Alcoholic women's relationships as related to intimacy and trust

Cara Leona Forth
ALCOHOLIC WOMEN’S RELATIONSHIPS
AS RELATED TO INTIMACY AND TRUST

A Thesis Presented to
the Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Psychology

by
Cara Leona Forth
February, 1992
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ABSTRACT

The purpose of the study was to investigate alcoholic women's interpersonal relationships regarding intimacy and trust. Community college women answered The Personal Assessment of Intimacy in Relationships Inventory and The Trust Scale. The comparison groups were: (1) alcoholics with nonalcoholic partners, (2) nonalcoholics with alcoholic partners and, (3) nonalcoholics with nonalcoholic partners. Emotional, social, and sexual intimacy were significantly different among the three comparison groups; however, all three dimensions were related to parental drinking. When controlling for parental drinking, only emotional intimacy remained significant. Those participants who were either alcoholic or in a relationship with an alcoholic were less emotionally intimate with their partners than participants in relationships where neither person was an alcoholic. The three groups were significantly different on total trust as well as the components of trust. The nonalcoholic with nonalcoholic partner was the most trusting. The alcoholic with nonalcoholic partner followed. The nonalcoholic with an alcoholic partner was the least trusting.
I would like to acknowledge and thank the people who have contributed to the development and process of this study. First, thank you to Gloria Cowan, the chairperson of my committee for her continuous faith in me. Thank you to the students attending classes for the Alcohol and Drug Certified Counseling Program who were participants for without them the study never would have been completed. Thank you to my therapist, Jim Stumbo, for the many hours of encouragement and support. Thank you to my many friends inside and outside AA, especially Pat Larson, Karen, Fredia, and Darlene for their continuous stability and comfort. Thank you to my mom and dad, Ivan and Helen Drake, for their never-wavering contribution of both emotional and financial support. I could never begin to thank them enough. Finally, a very special thanks goes to my children, Cindy and Dave Frommelt and Cristy and Mikael Dovsek, for their never-ending love and understanding of a mother who wanted to go to school. Thanks to you all because without any one of you the project could not have been completed.
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INTRODUCTION

Alcoholic women have troubled relationships (Orford & Keddie, 1985; Plutchik & Plutchik, 1989) and have a higher than average rate of divorce and separation (Lisansky, 1957; Murphy, Coleman, Hoon, & Scott, 1980; Rosenbaum, 1958; Youcha, 1986). It has been hypothesized that an unsatisfactory marriage precipitates their alcoholism; however, many of these women drank heavily before their marriages (Berenson, 1976; Orford & Keddie, 1985; Wood & Duffy, 1966). This thesis focused on recovering alcoholic women's interpersonal relationships to determine the components that may be contributing to their relationship problems. The specific components that were investigated were intimacy and trust.

Intimacy

An intimate relationship has been defined as generally one in which an individual shares intimate experiences (i.e., feelings of closeness) with another individual in different dimensions over time (Schaefer & Olson, 1981). The dimensions are: (1) emotional intimacy, the ease with which moods and feelings are communicated and mutually experienced; (2) social intimacy, the importance or role of
friends in the relationship; and (3) sexual intimacy, the
degree to which sexual needs are communicated and fulfilled
in the relationship.

Alcoholic women may be deficient in these three
dimensions of intimacy. First, it is difficult for
alcoholic women to communicate various moods and feelings
because they may associate sharing feelings, especially
negative feelings, with drinking alcoholic beverages. For
instance, alcoholic women can express hostility when
intoxicated but cannot when sober (Wood & Duffy, 1966).
Alcohol may have been used as a way of coping with anxiety
provoking feelings. That is, drinking may be used to give
the individual courage to share feelings or, instead, used
to suppress feelings. The previous association of alcohol
with the expression of feelings may lead sober recovering
alcoholic women to avoid expressing feelings for fear that
expressing feelings will facilitate drinking (Berneson,
1976). Therefore, for alcoholic women especially, this lack
of communicating feelings may contribute to relationship
problems.

Second, friendship plays an important role in our
lives. Friends have been found to have therapeutic value;
that is, they contribute to one's personal growth and give
support when changes occur, thereby facilitating positive
psychological adjustment (Davidson & Parkard, 1981).
Conversely, the lack of friendship networks often results in isolation, loneliness, and psychological symptoms (Andersson, 1985; Miller & Ingham, 1976; Porchino, 1985). The alcoholism literature does not directly address friendship. However, clinical studies indicate alcoholics have difficulty interacting socially. Alcoholics experience clinically disabling agoraphobia, social phobias, and panic disorders (Hesselbrock, Meyer, & Keener, 1985; Millancy & Trippett, 1979; Smail, Stockwell, Canter, & Hodgson, 1984). They have difficulty determining appropriate social cues which results in generalized anxiety (Reich & Chaudry, 1987). It would appear that social friendship relationships are not a part of an alcoholic's lifestyle and that they may be unable to derive benefits from friendship.

Finally, the degree to which sexual needs are communicated and fulfilled is dependent on different factors. For instance, "the primary influence upon female sexuality is psychosocial factors. That is, the development of female sexual responsiveness is a result of the accumulation of interactions between biological arousal mechanisms and psychosocial influences to which she has been exposed" (Masters & Johnson, 1966, p. 210). Psychosocial factors would include such things as parents, peers, schools, and the media. Furthermore, the psychological significance of any type of sexual activity depends on what
the individual and her social group choose to make it (Kinsey, 1953). In the general population, it is believed that alcohol consumption increases sexual enjoyment and has been used for seduction (Athanasiow, Shaver, & Tavris, 1970; Beckman, 1979; Bowker, 1977).

The disinhibition theory refers to the notion that alcohol acts to disinhibit sexual behavior (Wilsnack, 1984). Physiologically, alcohol slowly and progressively depresses the upper to lower brain functions and lowers inhibitions. This lowering of inhibitions increases the likelihood of sexual behaviors. The loss of inhibitions may increase sexual arousal (Plotnik & Mollenauer, 1978). Studies of women have validated this theory (Abrams & Wilson, 1979; McCarty, Diamond, & Kau, 1982; Wilson & Lawson, 1976; Wilson & Lawson, 1978). Another explanation for disinhibition is the self-fulfilling prophesy. If an individual has a mental set that incorporates the cultural idea that defines alcohol as an aphrodisiac, then alcohol becomes an aphrodisiac for them (Wilmot, 1981).

Studies have indicated that alcoholic women initiate drinking as a major method of coping with negative unpleasant feelings (Beckman, 1980; Lisansky-Gombert & Lisansky, 1984). Alcoholic women have many problems regarding their sexuality; therefore, they may use alcohol to disinhibit unpleasant feelings regarding these sexual
problems as a way of coping with their sexuality (Beckman, 1979; Gomez, 1984).

Identified sexual problems for alcoholic women are: (1) lack of interest, (2) inability to relate needs to partner, (3) inability to achieve orgasm, (4) inability to lubricate, and (5) increased sexual activity (promiscuity) or no sexual activity (abstinence) (Kinsey, 1966; Langone & Langone, 1980; Levine, 1955; Schuckit, 1972; Wasnick, 1980). Conversely, other researchers have found alcoholic women have no complaints regarding poor sexual desire and inability to achieve orgasm (Murphy, Coleman, Hoon, & Scott 1980; Smith, 1975). Thus, the data appear to be inconsistent regarding sexual satisfaction and behavior among alcoholic women. In spite of the conflicting evidence, the weight of the evidence supports the expectation that alcoholic women experience considerably more difficulty communicating and fulfilling sexual needs than nonalcoholic women.

Trust

Trust is an important component for the establishment of the dimensions of intimacy in relationships and seems to work hand-in-hand with intimacy. Rempel, Holmes, and Zanna (1985) defined trust as the degree of confidence an individual feels when she/he thinks about the relationship. According to Rempel et al. (1985), the concept of trust in
close relationships can be measured in terms of three elements that sequentially evolve from each other over time. They evolved in this order: (1) predictability, (2) dependability, and finally, (3) faith. The elements are defined as: (1) predictability, the ability to foretell partner's specific behaviors; (2) dependability, a sense the partner can be relied on when it counts; and (3) faith, secure in that the partner will continue to be responsive and caring. Each component lays the foundation for the next one. The most important aspect of trust, and the last to evolve, is faith. Rempel, Holmes, and Zanna (1985) found strong correlations among all three components among women. The intercorrelations suggested that women were more sensitive to relationship issues and that women maintain the reasonable view that feelings regarding the future (faith) are based on and evidenced from past behaviors (dependability and predictability).

Additionally, Rempel, Holmes and Zanna (1985) have determined profiles for different levels of trust in relationships. First, high trust individuals believe they are involved in successful as well as valuable relationships. They love their partner. They expect their partners to behave in a positive way towards them and their partners usually do. They assume their partners will be interested and involved with what they have to say (both
positive and negative). They always give the benefit of the doubt. Even when their partner is clearly doing something negative, it is not taken as evidence of a lack of love or caring. Second, hopeful trust individuals are similar to high trust. They believe their relationship is satisfying and valuable. They expect their partner to act in a positive manner, yet somehow they lack the assurance that could allow them to fully accept their partner's positive behavior. They lack confidence that their partner will be there when it counts but they still hope that their partner's underlying motives consist of caring and concern. Their partner is usually more responsive and involved than they suspect. Hopeful individuals want to see the best but are afraid to believe it when they see it.

Third, low trust individuals believe their relationship is in trouble and is problematic. They are the least satisfied, and love their partners less. Their emotional attachment is fragile, and they may fear the risk of being close to and dependent on their partner. They expect their partners to behave in a negative way and their expectations are usually met. They do not give the benefit of the doubt, which is probably due to a history of broken promises, unmet expectations, and emotional disappointments. The authors do not address whether low trust individuals seek and get into relationships with those individuals who are going to treat
them badly or whether the lack of trust comes to reside wholly in the self after a number of negative experiences.

Although trust appears to be an important component of intimacy, limited research regarding trust among alcoholics has been conducted (Densen-Gerber, 1981; Turner & Colao, 1985). Researchers have determined that the depth of self-disclosure and its continuation is based on trust (Altman, 1973; Rubin, 1974). Therefore, one example of the progression of intimacy building involves trust. For instance, when an individual reveals herself to another, it may be concluded she trusts the other because she made herself vulnerable. If the response from the other is that her feelings and experiences are important and valued, trust for the other is established and self-disclosure is likely to continue (Rubin, 1974). Trust is also enhanced. Alcoholics are less open (Berenson, 1976) and subsequently may be less trusting. They have difficulty even in starting this process of trust building because of the previous association with the expression of feelings and alcohol use.

Another example of trust building involves sexual intimacy. Female sexual desire develops slowly and depends on the accumulation of pleasurable experiences (Kaplan & Sager, 1971). Alcoholic women have a high prevalence of sexual assault and repeated assaults (Densen-Gerber, 1981; Evans & Schaefer, 1980; Miller, Downs, Gondoli & Keil, 1987)
and, consequently, may be less trusting in general than nonalcoholics, especially regarding sexual intimacy. Furthermore, the majority of the researchers report that alcoholic women have sexual problems (Kinsey, 1966; Langone & Langone, 1980; Levine, 1955; Schuckit, 1972; Wasnick, 1980). For alcoholic women there does not appear to be an accumulation of pleasurable sexual experiences. Therefore, low trust seems to inhibit the development of sexual intimacy and sexual satisfaction which in turn retards the development of trust. In general, intimacy and trust are mutually enhancing and mutually inhibitory. For alcoholic women, both intimacy and trust are expected to be lower than among nonalcoholics.

The purpose of the present study was to determine if there was a difference between recovering alcoholic and nonalcoholic women's interpersonal relationships regarding the three dimensions of intimacy and of trust. It appears that the reason alcoholic relationships are troubled is because of the difficulty within each dimension of intimacy and lack of trust. Therefore it would be expected that alcoholics with nonalcoholic partners would be less intimate and trusting than nonalcoholics with nonalcoholic partners.

Another purpose of the present study was to determine if partners of alcoholics are also less intimate and trusting. Intimacy and trust are interpersonal phenomena.
Feelings do not exist in a social vacuum. It could be argued that because of the continued association with an alcoholic partner and the interpersonal nature of intimacy and trust that these components may be less developed. Consequently, partners of alcoholics may be affected. Therefore, it would be expected that nonalcoholic partners of alcoholics would fall between the alcoholic with a nonalcoholic partner and the nonalcoholic with nonalcoholic partners in intimacy and trust, scoring higher than the alcoholic woman with the nonalcoholic partner and lower than the nonalcoholic woman with a nonalcoholic partner.

Hypotheses

The specific hypotheses were: Alcoholic women with nonalcoholic partners should have lower emotional, social and sexual intimacy in their relationships than nonalcoholic women with alcoholic partners and nonalcoholic women with nonalcoholic partners. Nonalcoholic women with alcoholic partners should have lower scores than nonalcoholic women with nonalcoholic partners. Alcoholic women with nonalcoholic partners and nonalcoholic women with alcoholic partners should have trust scores below 90 (defined by Rempel, Holmes and Zanna, 1985) while nonalcoholics with nonalcoholic partners should be above 90. Alcoholic women with nonalcoholic partners and nonalcoholic women with alcoholic partners should have lower trust scores on all
three components of trust; predictability, dependability, and faith, than nonalcoholic women with nonalcoholic partners.
METHOD

Subjects

Ninety women among those sampled met the qualifications for group assignment. They ranged in age from 18 to 57 years with an average age of 35. There were 63% Caucasians, 31% Blacks and Hispanics, and 6% that were of other ethnic groups. Of the 88 participants, 38% were married, 25% were single, 24% were separated or divorced and 12% were cohabiting or exclusively dating. Twenty-eight percent of the participants answered based on their past romantic relationship (the length of time from last relationship was not determined due to participants' confusion in answering this question) and seventy-two percent answered based on their present romantic relationship lasting three months or more. The length of their relationships ranged from three months to 24 years with the average length of five years. They were subdivided into three groups. The groups were: (1) 28 alcoholics who were in the Alcoholics Anonymous twelve step recovery program. Their membership ranged from four months to 21 years with the average length of sobriety time of 15 months and they had a nonalcoholic partner (A/NAP), (two participants were eliminated because they had
alcoholic partners); (2) 30 nonalcoholics who had an alcoholic partner (NA/AP); and (3) 30 nonalcoholics with a nonalcoholic partner (NA/NAP).

For group one, alcoholics with a nonalcoholic partner, an alcoholic was defined as an admitted alcoholic abstinent of alcohol and a continuously sober member of Alcoholics Anonymous or an individual who was classified as a heavy drinker as defined by Nobel (1978). The nonalcoholic partner was defined as having no history of alcohol or drug abuse and those with partners who were heavy drinkers were excluded. Thirty-nine percent of the parents of the alcoholic women were reported to be nonalcoholic.

For group two, nonalcoholics with an alcoholic partner, the nonalcoholic and the alcoholic were both defined the same as group one. Seventy-five percent of the parents of these respondents were reported to be nonalcoholic. For group three, nonalcoholic with a nonalcoholic partner, the nonalcoholic was defined in the same way as group one. One hundred percent of the parents were reported nonalcoholic. For 83%, neither parent drank at all and for 17%, both parents drank lightly. Because group three was selected to have no history of alcohol abuse these percentages cannot be generalized to the population at large. Subsequent analyses statistically controlled parental drinking.

The three groups were chosen from the same larger
setting which was a Community College in order to assure similarity on background and demographics. The data were collected from students attending classes at Valley College in San Bernardino, California. Individuals in Introduction to Psychology classes as well as Drug/Alcohol Rehabilitation Certificate classes were approached concerning participation. The questionnaire was completed by students during class time. Only questionnaires were used that had completed questions or where there were blank answers, the neutral response could be substituted. All students were asked to participate. The general setting was a quiet atmosphere with desk and chairs.

Measures

The materials used were a questionnaire packet containing cover letter, consent form, the questionnaire and a final letter (see Appendix for contents of questionnaire packet). The cover letter (revised from Finkelhor, 1979) stated the purpose of the questionnaire, rights of privacy, and precautions for confidentiality and anonymity. The questionnaire consisted of three parts requesting information concerning: (1) demographics, history and drinking behavior (Nobel, 1978); and participation in a twelve step program; (2) emotional, social and sexual intimacy scales from Personality Assessment of Intimacy in Relationships (Schaefer & Olson, 1981); and, finally (3) The
Trust Scale (Rempel, Holmes, & Zanna, 1985). The final letter offered ways of obtaining the results of the research project and options in case participants were upset by answering the questionnaire.

The National Institute on Alcohol Abuse and Alcoholism criteria were used to identify the nonalcoholic and alcoholic who were not members of Alcoholics Anonymous (Nobel, 1978). According to Nobel (1978), alcoholism is defined as an "addiction to alcohol." Alcoholism is characterized "by a compulsion to take alcohol on a continuous or periodic basis to experience its psychological and physical effects, and sometimes to avoid the discomfort of its absence. Tolerance may or may not be present."

Therefore, alcoholism can be operationally defined by number of drinks consumed over time or identifying the psychological and physiological effects. For the present study, amount consumed was used.

Nobel's survey data classified respondents according to amount consumed in four categories (criteria). They are: (1) abstainers, who consume a drink less than once a year or never; (2) light drinkers, who consume at least one drink a year up to 3 drinks per week or 12 drinks per month; (3) moderate drinkers, who consumed 4 to 13 drinks per week or 13 to 58 drinks per month; and (4) heavy drinkers, who consume 2 or more drinks per day or 14 or more drinks per
week. Thus, a nonalcoholic was defined as having no history of alcohol abuse and participants in the heavy drinking category were excluded. Participants in the heavy drinking category were defined as alcoholic.

The Personal Assessment of Intimacy in Relationships (PAIR) Inventory by Schaefer and Olson (1981) was used to assess intimacy. An intimate relationship is referred to as a relationship "in which an individual shares intimate experiences (feelings of closeness) in several areas over time." The inventory has five intimacy scales and one conventionality scale. For this study, only three scales were used. The three intimacy scales assessed: (1) emotional intimacy, the ease with which moods and feelings are communicated and mutually experienced; (2) social intimacy, the importance and role of friends in the relationship; and (3) sexual intimacy, the degree to which sexual needs are communicated and fulfilled in the relationship.

The original inventory was composed of 36 items. There were six items for each subscale. Agreement or disagreement was indicated on a five point Likert scale. The 36 items were taken in two phases. The first phase assesses the degree the person feels intimate in present relationship (realized) and the second to identify the degree to which the person would like to be intimate (expected). The
difference between the scores indicates the degree of intimacy for each scale. There is no overall total score. The scales are totaled individually. Higher discrepancy scores indicate areas that the individual is "not receiving what they would like to receive" therefore, may be considered problematic areas. Also, the higher the realized scores and expected scores are individually, the more emotional intimacy is shared, the more social the couples and the more sexual satisfaction persists within the relationship.

Schaefer and Olson's (1981) PAIR inventory was developed through several phases of test construction. The final 36 item inventory was selected and standardized on a sample of 192 couples involved in a marital enrichment program. The 192 couples ranged in age from 21 to 60 years. They had been married between one to 37 years. Fifty-five percent had more than a high school education.

Cronbach's Alpha Reliability Coefficients were computed to determine reliability. All six scales were .70 or higher. Validity was determined by using convergent and discriminant evidence. The PAIR was compared to: Locke-Wallace Marital Adjustment Scale (Locke & Wallace, 1959); Empathy Scale (Truax & Corkhoff, 1967); six subscales from the Family Environmental Scale (Moos & Moos, 1974); and finally, Jourard's "Self-disclosure" Scale (Jourard, 1964). Each
PAIR intimacy scale was positively correlated greater than .40 with the Locke-Wallace Scale demonstrating convergent evidence while none correlated with the Empathy Scale demonstrating discriminant evidence. Furthermore, there were weak but significant positive correlations (.13 to .31) with the Self-disclosure scale demonstrating convergent evidence. Finally, the PAIR intimacy scales correlated significantly with the Family Environmental Scale of Cohesion (.30 to .54) and Expressive (.24 to .48) (convergent evidence) and negatively with conflict (-.13 to -.39) (discriminant evidence).

The Trust Scale by Rempel, Holmes and Zanna (1985) was used to assess trust. Trust is a quality in close relationships and is defined as the degree of confidence an individual feels when she/he thinks about the relationship. Trust is measured in terms of three components that sequentially evolve from each other over time. The three subscales assess: (1) predictability, the ability to foretell partner's specific behaviors both positive and negative; (2) dependability, a sense the partner can be relied on when it counts; and (3) faith, secure that the partner will continue to be responsive and caring.

The Trust Scale is composed of 18 items. There are six items for each subscale. Agreement or disagreement is indicated on a seven point Likert scale. All questions are
totaled for the overall Trust score. The subscales are totaled individually. High trust score exceeds 110 points while low trust scores are below 90. Hopeful trust scores are between 90-110. Rempel, Holmes and Zanna (1985) have determined profiles for three different levels of trust (see introduction).

Rempel, Holmes and Zanna's (1985) Trust Scale was developed in one phase of test construction. The final 18 item scale was selected and standardized on a sample of 47 couples attending the Ontario Science Center in Ontario. The average age was 31 years for men and 29 years for women. Thirty couples were married, five were cohabiting and 12 were exclusively dating. The average length of their relationships was 9.1 years.

Reliability was measured by using Cronbach's Alpha Reliability Coefficients. The coefficients overall were .81 while all three scales were .70 or higher. The intercorrelations among women were faith and dependability at .61, faith and predictability at .48, and finally, dependability and predictability at .44. For the men, there was only a weak significant correlation between faith and dependability at .33.

Validity was determined by using convergent and discriminant evidence. The Trust Scale was compared with one love subscale from Rubin's Loving and Liking Scale
(1970). Love correlated the highest with faith at .46, while the correlation between love and dependability was .25. There was no significant correlation with predictability.

Procedure

The research was presented to the class by reading the cover letter and consent form from the questionnaire packet. The participants were given a packet containing a cover letter, consent form, the questionnaire and a final take-home letter. All completed items were put back in the envelope (except the final take-home letter) and returned to the researcher. Students were told participation was completely voluntary. Answering the questionnaire took 20 minutes. Students were told they were free to leave when finished or before if they did not wish to complete the questionnaire.
RESULTS

Intimacy

The intimacy means and standard deviations for A/NAP, NA/AP, and NA/NAP are presented in Table 1.

Table 1
Intimacy means and SDs for A/NAP, NA/AP, NA/NAP

<table>
<thead>
<tr>
<th>Intimacy</th>
<th>A/NAP</th>
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<tr>
<td></td>
<td>M</td>
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<td>M</td>
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<tr>
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<td>Emotional (R)</td>
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<td>21</td>
<td>39</td>
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<tr>
<td>Social (D)</td>
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<td>30</td>
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</tr>
<tr>
<td>Social (E)</td>
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<td>19</td>
<td>64</td>
</tr>
<tr>
<td>Social (R)</td>
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<td>Sexual (D)</td>
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</tr>
<tr>
<td>Sexual (E)</td>
<td>81</td>
<td>16</td>
<td>79</td>
</tr>
<tr>
<td>Sexual (R)</td>
<td>58</td>
<td>24</td>
<td>59</td>
</tr>
</tbody>
</table>

Note: (D) = difference between expected and realized
      (E) = expected
      (R) = realized
      A/NAP = alcoholic with nonalcoholic partner
      NA/AP = nonalcoholic with alcoholic partner
      NA/NAP = nonalcoholic with nonalcoholic partner
Analysis of variance was done by groups for emotional intimacy, specifically, emotional difference (EMD), and it was significant, $F(2,85)=8.60$, $p<.01$. The data were analyzed with t-tests between groups. The difference between A/NAP and NA/AP was nonsignificant, $t=-1.06$, $p>.05$. For A/NAP and NA/NAP the difference was significant, $t=-2.88$, $p<.01$, as well as for NA/AP and NA/NAP, $t=-4.14$, $p<.01$. The data indicated that for both A/NAP and NA/AP their emotional experiences in reality were more removed from their expectations than for the NA/NAP. Analysis of variance was done by groups for emotional expected (EME) intimacy and was nonsignificant, $F(2,85)=.21$, $p>.05$; however, the difference between groups for emotional realized (EMR) was significant, $F(2,85)=9.47$, $p<.01$. The data were analyzed with t-tests between groups for EMR. The comparison between A/NAP and NA/AP was nonsignificant, $t=1.53$, $p>.05$. A/NAP and NA/NAP means were significantly different, $t=2.74$, $p<.01$, as well as for NA/AP and NA/NAP, $t=4.18$, $p<.01$. Thus, the groups were the same regarding expected emotional intimacy but different regarding realized emotional intimacy. For EMR, A/NAP and NA/AP were both lower than NA/NAP.

Analysis of variance was done by groups for social intimacy. No difference was found among the three groups on social difference (SOD), $F(2,85)=1.62$, $p>.05$. Social
expected scores (SOE) were not different, \( F(2, 85) = .86, \ p > .05 \). However, there was a difference for social realized which was significant, \( F(2, 85) = 3.23, \ p < .05 \). The data were analyzed with t-tests between groups. A/NAP and NA/AP means were nonsignificant, \( t = .85, \ p > .05 \), as was A/NAP and NA/NAP, \( t = 1.53, \ p > .05 \). However, NA/AP and NA/NAP were significantly different, \( t = 2.67, \ p < .05 \). The nonalcoholic with an alcoholic partner described their relationship as less socially intimate than the nonalcoholic with a nonalcoholic partner.

Analysis of variance was done by groups for sexual intimacy. Sexual difference (SXD) scores were significantly different, \( F(2, 85) = 3.12, \ p < .05 \). The data were analyzed with t-tests between groups. A/NAP and NA/AP were not significantly different, \( t = .30, \ p > .05 \). A/NAP and NA/NAP were significantly different, \( t = -2.63, \ p < .01 \), as were NA/AP and NA/NAP, \( t = -2.00, \ p < .05 \). The data indicated that A/NAP and NA/AP were lower in sexual intimacy than NA/NAP. Analysis of variance was done for sexual expected (SXE) scores and was nonsignificant, \( F(2, 85) = .89, \ p > .05 \). Sexual realized (SXR) scores were significantly different, \( F(2, 85) = 5.17, \ p < .05 \). These data were analyzed with t-tests between groups for SXR. A/NAP and NA/AP were not significantly different, \( t = -.11, \ p > .05 \). A/NAP and NA/NAP were significantly different, \( t = 3.17, \ p < .01 \), as were NA/AP and NA/NAP, \( t = 2.79, \ p < .01 \). Similar to emotional intimacy,
the data indicated that the groups were the same regarding sexual expected intimacy but were different regarding sexual realized intimacy. For SXR, the A/NAP and NA/AP were both lower than NA/NAP.

In order to assess whether intimacy was related to the length of the relationship itself, correlation analyses were performed on the length of relationship in months and the intimacy scores. None of the correlations reached a significant level, \( p > .05 \).

Another possible confounding variable was whether the respondents' parents were reported as alcoholic. An alcoholic parent was determined by amount consumed as reported by the participant. Those parents who were reported to consume two or more drinks per day were classified as heavy drinkers as defined by Nobel (1978) and were considered alcoholic.

The intimacy means for respondents whose parents drink heavily (PD) (two or more drinks per day) and those whose parents do not drink heavily (PDN) are presented in Table 2.
Table 2

Intimacy means for those respondents whose parents drink heavily (PD) vs. those whose parents do not drink (PDN)

<table>
<thead>
<tr>
<th>Intimacy</th>
<th>PD</th>
<th>PDN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional (D)</td>
<td>41</td>
<td>25*</td>
</tr>
<tr>
<td>Emotional (E)</td>
<td>87</td>
<td>77*</td>
</tr>
<tr>
<td>Emotional (R)</td>
<td>46</td>
<td>51</td>
</tr>
<tr>
<td>Social (D)</td>
<td>34</td>
<td>19*</td>
</tr>
<tr>
<td>Social (E)</td>
<td>71</td>
<td>66</td>
</tr>
<tr>
<td>Social (R)</td>
<td>37</td>
<td>47</td>
</tr>
<tr>
<td>Sexual (D)</td>
<td>29</td>
<td>15*</td>
</tr>
<tr>
<td>Sexual (E)</td>
<td>84</td>
<td>81</td>
</tr>
<tr>
<td>Sexual (R)</td>
<td>55</td>
<td>66</td>
</tr>
</tbody>
</table>

Note: (D) = difference between expected and realized
(E) = expected
(R) = realized
*

Analyses of variance were done on intimacy scores by parental drinking. For emotional intimacy, EMD was significantly affected by parental drinking, \( F(2,85)=8.26, \)
E<.01, as was EME, F(2,85)=4.92, p<.05. EMR was nonsignificant, F(2,85)=.82, p>.05. The data indicated that the group who have parents who drink heavily had higher expectations than the group with parents who did not drink heavily. The PD group had a larger gap between expected and realized than the PDN group.

For social intimacy, parental drinking significantly affected SOD, F(2,85)=4.95, p<.05, but was nonsignificant for SOE, F(2,85)=.93, p>.05 and SOR, F(2,85)=2.75, p>.05. The data indicated that those individuals who had parents who drink were less satisfied with the social intimacy within their relationships.

Similar to social intimacy parental drinking affected sexual intimacy. SXD was significant, F(2,85)=6.03, p<.01, but was nonsignificant for SXE, F(2,85)=.44, p>.05 and SXR, F(2,85)=3.25, p>.05. Thus, those individuals that had parents who drink were also less satisfied with the sexual intimacy within their relationships.

Because of the confounding of parental drinking and the independent variable of respondent and/or partners' own use of alcohol, analyses of covariance were performed. In these analyses, the effects of participants and their partners' alcoholism status were controlled for participants' ratings of parental drinking. Results of the covariance analysis indicated that EMD, and EMR were still significant when
controlled by parental drinking. However, SOR, SXD, and SXR were no longer significant. Examination of the adjusted means for EMD and EMR indicated the same direction as shown for the unadjusted means. In the areas of social and sexual intimacy the effects of the current status of the participants and their partners was removed when parental drinking was controlled.

**Trust**

The trust means and standard deviations for A/NAP, NA/AP, and NA/NAP are presented in Table 3.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>A/NAP</th>
<th>NA/AP</th>
<th>NA/NAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td><strong>Total trust</strong></td>
<td>74</td>
<td>20</td>
<td>61</td>
</tr>
<tr>
<td><strong>Predictability</strong></td>
<td>28</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td><strong>Dependability</strong></td>
<td>24</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td><strong>Faith</strong></td>
<td>22</td>
<td>8</td>
<td>19</td>
</tr>
</tbody>
</table>

Note: A/NAP = alcoholic with nonalcoholic partner
NA/AP = nonalcoholic with alcoholic partner
NA/NAP = nonalcoholic with nonalcoholic partner

Analysis of variance was done by groups for trust.
Differences between groups on total trust (TTrust) were significant, \( F(2,85) = 17.79, \ p < .01 \). These data were analyzed with t-tests between groups. A/NAP and NA/AP were significantly different, \( t = 2.25, \ p < .05 \), as were A/NAP and NA/NAP, \( t = 3.75, \ p < .01 \). Also, NA/AP and NA/NAP were significantly different, \( t = 5.94, \ p < .01 \). The data indicated that the NA/AP mean was significantly lower on total trust than the A/NAP mean with both groups having average scores below 90. NA/NAP was above 90 and was significantly higher than both A/NAP and NA/AP groups.

Analysis of variance was done by groups for predictability and was significant, \( F(2,85) = 5.13, \ p < .01 \). The data were analyzed by t-tests between groups. The difference between A/NAP and NA/AP means was significant, \( t = 2.51, \ p < .01 \), but for A/NAP and NA/NAP the difference was nonsignificant, \( t = .12, \ p > .05 \). NA/AP and NA/NAP were significantly different, \( t = 2.8, \ p < .01 \). The data indicated that both alcoholic women and nonalcoholic women saw their partner as more predictable when the partner was not an alcoholic than when their partner was an alcoholic. Thus, the partner's drinking appeared to be crucial for predictability.

Analysis of variance was done by groups for dependability and it was significant, \( F(2,85) = 16.62, \ p < .01 \). The data were analyzed with t-tests between groups. The
difference between A/NAP and NA/AP means was nonsignificant, t=1.68, p>.05. A/NAP and NA/NAP were significant, t=3.87, p<.01, as were NA/AP and NA/NAP, t=5.85, p<.01. The partners of A/NAP and NA/AP groups were judged at the same level of dependability but both were judged significantly less dependable than by the NA/NAP group.

Analysis of variance was done by groups for faith and it was significant, F(2,85)=19.69, p<.01. The data were analyzed with t-tests between groups. The difference between A/NAP and NA/AP means was nonsignificant, t=1.73, p>.05. The difference between A/NAP and NA/NAP means was significant, t=4.40, p<.01, as were the NA/AP and NA/NAP groups, t=6.17, p<.01. The A/NAP and NA/AP means were at the same level of faith and both were significantly lower than NA/NAP.

In order to assess whether trust was related to the length of relationship itself, correlation analyses were performed on the length of relationship in months and the trust scores. None of the correlations reached a significant level, p>.05.

The trust means for respondents whose parents drink heavily (PD) and those whose parents do not drink (PDN) are presented in Table 4.
Table 4

Trust means for those respondents whose parents drink heavily (PD) vs. those respondents whose parents do not drink (PDN).

<table>
<thead>
<tr>
<th></th>
<th>PD</th>
<th>PDN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total trust</td>
<td>69</td>
<td>78</td>
</tr>
<tr>
<td>Predictability</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Dependability</td>
<td>21</td>
<td>26*</td>
</tr>
<tr>
<td>Faith</td>
<td>21</td>
<td>25</td>
</tr>
</tbody>
</table>

*E<.05

Analyses of variance were done by reported parental drinking. Total trust was not affected by parental drinking, F(2,85)=2.18, p>.05. Regarding the elements, predictability was not significantly affected by parental drinking, F(2,85)=.19, p>.05, however, dependability was significantly affected, F(2,85)=3.84, p<.05, while faith was not, F(2,85)=3.34, p>.05. Respondents whose parents drink found their partner less dependable than those whose parents who did not drink. Results of the covariance analyses indicated that total trust and all the elements were still significant when controlled by parental drinking.
DISCUSSION

Alcohol related couples are different regarding intimacy and trust. Emotional intimacy and especially trust appeared to be related to the presence of the pathology of alcoholism that is mutually interchanged within the couple; i.e., whether the woman respondent was an alcoholic or the partner of an alcoholic (nonalcoholic) was not critical. Both types of relationships were different from the nonalcoholic woman with a nonalcoholic partner. The most important contribution of this study was the determination of the presence of the pathology of alcoholism that is mutually interchanged within the couple.

The data determined a significant difference among groups for emotional, social, and sexual intimacy. However, it did not confirm the original prediction which was a descending sequential order (refer to hypothesis) with the alcoholic woman as the most deficient. The alcoholic was deficient, however the woman with an alcoholic partner was deficient at the same low level. Therefore, the presence of the pathology of alcoholism may be mutually interchanged within the couple and may act to inhibit the development of intimacy. Social and sexual intimacy appeared to be related
to family of origin. Parental drinking had an effect on emotional, social, and sexual intimacy while only one trust element was affected, dependability. Additionally, all three dimensions were affected by parents who drink, however, emotional intimacy was still related to this interchange within the couple while social and sexual intimacy appeared to be related to family of origin.

Regarding trust, the data confirmed the prediction that alcoholic women with nonalcoholic partners and nonalcoholic women with alcoholic partners would have scores below 90 which were within the range of the low trust profile while nonalcoholic with nonalcoholic partners were above 90 and were within the range of the hopeful trust profile. For total trust, there was a descending significant sequential order for groups. However, it was different from the original prediction that the alcoholic woman would be the least trusting. The descending significant sequential order was: The nonalcoholic with a nonalcoholic partner was the most trusting. The alcoholic with a nonalcoholic partner was between NA/NAP and NA/AP groups. The nonalcoholic with an alcoholic partner was the least trusting. The sequential order was maintained in the predictability component of trust, thus, the woman with an alcoholic partner was the most affected. For dependability and faith, those participants who were alcoholic or in a relationship with an
alcoholic were different and lower from those participants in a relationship where neither were alcoholic. Parental drinking affected one aspect of trust, the element of dependability. However, when parental drinking was controlled, total trust and all three elements appeared to be related to the presence of the pathology of alcoholism interchanged within the couple. The most important contribution of this study was this interchange within the couple as demonstrated by both emotional intimacy and especially trust.

Overall, the data determined a specific direction of focus for therapists who counsel couples in alcohol-related relationships. For instance, for emotional intimacy the focus could be directed at the presence of the pathology of alcoholism that is interchanged within the couple as well as family of origin issues. For social and sexual intimacy the focus could be directed specifically to family of origin issues. For trust issues the focus could be directed toward the pathology of alcoholism and its mechanisms of action. However, for dependability the pathology of alcoholism appears to be important as well as family of origin issue.

How does the pathology of alcoholism interact within the couple to affect emotional intimacy? In other words, how does it act to shut down sharing and communicating feelings? It could be speculated that it is related to the alcoholic's
coping style of sharing feelings, i.e., the individual drinks alcohol for the courage to share negative feelings. Consequently, the partner does not want to share feelings for fear of activating this mechanism. Thus, a pattern is set and neither individual shares feelings. However, this may be a problem specific to couples that deal with alcoholic addiction and other addictions therefore would warrant further investigation.

There are many ways of developing deficient intimacy strategies in adulthood. Deficient strategies may be related to family of origin, sexual abuse (within the family or outside), or economic background. Social and sexual intimacy appeared to be related to the status of parental alcohol use as reported by the participants. Thus, family of origin is an important factor. Each individual brings their own history to the relationship, consequently, exploration of the one's history regarding social and sexual intimacy may be the genesis for the development of intimacy within the relationship.

The data confirmed the notion that the partner of an alcoholic was affected. It was argued that because of the continued association with the alcoholic, intimacy and trust may be less developed. The partner of the alcoholic was the least trusting and was affected at the most basic level of the evolution of the trust elements, i.e., predictability.
This appears to be a reflection of the unpredictability of the alcoholics' behavior when they are abusing alcohol.

Recent literature has addressed the partner of an alcoholic. The partner of an alcoholic has been referred to as a co-dependent. A co-dependent is defined as an individual who has been affected in specific ways by her involvement with a chemically dependent partner (Potter-Efron & Potter-Efron, 1989). According to Beattie (1987), co-dependents may be described as being less adjusted than their alcoholic partners. She believes this may result from the profound pain experienced by those individual who are involved with a chemically dependent individual. For example, alcoholism in a family helps create co-dependency. It is thought to be developed through a set of unwritten silent rules that are practiced by the immediate members. These rules prohibit discussion about problems; open expression of feelings; direct, honest communication; realistic expectations, such as being human, vulnerable, or imperfect; selfishness; and finally, trust in others or in one's self. Thus, co-dependent women may have difficulty feeling close to other people and are withdrawn and isolated. The data determined that the partner of an alcoholic described her relationship as less social. Therefore, it would appear she struggles with intimacy and trust in ways similar to alcoholic women. Of course, this is
not surprising that it is difficult to feel close to an alcoholic.

Additionally, a shortcoming of the study and a contributing factor to the results may have been the definition of alcoholism. The alcoholic was defined as either being a sober continuous member of Alcoholics Anonymous or an individual who was classified as a heavy drinker as defined by Nobel (1978). For the alcoholic with a nonalcoholic partner group, the alcoholics were predominately members of Alcoholics Anonymous while for the nonalcoholic with an alcoholic partner, the alcoholics were predominately current heavy drinkers. This may have influenced the outcome because one group was in recovery on the average of 15 months while the other group was still practicing their alcoholism. To improve this study and to control for recovery status, it is recommended that partners of Alcoholics Anonymous members who are in a twelve step recovery program be used and compared to Alcoholics Anonymous members. Another suggestion could be co-dependents involved with practicing alcoholics be used and compared to practicing alcoholics in relationships. However, the latter would facilitate the most pure finding because the individuals are still abusing alcohol.

Also, another recommendation is to add a fourth group to this present study which would be another control group
of alcoholics with an alcoholic partner for more complete information. This would determine if the alcoholism of both partners decreased even further intimacy and trust within the relationship.

In the future, because parental drinking seems to have such a large effect on intimacy and trust level, parental drinking should be able to freely vary and later be statistically controlled. Comparison could be made between those individuals who are alcoholic or in relationships with an alcoholic versus those who have families with drinking history (adult children of alcoholics) to determine which is more important regarding the understanding of intimacy and trust.

Furthermore, another limitation or bias regarding the study was that the majority of participants were college students enrolled in the Drug and Alcohol Rehabilitation Certified Program. College students are considered to be the brightest, most motivated, upward mobile and most adjusted individuals, consequently, their life experiences are different from non-college students (Finkelhor, 1979). Therefore, alcoholics who are in recovery and in college may be different from practicing alcoholics who are not in college.

Additionally, demand characteristics (Orne, 1962) may have biased the study. Demand characteristics occur when the
participant discerns the hypothesis and tries to act in such a way as to confirm the hypothesis. Because the majority of participants were recovering alcoholics and working towards a counseling certificate in chemical dependency, there was a keen personal interest in the study. As a result of this personal interest, they may have answered the questionnaire consciously or subconsciously toward alcoholics or partners of alcoholics showing lower trust and intimacy. It is generally accepted in Alcoholic Anonymous meetings that alcoholics have troubled relationships. Alcoholics in counseling training may be more able to express their difficulties regarding trust and intimacy. Also, they may be more willing to share their difficulties because they already believe alcoholics have troubled relationships.

For future research, it is suggested that research investigate alcoholic men only or compare alcoholic men and women regarding intimacy and trust issues in relationships. Male alcoholics may have a different intimacy and trust profile than women alcoholics because of cultural influences. For instance, in our culture women are raised to be more emotional while men are not (Wright, 1982). Therefore, it could be hypothesized men would express less emotional intimacy than women, drunk or sober. For individuals who are not in alcohol-related relationships, this pattern of logic may occur. In this study, women were
emotionally deficient who were involved in alcohol-related relationships. It leaves one to ponder what kind of profiles men would have who are involved in relationships where alcohol abuse is a component.

Secondly, because social and sexual intimacy seemed to be affected by developmental background, as an extension of this study it would be interesting to investigate childhood sexual experiences to determine if there is a core problem underlying this struggle with intimacy and trust which may be manifested in alcoholism.

Third, the interaction between the couples regarding intimacy and trust issues as far as the effect on the partners of alcoholics should be investigated. This investigation could include studying couple relationships in which one or both are alcoholic to determine specific manifestations of the interaction of the pathology of alcoholism, i.e., the specific mechanisms of action that inhibits the couple's intimacy and trust development.

Finally, the issue of whether there are specific characteristics of alcoholic relationships versus other drug addictions or whether there is a general theme throughout all relationships where drug addiction is involved is a pertinent question for further research. For instance, those individuals who are addicted to smoking cigarettes and are in a relationship would not likely be deficient in emotional
intimacy as a result of their smoking cigarettes while alcoholics may be. It seems it would be related to the property of the drug and its pervasiveness in one's life as well as its ramifications.

In conclusion, the pathology of alcoholism has a damaging effect on relationships. The areas that are most affected are emotional intimacy and especially trust. Also, parental drinking affects emotional, social and sexual intimacy. Consequently, the effects on children's future intimacy and trust are part of the interpersonal pathology of alcoholism. The disease of alcoholism is insidious and is very dangerous. It damages the development of intimacy and trust within a relationship with the added factor that the damage may be passed from one generation to another.
Questionnaire Packet

(1) Cover letter

Dear Student:

The purpose of this questionnaire is to investigate the subject of alcohol use and relationships. The questions will cover the areas of alcohol consumption as well as emotional, social, and sexual intimacy behavior and trust strategies in relationships. Additionally, background information will be requested.

Some of the questions here are very personal and include sexual questions which may be upsetting. Therefore your participation is voluntary. At any time, if a question is upsetting, you are free to discontinue participation.

In order to safeguard your privacy, I have kept the questionnaire completely anonymous. Nowhere on the questionnaire do I ask your name except on the consent form. The consent forms will be kept separately and are not linked to the questionnaire. I have carefully avoided asking questions that might identify you indirectly. Your questionnaire will be one of 100 that I will be collecting, so the possibility of anyone identifying your questionnaire is virtually nil. All questionnaires will be guarded with the utmost care. No one but the researcher will have access to them. Please take a half hour right now, complete the consent form and the questionnaire and return it to me.

Cara Forth
M.A. Candidate, Department of Psychology
California State University, San Bernardino

Thank you in advance for your time and cooperation.

Sincerely,

Cara L. Forth
(2) Consent Form

Department of Psychology
California State University, San Bernardino
Participation Consent

This study is designed to investigate the subject of alcoholism regarding relationships in people over the age of 18 years. The topics of intimacy strategies and trust issues are covered. I agree to participate in the study on alcoholism and relationships. I understand the following:

1) I understand my participation will consist of completing a questionnaire on my alcohol consumption, as well as my emotional, social, and sexual intimacy behavior and trust strategies in relationships.

2) I understand the questions are personal and may be upsetting and that I am free to discontinue my participation in the study at any time with no negative consequence.

3) I understand that the answers on this questionnaire will be treated in strict confidence and that I will remain anonymous. Within these restrictions, group results of the study will be made available to me at my request.

4) I understand that my participation in the study does not guarantee any beneficial results to me.

Print Name:

Signature:

Date:
(3) Questionnaire

Instructions: Please circle the correct number for your answer or fill in the blanks.

1. Your sex (circle one)
   1. Male
   2. Female

2. Age ______

3. Ethnicity (circle one)
   1. Caucasian
   2. Black
   3. Hispanic
   4. Asian
   5. American Indian
   6. Other

4. Marital status (circle one)
   1. Single
   2. Married
   3. Separated or divorced
   4. Cohabit (live together)
   5. Exclusively dating
   6. Widowed

5. Highest level of education (circle one)
   1. Less than high school
2. High school graduate
3. Some college
4. College graduate

6. Do you have a history of alcohol or drug misuse (circle one)
   1. Yes
   2. No
   3. Explain

7. Do your parents drink alcoholic beverages? (circle one)
   1. Mother
   2. Father
   3. Both

8. Do your parents or parent drink: (circle one)
   1. Less than once a year or never
   2. One drink a year up to 3 drinks per week or 12 drinks per month
   3. 4 to 13 drinks per week or 13 to 58 drinks per month
   4. 2 or more drinks per day or 14 or more drinks per week

9. Has your parent or parents drunk this amount in the: (circle one)
   1. Last year
2. Last 5 years
3. Last 10 years
4. All of their adult life

10. Do you drink alcoholic beverages? (circle one)
   1. Yes
   2. No

   If your answer is yes go to 11. If no, skip to 12.

11. Do you drink: (circle one)
   1. Less than once a year or never
   2. One drink a year up to 3 drinks
      per week or 12 drinks per month
   3. 4 to 13 drinks per week or 13 to
      58 drinks per month
   4. 2 or more drinks per day or 14
      or more drinks per week

12. Are you a member of a 12 step program? (circle one or
    more)
   1. Alcoholics Anonymous (AA)
   2. Narcotics Anonymous (NA)
   3. Relatives or friends of Alcoholics (Al-Anon)
      a. Opposite-sex friend
      b. Married to
      c. Separated or divorced from
      d. Cohabit (live together)
e. Exclusively dating

4. Adult Children of Alcoholics (ACA)

5. None

13. How long have you been a member?

1. AA months ____ years ____
2. NA months ____ years ____
3. Al-Anon months ____ years ____
4. ACA months ____ years ____
5. None

Instructions: This part of the questionnaire is an inventory to measure different kinds of "intimacy" in your relationships. There are two steps to the inventory. In part One "How it is now," you are to respond in the way you feel about the question and relationship at present. If you are not presently in a relationship think about the last close romantic relationship you were in.

In Part Two, "How I would like it to be," you are to respond according to the way you would like it to be, that is, if you could have your relationship be any way that you may want it to be. Use Part Two for this step. Again, if you are not presently in a relationship think about the last close romantic relationship you were in.
There are no right or wrong answers. Respond to all the questions in Part One before proceeding to Part Two.

14. Are you thinking about: (circle one)
   1. Present romantic relationship
      How long been in? ___ yrs. ___ mon.
   2. Last close romantic relationship
      How long ago? ___ yrs. ___ mon.

15. Do they drink alcoholic beverages? (circle one)
   1. Yes
   2. No

16. Do they drink: (circle one)
   1. Less than once a year or never
   2. One drink a year up to 3 drinks per week or 12 drinks per month
   3. 4 to 13 drinks per week or 13 to 58 drinks per month
   4. 2 or more drinks per day or 14 or more drinks per week

Instructions: Part One, "How it is now." Please circle one of the numbers for your answer. You are to indicate your response to each statement by using the following:
Strongly disagree 0
Somewhat disagree 1
Neutral 2
Somewhat agree 3
Strongly agree 4

1. My partner listens to me when I need someone to talk to.
   0 1 2 3 4

2. We enjoy spending time with other couples.
   0 1 2 3 4

3. I am satisfied with our sex life.
   0 1 2 3 4

4. My partner has all the qualities I've ever wanted in a mate.
   0 1 2 3 4

5. I can state my feelings without him getting defensive.
   0 1 2 3 4

6. We usually 'keep to ourselves.'
   0 1 2 3 4

7. I feel our sexual activity is just routine.
   0 1 2 3 4

8. There are times when I do not feel a great deal of love and affection for my partner.
9. I often feel distant from my partner.
10. We have very few friends in common.
11. I am able to tell my partner when I want sexual intercourse.
12. Every new thing that I have learned about my partner has pleased me.
13. My partner can really understand my hurts and joys.
14. Having time together with friends is an important part of our shared activities.
15. I "hold back" my sexual interest because my partner makes me feel uncomfortable.
16. My partner and I understand each other completely.
17. I feel neglected at times by my partner.
18. Many of my partner's closest friends are also my closest friends.
0 1 2 3 4
19. Sexual expression is an essential part of our relationship.
0 1 2 3 4
20. I don't think anyone could possibly be happier than my partner and I when we are with one another.
0 1 2 3 4
21. I sometimes feel lonely when we're together.
0 1 2 3 4
22. My partner disapproves of some of my friends.
0 1 2 3 4
23. My partner seems disinterested in sex.
0 1 2 3 4
24. I have some needs that are being met by my relationship.
0 1 2 3 4

Instructions: Part Two, "How I would like it to be." Please circle one of the numbers for your answer.

1. My partner listens to me when I need someone to talk to.
0 1 2 3 4

50
2. We enjoy spending time with other couples.
   0 1 2 3 4

3. I am satisfied with our sex life.
   0 1 2 3 4

4. My partner has all the qualities I've ever wanted in a mate.
   0 1 2 3 4

5. I can state my feelings without him getting defensive.
   0 1 2 3 4

6. We usually "keep to ourselves."
   0 1 2 3 4

7. I feel our sexual activity is just routine.
   0 1 2 3 4

8. There are times when I do not feel a great deal of love and affection for my partner.
   0 1 2 3 4

9. I often feel distant from my partner.
   0 1 2 3 4

10. We have very few friends in common.
    0 1 2 3 4

11. I am able to tell my partner when I want sexual intercourse.
    0 1 2 3 4
12. Every new thing that I have learned about my partner has pleased me.
0 1 2 3 4

13. My partner can really understand my hurts and joys.
0 1 2 3 4

14. Having time together with friends is an important part of our shared activities.
0 1 2 3 4

15. I "hold back" my sexual interest because my partner makes me feel uncomfortable.
0 1 2 3 4

16. My partner and I understand each other completely.
0 1 2 3 4

17. I feel neglected at times by my partner.
0 1 2 3 4

18. Many of my partner's closest friends are also my closest friends.
0 1 2 3 4

19. Sexual expression is an essential part of our relationship.
0 1 2 3 4

20. I don't think anyone could possibly be happier than my partner and I when we are with one
another.
0 1 2 3 4
21. I sometimes feel lonely when we're together.
0 1 2 3 4
22. My partner disapproves of some of my friends.
0 1 2 3 4
23. My partner seems disinterested in sex.
0 1 2 3 4
24. I have some needs that are being met by my relationship.
0 1 2 3 4

Instructions: This part of the questionnaire is an inventory used to measure different kinds of "trust" in your relationships. Respond to questions using same relationship as above. Also, again there are no right or wrong answers. Please circle one of the numbers for your answer. You are to indicate your response to each statement by using the following:

- Strongly disagree 1
- Moderately disagree 2
- Mildly disagree 3
- Neutral 4
- Mildly agree 5
- Moderately agree 6
Strongly agree 7

1. I know how my partner is going to act. My partner can always be counted on to act as I expect.

2. I have found that my partner is a thoroughly dependable person, especially when it comes to things that are important.

3. My partner's behavior tends to be quite variable. I can't always be sure what my partner will surprise me with next.

4. Though times may change and the future is uncertain, I have faith that my partner will always be ready and willing to offer me strength, come what may.

5. Based on past experience I cannot, with complete confidence, rely on my partner to keep promises made to me.

6. It is sometimes difficult for me to be absolutely certain that my partner will always continue to care for me; the future holds too many
uncertainties and too many things can change in our relationship as time goes on.

7. My partner is a very honest person and, even if my partner were to make unbelievable statements, people should feel confident that what they are hearing is the truth.

8. My partner is not very predictable. People can't always be certain how my partner is going to act from one day to another.

9. My partner has proven to be a faithful person. No matter who my partner was married to, she or he would never be unfaithful, even if there was absolutely no chance of being caught.

10. I am never concerned that unpredictable conflicts and serious tensions may damage our relationship because I know we can weather any storm.

11. I am very familiar with the patterns of behavior my partner has established, and he or she will behave in certain ways.
12. If I have never faced a particular issue with my partner before, I occasionally worry that he or she won't take my feelings into account.

13. Even in familiar circumstances, I am not totally certain my partner will act in the same way twice.

14. I feel completely secure in facing unknown new situations because I know my partner will never let me down.

15. My partner is not necessarily someone others always consider reliable. I can think of some times when my partner could not be counted on.

16. I occasionally find myself feeling uncomfortable with the emotional investment I have made in our relationship because I find it hard to completely set aside my doubts about what lies ahead.

17. My partner has not always proven to be trustworthy in the past, and there are times when I am hesitant to let my partner engage in activities
that make me feel vulnerable.

18. My partner behaves in a consistent manner.
Dear Student:

Thank you for participating in this study. The purpose of this study is to investigate the subject of alcohol use and relationships to determine if there is a difference between alcoholic and nonalcoholic individuals regarding intimacy and trust strategies. The issues of intimacy and trust are very important to the development of relationships. Therefore a clearer understanding of these aspects may designate a direction for therapy for those individuals recovering from alcohol abuse.

Group results will be ready in about six months. If you are interested in our results, please contact the researcher:

Cara Forth  
c/o Gloria Cowan, Ph.D., Department of Psychology  
550 University Parkway  
California State University  
San Bernardino, CA 92407-2397  
Re: Alcoholism and Relationships

If you became upset and were unable to complete the questionnaire or if you find that you become upset in the future as a result of completing this questionnaire please contact one of the following:

a) the researcher - Cara Forth - (714) 875-9362  
b) For Valley Students:  
San Bernardino Valley  
College Counseling Service  
701 S. Mount Vernon  
(714) 825-3103 Ext. 1153  
c) Suicide & Crisis Prevention - (714) 886-4889

Sincerely,

Cara Forth  
M.A. Candidate, Department of Psychology  
California State University, San Bernardino  
Gloria Cowan, Ph.D.  
Professor, Department of Psychology  
California State University, San Bernardino
REFERENCES


Press.


