Attachment Styles of Parents with Alcohol Use Disorder and the Relation of Their Parenting Perception to Their Parenting Attitudes

ABSTRACT

Objective: Many neurobiological, genetic, environmental, and spiritual factors are involved in addiction etiology. This study aims to examine parental perceptions, attachment styles, and parental attitudes.

Methods: This is a cross-sectional study. Patients diagnosed with alcohol use disorder (AUD) were enrolled in the Addiction Clinic of the Erenköy Mental Hospital. The structured clinical interview for DSM-5 (SCID-5) was applied, and the sociodemographic data form, Adult Attachment Style, Family Life and Child Rearing Attitude Scale, and Parent Attachment Scale were administered to the participants.

Results: It was determined that 21.5% of participants had depressive episode and anxiety disorder diagnoses; 15.4% of participants had children with a history of psychiatric treatment; 16.9% had children with a history of alcohol/substance use. The avoidant attachment score average of individuals with APD was found to be higher. The positive perception of parents participating in terms of care and protection toward their own parents was significant in all subdimensions with secure attachment. When the child-rearing attitudes of parents with secure attachment were examined, the dimensions of democratic attitude and recognition of equality were statistically significantly higher.

Conclusion: Parenting and attachment are associated with many steps of addiction. In the fight against addiction, it is very important to treat addiction as a family problem. The education and interventions to be made can be protective in terms of psychopathology and addiction issues, which may provide early intervention for these problems. In addition, constructive interventions related to family relationships are important in increasing the social support of people who are being treated for AUD.

Keywords: Alcohol use disorder, parenting, attitudes, perception

Introduction

The etiology of alcohol use disorder (AUD) includes socio-cultural, genetic, individual, environmental, mental, and interpersonal (relationships with parents, peers, etc.) factors. In addition to genetic influence, family influence also affects social, developmental and interpersonal factors, including attachment styles and parenting attitudes. Addiction is thought to arise from early attachment dynamics and may develop through other mechanisms in adulthood. Alcohol and substance use can be considered as an action that directly reduces the individual's need for attachment.

Attachment is defined as a continuous emotional bond between the child and the caregiver that begins in the first months of life and emerges with the child’s need to be close to the caregiver. There are various opinions regarding the classification of attachment styles in adulthood. Bartholomew and Horowitz proposed the 4-category attachment model for attachment styles; secure, dismissive-avoidant, anxious-preoccupied, fearful-avoidant. Studies show that alcohol and other drug addicts are likely to have insecure

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attachment styles and exhibit severe anxiety and avoidance in attachment dimensions. People with insecure attachment may try to correct their emotions through means such as alcohol and substance abuse. In general, alcohol consumption may begin in adolescence. Parents can be a protective but also a risk factor for alcohol use and abuse among adolescents, but less is known among adult children. Among the few studies in the literature, most have focused only on young adulthood. Regardless, for both adolescent and adult children, feeling loved and appreciated by the family helps to develop an optimal attachment.

Parental attitudes constitute the main social impact that the child experiences in the first years. These attitudes are a whole, consisting of child-rearing attitudes, views, and behaviors that emerge according to the people’s expectations from life and from the child they raise. Parental attitudes are accepted as one of the important dynamics that underlie the social development processes of children in almost every culture. There are various classifications of parenting attitudes in the literature. The prominent among them are: democratic, authoritarian, permissive, and overprotective. Parental attitude is a measure or indicator of parental involvement. A child who has grown up with compassion in the least restrictive environment can better cope with difficulties ahead. Studying parental attitudes can broaden our knowledge of child development. Child-rearing attitudes influence parents to behave positively or negatively toward their children. These have been accepted as indicators of parenting behavior. Personality development of an adolescent who grows up in a family environment based on democratic attitudes is positively affected; it enables them to be extroverted, creative individuals with harmonious characteristics. It was emphasized that authoritarian attitudes and rules applied by their parents are effective in children's social, emotional, and cognitive development. These attitudes affect the child, especially during adolescence.

Most parenting studies have examined parenting and its impact on child and adolescent development during parental socialization. However, it is important to consider that once parental socialization is over, it is also possible to examine the competence of adult children and its relationship with parental socialization. Some studies have identified consistent relationships between parenting and its consequences on adult children in different indicators of their psychosocial competence. In the environment domain, it is known that the quality of family relationships established during childhood and adolescence makes a relevant contribution to the development of aggressiveness, but less is known about its relationship once parental socialization is over (adulthood), even in those adult children with an AUD. Many studies have shown that parents’ problems with alcohol negatively affect parent-child interaction and child-rearing styles.

Our literature review revealed few studies on parents with AUD. Although studies on individual attachment styles are relatively frequent, studies investigating parenting perceptions and parenting attitudes are limited. We believe that focusing on the parenting perceptions and parenting attitudes of individuals with AUD is important for both individual and public health in terms of identifying risk factors and protective medication and therapy. This study aims to investigate the attachment styles of parents with AUD and the relationship of their parenting perception to their parenting attitudes.

Methods
This is a cross-sectional study. Patients were accepted to our study between January 1, 2020 and April 3, 2020. Ethics Committee approval was obtained from Health Sciences University (Erenköy Mental Health and Neurological Diseases Training and Research Hospital) for the study (Approval Date: May 20, 2019; Approval Number: 34). Sixty-five patients admitted to the Alcohol and Substance Addiction Treatment and Research Center (AMATEM) of the Erenköy Mental Health and Neurological Diseases Training and Research Hospital, who accepted to participate in the study and were diagnosed with AUD, were included in the study. The structured clinical interview for DSM-5 (SCID-5) was applied and a socio-demographic data form was filled in at the initial interview, to clarify additional mental illnesses currently present or in the past. Then, the participants answered the questions of the Adult Attachment Scale (AAS), Parental Attitude Research Scale (PARI), and Parental Bonding Scale (PBI) (mother’s form and father’s form).

Inclusion Criteria
Patients between the ages of 18 and 65, diagnosed with AUD according to DSM-5, having completed alcohol detoxification treatment, and volunteering to participate in the study, were included.

Exclusion Criteria
The presence of conditions that hindered responding to the scales, such as lack of education, significant mental retardation and cognitive deficiencies, serious medical condition/illness, alcohol intoxication or withdrawal symptoms, psychotic disorder, mood disorder, or other mental disorders that cause impaired judgment, were criteria for exclusion from the study.

In this study, the resident psychiatric physician working in the addiction treatment unit evaluated the scales under the supervision of the psychiatrist with whom they worked. Professional support was obtained from the statistician for the analysis of the data.

Data Collection Tools
Sociodemographic and Clinical Data Collection Form: This form, which queries the participants’ socio-demographic variables such as age, gender, marital status, number and age of children, and education level, was prepared by the authors to be used in this study.

The Structured Clinical Interview for DSM-5 (SCID-5): The Structured Clinical Interview for DSM-5 was designed to guide the interview to make a diagnosis according to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. This is a

MAIN POINTS:
- The avoidant attachment style is more common in individuals with AUD than other styles.
- Parents with a secure attachment style have more democratic and equitable attitudes.
- Secure attachment has been found to increase the rate of completing inpatient treatment in parents diagnosed with AUD.
- Participants with a remission period of more than 1 year had a more democratic and equitable child-rearing attitude.
semi-structured interview guide. The guide includes the structure of the diagnostic interview, how to establish a connection during the diagnostic interview, a draft of a 30-minute diagnostic interview and dimensional diagnosis, as well as examples of questions for each mental disorder defined in DSM-5.23

**Adult Attachment Scale (AAS):** The AAS consists of 2 parts. The first part was developed by Hazan and Shaver.25 The first part consists of 3 separate terms: secure, anxious, and avoidant. The second part of the scale consists of 15 items developed by Mikulincer et al.26 Each attachment style is represented by 5 items. The scale was adapted to Turkish by Sabuncuoğlu and Berkm.27 Due to some limitations, the translation into Turkish and the validity and reliability studies of the scale were carried out by Kesebir et al.28 Since some expressions in the original scale were not understood sufficiently, the questions were divided into parts, the 7-point Likert scale was removed, and the answers were reduced to “true” and “false.” This scale was used to determine the attachment styles of individuals. In the Turkish version of the scale, Cronbach’s alpha for secure, avoidant, and anxious attachment is 0.72, 0.82 and 0.85 respectively.

**The Parental Bonding Instrument (PBI):** This scale was developed by Parker et al29 based on Bowlby’s attachment theory, to measure the child-parent attachment pattern. It covers the care and overprotection dimensions recommended by Bowlby for parent-child attachment relationships. Kapçi and Küçük30 investigated the validity and reliability of the scale on Turkish university students. The perceived parent behaviors are scored separately for these 2 dimensions. The care sub-dimension of the 25-item scale consists of 18 items in the Turkish version. A high score indicates a warm, understanding, and accepting perception, while a low score indicates a cold and rejecting perception. The protection sub-dimension consists of 7 items, and the high score refers to a parent who is perceived as overprotective or does not object to autonomy (positive), and the low score refers to a parent who does not allow autonomy. This scale was used to determine individuals’ perceptions of their parents. A number of reliability studies were conducted for the PBI, and the test-retest reliability was found to be 0.76 for the care dimension and 0.63 for the overprotection dimension, split-half reliability was 0.88 and 0.74, and interrater reliability coefficients were 0.85 and 0.69 respectively. In the Turkish version, the psychometric properties of the PBI are found to be satisfactory. Cronbach’s alpha value for the mother form was 0.87 and it was 0.89 for the father form. Cronbach’s alpha for the protection subscales for both forms was 0.70, and for the care subscales it was 0.90 for the mother form and 0.91 for the father form. In our study, participants were asked to fill out the parent forms twice, separately for the mother and father.

**Parental Attitude Research Instrument (PARI):** The scale was developed by Schaefer and Bell31 to evaluate attitudes toward family. The scale has been adapted to Turkish and consists of 5 subscales. The scale is evaluated by factor scores, not the total score. According to the sample and purpose of our study, the subscales of ‘rejection of the role of housewife’ and ‘marital conflict’ were excluded, and 41 items related to excessive motherhood/overprotection, democratic/equality and oppressive/discipline factors were included. This scale was used to determine individuals’ attitudes toward parenting. The test-retest reliability of the factors was between 0.58 and 0.88. In a study conducted by Küçük and Öner32 with high school students and their parents, the construct validity of PARI subscales was also supported.

**Statistical Analysis**

For the statistical evaluation of the data, software from E-picos (MedicRes, New York, USA), and the MedCalc (MedCalc Software Ltd, Ostend, Belgium) were used. The normality test for continuous measurements was performed with the Kolmogorov-Smirnov test statistic. In this case, results are given with parametric tests. While analyzing the data, the means and standard deviations and minimum and maximum values of the features were used to statistically evaluate the continuous data in the scales; frequencies and percentages were used to describe categorical variables. The Student’s t-test was used to compare the mean of 2 groups in the scales, and one-way ANOVA was used to compare the means of more than 2 groups. When a difference was detected by ANOVA, Tukey’s statistics was used to evaluate it as a post hoc test. Cronbach’s alpha value was determined to evaluate the reliability. Pearson’s correlation coefficient was used to examine the relationships between scales and their subgroups. The level of statistical significance was set at \( P < .050 \).

**Results**

Sixty-five patients (10 females [15.40%] and 55 males [84.60%]) diagnosed with AUD were included in our study. Of the participants, 23 (35.40%) were elementary school graduates, 11 (16.90%) were secondary school graduates, 19 (29.20%) were high school graduates, and 12 (18.50%) were university graduates; 36 participants (55.40%) were married, 22 (33.80%) were divorced, and 7 (10.80%) were widows. The sociodemographic descriptive indicators of the parents are presented in Table 1. Descriptive indicators for the children of the participants are presented in Table 2.

The mothers of eight of the participants (12.30%) had a history of psychiatric diagnosis, and there was no history of alcohol use by the mothers of the participants. The fathers of five of the participants (7.70%) had a history of psychiatric diagnosis, and 25 (38.50%) of the participants’ fathers had a history of alcohol use.

The reliability of all scales and subscales was found to be high. The average scores of PARI, PBI-Mother and PBI-Father scales are presented in Table 3.

The responses revealed that 53.80% of the participants had avoidant attachment styles, 24.70% of them Unstable/Anxious attachment styles, and 21.50% of them secure attachment styles.

A moderate correlation was found between secure attachment and PBI-Mother-Care (\( P = .009 \)), PBI-Mother-Protectiveness (\( P = .02 \)), PBI-Mother Total (\( P = .001 \)), PBI-Father-Care (\( P = .01 \)), PBI-Father-Protectiveness (\( P = .030 \)), and PBI-Father Total scores (\( P = .001 \)). The relationship between attachment styles and parental bonding-mother and father subscales are presented in Table 4.

A positive, moderate correlation was found between Democratic Attitude and Recognizing Equality and PBI-Mother-Care (\( P = .002 \)), PBI-Mother-Protectiveness (\( P < .001 \)), PBI-Mother Total (\( P < .001 \)), PBI-Father-Protectiveness (\( P < .001 \)) and PBI-Father Total (\( P = .020 \)). A negative, low-level correlation was found between Oppression and Discipline Attitude and PBI-Father-Protectiveness (\( P = .004 \)) and...
The relationship between subscales of parental bonding—mother and father and parental attitudes is presented in Table 5.

A positive, low-level correlation was found between secure attachment and Democratic Attitude and Recognition of Equality ($P = .004$) while a negative, low-level correlation was found between secure attachment and other PARI subscales ($P = .040$, $P = .030$). A positive, low-level correlation was found between avoidant attachment and Excessive Motherhood/Overprotectiveness and Oppression and Discipline Attitude ($P = .002$, $P = .050$). A positive, low-level correlation was found between Unstable/Anxious attachment and Excessive Motherhood/Overprotectiveness ($P = .040$). A negative correlation was found between Unstable/Anxious attachment and Democratic Attitude and Recognition of Equality ($P = .001$). The relationship between subscales of attachment styles and parental attitudes are presented in Table 6.

No relationship was found between the variables of age, marital status, income level, psychiatric treatment history, and the Parental Attitude subscales.

There was a significant relationship between the mean score of Excessive Motherhood/Overprotection and alcohol/substance use in children ($P = .030$). A statistically significant correlation was found between the mean score of Democratic Attitude and Recognizing Equality and parental divorce status ($P = .002$) and alcohol/substance abuse in their children ($P = .020$). A statistically significant correlation was also found between the mean score of Democratic Attitude and Recognizing Equality and Remission period ($P = .020$). A statistically significant relationship was found between the mean score of Pressure and Disciplinary Attitude and parental divorce status, history of psychiatric disorders in their children, or the presence of alcohol and substance abuse ($P < .001$). The assessment of PARI scale results in terms of some variables are presented in Table 7.

The mean score of Unstable/Anxious attachment average differed statistically between those with remission periods of less than 3 months and those with remission periods longer than 1 year ($P = .003$). Only having a remission period of more than 1 year was correlated with the

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### Table 1. Distribution of Descriptive Indicators of Parents with Alcohol Use Disorder-I (n=65)

| Descriptive indicators                  | Groups                      | n (%)            |
|----------------------------------------|-----------------------------|------------------|
| Gender                                 | Female                      | 10 (15.40)       |
|                                        | Male                        | 55 (84.60)       |
| Education level                        | Elementary School           | 23 (35.40)       |
|                                        | Secondary School            | 11 (16.90)       |
|                                        | High School                 | 19 (29.20)       |
|                                        | University and above        | 12 (18.50)       |
| Marital status                         | Married                     | 36 (55.40)       |
|                                        | Divorced                    | 22 (33.80)       |
|                                        | Widow                       | 7 (10.80)        |
| Living with                            | Alone                       | 23 (35.40)       |
|                                        | Spouse                      | 5 (7.70)         |
|                                        | Spouse and children         | 29 (44.60)       |
|                                        | Parents                     | 4 (6.20)         |
|                                        | Children only               | 3 (4.60)         |
|                                        | Other                       | 1 (1.50)         |
| Employment status                      | Employed                    | 28 (43.10)       |
|                                        | Unemployed                  | 26 (40.00)       |
|                                        | Retired                     | 11 (16.90)       |
| Income level                           | Low                         | 18 (27.70)       |
|                                        | Medium                      | 36 (55.40)       |
|                                        | High                        | 11 (16.90)       |
| Additional psychiatric diagnosis       | No                          | 51 (78.50)       |
|                                        | Yes                         | 14 (21.50)       |
| Additional psychiatric diagnosis       | Depressive Episode          | 10 (71.40)       |
|                                        | Anxiety Disorder            | 4 (28.60)        |

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### Table 2. Descriptive Indicators in Children of Parents with Alcohol Use Disorder (n = 65)

| Descriptive indicators                  | Groups                      | n (%)            |
|----------------------------------------|-----------------------------|------------------|
| Number of children                     | 1                           | 21 (32.30)       |
|                                        | 2                           | 19 (29.20)       |
|                                        | 3                           | 16 (24.60)       |
|                                        | >3                          | 9 (13.80)        |
| Child’s age                            | <6                          | 8 (12.30)        |
|                                        | 6-12                        | 13 (20.00)       |
|                                        | 12-18                       | 7 (10.80)        |
|                                        | >18                         | 37 (56.90)       |
| Psychiatric disorder history           | No                          | 55 (84.60)       |
|                                        | Yes                         | 10 (15.40)       |
| Alcohol/substance use history          | No                          | 54 (83.10)       |
|                                        | Yes                         | 11 (16.90)       |
recognition of the democratic attitude and equality sub-dimension ($P = .020$). A negative, moderate correlation was found with secure attachment, and the ratio of “Number of Incomplete Admissions/ Total Number of Admissions” ($P = .001$), and a positive, medium-level correlation with Unstable/Anxious attachment ($P = .010$).

**Discussion**

The findings are consistent with gender and marital status data from studies on alcohol users under treatment in Turkey. Our study investigates attachment styles, perceptions of their own parents, and child-rearing attitudes of parents diagnosed with AUD, which have an important place in the etiology of addiction. The mean age of 65 participants (55 males, 10 females) was 50.40 (SD = 9.2), most of them were married, and 44.60% were living with their spouses and children. Our findings regarding gender and marital status are consistent with the results of research in Turkey.

AUD is likely to be accompanied by other psychiatric disorders. In our study, it was observed that 14 (21.50%) of the parents had a history of additional psychiatric disorders. Of these, 4 (28.60%) had anxiety disorder, and 10 (71.40%) had depressive episodes. The national and international literature shows that the presence of additional mental disorders in individuals diagnosed with AUD varies between 20% and 50%, and these rates are consistent with our study.

The literature shows that children whose parents use alcohol are at higher risk for mental and social problems. Many studies in this area show that children of parents who use alcohol are more likely to experience problems such as attention deficit and hyperactivity disorder, anxiety disorders, depressive disorder, aggression, and behavioral disorders. While 55 of the participants in our study (84.60%) had no psychiatric diagnosis or treatment history, 10 (15.40%) had a history of psychiatric treatment. Eleven patients (16.90%) reported a history of alcohol/substance use in their children. According to the literature, the rate of alcohol/substance use...
in children is lower. The majority of the children in our study were young and there was no diagnostic interview with these children.

In the next generation, addiction is explained by both genetic and environmental factors. While no history of alcohol use was found in the mothers of the participants in our study, 25 participants (38.50%) had a father with history of alcohol use. Alcohol use found in the parents of the participants in our study is consistent with the literature. However, it is known that an insecure attachment style is an important risk factor in the development of addiction, and a secure attachment with the parent is protective against addiction. In our study, insecure attachment average scores were found to be higher than secure attachment average scores; 53.80% of participants had avoidant attachment, 24.70% had Unstable/Anxious attachment, and 21.50% had secure attachment styles. A study in the literature, investigating the attachment styles of 101 alcohol-using participants found that 34% of the participants exhibited secure attachment and 66% exhibited insecure attachment. Furthermore, studies suggest that alcohol-using individuals have a higher rate of insecure attachment and a higher rate of avoidant attachment.

The positive perceptions of parents included in the study toward their own parents in terms of care and protection were found to be significant in all sub-dimensions and secure attachment. This parallels the attachment theory that states that closeness, a safe base, and a safe haven are necessary for secure attachment. Inadequate attention is highlighted in studies on insecure attachment and alcohol use in the literature. While our study only found a significant correlation with the inadequate attention of the mother and unstable-avoidant attachment, it is interesting that the protectiveness sub-dimension of mother and father was significantly correlated for both insecure attachment styles. This may be explained by the usually advanced age of individuals with AUD and by the fact that the PBS we use only

Table 5. The Relationship Between Sub-Scales of PBI/Mother and PBI/Father and PARI Subscales in Parents with Alcohol Use Disorder (n = 65)

| Measurements       | PARI-1 (Excessive Motherhood/Overprotectiveness) | PARI-2 (Democratic Attitude and Recognition of Equality) | PARI-3 (Oppression and Discipline Attitude) |
|---------------------|-------------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| PBI/Mother-1 (Care) | r -0.100                                         | 0.400                                                  | -0.130                                      |
|                     | $P_{\text{=.430}}$                              | $P_{\text{=.002}}$                                      | $P_{\text{=.310}}$                          |
| PBI/Mother-2 (Protectiveness) | r -0.100                                      | 0.500                                                  | -0.200                                      |
|                     | $P_{\text{=.430}}$                              | <$\text{.0001}$                                       | .110                                        |
| PBI/Mother total    | r -0.130                                         | 0.550                                                  | -0.190                                      |
|                     | $P_{\text{=.300}}$                              | <$\text{.0001}$                                       | .130                                        |
| PBI/Father-1 (Care) | r -0.190                                         | 0.190                                                  | -0.150                                      |
|                     | $P_{\text{=.130}}$                              | .150                                                  | .240                                        |
| PBI/Father-2 (Protectiveness) | r -0.160                                     | 0.510                                                  | -0.400                                      |
|                     | $P_{\text{=.220}}$                              | <$\text{.0001}$                                       | .004                                        |
| PBI/Father total    | r -0.230                                         | 0.400                                                  | -0.300                                      |
|                     | $P_{\text{=.070}}$                              | .002                                                  | .020                                        |

It is significant at $P_{<.050}$ level. (Pearson Correlation Coefficient).

PARI, Parental Attitude Research Instrument; PBI, The Parental Bonding Instrument.

Table 6. The Relationship Between Adult Attachment Style and PARI Subscales in Parents with Alcohol Use Disorder (n = 65)

| Measurements                          | AAS Secure Attachment | AAS Avoidant Attachment | AAS-Unstable/Anxious Attachment |
|---------------------------------------|-----------------------|-------------------------|---------------------------------|
| PARI-1 (Excessive Motherhood/Overprotectiveness) | r -0.300             | 0.400                   | 0.300                           |
|                                       | $P_{\text{=.040}}$   | $P_{\text{=.002}}$      | $P_{\text{=.040}}$             |
| PARI-2 (Democratic Attitude and Recognition of Equality) | r 0.400              | -0.220                  | -0.420                          |
|                                       | $P_{\text{=.004}}$   | $P_{\text{=.080}}$      | $P_{\text{=.001}}$             |
| PARI-3 (Oppression and Discipline Attitude) | r -0.300             | 0.250                   | 0.200                           |
|                                       | $P_{\text{=.030}}$   | $P_{\text{=.050}}$      | $P_{\text{=.100}}$             |

*Significant at $P_{<0.050}$ level. (Pearson Correlation Coefficient).

AAS, Adult Attachment Scale; PARI, Parental Attitude Research Instrument.
evaluates the first 16 years of an individual’s life, leading to potential misremembrances.

The highest average scores for child-rearing attitudes in our study were found in the overprotectiveness sub-dimension, followed by the oppression and discipline dimension. The score for democratic attitude and recognition of equality, which is the positive parent attitude, was the lowest. Literature review on this matter revealed a controlled study on African Americans, suggesting that the less-desired parenting attitudes were more frequently observed in alcohol-using parents, and that the authoritarian attitude was particularly more frequent.44 The higher rate of negative parenting attitudes in our study is consistent with literature, and the fact that the overprotectiveness dimension had a higher score than the oppression and discipline dimension is believed to be associated with cultural differences.

Parenting and its impact on children and development might not always be the same in all cultural contexts.45 The cultural context when a family is raising the child is quite different in Turkey than in Eastern societies such as China,46 and in the United States.9 Nevertheless, present findings from Turkey reveal the positive impact in terms of secure attachment, and the negative impact of parental overprotection in terms of developing insecure forms of attachment, confirming some previous findings that reveal the positive impact of parental warmth in studies with adolescents47 and also adult children,48 and extending the evidence for Turkish adult children as well.

Our study shows that individuals with a secure attachment style are more equal and democratic parents to their children. This finding indicates that individuals who have a positive perception of their own parents can establish secure attachments and exhibit positive attitudes toward their children. A study indicates that parents’ own childhood experiences, relationships, and interactions with their parents may determine their attitudes toward their children.49 In one of the few studies in the national literature examining perceptions toward parents and child-rearing attitudes, it has been suggested that individuals who experience a more protective attitude and more oppression toward success tend to be less democratic toward their own children.

In terms of alcohol/substance use history in the children of our participants in our study, increasing over-protectionism and oppression-disciplinary attitudes of the parents were found to be associated with alcohol/substance use in their children. Studies in this area are generally conducted with children, especially adolescents, rather than the person using alcohol. The generally accepted approach in the literature is that democratic attitudes are socially and mentally protective for children. It was found that a history of psychiatric disorders was more common in the children of parents with a more repressive and disciplinary attitude. We could find no studies in Turkey that directly investigate parental attitudes for addicted individuals. Previous studies in Turkey have investigated the relationship between parental attitude and children’s self-esteem, behavioral disorders, anxiety

| Sociodemographic Variables          | PARI-1 (Excessive Motherhood/Overprotectiveness) | PARI-2 (Democratic Attitude and Recognition of Equality) | PARI-3 (Oppression and Discipline Attitude) |
|------------------------------------|-----------------------------------------------|---------------------------------------------------------|---------------------------------------------|
|                                    | Mean (SD)                                     | Mean (SD)                                               | Mean (SD)                                   |
| Parent divorce status              |                                               |                                                         |                                             |
| Yes                                | 52.22 (8.13)                                  | 18.77 (1.92)                                            | 7.66 (0.24)                                 |
| No                                 | 50.08 (7.03)                                  | 23.23 (4.03)                                            | 42.98 (7.85)                                |
| P                                  | .420                                          | .002                                                    | .110                                        |
| Birth order among siblings         |                                               |                                                         |                                             |
| Youngest                           | 46.22 (5.58)                                  | 22.89 (4.10)                                            | 38.27 (7.49)                                |
| Eldest                             | 49.16 (6.94)                                  | 23.44 (4.57)                                            | 44.77 (5.54)                                |
| Other                              | 53.72 (6.75)                                  | 21.93 (3.82)                                            | 46.24 (8.51)                                |
| P                                  | .001                                          | .450                                                    | .003                                        |
| Psychiatric disorder in children   |                                               |                                                         |                                             |
| Yes                                | 54.20 (7.57)                                  | 21.00 (3.19)                                            | 51.30 (6.61)                                |
| No                                 | 49.69 (6.90)                                  | 22.90 (4.20)                                            | 42.23 (7.64)                                |
| P                                  | .070                                          | .180                                                    | .001                                        |
| Alcohol / Substance use in children|                                               |                                                         |                                             |
| Yes                                | 54.54 (7.38)                                  | 20.00 (3.22)                                            | 51.09 (5.31)                                |
| No                                 | 49.53 (6.88)                                  | 23.14 (4.08)                                            | 42.11 (7.80)                                |
| P                                  | .030                                          | .020                                                    | .001                                        |
| More than 1 year remission         |                                               |                                                         |                                             |
| Yes                                | 47.11 (6.21)                                  | 25.55 (2.78)                                            | 41.11 (3.55)                                |
| No                                 | 50.91 (7.21)                                  | 22.14 (4.10)                                            | 44.03 (8.61)                                |
| P                                  | .140                                          | .020                                                    | .090                                        |

It is significant at P < .050 level. Student’s t-test/ANOVA. PARI, Parental Attitude Research Instrument.
levels, problem-solving abilities, social development, and intrafamilial conflicts. A study conducted on 726 high school students found a significant correlation between excessively oppressive-authoritarian and inattentive-negligent parenting attitudes and cigarette addiction in the adolescents. While the same study did not find a strong correlation in terms of alcohol and substance addiction, it was found that alcohol and substance addiction was highest in children of parents with inattentive attitudes. In terms of reflections of parental attitudes on children, the democratic attitude was stated to be the least associated with negative effects.

Individuals with alcohol-related problems have less adjustment and competence than their peers without alcohol problems. However, when a study was examined on a specific sample of individuals with maladjustment (young offenders) differences in their competence could be identified, as also the impact of family. Regardless, even for adults who have alcohol-related problems, family could be a protective factor and also a risk factor.

In our study, it was observed that age, income level, and marital status did not make a significant difference in child-rearing attitudes. Consistent with our study, a national study found no correlation between the ages of the parents and their child-rearing attitudes. Elementary and secondary school education levels were found to be correlated with negative parenting attitudes, consistent with the literature. In contrast to our findings, a study conducted in Turkey indicates that as the income level rises, the children perceive their parents’ attitudes as more democratic, and more authoritarian as the income level decreases.

Our study shows that Unstable/Anxious attachment causes a significant difference in terms of whether the remission period of the individual is less than 3 months or longer than 1 year. Secure attachment has been found to increase the rate of completing inpatient treatment in parents diagnosed with AUD. These results may be associated with more developed stress-coping and adaptation mechanisms and better intra-familial communication and social support in individuals with secure attachments. Studies investigating the relationship between attachment styles and stress-coping mechanisms consistently indicate the power of secure attachments. We found that participants with a remission period of more than 1 year had a more democratic and equitable child-rearing attitude. Considering the significant relationship between attachment style and child-rearing attitude, this finding is very important. In line with these data, we think that further investigation of attachment, which is at the root of addiction, is important both for the protection of future generations and for the course of AUD.

Understanding risk factors and developing preventive measures is important for prevention and early intervention of AUD and other mental disorders. In this study, we investigated the relationship between AUD and parenting and attachment, based on this proposition. The results indicate that the avoidant attachment style is more common in individuals with AUD than other styles. It was observed that the positive perceptions of parents included in the study toward their own parents in terms of attention and protection were found to be significant in all sub-dimensions and secure attachment. We found that parents with a secure attachment style have more democratic and equitable attitudes.

Our study has some limitations. One of these limitations is that the scales are self-reported, and include questions that require individuals to remember their relationships with their parents in the early years of their lives. Further studies may focus on interview-based methods to support these findings. Our study does not include any interviews with parents or children of the individuals, and other family members may be included in further studies. The findings of our study about the children of the participants are important.

### Table 8. Assessment of PARI Subscales in Terms of Birth Order Among Siblings (n = 65)

| Dependent Variable          | (I) Birth Order Among Siblings | (J) Birth Order Among Siblings | Sig. |
|-----------------------------|--------------------------------|--------------------------------|------|
| PARI-1 (Excessive Motherhood/Overprotectiveness) | Youngest | Eldest child | 0.369 |
|                            | Eldest | Youngest | 0.369 |
|                            | Other | Youngest | 0.001 |
|                            | Eldest | Other | 0.058 |
| PARI-2 (Democratic Attitude and Recognition of Equality) | Youngest | Eldest | 0.914 |
|                            | Eldest | Youngest | 0.914 |
|                            | Other | Youngest | 0.720 |
|                            | Other | Eldest | 0.443 |
| PARI-3 (Oppression and Discipline Attitude) | Youngest | Eldest | 0.031 |
|                            | Eldest | Youngest | 0.031 |
|                            | Other | Youngest | 0.794 |
|                            | Other | Eldest | 0.794 |

It is significant at P < .050 level. Tukey’s Test.
PARI, Parental Attitude Research Instrument.
but we recommend that these findings be further investigated in future studies, as the number of participants with a history of psychopathology or alcohol/substance use in their children is low. The strong point of the present study is that it considers a wide age range (from 18 to 65), an important point only considered in a very few studies.48

In conclusion, AUD treatment currently focuses on pharmacological, psychotherapeutic, and educational interventions for addiction, and a large part of the treatment focuses on the addicted individual. The children raised by these individuals and affected by this condition, and even the family structure, do not receive enough attention in terms of treatment concepts. We believe that educational interventions concerning parental attitudes in AUD treatment, mental evaluation of other family members, and their inclusion in the treatment may be protective in terms of predicting potential psychopathologies that may emerge in the future generation, and may contribute positively to an individual's family relationships, increase his/her social support, and positively affect his/her alcohol use progression. Family-based treatment initiatives based on studies in this subject may benefit addiction treatment.

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