholism and the subjects' young ages. Although not the focus of this study, the research findings may be inconclusive because of subjects wanting to present themselves in a favorable way in order to avoid being evaluated. Subjects' reluctance to be evaluated may be associated with their early shame base behavior in the family of origin which was discussed in the review of the literature. However, these possible explanations in understanding the results do not negate the statistical evidence that no significant differences were found.

### Hypotheses 5 Through 8

Hypotheses 5 through 8 examined differences between dysfunctional family relationships and non-dysfunctional family relationships for adult children of non-alcoholics with respect to the four scales of the IDI. The analyses indicated significant statistical differences on each of the scales: emotional reliance on others, lack of self-confidence, assertion of autonomy, and interpersonal dependency. The results show that adult children of non-alcoholics from dysfunctional family relationships have more difficulty with the interpersonal processes of emotional reliance on others, lack of self-

confidence, assertion of autonomy, and problems with interpersonal dependency than do adult children from non-dysfunctional family relationships. However, the statistical differences do not suggest clinical differences as the IDI total Mean Scores fell within the normal range (i.e.,  $x < 50$ ).

Adult children from non-alcoholic homes show evidence of having difficulties with emotional reliance on others when coming from dysfunctional family relationships. Emotional reliance on others is an individual's need to seek out emotional dependence on another individual. The research suggests that adult children from dysfunctional family relationships have difficulties with feeling a lack of self-confidence which may be characterized as not being able to rely on one's own judgement. The research also suggests that adult children from dysfunctional family relationships have more difficulty with autonomy. The assertion of autonomy can be characterized as an individual's level of comfort with self-reliance and an indifference to the evaluations from others. Finally, the research suggests that adult children from dysfunctional family relationships have more difficulty with interpersonal dependency by having problems with enmeshment, separateness, and emptiness. All of these differences reported in interpersonal behavior were significant at the .05 level.

The research findings support the recent empirical evidence suggesting that interpersonal difficulties come as a result of dysfunctional family relationships rather than a specific family stressor. Family dysfunction may play a greater role in determining the quality of interpersonal relationships later in adulthood. Adult children who came from families under stress may have increased difficulties in interpersonal relationships when compared to those adults from families who had less family stress. In a study on Family Stress and ACA's (Barnard & Spoentgen, 1986), it was found that adult children from more highly stressed families are more likely to experience personality and interpersonal difficulties than those adult children from low stressed

families. Dysfunctional family relationships, as a result of family stress, may negatively influence childrens' adult interpersonal relationships in terms of the four areas tested.

#### Hypotheses 9 Through 12

Hypotheses 9 through 12 examined differences between adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships on the scales of emotional reliance on others, lack of self-confidence, assertion of autonomy, and interpersonal dependency. The analyses reported no significant statistical differences between adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships. The results confirm the recent empirical findings that suggest that adult children of alcoholics are not necessarily different from adult children from non-alcoholics in terms of personality and interpersonal characteristics. As reviewed earlier, Wilson and Blocher (1990) in their study on personality and interpersonal characteristics of adult children of alcoholics and adult children of non-alcoholics found no significant differences when comparing these two groups. Other researchers (Chambliss & Hassinger, 1990; Churchill et al., 1990; Pedicino, 1988/1989; Poston, 1987; Seefeldt & Lyon, 1990) who examined adult children of alcoholics and adult children of non-alcoholics also found no significant differences in personality characteristics. The present study further validates these earlier findings by documenting the similarities between the groups studied (ACA's and ACnA's).

It is important to note that the results indicate that there are no statistical differences when comparing these two groups (ACA's and ACnA's) when both groups come from dysfunctional family relationships. This finding suggests that it is dysfunctional family relationships that may cause similarities between those from

alcoholic families and those from non-alcoholic families in that both may be dysfunctional and interpersonally similar. The findings in the present study confirm recent doctoral research on interpersonal relationships related to family alcoholism where it was found that interpersonal difficulties were associated with family relationships dysfunction (Carey, 1986; Lawson, 1988/1989; Tolton, 1988/1989). In this case, no significant statistical differences were found between ACA's and ACnA's and the null hypotheses were not rejected.

### Hypotheses 13 Through 16

Hypotheses 13 through 16 examined differences between adult children of alcoholics and adult children of non-alcoholics from non-dysfunctional family relationships with respect to emotional reliance on others, lack of self-confidence, assertion of autonomy, and interpersonal dependency. The analyses reported that there were no statistically significant differences between adult children of alcoholics and adult children of non-alcoholics from non-dysfunctional family relationships in interpersonal behavior. This research finding would also confirm recent empirical evidence suggesting that there may not be differences between adult children of alcoholics and adult children of non-alcoholics, especially when both groups come from non-dysfunctional family relationships. As discussed earlier, recent doctoral research studies were unable to find significant differences between ACA's and ACnA's interpersonal behavior (Baxter, 1989/1990; Bowers, 1988/1989; Marin, 1989; McCarthy-Woods, 1988/1989; McComb, 1987; Pedicino, 1988/1989). One study that examined ACA's and ACnA's from a normal student population at a university attempted to verify 12 of Woititz's (1983) 13 listed characteristics of ACA's and found no significant differences.

The findings in this study suggest that differences in interpersonal behavior may

occur as a result of early family relationships rather than a specific stressor such as family alcoholism. These results confirm a study by Clair and Genest (1987) who found that some alcoholic families were more stable than others and that children in these homes were found to be at the same functioning level as children from non-alcoholic homes whose families were stable. Adult children of alcoholics may respond similar to adult children of non-alcoholics when their families of origin have relatively intact interpersonal family relationships. As a result of the lack of significant statistical differences between the ACA's and the ACnA's groups from non-dysfunctional family relationships, the null hypotheses were not rejected.

### Secondary Findings

Additional statistical analysis was generated in order to determine any possible group interaction. A 2 x 2 analysis of variance (ANOVA) was computed which resulted in significant main effects and no interaction among groups. Main effects were found on Factor II (IFR) which showed a significant statistical difference between adult children from dysfunctional family relationships (ACDFR's) and adult children from non-dysfunctional family relationships (ACnDFR's) when ACA's and ACnA's were pooled on Factor I (CAST). A 2 x 2 analysis of variance was computed on each of the four variables on the IDI resulting in main effects with three of the variables: Emotional Reliance on Others (Table 31), Lack of Self-Confidence (Table 32) and Interpersonal Dependency (Table 34). These analyses suggest that adult children from dysfunctional family relationships, whether from alcoholic or non-alcoholic homes, have greater difficulty with these three interpersonal variables than do adult children from non-dysfunctional family relationships from either alcoholic or non-alcoholic homes. The results support earlier findings in that adult children who experience difficulties with interpersonal dependency do so as a result of dysfunctional family relationships and not

necessarily the result of one particular family stressor such as alcoholism. Two-way analysis of variance summaries are presented in Appendix L. Additionally, histogram frequency profiles were generated and the majority of profiles showed normal shaped distributions of frequency scores.

### Conclusions

The literature on adult children of alcoholics has been contradictory and has been based on clinical observations rather than on clinical research. However, recent empirical studies have suggested that adult children of alcoholics from non-clinical populations are adjusting well in comparison with adult children of non-alcoholics (Seilhamer & Jacob, 1990). The labeling of adult children of alcoholics may be misleading and overgeneralized in explaining various characteristics that may be attributable to other causes (Burk & Sher, 1988). Adult children of alcoholics may vary in regard to their positive and negative characteristics, and these characteristics may or may not be the result of family alcoholism. This study investigated issues of dependency in the interpersonal behavior of adult children of alcoholics as compared to the interpersonal behavior of adult children of non-alcoholics by assessing the functioning level in the family of origin relationships. This study also examined whether certain interpersonal characteristics are the direct result of family alcoholism or the result of dysfunctional interpersonal relationships in the family of origin.

This study showed mixed results when comparing different groups on the scales measuring interpersonal functioning. Significant differences were found between subjects from dysfunctional family relationships and subjects from non-dysfunctional family relationships in non-alcoholic homes. It may be concluded that family relationships influence the interpersonal behavior of adult children from non-alcoholic families. Interpersonal differences between adult children from dysfunctional



family relationships and non-dysfunctional family relationships (in alcoholic homes) were not found. However, conclusions regarding these results can only be tenuous at best because additional research is needed regarding the denial system that occurs in adults from alcoholic homes. It may be speculated that more information is needed, especially with older adults who have had more relational experiences and more separation time from family of origin in order to establish conclusive results.

As predicted from the recent empirical findings, there were no significant statistical differences found between adult children of alcoholics and adult children of non-alcoholics from dysfunctional family relationships in interpersonal behavior. These findings may suggest that problems in adult interpersonal behavior are a function of family of origin relationships rather than from family alcoholism. It may be concluded that the type of dependency characteristics involved in adult interpersonal behavior are a direct function of the quality of early family relationships.

As the research predicted, subjects from adult children of alcoholics and from adult children of non-alcoholics in non-dysfunctional family relationships showed no significant statistical differences in interpersonal behaviors. It may be concluded, based on the four areas measured, that interpersonal issues of dependency in adult children are a function of early family relationships and are not necessarily related to family alcoholism.

Finally, adult children of alcoholics are a misunderstood group of individuals in the sense that they may not have specific qualities that differ from other groups in the normal population. Absolute answers regarding this particular population do not exist, and it may be suggested that adult children of alcoholics are more similar to a normal population than they are dissimilar in terms of interpersonal functioning in the area of dependency. Additional research on interpersonal behavior is needed in examining differences for special population groups and their early family relationships. Also

research is needed in examining the quality of early family relationship experiences in adult children of alcoholics in order to understand their interpersonal functioning in adult relationships.

### Generalizability of Findings

Findings from this research may be generalized to other similar groups of college students. These findings represent characteristics that may be generalized to similar undergraduate students at a regional midwestern university who are primarily caucasian, female, single, with one to four years of a college education, from a middle class family, and who have not had a previous substance abuse history. Given this homogeneous sample the findings in this research may have limited generalizability to other groups.

### Suggestions for Further Research

Results from the present research raise some important questions about the sample selected for the study. To what extent does a homogeneous sample of subjects influence the results of the study? For future research it is suggested that a more heterogeneous sample be selected comprised of subjects from a more diverse background with respect to age, ethnicity, gender, marital status, education, employment, and socio-economic status.

Further research is needed in exploring various dimensions of interpersonal behavior other than those areas examined in the present study. Additional research is needed in examining the early effects of shame on adult interpersonal relationships. It would be useful to develop an instrument that could identify the experience of shame and the various aspects that are involved in the interpersonal process, in order to better understand family dysfunction. Also, an instrument that would examine specific

qualities of family relationship functioning would be useful when comparing dysfunctional families to non-dysfunctional families.

Research is needed to examine differences between those subjects who have received counseling or psychotherapy and those subjects who have not received treatment. Research is needed with older adult children of alcoholics because their level of awareness of family issues may increase the meaningfulness of the research study. Finally, selecting subjects from the population in the community as well as at the university would make the comparison more useful when examining interpersonal behavior and whether it is dysfunctional or non-dysfunctional. It is also suggested that a larger sample size be used when determining if any interaction exists between groups.

## APPENDICES

**Appendix A**  
**Demographics Sheet**

### Demographics Sheet

Instructions: Please complete the following information sheet by filling in the circle which corresponds to the answer you select for each question. Be sure to enter your answer in the row at the end of each question. (Disregard the numbers on the left of the grid). Subjects under age 18 are ineligible to participate and should not submit any information.

1.     Age  
       (1) under 18; (2) 18-21; (3) 22-25; (4) 26-30; (5) 31-35; (6) 36-40; (7) 41-50;  
       (8) 51+
  
2.     Race/Ethnic  
       (1) White; (2) Black; (3) Native American; (4) Hispanic; (5) Asian; (6) Oriental;  
       (7) Other
  
3.     Sex  
       (1) Male; (2) Female
  
4.     Marital Status  
       (1) Married; (2) Single; (3) Divorced; (4) Widowed
  
5.     Education Level  
       (1) 0-1 year of college; (2) 2 years of college; (3) 3 years of college; (4)  
       bachelor's degree; (5) master's degree; (6) specialist's degree; (7) doctorate
  
6.     Employment  
       (1) full-time; (2) part-time; (3) laid off; (4) retired; (5) unemployed; (6)  
       homemaker
  
7.     Socio-Economic Status of Family  
       Which of the following categories best describes your family household  
       income?  
       (1) under \$10,000/yr; (2) \$10,001-20,000/yr; (3) \$20,001- 30,000/yr; (4)  
       \$30,001-40,000/yr; (5) \$40,001-50,000/yr; (6) \$50,001-60,000/yr; (7)  
       \$60,001-75,000/yr; (8) \$75,001-+/yr
  
8.     Have you ever received counseling or psychotherapy?  
       (1) yes; (2) no (Subjects currently involved in psychotherapy should not  
       continue to complete any materials)
  
9.     Have you received help for a substance abuse problem?  
       (1) yes; (2) no

**Appendix B**  
**Children of Alcoholics Screening Test (CAST)**

### C.A.S.T.

C.A.S.T. can be used to identify adolescent and grown up children of alcoholics.

Please mark (X) the answer below that best describes your feelings, behavior, and experiences related to a parent's alcohol use. Take your time and be as accurate as possible. Answer all 30 questions by marking either "yes" or "no".

Yes	No	Questions
___	___	1. Have you ever thought that one of your parents had a drinking problem?
___	___	2. Have you ever lost sleep because of a parent's drinking?
___	___	3. Did you ever encourage one of your parents to quit drinking?
___	___	4. Did you ever feel alone, scared, nervous, angry, or frustrated because a parent was not able to stop drinking?
___	___	5. Did you ever argue or fight with a parent when he or she was drinking?
___	___	6. Did you ever threaten to run away from home because of a parent's drinking?
___	___	7. Has a parent ever yelled at or hit you or other family members when drinking?
___	___	8. Have you ever heard your parents fight when one of them was drunk?
___	___	9. Did you ever protect another family member from a parent who was drinking?
___	___	10. Did you ever feel like hiding or emptying a parent's bottle of liquor?
___	___	11. Do many of your thoughts revolve around a problem-drinking parent or difficulties that arise because of his or her drinking?
___	___	12. Did you ever wish that a parent would stop drinking?
___	___	13. Did you ever feel responsible for and guilty about a parent's drinking?
___	___	14. Did you ever fear that your parents would get divorced due to alcohol misuse?



- \_\_\_\_ 15. Have you ever withdrawn from and avoided outside activities and friends because of embarrassment and shame over a parent's drinking problem?
- \_\_\_\_ 16. Did you ever feel caught in the middle of an argument or fight between a problem-drinking parent and your other parent?
- \_\_\_\_ 17. Did you ever feel that you made a parent drink alcohol?
- \_\_\_\_ 18. Have you ever felt that a problem-drinking parent did not really love you?
- \_\_\_\_ 19. Did you ever resent a parent's drinking?
- \_\_\_\_ 20. Have you ever worried about a parent's health because of his or her alcohol use?
- \_\_\_\_ 21. Have you ever been blamed for a parent's drinking?
- \_\_\_\_ 22. Did you ever think your father was an alcoholic?
- \_\_\_\_ 23. Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?
- \_\_\_\_ 24. Did a parent ever make promises to you that he or she did not keep because of drinking?
- \_\_\_\_ 25. Did you ever think your mother was an alcoholic?
- \_\_\_\_ 26. Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family?
- \_\_\_\_ 27. Did you ever fight with your brothers and sisters about a parent's drinking?
- \_\_\_\_ 28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?
- \_\_\_\_ 29. Have you ever felt sick, cried, or had a "knot" in your stomach after worrying about a parent's drinking?
- \_\_\_\_ 30. Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?

\_\_\_\_ TOTAL NUMBER OF "YES" ANSWERS.

Reference: John W. Jones, Ph.D. Family Recovery Press.

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**Appendix C**  
**Index of Family Relations (IFR)**

## IFR

This questionnaire is designed to measure the way you feel about your family as a whole. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 = Rarely or none of the time
- 2 = A little of the time
- 3 = Some of the time
- 4 = A good part of the time
- 5 = Most or all of the time

- \_\_\_\_\_ 1. The members of my family really care about each other.
- \_\_\_\_\_ 2. I think my family is terrific.
- \_\_\_\_\_ 3. My family gets on my nerves.
- \_\_\_\_\_ 4. I really enjoy my family.
- \_\_\_\_\_ 5. I can really depend on my family.
- \_\_\_\_\_ 6. I really do not care to be around my family.
- \_\_\_\_\_ 7. I wish I was not part of this family.
- \_\_\_\_\_ 8. I get along well with my family.
- \_\_\_\_\_ 9. Members of my family argue too much.
- \_\_\_\_\_ 10. There is no sense of closeness in my family.
- \_\_\_\_\_ 11. I feel like a stranger in my family.
- \_\_\_\_\_ 12. My family does not understand me.
- \_\_\_\_\_ 13. There is too much hatred in my family.
- \_\_\_\_\_ 14. Members of my family are really good to one another.
- \_\_\_\_\_ 15. My family is well respected by those who know us.
- \_\_\_\_\_ 16. There seems to be a lot of friction in my family.
- \_\_\_\_\_ 17. There is a lot of love in my family.
- \_\_\_\_\_ 18. Members of my family get along well together.
- \_\_\_\_\_ 19. Life in my family is generally unpleasant.
- \_\_\_\_\_ 20. My family is a great joy to me.
- \_\_\_\_\_ 21. I feel proud of my family.
- \_\_\_\_\_ 22. Other families seem to get along better than ours.
- \_\_\_\_\_ 23. My family is a real source of comfort to me.
- \_\_\_\_\_ 24. I feel left out of my family.
- \_\_\_\_\_ 25. My family is an unhappy one.

Reference: Hudson, W.W. (1982). The clinical measurement package: A field manual. Homewood, IL: Dorsey Press.

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Appendix D

Interpersonal Dependency Inventory (IDI)  
(Personal Attitude Survey)

## IDI

Instructions: 48 statements are presented below. Please read each one and decide whether or not it is characteristic of your attitudes, feelings, or behavior. Then assign a rating to every statement, using the values given below:

4 = very characteristic of me  
3 = quite characteristic of me  
2 = somewhat characteristic of me  
1 = not characteristic of me

1. I prefer to be by myself.
2. When I have a decision to make, I always ask for advice.
3. I do my best work when I know it will be appreciated.
4. I can't stand being fussed over when I am sick.
5. I would rather be a follower than a leader.
6. I believe people could do a lot more for me if they wanted to.
7. As a child, pleasing my parents was very important to me.
8. I don't need other people to make me feel good.
9. Disapproval by someone I care about is very painful for me.
10. I feel confident of my ability to deal with most of the personal problems I am likely to meet in life.
11. I'm the only person I want to please.
12. The idea of losing a close friend is terrifying to me.
13. I am quick to agree with the opinions expressed by others.
14. I rely only on myself.
15. I would be completely lost if I didn't have someone special.
16. I get upset when someone discovers a mistake I've made.
17. It is hard for me to ask someone for a favor.
18. I hate it when people offer me sympathy.

## IDI

19. I easily get discouraged when I don't get what I need from others.
20. In an argument, I give in easily.
21. I don't need much from people.
22. I must have one person who is very special to me.
23. When I go to a party, I expect that the other people will like me.
24. I feel better when I know someone else is in command.
25. When I am sick, I prefer that my friends leave me alone.
26. I'm never happier than when people say I've done a good job.
27. It is hard for me to make up my mind about a TV show or movie until I know what other people think.
28. I am willing to disregard other people's feelings in order to accomplish something that's important to me.
29. I need to have one person who puts me above all others.
30. In social situations I tend to be very self-conscious.
31. I don't need anyone.
32. I have a lot of trouble making decisions by myself.
33. I tend to imagine the worst if a loved one doesn't arrive when expected.
34. Even when things go wrong I can get along without asking for help from my friends.
35. I tend to expect too much from others.
36. I don't like to buy clothes by myself.
37. I tend to be a loner.
38. I feel that I never really get all that I need from people.
39. When I meet new people, I'm afraid that I won't do the right thing.
40. Even if most people turned against me, I could still go on if someone I love stood by me.

## IDI

- 41. I would rather stay free of involvements with others than to risk disappointments.
- 42. What people think of me doesn't affect how I feel.
- 43. I think that most people don't realize how easily they can hurt me.
- 44. I am very confident about my own judgement.
- 45. I have always had a terrible fear that I will lose the love and support of people I desperately need.
- 46. I don't have what it takes to be a good leader.
- 47. I would feel helpless if deserted by someone I love.
- 48. What other people say doesn't bother me.

Reference: Hirschfeld, R.M.A., Klerman, G.L. Gough, H.G., Barrett, J., Korchin, S.J., & Chodoff, P. (1977). A measure of interpersonal dependency. Journal of Personality Assessment, 41 (6), 610-618.

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**Appendix E**  
**Research Recruitment Script**



## RESEARCH RECRUITMENT SCRIPT

This research study is designed to examine interpersonal behavior that occurs in adult relationships. Participants in this study will be invited to take part in a Doctoral Research Project that will explore interpersonal and family functioning. All individuals involved in the study will remain anonymous and the information collected from each person will be used for research purposes only. Participants will be given four survey instruments that explore adult interpersonal relationships, family functioning, drinking behavior and abuse of alcohol. These surveys will take approximately 30-40 minutes to administer during the class period -- no experimental procedures will be involved.

Participants will have the opportunity to receive feedback about the survey results. Although all participants will be anonymous, an interpretation of the results will be provided for those interested. Participants will need to remember their survey form identification numbers and bring these numbers to a pre-arranged individual debriefing session. The individual interpretation may be scheduled by contacting the Project Researcher. Assessment information will remain confidential and the student is the only one who can access his/her research results through the Form I.D. numbers that are provided to each student during the study. Assignment numbers for assessment results will be made based on the I.D. numbers on each subjects survey forms and the students name will not be identified in the study so as to maintain anonymity.

Precautions have been taken in order to protect the rights of all student volunteers who participate in this study so as to decrease any potential discomfort. Information from students who are under the age of 18 will not be used in the project. Also, anyone who is uncomfortable with these topic areas of study or anyone who is currently involved in psychotherapy should not participate. Any student in the study who is experiencing difficulty or who would like to discuss some of these issues with a counselor may gain assistance through the University Counseling Center or the Center for Counseling and Psychological Services. Any student who would like to talk with a counselor immediately, during or after the study, may contact the Counseling Center on campus where arrangements have been made for individual counseling. However, any concerns related to the research project may be addressed by contacting the Researcher, Dennis Beaufait, from the Department of Counselor Education and Counseling Psychology by calling 375-5140.

Student participation is voluntary and refusal to participate will not involve any penalty. Anyone who is not interested in participating may leave the room or sit quietly. Volunteers may discontinue their involvement with the study at any time and not participating will in no way jeopardize the students relationship with Western Michigan University.

It is hoped that this study will add further knowledge to the understanding of interpersonal relationships and family functioning. Your participation in this study is greatly appreciated.

**Appendix F**  
**Research Debriefing Script**

## RESEARCH DEBRIEFING SCRIPT

This research study has attempted to assess information regarding adult interpersonal relationships, family functioning, drinking behavior and abuse of alcohol. Each student participant has survey result scores which may offer insight into ones family background and current interpersonal relationships. No one else, including the Project Researcher, can access these scores for interpretation without your individual Form I.D. numbers which were given out at the time of the study. This information will not identify you in any way as each subject is given unique I.D. numbers from the survey instruments which have been assigned in sequence.

The following scores may suggest a general pattern of functioning. However, these results must be understood in the context in which you live as other factors influence behavior. Also, know that some of these survey results may change as your circumstances change. Please understand that this information is only one aspect of how you might function interpersonally as a result of your family background.

It is hoped that these results may provide some insight and assistance in your growth as an individual. Please know that if you would like to discuss these issues in more depth, a referral can be made to a professional counselor at the University. Feel free to contact this Project Researcher if you have any further questions regarding this study.

.

**Appendix G**  
**Description of the Debriefing Session**

### DESCRIPTION OF THE DEBRIEFING SESSION

Each student subject will have the opportunity to review the survey results by arranging an individual appointment with the Project Researcher. The subject will retain the survey form identification numbers which will access the assessment information file. The subject will receive the scores on his/her survey instruments and a discussion will follow with the Project Researcher. A general topic discussion of interpersonal relationships, family functioning, drinking behavior and abuse of alcohol will be provided. In the event of the subject requesting further assistance in expanding some of these issues, a counseling referral will be made to either the University Counseling Center or to the Center for Counseling and Psychological Services at W.M.U. Subject's survey results will remain confidential and can only be accessed by the individual subject. Otherwise all information is anonymous and the student cannot be identified by any other data.

## Appendix H

### Western Michigan University's Human Subjects Institutional Review Board Approval Letter



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## WESTERN MICHIGAN UNIVERSITY

---

Date: October 9, 1991

To: Dennis Beaufait

From: Mary Anne Bunda, Chair *Mary Anne Bunda*

Re: HSIRB Project Number: 91-09-15

This letter will serve as confirmation that your research protocol, "Interpersonal issues of dependency in adult children from dysfunctional relationships" has been approved under the exempt category of review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

xc: Geisler, CECF

Approval Termination: October 9, 1992

Appendix I

Western Michigan University's Counseling Center  
Follow-Up Confirmation of  
Subjects



WESTERN MICHIGAN UNIVERSITY

October 9, 1991

TO: Dennis M. Beaufait

FROM: Norman M. Kiracofe, Director *NMK*  
University Counseling Center

RE: Follow-up Counseling for Doctoral Research Subjects

This is in response to your October 7th memo requesting that the Counseling Center be available as a follow-up counseling resource for subjects included in your dissertation research. We can provide that support for subjects who are students at WMU. Our service policy precludes our working with non-students.

Should you become aware of a subject needing counseling please contact me and I will see that they receive required services.

Appendix J  
Western Michigan University's Follow-Up  
Letter of Appreciation

WESTERN MICHIGAN UNIVERSITY

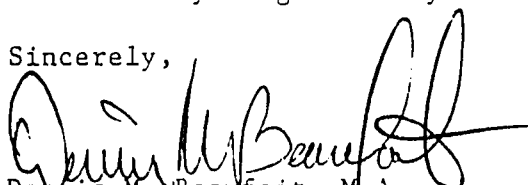
October 28, 1991

I very much appreciate your time and interest regarding my Doctoral Research Project.

I enjoyed meeting you and your students this past week while conducting my survey research. Thank you so much for your assistance and willingness in sharing your class time for my project. If any of your students have any questions, I can be reached at either the Counseling Center or at my home (375-5140).

Thank you again for your help.

Sincerely,

  
Dennis M. Beaufait, M.A.  
Doctoral Candidate  
Licensed Professional Counselor

DMB/ps

Appendix K  
Permission To Use Test: CAST, IFR, IDI



5 NORTH WABASH AVE.  
SUITE 1409  
CHICAGO, IL. 60602  
(312) 938-8661

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September 3, 1991

Dennis M. Beaufait, M.A.  
Western Michigan University - Counseling  
3073 Danford Creek Drive - Apt 1C  
Kalamazoo, MI 49009  
(Invoice #5472)

You have our permission, as publisher of the CAST, to use the CAST for your research at **Western Michigan University** regarding "*Interpersonal issues of dependency in adult children from dysfunctional relationships*". It is understood you will be making up to 500 copies of the CAST and have paid a \$30 royalty fee. If you come across any CAST studies not included in our research abstracts please send a copy of the study's abstract and title page.

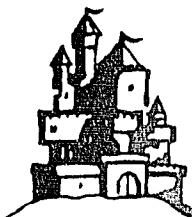
You also have permission to include a copy of the CAST any in-class paper, thesis or dissertation including publication by the UMI Master's / Dissertation Abstract service. Colleges generally send a student's research to UMI upon their graduation. If yours does not, we will pay half of the UMI publication costs. If you submit it for publication elsewhere, the CAST test must be removed and replaced with our company address for interested readers.

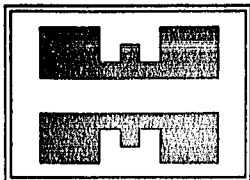
Please **send us the results** (including a printout of your raw CAST data) and a complete copy of your finished paper so that your findings may be included in future CAST test manuals. Please contact us if we can be of any further assistance.

Good luck,

*Michael A. Lavelli*

Michael A. Lavelli, M.A.  
President, Camelot Unlimited





WALMYR Publishing Co.  
PO Box 24779  
Tempe, AZ 85285-4779  
(602) 897-8168 (Voice & FAX)

September 23, 1991

Mr. Dennis M. Beaufait  
3073 Danford Creek Drive  
Apt 1-C  
Kalamazoo, MI 49009

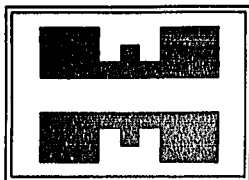
Dear Beaufait:

Please accept our apologies for taking so long to respond to your request. The terms outlined in your letter of August 14, 1991 are quite acceptable. Thus, please accept this letter as granting permission to mount the IFR scale onto your mainframe computer for 200 administrations. Please remove the IFR from the computer once you have administered it to 200 research subjects.

Dr. Hudson indicated you may need an additional 100 copies and if that proves to be the case, just send the additional fee of \$20.00 to cover them. We hope this arrangement will help to complete your dissertation research and please let us know if we can be of further assistance.

Very truly yours,

Kay Allen  
Executive Director



WALMYR Publishing Co.  
PO Box 24779  
Tempe, AZ 85285-4779  
(602) 897-8168 (Voice & FAX)

February 12, 1991

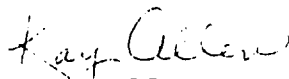
Mr. Dennis M. Beaufait  
3073 Danford Creek Drive  
Apt 1-C  
Kalamazoo, MI 49009

Dear Beaufait:

Please accept this letter as granting permission to insert one copy of the IFR scale in your dissertation. Feel free to send a copy of this letter to University Microfilms or to others who may need to see this permission.

Congratulations on the completion of your dissertation.

Very truly yours,

  
Kay Allen  
Executive Director

HARRISON G. GOUGH, PH. D.

P.O. Box 909  
Pebble Beach, CA 93953

July 2, 1991

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Dennis M. Beaufait, M.A.  
Counseling Center  
Western Michigan University  
Kalamazoo, MI 49008-3899

Dear Mr. Beaufait:

You may have my permission to use the Interpersonal Dependency Inventory in the study described in your letter of June 27, 1991. A copy of the test form as we use it is enclosed. You may make your own copies of this form, if you wish, or insert the items in a consolidated form if that is more convenient. We title the test form "Personal Attitude Survey" so as to reduce concerns with the notion of "dependency" or "independence" among respondents.

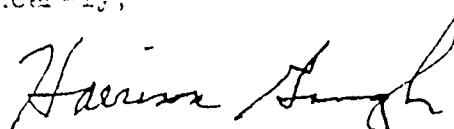
The inventory is scored for three subscales, each of which has useful properties. In the initial report on the test (copy enclosed) a simple sum of these three was discussed as a total score. Research since then has indicated that a more sophisticated scoring is superior, in which a cross-product term (subscale 2 times subscale 3) is introduced and entered into the formula for the total score. If "assertion of autonomy" is conceptualized as an ego defense, then it would take on negative valence if accompanied by feelings of "lack of self-confidence." The way to operationalize this combination is to multiply subscale 2 times subscale 3. This procedure, I should also mention, is much closer to Chodoroff's psychoanalytic formulation of undue dependency as a factor in depression than the simply summation of the three subscales.

This procedure thus produces four variables (see enclosed sheet on scoring), each of which can be used in t-tests or F-tests, plus a fifth variable which is the total score.

The inventory has been used extensively in the NIMH cooperative study of depression, where it generated positive and valid findings. The work from this very large nationwide project has not yet been published in book or article form, but will soon begin to appear.

At the Institute of Personality Assessment and Research (IPAR) in Berkeley, we have used the inventory extensively with normals, and have found that scores, in particular the total score, are correlated with ratings of dependency, and that the range of scores for these "normals" falls distinctly above the range found among samples of patients. On the total score, patients, persons with problems of dependency, etc., will generally fall above 50.00, whereas healthy, high ego-strength normals will fall below this point.

Sincerely,





HARRISON G. GOUGH, PH. D.  
P.O. Box 909  
Pebble Beach, CA 93953

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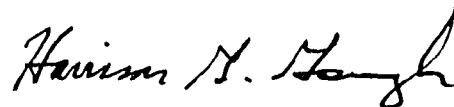
February 5, 1992

Dennis Beaufait  
3073 Danford Creek Drive, Apt. 1C  
Kalamazoo, MI 49009

Dear Mr. Beaufait:

This letters grants you permission for reproduction and inclusion of the Interpersonal Dependency Inventory in your doctoral dissertation, and also in the University of Michigan abstracting service.

Sincerely,

A handwritten signature in cursive script, reading "Harrison G. Gough". The signature is written in dark ink and is positioned below the word "Sincerely,".

Appendix L  
Two-Way ANOVA Tables

Table 31a  
Descriptive Statistics Summary for Two-Way ANOVA:  
CAST (Factor I) x IFR (Factor II) on  
Emotional Reliance on Others

	ACDFR		(Factor II)	ACnDFR	
	<i>N</i>	Grand Mean		<i>N</i>	Grand Mean
ACA	23	43.22		30	40.60
(Factor I)					
ACnA	47	43.57		182	39.46

Note. CAST = Children of Alcoholics Screening Test; IFR = Index of Family Relations. *N* = Subjects who produced complete data sets.

Table 31b  
Inferential Statistics Summary for Two-Way ANOVA:  
CAST (Factor I) x IFR (Factor II) on  
Emotional Reliance on Others

Source of Variation	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Main Effects	787.51	2	393.76	5.88	0.003**
Factor I (CAST)	13.76	1	13.76	0.21	0.651
Factor II (IFR)	699.48	1	699.48	10.45	0.001*
Interaction (Factor I x Factor II)	21.59	1	21.59	0.32	0.571
Explained	809.10	3	269.70	4.03	0.008*
Residual	18607.83	278	66.94		
Total	19416.94	281	69.10		

\* $p < .05$

\*\*Does not meet Assumption of Homogeneity of Variance; conclusions are tenuous

Note. Factor II shows a significant statistical difference between ACDFR's and ACnDFR's when compared with Factor I (pooled ACA's and ACnA's).

Table 32a  
Descriptive Statistics Summary for Two-Way ANOVA:  
CAST (Factor I) x IFR (Factor II) on  
Lack of Self-Confidence

	ACDFR		(Factor II)	ACnDFR	
	<i>N</i>	Grand Mean		<i>N</i>	Grand Mean
ACA	23	24.78		30	24.13
(Factor I)					
ACnA	47	25.32		182	23.19

Note. CAST = Children of Alcoholics Screening Test; IFR = Index of Family Relations. *N* = Subjects who produced complete data sets.

Table 32b  
Inferential Statistics Summary for Two-Way ANOVA:  
CAST (Factor I) x IFR (Factor II) on  
Lack of Self-Confidence

Source of Variation	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Main Effects	181.00	2	90.50	2.37	0.096**
Factor I (CAST)	6.29	1	6.29	0.16	0.685
Factor II (IFR)	154.10	1	154.10	4.03	0.046*
Interaction (Factor I x Factor II)	21.23	1	21.23	0.56	0.457
Explained	202.23	3	67.41	1.76	0.154
Residual	10625.24	278	38.22		
Total	10827.48	281	38.53		

\* $p < .05$

\*\*Test for Homogeneity of Variance

Note. Factor II shows a significant statistical difference between ACDFR's and ACnDFR's when compared with Factor I (pooled ACA's and ACnA's).

Table 33a  
Descriptive Statistics Summary for Two-Way ANOVA:  
CAST (Factor I) x IFR (Factor II) on  
Assertion of Autonomy

	ACDFR (Factor II)		ACnDFR	
	<i>N</i>	Grand Mean	<i>N</i>	Grand Mean
ACA	23	27.48	30	25.47
(Factor I)				
ACnA	47	27.06	182	25.38

Note. CAST = Children of Alcoholics Screening Test; IFR = Index of Family Relations. *N* = Subjects who produced complete data sets.

Table 33b  
Inferential Statistics Summary for Two-Way ANOVA:  
CAST (Factor I) x IFR (Factor II) on  
Assertion of Autonomy

Source of Variation	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Main Effects	172.98	2	86.49	1.98	0.14**
Factor I (CAST)	1.76	1	1.76	0.04	0.84
Factor II (IFR)	156.94	1	156.94	3.59	0.06
Interaction (Factor I x Factor II)	1.07	1	1.07	0.02	0.88
Explained	174.04	3	58.02	1.33	0.27
Residual	12139.09	278	43.67		
Total	12313.14	281	43.82		

\*\*Test for Homogeneity of Variance



Table 34a

Descriptive Statistics Summary for Two-Way ANOVA:  
 CAST (Factor I) x IFR (Factor II) on  
 Dependency

	ACDFR		(Factor II)	ACnDFR	
	<i>N</i>	Grand Mean		<i>N</i>	Grand Mean
ACA	23	47.89		30	47.51
(Factor I)					
ACnA	47	48.48		182	46.49

Note. CAST = Children of Alcoholics Screening Test; IFR = Index of Family Relations. *N* = Subjects who produced complete data sets.

Table 34b  
Inferential Statistics Summary for Two-Way ANOVA:  
CAST (Factor I) x IFR (Factor II) on  
Dependency

Source of Variation	<i>SS</i>	<i>DF</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Main Effects	150.70	2	75.35	2.58	0.078**
Factor I (CAST)	7.05	1	7.05	0.24	0.624
Factor II (IFR)	124.92	1	124.92	4.27	0.04*
Interaction (Factor I x Factor II)	25.02	1	25.02	0.86	0.356
Explained	175.72	3	58.57	2.00	0.114
Residual	8130.40	278	29.25		
Total	8306.12	281	29.56		

\* $p < .05$

\*\*Test for Homogeneity of Variance

Note. Factor II shows a significant statistical difference between ACDFR's and ACnDFR's when compared with Factor I (pooled ACA's and ACnA's).

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