Intimacy perceptions & sexual attitudes of recovering alcoholics

Kathy Caviness Fair

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INTIMACY PERCEPTIONS & SEXUAL ATTITUDES OF RECOVERING ALCOHOLICS

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

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Kathy Caviness Fair
June 2001
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Approved by:

Dr. Matt Riggs, Faculty Supervisor

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ABSTRACT

This study’s objective was to research viewpoints on intimacy and sexuality among recovering alcoholics. Questionnaires were distributed at alcoholic treatment centers and Alcoholics Anonymous (AA) meetings. Two existing instruments were used to measure responses. The “Fear-of-Intimacy Scale (FIS)” consists of thirty-five questions (Thelen, 2000) and scored by adding individual responses. The FIS had good internal consistency with an alpha of .85. The Sexual Attitude Scale (SAS) was developed by Hudson (1992), contains twenty-five questions, and is designed to qualify conservative or liberal attitudes towards sexuality. Reliability shows internal consistency with an alpha of .81.

Gender differences, length of sobriety, and marital status were examined in relation to total scores. It was discovered that gender and length of sobriety did influence responses in relation to sexual attitudes. Viewpoints on intimacy did not vary significantly. Implications and limitations of this study and suggestions for future research are discussed.
ACKNOWLEDGMENTS

I would like to acknowledge the educational and personal support that I have received throughout the preparation and completion of this project. Dr. Janet Chang contributed encouragement and valuable input throughout the development and implementation of this research. Dr. Matt Riggs provided many useful opinions during the final stages.

I am especially grateful to friends and family. Several close associations have developed through the graduate experience. Without these relationships, the progression would have been much more difficult. Well-deserved recognition is extended to Donna Monroe, who offered both a shoulder to lean on and a swift kick to keep me going.

My family has made extensive sacrifices. They furnished confirmation and enduring faith in my educational pursuit. Without their help, I would have been unable to attain this lifelong goal.
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CHAPTER ONE
INTRODUCTION

Adversities of alcoholism are well documented (Royce & Scratchley, 1996). Numerous studies have examined the effects of alcoholism on spouses and families, as well as on drinking habits and causes of addictive behaviors. But little study is available on the internal transformation process that takes place for the sobering alcoholic. Behavior changes are inevitable and dramatic for recovering alcoholics and varying greatly from previous drinking conduct.

Social interactions transform as sobriety redefines meaningful relationships. Connections that reinforce addiction are severed. Attitudes and perceptions of the alcoholic may change throughout the recovery process. These alterations must be understood in order to sustain sobriety while maintaining important affiliations. Sobriety may improve the alcoholic’s life in general, but this does not guarantee improvement of personal relationships.

Many researchers contend that in addition to treating addiction, therapists should also address
intimacy problems (Powell & Powell, 1984; Covington & Kohen, 1984). In early sobriety, couples must first decide if they want to break up or develop a new relationship. Once sobriety is stabilized, intimacy must develop in order for the connection to sustain and flourish.

Intimacy is an important aspect of coping with stress (Miller & Lefcourt, 1983). People who are married or have close friends feel more confident and adapt better to life-changing events. This is due to having a confidant with which one can trust and talk openly, as well as share a bond of sexual intimacy. Interactions within these relationships provide a foundation for the development of family communication and associations with others outside the home.

Recovering alcoholics are not unlike the majority of people who depend on the support of close relationships. Marriages and close friendships that survive chemical dependency must rebuild relationships. This may require reflection of intimate interactions before sobriety, as well as throughout the recovery process. As recovering
addicts redefine themselves and their lifestyle, new emotions and challenges will emerge.

Many recovering alcoholics report a symbolic rebirth after a period of substantial abstinence, as if they have missed out on a great deal of life (Hanninen, 1999). In addition to altering behaviors, they must also reassess cognitive issues, such as values, attitudes, and perceptions. This is not only due to their renovated state, but perhaps because they are thinking and interacting in an altered environment.

Before sobriety, many drinkers consider themselves reciprocal in intimate, sexual partnerships. However, reports from mates have contradicted this assumption (Wiseman, 1991). Interactional deficits are often revealed in such areas as intimacy, leisure activities, eating, and sex.

Since impotence is a symptom of heavy drinking, sobriety may bring an awakening of renewed sexual interest (Dowsling, 1981). Along with social and health transformations may come a revamping of sexual attitudes and perceptions of intimacy. Understanding these changes
is important to the continued success of recovering addicts (Fewell, 1985).

As the addicted person transforms, he/she may encounter internal conflicts between old and new emotions that may jeopardize abstinence. Significant others, along with therapists, need to gain insight into such matters so as to format treatment and to reinforce positive development of relationships with others.

Inquiry into the attitudes and perceptions regarding close relationships of recovering alcoholics will provide a basis for understanding other social interactions. Sexual attitudes, for instance, can be an indicator of how a person relates to the opposite sex, whether with a spouse, child, friend, or coworker. Intimacy perceptions may impede or enhance communications with important people.

Awareness of client outlooks can help counselors address relationship issues that might affect sobriety, such as providing social skills and problem solving techniques not previously available to the drinking alcoholic. Therapists who value these viewpoints will also gain greater sensitivity and ability in determining
where the client is, thus aiding the development of treatment plans.

This study’s objective is to research viewpoints on intimacy and sexuality among recovering alcoholics. Questionnaires were distributed at alcoholic treatment centers and Alcoholics Anonymous (AA) meetings. Various demographics were compared. Major research questions of this study are: Are there gender differences in sexual attitudes and perceptions of intimacy? Does length of sobriety affect outlooks on relationships? Does marital status affect responses?
THEORIES OF RESEARCH ON INTIMACY AND SEXUALITY APPEAR TO BE RELATED TO DEFICITS IN PSYCHOSOCIAL FUNCTIONING. THIS CAN BE CONCEPTUALIZED WITHIN ERIKSON’S EPIGENETIC STAGES OF DEVELOPMENT, WHICH EMPHASIZE THE CAPACITY TO RE-EXPERIENCE INTERNAL CONFLICTS THROUGHOUT THE LIFE SPAN, WHILE IN PROCESS OF SUBSEQUENT GOALS (ERIKSON, ERIKSON, & KIVNICK, 1986). THE NEWLY SOBER PERSON MAY ENCOUNTER ROLE CONFUSION AND RECREATE IDENTITY, WHILE AT THE SAME TIME PURSUING A HEALTHY BALANCE BETWEEN INTIMACY AND ISOLATION. SEXUALITY AND INTIMACY TOGETHER DEFINE QUALITY OF CLOSE RELATIONSHIPS (MCCABE, 1999).

MCCABE’S RESEARCH EXAMINED DIFFERENCES IN PERCEPTIONS OF MALES AND FEMALES CONCERNING THEIR CURRENT PARTNERS REGARDING INTIMACY, SEXUAL CLOSENESS, AND RELATIONSHIP SATISFACTION. OVERALL, SHE FOUND NO SIGNIFICANT DIFFERENCE IN MALES AND FEMALES: "..INTIMACY AND SEXUAL VARIABLES...SIGNIFICANTLY PRECITED GENERAL
Rubin (1974) defines intimacy as the deliberate mutual sharing of personal feelings and information. There is a great deal of research concerning the issues of intimacy and sexual attitudes of certain groups (i.e. men, women, college students, elderly); however, little research has been conducted on recovering alcoholics. Investigators have examined the effects of addiction on mates, as well as the sexual performance of both drinking and sober alcoholics (Covington & Kohen, 1984; Nirenberg, Liepman, Begin, Doolittle, & Broofman, 1990).

Sandoz (1995) reports that there are approximately 10 million people in the United States who are addicted to alcohol. Many of them became heavy drinkers due to high stress, low self-esteem, or fear of intimacy. Intimacy, especially sexual closeness, diminishes in relationships with alcoholics. Reports indicate sexual dysfunction and intimacy deficiencies as pertinent issues of alcoholism (Fewell, 1985). Such issues are often overlooked in alcohol treatment programs, and clients are usually hesitant to reveal relationship problems.
Nurse (1982) states the important role alcohol can play in the couple system. Alcohol serves as a diversion whenever stressful situations occur. For example, drinking often becomes an outlet for avoiding intimacy and expression of feelings. In several case examples, Nurse explains how alcoholism affects relationships. Some alcoholics and their partners often disengage from each other, avoiding sex, as well as intimacy.

Nurse also discusses how in each case example exploration of emotions was implemented at the ideal stage of sobriety. In each situation, intimacy issues could not be addressed according to a specific timeline. In one case, feelings were explored within a few weeks of abstinence, while another took two years before addressing intimacy concerns.

Sexual relationships were also explored in relation to male alcoholics and their partners (Nirenberg, T., Liepman, M., Begin, A., Doolittle, R., & Broffman, T., 1990). Comparisons were made between periods of drinking and abstinence. Sexual intimacy was found to be enjoyable for both partners when the alcoholic was not drinking. But, during times of inebriation, female partners did not
desire or enjoy sexual contact with their alcoholic partner.

Others have studied sexuality problems among female alcoholics (Covington & Kohen, 1984; Heiser and Hartmann, 1987). Differences were found between alcoholics and non-alcoholics in that sexual dysfunction often precedes excessive drinking. Alcoholic women are less confident in their lovemaking abilities than alcoholic men. Even though they enjoy sex, they find it bothersome and often drink to overcome inhibitions. They also make higher demands on their partners. As a result, alcoholic women were found to experience more conflict in their relationships.

Another study (Pinhas, 1980) also found that women in early sobriety have experienced a high degree of perceived sexual inadequacy. Pinhas conceptualized that alcohol may serve as coping mechanism due to lack of intimacy in sexual relationships. These women also feel a high degree of guilt related to their pursuit of sexual satisfaction. Alcohol was also indicated as a tool for minimizing perceived failure and guilt, while creating a sense of control. Pinhas reported that length of sobriety
does not affect the level of sex guilt. She concludes that many alcoholics depend on self-help groups, such as AA, but this type of support seldom addresses sexual issues.

Moos, Brennan, and Schutte (1998) state that addictive gender differences reflect that women drink less than men and have shorter-term drinking problems. Close relationships of drinking females remain more stable than males. However:

Remission from drinking problems should help improve the life contexts of women and men. In fact, remission had little influence on men’s life contexts; women who remitted experienced a loss of support from extended family members over a 1-year interval and, at follow-up, reported more family stressors than did the remitted men. Thus, for men, remission may portend a slow process of improvement in life context, whereas for women, it may entail costly changes in family context” (p. 270).

Harper (1990) discusses progressive stages of sobriety for couples. He defines the first stage as the crisis phase where expectations, trust and safety issues are brought forth. “The therapeutic aim...is to change the meaning of the distance between the partners from alienation to one based on more acceptance of autonomy, initiating a differentiation process of the relationship”
Each person is allowed their own space in order to begin the healing process.

The second stage is referred to as the "rejoining" phase, centered around reconnection, rather than redefinition of the relationship. Although channels of communication begin to emerge and trust begins to grow, other issues may surface. These include family problems or differences of opinion that may have existed before addictive behaviors began. Fear of relapse is no longer in the forefront. The third stage is "regeneration" where the couple possesses a positive regard for each other and a mutual respect for past experiences.

Dowsling (1981) says that sex is an important element of intimate relationships and should be considered throughout recovery. By addressing sexuality issues, a line of communication opens for the recovering alcoholic. "Learning to deal with one’s sexuality can be an important initial step in creating a new, more confident self who can cope in a chemical-free world" (p 1179).

As stated earlier, research reveals problems of intimacy and sexual functioning in alcoholics. Studies
have also explored the need for therapeutic remedies for addressing such deficiencies during sobriety. But, no investigations have been found that investigate perceptions of intimacy and sexual attitudes throughout the recovery process.
CHAPTER THREE

METHODS

Overview and Study Design

This research investigated perceptions of intimacy and sexual attitudes of recovering alcoholics. This study examined age, marital status, and gender variances of views on intimacy and sexuality (dependent variables) in association to length of sobriety (independent variable). Respondents were recruited by employing a non-probability, convenience sampling technique. The sample consisted of various ages (18 and over) and ethnicities. Questionnaires were dispersed at various outpatient treatment facilities and Alcoholics Anonymous (AA) meetings within San Bernardino and Riverside counties. Permission from each research site was obtained before survey distribution. Data was collected from 49 participants (21 male and 28 female). Participation in this study was voluntary, anonymous, and confidential.

Limitations existed in obtaining cooperation from some AA organizations. In addition, many prospective study participants were reluctant to respond to issues
such as intimacy and sexuality, especially if such factors have influenced addictive tendencies.

Sample

The study involved forty-nine participants (28 female and 21 male) who reside in either Riverside or San Bernardino counties and were actively participating in either an alcoholic treatment program or attending AA meetings. Numerous sites increased the possibility of obtaining a more representative sample of the overall population. A non-probability convenience sampling method was used.

Data Collection Procedures

Data was collected with a self-administered survey. It consisted of three pages of questions concerning intimacy perceptions and sexual attitudes. Demographic information, including gender, marital status, age, ethnicity, and length of sobriety was also collected. The researcher distributed surveys to directors of three alcohol rehabilitation facilities. The administrators distributed the surveys to participants. The researcher later collected the surveys from the treatment center directors. This method was employed at the request of
facility directors in order to preserve client confidentiality.

The investigator also attended various Alcoholics Anonymous meetings. The secretary introduced the researcher during closing announcements. Members were informed of the researcher's project and asked to voluntarily participate. All participants completed questionnaires anonymously and were informed of confidentiality. Completion of questionnaires took approximately fifteen to twenty minutes to complete.

Approval for this study was obtained from the Institutional Review Board, California State University before distribution of questionnaires. Data collection was conducted between January, and March, 2001. Data analysis was completed in May, 2001. Results will be available by June, 2001.

**Instruments**

The survey contained demographic questions that requested age, gender, ethnicity, marital status, whether or not the respondent was involved in a serious relations and length of sobriety (Appendix A), along with questions from two existing instruments. Both measures employed a
five-point, Likert-type scale. Permission from writers of both scales was obtained. Descutner & Thelen’s “Fear-of-Intimacy Scale (FIS)” (see Appendix B) consists of thirty-five questions and scored by adding individual responses (as cited in Corcoran & Fischer, 1987; Thelen, 2000). The FIS had good internal consistency with an alpha of .85.

The “Sexual Attitude Scale (SAS),” was developed by Walter Hudson (1997) contains twenty-five questions, and is designed to qualify conservative or liberal attitudes towards sexuality (see Appendix C). Scores are calculated through various steps to determine a range between 0 to 100. Higher totals indicate greater sexual difficulties. Reliability shows internal consistency with an alpha of .81.

Protection of Human Subjects

Participants were required to read and mark an Informed Consent, which stated the purpose of this study and participation is voluntary (see Appendix D). All information in this study will remain confidential and is disclosed only with the participant’s consent or as required by law. Questionnaires are identified by number.
only. No participant’s name appears on any questionnaire or data report. No one other than the researcher has access to the collected data. After data was collected and entered into a computer file, all questionnaires were destroyed. Computer data will be identified by case numbers only.

After completion of the questionnaire, the participants were debriefed about their responses to this study (Appendix E). Respondents were informed in the Debriefing Statement about the California State University Counseling Center should they experience discomfort related to this research.

Data Analysis

Descriptive data was analyzed with univariate statistics. Measures of central tendency and frequency distribution were examined. Fear of intimacy and sexual attitudes (independent variables) were measured in relation to length of sobriety (dependent variable). These data are interval/ratio, and comparisons were analyzed using Pearson r. Marital status (nominal data) were compared to instrument scores (interval data). Assessment of these variables was analyzed with the t-
test. Correlations were also evaluated between length of sobriety and survey responses.
CHAPTER FOUR

RESULTS

Participants in this study consisted of forty-nine recovering alcoholics who were either actively involved in substance-abuse treatment or attending Alcoholics Anonymous meetings. Table 1 shows demographic characteristics of respondents. The sample consisted of twenty-eight females and twenty-one males. Ethnic composition comprised of thirty-five Non-Hispanic whites (71.4%), five African-American (10.2%), four Hispanic/Latino (8.2%), two Native American (4.1%), and 3 others (6.1%). Ages ranged from 19 to 64 (M = 38.00, SD = 11.66). Marital status encompassed 44.9% divorced, 30.6% married or living with a significant other, and 24.5% never married.
Table 1. Demographic Composition of Sample

N = 49

<table>
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<th>Frequency (n)</th>
<th>Percentage</th>
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**Age (in years)**

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<td>31 - 40</td>
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<td>51 - 64</td>
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**Gender**

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<td>21</td>
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**Ethnicity**

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<td>African-American</td>
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<tr>
<td>Non-Hispanic White</td>
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<td>Native American</td>
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<td>Other</td>
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<td><strong>Total</strong></td>
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**Marital Status**

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<td>Never married</td>
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<tr>
<td>Married</td>
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<td>Divorced</td>
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<td>44.90</td>
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<tr>
<td>Living with</td>
<td>4</td>
<td>8.20</td>
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<tr>
<td>significant other</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>100.00</strong></td>
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Table two shows means, standard deviations, and minimum and maximum responses on continuous variables (Sobriety, Fear of Intimacy Scale, and Sexual Attitude Scale). The mean score on the Fear of Intimacy Scale (FIS) was 81.48 (SD = 22.31). The Sexual Attitude Scale (SAS) mean score was 36.81 (SD = 14.65). These scores indicate an overall fear of intimacy and liberal sexual attitudes.

Table 2.
Means and Standard Deviations of Continuous Variables

<table>
<thead>
<tr>
<th></th>
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<th>Mean</th>
<th>Standard Deviation</th>
<th>Minimum</th>
<th>Maximum</th>
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<td>Sobriety</td>
<td>49</td>
<td>1091</td>
<td>1404</td>
<td>2</td>
<td>5354</td>
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<tr>
<td>SAS (Sexual Attitude Scale)</td>
<td>47</td>
<td>36.81</td>
<td>14.65</td>
<td>7.00</td>
<td>73.00</td>
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<tr>
<td>FIS (Fear of Intimacy Scale)</td>
<td>45</td>
<td>81.48</td>
<td>22.31</td>
<td>35.00</td>
<td>125.00</td>
</tr>
</tbody>
</table>

Length of sobriety was positively skewed with a disproportionate number of short-term abstinence (see Figure 1). There was a skewed distribution of short-term
abstinence. Over half of participants (59%) were sober less than 365 days (n = 29). Any significant correlations are probably underestimated due to the skew.

**Figure 1. Sobriety Frequencies**

Sobriety was computed into number of days and ranged from 2 to 5354 (Mean = 1091.49, Median = 123.00). One response indicated sobriety at two days and one reported at 5354 days. Normal distributions were found in the FIS and SAS
scales, and age. There was a balance in male and female subjects.

There were no considerable differences found between men and women on age ($t = -0.764$, df = 47, $p = 0.449$). No significant differences were discovered length of sobriety between males and females ($t = -0.428$, df = 47, $p = 0.671$). Correlations were discovered between age and length of sobriety ($r = 0.501$, $p < 0.001$). Older respondents showed greater lengths of abstinence.

A significant distinction was determined between male and female scores on the Sexual Attitude Scale ($t = 2.042$, df = 45, $p = 0.047$) (see Figure 2). No significant variation was found between men and women on perceptions of intimacy ($t = -0.667$, df = 43, $p = 0.508$). Their responses to the Fear of Intimacy Scale (FIS) were almost identical.
A negative correlation was found between sobriety and sexual attitudes ($r = -.326, p = .025$) (see Figure 3). Higher scores were associated with shorter-term sobriety. No relationship was determined between sobriety and perceptions of intimacy ($r = .052, p = .737$). Scores on the Fear of Intimacy Scale (FIS) and the Sexual Attitude Scale (SAS) were not correlated ($r = .031, p = .842$).
There were no significant differences found among the FIS scores depending on marital status ($f = .310$, $p = .818$) or the respondent’s involvement in an intimate relationship ($r = .041$, $p = .787$).
Sobriety transforms social associations in complicated ways, especially close relationships. Sexual problems and intimacy issues have often been associated with inebriation. But, little research has investigated whether length of sobriety affects views concerning intimate partners. This study examined the differences between various stages of sobriety in relation to perceptions of intimacy and sexual attitudes. It was expected that longer abstinence would be linked with fewer problems regarding both intimacy perceptions and sexual attitudes. Differences between men and women were also predicted.

It was discovered that participants who maintained abstinence for extended time periods revealed fewer sexual problems. There was also a substantial variation between the responses of men and women in regard to sexual attitudes. Female responses indicated more difficulties with sexuality. These gender differences may be influenced by societal norms. It appears, in
general, that males have more liberal sexual attitudes than females.

This research projected similar outcomes on intimacy perceptions. Fear of intimacy was expected to improve as sobriety progressed, along with variations between men and women. Although it was anticipated that females would show less fear of intimate communication, this was not supported by the findings. On average, all respondents showed a high fear of close communication, with no significant gender differences.

It is unclear why length of sobriety transformed sexual attitudes and not intimacy perceptions. Even those who have maintained sobriety for many years indicated inhibitions in regard to intimate relationships. This may be due to the instruments used in the present study. The Sexual Attitude Scale (SAS) asked general questions in relation to society, while the Fear of Intimacy Scale (FIS) asked specific questions about revealing personal information.

Improved sexual attitudes may be the result of factors, such as enhanced self-esteem and renewed libido. This does not seem to strongly affect willingness to
reveal personal information, even though successful recovery programs utilize social support. Sobriety may improve close associations to some degree, but the quality of those relationships is yet unclear.

Limitations

There were several limitations presented in this study. Investigation only addressed alcoholism, although it is understood that most addicts have been involved with other substances. Another important element to consider is that most of the participants in this research were residents at inpatient treatment facilities. Their responses may vary greatly from those who attend AA meetings only.

This research had hoped to collect a significant amount of data from Alcoholics Anonymous (AA) meetings. This would have provided more variability in length of sobriety, age, and ethnicity. But, after attending six different meetings, only a small number of responses were collected. Therefore, this research was primarily limited to inpatient treatment centers where participants were newly recovered. Another obstacle was encountered with
restricted access to participants by the researcher. Treatment center directors insisted on distributing the questionnaires in order to protect their clients' anonymity.

Implications

Studies that target underlying, often elusive problem areas associated with substance abuse are critical to social work, especially in treatment planning. Perceived intimacy could affect current recovery or relapse, as well as future quality of life. Sexual problems are apparent in alcoholic relationships, especially for women. While this study reveals progressive improvement in sexual attitudes as sobriety strengthens, females continue to express more inhibitions than males. Overall, females scored higher. This could provide a therapeutic area that may need to be tailored specifically for women.

Despite intensive treatment, intimacy is problematic for both sexes and more sexual difficulties exist for women. One program director stated that her female patients loved to talk about sex. It appears that in
treatment, sex may be considered more important than intimate communication. Despite the higher degree of sexual issues among women, the sample revealed low scores on the Sexual Attitude Scale.

Surprisingly, the Fear of Intimacy Scale (FIS) showed no significant differences between males and females. However, compared to previous inquiry, a mean score of 81.48 is high (Thelen, et al., 2000). This would indicate that most recovering alcoholics, regardless of length of sobriety, are still experiencing difficulty in close relationships. Could it be that addiction remedies are not addressing past or current relationship issues? Extreme scores were considered as a possible reason for low scores on the FIS. Individual totals were examined in order to verify these findings. For example, two days of sobriety showed similar scores to 5354 days.

A note of interest in this study is that while surveys were collected anonymously, it is speculated that some participants who indicated long-term abstinence may be substance-abuse counselors. Therefore, the counselors’ responses would not appear to vary from other participants. If treatment providers are facing similar
interpersonal conflicts as their clients, perhaps they are unable to assist with such problem areas as intimate relationships.

Recommendations for Future Research

Future research should look at various types of available treatment for substance abuse, which target intimacy as part of recovery. In addition, investigations should be conducted to answer pertinent questions specific to men and women. What happens during recovery that influences sexual attitudes, but not intimacy issues? Do affiliations with fellow alcoholics limit the recovering addict's ability to interact in other relationships?

In the development of this research, no specific measures were available that were relative to issues of intimacy and sex in relation to recovery. It is suggested that development of such instruments would be important for accurate assessment of determining relationship progress and maintenance.

What are the differences between alcohol and drug users? Should therapy treat them differently? It appears
that organizations such as Alcoholics Anonymous and Narcotics Anonymous apply the same model. Would it make a difference to approach substance abuse more specifically? Should remedy be altered depending on chemical preference?

It is also suggested that future study look at the differences between perceived levels of intimacy in contrast to actual closeness. This might be achieved by comparing responses from significant others or family members in addition to recovering addicts. Longitudinal inquiry could also compare differences between intimate partners at the beginning of sobriety compared to results obtained after extended abstinence. Social work practice must be willing to explore and process such data in order to ease emotional suffering and promote more effective therapy.

Conclusion

Social support from groups like Alcoholics Anonymous and Al-Anon have been determined to influence the success of recovery from substance abuse. But do these groups, as well as treatment programs, help develop or redefine
interpersonal connections? It appears that most recovering alcoholics are substituting sex for intimacy. Are treatment programs addressing intimacy problems adequately? The present study indicates that these issues are not being effectively dealt with. Long-term abstinence has little effect on improving the quality of close relationships beyond the bedroom.
Please answer a few questions about yourself.

1. What is your current age? _____

2. What is your gender? Please circle one 1. Female 2. Male

3. What is your ethnicity? Please circle one
   4. Hispanic/Latino  5. Native American  6. Other

4. What is your marital status? Please circle one
   4. Widowed  5. Living with a significant other

5. Are you currently involved in a serious, intimate relationship? Please circle one
   1. yes  2. no

6. What is your length of sobriety? ________
APPENDIX B:

FEAR OF INTIMACY SCALE (FIS)
Part A: Instructions: This is not a test. There are no right or wrong answers. Imagine you are in a close, dating relationship. Respond to the following statements as you would if you were in that close relationship. Rate how characteristic each statement is of you on a scale of 1 to 5 as described below, and put your response in the space to the left of the statement.

1 = Not at all characteristic of me.
2 = Slightly characteristic of me.
3 = Moderately characteristic of me.
4 = Very characteristic of me.
5 = Extremely characteristic of me.

Note. In each statement "O" refers to the person who would be in the close relationship with you.

1. I would feel uncomfortable telling O about things in the past that I have felt ashamed of.
2. I would feel uneasy talking with O about something that has hurt me deeply.
3. I would feel comfortable expressing my true feelings to O.
4. If O were upset I would sometimes be afraid of showing that I care.
5. I might be afraid to confide my inner most feelings to O.
6. I would feel at ease telling O that I care about him/her.
7. I would have a feeling of complete togetherness with O.
8. I would be comfortable discussing significant feelings with O.
9. A part of me would afraid to make a long-term commitment to O.
10. I would feel comfortable telling my experiences, even sad ones to O.
11. I would probably feel nervous showing O strong feelings of affection.
12. I would find it difficult being open with O about my personal thoughts.
13. I would feel uneasy with O depending on me for emotional support.
14. I would not be afraid to share with O what I dislike about myself.
15. I would be afraid to take the risk of being hurt in order to establish a closer relationship with O.
16. I would feel comfortable keeping very personal information to myself.
17. I would not be nervous about being spontaneous with O.
18. I would feel comfortable telling O things that I do not tell other people.
19. I would feel comfortable trusting O with my deepest thoughts and feelings.
20. I would sometimes feel uneasy if O told me about very personal matters.

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21. I would feel comfortable revealing to O what I feel are my shortcomings and handicaps.
22. I would be comfortable with having a close emotional tie between us.
23. I would be afraid of sharing my private thoughts with O.
24. I would be afraid that I might not always feel close to O.
25. I would feel comfortable telling O what my needs are.
26. I would be afraid that O would be more invested in the relationship than I would be.
27. I would feel comfortable about having open and honest communication with O.
28. I would sometimes feel uncomfortable listening to O’s personal problems.
29. I would feel at ease to completely be myself around O.
30. I would feel relaxed being together and talking about our personal goals.

Part B: Instructions: Respond to the following statements as they apply to your past relationships. Rate how characteristic each statement is of you on a scale of 1 to 5 as described in the instructions for Part A.

31. I have shied away from opportunities to be close to someone.
32. I have held back my feelings in previous relationships.
33. There are people who think that I am afraid to get close to them.
34. There are people that think that I am not an easy person to get to know.
35. I have done things in previous relationships to keep me from developing closeness.
APPENDIX C:

SEXUAL ATTITUDE SCALE (SAS)
SEXUAL ATTITUDE SCALE (SAS)

Name: ____________________________ Today's Date: __________________

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

1 = Strongly disagree
2 = Disagree
3 = Neither agree nor disagree
4 = Agree
5 = Strongly agree

1. _____ I think there is too much sexual freedom given to adults these days.
2. _____ I think that increased sexual freedom undermines the American family.
3. _____ I think that young people have been given too much information about sex.
4. _____ Sex education should be restricted to the home.
5. _____ Older people do not need to have sex.
6. _____ Sex education should be given only when people are ready for marriage.
7. _____ Pre-marital sex may be a sign of a decaying social order.
8. _____ Extra-marital sex is never excusable.
9. _____ I think there is too much sexual freedom given to teenagers these days.
10. _____ I think there is not enough sexual restraint among young people.
11. _____ I think people indulge in sex too much.
12. _____ I think the only proper way of having sex is through intercourse.
13. _____ I think sex should be restricted for marriage.
14. _____ Sex should be available for the young.
15. _____ Too much sexual approval has been given to homosexuals.
16. _____ Sex should be devoted to the business of procreation.
17. _____ People should not masturbate.
18. _____ Heavy sexual petting should be discouraged.
19. _____ People should not discuss their sexual affairs or business with others.
20. _____ Severely handicapped (physically and mentally) people should not have sex.
21. _____ There should be no laws prohibiting sexual acts between consenting adults.
22. _____ What two consenting adults do together sexually is their own business.
23. _____ There is too much sex on television.
24. _____ Movies today are too sexually explicit.
25. _____ Pornography should be totally banned from our bookstores.

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APPENDIX D:

INFORMED CONSENT
Study of Intimacy Perceptions & Sexual Attitudes
Of Recovering Alcoholics
Informed Consent

The study in which you are about to participate is designed to investigate the views of recovering alcoholics in relation to intimacy and sexual attitudes. This study is being conducted by Kathy Fair under the supervision of Dr. Matt Riggs, Professor of Psychology, at Loma Linda University. This research has been approved by the Department of Social Work Sub-committee of the Institutional Review Board at California State University, San Bernardino. The university requires that you give your consent before participating in this study.

In this study you will be asked to respond to a few questions about your views related to intimacy and sexual attitudes. All of your responses will be held in the strictest confidence by the researcher. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion in the Spring of 2001.

Your participation in this study is voluntary. You are free to withdraw at any time during this study without penalty. When you complete the task, you will receive a debriefing statement describing the study in more detail. In order to ensure the validity of the study, we ask you not to discuss this study with other participants.

If you have any questions about this study, please feel free to contact Kathy Fair or Dr. Matt Riggs at 909-558-8709.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Please place a check mark here

Today's Date
APPENDIX E:
DEBRIEFING STATEMENT
Study of Intimacy Perceptions and Sexual Attitudes of Recovering Alcoholics
Debriefing Statement

The survey you just completed was designed to examine intimacy perceptions and sexual attitudes of recovering alcoholics. In this study, one set of questions explored fear of closeness to others. Another set examined viewpoints relating to sexual values. This study will explore differences between various stages of sobriety, age, marital status, and gender. Such information may be of value in determining if and when relationship issues should be addressed during the recovery process.

Thank you for your participation and for not discussing the contents of this study with others. If you have any questions about the study, please feel free to contact Kathy Fair or Dr. Matt Riggs at 909-558-8709. A copy of the results will be available in the library at California State University at the end of the Spring Quarter, June 2001.

If you should experience any discomfort in relation to this study, please contact the counseling center at California State University, San Bernardino at 909-880-5040.
REFERENCES


