Alcoholism: An Adlerian Perspective on
Intimacy and its Effect on Alcoholics / ACOA’s
and their Relationships
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Abstract
The purpose of this project is to explore how alcoholism affects intimacy and the potential for relapse in individuals recovering from alcoholism and adult children of alcoholics. With the relapse rate in the fifty to ninety percent range, this researcher finds the correlation an important subject to research. The difficulty, in relationships, that accompany recovery from alcoholism include coping with changes in the family and in the primary relationship patterns and interactions. Addiction usually heavily distorts these relationships, and the recovering addict must struggle to correct these distortions or risk possible relapse. Coping with these issues, in sobriety, makes intimate relationships a challenge and such changes are important to increase the likelihood of successful outcomes of treatment (Tracy, Kelly, & Moos, 2005). Through exploring intimacy in relationships affected by recovery, the project highlights the issues and challenges that accompany recovery. It will also address how these intimacy issues in relationships can be improved by helping educate the alcoholic, spouse, family, and recovery community.
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Influential Factors Affecting Relationships in Alcoholics: An Adlerian Perspective

Philosopher and psychologist Alfred Adler believed that there were 3 tasks of life, which include social, work, and love/sex. This researcher believes that the tasks are an important to recovery from alcoholism and avoiding relapse.

The social task is looked upon, as the fact that human need to get along with each other, and that there is a fundamental social contract that implies that we get along with civility, kindness, and respect. When this occurs, life’s occurrences tend to run more smoothly and people function more easily.

The work task is defined as the fact that people need to work. Not necessarily a paying job, but this could include helping others, or helping in the home making a contribution to the functioning of it. No one is completely self-sufficient and we all need one another to produce goods and services.

The love/sex task implies that humans need one another to reproduce and this requires two sexes. To get along with others takes effort and teamwork. The bonding aspect is not always easy and it takes much empathy, compassion, and cooperation. The intimacy and closeness that any relationship, be it heterosexual or homosexual, requires makes this one of the most difficult tasks to accomplish. The other tasks are easier and can be achieved with some distance placed between individuals (Carlson, Watts, & Maniacci, 2006).

There were two additional tasks later added (Dinkmeyer & Sperry, 2000), which include spiritual and self tasks. Adler (in Ansbacher & Ansbacher, 1964) also spoke of the “arrangement” where he believed people create feedback, through their movement in life, that supports their beliefs. For example, the “controller” may set up life and situations to which they can control, in a search to feel more grounded. “We do not influence most of that which is
around us” (Mosak & Maniacchi, 1999, p. 97). “People attempt to meet life tasks according to their life styles. We bend life to our will and the more we push our styles, values, and expectations upon life, the more it may push back” (Mosak & Maniacchi, 1999, p. 98). This researcher will include the love task when discussing alcoholics in recovery, especially those in relationships or marriages when they enter addiction treatment and recovery. It is important to note that alcoholics, when using, tend to manipulate situations, people, and places to continue their addiction cycle. This can often be a challenging issue during the recovery process, and the partner who they are in a relationship with may have also set up their life to be with someone they might “control”, or the relationship may be co-dependent or counter-dependent to serve differing needs of individuals. Either way, the family and the spouse may not have the strength to become healthy, with the recovering person, which can create strains in the relationship or family system.

**Divorce/Alcoholism Recovery**

Given the high incidence of divorce in couples where alcohol addiction is involved, this researcher will look at correlations, in relationships/marriages, where alcoholism affects intimacy and the potential for relapse. Nordstrom and Berglund (1986) found that twenty percent of a group of recovering alcoholics cited that social pressure, life/relationship circumstances and coping resources as primary factors in continuing sobriety, as much as twenty years later. In addition, Bartholomew (1986) found that behaviors, attitudes, and relationship satisfaction in dating couples are important to study because enduring romantic relationships generally are expected to be the most important attachment relationships in adult life. It should also be recognized that the disease model of alcoholism usually involves families and generational alcoholism/addiction. This researcher feels it is important to note that some of the common
elements that negatively affect children include a chaotic, inconsistent, and unpredictable family environment (Lease & Yanko, 1995), low family affection and high anxiety (Sheridan & Green, 1993), and family conflict (Jarmas & Kazak, 1992). It is also seen, in this study, that adult children of alcoholics (ACOA’s) report personal and interpersonal difficulties stemming from their upbringing. For example, this would include mistrust of others, a need to control others, low self esteem, depression, and anxiety (Bradley & Schneider, 1990; Cermack, 1984; Jarmas & Kazak, 1992).

Alcoholism affects at least ten million Americans annually and, for every alcohol abuser, there are from two to four, immediate or extended family members directly involved (Kaslow & Mountz, 1985). This makes it even more important to realize the affect the primary relationship can have on the alcoholic in recovery. And when both partners are in recovery, it becomes that much more difficult to resolve certain relationship issues. This researcher feels it is also important to look at the attachment issues from childhoods of alcoholics in recovery. Families affected with alcoholism often make it difficult for their young adult members to differentiate from the family, develop intimate dating relationships, and begin preparing for marriage (Carter & McGoldrick, 1989). Alcoholism in the family also may be expected to disrupt the normal attachment process that occurs between children and their parents throughout childhood and young adulthood. “Attachment theory is a way of conceptualizing the propensity of human beings to make strong affectionate bonds to particular others” (Bowlby, 1977). Hazan and Shaver (1987) found that the best predictor of one’s adult attachment style was the individual’s perceptions of the quality of their relationship with each parent and the parents’ relationship with each other. The alcoholic family might also be expected to provide an unstable, unpredictable, and inconsistent family environment for a child for the development of secure attachments with
parents (Jarmas & Kazak, 1992; Lease & Yaniko, 1995; MacKenson & Cottone, 1992). In a study done by Simpson, 1990, it may also be noted that:

In addition, low family affection, high anxiety, and frequent family conflict will stymie the development of secure attachments in childhood that will translate to anxious or avoidant attachments in young adulthood. Young adults who experience these two types of adult attachments with dating or marriage partners are expected to experience more negative affect, less interdependence, less relationship satisfaction, trust, and commitment than young adults of the secure type. (Simpson, 1990, p. 4)

Much scholarly and professional emphasis is placed on addiction and recovery treatment programs and many treatments provide a thirty to ninety day program that gives the recovering person a fresh start, but the ability to be able to maintain this newly acquired abstinence varies, however, and relapse is a real possibility after the return to the stresses of everyday life (Marlatt & Gordon, 1985).

**Intimacy**

**Defining Intimacy**

Intimacy is defined as offering a person a close, familiar, and usually affectionate or loving relationship with another person or group. This researcher believes that alcoholics generally have a difficult time with intimacy and will explore this correlation and how it affects relapse rates and recovery in alcoholics and how it affects their intimate relationships.

**Intimacy and Recovery**

Alcohol problems have pervasive effects on family functioning, with negative effects on the marriage relationship and children. It can also be said that family members and intimate relationships can have a powerful positive or negative effect on alcoholism treatment (Ripley,
Cunion, Noble, 2006). I believe that this is important when looking at the possibility of relapse in a recovering alcoholic. Marital relationships can be a catalyst towards retaining or disrupting commitments to abstinence. Among alcohol abusing populations, marital problems have been cited as the leading cause of relapse (Epstein & McCrady, 2002). On the other hand, marital and family problems, accompanied with successful problem resolution, have also been reported to increase the alcoholic family member’s chances of resuming sobriety following relapse (Maisto, McKay, & O’Farrell. 1995). These findings together highlight the importance of considering the intimate relationship in the treatment of alcohol abuse in order to facilitate long-term abstinence (Ripley, et al., 2006). Post treatment life stresses produce anxiety that is all too easily alleviated by resumed drinking or drug use. Thus, social resources and coping strategies are very important as a buffer against relapse demands (Moos, Finney, & Cronkite, 1990). Although the most valuable resource in preventing relapse is the attitude and ability of the recovering person, external social supports are also very important. Most treatment models recognize this role of social support in successful recovery (Hawkins & Catalano, 1985). Important avenues of social support include family involvement in the patients recovery (McCrady, 1989), aftercare (Hawkins & Catalino, 1985), and attending community based self-help groups such as Alcoholics Anonymous (Sheeren, 1987).

Giddens (1991) believed that a relationship is one in which the individual enters the relationship believing it is a “social relation entered into for it’s own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfactions for each individual to stay in it”. This researcher mentions this from an alcoholism standpoint because as the addict is in their addiction or relapse mode they are many times a much different, selfish person, than the person
was who entered into the relationship. According to Giddens (1991) “If the values, interests, and identities of the partners begin to diverge in non-complimentary ways, the relationship loses its reason for being and becomes subject to possible dissolution” (Gross & Simmons, 2002, p. 536). Looking at this, if the partner is in constant relapse mode or continues to follow their addiction and cannot maintain sobriety, the spouse may feel forced to leave the relationship, either for the children’s sake or for their own personal reasons.

**Emotions/Relapse**

According to Goodman (1993) “all addictions are manifestations of a single underlying pathology related to the inability to self regulate emotional states.” (p. 229) In a marriage or intimate relationship one partner, or both, may have a difficult time with this causing an upset, or other problems, in the relationship. When a relapse occurs, it is generally a process, not an event. Realizing this may help families in recovery provide a more supportive role in the individual’s recovery. Relapse typically begins with certain triggers, then proceeds to behavior that is seen as the relapse mode. One example may be if an individual gets in continual arguments with his spouse, he or she may finally say, *I’ll show him or her*, and head to the nearest bar (Evans, 2003). If the relapser is using his addiction to mismanage his emotions he may stay in relapse mode, switching the intimacy to the substance, or bounce back and forth in sobriety. “Bottle is my best friend” is a common term in early sobriety or recovery circles. Keane (2004) states that the problem with the addict is that his priorities are profoundly disturbed; instead of caring about work, family responsibilities, and his health, he devotes himself to the destructive pursuit of pleasure or oblivion” (p. 193). This researcher believes that with this correlation of high rates of divorce and alcohol or other substance addiction, the relationships may have had a better chance of survival.
Useful vs. Useless Behavior

Adler believed that there was useful behavior and useless behavior, by which he meant that there was socially useful behavior (prosocial) or socially useless behavior. Behavior that was for the common good was considered useful and that which ran counter to social interest he deemed useless (Mosak & Maniaci, year, p. 57). This correlates with what Keene (2004) also stated which is that the addict is the virtual opposite of the ideal of the rational, productive and self reliant citizen and their addiction is a state marked by caring too much about the wrong things and not enough about the right things (p. 193). On the other hand, a sober alcoholic can be a very productive, self-reliant individual, who cares much for his fellow citizens and society as a whole.

The Family System

When looking at family systems discussed in regards to relapse and alcoholism, one study showed “that alcoholism serves as a wall mechanism for dysfunctional patterns and relationships of alcoholics and their families and may be a symptom of pathological family styles, roles, and alcohol usage patterns (Saatcioglu, et al., 2004). Looking at this inversely, the researcher also feels that if both members of the relationship are in an unhealthy relationship with a substance, that member who sobers up may be a threat to their continued use or the dysfunctional family system.

Four types of Family systems were looked at in this research, including the Functional Family System, the Neurotic Complicated Family System, the Incomplete Family System, and the Deprived Family System.

The Functional Family System consists of an applied alcoholic family member and other family members that have learned well how to perform their functions and provide proper
responses to outside changes. Obvious conflicts are minimal and excessive alcohol use usually takes place outside the home and results in more individual issues, rather than family issues.

The Neurotic Complicated Family System consists of a family in which the behavior of the family is similar to the alcoholic. The family centers around alcohol and use is seen as normal. After a period of time conflicts, role reversals/transitions, and adaptive responses become more common creating more havoc in the family system. These include physical, emotional, and interpersonal issues, and existing problems become more intensified.

The Incomplete Family System (or divided) is the system where the family deteriorates biopsychosocially and becomes unstable. It may also lead to impoverishment and separation of the family from its environment, and often occurs after the neurotic system. Long-term efforts and therapy are often needed in these cases.

The fourth type is the Depraved Family System. This is often the final stage of deterioration and consists of long-term isolation from the outside world. Development of the family is often stalled because of the reorganization of the home and the consequences of alcoholism (Saatcioglu et al., p. 136).

It will be helpful for professionals to be able to recognize these differing family systems, when starting to work with individuals and families, in recovery. It may also be beneficial to the client and family to be educated about the system that they, as a family, are functioning and operating within.

**Comorbid Disorders/Relapse**

This researcher believes that relapse is a longer process than just a one-time event, especially the period of time several weeks or months before relapse. Especially with co-occurring disorders, we may see an extended period of behavior and habit changes before the
actual relapse. When looking at co-occurring disorders, the Hazelden Foundation (2003) stated, “relapse often begins with certain triggers, then proceeds to behavior we call relapse mode, and then turns into full relapse. One example may be that you have a series of arguments with your spouse then start thinking, “I’ll show him or her”, and finally go and start to drink at the local bar (Evans, 2003, p. 3).

This can also occur with things, such as medications, where the person may have several days when medications seem to stop working. This then can lead the individual to discontinue the medication causing other issues with their health. The stress of life events, including relational upsets, work/financial issues and other losses can all contribute to pave the path to relapse. Evans (2003) also mentions that, “when recovering from two disorders, a person will have to overcome the usual problems in living that everyone experiences and also deal with problems that they may be having because of the dual disorders”. This may also include finding medication that is effective in helping with the disorders.

**Relationship/Relapse**

This researcher also found that when looking at relapse from a relational standpoint, it is very important for individuals in recovery to have support, both in initially and on-going, from family or people that they are closest to. Beattie and Longabauch (1997) found that “first, the strongest measure of support, in relation to physical and psychological outcomes, is the presence of an intimate, confiding relationship (most powerfully a spouse or lover)”. This could also include other intimate relationships including a friend or family member. It was also found in the addictions field, by Orford and Edwards that a reduction in alcohol problems was correlated with warmer marital relationships and that supportive behavior can take a variety of forms including marital relationships, buddy systems, and closer follow-up by helping agencies”.
was also felt, by this researcher, that by having a “sponsor”, as suggested by Alcoholic’s Anonymous, can be very helpful and supportive for the alcoholic’s on-going abstinence. When looking at marriages and committed relationships, this researcher thought it was important to point out that a successful relationship, according to Glasser (1984), is where “each partner must balance the need for love with the need for power and freedom. Love leads people to marriage, but once married, the struggle for power and control of the relationship begins”. When this power struggle is taking place, the researcher feels that the relapse risk becomes greater because of the relationship instability. Again, sometimes the controller in the relationship does not like the newfound responsibility and regaining of control that the recovering person offers the family or relationship. Rubin (1970) stated that “real love or intimacy is characterized by kindness, caring, respect for mutual sensibilities, openness, trust, and tenderness, and a person must have a sense of self before one can become intimate with another” (p.37). If the primary relationship started with one or both parties being an addict or alcoholic, there may have never been any true intimacy in the relationship, so sobriety can bring a whole new aspect to the relationship that may be either good or bad, depending on the relational dynamic. This researcher also feels that there can also be a lack of self esteem or self love when the alcoholic reaches his “bottom”, so the recovery process can sometimes take years for that “self love” to fully return, which can also be a strain on intimacy and the primary relationship. Relapse is very easy to fall into, and sometimes is a slow process, so to speak, with the person in recovery slowly getting away from sobriety support groups and sliding back into the old behaviors and patterns. Family support is very important to the maintenance of the individual’s sobriety and can be seen by much research that has been done, and Tracy, Kelly, and Moos, (2005) found some interesting information regarding support when looking at relapse of the alcoholic. Tracy, et al., (2005) found:
Every addict lives in a context of family, friends, acquaintances, and a wider society and maintaining recovery may depend on developing new ways of relating to others in the alcoholics life. When the sole treatment for addiction is group meetings or group therapies focused strictly on abstinence and the early twelve steps, there is less emphasis on the steps that address relationships (e.g., Step 9: “made direct amends to persons we have harmed wherever possible, except when to do so would injure them or others,” and Step Ten: “continue to take personal inventory and when we were wrong promptly admitted it”). These two steps, in the example, actively involve the addict and people whom they are in relationships with. Addiction necessarily distorts these relationships, and the recovering addict must struggle to correct these distortions or risk falling back into a pattern of substance abuse and addiction. Coping with the changes sobriety makes on intimate relationships can be especially difficult. However, these changes are important for the individual in recovery to increase the likelihood of successful outcomes of treatment (Tracy, et al. (2005) p. 411).

This researcher believes that this is important when looking at the possibility of relapse in a recovering alcoholic. There is a long period, early in recovery, where strong support and understanding is needed for the individual in recovery. This doesn’t always occur with the spouse or family members involved. They may see it as disruptive to the family. For example, the family or couple may have a dysfunctional cycle or system in place that is “working”, but in a unhealthy way, or there may be codependence going on between the couple, or other family members, and when the recovering member is all of a sudden immersed in a recovery group, or gone from home a lot, this can be upsetting to the spouse or family members. Marital relationships can be a catalyst towards retaining or disrupting commitments to abstinence.
Among alcohol abusing populations, marital problems have been cited as the leading cause of relapse (Epstein & McCrady, 1998). On the other hand, marital and family problems, accompanied with successful problem resolution, have also been reported to increase the alcoholic family member’s chances of resuming sobriety following relapse (Maisto, McKay, & O’Farrell, 1988). These findings together highlight the importance of considering the recovering individual’s intimate relationship in the treatment of alcohol abuse in order to facilitate long-term abstinence (Ripley et al., 2006). A strong support system is very important to the individual who is recovering and it was also found by Colletti and Brownell (1982), in a wide review of addictive behavior, including alcohol addiction, that a reduction in alcohol problems was positively correlated with warmer marital relationships. The supportive behavior could take a variety of forms, including marital partnerships, buddy systems, support groups, and follow-up by helping agencies, such as treatment centers and halfway houses.

It is also important to note that a systems approach was found to be helpful when evaluating certain aspects of the relationship issues surrounding relapse, and the success rate of treatment programs. In a study done of a clinical population in Britain, by McCartney (1995), the following was found regarding the systems approach:

It is more valuable, when evaluating the treatment process and outcome, to investigate how and to what extent these variables are interrelated with the quality and quantity of treatment as opposed to focusing purely on therapy. The systems approach suggests that interpersonal relationships and one’s personal environment are related in a circular way to individual characteristics that encourage addictive behavior, including relapse. What is true of change within clinical situations has also been found relevant to understanding spontaneous remission. Vaillant (1983, 1988) emphasized various life-structuring factors
(e.g., attendance at Alcoholics Anonymous meetings, close ties to a probation officer) that facilitate both treatment success and self-instigated change.

This researcher feels that the systems aspects of the family are important when looking at all relationships in recovery, but especially the most intimate.

According to Adler and Dreikurs “without encouragement, without having faith in himself restored, the client cannot see the possibility of doing or functioning better” (Ansbacher & Ansbacher, 1964)

This combined with the Adlerian concept of the “courage to be imperfect” are important ideas to give the whole family system when dealing with a family member, or loved one, going through recovery. Also that recovery from alcoholism is a long road and that much patience will be needed to travel side-by-side, with the loved one, in recovery. The purpose of this project was to develop a presentation that would explore people’s knowledge and experiences with loved one’s or family members in recovery. And, in addition, also exploring how the intimacy factor in relationships is affected when it comes to relapse. Exploring these areas will enhance our understanding of the alcoholism recovery process and the systems that are involved in a more successful recovery possibility for all individuals, leading to healthier families and communities affected by the alcoholic.

**Method**

**Participants**

Participants involved will be mental health and social service professionals concerned with the education and knowledge of alcoholism/addiction recovery and relapse prevention, especially in cases where interpersonal and family relationships affect the success rate of the alcoholism recovery population. Those who choose to participate in the presentation voluntarily
do so by personal selection and have a choice whether or not to participate in the small group questionnaire and break out session. The presentation can also be tailored to other populations in recovery including Adult Children of Alcoholics (ACA), Alateen, or other addiction recovery groups.

**Material**

Participants were given an optional questionnaire to be utilized in the small group section of the program. Visual aids included a Power point presentation, an overhead projector, and a YouTube film clip. Packets with slides and talking points were distributed to participants upon arrival to the presentation and a yes/no survey was created to give to participants during the small group exercise portion of the presentation.

**Procedure**

A live presentation that also included a workshop, on Intimacy Issues with Recovering Alcoholics and its Affect on Relapse was presented at Adler Graduate School in Richfield, Minnesota. The purpose of the presentation was to open up feedback and discussion about recovering alcoholics, their families, and intimacy factors affecting relationships and the risk of relapse. The presentation, due to time constraints, was given to a small audience, so the small group exercise was left out of this particular presentation. The Power point slideshow featured talking points, with a YouTube film clip in the middle, featuring a clip from the film, “When a Man Loves a Woman”. In this film Meg Ryan is a recovering alcoholic and Andy Garcia is her husband. Having recently gone through treatment, they have an argument and fight regarding her wanting to go to a halfway house. This clip was chosen to show participants how compassion, patience, and understanding are needed during the early months and years of sobriety. Also how intimacy can be a major factor in relapse or the possibility of a successful recovery. During the
small group portion of the presentation, the four points for discussion are: have you witnessed alcoholism where intimacy was affected?; How do you see addiction being perpetuated by too much or too little intimacy?; Would you agree with the pure love view of intimacy? And, have you ever experienced a person in recovery who has had issues surrounding family systems?

Results

As a result of the time constraints and presentation group size, the results of the presentation won’t be known until it is presented to a bigger audience. But, the survey questions and small group activity were looked at and seen to be an effective way to foster conversation between small group members and have it be a non intrusive way to gather information, with people voluntarily sharing their own life experiences with the speaker and members of their small group. Questions included yes/no answers to basic questions about people’s experience with recovery and experiences with family members who have had issues with alcoholism or had been through an alcoholism treatment program. Intimacy and its affect on relapse were discussed as a follow up after the questionnaire was given.

The video clip from YouTube elicited a good response with comments about how powerful the clip was. This particular film, “When a Man Loves a Woman” was chosen for the intensity of the scene, and how the misinterpretation and miscommunication of recovery can be so damaging to a relationship. The “quick fix” outlook of spouse/family members and the impatience of the recovery process were also important to note. Also the inability of the spouse to see any problem with how they “move” through the recovery, with or without the other member, who is going through the recovery process. This is an important factor when looking at the family systems process in certain client cases, where recovery is present, and causing problems in the family and intimate relationships. The power and control, were also very
powerful in the clip. This researcher feels that this is a common trait in close relationships, in recovery, where the relationship sees a new “movement”, and the one who is in recovery gains a new personal freedom and power to change oneself. And what seems to be a positive thing for the individual, and society, doesn’t always bode well with the relationship or the sick family system. Often, there needs to be a change or transformation of the individual or portions of the family system. New roles and understanding need to be understood by all those involved and professionals can help in educating and creating an understanding of how this can be a positive change for all involved. This can be a very important element of avoiding possible relapse, and is often overlooked by society and professionals. As noted earlier in the research, Nordstrom and Berglund (1986) found that 70% of a group of recovering alcoholics cited social pressure, life circumstances, and coping resources as the greatest factors in their sobriety 20 years later. Post treatment life stresses can produce anxiety that is all too easily relieved by a relapse and return to drinking. Thus, social resources and coping strategies are important as a buffer against relapse (Moos, Finney, & Cronkite, 1990). Most treatment models recognize the role of social support in successful recovery (Hawkins & Catalano, 1985). It should also be mentioned that this researcher also believes that the correlation between service, within the recovery program, fosters better relationships in marriages and preventing relapse. A minimal amount of support, with no involvement, has not been very successful and led many into relapse. The family is also an important part of the success rate of alcoholics. Important avenues of social support for recovering alcoholics include family involvement in the patient’s recovery (McCrady, 1989), aftercare (Hawkins & Catalano, 1985), and attending community-based self-help groups, such as Alcoholics Anonymous (Sheeren, 1987). The fact that societal pressures and changing attitudes have caused intimate relationships to destabilize has caused this fact to grow in importance, and
therapy/coaching can be very helpful in helping an individual maintain a life of successful sobriety.

After the YouTube clip was shown, the question was asked about how participants felt about the interaction between the couple (Ryan & Garcia, 1994). Specifically, how they may have handled the interaction differently, and what different outcomes they may have created. Participants in a bigger audience would also be asked to share their own personal experience and how the information in the presentation may have been helpful to know and understand before going through those experiences with the loved one in recovery.

Summary/Conclusion

It can be assumed from this study, and other studies included in this research, that there are strong correlations between intimacy and the potential for relapse. A strong correlation between low self-esteem, problems with relationships, intimacy problems and relapse was found with recovering alcoholics. The perceived quality of relationships with alcoholics, including quality of emotional expression, was related to confidence in achieving and maintaining sobriety and stress in this area was found to precipitate relapse (McCartney, 1995). Support groups, such as Alcoholics Anonymous, and support of family/spouse were found to have a positive effect on the continued abstinence of the individual in recovery from alcoholism. It was also found that non-supportive spouses and a lack of a positive support structure often times led to relapse. Findings suggest that supportive, confiding relationships can compensate for a difficulty in internal management and regulation of emotion (McCartney, 1995). This further shows that the complexity of relationships, and the stability of these, in a person’s recovery from alcoholism are important factors in maintaining freedom from alcohol and long-term sobriety.  Although the
focus of this study was to determine how alcoholism affects intimacy and the potential for relapse, this researcher touched on co-morbid disorders and relapse and how these interact.

Future research should replicate these findings and additional studies could be done on the possibilities and effect of co-morbid disorders. Disorders that may have existed before the alcohol addiction, or exacerbated by the heavy use, and the potential effect these have on intimacy, family relationships, and the possibility of relapse. Though there is much success with support programs such as Alcoholics Anonymous, there are too many individuals that seem to “fall through the cracks” when it comes to some of the issues researched and professionals can always be better prepared to educate themselves and their clients to some of the challenges that they, and their families, may face throughout the recovery process.
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