GOD’S SHIELD: THE RELATIONSHIP BETWEEN GOD ATTACHMENT, RELATIONSHIP SATISFACTION, AND ADULT CHILD OF AN ALCOHOLIC (ACOA) STATUS IN A SAMPLE OF EVANGELICAL GRADUATE COUNSELING STUDENTS

by

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ABSTRACT

GOD’S SHIELD: THE RELATIONSHIP BETWEEN GOD ATTACHMENT, RELATIONSHIP SATISFACTION, AND ADULT CHILD OF AN ALCOHOLIC (ACOA) STATUS IN A SAMPLE OF EVANGELICAL GRADUATE COUNSELING STUDENTS

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The conceptual framework for this study focused on adult attachments and adult relationship satisfaction being defined and supported by initial attachment style. The literature review consistently revealed that individuals with a secure attachment style report higher relationship satisfaction than individuals with an insecure style. The purpose of this study was to explore the effect of attachment to God and a history of an alcoholic parent on adult relationship satisfaction while controlling for romantic attachment. A total of 267 participants from an evangelical graduate program in counseling were administered the Children of Alcoholics Screening Test (CAST), Attachment to God Inventory (AGI), Desirability of Control Scale (DC), Experiences in
Close Relationships Scale-Revised (ECR-R), Marlowe-Crowne Social Desirability Scale (MCSD), and Relationship Satisfaction Questionnaire (RSAT). The data was then analyzed utilizing ANOVA, ANCOVA, and multiple regression. Results will benefit Adult Children of Alcoholics (ACOAs) and their family members, individuals providing services and counseling to ACOAs, religious leaders and church staff, counselor trainees, and graduate counseling programs. Potential implications and applications for the counseling field, the church, counselor trainees, and graduate counseling programs were discussed. Suggestions for future research on adult relationship satisfaction and God attachment in ACOAs were given.
Dedication

First, this dissertation is dedicated to my father, Frederick McPeak, one of the strongest and most principled men I have been privileged to know and love. As one of my most significant attachment figures I found in him a “safe haven” that enabled me to investigate the world and develop my dreams. During the last ten months of his life he valiantly endured extreme suffering and adversity. Through this he helped me to understand the profundity of my faith in the Lord and that the Lord will provide us with a “safe haven” to go to when all else seems hopeless. Upon his death, I fully understood and experienced how no one else can ever fill an individual’s place when you have formed an attachment bond with him.

I, also, want to dedicate this work to my husband, my best friend, and my soulmate, Theodore Dumont. When my father gave you my hand in marriage you continued to offer me a “secure base” and a “safe haven” built on love and respect with which to persist in the exploration and pursuit of my dreams. Through the years you have provided me with a true appreciation of committed love and relationship satisfaction. I desire the ability for all couples to achieve the level of happiness and contentment we have.
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2 Samuel 22:3: “My God is my rock, in whom I take refuge, my shield and the horn of my salvation. He is my stronghold, my refuge and my savior— from violent men you save me.” Amen!
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CHAPTER ONE: INTRODUCTION

Background to the Problem

The social nature of human beings makes relationships with others essential and rewarding. From the time individuals are born, they exist in relationships. John Bowlby (1958) and Harry Harlow (1958) began an in-depth investigation into relationships by exploring the attachment bond between infants and their caregivers. According to Bowlby (1969/1982; 1973; 1980), a human infant’s relationship to the parent begins as a set of innate signals that attempt to call the adult to the baby's side. As time passes, a true affectionate bond develops, which is reinforced by new cognitive and emotional capacities as well as a history of consistent, sensitive, responsive care by the caregiver (Bowlby, 1969/1982; 1973; 1980; Green & Goldwyn, 2002; Park, Crocker, & Mickelson, 2004). Out of this experience, through the formation of an enduring affective bond with the caregivers, the attachment relationship provides the child with a secure base across distance and through the lifespan.

The inner interpretation of this parent-child bond becomes a significant part of the individual’s personality. It serves as an internal working model, or set of expectations, about the availability of attachment figures, the likelihood of receiving support from them during times of stress, and the interaction with those figures (Bowlby, 1969/1982; 1973; 1980; Crocker & Park, 2004). This internal working model may create a secure attachment relationship model where faith and trust in the self and others are deeply entrenched, or it may create an insecure attachment model where ambiguity and a lack of trust develop.
Since the acknowledgement of adult children of alcoholics (ACOAs) as a specific segment of the population occurred in the late 1970s and early 1980s, there has been a plenitude of descriptive research done on this group (Brown, 1988, 1999). This focus on description revealed and confirmed the legitimacy of the alcoholic family as a challenging developmental environment. One of the specific impacts of living in a chronically stressful and chaotic environment as often exists in an ACOA’s family of origin is that ACOAs tend to have significant difficulties with intimacy and trust in adult relationships (Beattie, 2009; Black, 1981, 1990; Bradshaw, 1988; Brown, 1988, 1999; Kritsberg, 1988; Knoblauch & Bowers, 1989; Wegscheider-Cruse, 1985; Woititz, 1983, 2002).

ACOAs, also, are reported to be at higher risk for poor emotional regulation, negative affectivity, and internalizing symptomatology (Chassin, Pitts, DeLucia, & Todd, 1999), all of which can affect relationships. In the American Journal of Public Health, Gant (2000) provided data on new estimates of the number of children of alcoholics. Utilizing data from the 1992 National Longitudinal Alcohol Epidemiological Survey, Gant reported that approximately 1 in 4 children in the US is exposed to alcohol abuse and/or dependence in the family at some point before age 18. This can result in the potential development of a large number of adults being affected by intimacy and trust issues in adult relationships.

As adults, impeded by the unfinished developmental tasks of childhood, ACOAs often recreate childhood dilemmas and feelings in their adult relationships (Beattie, 2009; Brown, 1988, 1999; Woititz, 1985, 2002). Bowlby (1969/1982) and other researchers (Ainsworth, Blehar, Waters, & Walls, 1978; Crocker & Park, 2004; Main, Kaplan, &
Cassidy, 1985; Park et al., 2004) assert that the attachment system operates as the foundation for developmental processes and attachment in adult relationships. This can assist in understanding how ACOAs develop and the level of relationship satisfaction they experience in their adult relationships. Brennan, Shaver, and Tobey (1991) reported that ACOAs were more likely than non-ACOAs to report insecure attachment styles which are replicated in their adult relationships. They were more likely to describe insecure attachment styles which were either avoidant or anxious. Avoidant adults express a general disinterest in seeking and developing intimacy, are somewhat pessimistic, appear cynical about long-term relationships, and have higher break-up rates than secure attachment types (Feeney, 1999). Anxious adults seek romantic relationships in an almost desperate manner, tend to be obsessed with romantic partners, are often extremely jealous, are often intrusive and over-controlling, and have higher break-up rates than secure attachment types (Feeney, 1999).

Many ACOAs have been unable to develop secure attachments to their parent or caregiver (Brennan et al., 1991). Recent work (Granqvist, 1998; Granqvist, Ljungdahl, & Dickie, 2007; Kirkpatrick & Shaver, 1990; McDonald, Beck, Allison, & Norsworthy, 2005; TenElshof & Furrow, 2000) on attachment and relationship has investigated the potential that when efforts to achieve adequate proximity and comfort from the primary attachment figure are not successful, individuals may turn to God as an alternative attachment figure. Kirkpatrick and Shaver (1990) report that some of the research they have conducted supports the potential that God and Jesus Christ may serve as substitute attachment figures for individuals who experienced insecure-avoidant attachment as children. In addition, research provides support that individuals with a secure attachment
A relationship with God tends to have greater life satisfaction and less anxiety, loneliness, and depression (Kirkpatrick & Shaver, 1992). Therefore, the potential exists that a secure attachment to God, which can compensate for an insecure caregiver attachment and is related to greater life satisfaction, may also relate to greater adult relationship satisfaction in ACOAs.

**Purpose of the Study**

The purpose of this study was to examine the effect of God Attachment and the history of an alcoholic parent on Relationship Satisfaction after controlling for Romantic Attachment, Desire for Control, and Social Desirability. The two independent variables of the history of an alcoholic parent and God Attachment on adult Relationship Satisfaction were under primary investigation. The covariates of Romantic Attachment, Desire for Control, and Social Desirability were examined for inclusion in this study as these variables may be impacting adult relationship satisfaction. In specific, the desire for control in ACOAs can decrease adult relationship satisfaction (Beesley & Stoltenberg, 2002) while secure romantic attachment may increase the satisfaction experienced in the same relationship (Feeney, 1999). In order to get a clear understanding of the effect of God Attachment on Relationship Satisfaction, these confounding variables were evaluated for inclusion in the study. The final covariate of Social Desirability was also evaluated for inclusion as it may be affecting how candidly an individual answers the assessments.
Research Questions and Hypotheses

The first research question that was explored in this study was whether adult Relationship Satisfaction was correlated with God Attachment and the history of an alcoholic parent after controlling for Romantic Attachment, Desire for Control, and Social Desirability. To investigate this question two main effects and an interaction effect were examined. These included the main effect of ACOA status on adult Relationship Satisfaction, the main effect of God Attachment on adult Relationship Satisfaction, and the interaction effect of ACOA status and God Attachment on adult Relationship Satisfaction. The research procedure of an Analysis of Covariate Variance (ANCOVA) was used to investigate this research question as it lends itself well to evaluating whether the population means on the dependent variable, adjusted for differences on the covariates, differ across the levels of the independent variables (Grimm & Yarnold, 2001). Thus, this method of statistical analysis aided in the investigation of the main and interaction effects.

This research question generated three hypotheses. The first null hypothesis was that there would not be a relationship between being an ACOA and Relationship Satisfaction after controlling for the covariates. The alternative hypothesis for this study was that ACOA status would correlate with lower levels of Relationship Satisfaction than in non-ACOAs after controlling for the covariates.

The second null hypothesis was that there would not be a negative correlation between adult Relationship Satisfaction and insecure God Attachment in the ACOA and the non-ACOA groups after controlling for the covariates. The alternative hypothesis was
that secure God Attachment would be related to higher levels of Relationship Satisfaction in the ACOA and the non-ACOA groups after controlling for the covariates.

The third null hypothesis was that the interaction effect of ACOA status and God Attachment would not have a moderating effect on adult Relationship Satisfaction after controlling for the covariates. The alternative hypothesis was that ACOA status and God Attachment would have a moderating effect on adult Relationship Satisfaction after controlling for the covariates. This hypothesis examined if ACOAs with secure God Attachment would have higher Relationship Satisfaction than ACOAs with insecure God Attachment and non-ACOAs with insecure God Attachment but not higher than non-ACOAs with secure God Attachment (see Figure 1 below).

**Figure 1. Hypothesized Interaction Effect of GOD ATTACHMENT and ACOA STATUS on RELATIONSHIP SATISFACTION**

The second research question of this study examined whether God Attachment offers unique variance in adult Relationship Satisfaction after accounting for variance associated with Social Desirability, Desire for Control, and Romantic Attachment in both ACOAs and non-ACOAs. To date there had been no research that had examined this question; therefore, it was unknown whether God Attachment explains any of the unique
variance in Relationship Satisfaction beyond that of Social Desirability, Desire for Control, and Romantic Attachment. The second research question produced the fourth null hypothesis that God Attachment would not account for any unique variance in adult Relationship Satisfaction after accounting for variance associated with Social Desirability, Desire for Control, and Romantic Attachment. The alternative hypothesis was that God Attachment would account for unique variance in adult Relationship Satisfaction after accounting for the variance associated with Social Desirability, Desire for Control, and Romantic Attachment. To evaluate this hypothesis, multiple regression was utilized.

The information gained from these questions provided insight into the adult relationships of ACOAs and helped identify if there was a relationship between ACOA status, God Attachment, and adult Relationship Satisfaction. The goal of the proposed study was to gain more accurate knowledge of how God Attachment may relate to an ACOA’s Relationship Satisfaction for the purpose of understanding how to assist these individuals in attaining or improving their Relationship Satisfaction. To date, a significant amount of the literature on ACOAs and their families focused on descriptive and anecdotal rather than empirical research (Larson, Holt, Wilson, Medora, & Newell, 2001). In contrast, the present study quantitatively examined the effects of God Attachment and Relationship Satisfaction in ACOAs.

Limitations/Delimitations

The potential limitations of the study are considered. These include limitations in the statistical procedures, the selection of participants, the lack of random assignment,
and the use of self-report instruments. The potential delimitations of the study are also reviewed.

Limitations

There are potential limitations in the statistical procedures, ANCOVA and multiple regression, which were utilized in this study. Although conducting an ANCOVA on data from intact groups does not guarantee that the bias introduced by non-randomization of a sample will be removed, it does help to minimize this bias. There are a couple of additional potential dangers of ANCOVA described by Stevens (1990). The assumptions of linear relationship and homogeneity of regression slopes must be satisfied and there may be covariate measurement error. Because of these limitations, caution should be used when making cause-effect inference using an ANCOVA with intact groups which was not done in this study. However, due to the potential of nonequivalent groups being obtained when utilizing a non-randomized sample, the ANCOVA has proven to be a valid method that adjusts for the initial differences among groups (Pedhazur & Schmelkin, 1991).

The major conceptual limitation of all regression techniques, to include multiple regression, is that one can only ascertain relationships, but never be sure about underlying causal mechanisms. Also, it is important to note when interpreting the individual variance supplied by each variable that the contribution is only independent of the other variables included in the study. Due to this, the ability to interpret the independent or unique contribution of each variable lies in having included all plausible third variables in the analysis (Grimm & Yarnold, 2001). However, as multiple regression assisted in the
understanding of the unique variance provided by each independent variable on the dependent variable and therefore the degree of relationship between them, it is an important statistical tool in this study.

In addition, the selection of participants may add to the study limitations. The high educational attainment of the sample may influence the findings as education often positively affects the psychological health of individuals (Jones, Livson, & Peskin, 2006). Since the participants were students at a Christian university there is, also, the potential that their spiritual and religious involvement may have impacted the results. In specific, a positive correlation has been found between spiritual and religious involvement and later health outcomes for physical (Levin, 1994), mental (Bergin, 1983; Larson, Pattison, Blazer, Omran, & Kaplan, 1986; Larson et al., 1992), and substance use disorders (Gorsuch, 1995). The selection of participants decreases the universality of findings. In essence, the findings of this study may not be generalized to all ACOAs.

The lack of random assignment is an additional limitation. In specific, assignment to the ACOA or non-ACOA group was not random. The researcher was not able to control the assignment to groups and, therefore, the potential exists that the two groups were different prior to the study (Creswell, 2003). Demographic variables on the two groups were analyzed to assess for this possibility.

The use of self report instruments could be a source of limitation in the study since participants may have used what they perceived to be socially desirable responses. Social desirability bias refers to the tendency to answer self-report instruments in a manner that deliberately or unconsciously presents oneself in a positive light (Kazdin, 2003). ACOAs’ characteristic mistrust of others and defensiveness may cause them to be
reluctant in reporting their level of satisfaction in adult relationships (Brown, 1988, 1999). To evaluate for an attempt by the participants to answer in a socially desirable manner the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) was utilized.

**Delimitations**

This study confined itself to interviewing graduate students within the Counseling Program at Liberty University, a private evangelical Christian university located in the mid-south state of Virginia. It, also, sought to obtain 100 participants for the ACOA group and 100 participants for the non-ACOA group. A significantly larger sample size could add to the study’s external validity but the amount chosen for this research should provide sufficient power (Kazdin, 2003).

**Definitions**

In order to provide precision to what will be explored in this study the primary terms utilized in this research were operationally defined. These terms consisted of Adult Child of an Alcoholic (ACOA), attachment and attachment styles, adult attachment, and romantic attachment. The definitions for the terms desire for control, social desirability, relationship satisfaction, and attachment to God were also included.

attachment theory provided the conceptual framework for the operational definition and characteristics of attachment and attachment style. Berman and Sperling (1994) add to this operational definition with their description of adult attachment. Hazan and Shaver (Hazan & Shaver, 1987; Hazan & Shaver, 1994; Shaver & Hazan, 1988; Shaver, Hazan, & Bradshaw, 1988) provided the conceptual framework for the operational definition and Sternberg’s (1986) model of love provided the factors of romantic attachment. Burger (1992; Burger & Solano, 1994) and Cooper (Burger and Cooper, 1979) provided the conceptual framework for the operational definition and factors for desire for control. Crowne and Marlowe (1960) in addition to Johnson (2002) supplied the foundation for the definition of social desirability. Burns and Sayers (1992) provided the conceptual framework for the operational definition and factors for relationship satisfaction. Kirkpatrick (1999) and the Attachment to God Inventory (Beck & McDonald, 2004) provided the conceptual framework for the operational definition and characteristics of attachment to God.

**Adult Child of an Alcoholic (ACOA)**

While an adult child of an alcoholic (ACOA) can be defined as an adult who has grown up with at least one alcoholic parent, guardian, or caregiver, there are also specific characteristics that can be found in these individuals (Brown, 1988, 1999). Not all ACOAs will have every one of these characteristics and the degree to which they do have them will vary. However, overall ACOAs tend to be hypervigilant, place an excessive emphasis on internal and interpersonal control, have difficulties with trust, display
excessive feelings of responsibility, and exhibit problems with intimacy (Brown, 1988, 1999).

Janet Woititz’s (2002, 2009) perspective adds in several other tendencies that define ACOAs. These include speculating at what normal behavior is, struggling to follow projects through from start to finish, lying although it may be easier to tell the truth, evaluating themselves mercilessly, and difficulty in relaxing and having fun. In addition, Woititz (2002) included that ACOAs take themselves too seriously, have significant difficulty in intimate relationships, overreact to changes over which they have little to no control, and constantly pursue the admiration and approval of others. Finally, ACOAs often view themselves as different from others, tend to be overly responsible or overly irresponsible, are extremely loyal in their relationships even when it is not deserved, and can be very impulsive (Woititz, 2002, 2009). It is theorized that this tendency at impulsivity results in uncertainty, self-hatred, and a sense of loss of control over one’s environment (Woititz, 2002, 2009).

Attachment and Attachment Styles

Bowlby (1969/1982) theorized that attachment is a behavioral control system which organizes and directs an individual in achieving set goals. Within the attachment context, the care-giving and care-seeking systems are complementary as the infant engages in care-seeking behavior and the caregiver in care-giving behaviors. This system is a homeostatic control system which is activated when an infant is in need of the primary caregiver and attempts to draw the caregiver to him (Bowlby, 1969/1982). An attachment style develops between child and caregiver based on the response provided by
the caregiver to the infant’s need. The attachment style can be either secure or insecure which presents as two different versions of insecure attachment- ambivalent/anxious or avoidant (Ainsworth, 1985; Ainsworth et.al., 1978).

It has been theorized that attachment relationships contain four specific characteristics: seeking and maintaining proximity to the caregiver, supplying a secure base function to explore one’s environment, providing a safe haven and protection, and experiencing anxiety from separation and/or a resulting grief from the loss of the attachment figure (Ainsworth, 1985). Characteristics of the individual attachment styles are as follows: infants with secure attachment styles display the ability to explore their environments, use the caregiver as a secure base, and although distressed when the caregiver leaves, respond positively to the caregiver’s comfort upon returning; infants with anxious/ambivalent attachment styles show the most distress during separation from the caregiver and seek contact very quickly upon the caregiver’s return but are difficult to comfort; and the infants with an avoidant style of attachment display little distress upon separation from the caregiver and do not seek comfort when reunited with their mothers (Ainsworth et.al., 1978). For this study attachment style was divided into the categories of secure or insecure attachment.

**Adult Attachment**

Bowlby (1969/1982) theorized that because of repeated interactions with the attachment figure, an internal model is created which then results in individuals understanding their current relationships through this model. There is significant potential that this internal working model affects the individual across the life cycle in how close
relationships are maintained, to include adult relationships (Bowlby, 1977; Park et al., 2004). Actual adult attachment can be defined as “the stable tendency of an individual to make substantial effort to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security” (Berman & Sperling, 1994, p. 8.).

**Romantic Attachment**

According to Hazan and Shaver (Hazan & Shaver, 1987; Hazan & Shaver, 1994; Shaver & Hazan, 1988; Shaver et al., 1988), romantic love can be defined as an attachment process which includes affectional bonds involving complex socioemotional processes thus producing romantic attachment. They concluded from their research that early social experiences in caregiver attachment result in relatively lasting differences in relationship styles that are manifested in romantic attachment (Hazan & Shaver, 1987). In specific, the characteristics of the secure and insecure attachment styles that occur in infant attachment, also, display in romantic attachment. The three factors from Sternberg’s (1986; 1997) model of love, passion, intimacy, and commitment are included to define romantic attachment. Passion is defined by Sternberg (1986) as “the drives that lead to romance, physical attraction, sexual consummation, and related phenomena” (p. 119). Sternberg (1986) defines intimacy as “feelings of closeness, connectedness, and bondedness in loving relationships” (p. 119) and commitment as “the decision that one loves someone else and ... the commitment to maintain that love” (p. 119). For this study, the definition of romantic attachment included all three of these factors which exist in varying degrees, based on the individual.
Desire for Control

According to Burger and Cooper (1979) the five primary factors for desire for control can be defined as an overall general desire for control, decisiveness, preparation and prevention, avoidance of dependence, and leadership. Burger (1992) explains the desire for control as a general personality trait for which all individuals fall on a continuum from high to low. Researchers have tied desire for control to a wide range of behaviors and psychological phenomena, including social interactions, achievement, conformity, attributional activity, stress and coping strategies, health behaviors, depression, and gambling behavior (McCutcheon, 2000). In specific, individuals who show a high desire for control are more likely than those showing a low desire to dominate a conversation, attain more at achievement tasks, endeavor to affect change in other people and their behaviors, engage in extensive attributional processing, and become depressed about events over which they have no control (Burger, 1992). Moreover, individuals with a high desire for control set higher goals for themselves and go about achieving them in a more realistic manner than those with a low desire for control (Burger, 1992; McCutcheon, 2000).

Social Desirability

Social desirability is defined as the tendency to render oneself acceptable in social or interpersonal relations (Crowne & Marlowe, 1960; Johnson, 2002). Crowne and Marlowe (1960) contend that social desirability refers to the need to “obtain approval by responding in a culturally appropriate and acceptable manner” (p. 352). It is related to
social acceptance, social approval, popularity, social status, leadership qualities, or any quality that creates a socially desirable companion.

**Relationship Satisfaction**

For this study relationship satisfaction was defined as the degree of closeness or the quality of the partner dyad, specifically, the amount of happiness or contentment within the relationship (Burns & Sayers, 1988). Burns and Sayers (1988) provided the following factors for evaluating relationship satisfaction: communication and openness, resolving conflicts and arguments, degree of affection and caring, intimacy and closeness, satisfaction with the individual’s role in the relationship, satisfaction with the other person’s role, and overall satisfaction with the relationship. Each of these areas can be rated on a 7 point Likert scale ranging from very dissatisfied to very satisfied.

**God Attachment**

For this study the construct of attachment to God was defined based on Kirkpatrick’s (1999) formulation of attachment to God, Brennan, Clark and Shaver’s (1998) research, and the Attachment to God Inventory (Beck & McDonald, 2004). Overall, an attachment to God consists of an individual experiencing God as personal in nature, and that the relationship with God closely correlates with the criteria of an attachment bond as delineated by Mary Ainsworth (1985). Kirkpatrick (1999) specified four aspects of attachment to God based on the four criteria of the attachment bond described by Ainsworth (1985). These aspects are God as a haven of safety, God as a secure base for exploration, seeking and maintaining proximity to God, and responses to
separation and loss from God. First, God provides a haven of safety and someone who individuals can and often do seek out during periods of trouble or distress. In addition, God acts as a secure base, providing individuals the ability to explore their environment. God creates a sense of satisfaction with the present state while providing a sense of confidence and self-efficacy for managing future challenges.

Kirkpatrick (1999) also contends that attachment to God brings out the standard attachment behaviors of proximity-seeking and proximity-maintaining. Finally, God also elicits the typical reactions seen in times of loss or separation from one an individual cares for. Kirkpatrick stresses that the threat of separation from God results in anxiety in the attached person. These four aspects provided the foundation for the definition of attachment to God.

For this study the definition of Attachment to God focused on the secure or insecure nature of an individual’s God attachment style. As the Attachment to God Inventory (Beck & McDonald, 2004) operationalizes the attachment dimensions to God as Avoidance of Intimacy and Anxiety about Abandonment, individuals who are high on either of these two dimensions were defined as having an insecure attachment to God while those who are low on both were defined as having a secure attachment to God. Brennan and colleagues’ (1998) research found that the two dimensions of avoidance and anxiety define most attachment classification models. Beck and McDonald (2004) applied these two dimensions to attachment to God and contended that an individuals’ attachment to God will vary along these two continuous dimensions. Specifically, Avoidance of Intimacy with God meets insecure attachment as these individuals exhibit a need for self-reliance, a lack of depending upon God, and significant unwillingness in
being emotionally intimate with God. In contrast, individuals with Anxiety over Abandonment display insecure attachment due to the amount of fear of potential abandonment by God, degree of resentment or frustration at God’s lack of perceived affection, extent of jealousy over God’s potentially differential intimacy with others, amount of anxiety over one’s lovability in God’s eyes, and, finally, the degree of preoccupation with or worry about one’s relationship with God. Both display insecure attachment to God.

Significance of the Study

The significance of the study will be evaluated by both implications and applications. Implications will review how the information obtained by this study can assist ACOAs and those working with ACOAs. Applications will explore how to put the study’s results into practical use.

Implications

Achieving satisfying adult relationships can aid the ACOA in reducing a variety of issues that have resulted from the maladaptive relationship skills they developed from their dysfunctional family of origin. These issues negatively impact an ACOA in all areas of his/her life and include problems with intimacy, vulnerability, trust, honesty, and mutual sharing (Beesley & Stoltenberg, 2002). It was proposed that the results of this study would contribute data on adult relationship satisfaction in ACOAs. In addition, it was, also, put forth that the results would provide insight into the role of attachment to God in adult relationship satisfaction for ACOAs. The data obtained in this research
intended to add to the discussions on the potential mitigating factor of attachment to God for achieving positive adult relationship satisfaction in ACOAs. This data attempted to aid in understanding how to assist an ACOA in attaining adult relationship satisfaction. Also, this study attempted to support the understanding of attachment to God through the same processes first organized by Bowlby (1969/1982, 1973; 1980) in attachment theory. Research indicates that the hallmark attachment behaviors that exist in attachment to a caregiver also exist in relationship with God (Kirkpatrick, 1999). It has been put forth by Kirkpatrick (1999) that a believer’s personal relationship with God serves similar functions to other human attachment relationships to include adult relationships and this study should add to that proposition.

Several studies (Beesley & Stoltenberg, 2002; Shapiro, Weatherford, Kaufman, & Broenen, 1994; Sheridan & Green, 1993) have focused on adult relationship satisfaction in ACOAs, and there have been several studies (Hazan & Shaver, 1987; Shaver et al., 1988; Kirkpatrick, 1998; Kirkpatrick & Shaver, 1992) addressing the correlation between adult relationships and attachment to God. However, a gap exists as there had been no published empirical research exploring the potential correlation between relationship satisfaction in adult relationships and attachment to God for ACOAs. In addition, the use of a nontraditional university population with a median age above the mid-20s added to the research material that does exist on ACOAs. Black (1981) suggested that the consequences of parental alcoholism may not manifest themselves until ACOAs are in their mid-20s, providing an explanation why several previous studies designed to compare the functioning of ACOAs to non-ACOA subjects using college student populations revealed no significant differences between the two groups. In contrast, this
study was based on data collected from a nontraditional university population of graduate students whose median age was well above the mid-20s.

Applications

The dysfunctional cycle that develops from being raised in an alcoholic family often causes unyielding, controlling behavior in the ACOA that interferes with the development of healthy, adult relationships (Bepko & Krestan, 1985). Information reported by Woititz (2002, 2009), Cermak and Brown (1982), and Brown (1988, 1999) supported this claim and theorized that both inconsistency and chaos in an alcoholic family results in the continuation of maladaptive relationship behaviors into adulthood for ACOAs. Information obtained in this study would be beneficial to ACOAs and their family members to clarify their comprehension of the development of adult relationship satisfaction and the connection between relationship satisfaction and attachment to God. It provides these individuals with possibilities and insight for understanding and improving their relationship satisfaction and their adult relationships. It, also, benefits therapists and individuals who counsel or provide services to ACOAs by supplying knowledge that will aid in creating more effective and relevant treatment and relationship counseling for ACOAs and their family members. Also of significance is that religious leaders and churches can utilize this information to develop their counseling and outreach programs to aid individuals who have or have had at least one alcoholic parent. Finally, since graduate counseling students were utilized as participants graduate counseling programs and counselor trainees will benefit from this information.
Theoretical/Conceptual Framework

The grand theoretical framework utilized for this research was Bowlby’s (1969/1982, 1973; 1980) attachment theory. Attachment theory provides an evolutionary theory of human social development ranging “from the cradle to the grave” (Bowlby, 1979, p. 129). However, although deemed a grand theory of personality development across the lifespan, it is important to acknowledge that attachment theory derived from general evolutionary theory (Simpson, 1999). General evolutionary theory provides an extensive group of perspectives that include attachment and mating practices as part of their domain (Buss & Kenrick, 1998). John Bowlby (1969/1982, 1973, 1980) focused his research on attachment and utilized Darwin’s theory of evolution by natural selection, object relations theory, control systems theory, evolutionary biology, cognitive psychology, and ethology.

Bowlby (1969/1982) explored evolutionary theory as the basis of infant-caregiver attachment and the precursor of and foundation for human love. Attachment theory provides an evolutionary foundation by including normative and individual-difference aspects of infant-caregiver attachment and their impact on the development of infant survival (Simpson, 1999). The normative aspect of attachment details the modality, typical patterns, and stages of attachment bonds in individuals. The individual-difference aspect of attachment details the deviations from the typical patterns and stages. Bowlby (1969/1982) theorized that an attachment-control system develops from these normative and individual-difference aspects. Individual-differences create biases in an individual’s learning abilities and experience with caregivers and environments. From this, it is presumed that attachment control systems are created through experience, not preformed,
and are believed to provide a role in the organization of behavior and emotion in close relationships throughout an individual’s life (Bowlby, 1969/1982; Green & Goldwyn, 2002).

The characteristics of the infant-caregiver attachment relationship are believed to be replicated in behaviors toward other attachment figures. This includes seeking and maintaining proximity to the attachment figure, the attachment figure supplying a haven of safety, and experiencing anxiety when separated from the attachment figure (Ainsworth, 1985). Attachment theory has evolved into a comprehension of attachment patterns across the human lifespan.

It has been theorized that the attachment system in infants and young children provides survival and development during the most vulnerable periods of early childhood (Simpson, 1999). Cindy Hazan and Phillip Shaver (1987) extended Bowlby's attachment theory into a model of attachment in adult relationships and romantic love. There have been several attempts to classify attachment relationships in older children and in the adult population (Bartholomew & Shaver, 1998). Some research has found significant consistency between infant attachment type and assessments of attachment conducted several years later (Main & Cassidy, 1988; Wartner, Grossmann, Fremmer-Bombik, & Suess, 1994) while other research has not (Zimmerman, Fremmer-Bombik, Spangler, & Grossmann, 1997). Attachment theory does appear to be especially useful in addressing certain key issues in the study of close adult relationships to include conflict and relationship satisfaction (Feeney, 1999). It has been utilized to understand both the sources of adult relationship conflict and individual differences in handling conflict. In research, both of these aspects appear to impact adult relationship satisfaction (Feeney,
Specifically, the anxiety over relationships aspect of attachment provides significant insight. Individuals high on this aspect report more relationship conflict and insecurities surrounding issues of love, loss, and abandonment (Feeney, 1999).

Attachment theory has been applied to other areas of adult life, to include work and career (Hazan & Shaver, 1990), fear of death (Mikulincer, Florian, & Tolmacz, 1990), and coping with stressful events (Carpenter & Kirkpatrick, 1996; Simpson, Rholes, & Nelligan, 1992) and traumatic events (Mikulincer, Florian, & Weller, 1993). It has also been utilized to examine aspects of religious belief and behavior (Kirkpatrick, 1999). Again, when examining the normative aspect of attachment, God provides an attachment figure for individuals as both a safe haven and secure base. In evaluating the individual-differences perspective of attachment, research reveals that internal working models of God correlate with contemporary working models of other close interpersonal relationships (Kirkpatrick, 1999). In addition, longitudinal research on religious change espouses a compensatory aspect of attachment to God in which individuals with insecure childhood or adult attachments may reach out to God as a substitute attachment figure (Beck & McDonald, 2004; McDonald et al., 2005). Research also supports attachment to God providing the type of psychological benefits related to secure interpersonal attachments (Beck & McDonald, 2004; Kirkpatrick, 1999).

Family dynamics and attachment appear to play significant roles in the dysfunction experienced by ACOAs. According to Stephanie Brown (1999) the experience of inadequate, chaotic, and sometimes violent parenting, impact the ACOA and can last a lifetime if not addressed in therapy or some other healing medium (Brown,
She asserts that the problems suffered by ACOAs can be connected to the family and attachment issues, to include those problems directly reflective of organic conditions: “Many of these individuals (ACAs) suffer a variety of problems related to the alcoholism of a parent that was never labeled as such, including school phobia, learning disabilities, attentional disorder, depression, anxiety, and mood disturbance” (p. 11). Brown’s (1999) explanation for this variety of problems places the focus on attachment:

Attachment – early and ongoing – is based on denial of perception which results in denial of affect which together result in developmental arrests or difficulties. The core beliefs and patterns of behavior formed to sustain attachment and denial within the family then structure subsequent development of the self including cognitive, affective and social development. (p. 5)

Attachment theory provides a comprehensive and empirically supported lifespan explanation of development, security, and relationship satisfaction in ACOAs. Over the years it has expanded from infant and child attachment to include adult attachment and attachment to God. By providing a theoretical foundation that incorporates attachment in infant, child, adult, and God relationships, attachment theory is significant in highlighting core and basic human needs for social interaction and proximity to others. Its foundation as an evolutionary model of human development provides an understanding of how relationships between infants and their caregivers forge and impact the development of fundamental areas throughout an individual’s life. Because attachment theory provides a theoretical foundation for both adult relationship satisfaction and attachment to God it is the theoretical framework that was utilized for this study. While it has generated creative prospects about general modes of treatment (Bowlby, 1988), assessment (Boris, Fueyo, & Zeanah, 1997; Green, 1996), and early interventions (Juffer, van IJzendoorn, &
Bakermans-Kranenburg, 1997), it has significant potential for population specific
treatment approaches to include individual, couples, and family treatment for ACOAs.

Organization of Remaining Chapters

The remaining chapters were organized in the following manner. Chapter two
continues the discussion of background material by providing a literature review on the
key aspects of healthy relationships and dysfunctional relationships. Healthy relationships
include the subtopics of attachment, adult attachment, romantic attachment, desire for
control, social desirability, relationship satisfaction, and attachment to God.
Dysfunctional relationships include the subtopics of adult children of alcoholics, their
characteristics, and family dynamics; attachment, adult attachment, and romantic
attachment; desire for control; social desirability; relationship satisfaction; and
attachment to God. Chapter two concludes with a summary. The third chapter presents
the methods to include the research design and an explanation of the selection of
participants, instrumentation and assumptions. This chapter, also, includes the
procedures, methods for data analysis and processing, and a summary section. The fourth
chapter contains a restatement of the problem, data analysis and results for the research
questions, and a summary. The fifth and final chapter consists of a summary of the
findings for the research questions; limitations; discussions and recommendations that
include unexpected findings, considerations regarding attachment theory, and
implications for research and practice; and conclusions.
Summary

This chapter examined the rationale for this dissertation and the study. It provided background to the problem of relationship dissatisfaction in ACOAs. It also supplied the purpose of the study which is to examine the relationship between ACOA status, God Attachment, and adult Relationship Satisfaction. Next the two research questions were presented. The first research question includes two main effect hypotheses and one interaction effect hypothesis. The two main effect hypotheses are whether being an ACOA correlates with lower levels of Relationship Satisfaction than non-ACOAs and whether secure God Attachment will be related to higher Relationship Satisfaction. The third hypothesis is that ACOAs with secure God Attachment will have higher levels of adult Relationship Satisfaction than ACOAs with insecure God Attachment and non-ACOAs with insecure God Attachment but not significantly different adult Relationship Satisfaction than non-ACOAs with secure God Attachment. The second research question provided the fourth hypothesis that God Attachment will account for unique variance in both groups for adult Relationship Satisfaction after accounting for the variance associated with Social Desirability, Desire for Control, and Romantic Attachment.

Both the limitations and delimitations of the study were examined. An overview of the study’s definitions was included, introducing and formalizing a consistent set of definitions necessary to provide a comprehensible foundation for the study. The significance of the study, in specific the implications and applications for the research conducted, was provided. The theoretical and conceptual framework for the study,
attachment theory, was presented. Finally the organization of the remaining chapters was revealed.
CHAPTER TWO: LITERATURE REVIEW

This comprehensive literature review offers an examination of the interaction between ACOA status, God Attachment, and Relationship Satisfaction. Pertinent issues are divided into two main topics of Healthy Adult Relationships and Dysfunctional Adult Relationships. Under the main topic of Healthy Adult Relationships the subtopics of Attachment, Adult Attachment, Romantic Attachment, Desire for Control, Social Desirability, Relationship Satisfaction, and Attachment to God are explored. Under the main topic of Dysfunctional Adult Relationships the subtopics of the Dynamics of Alcoholic Families and Adult Children of Alcoholics are investigated. Examined under the subtopic of Adult Children of Alcoholics are the areas of Attachment, Adult Attachment, Romantic Attachment, Desire for Control, Social Desirability, Relationship Satisfaction, and Attachment to God.

Healthy Adult Relationships

According to William Mosier (2003), individuals who are able to develop healthy relationships either do or have the following:

2. Allows him/herself to show emotional vulnerability.
3. Openly expresses his/her feelings.
4. Consistently expresses his/her respect and admiration for his/her partner.
5. Openly admits when he/she is wrong.
6. Maintains open lines of communication.
7. Develops rituals that provide a bonding via shared experiences, reminiscing about the past and planning for the future together.

8. Plays on a regular basis.

9. Shares intimate time with partner.

10. Honestly confronts issues that may have a negative impact on the relationship.

11. Negotiates mutually agreed upon solutions to problems in the relationship.

12. Openly admits to his/her personal boundaries.

13. Respects his/her partner's declared personal boundaries.

14. Accepts personal responsibility for all one's thoughts, feelings and actions.

15. Demonstrates unconditional positive regard for the partner.

16. Is open to trying new experiences.

17. Acknowledges when he/she is feeling resentment toward the partner and talking about it-openly.

18. Makes a firm commitment to the relationship.

19. Assumes the best rather than assuming the worst.

20. Reaffirms daily his/her love and respect for the partner.

(pp. 44-45)

Geraldine Piorkowski (1994) provides additional information on the characteristics of healthy couple relationships. The factor of trust first and foremost helps to build the foundation of healthy relationships and develops when the individual has the partner’s best interests at heart and does not plan to harm the other intentionally (Piorkowski, 1994). On average, trust will be created slowly in adult relationships and develops from repetitively encountering reliability, caring, and trustworthiness in the
potential partner. When trust develops, an individual will be more willing and less fearful of exposing weaknesses to the partner thus helping to establish an important bond.

Having shared significant goals appears to be noteworthy as an essential, joint purpose that can bond the couple. Religion, ethnicity, and family tend to be the most common unifying goals (Piorkowski, 1994). It appears that a shared commitment to any of these three aspects provides stability, security, and unity to a relationship. These three aspects offer profound and fundamental emotional connections for most individuals therefore, when partners share these important dimensions the emotional bond is strengthened.

Though merely being members of the same religion or ethnic group is not enough to create a healthy relationship when the values of the individual partners are of central importance to both members of the couple, the relationship will be enhanced (Piorkowski, 1994). For example, concern for family and love of children need to be of relevance to both partners for this value to be unifying. When the mutual goals or values provide a worldview, they operate to solidify the relationship.

In addition to similarities, differences in the individuals within a couple are significant. By preserving individuality and separateness, individuals are in a better position and more willing to join with another without concern over the loss of identity (Piorkowski, 1994). This helps to create and maintain closeness and intimacy because it allows individual autonomy to flourish. In healthy adult relationships, the self is not sacrificed for the sake of the other partner.

Emotional responsiveness also is an important part of healthy adult relationships. This can be defined as the loving attitudes and actions that provide the foundation for
expressed love (Piorkowski, 1994). Through the early attachment bond developed with a caregiver, when attempts to signal to the caregiver either do or do not result in the provision of loving, caring attention, individuals learn that love and attention are related (Bowlby, 1969/1982). From the caregiver relationship, individuals come to expect attention, warmth, and empathy when they develop healthy relationships with others (Piorkowski, 1994).

Equity and social exchange also provide essential tools in understanding how healthy adult relationships develop. Being treated justly or fairly can affect an individual’s contentment as explained by justice theory (Piorkowski, 1994). Piorkowski (1994) reported that both equally benefited couples and over-benefited individuals are more likely to be happier than the under-benefited. Individuals who reported feeling under-benefited described feeling as though they have given more to the relationship than they received. They described believing that their partner is gaining more from the relationship than is warranted.

Finally, communication, flexibility, honesty, joint leisure activity involvement, physical affection, sex, and shared spirituality have also been noted as significant factors related to healthy adult relationships (Piorkowski, 1994). Individuals in a healthy relationship generally talk more frequently, directly, and positively than distressed couples (Piorkowski, 1994). Research has found a positive correlation between frequency of sexual contact and marital contentment, but also revealed that what is more relevant is how closely actual frequency of sex equals what is desired by the individual (Piorkowski, 1994). Individuals tend to be happier when their expectations are in line with reality.
While this provides a brief overview of the characteristics of healthy adult relationships, it is essential to evaluate how attachment and specifically early attachment bonds developed with caregivers form the foundation for healthy adult relationships. In addition to attachment, the concepts of adult attachment, romantic attachment, desire for control, relationship satisfaction, and attachment to God will be reviewed in relation to healthy adult relationships.

**Attachment**

Attachment can be described as “the physical, emotional, and conceptual connections that link us to one another” (Cozolino, 2008, p. 36). Creating attachment begins from the time a human being is born in an effort to get to know and relate to those around the individual (Cozolino, 2008). Attachment can, also, enable the individual to develop feelings of safety and security in relation to the individuals close to him/her.

Initial formal research on human attachment is attributed to John Bowlby (1969/1982, 1973, 1980) with his observation of children in orphanages and families in his clinical practice. From his observations, Bowlby created the concepts of a secure base, proximity seeking, and attachment schema in relation to the process of attachment.

Bowlby began his research while working in a home for maladjusted boys and later provided a more systematic retrospective interpretation of his research in 1944 with the publication of “Forty-four Juvenile Thieves: Their Characters and Home Life.” His own research and the research of others (Bender & Yarnell, 1941; Goldfarb, 1943) alerted him to the influence of the mother-child relationship in future psychopathology. He and his colleague, James Robertson, (Robertson & Bowlby, 1952) noted a predictable
pattern between mother and child surfacing when the child was separated from his
mother. In essence, angry protest followed by despair and distress was a specific
consequence of the separation and caused Bowlby to examine the importance of the
mother to the child. Bowlby (1969/1982) theorized that the attachment tie between the
mother and child developed from a biologically based need for proximity created through
the process of natural selection. The biological basis of attachment behavior is the
fundamental foundation of this theory (Bowlby, 1958; 1969/1982). Bowlby purported
that attachment behavior has the foreseeable result of increasing proximity of the child to
the attachment figure which is often the mother.

The biological basis of attachment is purported to have an evolutionary or natural
selection focus (Bowlby, 1969/1982). As humans evolved, genetic selection supported
behaviors that increased the child-mother proximity relationship thus increasing the
likelihood of protection and survival for the child. According to Bowlby (1969/1982),
seeking proximity and developing attachments to others is a normal behavioral adaptation
and considered to be a healthy characteristic of humans throughout the lifespan.

Bowlby (1969/1982) arranged the concept of attachment behaviors into an
attachment behavioral system that involved a control systems perspective. Children’s
attachment systems are activated for the purpose of attaining sufficient proximity to their
mothers. Once this has been accomplished the attachment system terminates, though it
does not completely cease. Bowlby asserted that the child does not seek an object (his
mother) but a state (decrease in anxiety by maintaining desired distance from mother).

In addition to the evolutionary perspective and attachment behavioral system
aspects, Bowlby’s (1969/1982) research also identified contextual, emotional, and
cognitive aspects of attachment. For context, Bowlby described two classes of factors that impact fundamental increases and decreases in activation of the attachment system. These two classes of factors are conditions of the child, which may include sickness, hunger, pain, or exhaustion, and conditions of the environment. They may include the existence of menacing stimuli. Specific conditions that Bowlby found to be significant were the location and behavior of the mother to include her absences, withdrawal, or rejection of the child. For the aspect of emotion in attachment, Bowlby (1979) found that:

Many of the most intense emotions arise during the formation, the maintenance, the disruption, and the renewal of attachment relationships. The formation of a bond is described as falling in love, maintaining a bond as loving someone, and losing a partner as grieving over someone. Similarly, threat of loss arouses anxiety and actual loss gives rise to sorrow; whilst each of these situations is likely to arouse anger. The unchallenged maintenance of a bond is experienced as a source of joy. (p. 130)

Finally, on the aspect of cognition Bowlby (1969/1982) offered that the organization of the attachment behavioral system includes cognitive factors. These include mental images of the self, the attachment figure, and the environment and are all based on individual experiences. Bowlby theorized that these images create internal working models in individuals which they utilize to anticipate the future and make decisions allowing them to function more effectively. They will come back to these working models as they form, develop, and experience all future relationships throughout the lifespan.

Mary Main (1990, 1999) in her research added on to the significance of individual differences in attachment. Her research revealed that although Bowlby (1956) reported that almost all children become attached, not all will become securely attached. She contended that it appears that secure attachment develops in relation to a mental image of
the attachment figure as responsive and available when needed, while insecure attachment develops from the lack of such an image (Main, 1990). In addition, the idea of disorganized attachment evolved from her early interest in ethological concepts of motivation conflict behavior (Main, 1999). She then applied this to her findings on the attachment behavior of infants.

Additional recent research has provided support for a relationship between attachment and other behavioral systems to include the exploratory system, the fear system, the sociable system, and the caregiving system (Cassidy, 1999). To begin with, Bowlby (1969/1982; 1988) reported that the exploratory system provides survival advantage to a child through the ability to gain information about one’s environment. Mary Ainsworth’s research (1972) added to attachment theory by providing support for a relationship between the attachment behavioral system and the exploratory behavioral system. In specific, there exists a complementary aspect to the exploratory and attachment systems by providing protection to the child and enabling him to explore his environment. At the same time, the attachment system pulls the child back from his exploration when he begins to feel unsafe. As described by Ainsworth (1963) the link between the attachment and exploratory systems enables the infant to utilize the attachment figure as a secure base from which to explore. She went on to explain that during the infant’s initial year of life there exists an attachment-exploration balance where most infants juggle these two behavioral systems (Ainsworth, Bell, & Stayton, 1971). She and her colleagues presented that the majority of infants balance the two systems by adapting to a particular situation after weighing the characteristics of the environment with their caregivers’ availability and expected care-giving behavior. In
essence, the attachment relationship can promote or diffuse exploration. When the infant’s attachment system is activated due to separation from the attachment figure, exploration decreases, while a lack of activation of the attachment system results in increased exploration. Bowlby (1973) added to this research by purporting that it is not only the physical presence of the attachment figure that is significant, but also the infant’s view of the availability of the attachment figure. There is a notable amount of empirical research (Ainsworth & Wittig, 1969; Carr, Dabbs, & Carr, 1975; Rheingold, 1969; Solomon & George, 1996) supporting evidence of a relationship between attachment figure availability and infant exploration.

The fear system also has a relationship with the attachment system (Cassidy, 1999). Bowlby (1973) stressed that as with the attachment system, the fear system provides survival benefits. He stressed that there are specific cues that exist which alert an individual to danger and trigger the fear system. Included in these is darkness, being alone, loud sounds, and abrupt threatening or ominous actions. When the fear system is activated by these cues, the infant will generally seek protection from the attachment figure and increase the probability of surviving (Cassidy, 1999). Morgan and Ricciuti (1969) and Sorce and Emde (1981) provided evidence that when the infant’s fear system is activated and he is able to receive comfort from an available and accessible attachment figure, the infant becomes less fearful.

The sociable system appears to be separate and distinctive from the attachment behavioral system but links to it (Cassidy, 1999). According to Bowlby (1969/1982) “…it is a much broader concept than attachment and is not intended to cover behavior that is directed towards one or a few particular figures, which is the hallmark of
attachment behavior” (p. 229). Lewis, Young, Brooks, and Michalson (1975) added to the understanding of the distinct nature of these two systems by contending that “Mothers are good for protection, peers for watching and playing with” (p. 56). As with the fear system, a particular function of the sociable system appears to be the promotion of survival. Primate research has revealed that individuals who are in the company of others have a lower probability of being killed by predators (Eisenberg, 1966). Harlow (1969) reported on the significance of the sociable system in the development of young nonhuman primates. His research revealed that, when reared with their mothers but without peers, the young were negatively impacted in their social development and unable to mate or reproduce effectively. However, research has also revealed some differences between humans and other primates in the relationship between the attachment system and sociable system to include what initiates behavior, what ceases behavior, and how behaviors are arranged and classified (Bretherton & Ainsworth, 1974; Harlow, 1969; Vandell, 1980).

According to Bowlby (1969/1982) the sociable system becomes active when the attachment system is not. He reported that,

…a child seeks a playmate when he is in good spirits and confident of the whereabouts of his attachment-figure; when the playmate is found, moreover, the child wants to engage in playful interaction with him or her. If this analysis is right, the roles of attachment-figure and playmate are distinct (p. 307).

There also appears to be a relationship between the caregiver system and the attachment behavioral system (Cassidy, 1999). Bowlby (1969/1982) proposed that the primary behaviors within the caregiver system include retrieval, calling, reaching, grasping, restraining, following, soothing, and rocking. In essence, when the caregiver system is activated in addition to the attachment system, resulting in parent-child
proximity which serves to further protect the child, the attachment system becomes deactivated and vice-versa (Cassidy, 1999). This supports Bowlby’s (1969/1982) line of research that attachment behaviors will not be necessary when the attachment figure has taken responsibility for maintaining proximity. However, research reveals that the quality of the attachment figures monitoring affects the infant’s exploration (Sorce & Emde, 1981). During a laboratory experiment, Sorce and Emde (1981) discovered that when the attachment figure focused her attention on a magazine instead of her infant the infant’s amount of exploration decreased.

In addition, the child and attachment figure do not always agree on how much distance between them is acceptable (Cassidy, 1999). For example, the child may be comfortable to continue exploring his environment while the attachment figure’s fear system and caregiver system may become activated by too much distance, causing her to retrieve the child. On the other hand, the child’s caregiver system and fear system may become activated by what he perceives as his attachment figure moving too far away from him, although she may not believe there is any threat to the child.

The attachment bond itself is described by Ainsworth (1989) as an affective tie that is an “entailing representation in the internal organization of the individual” (p. 711). The bond is portrayed as a connection one person has to another, not as a connection between two individuals (Cassidy, 1999). Bowlby (1979) and Ainsworth (1989) both described the caregiver attachment bond as one of many affectional bonds that individuals will create during their lifetimes. To better understand the definition of attachment bond Ainsworth (1989) provided criteria for affectional bonds and added to the criteria the specific measure for an attachment bond. An affectional bond is enduring,
not fleeting, and it involves a specific person who cannot be replaced with anyone else. In addition, the relationship is emotionally relevant and the individual desires to maintain close contact or proximity to the person with whom he has the bond. The individual experiences anxiety when involuntary separation from the person occurs. The additional specific measure that makes an affectional bond an attachment bond is seeking comfort and security in the relationship with the person (Ainsworth, 1989).

Bowlby (1969/1982) supplied some additional information that is important to review for an understanding of the attachment bond. He theorized that there are two significant aspects about the character of the attachment bond within the larger framework of relationships. First, while there are more features to the child’s relationship with the attachment figure than the attachment bond, the attachment bond takes precedence and applies to the behaviors related to the child’s protection and security when confronted with stress. The attachment figure may represent a teacher, a disciplinarian, or a playmate to the infant. However, Bowlby (1969/1982) asserted that while these other roles may exist “the shared dyadic programme given top priority is one of attachment-caregiver” (p. 378).

Second, Bowlby (1969/1982) declared that while a relationship may contain an attachment component, it should not be assumed that an attachment bond is present. Bowlby found evidence for this in the ability for an infant to direct his attachment behaviors to a friendly stranger in the absence of his mother. However, this action does not signify that the relationship with the stranger involves an attachment bond. Further evidence is that children turn to friends and peers for comfort without experiencing the
devastating effects that result from the loss of an attachment figure upon the termination of friendship (Hazan & Zeifman, 1999).

Multiple attachments have also provided information for an understanding on attachment relationships (Cassidy, 1999). Bowlby (1969/1982) developed three principal suppositions on multiple attachments in infancy. The first of these is that the majority of infants tend to form more than one attachment. Other research has supported that the majority of children become attached to more than one familiar person within the first year of life (Ainsworth, 1967; Schaffer & Emerson, 1964). These attachment figures generally include the mother but often the father is also an attachment figure (Ainsworth, 1967). Older siblings, grandparents, aunts, and uncles may also become attachment figures for the child (Cassidy, 1999). Research has shown that day care providers (Howes, Rodning, Galluzzo, & Myers, 1988) may become attachment figures and that, in stressful situations, other infants may become attachment figures (Freud & Dann, 1951).

Bowlby’s (1969/1982) second supposition is that while there is generally more than one attachment figure for an individual the potential number of attachment figures is not limitless. According to Bretherton (1980) infants create a “small hierarchy of major caregivers” (p. 195) for their attachment figures. Infants have a larger group of individuals which provides other types of relationships to the infant, besides attachment relationships.

The third supposition presented by Bowlby (1969/1982) in keeping with Bretherton’s (1980) attachment hierarchy is that infants do not treat all of their attachment figures as equal or interchangeable. Bowlby contended that infants favor a principal attachment figure to provide them with security and comfort. Supporting this
supposition, research provides evidence that children in institutions will seek one specific
caregiver if given the choice (Burlingham & Freud, 1944). Ainsworth’s (1982) research
also reinforced this idea as she found that the child was capable of handling separation
from subsidiary figures with less anxiety and difficulty than separation from the primary
attachment figure. Additional research reveals that, when an infant is unable to seek
comfort from the primary attachment figure, the child will generally seek and obtain
comfort and security from other attachment figures (Ainsworth, 1967; Kagan, Kearsley,

Early dependency on attachment figures and the attachment relationships that
develop are important. Healthy, mature, independent development, separation, and
individuation are founded on successful early dependency and attachment relationships,
defined by Mahler, Pine, and Bergman (1975) as symbiosis and Erikson (1963) as the
establishment of basic trust. Major dynamic and developmental theorists (Blos, 1962;
Bowlby, 1980; Erikson, 1963; Mahler et al., 1975; Miller, 1981, 1984/1998; Park et al.,
2004) agree on the significance of attachment in the early dependency relationships as the
basis for future healthy human development. They concur on the importance of certainty,
predictability, and stability of the care-giving figures in the child’s life. Disruptions in the
timing, accuracy, and certainty of the responses can have significant repercussions on all
aspects of later development. In research completed by Lyons-Ruth, Bronfman, and
Parsons (1999) a strong association was found between abnormal parental behavior to
include severely disrupted communication, hostile/intrusive parental behavior, and role
confusion and the development of insecure-disorganized attachment. Jacobsen, Hibbs,
and Ziegenheim (2000) reported research results that show a significant association
between high parental Expressed Emotion, measured in a five-minute speech sample, and attachment disorganization at six years on parent-child reunion. Bowlby exerts that individual actions can be best understood as they relate to caregiver behavior, while Miller (1981) contends that true autonomy stems from the experience of developing secure dependence to the caregiver. Dominance of the parents’ needs at the expense of the child’s creates a loss of self instead of autonomous, secure development (Brown, 1988, 1999; Miller, 1981). Park et al. (2004) found that attachment security was associated with basing self-worth on family support while an insecure-preoccupied or fearful attachment style was related to basing self-worth on physical attractiveness. An insecure-dismissing attachment style was related less to basing self-worth on others’ approval, family support, and how the individual perceives God’s love (Park et al., 2004).

The existence of attachment and attachment relationships continues across the lifespan (Cassidy, 1999). In infancy these attachments tend to be with other family members and/or those individuals who engage actively in the child’s care. In middle childhood, new attachments develop with individuals outside of the family as children are spending time with these individuals. Adolescence and early adulthood bring attachment to sexual and/or romantic partners. While attachment to parents or caregivers often remains throughout the lifespan, later attachments generally provide an individual with the principal relationships in his life. Because of this, it is important to gain a better understanding of adult attachment.
**Adult Attachment**

Adult attachment focuses on two specific aspects of the attachment system being active in adults and of individual differences existing in adult attachment behavior (Crowell, Fraley, & Shaver, 1999). These two aspects have their foundations in attachment experiences and in attachment representations (Crowell et al., 1999). Adult attachment has been defined by Berman and Spelling (1994) as “the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security” (p. 8). Bowlby (1978) purported that there is strong evidence that the causal relationship an individual experiences with his parents impacts the later ability to create affectional bonds with significant others including relationships that are formed as an adult. In fact, Bowlby (1977) declared that, “attachment behavior is held to characterize human beings from the cradle to the grave” (p. 201). He contended that attachment behaviors continue to be “manifested throughout life, especially when distressed, ill, or afraid” (Bowlby, 1977, p. 201).

Bowlby (1969/1982) theorized that the attachment relationship developed in infancy correlates with later love relationships. Adult relationships include parent to child, partner to partner, and adult child to older parent. Adult attachment relationships are distinguished from other adult relationships by the characteristic of providing feelings of security, belonging, and positive self-esteem while causing loneliness and restlessness if not present (Ainsworth, 1985, 1989; Park et al., 2004; Weiss, 1974). They display behavioral elements of attachment similar to those noted in infancy. Individuals exhibit a desire for proximity to the attachment figure when stressed, comfort is increased in the
presence of the attachment figure, and anxiety is created when the attachment figure is unavailable (Shaver, et.al., 1988; Weiss, 1991). In addition, at the loss of an attachment figure, grief is experienced (Bowlby, 1980; Fraley & Shaver, 1999).

According to Weiss (1982, 1986, 1991) the features of infant attachment, proximity maintenance, separation protest, secure base, and safe haven, can all be found in marital and committed non-marital relationships. Ainsworth (1985, 1989) projected that emotional bonds exist throughout the lifespan in mother-infant, father-infant, sexual/romantic pair, friends, companions and significant others, and siblings and other relatives. These bonds present as the individual desiring to be with the attachment figure, protesting when the figure threatens to leave or become unavailable, and deriving comfort and security from the figure especially during stressful situations (Weiss, 1982, 1986, 1991).

While adult attachment contains the components of child attachment, there are three important differences (West & Sheldon-Keller, 1994). The first difference is in the giving and receiving of care. In infant-parent attachment the infant receives care and the parent provides it. However, in most adult relationships there is generally a two-way interaction between relative equals. The second difference is a matter of integration. A strong potential exists for any threat to the accessibility of the attachment figure to tax the ability of the infant to focus on other issues (West & Sheldon-Keller, 1994). Based on this it has been put forth that in infancy the attachment behavioral system is not well integrated with other behavioral systems. However, adults, although affected, exhibit an ability to survive and operate even if the attachment relationship is in jeopardy. The third difference focuses on most adult attachment relationships generally being created by or
resulting in sexual relationships (West & Sheldon-Keller, 1994). However, they are not limited to sexual relationships.

The second central aspect of attachment in adulthood is that of individual differences in adult attachment behavior. The majority of adult attachment research has been established on the supposition that there are corresponding individual variances between infant and adult patterns of attachment and attachment representation (Hazan & Shaver, 1987; Main et al., 1985). While Bowlby did not project that there is a critical period in infancy that relates to these corresponding individual variances across the lifespan, he contended that there is a strong propensity toward stability in parent-child interactions which continues to impact and feed the attachment behavioral system (Waters, Kondo-Ikemura, Posada, & Richters, 1991). From this it is predicted that the parent-child attachment relationship will not only result in individual personality variance but will impact the subsequent patterns of family organization and can play a significant role in intergenerational transmission of family attachment patterns.

Bowlby (1969/1982) also theorized that as attachment patterns in childhood can change affecting a corresponding change in the quality of the parent-child relationship, so is it possible that attachment patterns can change in later life. This change is believed to be the result of influence from new attachment relationships and the development and advancement of formal operational thought. Potentially, this combination of actions permits an individual to analyze and reinterpret the importance and implications of both past and present experiences (Bowlby, 1973, 1980). A new relationship has the ability to create a new attachment representation which combines both partners’ attachment representations along with other factors of the relationship (Oppenheim & Waters, 1995;
Owens et al., 1995). A complete representational modification in the individual’s original model of attachment may or may not result from this.

In the evaluation of adult attachment, it is important to understand how this concept is studied and evaluated. The most common operationalization of adult attachment entails the identification of attachment styles (Berman & Spelling, 1994). Attachment style is delineated by the behavioral reactions resulting from a specific internal working model to the real or perceived accessibility of or separation from the attachment figure (Berman & Spelling, 1994). In an effort to explore the developmental features of attachment research into adulthood, Main, Kaplan, and Cassidy (1985) created the Adult Attachment Interview (AAI). This instrument assesses memories of childhood relationships with parents, depicts current representations of the childhood relationship with the parent, and classifies adult attachment into three attachment patterns: secure-autonomous, insecure-preoccupied, and insecure-dismissing. As the AAI views attachment from a developmental psychological perspective it focuses on attachment as a life-span concept (Berman & Sperling, 1994). The AAI patterns have been shown to correlate with marital quality (Cohn, Silver, Cowan, Cowan, & Peterson, 1992).

Hazan and Shaver (1987), also, developed an instrument to assess attachment. They created a single-item measure of attachment style based on Bowlby’s theory and Ainsworth’s description of infants in which individuals specify whether secure, insecure-avoidant, or insecure-anxious/ambivalent descriptions characterize their overall feelings and behaviors in romantic relationships. While used widely in adult attachment studies (Fuller & Fincham, 1995; Kirkpatrick & Davis, 1994; Levy & Davis, 1988; Pietromonaco & Carnelley, 1994) there have been several criticisms on its
conceptualization and methodology (Collins & Read, 1990; Simpson, 1990). One of the major criticisms is that Hazan and Shaver’s (1987) scale contains three mutually exclusive attachment styles. Bartholomew and Horowitz (1991) challenged this by recommending a two-dimension, four-category adult attachment classification based on both attachment theory and empirical work. In addition, the paragraphs that describe each classification contain more than one aspect of a relationship. This may result in an individual choosing an aspect that does not accurately describe his feelings when selecting from one of the three descriptions. Third, this measure does not allow for assessing the degree to which the attachment style characterizes a certain participant. Finally, the statistical analyzes are limited due to the use of a categorical attachment scale.

In an effort to correct some of these limitations, Collins and Read (1990) constructed a dimensional measure of adult attachment based on Hazan and Shaver’s (1987) categorical measure. From factor analysis, three factors were revealed; they contain items from the different attachment style descriptions developed by Hazan and Shaver (1987). These three factors were the extent to which a person is comfortable with closeness, feels he/she can rely on others, and is anxious or fearful about being abandoned or unloved.

Bartholomew and Horowitz (1991) also attempted to correct some of the limitations in the attachment measures. According to Bartholomew and Horowitz, the Hazan and Shaver (1987) measure and other dimensional measures of adult attachment based on Hazan and Shaver’s measure generally detect those who report feeling subjective distress and uneasiness when they become close to others. However, the type
of interview methods utilized in the AAI generally detect those who deny experiencing subjective distress and do not place enough emphasis on the significance of attachment needs (Bartholomew & Horowitz, 1991). Bartholomew and Horowitz felt that these two methods analyze two different styles of “avoidant” insecure attachment, either insecure-dismissing or insecure-fearful, while ignoring the other. From this analysis, Bartholomew and Horowitz (1991) developed a two-dimensional, four-category adult attachment measure based on Bowlby’s (1973) proposal of images of the self and others. The four attachment patterns derived from the two dimensions are secure (comfortable with intimacy and autonomy), insecure-preoccupied (preoccupied with relationships, equivalent to anxious/ambivalent), insecure-dismissing (dismissing of intimacy, counter-dependent avoidant), and insecure-fearful (fearful of intimacy, socially avoidant) (Bartholomew & Horowitz, 1991).

Brennan and colleagues (1998) have also endeavored to produce a more comprehensive and perceptive adult attachment measure that includes more psychological constructs than the previous measures. Through factor analysis, Brennan et al. (1998) developed two independent factors which correspond to the models of Ainsworth et al. (1978) and Bartholomew and Horowitz (1991). These two factors are denoted as Avoidance and Anxiety. When using data to cluster their 1086 undergraduate student subjects into four groups, a strong correlation was found to Bartholomew and Horowitz’s (1991) four attachment patterns.

Through the use of these measures in research on adult attachment in relation to attitudes toward self and attitudes toward others, valuable information has been revealed. In the area of attitudes toward self, individuals commit a significant part of themselves
when engaged in an attachment relationship with another. This affects how the self is perceived. Individuals who are classified as Secure think of themselves in more positive and constructive terms (Collins & Read, 1990; Mikulincer, 1998; Park et al., 2004). Collins and Read (1990) found that these individuals are generally comfortable being close to others, relying on others, and are not concerned with being abandoned or not loved. Often they view themselves as easy to get to know and well liked by others (Hazan & Shaver, 1987). Feeney and Noller (1990) reported that individuals who classify themselves as Secure describe having higher self-esteem, higher self-confidence, lower self-consciousness, and less concern about relationships.

In contrast, individuals who describe themselves as Insecure, either Avoidant or Anxious/Ambivalent, do not fare as well on self esteem, self-confidence, self-consciousness, or relationship concerns. Insecure individuals report higher rates of depression than do those classified as Secure (Radecki-Bush, Farrell, & Bush, 1993). Additional issues for each Insecure category also exist and affect the individual.

Individuals who describe themselves as Insecure-Avoidant tend to be distressed by familiarity and intimacy (Collins & Read, 1990; Feeney & Noller, 1990; Park et al., 2004). They often try to avoid situations that call for being close to others (Feeney & Noller, 1990) and prefer to not depend on others (Park et al., 2004). These individuals do not report experiencing concern over being abandoned or not loved (Brennan & Shaver, 1995; Collins & Read, 1990). Individuals who are classified as Insecure-Anxious/Ambivalent are relatively comfortable with familiarity and intimacy (Collins & Read, 1990). They tend to be absorbed by self-doubt and describe being misunderstood and unappreciated (Hazan & Shaver, 1987). There is a great deal of concern over being
abandoned or not loved (Collins & Read, 1990), and they often look to others for self-validation (Park et al., 2004).

When it comes to attitudes toward adult relationships with others and the two attachment styles of secure or insecure, a similar trend to that found in attitudes toward self has been observed. Individuals classified as Secure perceive others as generally well-meaning (Hazan & Shaver, 1987). In addition, they view society and human nature in a positive, optimistic light (Collins & Read, 1990) and tend to have close, mutually supportive relationships with others (Park et al., 2004). These individuals are capable of trusting and depending on others and are willing to take the risk of opening up to others. It is not difficult for them to share news or ideas with those with whom they are in relationships and are able to turn to them for assistance when needed (Brennan & Shaver, 1995).

Again, the individuals with Insecure attachment styles, Avoidant or Anxious/Ambivalent, do not fare as well in their attitudes toward adult relationships with others. The individuals with Insecure-Avoidant attachment styles report not being as confident in others’ availability for them (Collins & Read, 1990; Park et al., 2004). Brennan and Shaver (1995) reported that these individuals are less likely to ask for help when in need. Individuals with Insecure-Avoidant attachment styles frequently find themselves conflicted between the need and love for those they are in relationships with and the anger and despair of not being loved and appreciated (Brennan & Shaver, 1995). They often score high on interpersonal hostility, coldness, and competitiveness which further alienate them from others (Park et al., 2004).
Individuals with Insecure-Anxious/Ambivalent attachment styles are not confident that others will be available for them (Collins & Read, 1990). In general, they perceive that they are not good enough which results in others not getting close to them or making a commitment (Hazan & Shaver, 1987). Their relationships are distinguished by feelings of anger, intense jealousy, being underappreciated, and emotional dependency (Brennan & Shaver, 1995; Park et al., 2004).

Shaver and Brennan (1992) studied the personality characteristics exhibited by individuals in the Secure and Insecure attachment styles. In their 1992 study, Shaver and Brennan utilized the five global traits of Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness as well as several of the traits subscales developed by McCrae and Costa (1990). Their study revealed that the participants who were classified as Secure seemed less susceptible to experiencing unpleasant and upsetting emotions. They are more willing to try novel experiences and are less impetuous. In addition, they are more socially extroverted and describe more authentic trust and sympathy for others.

The participants who were classified as Insecure-Avoidant were more apprehensive about social interactions and not comfortable with novel experiences. They described relying more on self when in need and a general lack of trust and concern in others. The participants who were classified as Insecure-Anxious/Ambivalent were described as having less openness to values and/or being less liberal in value choices. They reported high neuroticism to include depression which consists of having difficulty functioning in emergencies and becoming dependent on others for assistance. These
participants reported having difficulty in maintaining relationships and with being in relationships of shorter duration.

Research has provided an overview of the varied characteristics of each of the Secure and Insecure attachment styles. In addition to the research on the attitudes toward self and adult relationships with others in general, there has been important research conducted on how adult attachment style impacts attitudes toward romantic relationships. This applies specifically to the marital or committed non-marital romantic relationship dyad.

Romantic Attachment

The most obvious example of the adult attachment relationship is the marital and/or committed non-marital romantic relationship dyad. At one time or another each individual in the dyad views the other as more resilient and capable in some way. During this time, the individual who is perceived as more capable provides care, comfort, and safety, which enables the other partner to develop a sense of security toward this individual (Feeney & Noller, 1990). Weiss’ research (1982, 1986, 1991) supplied the foundation for empirical studies of adult attachment in romantic relationships. Since the early 1980s attachment research has focused on the attachment aspects of adults romantic relationships. When Hazan and Shaver reported their seminal studies of romantic love, the attachment perspective on adults’ romantic relationships became a significant and dynamic area of research (Hazan & Shaver, 1987; Shaver & Hazan, 1988; Shaver et al., 1988). Specifically, these papers provided support for romantic love being interpreted as an attachment process. Significant in this research are the concepts that the
differences in early attachment relationships impact future relationship styles and that the major attachment styles described in the infant literature (secure, insecure-avoidant, and insecure-ambivalent attachment) are exhibited in romantic love.

Hazan and Shaver’s (1987) study provided empirical support for the attachment perspective of adult romantic relationships. They evaluated the link between attachment style and aspects of childhood and adult relationships. For their study Hazan and Shaver created a forced-choice, self-report measure of adult attachment. This measure contained three paragraphs on the main features of the three attachment styles, Secure, Insecure-Avoidant, and Insecure-Anxious/Ambivalent. The study revealed that the frequencies of the adult attachments styles were similar to the frequencies observed in infants. In specific, more than half of the adult participants slightly expressed their style as secure. Once the number of Secure attached individuals was subtracted out, slightly more than half of the remainder expressed their style as Insecure-Avoidant instead of Insecure-Ambivalent. In addition, this study revealed a difference in early family relationships, working models of attachment, and love experiences for the attachment groups which supports attachment theory. From their study and their ability to supply a connection between infant attachment theory and adult romantic relationships, Hazan and Shaver’s interest was sparked while creating curiosity in other researchers. This resulted in further studies which will be discussed below.

In his research, Sternberg (1986, 1997) focused on conceptualizing love and attachment by proposing a triangular model of love that included three specific components. These were intimacy, passion, and commitment, which can be defined as the following. Intimacy is described as an emotional connection based primarily on the
sharing of intense and personal information and the capacity of mutual acceptance. Passion is illustrated as love's motivational drive that includes sexual attraction and craving for sexual intimacy. Passion, also, stimulates attraction and appeal, and while easily awakened, can be easily dulled. Finally, commitment is reported to be the critical and reflective part of love. In order for a lasting commitment to a relationship or person to develop over time, it begins with first realizing that one is in love. Sternberg (1986, 1997) reported that these components were all related positively to Secure Attachment and negatively to Insecure attachment. The results of Sternberg’s (1986, 1997) research sustained the link between Secure Attachment and better relationship functioning.

Levy and Davis (1988) also attempted to conceptualize love and attachment through their research on the association between Lee’s (1973; 1988) description of attachment styles and measures of the love styles and Sternberg’s (1986) discussion on the components of love. To understand Levy and Davis’s (1988) findings, it is important to understand Lee’s romantic love styles (1973; 1988). These include “eros” (passionate love), “mania” (possessive, dependent love), “agape” (selfless love), “pragma” (logical love), “ludus” (game-playing love), and “storge” (friendship love). Shaver and Hazan (1988) reported that these love styles can be applied to the three major attachment styles. They concluded that Secure attachment relates to a combination of eros and agape love; Insecure-Avoidant attachment relates to ludus; and Insecure-Anxious/Ambivalent attachment relates to mania. Storge and pragma were not given credence by Shaver and Hazan (1988) as forms of romantic love. From Levy and Davis’ research (1988) comes more support for Shaver and Hazan’s (1988) supposition. In essence, Levy and Davis (1988) found that Secure attachment was related positively to eros and agape and
negatively to ludus. In addition, Insecure-Avoidant attachment was related positively to ludus and negatively to eros. Finally, Insecure-Anxious/Ambivalent attachment was related positively to mania. It should be noted that the results were modest in size.

Feeney and Noller (1990) attempted to reproduce Hazan and Shaver’s (1987) work in addition to incorporating theories of love (Shaver & Hazan, 1988). Feeney and Noller (1990) reported that their findings supported Hazan and Shaver’s (1987) previous work. They, also, discovered a significant link between Insecure-Avoidant subjects and a lengthy separation from their mothers during childhood that was not evident in their other participants, with either Secure or Insecure-Anxious/Ambivalent attachments (Feeney & Noller, 1990).

In the area of previous theories of love, Feeney and Noller (1990) contended that the association between anxious love and Insecure-Ambivalent attachment merited further attention. Examining Shaver and Hazan’s 1988 work, they found that while Shaver and Hazan portrayed theories of anxious love as uni-dimensional, they did not test whether the measures for anxious love were uni-dimensional. In addition, there did not appear to be an evaluation of how these measures related to attachment style. Feeney and Noller (1990) undertook factor analysis to investigate the structure of a broad range of measures to include self-esteem, love styles, loving, and anxious love and 16 factors emerged. Four higher-order factors then emerged from these 16 factors and were used to examine the attachment groups. The four higher-order factors were neurotic love (high scores on dependence, preoccupation, and idealization), avoidance and intimacy (high scores on ludus and low scores on loving, eros, and agape), self confidence (high scores
on lack of self-conscious anxiety and self-esteem), and circumspect love (high scores on pragma and friendship).

The results revealed that the four scales clearly differentiated the attachment groups. Secure participants scored high on self-confidence, low on avoidance of intimacy, and low on neurotic love. The two insecure attachment groups both lacked self-confidence. Insecure-Avoidant participants scored high on avoidance of intimacy while the Insecure-Ambivalent participants scored high on neurotic love and low on circumspect love. Feeney and Noller (1990) contended that their results supported Shaver and Hazan’s (1988) results while providing conditions. Specifically, Feeney and Noller (1990) found that while Shaver and Hazan connected anxious love with Insecure-Anxious/Ambivalent attachment, one feature of anxious love, self-conscious anxiety in connection with partners, illustrated both types of individuals with Insecure attachment.

From the research on attachment and adult romantic relationships came an understanding of how adult attachment style is reflected in general attitudes toward romantic relationships. Individuals described as Secure report that intimacy is important to them (Mikulincer & Erev, 1991). In addition, they tend to believe in the existence of true romantic love (Collins & Read, 1990; Hazan & Shaver, 1987). They are more optimistic concerning relationships (Pietromonaco & Carnelley, 1994) and presume to encounter more intimacy (Mikulincer & Erev, 1991) than individuals classified as insecure. These individuals hope that their partners will experience intimacy and generally believe that they will (Mikulincer & Erev, 1991). Securely attached individuals are comfortable with self-disclosing, seek others who will self-disclose, and are more responsive to another’s self-disclosure (Mikulincer & Nachshon, 1991).
Individuals described as Insecure-Avoidant do not report the likelihood of believing in intimacy, passion, and the existence of true romantic love (Hazan & Shaver, 1987; Mikulincer & Erev, 1991). In addition, overall they do not identify themselves as willing to self-disclose (Mikulincer & Erev, 1991). In comparison to those described as Insecure-Anxious/Ambivalent, Insecure-Avoidant individuals desire for their partners to feel more committed to relationships (Mikulincer & Erev, 1991).

Individuals described as Insecure-Anxious/Ambivalent report a desire for intimacy and passion (Mikulincer & Erev, 1991). They are often drawn to romantic relationships but generally do not depict experiencing real love (Hazan & Shaver, 1987). They are not adverse to self-disclosure and focus on individuals who are willing to amplify self-disclosing (Mikulincer & Erev, 1991). They do sense that their partners experience less intimacy than do those of Secure individuals (Mikulincer & Erev, 1991). These individuals tend to be on average pessimistic about their relationships and skeptical that they will culminate in marriage (Carnelley & Janoff-Bulman, 1992).

The difference in individuals who display Secure Attachment as opposed to Insecure attachment is evident in imagined jealousy-evoking situations to include romantic rivalry. Individuals described as Securely Attached describe less distress, fear, jealousy, guilt, and shame in their romantic attachments (Park et al., 2004; Radecki-Bush et al., 1993). They also tend to report higher levels of self-esteem and seldom lose control of themselves (Park et al., 2004; Radecki-Bush et al., 1993). Generally, individuals who are classified as Secure are more likely to rely on others when they feel threatened and more practical about their relationships’ outcomes than individuals classified as Insecure-Avoidant (Park et al., 2004, Radecki-Bush et al., 1993). When compared to individuals
classified as Insecure, they take part in less self-blame (Park et al., 2004; Radecki-Bush et al., 1993).

In addition to the three-group model of adult attachment and based on Bowlby’s (1969/1982, 1973, 1980) assertion that attachment patterns reveal working models of self and others, a four-group model of adult attachment evolved (Bartholomew, 1990; Bartholomew & Horowitz, 1991). Within the four-group model, it was proposed that the models of self and others can be dichotomized as positive or negative. In specific, the self can be viewed as either worthy or unworthy of love and attention while others can be viewed as either available and caring or unreliable and rejecting. From these working models of self and others came four attachment styles of secure, preoccupied, dismissing, and fearful. The dismissing and fearful attachment styles were explained as two styles of Insecure-Avoidant attachment, while secure equates to Hazan and Shaver’s (1987) Secure attachment and preoccupied equates to Hazan and Shaver’s (1987) Insecure-Anxious/Ambivalent attachment. When evaluating the difference between the dismissing and fearful attachment styles, individuals with dismissing attachment are described as focusing on achievement and self-reliance although they often sacrifice intimacy to sustain their sense of self-worth (Bartholomew, 1990; Bartholomew & Horowitz, 1991). Fearful individuals are described as wanting intimacy yet at the same time distrusting others; this results in eluding close relationships and experiencing loss or rejection (Bartholomew, 1990; Bartholomew & Horowitz, 1991).

When examining interpersonal issues, it was discovered that fearful individuals identified more social insecurity and lack of assertiveness (Bartholomew & Horowitz, 1991). Interpersonal issues for dismissing individuals included excessive coldness
(Bartholomew & Horowitz, 1991). In addition, fearful individuals described less
confidence in both self and others, as well as more desire for approval, preoccupation
with relationships, and discomfort with intimacy than dismissing individuals
(Bartholomew & Horowitz, 1991). It has been found that the two insecure-avoidant
groups differed significantly in their reactions to affect-laden situations (Feeney, 1995;
Fraley, Davis, & Shaver, 1998).

From the research on the four-group model, which shows significant differences
in the characteristics of the four groups, has come a tendency for this model to be adopted
in examining adult romantic attachment. The dismissing and fearful groups report less
comfort with closeness than the secure and preoccupied groups while the preoccupied
and fearful groups report greater anxiety over relationships than the secure and
dismissing groups (Feeney, 1995; Feeney, Noller, & Hanrahan, 1994; Park et al., 2004).
In addition, the correlation between the four-group model of adult attachment and infant
research proposing a fourth attachment group that incorporates the characteristics of both
avoidance and ambivalence (Crittenden, 1985) makes it desirable over the three-group
model.

As has been examined and supported by research, it is evident that the
characteristics of adult attachment and, specifically, adult romantic attachment vary
amongst individuals. A specific characteristic that varies amongst individuals and affects
adult attachment overall and adult romantic attachment in specific is the desire for
control. In turn, an individual’s relationship satisfaction can then be impacted by adult
attachment style, adult romantic attachment, and the specific characteristic of desire for
control.
Desire for Control

Control and desire for control in relationships are not inherently negative. To varying degrees, most individuals want some form of control. Some individuals will be highly compelled to assume responsibility for every situation with which they are faced and to try to influence the end result, while others will have a much weaker desire for control. The majority of individuals want to exercise some control over what happens to them by making their own decisions, acting on their own behalf, and taking responsibility for their lives (Burger, 1992; McCutcheon, 2000). Burger (1992) defined desire for control, “as the extent to which people generally are motivated to see themselves in control of the events in their lives” (p. 6). With this definition in mind, individuals were placed along a continuum from an extremely high desire for control to an extremely low desire for control. The majority of people will fall somewhere in the middle of this continuum, displaying a general level of desire for control in most situations (Burger, 1992). Burger (1992) proposed that desire for control is a general personality trait that focuses on direct actions or choices of control rather than indirect means of handling a need for control.

The significant role of control and desire for control can in part be explained by their intrinsic value. It has been theorized that having control over outcomes may be one of the strongest human motivations (Bandura, 1977; Desi & Ryan, 1985; White, 1959). DeCharms (1968) provides a valid potential explanation for this in that “man strives to be a causal agent, to be the primary locus of causation for, or the origin of his behavior; he strives for personal causation” (p. 269). The possibility of losing control often increases an individual’s level of distress thus generating efforts to regain control (Gebhardt &
Brosschot, 2002). Many individuals once a situation is believed to be uncontrollable, withdraw physically and/or mentally from the situation (Seligman, 1975).

It would be foolish or at least naïve to want no control in a relationship, especially if an individual has experienced previous betrayal. However, there is a critical difference between healthy and unhealthy control in relationships. A healthy desire for control in a relationship originates in a need to protect either someone else or oneself. Until a young child realizes and understands the limits of safety and danger in the home, the child’s only source of protection is the parents’ limit-setting controls. Therefore when parents are controlling the child’s movement they are also providing harm control, with love as the motive and protection as the goal. This is a significant aspect of the attachment relationship that develops between the parent/caregiver and child and supplies the child with the safety and security to continue to explore the environment (Bowlby, 1969/1982; 1988). Control and desire for control are evident even in the initial caregiver attachment relationship. The desire for control that exists between the parent and child provides evidence of its continuation through the lifespan and its relevance. Therefore, the benefits as well as the negative effects from the desire for control should be examined.

It is important to realize that the desire for control starts in family relationships during childhood, continues into adulthood, and expands to friends and romantic partners (Beesley & Stoltenberg, 2002). Desire for control appears to have an effect on interpersonal relationships through social interactions and social influence (Beesley & Stotlenberg, 2002; Burger, 1992). Burger (1992) also acknowledged that while desire for control appears to impact the social behavior of interpersonal relationships, his research failed to account for many other variables that could be having an impact. He does assert
that his research on desire for control provides evidence that it is related to social behaviors.

Burger (1992) researched how individual differences in desire for control related to social interactions and the social influence people have. His research explored desire for control in social interactions and uncovered differences in interaction styles, enjoying social interactions, and with whom individuals choose to interact. Overall his research on interaction style revealed that individuals with high desire for control generally work actively to control social interactions through various methods and strategies. Burger contended that individuals with high desire for control are more guarded about engaging in conversation and in revealing information about self than are people with low desire for control. In addition, the research appears to reveal that individuals with high desire for control utilize strategies that attempt to control their interactions with others. They will interrupt their partner, decide when to terminate the conversation, and speak loudly or rapidly.

On enjoying social interactions, Burger’s (1992) research revealed that individuals with high desire for control are aware that they speak more than others in a discussion but do not tend to recognize the extent to which they generally control the conversation. Regarding with whom individuals choose to interact, Burger reported that his research provided evidence that the level of desire for control, in addition to many other variables, may play a significant role in establishing with whom an individual decides to spend time, either for a friendship or romantic relationship. It appears that individuals find others of a similar desire for control level attractive in both types of relationships, friendship, or romance. Regarding friendships and loneliness, Burger
reported from his research that there was a small but persistent negative relationship between desire for control scores and loneliness scores. He hypothesized from this finding that, while individuals with high desire for control report fewer friends, they also tend to prefer it this way making them less susceptible to loneliness than individuals with low desire for control, who tend to have a stronger desire for social interactions.

In the area of desire for control as it relates to social influence, Burger (1992) reported findings in the areas of influencing the behavior of others, reaction to persuasive efforts and conformity pressures, threats to control in everyday interactions, and the perception of crowding. Overall, Burger’s research reported that those who were found to have high desire for control would generally engage in actions to influence others, oppose direct and indirect conformity pressures, respond negatively to actions that contest their feeling of autonomy, and experience a greater sense of crowdedness and uneasiness in a high density environment.

When it comes to influencing the behavior of others, Burger (1992) contended that, in general, individuals with high desire for control tended to take on roles and engage in activities and organizations. However, there does not appear to be evidence that they need to influence others in general. With reaction to direct persuasive efforts, the research revealed that individuals with high desire for control had a stronger reaction to efforts to have their attitudes changed than individuals with low desire for control. A technique utilized by the individuals with a high desire for control was to oppose the advocated position. In the area of reaction to the pressure to conform, the research found that individuals with high desire for control were often more difficult to influence than individuals with low desire for control. Overall, Burger hypothesized that they will strive
to sustain the pictures that they create in their own minds and resent efforts by others to
tell them what to do or how to think. This can negatively impact relationships with others
by causing conflict with both friends and romance partners.

Overall, in the area of social influence, Burger (1992) theorized that his research
supported several premises. First, individuals with high desire for control tend to
interpret other people’s actions in relation to control and oppose perceived threats of
being controlled by others. In addition, although they may be innocent in nature,
individuals with high desire for control generally react to specific attempts to alter their
attitudes as a threat to their self-determination. Taken as a whole, an individual with high
desire for control is described as an individual who is “constantly on guard to avoid
relinquishing control of any aspect of his or her life to others if it can be helped” (Burger,
1992, p. 79). Regarding controlling the behavior of others, Burger hypothesized that
although individuals with high desire for control are not generally interested in
influencing others’ lives and behaviors, it becomes of concern to them when their own
need for control is under attack or perceived to be under attack.

Additional research utilizing Burger and Cooper’s (1979) Desirability of Control
Scale has provided evidence of the effect of desire for control on an individual. An
individual’s score results can be presented as total desire for control with the subscales of
control others, control self, and relinquish control (Burger & Cooper, 1979). The typical
person who scores high on total desire for control presents as a dominant person with an
internal locus of control, an active coping style, and a high level of self-esteem (Gebhardt
& Brosschot, 2002). In general, these individuals will have low social inadequacy,
negative fear of failure, trait anxiety, and trait depression (Gebhardt & Brosschot, 2002).
The positive correlation between locus of control and desire for control is supported by research completed by both Burger (1984) and Zimmerman and Rappaport (1988).

As revealed by research other benefits to desire for control include high scores for total desire for control, correlating with high scores on positive fear of failure and low scores on negative fear of failure (Gebhardt & Brosschot, 2002). In addition, repression of affect was weakly related to total desire for control (Gebhardt & Brosschot, 2002). This supports the potential that individuals who score high on desire for control are less likely to suppress their feelings. Burger’s (1992) initial research on desire for control revealed that individuals with high desire for control scores were more likely than those with low desire for control to report that they use active strategies for coping with serious problems. Gebhardt and Brosschot’s (2002) research on desire of control, using over 1000 participants from three different samples, supported this positive finding as high scores on total desire for control correlated with high scores on active problem solving and low scores on passive and avoidant techniques. Another positive aspect revealed in research by McCutcheon (2000) is that those with high desire for control are likely to perceive themselves as “different” but do not see this difference as a negative attribute.

The subscales of control self, relinquish control, and control others on the Desirability of Control Scale (Burger & Cooper, 1979) provide more insight into the desire for control. On the subscale of control self, Gebhardt and Brosschot (2002) discovered that their research found participants high on this subscale reported a high association with self-sufficiency but did not report being strongly associated with an internal locus of control and dominance. Gebhardt and Brosschot (2002) interpreted their
findings on this subscale to support the likelihood that individuals high on ‘control self’ are more focused on independence than on controlling others.

On the subscale of relinquish control Gebhardt and Brosschot (2002) found that participants who were high on this subscale reported that they do not feel as though they are in control and have a more neurotic and socially deficient personality profile, low self-esteem and insecurity about their own accomplishments, a preference for passive coping, a tendency to worry often, and a proclivity to feel depressed and anxious. This was the only subscale to show a high correlation with somatic complaints and burnout. Gebhardt and Brosschot (2002) hypothesized that this provides support for the desire to relinquish control being related to poor psychological adjustment as opposed to the desire to control alone.

On the subscale of control others, Gebhardt and Brosschot (2002) reported that their research found participants high on this subscale to be more dominant, more active in their ways of coping with problems, and high on self-esteem; hold stronger beliefs that they can determine outcomes in situations; behave socially in a slightly more appropriate manner; and have less fear of failing in achievement situations. These participants, also, reported better psychological adjustment in comparison to the individuals on the other two subscales. Gebhardt and Brosschot (2002) theorized that their findings on this subscale support the potential that these individuals will often be active leaders with strong confidence.

While controlling others can have some benefits, Beesley and Stoltenberg (2002) provided additional insight into how controlling others affect relationships. They project that, in individuals raised in dysfunctional families, the need to dominate and control the
environment is significant, specifically in the self and relationships. This need often results in difficulties with intimacy and trust. As the need for control and its negative consequences appear to be related to the dynamics in the dysfunctional family of origin, to include alcoholic families, and spills over into adult relationships this topic will be further discussed in the literature review under Desire for Control in ACOAs. Although a high desire for control can have some benefits, there are also negative effects, specifically in adult relationships, that need to be considered as they can impact overall relationship satisfaction. The negative effects, as well as their influence on relationship satisfaction, will be evaluated further in the literature review under Dysfunctional Relationships.

**Social Desirability**

Such as is the case with Desire for Control, Social Desirability is not inherently negative. Specifically, Crowne and Marlowe (1960) define social desirability as the need to "...obtain approval by responding in a culturally appropriate and acceptable manner" (p. 352) while Johnson (2002) defines it as the tendency for individuals to project favorable images of themselves while interacting socially. While most individuals strive to present themselves in a favorable manner when interacting with others it is when an individual’s responses are strongly influenced by the need to obtain others’ approval that social desirability can cause problems. One of the specific areas in which it can cause problems while assessing individuals is in its potential to cause response distortion when completing self-report instruments.

Response distortion can occur for any individual when asked to complete self-report instruments. In fact, research has found that one of the major criticisms of self-
report instruments, specifically psychological surveys, is that they are susceptible to socially desirable response bias or distortion (Beretvas, Meyers, & Leite, 2002; Crowne & Marlowe, 1960; Edwards, 1957, 1990; Mabe & West, 1992). Lautenschlager and Flaherty (1990) reported from their research on social desirability that it "...is a problem whenever self-report inventories are used to assess emotional, attitudinal, or other personality characteristics" (p. 310). Silverthorn and Gekoski (1995) contend that "...any self-report measure may be affected by social desirability" (p. 244). The potential for items on a test to be impacted by distortion threatens its generalizable usefulness, specifically on reliability and validity (Smith, Robinson, & Young, 2007). Because of this, the Standards for Educational and Psychological Testing (American Education Research Association, 1999) recommends that the interpretation of test results be guided in part by an analysis of response styles that may reflect construct-irrelevant variance such as occurs from social desirability and may impact test scores. Due to the responses from any of the individuals in this study being affected by social desirability it becomes a covariate that needs to be assessed.

**Relationship Satisfaction**

As defined by Mikulincer & Shaver (2007) “‘satisfaction’ refers to having needs met, and within long-term couple relationships, the needs have to do with wishes for love, intimacy, affection, acceptance, understanding, support, and security, as well as more individualistic wishes for autonomy, growth, and competence” (p. 108). They proposed that in the particular area of relationship satisfaction, attachment theory plays a significant role. A large amount of research has explored how adult attachment style
affects relationship satisfaction. Individuals with different attachment styles will experience romantic relationships differently because of the impact to attitudes and perceptions thus affecting relationship satisfaction.

Individuals categorized as Secure tend to be more satisfied with their current relationships than those categorized as Insecure (Brennan & Shaver, 1995; Carnelley, Pietromonaco, & Jaffe, 1994; Collins & Read, 1990; Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994; Park et al., 2004; Simpson, 1990). In general, they report more satisfaction as relationships progress (Collins & Read, 1990) while females with an Insecure attachment style, tend to report being less caring and intimately involved with their partners (Keelan, Dion, & Dion, 1994). Related to relationship satisfaction is the aspect of trust. Individuals with Secure attachment style report more trust in their partners (Collins & Read, 1990; Keelan et al., 1994; Simpson, 1990) and that they can depend on them (Collins & Read, 1990; Park et al., 2004; Simpson, 1990).

Another factor related to relationship satisfaction is the willingness to accept one’s partner despite his shortcomings and research reveals that individuals categorized as Secure are likely to do this (Hazan & Shaver, 1987). Individuals categorized as Insecure do not tend to trust or depend on their partners to the degree that individuals categorized as Secure do (Hazan & Shaver, 1987; Levy & Davis, 1988; Park et al., 2004). Of significance is that several studies have evaluated the potential for confounded variables impacting relationship satisfaction in Insecurely attached individuals (Carnelley et al., 1994; Jones & Cunningham, 1996; Noftle & Shaver, 2006; Shaver & Brennan, 1992; Whisman & Allan, 1996). They revealed that relationship dissatisfaction in these individuals cannot be successfully explained by other personality factors to include
depression, self-esteem, the “Big Five” traits, or sex role orientation. From this comes more support that attachment-related variables provide both a unique and significant contribution to relationship satisfaction.

Although there is a noteworthy impact to relationship satisfaction based on the attachment style derived from the relationship with parents or other childhood caregivers, some have proposed that an individual’s current relationship security and satisfaction relate more significantly to aspects of the adult relationships (Hazan & Shaver, 1987; Shaver et al., 1988; Feeney, 1994, 1996, 1999; Mikulincer, Florian, Cowan, & Cowan, 2002). Relationship satisfaction appears to be dependent on how efficiently partners meet needs for proximity and provide a secure base and safe haven, two of the aspects of the attachment relationship. Shaver et al. (1988) provided early support for the importance of attachment theory in relationships by developing a comprehensive approach of attachment and relationship quality. They presented the prospect that the independent behavioral systems of sexuality and care-giving are included within the attachment system in prototypical romantic love. The three components of attachment, care-giving, and sexuality are included in romantic love and relate to relationship satisfaction.

Carnelley, Pietromonaco, and Jaffe (1996) conducted research on dating and married couples evaluating the connection between attachment style and care-giving, and the impact of these variables on relationship satisfaction. They discovered that participants’ own attachment security was positively correlated with providing more beneficial treatment to romantic partners. Additional results revealed that the participants’ attachment security, the partners’ attachment security, and the partners’ provision of beneficial care all play a role in relationship satisfaction.
In 1994 Feeney conducted a study of conflict patterns, attachment, and marital satisfaction across the marital life cycle. The study reported finding that security of attachment was associated with marital satisfaction, although mutual negotiation of conflict was the single most important predictor of satisfaction for both spouses. Other research has suggested that Insecurely attached adults present as guarded and conflicted in relationships and rate their adult relationships as ranging from desirable, but unpredictable, to clearly threatening (Lopez & Brennan, 2000). Additional research conducted by Feeney (1996) provided support for the correlation between attachment and marital satisfaction. In his research on a sample of married couples, Feeney (1996) reported finding that Secure attachment was associated with favorable care-giving to the spouse. The study reported that both low anxiety over relationships and high comfort with closeness were related to more responsive care and a lack of compulsive care. Overall, the research revealed that marital satisfaction was higher for Securely attached participants and for those with partners reporting more open and responsive care-giving (Feeney, 1996).

Other research has provided evidence that relationship satisfaction can be increased in adult romantic attachment when partners provide an accessible and dependable source of intimacy and closeness, valuable support and security in the form of a safe haven, and a secure base that encourages exploration and participating in independent activities and behaviors (Feeney, 1999; Mikulincer et al., 2002). When assessing the correlation between attachment style and relationship satisfaction in adult romantic relationships, recent studies have theorized that Securely attached adults tend to make more practical analyses of their partners’ behaviors, define relationships as
supportive and comforting, and present as more positive and trusting (Feeney, 1999; Miller & Noirot, 1999). Attachment security can come from both adult attachment style and adult romantic attachment.

Attachment security can actually provide protection for relationships during stressful periods and life transitions thus feeding back into relationship satisfaction. Several research studies provide support for this proposition, including research conducted by Amir, Horesh, and Lin-Stein (1999). Amir et. al. (1999) reported that attachment security shields against the negative impact of prolonged infertility on marital satisfaction. Women with secure attachment styles were more likely to sustain marital satisfaction while experiencing chronic suffering and persistent frustration in relation to the prolonged infertility. Women with insecure attachment styles reported lower marital satisfaction.

Additional research provided evidence of the usefulness of attachment security on relationship satisfaction during transitional phases in relationships. Studies done by Rholes, Simpson, Campbell, and Grich, (2001) and Simpson and Rholes (2002) reported on the transition to parenthood and the effect on marital satisfaction. Both found that wives’ negative prenatal views of spousal support correlated with reductions in marital satisfaction 6 months later, mostly among women with Insecure-Anxious attachment styles.

The research reviewed on attachment security supports its usefulness as a psychological construct that boosts relationship satisfaction regardless of stressful occurrences and transitional phases. It also provides insight into Insecure individuals being at risk for relationship deterioration while under stress. Due to this, they would
benefit from techniques and interventions that increase relational stability and security
during difficult periods (Mikulincer & Shaver, 2007).

The totality of this research offers valuable evidence that attachment theory
provides a useful paradigm for understanding relationship dynamics and relationship
satisfaction in individual experiences. While the effects of adult attachment style and
adult romantic attachment on relationship satisfaction have been investigated, it also
bears evaluating how other attachment relationships, specifically God attachment, affect
relationship satisfaction.

Attachment to God

Recent work (Granqvist, 1998; Granqvist & Hagekull, 1999; Granqvist et al.,
2007; Kirkpatrick, 1995, 1998, 1999; Kirkpatrick & Shaver, 1990; McDonald et al.,
2005; TenElshof & Furrow, 2000; Ullman, 1982) on attachment and relationship with
God has investigated the potential that attachment theory may be an appropriate
framework for a believer’s relationship with a God figure. It has been theorized that
attachment theory offers valuable theoretical support for understanding various
characteristics of religious belief and behavior impact (Kirkpatrick, 1999). The behavior
impact may include the effect on relationship satisfaction in adult relationships.
Kirkpatrick and Shaver (1992) contend that their research in the area of the psychology of
religion provides a foundation for the idea that religion, and in specific, a perceived
relationship with God, affords both a shield of safety and secure base functions of
attachment. In addition, Kirkpatrick (1999) has suggested that there are several
correlations between religious belief and attachment relationships which actually reflect
genuine attachment processes. This includes that an identified relationship with God is central to the religious belief of many people, the emotional bond encountered in this relationship is strikingly similar to the love in the infant-mother relationship, and the beliefs about God parallel the qualities of secure attachment figures.

Individual distinctions in adult attachment styles, as interpreted and measured within the perspective of adult romantic relationships and religious beliefs and behavior, were explored in one empirical approach to the attachment-religion relationship. Kirkpatrick and Shaver (1992) found in a cross-sectional study that Secure respondents (as defined by Hazan & Shaver, 1987) described more positive impressions of God, to include that He is more loving, less distant, and less controlling, than Insecure-Avoidant respondents did. The Secure respondents also had higher levels of religious commitment than both Insecure groups of Anxious and Avoidant respondents. Finally, Insecure-Avoidant respondents were the most likely to portray themselves as agnostic. Overall, additional research has revealed that attachment security relates to greater commitment to religious beliefs and practices (Byrd & Boe, 2001; Kirkpatrick & Shaver, 1990; Mickelson, Kessler, & Shaver, 1997), higher scores on a measure of mature spirituality (TenElshof & Furrow, 2000), and more intrinsic religious orientation (Kirkpatrick & Shaver, 1990).

Kirkpatrick and Shaver’s results in their 1992 study appear to support the potential that individuals attach in their God relationship in a similar manner to how they attached to their primary caregiver. However, there is support for a second premise that contends that God may serve as a substitute attachment figure for individuals who have Insecure interpersonal attachments (Granqvist, 1998; Kirkpatrick & Shaver, 1990;
Ullman, 1982). Ullman reported in 1982 that there were impressive differences between religious converts and non-converts when examining their childhood relationships with parents. In specific, the converts reported more troubled childhood relationships with both their mothers and fathers. A study reported earlier by Kirkpatrick and Shaver (1990) also provides evidence of a substitute attachment figure in God for the participants reporting Insecure-Avoidant maternal attachment styles. The Insecure-Avoidant group, whose mothers were relatively non-religious reported significantly higher levels of church attendance, belief in a personal God, belief in having a personal relationship with God, and religious commitment in adulthood when compared with the groups with either Secure maternal attachment or Insecure-Anxious/Ambivalent maternal attachment (Kirkpatrick & Shaver, 1990). This result held only for participants with Insecure-Avoidant maternal attachment styles and whose mothers were relatively non-religious, as overall findings revealed that Securely attached individuals reported viewing God as more loving and less distant; they place more importance on religion than Insecurely attached individuals. This study reported a finding of a much higher sudden religious conversion rate (44%) at some point in their lives for individuals with Insecure-Avoidant maternal attachment than those with Secure (9%) or those with Insecure-Anxious/Ambivalent (8%).

A study done by Granquist (1998) replicated Kirkpatrick and Shaver’s 1990 study on a Swedish sample. Due to an insufficient sample size, the Insecure-Avoidant and Insecure-Anxious/Ambivalent categories were collapsed into the single category of Insecure attachment. Granquist (1998) examined the main effect for childhood attachment insecurity on adult conversion and the interaction effect of attachment
security and parental religiousness on other religion variables. Utilizing similar methods and measures as Kirkpatrick and Shaver (1990), results were consistently stronger but in the same direction for paternal than for maternal variables in this study. Ullman’s (1982), Kirkpatrick and Shaver’s (1990), and Granquist’s (1998) studies all support the premise that childhood attachment history significantly impacts the development of adolescent and adult religiousness.

From the early research on the two different manners that individuals appear to use to attach to God, Kirkpatrick and Shaver (1992) proposed two hypotheses to explain this relationship between individual caregiver attachment and attachment to God: the correspondence hypothesis and the compensatory hypothesis. First, there is the possibility of direct correspondence in which the individual’s caregiver attachment style correlates with or complements the individual’s God attachment style and religious beliefs. Some research supports the correspondence prospect to God attachment and reports findings that individuals who have loving and compassionate images of God generally have high self-esteem and a positive self-image (Benson & Spilka, 1973; Spilka, Addison, & Rosensohn, 1975).

In their 1992 study, Kirkpatrick and Shaver found that individuals who reported a Secure attachment relationship with God also reported greater life satisfaction and less anxiety, loneliness, depression, and physical illness than the other subjects. This provides the impetus to examine the premise that an individual developing a Secure attachment to God may be associated with greater relationship satisfaction. In contrast, Insecure-Avoidant individuals tend to desire maintaining distance from others and avoiding intimacy; in addition, they often describe themselves as agnostics and distance
themselves from church communities and religious experiences (Kirkpatrick & Shaver, 1992). Insecure-Anxious/Ambivalent individuals generally desire intense affective experiences in their relationships, which leaves them more open to extremely emotional religious behavior that includes speaking in tongues (Kirkpatrick & Shaver, 1992). Other researchers have replicated the correspondence between human attachment style and style of attachment to God (Beck & McDonald, 2004; McDonald et al., 2005; Rowatt & Kirkpatrick, 2002).

There is, also, the possibility of a compensatory aspect to God attachment in which the individuals who were not able to securely attach to their caregivers will attempt to seek attachments elsewhere and God may provide a possible alternative attachment figure (Kirkpatrick & Shaver, 1992). As previous research has revealed, individuals that Avoidantly attached to their caregivers reported being more religious when their parents were reported as being nonreligious (Kirkpatrick & Shaver, 1990). This research also reported a significantly higher sudden religious conversion rate for Avoidantly attached individuals than for Securely or Anxiously/Ambivalent attached. Kirkpatrick (1998) theorized that in the same ways that teachers, older siblings, adult friends of the family, and other adults compensate as substitute attachment figures for Insecurely attached individuals, so may God.

Other research has added to the compensatory and correspondence hypothesis. Granqvist and Hagekull (1999) reported that Securely attached individuals generally participate more in socialization-based religiosity, defined as religious behavior that is learned and passed from generation to generation. In addition, they found that Securely attached individuals are more likely to experience more gradual religious changes, while
Insecurely attached individuals are more likely to experience sudden and extreme religious change, reflecting a more affective based religiosity. In the 1998 study by Granqvist, Secure participants with highly religious parents scored higher on the religiosity variables than the Insecure respondents. However, the Insecure participants described a more significant increase in the value of their religious beliefs over a 15 month span than Secure individuals.

Kirkpatrick (1998) proposed that individuals with Insecure attachment styles can utilize their attachment to God to compensate for their frustrating human attachment experiences. When they reach out to God as an alternate attachment figure, one of the benefits supplied to the individuals by this relationship is the potential to overcome fears associated with human attachment figures and in adult relationships. Again, this presents evidence that attachment to God may improve relationship satisfaction. However, this study also reported that, in addition to placing their need for a beneficial and supportive attachment figure onto God, Insecure individuals may place the insecurities and negative working models developed through other attachment relationships onto God resulting in an Insecure attachment to God.

These studies support the potential that Securely attached individuals may attach to God in a corresponding manner while Insecurely attached individuals, if they are able to attach to God, may attach in a compensatory manner. There is research that supports both the corresponding hypothesis of attachment to God and the compensatory hypothesis of attachment to God. The potential exists that those who utilize God in a compensatory manner as a substitute attachment figure and report a positive, secure relationship with God may experience more relationship satisfaction in their other adult
relationships. Therefore, it bears investigating that individuals who develop a Secure attachment to God may report more adult relationship satisfaction. One specific population that tends to have a significant amount of adult relationship dissatisfaction is adult children of alcoholics. They would benefit from a better understanding of what can improve their adult relationship satisfaction. To begin the investigation, an understanding of dysfunctional adult relationships and how they develop in adult children of alcoholics (ACOAs) is essential.

Dysfunctional Relationships

Growing up in a dysfunctional family can create dysfunctional relationships which then impact how an individual develops relationships throughout the lifespan. It is helpful to understand what differentiates a dysfunctional family. According to Donna Lamar (1992) there are specific interactional and family systems characteristics that define dysfunctional families. Interactional characteristics provide a description of how the family members interact with and connect to each other. Not every dysfunctional family will have each one of these characteristics and the degree to which they do will differ based on the degree of dysfunction in the family. The interactional characteristics may include nonexistent or inadequate interaction; nonexistent or a deficit in sharing and feedback; denial of problems, issues, and feelings; isolation of the individual; distorted feelings; and an inability or refusal to meet individual needs (Lamar, 1992).

Family systems characteristics may include a lack of clear boundaries; a lack of clear values; an expectation that the children take on adult roles and tasks; issues of the couple played out in and through the children; rigid family structures that do not
accommodate individual needs; and nonexistent or inadequate support for individual members (Lamar, 1992). Family systems characteristics that involve keeping secrets include family secrets that are maintained at any cost and displayed through feelings and behavior; secrets that result in the development of shame; and myths or lies created about the secrets to keep them hidden (Lamar, 1992). Additional family systems characteristics may include the use of blame, guilt, and shame to handle family issues and conflicts; different types of neglect and abuse that include emotional, sexual, or physical; the inequality of power; and intense turmoil in family responsibilities (Lamar, 1992). While all of this sounds significant whether this has an impact on an adult who was raised in a dysfunctional family needs to be examined.

The literature reports that adult survivors of dysfunctional families can be affected by incidents of incest, sexual abuse, physical abuse, verbal abuse, domestic violence, parental death, severe poverty, parental separation, divorce, neglect, parental abandonment, and even excessive spoiling of children (Wallace, 1996; Beattie, 2009). It has been hypothesized that the majority of individuals who have codependency issues to include ACOAs have been the victims of neglect and/or abuse which then negatively impacted their ability to love, trust, and nurture (Beattie, 2009). The trauma that exists in dysfunctional families can result in a plethora of different disorders and issues. As explained by Allen (2001) “interpersonal involvement is a major contributor to the severity of trauma, and attachment trauma is the worst” (p. 5). Interpersonal involvement is the very essence of a family, while the attachment relationship defines involvement between parents and their children. Attachment trauma needs to be recognized for its extreme destructiveness because it undercuts the basic purpose of attachment, the ability
to provide protection (Allen, 2001). Adults with a history of interpersonal trauma, to include attachment trauma, often meet criteria for other psychiatric and physical disorders and conditions, including Post-Traumatic Stress Disorder, dissociative detachment, dissociative compartmentalization, Dissociative Identity Disorder, substance abuse and dependence disorders, eating disorders, deliberate self-harm and mutilation, mood disorders, personality disorders, and chronic physical illness (Allen, 2001).

Additional literature focusing on adult children of dysfunctional families supports this premise by examining other destructive behaviors that include compulsive behaviors, which are observed in this population. Yates (1991) provided evidence of compulsive exercise or activity disorders and eating disorders. Zraly and Swift (1990) found evidence for anorexia, bulimia, and compulsive overeating.

During the 1970s, the move to evaluate the needs of dysfunctional families developed out of the self-help effort for adult children of alcoholics (Wallace, 1996). In an attempt to aid the children and spouses of the alcoholic or addict, counselors attempted to understand how the alcoholic or addict impacted the family (Kitchens, 1991). From this evolved work by many writers and therapists who provided an expanding awareness of the impact of the diverse traits, family roles, and symptoms rooted in dysfunctional family dynamics and the experience of parental alcoholism (Ackerman, 1986, 1987; Beattie, 2009; Black, 1981, 1985; Brown, 1988, 1999; Cermak, 1984; Wegscheider-Cruse, 1981; Woititz, 1983, 1985). When the literature on adult children of alcoholics and alcoholic families became available in the 1980s, it provided a better understanding of the personal experience, family dynamics, and impact of growing up in an alcoholic family.
Dynamics in Alcoholic Families

As with any individual, family dynamics play a significant role in the development of ACOAs. The first concept that needs to be understood is that the family dynamics are organized around the alcohol use (Brown, 1985, 1999). It becomes the central organizing factor for the alcoholic and thus the central organizing factor for the family. Both Steinglass (1980) and Brown (1985, 1999) utilize the term the “alcoholic family” to describe this family. Brown (1988, 1999) contends that each individual in the family has the potential to acquire behavioral and thinking disorders similar to the alcoholic. While being subjected to the alcoholic and his/her behaviors, the other family members must also deny this reality. This results in adapting their thinking and acting in congruence with the family’s point of view with what is happening. These become the family’s core beliefs which provide unity and cohesion against outsiders. Family interactions, rules, and roles are all created around the factor of alcohol. Parenting cannot escape being affected by this.

The repetitive occurrences of inadequate, chaotic, and potentially violent parenting produce dysfunction in ACOAs that can continue for a lifetime, if not dealt with in therapy or through some type of treatment (Brown, 1999). Many ACOAs suffer an array of problems related to the alcoholism of a parent, to include social phobia, learning disabilities, attentional disorders, depression, anxiety, and other mood disorders (Brown, 1999). Brown (1999) asserts that this variety of problems is rooted in attachment. Attachment to caregivers develops early and in relation to intimate relationships and is ongoing throughout the lifespan (Bowlby, 1969, 1973, 1980; Cozolino, 2008). In the alcoholic family attachment is based on denial of perception
which then can cause denial of affect and result in developmental arrests or difficulties for the ACOA (Brown, 1999).

The dynamics in the alcoholic family of origin interfere with the development of the child’s personal identity, which then translates into that adult’s personal identity. The literature (Beattie, 2009; Beletsis & Brown, 1981; Black, 1981; Brown, 1999; Cork, 1969; Seixas, 1979) depicts the dynamics in the alcoholic family environment as being governed by attempting to control others; chaos, inconsistency and unpredictability; a lack of clear roles; tension, shame, changing limits, arguments, and illogical thinking; and potentially violent and/or incestuous behaviors. The need for control develops as the individual in the alcoholic family attempts to cope with conflict and chaos by controlling self and others (Brown, 1988, 1999; Beattie, 2009).

In an effort to gain control and create safety in their interpersonal relationships, the individual strives to manage the ways in which he/she is viewed by others which overall is ineffective and damages relationships. The chaos, which is a predominant theme of the alcoholic family, can be overt or covert (Beletsis & Brown, 1981; Brown & Beletsis, 1986). This means that not all alcoholic families will appear to be in crisis or out of control; however, the potential for instability is a constant leaving the family members in an unremitting state of apprehension. This can develop into constant watchfulness, hypervigilance, and a mistrust of others, all of which impact interpersonal relations (Brown, 1988, 1999). According to Beattie (2009): “Of all the behaviors that hurt us and destroy love, peace, pleasure, creativity, relationships, and our skills—control takes first place” (p. 95).
The inconsistency and unpredictability of the alcoholic family impact security and affect the children’s ability to focus on their own individual development (Brown, 1988). Inconsistency then progresses into an effect on interpersonal relationships when, due to the changing rules and logic of the alcoholic family, the children are not able to predict the interpersonal consequences of their behavior (Cermak & Brown, 1982). This also reinforces feelings of ambiguity, mistrust, and alarm. Inconsistency can also be noted in the ambiguous or unclear parental roles in the alcoholic family (Black, 1981; Wegscheider-Cruse, 1981; Kaufman & Pattison, 1981; Brown, 1985, 1988, 1999). Although both parents may not be alcoholics often their pattern of taking turns in assuming responsibility provides the children with unreliable relationship models, changing limits, and unpredictable emotional availability.

Tension and shame characterize the alcoholic family although the family may not outwardly display any problems (Brown, 1988, 1999). The tension and shame often cause the family to bond together and unite against the outside world, which then intensifies a distrust of those outside of the family. This, in turn, negatively impacts interpersonal relationship skills. Arguments, illogical thinking, and potentially violent and/or incestuous behaviors also disastrously increase the family’s desire to separate itself from others and, while bonding the family together, continue to affect the children interpersonally, and increase issues in individual development.

Individual development within the alcoholic family takes place in the context of reaction to all of these dynamics instead of in open exploration and self initiation, which is defined by Mahler and colleagues (1975) as an essential foundation for healthy development. Kagan (1984) adds to this concept of the significance of the family to
individual development by describing the family as a unit to which “loyalty is given and identity derived…The fate of each person rests with the vitality, reputation, and success of the kinship group. The concept of self is dependent on the resources, status, and socially perceived qualities of the family group” (p. 242). Kagan goes on to describe the basic relevance of the caregiver and family for every aspect of a child’s development. He explains that “attachment to the caregiver creates in the child a special receptivity to being socialized by that individual. The child accepts the family’s standards and establishes harmonious relationships” (p. 253).

McCord and McCord (1960) proposed that if a child’s needs are inconsistently fulfilled and obstructed, they will increase in intensity and become the most powerful driving forces in the child’s life. This would lead to the potential that, if the need for attachment and relationship satisfaction were inconsistently fulfilled and obstructed in an alcoholic family, they will increase in intensity and become the most powerful driving forces in the ACOA’s life. Due to being raised in an alcoholic family, it has been noted that many ACOAs report feeling as though they have missed childhood and desire the closeness achieved through a secure relationship with a caregiver (Brown, 1988, 1999). Many times it is not possible to go back and create this relationship with the alcoholic caregiver, either due to the death of the caregiver or the additional damage that could be done to the ACOA by reengaging with a caregiver that has continued to drink or be involved in destructive behaviors.
**Adult Children of Alcoholics**

The first published study of children of alcoholics occurred in 1944 (Roe, 1944) but it wasn’t until the 1950s and 1960s that this population received regular attention (Brown, 1988). While the children of alcoholics’ population has been recognized as a focus of research and study for sixty years the concept of adult children of alcoholics (ACOAs) in research is more recent (Brown, 1979). Adult Children of Alcoholics (ACOAs) have been a population of intensive research for the last two decades. In 1988, Brown purported that there were over 28 million individuals that could be classified as ACOAs. That this population is impacted as a result of their parents’ drinking has been generally established. Adults who grew up with an alcoholic parent(s) can be affected in interpersonal relations, academic and job performance, physical and psychological health, mood, and self-esteem; they may also have exhibited legitimate treatment needs of their own (Beletsis & Brown, 1981; Black, 1981; Cermak & Brown, 1982; Crespi & Sabatelli, 1997).

Janet Woititz (1983) was one of the first individuals to categorize specific characteristics of ACOAs. She used her experience as a group therapist to define specific features of ACOAs that have become an official part of the ACA 12-Step literature, and include:

1. Adult children of alcoholics guess at what normal behavior is.
2. Adult children of alcoholics have difficulty following a project through from beginning to end.
3. Adult children of alcoholics lie when it would be just as easy to tell the truth.
4. Adult children of alcoholics judge themselves without mercy.
5. Adult children of alcoholics have difficulty having fun.

6. Adult children of alcoholics take themselves very seriously.

7. Adult children of alcoholics have difficulty with intimate relationships.

8. Adult children of alcoholics overreact to changes over which they have no control.

9. Adult children of alcoholics constantly seek approval and affirmation.

10. Adult children of alcoholics usually feel that they are different from other people.

11. Adult children of alcoholics are super responsible or super irresponsible.

12. Adult children of alcoholics are extremely loyal, even in the face of evidence that the loyalty is undeserved.

13. Adult children of alcoholics are impulsive. They tend to lock themselves into a course of action without giving serious consideration to alternative behaviors or possible consequences. This impulsivity leads to confusion, self-loathing, and loss of control over their environment. In addition, they spend an excessive amount of energy cleaning up the mess. (Woititz, 2002, p.39-75)

Cermak and Brown (1982), also, presented several key characteristics of ACOAS that emerged in their group therapy with this population. These include a disproportionate focus on internal and interpersonal control, difficulties with trust, hypervigilance, undue feelings of responsibility, and issues with intimacy. Cermak (1984) actually related the after effects of growing up with an alcoholic parent(s) to Post-traumatic Stress Disorder (PTSD) due to chronic symptoms of nightmares, sleep disturbance, and acute anxiety. Therefore characteristics of PTSD may also be seen in ACOAs.
Kritsberg, (1988) placed the ACOA characteristics into the four main categories of emotional, mental, physical, and behavioral factors in *The Adult Children of Alcoholics Syndrome*. In the emotional category he included fear, anger, hurt, resentment, distrust, loneliness, sadness, shame, guilt, and numbness. In the mental category, he included thinking in absolutes, lack of information, compulsive thinking, indecision, learning disabilities, confusion, and hypervigilance. Physical characteristics consist of tense shoulders, lower back pain, sexual dysfunction, gastrointestinal disorders, stress-related behaviors, and allergies. Behavioral characteristics include crisis-oriented living, manipulative behavior, intimacy and relationship problems, an inability to have fun and relax, a desire to fit in, and development of compulsive-addictive disorders.

In addition to these specific characteristics of ACOAS, the process of attachment is impacted when raised in an alcoholic family. Just as attachment affects non-ACOAs, it also affects ACOAs in very important ways. Due to its significance, how attachment is influenced in the alcoholic family will be examined.

*Attachment*

The alcoholic family is arranged around the dominance and centrality of the parents’ needs (Brown, 1988, 1999). This includes both the alcoholic’s needs and the nonalcoholic parent’s (if one exists) need to help and control the alcoholic. Therefore, the needs of the child are either not being attended to or are attended to inadequately. In the alcoholic family, the child’s development and sense of identity are significantly affected by the chaotic family dynamics and an inadequate attachment process with the caregiver. Brown (1988, 1999) contends that true separation for a child raised in an alcoholic family
often does not transpire, due to the lack of a foundation of attachment and dependence built on the centrality of the child’s needs and the parents’ inaccurate and inauthentic responsiveness to them. Disruptions in the accuracy, empathy, timing, and certainty of caregiver response can severely affect all aspects of the infant child’s attachment to his caregiver and his later development (Brown, 1988, 1999). In an alcoholic family, attachment to the key parental figures focuses on shared views and connections with the parents’ beliefs, which generally fixate on the denial of alcoholism. The central organizing principle, the denial of alcoholism, structures the family’s attachments, degree of cognitive structural development and related affect, awareness of reality, and the development of one’s personal identity.

As previously examined, attachment theorists propose that the perception of security in any attachment relationship is founded on the quality of responsiveness between the relationship partners (El-Guebaly, West, Maticka-Tyndale, & Pool, 1993). Others (Bowlby, 1969/1982; Ainsworth, Blehar, Waters, & Wall, 1978; Main et al., 1985) contend that the attachment system provides the foundation for an individual’s adaptive developmental processes. When examining the alcoholic family of origin based on this premise, it appears that the dynamics interfere with the development of the child's personal identity. This offers insight into how the child's sense of self becomes warped while trying to develop and maintain the attachment to the alcoholic parent(s). While the alcoholic in the family is trying to control or modify his or her drinking behaviors, the child is acting as a go-between in the family chaos by trying to control or modify self and others.
Miller (1981) reported that “true autonomy is preceded by the experience of being dependent” (p. 23). When instead the parents’ needs become the center of attention, parental narcissism or the dominance of the parents’ needs occurs at the expense of the child (Miller, 1981). The foundation of attachment and dependence are severely affected resulting in a loss of self rather than autonomous development. Miller (1981) theorized that when this occurs true separation cannot happen.

As has been presented, attachments develop from and are based on both the centrality of the alcoholic and denial of the parental alcoholism (Brown, 1988, 1999). Eiden, Edwards, and Leonard (2002) reported in their research that infants with two alcohol problem parents were at risk for insecure attachment with both mother and father. It has been theorized that a loss of self occurs from a child becoming parent-centered (Lidz, 1973; Miller, 1981; Rosen, 1985). This loss of self occurs from the parental egocentrism and blocks the child from progressing normally through the developmental stages and from acquiring the meaning system of the broader culture. In addition to the centrality of the parents’ needs, cognitive distortion is required to maintain the denial that exists in the alcoholic family. This cognitive distortion then causes conceptual deficits in the child.

Rosen (1985) then theorized that there is a direct link between a child’s level of cognitive development and affective experience. Cognition provides the foundation for emotional experience and expression, thus, the child’s degree of cognitive structural organization will impact the quality and scope of emotional life and vice versa. Strong cognitive abilities will develop into strong social and emotional abilities. The
development of a secure attachment relationship with a caring adult is a significant aspect of this social-emotional development which begins in infancy (Eiden et al., 2002).

Denial feeds into this as alcoholic families, united by a high amount of denial will have more rudimentary levels of cognitive development that relate to the denial (Rosen, 1985). Denial is just one form of psychological defense that exists in the families. The attachment system in the alcoholic family focuses on maintaining these defenses and the beliefs that sustain them. These defenses relate to the existing rudimentary levels of cognitive development that tend to be preoperational and include reversible thinking, primitive projection, and ego splitting (Rosen, 1985). While contradictory self-observations will present as the child develops, he will generally retain pre-existing beliefs. The child then alters reality to match pre-existing beliefs. Rosen (1985) theorized that this occurs because, to create and understand patterns, children need to match new experiences with prior beliefs and expectations. When the new experiences do not mesh with the old beliefs they are either selectively unattended to or repressed creating an altered state of reality.

Altogether, there appears to be strong support for the arrestment of cognitive development in children of alcoholics which results in the use of primitive cognitive defense mechanisms. These primitive cognitive defense mechanisms tend to surface in areas of conflict which predominate the lives of COAs (Brown, 1988, 1999). These defense mechanisms are ineffective in managing the conflict which often results and creates significant problems in the children of alcoholics’ interpersonal relationships. The denial of both cognitive perceptions and affect, which is needed to maintain the alcoholic family, becomes a part of the child’s core personal identity (Guidano & Liotti, 1983).
Therefore, beliefs of fallibility about one’s own affective, intuitive, and intellectual abilities develop. An overall basic mistrust of others arises from the mistrust in availability and capability of one’s caregivers (Brown, 1988, 1999).

As denial is a main part of attachment, defensive mechanisms, and identity formation so is the assumption of responsibility for the child in the alcoholic family (Brown, 1988, 1999). The child’s personal identity development must include the reality of the parental drinking behavior in addition to the denial of the reality. From this, the assumption of responsibility for the problem is denied. Due to an inappropriate sense of the source of causality that exists in children, the child will often perceive that he is the cause agent and that the drinking is his fault. While this is often created by the child to handle the inability to accurately comprehend the situation, it can also be advocated and reinforced by the parent. From this assumption of responsibility can come a pattern of self-hatred, self-criticism, and self-abuse in response to the conflict of believing one caused the problem yet can’t solve the problem (Brown, 1988, 1999). This, in turn, affects the child’s ongoing cognitive and affective development and will impact all subsequent relationships.

As presented, these developmental issues are based very early in problematic attachments and difficulties in bonding. They then result in significant problems in childhood and adolescence which cause essential issues in identity formation and separation. Brown and Beletsis (1986) proposed that from their clinical evidence, it was found that adult children of alcoholics were halted at the adolescent stage of development. Because their attachments to their parents are based on distorted beliefs and perceptions about self and others, identity formation in adolescence does not progress
appropriately. In essence, children of alcoholics do not negotiate the emotional separation from their parents that is necessary for successful identity formation (Beesley & Stoltenberg, 2002; Brown & Beletsis, 1986). An adequate base of attachment has not been formed, which negatively affects maturation and separation. Along with the lack of an emotional base and maturity, the child can experience enormous guilt when considering leaving the needy parents. The child often feels as though he is betraying the family and longs for the healthy dependent bond that did not develop with the parent, both of which result in separation not occurring (Brown & Beletsis, 1986). Without an ability to successfully separate from the family of origin, the child cannot successfully attach in other relationships, including adult relationships (Beesley & Stoltenberg, 2002).

From this evidence on the impact to childhood attachment in the alcoholic family there appears to be strong potential that adult attachment styles and the interpersonal problems of ACOAs will be affected. This information provides insight into a child’s development within the alcoholic family of origin which follows the child into adulthood and adult relationships. Due to the alcoholic caregiver’s lack of appropriate and timely response to the child, the child's establishment of a secure representational model of personal identity in relation to others is negatively impacted. This model of insecurity progresses into adulthood and is repeated in adult relationships (El-Guebaly et al., 1993). This continued pattern of insecurity in relationships is reinforced and reinterpreted by the ACOA in the context of adult attachment relationships; therefore adult attachment styles are affected as well.
Adult Attachment

Adult attachment has its roots in caregiver attachment and was defined by Berman and Sperling (1994) as “the stable tendency of an individual to make substantial efforts to seek and maintain proximity to and contact with one or a few specific individuals who provide the subjective potential for physical and/or psychological safety and security” (p. 8). Attachment style is described as the “particular internal working models of attachment that determines people’s behavioral responses to real or imagined separation and reunion from their attachment figures” (p. 11). It has been theorized that while attachment styles begin in early childhood, they continue throughout the lifespan and are directly related to initial attachment experiences with caregivers (Bowlby, 1988).

An examination of the research reveals that adult attachment styles are distinguished by specific differences in internal working models of attachment. Studies have provided evidence that securely attached adults, similar to securely attached children, appear to be more emotionally positive and trusting, credit their partners with more realistic behaviors, and perceive relationships as more compassionate and soothing (Feeney, 1999; Miller & Noirot, 1999). Studies have, also, revealed that insecurely attached adults, similar to insecurely attached children, present as conflicted and believe relationships to range from desirable, to volatile, to blatantly menacing (Lopez & Brennan, 2000). As these studies have revealed strong consistencies between childhood and adulthood attachment dynamics, there appears to be evidence that attachment styles are similar for an individual in both child and adult relationships. These consistencies should hold true for ACOAs, also.
With this connection between childhood and adulthood attachment dynamics, in her literature on ACOAs, Brown (1988, 1999) provided information on adult attachment in ACOAs. To begin, Brown presents the concept that the ACOA is attached to both the nonalcoholic parent if one exists and to alcohol as the central organizing principle of the ACOA’s beliefs about self, family, and relationships. Alcohol and all the beliefs that come with it form the basis of all attachment relationships, to include adult attachments.

The manner that ACOAs attach in their adult relationships has been significantly affected by their attachment to their caregiver. It has been theorized by researchers that the alcoholic family will provide an unstable, unpredictable, and inconsistent family environment for the child resulting in an inability for the child to form secure attachments to the parents (Jarmas & Kazak, 1992; Lease & Yanico, 1995; MacKensen & Rocco-Cottone, 1992). From the high anxiety, family conflict, and low family affection that exists in the alcoholic family, the development of secure attachments in childhood will be hindered, thus impacting the development of secure attachments in adulthood (Larson et al., 2001).

Latty-Mann and Davis (1988), in a study done on a group of self-designated ACOAs, found that the ACOAs were four times as likely as the control group of non-ACOAs to meet the criteria for an insecure attachment style. Additional research, done by Brennan et al. (1991), revealed that nonclinical ACOAs reported insecure adult attachment styles more often than non-ACOAs. The research also showed that ACOAs tend to be more fearful in their attachment styles than non-ACOAs, which resulted in the researchers labeling them as fearful avoidant. The Insecure-avoidant and Insecure-
anxious attachment styles and the Insecure fearful avoidant label provide a more thorough understanding of ACOAs’ relationship characteristics.

Overall, Insecure-avoidant adults describe more indifference in seeking and building intimate relationships, are generally distrustful and cynical, have a greater amount of break-ups, and present as more skeptical concerning long-term relationships than securely attached individuals. Insecure-Anxious adults generally display obsessive characteristics in their romantic relationships, are overly jealous, crave and seek romantic relationships in an almost frantic manner, have a greater amount of break-ups, and tend to be more interfering and controlling than securely attached individuals. Brennan et al. (1991) described the Insecure fearfully avoidant individuals using Bartholomew’s (1990) definition as individuals who perceive themselves as “undeserving of the love and support of others” (p. 147).

Separation from the alcoholic family is extremely difficult (Beesley & Stoltenberg, 2002; Brown, 1988, 1999). Many ACOAs, although able to physically separate from the family, remain emotionally attached through concern and involvement with the family of origin. This failure to separate, either physically or emotionally, creates a barrier to forming healthy primary attachments to others. It often results in vast issues with intimate involvement in significant adult relationships (Beesley & Stoltenberg, 2002).

Brown (1988, 1999) provided an overview of some of these issues that impact an ACOA’s adult relationships. Some ACOAs will repeat the relationship they had with the alcoholic parent by choosing an alcoholic/addicted or dependent partner. Black, Bucky,
and Wilder-Padilla’s (1986) research supported this premise by revealing that ACOAs were more likely to become alcoholic and/or marry an alcoholic than non-ACOAs.

Others will avoid entering into a close relationship and instead withdraw from others, fearing commitment (Brown, 1988, 1999). They also have a difficult time in trusting others (Black et al., 1986; Brown, 1988, 1999). Some ACOAs will have families of their own but find it difficult to decrease their initial commitment to the family of origin (Brown, 1988, 1999). This causes problems with their own families as their loyalty, emotions, and time remain committed to their family of origin. In fact, Black, Bucky, and Wilder-Padilla’s (1986) research reported that in relation to non-ACOAs, ACOAs described more psychological and emotional issues in adulthood to include depression, difficulty with intimacy, trust, and taking responsibility, all of which impact adult attachment and relationships.

It appears that the pattern of insecurity that begins in the relationship with the ACOA’s caregiver is repeated and strengthened in the ACOA’s adult attachment relationships. Thus, since attachment styles have also been shown to influence adult interpersonal relationships, relationship satisfaction can be identified as an aspect of ACOAs’ adult relationships worth investigating. However, before relationship satisfaction can be examined, it is necessary to examine three specific aspects of relationship attachment in ACOAs, romantic attachment, desire for control, and social desirability.
Romantic Attachment

As romantic love has been theorized to be an attachment process involving the formation of affectional bonds (Hazan & Shaver, 1987; Simpson & Rholes, 1998) and impacting relationship satisfaction (Feeney, 1999; Feeney, 1996; Feeney, Noller, & Hanrahan, 1994), it needs to be assessed for its impact on the relationships of ACOAs. Overall the topic of intimate relationships has been one of the specific aspects noted as a clinical focus for ACOAs (Harrington & Metzler, 1997). While it has not received a significant amount of attention in research, several researchers have reported that overall relationships for ACOAs tend to be more problematic than for non-ACOAs (Beesley & Stoltenberg, 2002; Black, Bucky, & Wilder-Padilla, 1986; Domenico & Windle, 1993; Fisher, Jenkins, Harrison, & Jesch, 1992; Kerr & Hill, 1992).

Both Domenico and Windle (1993) and Kerr and Hill (1992) reported from their research that, due to global distress, ACOAs indicated a lower level of marital satisfaction than non-ACOAs. The relationship of degree of dysfunction in the family of origin is associated with the finding of global distress in this population. ACOAs who were raised in families with a high degree of global distress reported a higher degree of global distress in their current relationships (Domenico & Windle, 1993; Kerr & Hill, 1992). Beesley and Stoltenberg (2002) found from their research that ACOAs reported significantly higher needs for control in their adult relationships and significantly less adult relationship satisfaction than non-ACOAs. While not proving that ACOAs have difficulty in intimate relationships, this research has provided support for the potential. Other researchers have, also, decided that this is an area worthy of more investigation.
In examining intimate relationships in adult children of dysfunctional families with alcoholism and adult children of dysfunctional families without alcoholism, Harrington and Metzler (1997) uncovered relevant information on the intimate relationships of ACOAs. Their findings revealed that ACOAs differed significantly from non-ACOAs in relation to problem-solving communication. ACOAs reported more dissatisfaction in problem-solving communication in their intimate relationships than non-ACOAs. Although this study revealed moderate dissatisfaction in problem-solving communication, it did not reveal any significant differences between ACOAs and non-ACOAs on the other dependent variables of trust, global distress, and affective communication. The researchers (Harrington & Metzler, 1997) acknowledged that other studies have supported a difference in the variable of global distress (Domenico & Windle, 1993; Kerr & Hill, 1992) and trust (Knoblauch & Bowers, 1989) between ACOAs and non-ACOAs that their study may not have due to its limitations. The study used a sample of individuals that were in committed relationships thus individuals who have never been able to develop a committed relationship and potentially those who have difficulties in developing committed relationships may have been excluded.

Research completed by Kelley, Cash, Grant, Miles, and Santos (2004) provides more information to develop a clearer image of romantic attachment in ACOAs. The study revealed that relative to non-ACOAs, ACOAs were more likely to possess Insecure attachment styles in relation to non-ACOAs. The ACOAs reported significantly more fearful general adult attachment than non-ACOAs. The researchers projected from their findings that the unpredictability in parental behavior creates an almost contradictory combination of the desire for closeness and intimacy and avoidance in interpersonal
relationships for ACOAs. In essence, the unavailability and inconsistency of caregiver experiences may result in poor romantic relationships in adulthood for ACOAs.

Even more recent research has confirmed that an Insecure attachment style was most characteristic of intimate, romantic adult relationships for ACOAs when compared with non-ACOAs (Held, 2007). Held (2007) investigated twenty childhood and adult variables in an attempt to understand the perception of attachment on the development of emotional ties with significant others. The childhood variables included the perceived level of maternal care and affection, perceived level of paternal care and affection, perceived level of maternal control/overprotection, and perceived level of paternal control/overprotection. Also included as childhood variables were insecure/anxious-ambivalent pattern of attachment with mother in childhood, presence of an insecure/anxious-ambivalent pattern of attachment with father in childhood, presence of an insecure/avoidant pattern of attachment with mother in childhood, presence of an insecure/avoidant pattern of attachment with father in childhood, presence of a secure pattern of attachment with mother in childhood, and presence of a secure pattern of attachment with father in childhood. In addition, the following childhood variables were investigated: the presence of a best friend in elementary school, the presence of a best friend in high school, impact of the time of onset of parental drinking upon the attachment patterns, and emotional reliance on another.

The adulthood variables investigated by Held (2007) included the presence of the insecure/anxious-ambivalent pattern of attachment and bonding in adult intimate relationships, the presence of the insecure/avoidant pattern of attachment and bonding in adult intimate relationships, and the presence of the secure pattern of attachment in adult
intimate relationships. The adulthood variables of emotional reliance upon others in
current adult relationships, the extent of social self-confidence in adult relationships, and
assertion of autonomy in current adult relationships were examined (Held, 2007). Held
(2007) reported that her research on attachment in ACOAs revealed that the children did
not succeed in creating secure emotional ties with either parent. It also revealed nine
variables that define ACOAs from non-ACOAs. These nine variables were predictive
85.19% of the time of group membership as an ACOA (Held, 2007). Held theorized that
these nine variables explain the problems with intimacy ACOAs generally face in adult
relationships. From most to least important, these nine variables are a pattern of bonding
characterized as insecure/anxious-avoidant in adult intimate relationships; paternal
security pattern in childhood; maternal insecure/avoidant attachment pattern in
childhood; security pattern in adult intimate relationships; lack of social self-confidence;
emotional reliance on others; assertion of autonomy; insecure/avoidant pattern
characterizing adult relationships; and perception of paternal care and affection in
childhood.

Other key findings between the two groups were quite extensive and revealing.
The following summarize the overall findings between the two groups (Held, 2007). On
the variable of maternal care ACOAs reported a lack of care while non-ACOAs reported
that their mothers were caring. The same finding held for paternal care between the two
groups. On maternal control, ACOAs reported attempts to control from mother as
opposed to non-ACOAs who reported that the mother did not control. Again, the same
finding held for paternal control between the two groups. On attachment pattern to
mother and to father, Insecure patterns were reported by ACOAs while non-ACOAs

reported a secure pattern for both. On the variable of having a best friend in elementary school, ACOAs reported that this was lacking while non-ACOAs reported having one. ACOAs reported a dependent emotional reliance on others while non-ACOAs reported that they were characteristically independent when it came to emotional reliance on others. Finally, ACOAs reported lacking social self-confidence while non-ACOAs reported that this variable was present.

This study found that the pattern of attachment and bonding in intimate, romantic relationships most characteristic of adult children of alcoholics was either insecure/avoidant or insecure/anxious-ambivalent (Held, 2007). However, it was found that the secure pattern of attachment and bonding in intimate, romantic relationships was most characteristic of adults from non-alcoholic families of origin. In fact, Held (2007) reported that the insecure/anxious-ambivalent pattern in adult intimate, romantic relationships was the variable that most frequently distinguished the ACOA group from the non-ACOA group. Held (2007) also asserted that the findings of this study “suggested that attachment patterns originate in childhood and endure across the lifespan of the individual and across generations if left untreated clinically” (p. 14). This study appears to support that if emotional issues and shortfalls are not addressed with a parental substitute than the early insecure patterns of attachment created with caregivers will continue to make the adult vulnerable to problems in forming secure intimate adult relationships.

Research on ACOAs has revealed the significance of romantic attachment on relationship satisfaction making it a potential confounding variable that should be examined. In addition to the effect from romantic attachment on relationship satisfaction,
control issues of ACOAs are another relevant confounding variable as research has found them to impact relationships and relationship satisfaction (Beesley & Stoltenberg, 2002; Knoblauch & Bowers, 1989). Desire for control has been shown in research to cause difficulties with intimacy and trust (Knoblauch & Bowers, 1989).

**Desire for Control**

According to the literature, desire for control in relationships appears to be a significant characteristic of ACOAs (Woititz, 2002). ACOAs generally learned early in their attachment relationships, that if they did not try to control things to the best of their ability, order would dissolve and anarchy would result. This emphasis on control is used in an attempt to hold anxiety and fear at bay while blocking recognition of one’s own uncontrollable impulses. The ACOA is concerned that he is similar to his parent in the potential to display out of control and dangerous behavior (Brown, 1988, 1999).

This desire for control translates into the adult attachment relationships. The ACOA often associates not maintaining control in a relationship with being weak, needy, dependent, and abused (Brown, 1988, 1999). Desire for control then becomes one of the most significant obstacles to developing intimate relationships. As healthy adult relationships do not involve power struggles but a give-and-take association with shared responsibility and not having to do everything by oneself, the desire for control will negatively impact the relationship (Woititz, 2002). This desire for control then blocks the ability to share the real self with another and develop intimacy. Beattie (2009) describes this block as follows: “When we step into the control trap, we step out of Grace. We’re
tense and frightened. We lose our connection to ourselves, people, God, and Life” (pp. 95-96). A significant impact to relationships occurs through the focus on control.

The self that the ACOA is willing to share is generally distorted and false. In essence, this is an attempt to obtain the approval of the other for the purpose of feeling worthy (Miller, 1997). This need for approval exists at the heart of the ACOA’s relationships. ACOAs tend to fear relinquishing their independence and, therefore, attempt to maintain control. They perceive that not maintaining control will result in their emotional devastation when the inevitable abandonment happens. The final result from this desire to control is a relinquishing of the emotional self in an effort to maintain situational control (Woititz, 2002). By not feeling and carefully controlling all interactions, the ACOA can deal with anxiety while protecting the self (Brown, 1988, 1999). The ACOA becomes so preoccupied with controlling external events in a world that he views as out of control that he abdicates the responsibility of caring for self (Black, Bucky, & Wilder-Padilla, 1986). From this the ACOA develops an external locus of control.

Recent research has investigated control in ACOAs to include its actual existence (Sheridan & Green, 1993) and its impact on the formation of intimate relationships (Shapiro et al., 1994). Sheridan and Green (1993) investigated four specific dimensions of ACOAs to include self-identity, self-esteem, issues with dependency, and issues with control. As presented by Sheridan and Green (1993), while other research has studied the “locus of control” in ACOAs providing support for an external locus of control in these individuals, they undertook a study that would examine the behavioral aspects of control in ACOAs. Three groups were obtained to conduct the research that included a
recovering group of ACOAs (R-ACOAs), a non-recovering group of ACOAs (NR-ACOAs), and a group of non-ACOAs.

The findings of Sheridan and Green’s (1993) research provided additional support on control being an issue for ACOAs. Overall, to a significant level both ACOA groups reported higher levels of both family and individual dysfunction than the adults not raised in an alcoholic home. In specific, the research revealed adverse effects to self-identity, self-esteem, and issues with control in the ACOA groups. The study found that family competence, individuation with parents, family cohesion, problems with self-esteem, and control issues expressed through feeling were the five measures that emerged as the strongest predictors of group membership. The non-ACOA group was revealed to be the most positive functioning group, followed by the NR-ACOA group and then the R-ACOA group. The non-ACOA group participants reported higher family functioning, defined by higher levels of competence, and cohesion and higher individual functioning, defined by higher self-identity, less issues with control, and fewer difficulties with self-esteem. The R-ACOA group participants reported the opposite pattern to the non-ACOA profile to include both lower family and individual functioning. The NR-ACOA group fell between the two extremes reporting lower functioning than non-ACOAs but higher functioning than most R-ACOAs.

Shapiro, Weatherford, Kaufman, and Broenen (1994) conducted research on the control profile of ACOAs providing additional information on the desire for control and its impact on relationships. This study examined if an ACOA group differed when compared with a group of unscreened college students and a group of psychiatrically screened group of healthy normals on sense of control, mode of control, and domain
specific areas of self and interpersonal. The findings on sense of control revealed that the
ACOA group had a significantly lower positive sense of control, a significantly higher
negative sense of control, and a significantly lower overall sense of control than the two
comparison groups (Shapiro et. al, 1994). On mode of control, Shapiro et al. (1994)
found that the ACOA group had the lowest positive assertive and positive yielding scores
and the highest negative assertive and negative yielding scores. The seven areas where
participants in the ACOA group felt the most out of control were, in order from lowest to
highest: weight, significant other, exercise, eating behavior, family of origin, stress,
sexuality, and the way one feels about self.

Another interesting finding from the research was that the ACOA group reported
that their sense of control came significantly more often from self-efforts instead of from
other efforts (Shapiro et al., 1994). When other efforts were included, they were most
often from God/higher power, then family/friends, and then government/society. This
study provided more evidence into the sense of control experienced by ACOAs and
support for ACOAs having trouble with trust, expressing feelings, and developing
intimate relationships in that 89.5% of the participants reported that relationships with
significant others is a concern (Shapiro et al., 1994).

Several other studies have researched the need for control as an obstacle for
developing close relationships. A study completed by Latham (1988) reported that
married female ACOAs described a greater need to have a controlling role in their
marriages, encountering more difficulty with intimacy, and experiencing more family of
origin dysfunction. In addition, research completed by Heinemann (1989) proposes that
ACOAs have more difficulties with their relationships as a result of issues with emotions and vulnerability which impact intimacy.

Ackerman’s (1989) research provides evidence that the unpredictable behavior of others results in stress in the relationships of ACOAs and creates feelings of loss of control which relate to childhood fears of isolation and abandonment. Ackerman reported that daughters of alcoholics in this study were found to have a significantly higher need for control, overreaction to change, and feelings of excessive responsibility for others. The participants described themselves as having issues with intimacy, affirmation, and approval. In addition, they described judging themselves harshly in comparison to daughters of non-alcoholics.

A follow-up survey discovered that 33% of the adult daughters of alcoholics in comparison to 9% of the adult daughters of non-alcoholics stated that the most significant parenting concern for them was their need for control (Ackerman, 1989). They described a feeling of being responsible for ensuring everything in the family was under control. Finally, Knoblauch and Bowers (1989) reported from their research that the higher the need for control described by ACOAs, the lower the degree of satisfaction in the relationship.

Recently, Beesley and Stoltenberg (2002) conducted a study on the potential contribution of attachment style in impacting and explaining the dynamics of control and relationship issues in adult children of alcoholics. Their research revealed that need for control, attachment style, and relationship satisfaction were significantly correlated across the board for both the ACOA and non-ACOA group. Beesley and Stoltenberg
discovered in their research that ACOAs reported a significantly higher need for control and significantly less relationship satisfaction than non-ACOAs. From an examination of the literature and research on desire for control, there appears to be a significant negative correlation to relationship satisfaction in ACOAs. Because of the dysfunctional dependent relationships in an alcoholic family, the family members are constantly struggling for control or the illusion of control over something or someone else (Brown, 1988, 1999). This chronic preoccupation with control in the family of origin is translated into adult relationships with adverse effects as it eliminates the ability to develop authentic intimacy. Due to their need for compulsive controlling, ACOAs will have a difficult time intimately sharing their reality with another person, thus blocking the development of authentic adult relationships (Miller, 1997). Due to this, desire for control needs to be evaluated as a covariate when exploring relationship satisfaction in ACOAs. As desire to control includes a need for social desirability for many ACOAs, this is another covariate that requires examination.

Social Desirability

In addition to a desire for control, social desirability or the desire to present oneself in a favorable manner (Crowne & Marlowe, 1960) affects how ACOAs respond to others and may affect how they respond on assessments. As was presented in the literature review of Desire for Control, the ACOA is generally only willing to share with others a self that is vague and artificial. Several researchers (Bowen, 1974; Cermak, 1984, 1986; Schaef, 1986; Wegscheider, 1985) on individual adult child characteristics have found validation for the existence of a pseudo or false self that is presented to the
outside world, rather than the true self. The socially desirable side is often presented in an attempt to obtain the approval of others, increase feelings of worth, preserve their inner person of integrity, and control or limit their shame voices (Miller, 1997).

ACOAs tend to believe that feelings such as anger, pain, and fear are “bad” and should not be displayed to others, reinforcing a desire to present oneself in a socially desirable manner. It has been theorized that ACOAs control others in an attempt to not be revealed as socially undesirable (Miller, 1997). In addition, ACOAs often engage in socially desirable behaviors by trying to please others instead of themselves, finding themselves saying yes when they mean no, doing things they do not really want to be doing, doing more than their fair share of the work, and doing things others are able to do for themselves (Beattie, 2009).

From the literature on ACOAs it can be understood how Social Desirability becomes another covariate that may impact ACOAs’ relationship satisfaction and how they respond to the assessments. As this can affect the results, it therefore requires that Social Desirability be included in the study. An overview of how each covariate, Romantic Attachment, Desire for Control, and Social Desirability, affects an ACOA can be seen in Figure 2 below.

<table>
<thead>
<tr>
<th>Romantic Attachment</th>
<th>Report lower levels of marital satisfaction</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Describe higher degrees of global distress in their relationships</td>
</tr>
<tr>
<td></td>
<td>More dissatisfaction reported in problem-solving communication in their intimate relationships</td>
</tr>
<tr>
<td></td>
<td>More likely to possess Insecure attachment styles in their romantic relationships</td>
</tr>
<tr>
<td></td>
<td>Report significantly more fearful general adult attachment</td>
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<tr>
<td></td>
<td>More likely to report a contradictory combination of the desire for closeness and intimacy and avoidance in interpersonal relationships</td>
</tr>
<tr>
<td></td>
<td>Unavailability and inconsistency of caregiver experiences may result in poor adult romantic relationships</td>
</tr>
</tbody>
</table>
| Desire for Control | • More likely to have a significantly lower positive sense of control, a significantly higher negative sense of control, and a significantly lower overall sense of control  
• Feel the most out of control (in order from lowest to highest) on: weight, significant other, exercise, eating behavior, family of origin, stress, sexuality, and the way one feels about self  
• Describe a greater need to have a controlling role in their marriages, encountering more difficulty with intimacy, and experiencing more family of origin dysfunction.  
• Report more difficulties with their relationships as a result of issues with emotions and vulnerability which impact intimacy  
• Found to have a significantly higher need for control, overreaction to change, and feelings of excessive responsibility for others  
• Describe feelings of being responsible for ensuring everything in the family is under control  
• Higher the need for control described by ACOAs, the lower the degree of satisfaction in the relationship  
• Due to need for compulsive controlling, have a difficult time intimately sharing their reality with another person which blocks the development of authentic adult relationships |
| Social Desirability | • Generally only willing to share with others a self that is vague and artificial  
• Socially desirable side-often presented in an attempt to obtain the approval of others, increase feelings of worth, preserve inner person of integrity, and control or limit shame voices  
• May control others in an attempt to not be revealed as socially undesirable  
• May engage in socially desirable behaviors by trying to please others instead of themselves  
• May find themselves saying yes when they mean no, doing things they don’t really want to do, doing more than their fair share of the work, and doing things others are able to do for themselves |

**Figure 2:** Overview of Romantic Attachment, Desire for Control, and Social Desirability in ACOAs

*Relationship Satisfaction*

Some ACOAs will replicate the relationship with the alcoholic parent in their adult relationships while others may avoid relationships altogether (Brown, 1988, 1999). The ACOAs that marry and have their own families often continue to experience strong loyalty to their parents. This places their primary commitment to the parents and not to
their own families (Brown, 1988, 1999). Others will be so preoccupied with controlling their families and feeling overly responsible that they become overwhelmed and cannot attend to their own responsibilities of school or employment (Brown, 1988, 1999). They often perceive focusing on themselves as providing the opportunity for disaster to occur in their family, due to letting their guard down. In general, these adult children continue to have feelings of abandonment that began in the initial caregiver attachment bond (Brown, 1988, 1999). They often continue to be anxious and agonize about the loss of one or both parents.

Brown (1988, 1999) explains that the inability to detach from the family of origin either physically and/or emotionally impacts the adult relationships. Adult children of alcoholics tend to view separating as giving up hope and abandoning the family; therefore, they stay attached in an attempt to maintain an important role in the family and continue the family denial. It is hypothesized that this failure to successfully separate develops into a major barrier to form healthy primary attachments in the adult relationships, creating great difficulty in intimate involvement and affecting adult attachment style (Brown, 1988, 1999). Overall, it will be difficult for them to share intimately and honestly with self, others, and with God, significantly impacting all of these adult relationships.

Kelley and colleagues (2004) indicated that it is reasonable that the inconsistent relationship with the parent in warmth and behavior can result in a contradictory combination of desire for closeness and avoidance in adult relationships for the ACOA. Harter (2000) concurred with this premise after reviewing ACOA literature. He reported that the inconsistent nurturance in childhood blended with parents who place their own
needs as predominant cause issues with trusting others, being appropriately intimate, and sustaining sensible boundaries for ACOAs.

The contention that adult relationships are affected in part by early caregiver attachment appears to hold for research done on adult relationship satisfaction with ACOAs. According to El-Guebaly and colleagues (1993), the interpersonal relationships of adult ACOAs may reflect the inflexibility and frequency of relational difficulties that existed in the alcoholic family of origin. The alcoholic caregiver’s inability to respond interferes with the child’s ability to develop a secure representational model of self in relation to others. Instead, a model of insecurity is brought into adulthood and reinforced in adult attachment relationships.

Woititz (1989) asserted that many ACOAs bring their desire for control into their adult attachment relationships. The desire for control and other coping skills created to mediate the chaos and instability in their lives provide short-term adaptive benefits to the ACOA. However, they become maladaptive when used over time in adult relationships (Ackerman, 1987). In addition, Ackerman (1987) pointed out that healthy relationships are difficult for ACOAs because they have not had models of healthy relationships from which to learn. This results in not developing an understanding of the principal elements needed to establish and sustain healthy relationships. These elements include trust, honesty, mutual sharing, vulnerability, and intimacy (Ackerman, 1987).

Other issues impact the ability for ACOAs to develop satisfaction in their adult relationships. Cermak and Brown (1982) and Bradley and Schneider (1990) reported that ACOAs are more likely than non-ACOAs to create an unrealistic level of control in their interpersonal relationships. Jarmas and Kazak (1992), Tweed and Ruff (1991), and
Wilson (1989) discovered that adult ACOAs were in general more anxious, depressed, self-blaming, and distrustful than non-ACOAs. Fisher, Jenkins, Harrison, and Jesch (1993), Seefeldt and Lyon (1992), and Berkowitz and Perkins (1988) contend that research reveals that ACOAs tend to be more uncertain of themselves and anxious than non-ACOAs. Benson and Heller (1987) portend that the symptoms of depression, low self-esteem and self-blaming, anxiety, distrust, and concern seen in ACOAs herald a neurotic pattern. The significance of this for relationship satisfaction lies in research done by Bradbury (1995) which revealed a negative impact to relationship development and marital satisfaction from neurotic traits.

Recent research by Beesley and Stoltenberg (2002) on relationship satisfaction in ACOAs revealed more support that relationship problems exist in this population. The researchers hypothesized that ACOAs would exhibit a significantly higher need for control, a significantly more insecure attachment style, and significantly less relationship satisfaction than non-ACOAs. The research revealed significantly less relationship satisfaction and a higher need for control for the ACOAs in the study than the non-ACOAs.

There appears to be sufficient support from the research on ACOAs that relationship satisfaction is negatively impacted, and as such, is a relevant issue to be explored. While research does not exist on relationship satisfaction and attachment to God in the specific population of ACOAs, as has been previously examined there is justification in research that attachment to God may increase relationship satisfaction for adults.
**Attachment to God**

To date, there appears to be a paucity of research investigating ACOAs and the specific attachment relationship with God. Literature on ACOAs has examined the benefits of creating a new attachment that will offer safety and a foundation for new beliefs that will assist in the process of recovery (Brown, 1988). Recovery for ACOAs begins with a process of detachment, reconstruction, and new construction of self and one’s identity which is supported by the development of a new secure attachment relationship (Brown, 1988). This relationship may be with one’s therapist, one’s support group, one’s pastor, or God.

As literature has revealed, a compensatory purpose for attachment to God may exist for insecurely attached adults (Kirkpatrick, 1997, 1998; Kirkpatrick & Shaver, 1990). This creates the potential that ACOAs, whom research has revealed to be on average insecurely attached adults (El Guebaly et al., 1993; Held, 2007; Kelly et al., 2004), may, also, utilize God in a compensatory manner as a substitute attachment figure. Research revealed significantly less relationship satisfaction and a higher need for control for ACOAs than for non-ACOAs (Beesley & Stoltenberg, 2002). In fact, several researchers have reported that overall relationships for ACOAs tend to be more problematic than for non-ACOAs (Black, Bucky, & Wilder-Padilla, 1986; Domenico & Windle, 1993; Fisher et al., 1992; Kerr & Hill, 1992). By developing a positive, secure relationship with God, ACOAs may then experience more relationship satisfaction in their other adult relationships. Therefore, it bears investigating whether ACOAs who develop a secure attachment to God report more adult relationship satisfaction as this may provide a significant area of focus when treating ACOAs with relationship issues.
Summary

Following the review of the literature, several conclusions may now be offered. For the most part, individuals learn to relate to others through the relationships they developed with their family of origin and caregivers (Ainsworth, 1985, 1989; Blos, 1962; Bowlby, 1969/1982, 1977, 1978, 1980; Cassidy, 1999; Erikson, 1963; Mahler et al., 1975; Miller, 1981, 1984/1998; Weiss, 1982, 1986, 1991). When combined with individual characteristics, family dynamics influence how individuals negotiate and interact within relationships. It is apparent from the literature that being raised in an alcoholic family can create certain problematic behaviors and patterns of interacting that are carried into adulthood and impact adult relationships (Beesley & Stoltenberg, 2002; Harrington & Metzler, 1997; Held, 2007; Kelley et al., 2004; Knoblauch & Bowers, 1989; Woititz, 2002). As previously described, ACOAs have often developed insecure attachment to their caregivers (Brown, 1988; Brown & Beletsis, 1986; Miller, 1981) which carries over into their adult relationships (El Guebaly et al., 1993; Held, 2007; Kelly et al., 2004). In addition, previous research has uncovered that as a result, ACOAs have difficulty with trust, expressing feelings, and forming successful intimate adult relationships (Giglio & Kaufman, 1990). Further research reported that overall relationships for ACOAs tend to be more problematic than for non-ACOAs (Black, Bucky, & Wilder-Padilla, 1986; Domenico & Windle, 1993; Fisher et al., 1992; Kerr & Hill, 1992). By providing an alternate attachment figure in God, the attachment to God may assist ACOAs in successfully separating from their family of origin.

Brown (1988) theorized that it is nearly impossible for an ACOA to develop a healthy identity without a new attachment and an environment that provide both safety
and structure to separate from his/her family of origin. A relationship with God can provide both and assist with this separation. God can supply the type of secure attachment relationship that the ACOA did not have with his parent or caregiver.

Kirkpatrick and Shaver (1992) theorized that the experience of a secure attachment relationship with God may assist some individuals in developing more secure and stable relationships with others, to include adult relationships. This presents the potential that the ACOA who has a secure attachment to God will find more satisfaction in his adult relationships. Since there appears to be a relationship between adult interpersonal and God relationships, and due to dysfunctional interpersonal adult relationships having been identified as a salient feature of ACOAs (Black, Bucky, & Wilder-Padilla, 1986; Domenico & Windle, 1993; Fisher et al., 1992; Giglio & Kaufman, 1990; Kerr & Hill, 1992), it is speculated that in ACOAs attachment to God will correlate with higher satisfaction in their adult relationships.

To date, there is a dearth of research on attachment to God in ACOAs and specifically on how attachment to God may relate to relationship satisfaction in adult relationships for ACOAS. Overall, there is not an overabundant amount of recent research on ACOAs in any area. With over 28 million individuals having been raised in an alcoholic family (Brown, 1988), this study can assist many. In fact, it has been asserted by Burk and Sher (1988) that ACOAs are a vulnerable population who would benefit from preventive and active treatment efforts. As the literature review and previous research have revealed that adult relationship satisfaction in ACOAs is significantly affected by being raised in an alcoholic family (Beesley & Stoltenberg, 2002; Berkowitz & Perkins, 1988; Bradley & Schneider, 1990; Cermak & Brown, 1982; Fisher et al.,
1993; Jarmas & Kazak, 1992; Seefeldt & Lyon, 1992; Tweed & Ruff, 1991; Wilson, 1989), this would be an essential area to explore so that preventive and treatment measures which provide more beneficial assistance to these individuals may be developed.

To summarize, dysfunctional relationships in alcoholic families impact early attachment bonds, resulting in adult attachment issues. Particularly significant are romantic attachment and desire for control, thus affecting adult relationship satisfaction, which may be improved through secure attachment to God. Due to the lack of research into the relationship between the experience of an alcoholic parent, God attachment, and adult relationship satisfaction and the potential for ACOAs to benefit in their adult relationship satisfaction through such research, the value of this study is substantial.
CHAPTER THREE: METHODS

Up until this point the majority of research and literature on Adult Children of Alcoholics (ACOAs) and their families of origin has focused on descriptive and anecdotal data rather than empirical as the majority of it has been completed by clinicians working with clinical samples (e.g., Black, 1981; Brown, 1988; 1999; Woititz, 1983; 1985; 2002). This has produced qualitative research on the personality and/or interpersonal characteristics of ACOAs (e.g., Black, Bucky, & Wilder-Padilla, 1986; Bradley & Schneider, 1990) but few quantitative studies. The few quantitative studies which have been done on ACOAs generally utilize a traditional university population in which the median age is in the early to mid-20s (e.g., Hewes & Janikowski, 1998; Kelley et al., 2004; Larson et al., 2001). However, Black (1981) suggested that the consequences of parental alcoholism may not manifest themselves until ACOAs are in their mid-20s. This perhaps provides an explanation for why some of the previous studies using college student populations found either no significant differences or slight significant differences between the functioning of the ACOA and the non-ACOA groups in the studies. It has been suggested that older samples with an average age of approximately 30 years or older may provide more significant findings (Beesley & Stoltenberg, 2002).

The present study sought to examine the effects of growing-up in an alcoholic family and an ACOA’s God Attachment on adult Relationship Satisfaction. This study is unique in the ACOA literature in that it focused on an important new area, the interaction effect of ACOA status and God Attachment on adult Relationship Satisfaction. Additionally, it is a quantitative study utilizing both a nonclinical and nontraditional university sample of ACOAs. The literature review reveals two primary findings: (1) that

Being raised in an alcoholic family can negatively impact early attachment bonds, resulting in adult attachment issues specifically in romantic attachment and desire for control, thus adversely affecting adult relationship satisfaction (Ackerman, 1987; Beesley & Stoltenberg, 2002; Berkowitz & Perkins, 1988; Bradley & Schneider, 1990; Brown, 1988; Cermak & Brown, 1982; El-Guebaly et al., 1993; Fisher et al., 1993; Harter, 2000; Kelly, Cash, Grant, Miles, & Santos, 2004; Jarmas & Kazak, 1992; Seefeldt & Lyon, 1992; Tweed & Ruff, 1991; Wilson, 1989; Woititz, 1989).

However, research has revealed that relationship satisfaction for individuals can be significantly improved through secure attachment to God (Beck & McDonald, 2004; Granqvist, 1998; Granqvist & Hagekull, 1999; Kirkpatrick, 1998, 1999, 2005; Kirkpatrick & Shaver, 1990, 1992; McDonald et al., 2005; Rowatt & Kirkpatrick, 2002; Ullman, 1982). However prior to the current study, there was no published research to date that had attempted to explore both the effect of being raised in an alcoholic family and an ACOA’s God Attachment on adult Relationship Satisfaction. This chapter provides an overview of the research design, the population studied and selection of
participants, the instruments chosen, the procedures employed to conduct the study, and a summary of the processes utilized in the analysis of the data.

Research Design

The correlational design of this study was chosen for the purpose of exploring the two research questions. The first question, whether adult Relationship Satisfaction is correlated with God Attachment and the history of an alcoholic parent after controlling for Romantic Attachment, Desire for Control, and Social Desirability examined two main effects and an interaction effect. The two main effects are ACOA status on adult Relationship Satisfaction and God Attachment style on adult Relationship Satisfaction. The interactive effect studied was that of ACOA status and God Attachment style on adult Relationship Satisfaction. These three effects were examined utilizing a two-way ANCOVA to control for any of the three covariates, Romantic Attachment, Desire for Control, and/or Social Desirability, that were found to correlate with Relationship Satisfaction. In order to obtain the data necessary to explore these effects, this study focused on three variables of interest, two independent variables (ACOA status and God Attachment) and one dependent variable (adult Relationship Satisfaction). The only covariate that correlated with Relationship Satisfaction and therefore was included in the study was Romantic Attachment.

The first independent variable, whether or not the participant is an adult child of an alcoholic, was determined by a score on the Children of Alcoholics Screening Test (CAST) (Jones, 1991). The recommended cutoff score of 6 or more items answered “yes” was used to identify children of alcoholics (Jones, 1991). In addition, 2 single item
measures "Do you consider that either of your parents ever had a drinking problem?" and "Do you consider that either of your parents may have, or may have had an alcohol abuse problem?" were included to assist in determining ACOA status.

The second independent variable included was Attachment to God. The participants’ God Attachment was obtained by completion of the Attachment to God Inventory (AGI) (Beck & McDonald, 2004). The AGI places an individual’s attachment orientation to God on a continuum of the inventory’s two subscales, Anxiety and Avoidance. The security of attachment to God is placed theoretically at lower levels of these subscales. Since ACOAs who reported both Insecure-Avoidant and Insecure-Anxious/ambivalent Attachment displayed lower levels of relationship satisfaction (Brennan et al., 1991; Held, 2007; Kelley et al., 2004) individuals who were high on either of the two subscales of the AGI were combined in the Insecure group. In addition, due to the potential of having an insufficient sample size that would permit division into the separate Insecure categories of Avoidant and Anxious/Ambivalent, they were collapsed into the single category of Insecure Attachment. To determine attachment, the two subscales were evaluated with cut-off scores of 49 or higher on each subscale denoting an Insecure Attachment to God if the individual was above this cut-off score on either the Anxiety or Avoidance subscale. Scores of 48 or lower on both of these subscales denoted a Secure Attachment to God.

The dependent variable was Relationship Satisfaction. The degree of the participants’ adult Relationship Satisfaction was derived with the Relationship Satisfaction Questionnaire (RSAT) (Burns & Sayers, 1988). While the RSAT does not have an established cutoff score for high relationship satisfaction (Heyman, Feldbau-
Kohn, Ehrensaft, Langhinrichsen-Rohling, & O’Leary, 2001), it does list scores for categories of extremely dissatisfied (score range 0-10), very dissatisfied (score range 11-20), moderately dissatisfied (score range 21-25), somewhat dissatisfied (score range 26-30), somewhat satisfied (score range 31-35), moderately satisfied (score range 36-40), and very satisfied (score range 41-42) with the relationship (Burns & Sayers, 1988). Individuals who scored at the higher end of this assessment were considered to have relationship satisfaction.

In addition, four covariates were considered for the study. The first two covariates were Romantic Attachment-Anxious and Romantic Attachment-Avoidant. They were assessed by the Anxious and Avoidant Subscales on the Experiences in Close Relationship Scale-Revised (ECR-R) (Fraley, Brennan, & Waller, 2000). The ECR-R places an individual’s attachment orientation on a continuum of the two subscales of Anxiety and Avoidance. The security of attachment is placed conceptually at lower levels of these two subscales (Fraley et al., 2000). No cut-off scores were utilized for these scales as they are measuring continuous variables of Anxiety and Avoidance.

The third covariate, Desire for Control, was derived by the Desirability of Control Scale (DC) (Burger & Cooper, 1979; McCutcheon, 2000). Higher scores on the scale reveal a greater desire for control than the average individual. As this assessment was also measuring a continuous variable, no cut-off score was utilized.

To evaluate for the fourth covariate of Social Desirability in the sample participants the Marlowe-Crowne Social Desirability Scale (MCDS) (Crowne & Marlowe, 1960) was used. Higher scores show a higher need for social approval. Social
desirability was also treated as a continuous variable in this study and, therefore, no cut-off score was utilized for this assessment.

For the second research question of whether God Attachment offers unique variance in Adult Relationship Satisfaction after accounting for variance associated with the only covariates included in data analysis, Romantic Attachment-Anxious and Romantic Attachment-Avoidant, multiple regression was utilized. This question was assessed through a series of hierarchical multiple regressions. In the series of multiple regressions, Romantic Attachment (Anxious and Avoidant) was regressed first onto Relationship Satisfaction, followed by God Attachment (Anxious and Avoidant), and then ACOA status. This was done for the ACOA group, the non-ACOA group, and the total sample.

To evaluate for any significant differences between the ACOA and the non-ACOA group, t tests were utilized on the group demographics. A chi square was also conducted to evaluate if significant differences existed between the ACOA and non-ACOA participants on God attachment style.

Selection of Participants

Liberty University is a Christian liberal arts university located in south central Virginia. The Graduate Counseling program at Liberty University began in 1981 and includes a Christian perspective in the training of professional counselors at the master’s and doctoral levels (Board of Trustees, 2008). The training in theory and practice of counseling offered by this program is constructed for individuals pursuing career opportunities in hospital programs, mental health agencies, private practices or providers,
church-affiliated counseling centers, and other public and private facilities. The Department of Counseling, in keeping with the mission of the university, strives to educate the complete individual upon a foundation of a consistent Christian worldview (Board of Trustees, 2008).

Through a distance-learning format, the Graduate Counseling program extends its curriculum to students who are not able to attend the more traditional residential program offered by Liberty University. Learning objectives and outcomes for coursework and the distance-learning format of the Graduate Counseling program have been developed to be equivalent with those of the department's residential programs and courses (Board of Trustees, 2008). Due to the availability of the distance-learning format, the ability to enroll in a graduate counseling program has been extended to individuals who may not otherwise have been able to complete a graduate degree. This creates an overall population of students in the Graduate Counseling program who has an older average age, more common everyday responsibilities to include employment and family, and less potential for being clinically affiliated.

Support for utilizing an older college population to examine the effects of growing up in an alcoholic family has been stressed by Beesley and Stotlenberg (2002) and Black (1981). It has been theorized that the consequences and impact of parental alcoholism, specifically in the area of relationship satisfaction, may not manifest themselves until ACOAs are in their mid-20s (Beesley & Stoltenberg, 2002; Black, 1981). In addition, there is a stronger potential for older individuals being or having been involved in at least one significant adult relationship. Therefore, using a nontraditional university population that has the likelihood of having an older average age may increase
the potential to obtain a better understanding of what is occurring in ACOAs in adult relationship satisfaction.

Support, also, exists for utilizing a college population instead of a clinical population (El-Guebaly et al., 1993; Sheridan & Green, 1993) since the use of a clinical or help-seeking population narrows the ability to generalize the results to other ACOAs. In addition, using an ACOA group in recovery (R-ACOA), an ACOA group not in recovery (NR-ACOA), and a non-ACOA group, Sheridan and Green (1993) have theorized that the difference in findings between the R-ACOA and NR-ACOA in their study may be in part related to the experience of recovery. In specific, the experience of recovery may have increased negative ratings of the family and self, creating an “inverse denial” (Sheridan & Green, 1993, p. 90). Therefore the use of a non-clinical population may provide a sample that gives more realistic ratings of family and self.

A sample of ACOAs and non-ACOAs was obtained from the students enrolled in the intensive residencies of the Graduate Counseling program. Prior to the intensive residency (starting in May 2009) of the classes, COUN 505 (Counseling Techniques and the Helping Relationships), COUN 512 (Group Process) and COUN 667 (Clinical Diagnosis and Treatment Planning), an announcement was made through e-mail about participation in this research. Potential participants were asked to reply to the e-mail with signed informed consent. This researcher was present during the first day of their intensive class to explain the study and so the potential participants could ask questions and sign and return the informed consent form.
Instrumentation

In addition to the Demographic form, six assessments were given to the participants in this study. They included the Children of Alcoholics Screening Test (CAST) (Jones, 1991), the Attachment to God Inventory (AGI) (Beck & McDonald, 2004), the Relationship Satisfaction Questionnaire (RSAT) (Burns & Sayers, 1988), the Experiences in Close Relationship Scale-Revised (ECR-R) (Fraley et al., 2000), the Desirability of Control Scale (DC) (Burger & Cooper, 1979), and the Marlowe-Crowne Social Desirability Scale (MCSD) (Crowne & Marlowe, 1960). In addition to an overview of the Demographic form, this section will review each of these assessments.

Demographic Form

The 17-item demographic form is a basic demographic information questionnaire developed by the researcher with the intention of collecting key data on the participants (Cone & Foster, 1993). It obtained basic demographic information as well as information specific to alcoholic families. This included gender, age, ethnicity, education level, parental education level of mother and father, current occupational status, current marital status, number of marriages, length of longest adult relationship, religious affiliation, number of people in family of origin, adoption status, parental marital status, grandparent alcoholism status, abuse experienced in family of origin, parental spousal violence witnessed, and parents’ relationship description (Steinglass, Bennett, Wolin, & Reiss, 1993). A copy of the demographic form is located in Appendix A.
The Children of Alcoholics Screening Test (CAST) was formed primarily on the basis of Jones’ (1983) clinical experience with children of alcoholics while a few items were derived from case studies in the literature of children of alcoholics. This assessment contains 30 “yes” or “no” items with scores ranging from 0 to 30. The proposed cutoff score for identifying children of alcoholics is 6 or more items answered “yes”. Jones (1983) purports that the higher the total score, the more a family is or has been impacted by alcoholism. One of the relevant benefits to this instrument is that it can be used with children, adolescents, and adults alike (Charland & Cote, 1998; El-Guebaly et al., 1993). It assesses (a) psychological distress associated with parental drinking, (b) perceptions of drinking-related marital discord between parents, (c) attempts to control parental drinking, (d) efforts to escape from alcoholism, (e) exposure to drinking-related family violence, (f) tendencies to perceive parents as being alcoholic, and (g) desire for professional counseling. A copy of the CAST is located in Appendix B.

The reliability and validity of this instrument have been evaluated in studies. Two separate studies utilizing statistical analyses of the CAST’s internal consistency revealed a split-half reliability coefficient of .98 for an adult population (Jones, 1991). Charland and Cote’s (1998) research on the instrument also revealed a computed Cronbach alpha statistic of .95 and a Spearman-Brown split-half reliability coefficient of .96. Dinning and Berk (1989) evaluated the reliability of the instrument and found support for the reliability of it after computing a Spearman-Brown split-half internal consistency coefficient of .96. Staley and El-Guebaly (1991), also, reported comparable results on internal consistency with an alpha coefficient of .97. In addition, Harrison (1989) and
Staley and El-Guebaly (1991) established the contribution of each item to the total scale of the CAST and purported that the instrument possesses a unidimensional structure. Through factor analysis, Charland and Cote (1998) reported that their results suggest a unidimensional scale structure, corroborating Staley and El-Guebaly’s (1991) findings.

Besides reliability the validity of the instrument has also been researched. Two validation studies were developed by using a control-group design. The first study utilized adolescents and preadolescents and found a statistically significant difference between children of alcoholics and control-group children (Jones, 1983). The other study utilized a sample of 81 adults between the ages of 18 and 37 and found that ACOAs scored significantly higher on the CAST when compared with 76 randomly selected control-group participants who had reported no alcoholism in the family (Jones, 1991). Charland and Cote (1998) reported substantial agreement for CAST results and DSM-III-R criteria for alcohol dependence in a parent. In specific, for individuals who scored 6 or above on the CAST, the CAST’s sensitivity and specificity rate was 98.0% providing additional support for the validity of this instrument. Research on this assessment has supported its reliability and validity and revealed that it has been successful in assessing parental alcoholism status in adults. In addition, the CAST is the most frequently used instrument in categorizing individuals who have had one or more alcoholic parent (Protinsky, Prouty, & Vail, 2000). For these reasons, it was utilized in this study to determine ACOA status. In addition, two single item measures "Do you consider that either of your parents ever had a drinking problem?" and "Do you consider that either of your parents may have, or may have had an alcohol abuse problem?" will be included to assist in determining ACOA status.
Attachment to God Inventory (AGI)

The Attachment to God Inventory (Beck & McDonald, 2004) is a 28-item measure developed to assess two dimensions of insecure attachment: avoidance of intimacy with God and anxiety about abandonment by God. Beck and McDonald (2004) built their inventory upon the two dimensions that lie beneath most attachment relationship models: Avoidance of Intimacy and Anxiety about Abandonment. Beck and McDonald developed an assessment tool to measure these attachment dimensions as they apply to an individual’s relationship with God. In an attempt to operationalize the Avoidance and Anxiety dimensions developed by Brennan et al. (1998), the inventory was closely based on Brennan et al.’s Experiences in Close Relationships Scale (ECR). The inventory is located in Appendix C.

Ratings for this inventory are made on a 7-point Likert scale (1 = Disagree strongly; 7 = Agree strongly). While evaluating this instrument for reliability, Cronbach’s alphas revealed .84 and .80, respectively, for the two subscales of the scale, avoidance and anxiety (Beck & McDonald, 2004). While examining validity of the instrument in a community sample, Beck and McDonald (2004) found uniform and positive correlation between the Anxiety subscale of the AGI with the Anxiety subscale of the ECR (.61) and the Avoidance subscale of the AGI with the Avoidance subscale of the ECR (.41). Beck and McDonald (2004) also discovered that lower scores on AGI Anxiety and Avoidance were associated with increased ratings of the Relationship Questionnaire (RQ) Secure subscale, -.43 and -.29 respectively. Conversely, both AGI Anxiety and Avoidance ratings were positively associated with RQ Fearful ratings, .48 and .40 respectively.
Beck and McDonald (2004) theorized from their findings that the correlations with the AGI and the two attachment measures used, the ECR and RQ, support construct validity and supply converging evidence for a corresponding relationship between an individual’s attachment style in adult love relationships and in the relationship with God. In addition, validity for the anxiety and avoidance subscales is good, with high correlations ($r = -0.61$, -0.62, respectively), when compared with the religious well-being subscale of the Spiritual Well-Being Scale (Paloutzian & Ellison, 1982).

Therefore there, also, appears to be support that increased ratings on the anxiety and avoidance subscales of the AGI are related to decreased religious well-being. Overall, this inventory is reported to have good factor structure and construct validity based on a multiple sample study (Beck & McDonald, 2004; McDonald et al., 2005). Due to the inventory’s strong reliability and validity in conjunction with its ability to evaluate the constructs desired for God Attachment in this study, the Attachment to God Inventory was utilized.

**Relationship Satisfaction Questionnaire (RSAT)**

The Relationship Satisfaction Questionnaire (RSAT) is a 7-item instrument developed by Burns and Sayers (1988) in an effort to measure satisfaction in the individual’s closest adult relationship in an array of adult relationship areas. These areas include communication and openness, intimacy and closeness, resolving conflicts and arguments, degree of affection and caring, satisfaction with one’s role in the relationship, satisfaction with the other person’s role in the relationship, and overall satisfaction with the relationship. Participants indicate their degree of relationship satisfaction in each of
the relationship areas using a 7-point Likert scale ranging from 0 (very dissatisfied) to 6 (very satisfied). Scores are then added together to provide a total satisfaction score ranging from 0 to 49 with higher scores corresponding to reports of greater relationship satisfaction (Heyman et al., 2001). Burns’ provides category scores for this questionnaire of 0-10 showing the individual is extremely dissatisfied, 11-20 showing the individual is very dissatisfied, 21-25 showing the individual is moderately dissatisfied, 26-30 showing the individual is somewhat dissatisfied, 31-35 showing the individual is somewhat satisfied, 36-40 showing the individual is moderately satisfied, and a score of 41-42 showing the individual is very satisfied with the relationship. An individual with a cutoff score of 31 or above will be considered to be experiencing relationship satisfaction.

Internal consistency for the RSAT has been respectable with a coefficient alpha of .97 (Beesley & Stoltenberg, 2002; Heyman, et. al., 2001; Heyman, Sayers, & Bellack, 1994). In addition, Heyman et al. (1994) found test-retest correlations at 6 weeks were satisfactory, with $r = .72$. On the issue of validity, convergent validity has been established with this instrument and the Marital Adjustment Scale ($r = .80$, Burns & Sayers, 1988) and the Quality of Marriage Index ($r = .91$, Heyman et al., 1994). The RSAT has shown discriminant validity ($r = -.31$ to -.51) with the psychopathology subscales of the Symptom Checklist-90-Revised (SCL-90-R) (Heyman et al., 1994). Finally, factor analysis has revealed that the RSAT measures a single factor of relationship satisfaction among both men and women (Beesley & Stoltenberg, 2002; Heyman et. al., 2001; Heyman et al., 1994). In addition to adequate reliability and validity, the other specific reason for choosing the RSAT was its utility. The RSAT allows participants to rate the level of satisfaction in their closest adult relationship.
whether with a wife, husband, significant other, sibling, parent, other relative, friend, or other individual. A copy of the RSAT is located in Appendix D.

_Desirability of Control Scale (DC Scale)_

The Desirability of Control Scale was developed by Burger and Cooper (1979) for the purpose of creating a measure of individual differences in the desire for control over life events. It focuses on an individual’s “level of motivation to control the events in one’s life” (Burger & Cooper, 1979, p. 381) The scale is a 20-item instrument on which participants are asked to respond to each item using a 7-point Likert scale ranging from “This statement doesn’t apply to me at all” to “This statement always applies to me.” These 20 items measure the desire for control in several areas including desire to make one’s own decisions, to take preventive actions to ensure that situations do not get out of hand, to avoid situations in which others have control, and to control others (Burger & Cooper, 1979). Upon completion the scores are totaled to provide an overall level of desire for control. Higher scores relate to a greater need for control in the participants. A copy of the DC Scale is located in Appendix E.

Initial research on the DC Scale was completed with students from a college population and reported that reliability on the DC Scale utilizing Kuder-Richardson 20 have ranged from .80 to .81 (Burger & Cooper, 1979). More recent research on reliability revealed a comparable result of .77 (Gebhardt & Brosschot, 2002) and .84 (Pierro, Cicero, & Raven, 2008). The DC scale was also reported to have substantial internal consistency (.80) and test-retest reliability (.75) (Burger & Cooper, 1979).
Recent research on the DC Scale showed that the internal consistency (.78) of the instrument has not diminished over time and is reported to have “better than adequate internal consistency.” (McKutcheon, 2000, p. 233). Gebhardt and Brosschot’s (2002) research supported substantial test-retest reliability of the instrument with a test-retest coefficient of the total DC Scale of .86. McKutcheon’s (2000) research reported that the overall DC Scale mean (101.8) and standard deviation (13.3) were comparable to the initial findings (mean = 100.5, SD = 11.8) reported by Burger and Cooper (1979) and later findings (mean = 106.2) reported by Myers, Henderson-King, and Henderson-King (1997). This similarity in scores supports the premise of stability over time for this instrument. In addition, research on the instrument’s validity has been supportive.

Burger and Cooper (1979) found in a study of discriminant validity in which the DC scale was compared with Rotter’s Internal-External Locus of Control (Rotter, 1966) that a negative correlation of -0.19 demonstrates the two instruments measure different control constructs. This is promising as Burger and Cooper (1979) intended for the DC Scale to measure a different type of control than locus of control. In specific, desire for control measured by the DC is concerned with the degree to which individuals want control whereas locus of control measured by the Rotter’s Internal-External Locus of Control is concerned with the degree to which individuals believe they are in control. Discriminant validity was also found when comparing the DC Scale with the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960) which revealed a low positive correlation of .11 between the two measures (Burger & Cooper, 1979). Burger and Cooper (1979) contend that this supports the likelihood that subjects who report a desire for control are probably not replying only in a socially desirable style.
Construct validation has also been promising on the DC Scale. In specific, construct validation was found in a study of “illusion of control” (e.g. Langer, 1975), a study of learned helplessness, and a study of hypnosis (Burger & Cooper, 1979). On illusion of control, only subjects high in desire for control displayed a belief in personal control over chance outcomes. In addition, a study (Burger & Arkin, 1982) on learned helplessness indicated that individuals with a high desire to control events in their lives tend to be more susceptible to learned helplessness than individuals with a low desire to control. A study (Burger, 1992) on hypnosis revealed that high DC subjects who reported believing that they were in control of their own behavior under hypnosis responded to the hypnotic suggestions more significantly than the other subjects in the experiment. In essence, when the subjects with a high desire for control perceived an opportunity to control the events in their lives they displayed a greater responsiveness or reaction to stimuli than low DC subjects. McCutcheon’s (2000) research on construct validity found that as the need for control increased, feelings of powerlessness and passivity decreased thus yielding consistent results with previous research.

The DC scale has been extensively studied in relation to a variety of outcomes. Research has found the desire for control linked to gambling (Burger, 1992), anxiety (Wilkinson & Chamove, 1992), the ability to cope with stress (Burger, 1992), and feelings of discomfort resulting from crowding (Burger, Oakman, & Bullard, 1983). The DC Scale has been found to predict the likelihood of engaging in domestic violence (Prince & Arias, 1994), to engage in risk taking behavior in traffic (Trimpop & Kirkcaldy, 1997), and general wellbeing (Cooper, Okamura, & McNeil, 1995). When examining the specific population of ACOAs, it has been used as one of the instruments
in a study investigating possible differences for control, attachment style, and relationship between ACOAs and non-ACOAs (Beesley & Stoltenberg, 2002).

Overall, the DC Scale has been much researched and continues to be a very reliable and valid instrument (Burger, 1992; McCutcheon, 2000). Its continued use is recommended by current researchers (Gebhardt & Brosschot, 2002; McCutcheon, 2000), and it has been recently used to evaluate the desire for control in ACOAs (Beesley & Stoltenberg, 2002). Due to this and the fact that the DC Scale will provide an assessment of an individual’s general desire for control over events occurring in the individual’s life, the DC Scale was used in this study. Only a few other attempts have been made to measure desirability of control and these are all in the form of either a broad conceptualization of need for control or specific adaptations of the DC Scale which resulted in these being ruled out (Gebhardt & Brosschot, 2002).

**Experiences in Close Relationships Questionnaire (ECR-R)**

The Experiences in Close Relationships Questionnaire-Revised (ECR-R) (Fraley et al., 2000) is a self-report measure of adult attachment. It consists of 36 items scored on a Likert scale and is a revised version of Brennan et al's (1998) Experiences in Close Relationships (ECR) questionnaire. The ECR-R contains two subscales of romantic attachment, Anxiety and Avoidance, each of which contain 18 items. The dimension of avoidance investigates several areas to include discomfort with interpersonal closeness, dependence, and self-disclosure. The dimension of anxiety, also, examines several areas to include fear of abandonment but desire for intimacy. Both the ECR and the ECR-R are designed to assess individual differences with respect to attachment-related anxiety and
attachment-related avoidance. The ECR-R differs from the majority of measures in this area as it does not specify types. It places an individual’s attachment orientation on a continuum of these two dimensions of insecure attachment. The security of attachment is placed conceptually at lower levels of both of these dimensions (Fraley et al., 2000).

The ECR-R was created out of an attempt by Fraley et al. (2000) to develop a more accurate and reliable measure of adult attachment. It was based on a reanalysis of a comprehensive 323 item dataset that was previously collected by Brennan et al. (1998). The final ECR-R items were chosen through exploratory factor analysis, manually rotating the axes until they aligned meaningfully with clusters of anxiety or avoidance related items, using item loading criterion derived from this manually rotation, and then selecting the specific items based on discrimination values. It is purported that this resulted in a scale that has increased measurement precision due to item discrimination values being more evenly distributed across the entire trait range (Sibley & Liu, 2004).

Research on the reliability of the ECR-R has been encouraging. Sibley and Liu (2004) examined the factor structure and short term temporal stability of the ECR-R and found that the anxiety and avoidance subscales were fundamentally consistent with previous research (Brennan et al., 1998; Fraley et al., 2000) and encompass distinctive dimensions with high internal reliabilities of .9477 for anxiety and .9344 for avoidance. Sibley and Liu (2004) then conducted a confirmatory factor analysis and reported that both the anxiety ($\alpha=0.9281$) and the avoidance ($\alpha=0.911$) sub-scales displayed acceptable internal reliabilities during time two measurements.

Fraley et al. (2000) examined reliability coefficients of the ECR-R in relation to four other instruments to include the original ECR (Brennan et al., 1998), the Adult...
Attachment Scale-AAS (Collins & Read, 1990), the Relationship Style Questionnaire-RSQ (Griffin & Bartholomew, 1994), and the attachment questionnaire-unnamed (Simpson, 1990). The ECR-R was found to have higher test re-test reliability coefficients (ranging from .93 to .95) than the other measures. In addition, in comparisons of the test information functions of the ECR and the ECR-R the latter was substantially favored. Moreover, Fraley et al. (2000) report that they improved the ECR’s measurement from 50 to 100% without increasing the number of items.

On temporal stability, Sibley and Liu (2004) entered repeated measures of the anxiety and avoidance sub-scales into separate latent variable path analyses. They reported that their analysis found a remarkably high degree of temporal stability in both factors. According to their research, 86% of the variance in the latent repeated measures of the avoidance sub-scale was shared while 86.5% of the variance in the latent repeated measures of the anxiety sub-scale was also shared over the 6 week time period.

Sibley, Fischer, and Liu (2005) provided additional information from several separate studies on the validity of the ECR-R. In one of the studies, they reported that the ECR-R displayed significantly more stable estimates of romantic attachment when compared to the Relationship Questionnaire (RQ) (Bartholomew & Horowitz, 1991), 85% versus 50% variance. In fact, the ECR-R provided highly stable indicators of latent attachment over a three week period (85% variance). By utilizing hierarchical linear modeling analyses in another study by Sibley and colleagues (2005), they reported further validation of the ECR-R. They contended that the assessment explained between 30 to 40% of the between-person variation in social interaction diary ratings of
attachment-related emotions experienced during interactions with a romantic partner and only 5% to 15% of that in interaction with family and friends.

Sibley and Liu (2004) and Sibley and colleagues (2005) contend that the results from their research provide significant additional information on the psychometric properties of the ECR-R. In fact, they contend that “the scale maintains acceptable classical psychometric properties while also capturing a more evenly distributed range of trait scores, as reported by Fraley et al. (2000)” (Sibley & Liu, 2004, p. 973). In addition, Sibley and Liu (2004) presented that the surprisingly high levels of shared variance found in their research indicates that the ECR-R provides an assessment instrument with “stability estimates of trait attachment that are largely free from measurement error over short periods of time” (p. 974). In their research reported in 2005 Sibley and colleagues actually put forth “that the ECR-R provides one of, if not the, most appropriate self-report measure of adult romantic attachment currently available” (p. 1534).

The ECR-R has been described as an even more refined measure than the original ECR and possibly the most appropriate instrument of adult romantic attachment (Fraley et al., 2000; Sibley & Liu, 2004; Sibley et al., 2005) and therefore was the instrument used in this study. A copy of the ECR-R can be found in Appendix F.

*Marlowe-Crown Social Desirability Scale (MCSD)*

The Marlowe-Crowne Social Desirability Scale (MCSD) (Crowne & Marlowe, 1960) is a 33 item true/false scale that was reduced from the 50 question Edwards Social Desirability Scale (Edwards SDS) (Edwards, 1957). With items that describe desirable but uncommon behaviors or undesirable but common behaviors, it is used to measure the
need for approval by participants. These items were included on the scale because they described culturally approved behaviors that have a low rate of occurrence (Reynolds, 1982). The participants respond “true” or “false” with 18 items keyed in the positive direction and 15 items keyed in the negative direction. The scale score when summed will range from 0 to 33 with higher scores relating to a higher need for social approval and lower scores relating to a lower need for social approval. The scale has shown better than adequate reliability and validity.

Reliability is more than sufficient for the scale. In specific, Crowne and Marlowe (1960), using Kuder-Richardson formula 20, reported an internal consistency coefficient of .88. A test-retest correlation obtained a .89. In the area of validity, the scale was correlated with the Edwards SDS. The correlation between the MCSD scale and the Edwards SDS (Edwards, 1957) was reported to be .35, significant at the .01 level. Crowne and Marlowe (1960) contend that this result displays a general tendency for scores on the two assessments to be associated. In addition, the MCSD scale was then correlated with 17 MMPI validity, clinical, and derived scales and the results from this compared with the correlations of the Edwards SDS with these MMPI variables. Crowne and Marlowe (1960) reported that the very high correlation obtained between the Edwards SDS and the MMPI variables garners doubt about the interpretation of the Edwards SDS as a valid measure of the influence of social desirability on test responses. However, the magnitude of Crowne and Marlowe’s findings of the MCSD scale with the MMPI validity, clinical, and derived scales is purported to provide evidence that the MCSD scale provides a better definition of social desirability as related to how subjects respond in a culturally determined way.
While there are different assessments and techniques that have been developed to examine the social desirability response, the Marlowe-Crowne is one of the primary social desirability measures (Reynolds, 1982). As of the early 1980s, it had already been used extensively in personality research for 20 years (Reynolds, 1982). In addition, one of the major uses of this scale is as an additional measure in research to evaluate the impact of social desirability on self-report measures being utilized to examine the primary purpose of the investigation. Due to the scale’s suitable reliability, correlation, and validity in conjunction with proven effectiveness as an adjunct measure, it was utilized for this study. A copy of the MCSD can be found in Appendix G.

Research Procedures

After receiving approval from Liberty University’s Institutional Review Board and the Center for Counseling and Family Studies, potential participants received an e-mail from the researcher requesting their assistance in collecting the data for the study. The potential participants were students enrolled in the Graduate Counseling Program at Liberty University. The initial e-mail (see Appendix H) also contained a copy of the Consent Form (see Appendix I) to provide an explanation and overview of the study and a copy of the Resources for ACOAs (see Appendix J). This e-mail alerted the potential participants to the fact that if they choose to participate in the study but would prefer to complete paper copies of the assessments, a survey packet would be mailed to them by contacting the researcher through e-mail and providing their address to the researcher. Prior to the intensive residency (starting in May 2009) of the classes, COUN 505 (Counseling Techniques and the Helping Relationships), COUN 512 (Group Process) and
COUN 667 (Clinical Diagnosis and Treatment Planning), the announcement was made through e-mail about participation in this research. Potential participants were asked to reply to the e-mail with signed informed consent. The initial e-mail requested that the informed consent form be returned within two weeks. The researcher was present during the first day of the intensive class to explain the study and so the potential participants could ask questions and return the informed consent form. It was also explained to the participants that they could request a copy of the overall results. In addition, participants were notified that they had the right to ask questions, explain their answers, or otherwise communicate with the researcher at any time.

The day after the classroom visit, students who returned a signed consent form were e-mailed the online link to the survey (Appendix K). The online survey consisted of the Consent Form (Appendix I), the Demographic Form (Appendix A), the Children of Alcoholics Screening Test (CAST) (Appendix B), the Attachment to God Inventory (AGI) (Appendix C), the Desirability of Control Scale (DC) (Appendix E), the Experiences in Close Relationships Scale-Revised (ECR-R) (Appendix F), the Marlowe-Crowne Social Desirability Scale (MCSD) (Appendix G), and the Relationship Satisfaction Scale (RSAT) (Appendix D). A couple of days after the classroom visit, the second e-mail (see Appendix L) was sent to the potential participants to remind and prompt them to complete the online survey as soon as possible. One week after the classroom visit the third e-mail (Appendix M) was sent to the potential participants with the intent of reminding and prompting them to complete the online survey.
The ANOVA has been one of the more commonly used statistical procedures for counseling psychology research (Wampold, 1986). It enables the evaluation of the effect that one independent factor or variable has on one dependent variable (Mertler & Vannatta, 2005). However, Porter and Raudenbush (1987) contend that since its development, the ANCOVA has “become a standard tool for data analysis in psychological research” (p. 383). The ANCOVA was originally developed as a method for reducing error variance in randomized experiments which then increased both the statistical power of hypothesis tests and the precision in estimating effects (Porter & Raudenbush, 1987). The ANCOVA provides hypotheses that are about relations between independent variables and the dependent variable while covariables are held constant. It is an important research tool when evaluating more than one independent variable’s effect on a dependent variable.

Several assumptions exist for the ANCOVA. As with any statistical procedure certain assumptions are made about the data entered into the model. Only if these assumptions are met, at least approximately, will the ANCOVA yield valid results. The ANCOVA assumes that the residuals are normally distributed and the random variables in the sequence have the same finite variance or are homoscedastic (Porter & Raudenbush, 1987). First, the residuals are believed to be distributed normally with equal variance and are independent of each other. Due to using data sets that are not dyadic in nature and independent of each other, there is no reason to believe that these criteria will not be met. Second, as is implied by the model’s having a single regression parameter, it
is assumed that when regressing $Y$ on $X$ separately for each group, the regression lines all have the same slope. In other words, they are neither collinear nor parallel.

Additional assumptions exist for the ANCOVA. Since the ANCOVA is a method based in linear regression, the relationship of the dependent variable to the independent variable must be linear in the parameters (Porter & Raudenbush, 1987). The level of measurement assumption contends that the dependent variable, Relationship Satisfaction, should be a continuous variable. This assumption is met. The influence of treatment on covariate measurement assumption states that the covariates should be measured before treatment or experimental manipulation is applied to the sample. Since no treatment is being applied to the sample this assumption will not be violated. Checks of additional assumptions associated with the ANCOVA were conducted to determine that there was no violation of normal distribution of scores for each group, homogeneity of variance, reliability of covariates, correlations among covariates, reliability of variance, linearity, and homogeneity of regression slopes (Pallant, 2007).

Social scientists have been successful and used the ANCOVA at least as frequently as the ANOVA to provide statistical control in nonrandomized or quasi-experiments (Porter & Raudenbush, 1987). It has been both successful and effective in counseling psychology research. Because of this, the ANCOVA was utilized for this study.

For the first research question, two main effects and one interactional effect were analyzed in this study. Analyzing the interaction effect without consideration of the main effects has been shown by Lubinski (1983) to lead to erroneous conclusions for nonorthogonal designs. For data analysis of research question one, the procedure that will
be utilized is the ANCOVA. For hypothesis one, the two-way ANCOVA was utilized to analyze the main effect of the independent variable of ACOA status on the dependent variable of Relationship Satisfaction. In addition, for hypothesis two, the two-way ANCOVA was used to examine the main effect of the independent variable of God Attachment on the dependent variable of Relationship Satisfaction. Since analysis of the main effects in this study involved considering the two independent variables of ACOA status and God Attachment the two-way ANCOVA was employed.

Four covariates of Romantic Attachment-Avoidant, Romantic Attachment-Anxious, Desire for Control, and Social Desirability were initially considered for the ANCOVA and multiple regression. Only the covariates of Romantic Attachment-Avoidant and Romantic Attachment-Anxious displayed a correlation with Relationship Satisfaction after Pearson correlation coefficients were used to detect linear relationships. Due to this they were the only covariates included in the analyses.

The first hypothesis involved the main effect of ACOA, assessing whether the ACOA group and the non-ACOA group differed in their ratings of Relationship Satisfaction after controlling for Romantic Attachment. This created the first null hypothesis which is that there would not be a relationship between ACOA status and Relationship Satisfaction. The alternative hypothesis for this study was that being an ACOA correlates with lower levels of Relationship Satisfaction than in Non-ACOAs. This hypothesis was analyzed by comparing the mean scores on the RSAT between the ACOA and non-ACOA groups.

The second hypothesis involved the main effect of whether individuals in the group who are Securely Attached as opposed to the individuals in the group who are
Insecurely Attached to God reported higher Relationship Satisfaction after controlling for Romantic Attachment. The second null hypothesis then became that there would not be a negative correlation between adult Relationship Satisfaction and Insecure God Attachment in the sample. The alternative hypothesis was that Secure God Attachment would be related to higher Relationship Satisfaction in the ACOA and the non-ACOA groups. This hypothesis was analyzed by comparing the mean scores on the RSAT between the Securely Attached to God and the Insecurely Attached to God groups. Results on the AGI determined which attachment group a participant fit in. Individuals who were low on both subscales of the AGI, Avoidant and Anxious/Ambivalent were placed in the Secure Attachment to God Group. Individuals who were high on either the Avoidant or Anxious/Ambivalent subscales of the AGI were placed in the Insecure Attachment to God Group.

Since main effects, whether significant or not, may not be as informative as a significant interaction, the interaction effect was investigated in an attempt to thoroughly understand the behavior being investigated. For hypothesis three, the two-way ANCOVA was employed to analyze the interaction effect of the two independent variables of ACOA status and Attachment to God on the dependent variable of Relationship Satisfaction. The covariates, Romantic Attachment-Avoidant and Romantic Attachment-Anxious, which showed a correlation with Relationship Satisfaction, were also included in this procedure. The third null hypothesis was that there would not be an interaction effect of being an ACOA and Attachment to God on Relationship Satisfaction after controlling for Romantic Attachment. The alternative hypothesis was that ACOAs with Secure God Attachment would have higher levels of adult Relationship Satisfaction than
ACOAs with Insecure God Attachment and non-ACOAs with Insecure God Attachment but not significantly different adult Relationship Satisfaction than non-ACOAs with Secure God Attachment. This hypothesis was analyzed by comparing the mean scores on the RSAT with God Attachment for the ACOA and non-ACOA groups while correcting for the mean scores with the ECR-R Avoidant Scale and Anxious Scale.

The second research question produced the fourth null hypothesis that God Attachment would not account for any unique variance in adult Relationship Satisfaction after accounting for variance associated with Social Desirability, Desire for Control, and Romantic Attachment. The alternative hypothesis was that God Attachment would account for unique variance in adult Relationship Satisfaction after accounting for the variance associated with Social Desirability, Need for Control, and Romantic Attachment (Anxious and Avoidant). After it was determined that Social Desirability and Need for Control did not correlate with Relationship Satisfaction they were removed as covariates. A series of hierarchical multiple regressions for both the ACOA and the non-ACOA groups were utilized to test for this hypothesis. For both groups, Romantic Attachment (Anxious and Avoidant) was regressed first onto Relationship Satisfaction, followed by God Attachment and then ACOA status. All of the variables included in the multiple regression analyses were treated as continuous variables.

The first $R^2$ generated by this method addressed whether Romantic Attachment (Anxious and Avoidant) accounted for significant variance on Relationship Satisfaction. The second $R^2$ investigated the amount of total variance accounted for by both Romantic Attachment (Anxious and Avoidant) and God Attachment (Anxious and Avoidant). The change in $R^2$ explained the unique variance that was accounted for by God Attachment.
after controlling for Romantic Attachment. The third $R^2$ investigated the amount of total variance accounted for by Romantic Attachment (Anxious and Avoidant), God Attachment (Anxious and Avoidant), and ACOA status. The change in $R^2$ explained the unique variance that was accounted for by ACOA status after controlling for Romantic Attachment and God Attachment.

In the process of data analysis, the first task required collecting the assessment data and organizing and recoding the response data for use with SPSS Version 17 (2008). The next task was to complete preliminary analyses on the demographic information provided by the participants to obtain descriptive data on the sample. A chi square analysis was completed to determine if the ACOA group differed from the non-ACOA group on the distribution of God Attachment. An analysis of the participants’ results for the Marlowe-Crowne Social Desirability Scale (MCSD) was completed to check for biased self-presentation. The third task included running all statistical procedures for the first research question and the three effects, checking for significance levels of $p<.05$ or lower. Finally, a series of hierarchical multiple regression analyses were completed to determine if God attachment provided unique variance. Analysis of the information for all statistical procedures was presented in both table and text format. The following chapters will detail the statistical procedures that were run and discuss the results.

Summary

A cross sectional correlational research design was utilized for this study. The sample participants consisted of graduate students from Liberty University’s Master’s in Counseling program. Instruments used in this study to collect data included a
demographic form, the Children of Alcoholics Screening Test (CAST) (Jones, 1991), the Attachment to God Inventory (AGI) (Beck & McDonald, 2004), the Relationship Satisfaction Questionnaire (RSAT) (Burns & Sayers, 1988), the Experiences in Close Relationship Scale-Revised (ECR-R) (Fraley et al., 2000), the Desirability of Control Scale (DC) (Burger & Cooper, 1979), and the Marlowe-Crowne Social Desirability Scale (MCSD) (Crowne & Marlowe, 1960). Permission for this study was obtained from the Center for Counseling and Family Studies at Liberty University and the Institutional Review Board of Liberty University.

The methods presented in this chapter were utilized to explore the main effect of ACOA status on Relationship Satisfaction, the main effect of Attachment to God on Relationship Satisfaction, and the interaction effect of Attachment to God and ACOA status on Relationship Satisfaction after controlling for Romantic Attachment. The two main effects and the interaction effect were analyzed utilizing a two-way ANCOVA. In addition, a series of hierarchical multiple regressions for the ACOA group, the non-ACOA group, and the total sample were completed to evaluate if God Attachment accounted for unique variance in adult Relationship Satisfaction after accounting for the variance associated with Romantic Attachment. This chapter examined the research design, methods for participant solicitation and selection, instrumentation, research procedures, and data processing and analysis that were utilized in the study.
CHAPTER FOUR: FINDINGS

Introduction

The purpose of this study was to explore the relationship between God Attachment, Adult Child of an Alcoholic (ACOA) Status, and adult Relationship Satisfaction while controlling for Romantic Attachment, Desire for Control, and Social Desirability in a sample of evangelical graduate counseling students. A cross sectional correlational design was utilized in which the graduate students were administered the Children of Alcoholics Screening Test (CAST) (Jones, 1991), the Attachment to God Inventory (AGI) (Beck & McDonald, 2004), the Relationship Satisfaction Questionnaire (RSAT) (Burns & Sayers, 1988), the Experiences in Close Relationship Scale-Revised (ECR-R) (Fraley et al., 2000), the Desirability of Control Scale (DC) (Burger & Cooper, 1979), and the Marlowe-Crowne Social Desirability Scale (MCSD) (Crowne & Marlowe, 1960). The study attempted to answer two research questions. The first research question was whether adult Relationship Satisfaction was correlated with God Attachment (Avoidant and Anxious) and ACOA Status after controlling for Romantic Attachment (Avoidant and Anxious). The second research question explored whether God Attachment (Avoidant and Anxious) offers unique variance in Adult Relationship Satisfaction after accounting for variance associated with Romantic Attachment (Avoidant and Anxious).

To assess the first research question ANCOVA was used. Prior to running the ANCOVA two ANOVAs were completed to analyze the main effects and interaction effects of the independent variables on the dependent variable without accounting for the covariable(s). The first ANOVA analyzed the main effect of the independent variable of
ACOA status on the dependent variable of Relationship Satisfaction. It also analyzed the main effect of the independent variable of God Attachment-Anxious on the dependent variable of Relationship Satisfaction. In addition, the first ANOVA analyzed the interaction effect of the two independent variables of ACOA status and God Attachment-Anxious on Relationship Satisfaction. The second ANOVA analyzed the main effect of the independent variable of ACOA status on the dependent variable of Relationship satisfaction. It also analyzed the main effect of the independent variable of God Attachment-Avoidant on the dependent variable of Relationship Satisfaction. Finally, the second ANOVA analyzed the interaction effect of the two independent variables of ACOA status and God Attachment-Avoidant on Relationship Satisfaction.

The two-way between-subjects ANCOVA analyzed the main effect of the independent variable of ACOA status on the dependent variable of Relationship Satisfaction. The ANCOVA also analyzed the main effect of the independent variable of God Attachment on the dependent variable of Relationship Satisfaction. Additionally, the ANCOVA analyzed the interaction effect of the two independent variables of ACOA status and God Attachment on the dependent variable of Relationship Satisfaction. Any of the four covariates (i.e., Desire for Control, Social Desirability, Romantic Attachment-Anxious, and Romantic Attachment-Avoidant) that showed a correlation with Relationship Satisfaction were also included in these analyses. To assess the second research question a series of multiple regressions examined the unique variance provided by God Attachment in Relationship Satisfaction after accounting for the covariate(s).
Results

The results from the study are revealed. First, the findings from the demographics, preliminary analyses, and assumptions are presented. Next, the findings for the first research question are offered. This is followed by the findings for the second research question.

Demographics

Appendix N lists the demographic characteristics described below. A total of 267 participants completed the survey. Of the participants, 45 (16.9%) were male and 222 (83.1%) were female. They were between the ages of 21 and 66 with a mean age of 37 (SD=10.12347). The majority of the participants were Caucasian (76%) and the remaining 16.1% were Black/African American, 4.9% were Hispanic, 1.5% were Other, .7% were Native American, and .7% were Asian. A total of 233 participants (87.3%) had achieved the education level of Bachelors and the remaining 12% had achieved the education level of Masters, and .7% had achieved the education level of Doctorate.

The education level reported most frequently for the mother was high school at 45.7%. Other reported education levels ranged from none to PhD. The education level reported most frequently for the father was, also, high school at 40.4%. Other reported education levels for the father ranged from none to JD. Of the participants, 51.7% reported their current occupational level as employed full-time, 27.3% reported their current occupational level as employed part-time, and 21% reported their current occupational level as unemployed.
From the sample, 64.4% reported their current marital status as married, 19.1% as not married, 11.6% as divorced, 1.9% as cohabitating, 1.5% as separated, and 1.5% as widowed. The majority of participants had been married one time (60.3%) and the remaining had been married zero times (17.6%), two times (16.1%), three times (3.7%), five times (.4%), and twenty times (.4%). The length of longest adult relationship ranged from 0 years (3.0%) to 45 years (.4%) with a mean of 12.0962 and standard deviation of 9.65837.

The majority of the participants (38.6%) reported their religious affiliation to be Baptist while 32.2% reported being Other, 31.5% reported being Episcopal/Anglican, 8.6% reported being Pentecostal, 6.0% reported being Methodist, 3.7% reported No Religious affiliation, 2.2% reported being Roman Catholic, 1.5% reported being Seventh-Day Adventist, .7% reported being Lutheran, .5% reported being Presbyterian, .5% reported being Jewish, and .4% reported being Latter-Day Saints. 31.8% reported that the amount of people in their family of origin was four, 21.3% reported that it was five, 16.1 reported that it was six, 9.7% reported that it was seven, 9.7% reported that it was three, 3.7% reported that it was eight, 2.2% reported that it was two, 1.9% reported that it was nine, 1.1% reported that it was ten, .7% reported that it was fourteen, .4% reported that it was eleven, .4% reported that it was sixteen, and .4% reported that it was twenty-one. Nine participants (3.4%) reported that they were adopted.

From the sample, 58.8% reported their parent’s marital status as intact family of origin, 11.6% as divorced parents with neither remarried, 15.4% as divorced parents with one remarried, 15.4% as divorced parents with both remarried, 5.6% as never married, and 3.4% as separated parents. 47.6% reported their grandparents’ alcoholism status as
no alcoholic grandparents, 27.7% reported 1 alcoholic grandparent, 13.1% reported 2 alcoholic grandparents, 9% reported that they were unsure, 2.2% reported 3 alcoholic grandparents, and .4% reported 4 alcoholic grandparents. For abuse experienced in family of origin, 51.7% reported no abuse experienced, 41.6% reported verbal abuse experienced, 25.8% reported physical abuse experienced, and 13.9% reported sexual abuse experienced. For parental spousal abuse witnessed, 57.7% reported no violence witnessed, 38.2% reported verbal violence witnessed, and 25.47% reported physical violence witnessed. For parents’ relationship description, 48.7% reported the relationship as happy/normal, 28.1% as unhappy, 14.2% as abusive, and 8.6% as neglectful. 39% reported that they did consider that either of their parents ever had a drinking problem and 38.2% reported that they did consider that either of their parents may have or may have had an alcohol abuse problem. Of the participants, 96 (36%) qualified as ACOAs, while 171 (64%) qualified as non-ACOAs based on the results of the CAST. Of the ACOAs 78 (54%) were female and 18 (10%) were male. Of the non-ACOAs 144 (29%) were female and 27 (7%) were male.

The data also revealed that 159 (59.6%) participants were securely attached while 108 (40.4%) participants were insecurely attached to God. Of this, 54 ACOAs and 105 non-ACOAs were securely attached while 42 ACOAs and 66 non-ACOAs were insecurely attached to God. It also revealed that 191 (71.5%) of the participants were securely attached and 76 (28.6%) were insecurely attached in their Romantic Attachment style. Of this 67 ACOAs and 124 non-ACOAs reported secure while 29 ACOAs and 47 non-ACOAs were insecure Romantic Attachment.
Preliminary Analyses

Preliminary analyses on the demographic variables were completed to examine differences between the ACOA and non-ACOA groups. Table 1 lists the results described below. An alpha level of .01 was used to determine significance on all of these analyses.

Independent Sample T-tests of ACOA Status and Demographic Variables

The independent sample t-test of Gender was calculated with a 1 for male and a 2 for female. The following numbers were used for ethnicity: 1 African American, 2 Asian, 3 Native American, 4 Caucasian, 5 Hispanic, and 6 Other. The following numbers represented highest degree earned: 1 Bachelors, 2 Masters, 3 PhD, and 4 DMin. Current occupational status was represented by 1 Unemployed, 2 Employed full time, and 3 Employed part-time. Current marital status was defined as 1 Not Married, 2 Married, 3 Separated, 4 Divorced, 5 Widowed, and 6 Cohabitating. Religious affiliation was represented by 1 No Religious Affiliation, 2 Roman Catholic, 3 Lutheran, 4 Presbyterian, 5 Episcopal/Anglican, 6 Methodist, 7 Pentecostal, 8 Latter-Day Saints, 9 Seventh Day Adventist, 10 Baptist, 11 Judaism, and 12 Other. The answer for Were You Adopted was defined as 1 for yes and 2 for no. Parental Marital Status was represented by 1 Intact Family of Origin; 2 Separated Parents; 3 Divorced Parents, neither of whom have remarried; 4 Divorced Parents, one of whom has remarried; 5 Divorced Parents with both parents who have remarried; 6 Never married. Grandparent Alcoholism Status was denoted with a 1 for No alcoholic grandparents, 2 for One alcoholic grandparent, 3 for Two alcoholic grandparents, 4 for Three Alcoholic grandparents, 5 for Four or more alcoholic grandparents, and 6 Unsure. For parent’s relationship description the following
numbers represented the listed description: 1 Happy/Normal, 2 Unhappy, 3 Neglectful, 4 Abusive. The answers to the questions of Do You Consider the Either of Your Parents Were Alcoholic and Do You Consider that Either of Your Parent May Have or Have Had a Drinking Problem were represented by 1 for yes and 2 for no.

An independent sample $t$-test revealed no significant difference between ACOAs and non-ACOAs on the following demographic variables: gender $t(267) = -.618, p = .537$; age $t(267) = .517, p = .605$; ethnicity $t(267) = -.108, p = .914$; education level $t(267) = .496, p = .620$; current occupational status $t(267) = 1.083, p = .280$; current marital status $t(267) = .749, p = .455$; number of marriages $t(267) = -.193, p = .847$; length of longest adult relationship $t(267) = .603, p = .547$; religious affiliation $t(267) = .066, p = .948$; number of people in family of origin $t(267) = .647, p = .518$; and were you adopted $t(267) = 1.927, p = .055$.

In contrast, an independent sample $t$-test revealed a significant difference between the education level of the mother of ACOAs and non-ACOA controls, $t(267) = -2.931, p < .01 (p=.004)$, indicating that ACOAs reported significantly lower education levels for mothers than non-ACOAs. In addition, ACOAs and non-ACOA controls also differed in terms of education level of father, $t(267) = -3.230, p < .01 (p=.001)$, with ACOAs reporting significantly lower education levels for fathers than non-ACOAs. ACOAs and non-ACOA controls further significantly differed in terms of Parental Marital Status, $t(267) = 4.764, p < .01 (p=.000)$, with the ACOA group participants more likely to report divorced or never married parents. ACOAs and non-ACOA controls significantly differed in terms of Grandparent Alcoholism Status, $t(267) = 4.208, p < .01 (p=.000)$, with the ACOA group participants more likely to report alcoholic grandparents.
In addition, ACOAs and non-ACOA controls significantly differed in terms of Parents’ Relationship Description, \( t(267) = 6.602, p < .01 (p=.000) \), with the ACOA group participants more likely to describe their parents’ relationship as either neglectful or abusive or both. ACOAs and non-ACOA controls significantly differed in terms of whether they considered that either of their parents ever had a drinking problem, \( t(267) = -22.407, p < .01 (p=.000) \), with the ACOA group participants more likely to report yes to this query.

ACOAs and non-ACOA controls, also, significantly differed in terms of whether they considered that either of their parents may have, or may have had an alcohol abuse problem, \( t(267) = -21.142, p < .01 (p=.000) \). ACOA participants were more likely to report yes to this query than the non-ACOA control group.

Overall the characteristics of the participants in the ACOA group and the non-ACOA control group were similar until it came to the variables which could illuminate the difference between ACOAs and non-ACOAs. These included mother’s and father’s education level, parental marital status, grandparent alcoholism status, parents’ relationship description, and parental drinking and/or abuse problem.

**Table 1**

*Means, Standard Deviations, and Statistical Results for Demographic Variables*

<table>
<thead>
<tr>
<th></th>
<th>Total Sample</th>
<th>ACOAs M (SD)</th>
<th>Non-ACOAs M (SD)</th>
<th>F</th>
<th>p</th>
<th>t-values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>1.8315 (.37505)</td>
<td>1.8125 (.39236)</td>
<td>1.8421 (.36571)</td>
<td>1.496</td>
<td>.537</td>
<td>-.618</td>
</tr>
<tr>
<td>Age</td>
<td>37.1236 (.10.12347)</td>
<td>37.5521 (.9.33795)</td>
<td>36.8830 (.10.55787)</td>
<td>1.872</td>
<td>.605</td>
<td>.517</td>
</tr>
<tr>
<td>Variable</td>
<td>Value 1</td>
<td>Value 2</td>
<td>Value 3</td>
<td>Value 4</td>
<td>Value 5</td>
<td>Value 6</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>3.5730</td>
<td>3.5625</td>
<td>3.5789</td>
<td>1.099</td>
<td>.914</td>
<td>-.108</td>
</tr>
<tr>
<td></td>
<td>(1.19102)</td>
<td>(1.27165)</td>
<td>(1.14708)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Level</td>
<td>1.33(1.724)</td>
<td>1.40(2.018)</td>
<td>1.29(1.540)</td>
<td>.869</td>
<td>.620</td>
<td>.496</td>
</tr>
<tr>
<td>Education Level-Mother</td>
<td>10.40(2.917)</td>
<td>9.71(2.733)</td>
<td>10.78(2.954)</td>
<td>6.291</td>
<td>.004</td>
<td>-2.931</td>
</tr>
<tr>
<td>Education Level-Father</td>
<td>10.50(3.568)</td>
<td>9.57(3.311)</td>
<td>11.02(3.611)</td>
<td>7.337</td>
<td>.001</td>
<td>-3.230</td>
</tr>
<tr>
<td>Current Occupational Status</td>
<td>2.0674(.69039)</td>
<td>2.1250(.69962)</td>
<td>2.0292(.68965)</td>
<td>.968</td>
<td>.280</td>
<td>1.083</td>
</tr>
<tr>
<td>Current Marital Status</td>
<td>2.1760(1.03823)</td>
<td>2.2396(1.08332)</td>
<td>2.1404(1.01353)</td>
<td>.312</td>
<td>.455</td>
<td>.749</td>
</tr>
<tr>
<td>Number of Marriages</td>
<td>1.1483(1.03823)</td>
<td>1.1263(.70322)</td>
<td>1.1607(1.65001)</td>
<td>1.024</td>
<td>.847</td>
<td>-.193</td>
</tr>
<tr>
<td>Length of Longest Adult</td>
<td>12.0962(9.65837)</td>
<td>12.5806(9.44011)</td>
<td>11.8263(9.79549)</td>
<td>.141</td>
<td>.547</td>
<td>.603</td>
</tr>
<tr>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religious Affiliation</td>
<td>9.2755(3.01064)</td>
<td>9.2917(3.05706)</td>
<td>9.2663(2.99307)</td>
<td>.001</td>
<td>.948</td>
<td>.066</td>
</tr>
<tr>
<td>Number of People in Family</td>
<td>5.2105(2.12639)</td>
<td>5.3229(2.50261)</td>
<td>5.1471(1.88630)</td>
<td>2.267</td>
<td>.518</td>
<td>.647</td>
</tr>
<tr>
<td>of Origin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you adopted</td>
<td>1.9773(2.1239)</td>
<td>2.0104(.17740)</td>
<td>1.9583(.22835)</td>
<td>3.954</td>
<td>.055</td>
<td>1.927</td>
</tr>
<tr>
<td>Parental Marital Status</td>
<td>2.3774(1.80934)</td>
<td>3.0638(1.89401)</td>
<td>2.000(1.64853)</td>
<td>10.984</td>
<td>.000</td>
<td>4.764</td>
</tr>
<tr>
<td>Grandparent Alcoholism Status</td>
<td>2.0712(1.47364)</td>
<td>2.5625(1.52047)</td>
<td>1.7953(1.37592)</td>
<td>3.188</td>
<td>.000</td>
<td>4.208</td>
</tr>
</tbody>
</table>
Parents’ Relationship Description

<table>
<thead>
<tr>
<th>Do you consider that either of your parents ever had a drinking problem?</th>
<th>1.8835 (1.06645)</th>
<th>2.4211 (1.13530)</th>
<th>1.5848 (.89941)</th>
<th>16.794</th>
<th>.000</th>
<th>6.602</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider that either of your parents may have, or may have had an alcohol abuse problem?</td>
<td>1.6090 (.48889)</td>
<td>1.0833 (.27784)</td>
<td>1.9059 (.29285)</td>
<td>.348</td>
<td>.000</td>
<td>-22.407</td>
</tr>
<tr>
<td>Chi Square Test of ACOA Status and God Attachment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In order to ensure there was no statistical difference between the ACOA and non-ACOA groups on the independent variable of God Attachment a chi square test for independence (with Yates Continuity correction) was done. As shown in Tables 2 and 3 below, chi-square results indicated no significant relationship between ACOA status and AGI Attachment Style, $\chi^2 (1, N = 267) = .48, p = .48, \phi = -.05$. Using Cohen’s (1988) criteria of .10 for small effect, .30 for medium effect, and .50 for large effect, according to the results, a phi coefficient of -.05 further confirms a very small effect or association between the two variables. These results support the hypothesis that the ACOA and non-ACOA groups did not significantly differ on the independent variable of God Attachment.
Table 2

*Chi Square Analysis for God Attachment: AGIAttachmentStyle*ACOAStatus*

<table>
<thead>
<tr>
<th>ACOA Status</th>
<th>ACOAs</th>
<th>Non-ACOAs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGI Attachment Style</td>
<td>Count</td>
<td>Count</td>
<td>Count</td>
</tr>
<tr>
<td>Secure Attachment</td>
<td>54</td>
<td>105</td>
<td>159</td>
</tr>
<tr>
<td>% within AGI</td>
<td>34.0%</td>
<td>66.0%</td>
<td>100%</td>
</tr>
<tr>
<td>% within ACOA Status</td>
<td>56.3%</td>
<td>61.4%</td>
<td>59.6%</td>
</tr>
<tr>
<td>% of Total</td>
<td>20.2%</td>
<td>39.3%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Insecure Attachment</td>
<td>Count</td>
<td>42</td>
<td>66</td>
</tr>
<tr>
<td>% within AGI</td>
<td>38.9%</td>
<td>61.1%</td>
<td>100%</td>
</tr>
<tr>
<td>% within ACOA Status</td>
<td>43.8%</td>
<td>38.6%</td>
<td>40.4%</td>
</tr>
<tr>
<td>% of Total</td>
<td>15.7%</td>
<td>24.7%</td>
<td>40.4%</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>96</td>
<td>171</td>
</tr>
<tr>
<td>% within AGI</td>
<td>36.0%</td>
<td>64.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% within ACOA Status</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% of Total</td>
<td>36.0%</td>
<td>64.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Note: AGI = Attachment to God Inventory*

Table 3

*Chi Square Results for God Attachment: AGIAttachmentStyle*ACOAStatus*

<table>
<thead>
<tr>
<th>Value</th>
<th>df</th>
<th>Asymp. p</th>
<th>Exact p (2-sided)</th>
<th>Exact p (1-sided)</th>
<th>Approx. p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson Chi-Square</td>
<td>.678a</td>
<td>1</td>
<td>.410</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuity Correctionb</td>
<td>.481</td>
<td>1</td>
<td>.488</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Likelihood Ratio</td>
<td>.676</td>
<td>1</td>
<td>.411</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fisher’s Exact Test</td>
<td></td>
<td></td>
<td>.437</td>
<td>.244</td>
<td></td>
</tr>
<tr>
<td>Linear-by-Linear Association</td>
<td>.675</td>
<td>1</td>
<td>.411</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nominal by Nominal Phi</td>
<td>-.050</td>
<td></td>
<td></td>
<td></td>
<td>.410</td>
</tr>
</tbody>
</table>
Cramer’s V  .050
N of Valid Cases  267

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 38.83.

b. Computed only for a 2x2 table.

**Pearson Correlation Coefficients of Covariates and Relationship Satisfaction**

To determine which covariates significantly correlated with Relationship Satisfaction Pearson correlation coefficients were used to detect linear relationships. These results are presented in Table 4 below. The covariates of Romantic Attachment-Anxious \( (r = -.580, p=.000) \) and Romantic Attachment-Avoidant \( (r = -.637, p=.000) \) were found to negatively correlate with Relationship Satisfaction. Due to this significant correlation, they will be included as covariates in the statistical analyses. The covariate of Social Desirability was not found to significantly correlate with Relationship Satisfaction \( (r =-.073, p=.235) \). Thus it was not included as a covariate in the ANCOVA or multiple regression procedures. The covariate of Desire for Control was, also, not found to significantly correlate with Relationship Satisfaction \( (r =-.009, p=.884) \). It was, also, not included as a covariate in the ANCOVA or multiple regression procedures.

Pearson correlation coefficients between all of the covariates may be used to determine whether they correlate with each other since this can reduce the independence of the covariates (Pallant, 2007). However, due to only one covariate correlating with the dependent variable of Relationship Satisfaction, running Pearson correlation coefficients between all pairs of covariates was not necessary. Pearson correlation coefficients were run for Romantic Attachment-Anxious and Romantic Attachment-Avoidant covariates and each of the discarded covariates, Desire for Control and Social Desirability. The
covariate of Romantic Attachment-Avoidant was found to not correlate with the covariate of Desire for Control ($r = -.003, p=.955$) or Social Desirability ($r = .073, p=.233$). The covariate of Romantic Attachment-Anxious was found to not correlate with the covariate of Desire for Control ($r = -.067, p=.274$) but was found to highly correlate with the covariate of Social Desirability ($r = .237, p=.000$) which provides further justification for one of these covariates being removed. As Social Desirability did not correlate with the dependent variable, Relationship Satisfaction, it was removed.

From these results, it was determined that Romantic Attachment-Avoidant and Romantic Attachment-Anxious should be included as covariates due to the significant negative correlation displayed with Relationship Satisfaction. It was, also, determined that Desire for Control and Social Desirability should not be included as covariates due to no significant correlation between these covariates and Relationship Satisfaction being discovered. Of additional interest is the finding that Romantic Attachment Avoidant and Romantic Attachment Anxious were found to have a significant negative correlation ($r = -.284, p=.000$).

### Table 4

*Pearson Correlation Coefficients of Relationship Satisfaction and Covariates*

<table>
<thead>
<tr>
<th></th>
<th>Rom Attach-Anxious</th>
<th>Rom Attach-Avoid</th>
<th>Relationship Satisfaction</th>
<th>Social Desirability</th>
<th>Desire for Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rom Attach-Anxious</td>
<td>$M= 55.4532$, $SD=27.6765$</td>
<td>1</td>
<td>-.284* ($p=.000$)</td>
<td>-.580* ($p=.000$)</td>
<td>.237* ($p=.000$)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-.067 ($p=.274$)</td>
</tr>
<tr>
<td></td>
<td>Rom Attach-Avoid</td>
<td>Relationship Satisfaction</td>
<td>Social Desirability</td>
<td>Desire for Control</td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>------------------</td>
<td>---------------------------</td>
<td>--------------------</td>
<td>--------------------</td>
<td></td>
</tr>
<tr>
<td>M=78.4457, SD=11.39284</td>
<td>-.284* ( p=.000 )</td>
<td>-.580* ( p=.000 )</td>
<td>.237* ( p=.000 )</td>
<td>-.067 ( p=.274 )</td>
<td></td>
</tr>
<tr>
<td>SD=11.39284</td>
<td>1</td>
<td>-.637* ( p=.000 )</td>
<td>.073 ( p=.233 )</td>
<td>-.003 ( p=.995 )</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.073 ( p=.235 )</td>
<td>1</td>
<td>.073 ( p=.235 )</td>
<td>.014 ( p=.818 )</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.003 ( p=.995 )</td>
<td>-.009 ( p=.884 )</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the 0.01 level (2 tailed)*

**Note.** \( N=267 \). Rom Attach-Anx= Experiences in Close Relationships Revised Anxious Subscale; Rom Attach-Avoid= Experiences in Close Relationships Revised Avoidant Subscale.

The first research question and its hypotheses were addressed using a 2 x 2 between groups analysis of covariance (ANCOVA) to assess God Attachment style on Relationship Satisfaction for ACOAs and non-ACOAs after controlling for the covariables. The independent variables were ACOA status (ACOA, Non-ACOA) determined by scores on the CAST and God Attachment (Secure, Insecure) determined by scores on the AGI. The dependent variable was Relationship Satisfaction as determined by scores on the Relationship Satisfaction Scale (RSAT). Pearson correlation
coefficients were utilized to evaluate Romantic Attachment-Avoidant, Romantic Attachment-Anxious, Need for Control, and Social Desirability as covariates. It was determined that Romantic Attachment-Avoidant and Romantic Attachment-Anxious would be included as covariates as measured by scores on the Experiences in Close Relationships Revised Questionnaire (ECRR).

Three hypotheses were derived for this research question: (1) Does ACOA status correlate with lower levels of relationship satisfaction than in Non-ACOAs?; (2) Does secure attachment to God correlate with higher levels of relationship satisfaction in the ACOA and the non-ACOA groups?; and (3) Do ACOA status and God attachment have a moderating effect on adult relationship satisfaction? This third hypothesis examined whether ACOAs with secure attachment to God would have higher relationship satisfaction than ACOAs and non-ACOAs with insecure attachment to God but not higher than non-ACOAs with secure attachment to God.

There are several assumptions that must be met when using the ANCOVA (Pallant, 2007). The level of measurement assumption contends that the dependent variable, Relationship Satisfaction, should be a continuous variable. This assumption is met. The independence of observation assumption asserts that the observations or measurements that produce the data for the study should not be influenced by any other observation or measurement. Since participants for this study worked independently and not in pairs or small groups, there is a low potential for this assumption being violated. The influence of treatment on covariate measurement assumption states that the covariates should be measured before treatment or experimental manipulation is applied.
to the sample. Since no treatment is being applied to the sample this assumption will not be violated.

Checks of additional assumptions associated with the ANCOVA were conducted to determine that there was no violation of normal distribution of scores for each group (see Table 5, Figures 3, 4, 5, 6, 7, 8, 9), homogeneity of variance (Table 6), reliability of covariates (Table 7), correlations among covariates (see Table 4), reliability of variance (Table 8), linearity (see Table 4, Figure 7), and homogeneity of regression slopes (see Table 9). Both the Shapiro-Wilks W Test and the Kolmogorov-Smirnov Test were used to evaluate normality for the distribution of scores in the ACOA and Non-ACOA groups. The results revealed that the distribution of scores were normal except for the ECR-R Anxious Subscale in the Non-ACOAs, the ECR-R Avoidant subscale in both groups, the Social Desirability (MCSD) scores in the Non-ACOAs, the AGIAAnx scores in the Non-ACOAs, and the Relationship Satisfaction (RSAT) scores in both groups. Due to this, histograms were completed on these assessments for these groups. The results are displayed in Figures 3, 4, 5, 6, 7, 8, and 9.

The histogram for the ECR-R Avoidant Subscale scores in the ACOAs revealed that the scores were slightly positively skewed with one high outlier. The histogram for the ECR-R Avoidant Subscale scores in the Non-ACOAs revealed that the scores were slightly positively skewed with a couple of high outliers. The histogram for ECR-R Anxious Subscale scores in the Non-ACOAs revealed that the scores were slightly positively skewed. The histogram for the MCSD scores in the Non-ACOAs revealed that the scores were relatively normally distributed but there was one high outlier. The histogram for the AGIANX scores in the Non-ACOAs revealed that the scores were
slightly positively skewed. The histogram for the RSAT scores in the ACOA group revealed that the scores were negatively skewed. Finally, the histogram for the RSAT scores in the Non ACOA group revealed that the scores were also negatively skewed.

While these findings have implication for interpreting the results of the ANCOVA, it is important to note that any violations of the assumption of normal distribution can be tolerated with a sample size of 30 or more per group (Pallant, 2007). Since the ACOA and non-ACOA groups (N=96 and 171, respectively) are large enough the violations of this assumption can be tolerated.

Table 5

Kolmogorov-Smirnov and Shapiro-Wilk’s W Tests for Normality for the Distribution of Scores in the ACOA and Non-ACOA Groups

<table>
<thead>
<tr>
<th>Tests of Normality</th>
<th>Kolmogorov-Smirnov(^a)</th>
<th>Shapiro-Wilk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Statistic</td>
<td>df</td>
</tr>
<tr>
<td>ECRRAnx ACOA</td>
<td>.084</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>non-ACOA</td>
<td>171</td>
</tr>
<tr>
<td>ECRRAvoid ACOA</td>
<td>.122</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>non-ACOA</td>
<td>171</td>
</tr>
<tr>
<td>DCScale ACOA</td>
<td>.074</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>non-ACOA</td>
<td>171</td>
</tr>
<tr>
<td>MCSD ACOA</td>
<td>.102</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>non-ACOA</td>
<td>171</td>
</tr>
<tr>
<td>AGIANX ACOA</td>
<td>.091</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>non-ACOA</td>
<td>171</td>
</tr>
<tr>
<td>AGIAVOID ACOA</td>
<td>.071</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>non-ACOA</td>
<td>171</td>
</tr>
<tr>
<td>RSAT ACOA</td>
<td>.159</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>non-ACOA</td>
<td>171</td>
</tr>
</tbody>
</table>
Note. ECRAnx= Experiences in Close Relationships Revised Anxious Subscale; ECRRAvoid= Experiences in Close Relationships Revised Avoidant Subscale; DCScale= Desire of Control Scale; MCSD= Marlowe Crowne Social Desirability Scale; AGIANX= Attachment to God Inventory Anxious Subscale; AGIAVOID= Attachment to God Inventory Avoidant Subscale; RSAT= Relationship Satisfaction Questionnaire

a. Lilliefors Significance Correction

*. This is a lower bound of the true significance.

Figure 3: Histogram of Distribution of ECR Avoidant Subscale Score in ACOAs
Figure 4: Histogram of Distribution of ECR Avoidant Subscale in Non-ACOAS

Histogram

Mean = 47.70
Std. Dev. = 22.485
N = 171
Figure 5: Histogram of Distribution of ECR-R Anxious Subscale in Non-ACOAs

Histogram

Mean = 53.82
Std. Dev. = 27.327
N = 171
Figure 6: Histogram of Distribution of MCSD Scores in Non-ACOAs

Mean = 17.9238
Std. Dev. = 3.06513
N = 171
Figure 7: Histogram of Distribution of AGIANx Scores in Non-ACOAs

- Mean = 41.6784
- Std. Dev. = 17.0934
- N = 171
Figure 8: Histogram of Distribution of RSAT Scores in ACOAs

Mean = 37.333
Std. Dev. = 10.3595
N = 96
The Leverne Test was used to evaluate homogeneity of variance and the test was not significant for any of the assessments used in the study (Table 6). This suggests that the variability of scores on the assessments for the two groups, ACOAs and Non-ACOAs, is similar and the assumption of homogeneity of variance was not violated.
Table 6

*Homogeneity of Variance-Leverne Test*

<table>
<thead>
<tr>
<th>Related</th>
<th>Variability Assumption</th>
<th>2-Tailed p</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>Mean Diff</th>
<th>Std Error Diff</th>
<th>95% Conf. Interval of the Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>p</td>
<td></td>
<td>t</td>
<td>df</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AGIANX</td>
<td>Equal Variances assumed</td>
<td>.584</td>
<td>.445</td>
<td>.722</td>
<td>265</td>
<td>.471</td>
<td>1.63414</td>
<td>2.26184</td>
</tr>
<tr>
<td></td>
<td>Equal Variances not assumed</td>
<td>.703</td>
<td>181.524</td>
<td>.483</td>
<td>1.63414</td>
<td>2.32421</td>
<td>-.295180</td>
<td>6.22008</td>
</tr>
<tr>
<td>AGIAVOID</td>
<td>Equal Variances assumed</td>
<td>.872</td>
<td>.351</td>
<td>1.317</td>
<td>265</td>
<td>.189</td>
<td>2.08425</td>
<td>1.58303</td>
</tr>
<tr>
<td></td>
<td>Equal Variances not assumed</td>
<td>1.290</td>
<td>185.155</td>
<td>.199</td>
<td>2.08425</td>
<td>1.61598</td>
<td>-1.10385</td>
<td>5.27234</td>
</tr>
<tr>
<td>DCScale</td>
<td>Equal Variances assumed</td>
<td>.051</td>
<td>.822</td>
<td>2.961</td>
<td>265</td>
<td>.003</td>
<td>4.58425</td>
<td>1.54808</td>
</tr>
<tr>
<td></td>
<td>Equal Variances not assumed</td>
<td>2.950</td>
<td>194.613</td>
<td>.004</td>
<td>4.58425</td>
<td>1.55423</td>
<td>1.51895</td>
<td>7.64954</td>
</tr>
<tr>
<td>ECRR-Anx</td>
<td>Equal Variances assumed</td>
<td>.096</td>
<td>.756</td>
<td>1.285</td>
<td>265</td>
<td>.200</td>
<td>.25164</td>
<td>.19585</td>
</tr>
<tr>
<td></td>
<td>Equal Variances not assumed</td>
<td>1.274</td>
<td>191.788</td>
<td>.204</td>
<td>.25164</td>
<td>.19759</td>
<td>-.13809</td>
<td>.64138</td>
</tr>
<tr>
<td>ECRR-Avoid</td>
<td>Equal Variances assumed</td>
<td>.342</td>
<td>.559</td>
<td>.315</td>
<td>265</td>
<td>.753</td>
<td>.02549</td>
<td>.08086</td>
</tr>
<tr>
<td></td>
<td>Equal Variances not assumed</td>
<td>.315</td>
<td>197.176</td>
<td>.753</td>
<td>.02549</td>
<td>.08086</td>
<td>-.13389</td>
<td>.18488</td>
</tr>
<tr>
<td>MCSD</td>
<td>Equal Variances assumed</td>
<td>.338</td>
<td>.561</td>
<td>.231</td>
<td>265</td>
<td>.817</td>
<td>.09101</td>
<td>.39352</td>
</tr>
<tr>
<td></td>
<td>Equal Variances not assumed</td>
<td>.230</td>
<td>193.904</td>
<td>.818</td>
<td>.09101</td>
<td>.39557</td>
<td>-.68916</td>
<td>.87117</td>
</tr>
<tr>
<td>RSAT</td>
<td>Equal Variances assumed</td>
<td>.654</td>
<td>.419</td>
<td>.755</td>
<td>265</td>
<td>.451</td>
<td>1.05848</td>
<td>1.40125</td>
</tr>
<tr>
<td></td>
<td>Equal Variances not assumed</td>
<td>.775</td>
<td>211.900</td>
<td>.439</td>
<td>1.05848</td>
<td>1.36663</td>
<td>-1.63546</td>
<td>3.75242</td>
</tr>
</tbody>
</table>
To evaluate the reliability of covariates, Cronbach’s alphas were calculated for each scale used to assess the covariates (Table 7). The internal consistency of the Marlowe-Crowne Social Desirability Scale (MCSD) for this sample was .307. Consequently, readers should evaluate any results involving the MCSD with caution as participant responses may not be consistent with actual social desirability. The internal consistency for the Desirability of Control Scale (DC Scale) for this sample was .745. The internal consistency for the Experiences in Close Relationships Scale Revised (ECR-R) Anxious Subscale was .955 while internal consistency for the Avoidant Subscale was .951. The relationship between each covariate, Social Desirability, Desire for Control, Romantic Attachment-Avoidant and Romantic Attachment-Anxious, was evaluated for linearity by Pearson Correlation Coefficients and the results were previously discussed.

To recap, correlations among covariates revealed that Romantic Attachment-Avoidant and Desire for Control did not strongly correlate ($r = -.003$), Romantic Attachment-Avoidant and Social Desirability did not strongly correlate ($r = .073$), Romantic Attachment-Anxious and Desire for Control did not strongly correlate ($r = .274$), Romantic Attachment-Anxious and Social Desirability did correlate at the 0.01 level but not strongly ($r = .237$), and Desire for Control and Social Desirability did not significantly correlate ($r = .014$). Thus only the covariates of Romantic Attachment-Anxious ($r = -.580, p = .000$) and Romantic Attachment-Avoidant ($r = -.637, p = .000$) will be included in the data analysis since they are the only covariates that correlated with
the dependent variable of Relationship Satisfaction. The ECR-R which was used to assess the variables of Romantic Attachment-Anxious and Romantic Attachment-Avoidant did display high internal consistency of .955 and .951 respectively with this sample.

**Table 7**

*Reliability of Covariates-Cronbach’s Alphas for Each Assessment*

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marlowe-Crown Social Desirability Scale</td>
<td>.307</td>
</tr>
<tr>
<td>Desirability of Control Scale</td>
<td>.745</td>
</tr>
<tr>
<td>Experiences in Close Relationships Anxious Subscale</td>
<td>.955</td>
</tr>
<tr>
<td>Experiences in Close Relationships Avoidant Subscale</td>
<td>.951</td>
</tr>
</tbody>
</table>

To evaluate the reliability of variance Cronbach’s alphas were calculated for each assessment used to assess the variables (Table 8). The internal consistency of the Children of Alcoholics Screening Test (CAST) for this sample was .965. The internal consistency for the Attachment to God Inventory (AGI) Anxious Subscale was .847 while the internal consistency for the Attachment to God Inventory (AGI) Avoidant Subscale was .921 for this sample. The internal consistency for the Relationship Satisfaction Questionnaire (RSAT) was .947. The internal consistency for this sample on all three of these assessments was very high.
Table 8

Reliability of Variance-Cronbach’s Alphas for Each Assessment

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children of Alcoholics Screening Test (CAST)</td>
<td>.965</td>
</tr>
<tr>
<td>Attachment to God Inventory (AGI)-Anxious Subscale</td>
<td>.847</td>
</tr>
<tr>
<td>Attachment to God Inventory (AGI)-Avoidant Subscale</td>
<td>.921</td>
</tr>
<tr>
<td>Relationship Satisfaction Questionnaire (RSAT)</td>
<td>.947</td>
</tr>
</tbody>
</table>

Linearity between the dependent variable of Relationship Satisfaction and the only covariates that will be used in the data analysis, Romantic Attachment-Avoidant and Romantic Attachment-Anxious, were assessed by Pearson correlation coefficients (Table 4) and by simple Scatterplots (Figures 10 and 11). The results revealed that Relationship Satisfaction and Romantic Attachment-Anxious and Relationship Satisfaction and Romantic Attachment-Avoidant did have linear relationships.
Figure 10: Scatterplot Assessing Linearity of Relationship Satisfaction and Romantic Attachment-Anxious

\[ \text{ACOA Status} \]
- ACOA
- NonACOA

\[ \text{ACOA: } R^2 \text{ Linear} = 0.465 \]
\[ \text{NonACOA: } R^2 \text{ Linear} = 0.315 \]
The homogeneity of regression slopes was evaluated between each covariate, Social Desirability, Desire for Control, Romantic Attachment-Anxious, and Romantic Attachment-Avoidant and the dependent variable of Relationship Satisfaction for each group. The results revealed the significance levels for the interactions were not less than or equal to .05. Thus, the interactions were not statistically significant and did not violate this assumption (Table 9).
Table 9

Homogeneity of Regression Slopes-Univariate Analysis of Variance for Each Covariate and Relationship Satisfaction in the ACOA and non-ACOA groups

<table>
<thead>
<tr>
<th>Dependent Variable: Relationship Satisfaction (RSAT)</th>
<th>Univariate Analysis of Variance p</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOA Status * Social Desirability (MCSD)</td>
<td>.728</td>
</tr>
<tr>
<td>ACOA Status * Desire for Control (DCScale)</td>
<td>.842</td>
</tr>
<tr>
<td>ACOA Status * Rom Attach-Avoidant (ECR-R)</td>
<td>.908</td>
</tr>
<tr>
<td>ACOA Status * Rom Attach-Anxious (ECR-R)</td>
<td>.974</td>
</tr>
</tbody>
</table>

Note: MCSD= Marlowe Crowne Social Desirability Scale; DCScale= Desirability of Control Scale; Rom Attach-Avoidant (ECR-R)= Experiences in Close Experiences-Revised Avoidant Subscale; Rom Attachment-Anxious (ECR-R)= Experiences in Close Experiences-Revised Anxious Subscale.

As the preliminary analyses revealed that the data obtained did not violate the assumptions for an ANCOVA, the 2 X 2 between-groups analysis of covariance was conducted to determine two main effects and an interaction effect. The two main effects evaluated the significance of ACOA status and the effect of God Attachment style on Relationship Satisfaction. The interaction effect evaluated the significance of the ACOA status and God Attachment on Relationship Satisfaction. In conjunction with the ANCOVA, Leverne’s Test for homogeneity of variance (Table 10) was performed on the groups for the ANCOVA and returned a significance value of .026, indicating that variance on Relationship Satisfaction for each of the groups did not differ (<.05). Each group was then evaluated for skewness and kurtosis (Table 11). Because all values fell within -2.0 and +2.0 the ANCOVA proceeded. In fact, the majority of the values fell
within the excellent range of -1.0 to +1.0. It should be noted that, although both the ACOA and non ACOA Secure Style Groups had a slight negative skewness (-1.463 and -1.260, respectively) any violations of the assumption of normal distribution can be tolerated with a sample size of 30 or more per group (Pallant, 2007).

**Table 10**

*Leverne’s Test of Equality of Variances*\(^a\) *for the Dependent Variable of Relationship Satisfaction*

<table>
<thead>
<tr>
<th>Dependent Variable: RSAT</th>
<th>F</th>
<th>df1</th>
<th>df2</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.142</td>
<td>3</td>
<td>263</td>
<td>.026</td>
</tr>
</tbody>
</table>

*Note:* RSAT= Relationship Satisfaction Questionnaire; ROMANX= Experiences in Close Relationships-Revised Anxious Subscale; ROMAVOID= Experiences in Close Relationships-Revised Avoidant Subscale; AGI= Attachment to God Inventory

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.

\(^a\) Design: Intercept + ROMANX +ROMAVOID + ACOAStatus + AGI + ACOAStatus * AGI

**Table 11**

*Skewness and Kurtosis of Relationship Satisfaction in Each Group*

<table>
<thead>
<tr>
<th></th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOA &amp; Secure</td>
<td>-1.463</td>
<td>1.683</td>
</tr>
<tr>
<td>ACOA &amp; Insecure</td>
<td>-.602</td>
<td>-.369</td>
</tr>
<tr>
<td>Non-ACOA &amp; Secure</td>
<td>-1.260</td>
<td>.732</td>
</tr>
<tr>
<td>Non-ACOA &amp; Insecure</td>
<td>-.580</td>
<td>-.782</td>
</tr>
</tbody>
</table>
Findings Related to Research Question 1

The results from the two ANOVAs run in this study are explored in this section. Descriptive statistics from the ANCOVA are presented. Finally, the results of the main effects and interaction effect obtained in the ANCOVA are reviewed.

ANOVA Results

Prior to running the ANCOVA, two ANOVAs were run and assessed to evaluate the effects of ACOA status and God Attachment-Anxious and ACOA status and God Attachment-Avoidant on Relationship Satisfaction without the covariate of Romantic Attachment. This provided a supplementary understanding of the relationship of God Attachment-Anxious and God Attachment-Avoidant on Relationship Satisfaction before controlling for the covariate of Romantic Attachment.

For God Attachment-Anxious it was discovered that the main effect of God Attachment-Anxious was statistically significant $F (1, 267) = 1.615, p = .006$ while the main effect of ACOA status was not $F (1, 267) = 1.615, p=.346$. These results suggest that although the degree of ACOA status does not correlate significantly with Relationship Satisfaction, the variable of God Attachment-Anxious does. A significant interaction effect between ACOA status and God Attachment-Anxious was not revealed, $F (1, 267) = 71.383, p=.935$ (p is not ≤ .05). The data uncovered no interaction between ACOA status and God Attachment Style which appears to provide evidence that the change in Relationship Satisfaction correlates primarily with God Attachment-Anxious. The results can be viewed in Table 12 below.
Table 12

ANOVA (Tests of Between-Subjects Effects) ACOA Status by God Attachment-Anxious on Relationship Satisfaction

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
<th>Eta²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>15444.941</td>
<td>110</td>
<td>140.409</td>
<td>1.318</td>
<td>.056</td>
<td>.482</td>
</tr>
<tr>
<td>Intercept</td>
<td>214172.991</td>
<td>1</td>
<td>214172.991</td>
<td>2010.850</td>
<td>.000</td>
<td>.928</td>
</tr>
<tr>
<td>Main Effects:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status</td>
<td>95.177</td>
<td>1</td>
<td>95.177</td>
<td>.894</td>
<td>.346</td>
<td>.006</td>
</tr>
<tr>
<td>AGIANX</td>
<td>11524.873</td>
<td>67</td>
<td>172.013</td>
<td>1.615</td>
<td>.008</td>
<td>.410</td>
</tr>
<tr>
<td>2-Way Interaction Effect:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status * AGIANX</td>
<td>2998.067</td>
<td>42</td>
<td>71.383</td>
<td>.670</td>
<td>.935</td>
<td>.153</td>
</tr>
<tr>
<td>Error</td>
<td>16615.358</td>
<td>156</td>
<td>106.509</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>390807.000</td>
<td>267</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>32060.300</td>
<td>266</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: AGIANX = Attachment to God Inventory Anxious Subscale

For God Attachment-Avoidant it was discovered that the main effect of God Attachment-Avoidant was not statistically significant $F(1, 267) = 1.182, p = .278$. The main effect of ACOA status was also not statistically significant $F(1, 267) = 1.184, p=.278$. These results suggest that the degree of ACOA status and the variable of God Attachment-Avoidant do not correlate significantly with Relationship Satisfaction. In addition, a significant interaction effect between ACOA status and God Attachment-Anxious was not revealed, $F(1, 267) = .862, p=.694 (p \text{ is not} \leq .05)$. The results can be viewed in Table 13 below.
The results appear to reveal that while God Attachment-Anxious has a significant effect on Relationship Satisfaction, God Attachment-Avoidant did not. However, as Romantic Attachment was shown to significantly correlate with these participants’ Relationship Satisfaction an ANCOVA that controls for Romantic Attachment is necessary to reveal whether there are significant main and interaction effects. This will reveal a more thorough understanding of the relationship between the independent variables of God Attachment and ACOA Status and the dependent variable of Relationship Satisfaction.

Table 13

ANOVA (Tests of Between-Subjects Effects) ACOA Status by God Attachment-Avoidant on Relationship Satisfaction

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
<th>Eta²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>11311.146</td>
<td>89</td>
<td>127.092</td>
<td>1.084</td>
<td>.322</td>
<td>.353</td>
</tr>
<tr>
<td>Intercept</td>
<td>204282.323</td>
<td>1</td>
<td>204282.323</td>
<td>1742.624</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Main Effects:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status</td>
<td>138.804</td>
<td>1</td>
<td>138.804</td>
<td>1.184</td>
<td>.278</td>
<td>.007</td>
</tr>
<tr>
<td>AGIAVOID</td>
<td>7207.055</td>
<td>52</td>
<td>138.597</td>
<td>1.182</td>
<td>.212</td>
<td>.258</td>
</tr>
<tr>
<td>2-Way Interaction Effect:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status * AGIAVOID</td>
<td>3637.900</td>
<td>36</td>
<td>101.053</td>
<td>.862</td>
<td>.694</td>
<td>.149</td>
</tr>
<tr>
<td>Error</td>
<td>20749.153</td>
<td>177</td>
<td>117.227</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>390807.000</td>
<td>267</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>32060.300</td>
<td>266</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. R squared = .353 (Adjusted R Squared = .027)

Note: AGIAVOID=Attachment to God Inventory Avoidance Subscale
Descriptive Statistics of the ANCOVA

The graph of ACOA Status by God Attachment on the dependent variable of Relationship Satisfaction is displayed in Figure 11 below. From this and from the descriptive statistics in Table 14 (below), it should be noted that ACOAs who reported a secure God Attachment style ($\bar{x} = 41.333, SD=8.39137$) scored slightly higher than the Non-ACOA group who reported a secure God Attachment style ($\bar{x} =38.6667, SD=10.43539$) on the measurement of Relationship Satisfaction. The non-ACOAS who reported an insecure God Attachment style ($\bar{x} =32.4697, SD=11.71090$), scored slightly higher on the measurement of Relationship Satisfaction than did the ACOAs who reported an insecure God Attachment style ($\bar{x} =32.1905, SD=10.46303$).

In addition, the ACOA group who reported a secure God Attachment style ($\bar{x} =41.333, SD=8.39137$) scored higher on Relationship Satisfaction than the ACOA group who reported an insecure God Attachment style ($\bar{x} =32.1905, SD=10.46303$). The non-ACOA group who reported a secure God Attachment style ($\bar{x} =38.6667, SD=10.43539$) scored higher on Relationship Satisfaction than the non-ACOA group who reported an insecure God Attachment style ($\bar{x} =32.4697, SD=11.71090$). Finally, both the non-ACOA group ($\bar{x} =38.6667, SD=10.43539$) and the ACOA group who reported a secure God Attachment style ($\bar{x} =41.3333, SD=8.39137$) scored higher on Relationship Satisfaction than either the ACOA group who reported an insecure God Attachment style ($\bar{x} =32.1905, SD=10.46303$) or the Non-ACOA group who reported an insecure God Attachment style ($\bar{x} =32.4697, SD=11.71090$).
Table 14
Descriptive Statistics for Two Way Analysis of Variance: ACOA Status by God Attachment on Relationship Satisfaction

Dependent Variable: Relationship Satisfaction

<table>
<thead>
<tr>
<th>ACOA status</th>
<th>God attachment</th>
<th>M</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACOA</td>
<td>Secure God attachment</td>
<td>41.3333</td>
<td>8.39137</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>Insecure God attachment</td>
<td>32.1905</td>
<td>10.46303</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>37.3333</td>
<td>10.35950</td>
<td>96</td>
</tr>
<tr>
<td>Non-ACOA</td>
<td>Secure God attachment</td>
<td>38.6667</td>
<td>10.43539</td>
<td>105</td>
</tr>
<tr>
<td></td>
<td>Insecure God attachment</td>
<td>32.4697</td>
<td>11.71090</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>36.2749</td>
<td>11.32308</td>
<td>171</td>
</tr>
<tr>
<td>Total</td>
<td>Secure God attachment</td>
<td>39.5723</td>
<td>9.84401</td>
<td>159</td>
</tr>
<tr>
<td></td>
<td>Insecure God attachment</td>
<td>32.3611</td>
<td>11.19284</td>
<td>108</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>36.6554</td>
<td>10.97850</td>
<td>267</td>
</tr>
</tbody>
</table>

Figure 12
Graph of ACOA STATUS by GOD ATTACHMENT on RELATIONSHIP SATISFACTION

Estimated Marginal Means of RSAT
Main Effects and Interaction Effect

After adjusting for Romantic Attachment, it was discovered that the main effect of God Attachment style was statistically significant $F (1, 267) = 15.880, p = .000$ while the main effect of ACOA status was not $F (1, 267) = 1.725, p=.190$. These results suggest that although the degree of ACOA status does not correlate significantly with Relationship Satisfaction, the variable of God Attachment Style does. A significant interaction effect between ACOA status and God Attachment Style was not revealed, $F (1, 267) = .650, p=.421$ (p is not $\leq .05$). In addition, as there is no interaction between ACOA status and God Attachment Style, this provides more evidence that the change in Relationship Satisfaction correlates primarily with God Attachment style. The results can be viewed in Table 15 below. Post-hoc tests were not performed as they are only relevant when there are more than two levels or groups to the independent variables which was not the case in this study (Pallant, 2007).

In reviewing the hypotheses for the first research question, the following evidence was revealed in the study. First, it was hypothesized that ACOA status would correlate with lower levels of Relationship Satisfaction than in Non-ACOAs after controlling for Romantic Attachment. This hypothesis was not supported by the ANCOVA findings as ACOA status did not correlate with Relationship Satisfaction. It was further hypothesized that secure attachment to God would correlate with higher levels of relationship satisfaction in the ACOA and the non-ACOA groups after controlling for Romantic Attachment. This hypothesis was supported by the ANCOVA findings as God Attachment Style did significantly correlate with Relationship Satisfaction. Finally, it was hypothesized that ACOA status and God attachment would have a moderating effect on
adult relationship satisfaction after controlling for Romantic Attachment. This hypothesis, which examined if ACOAs and non-ACOAs with secure attachment to God would have higher relationship satisfaction than ACOAs and non-ACOAs with insecure attachment to God was not supported by the ANCOVA findings as there was no significant interaction effect revealed. Again, it appears that the change in Relationship Satisfaction correlates primarily with an individual’s God Attachment style while ACOA status does not.

Table 15

2 x 2 ANCOVA (Tests of Between-Subjects Effects) ACOA Status by God Attachment on Relationship Satisfaction with Covariate of Romantic Attachment

<table>
<thead>
<tr>
<th>Source</th>
<th>Type III Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>p</th>
<th>Eta²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>5950.185⁸</td>
<td>4</td>
<td>1487.546</td>
<td>14.927</td>
<td>.000</td>
<td>.186</td>
</tr>
<tr>
<td>Intercept</td>
<td>96968.557</td>
<td>1</td>
<td>96968.557</td>
<td>973.024</td>
<td>.000</td>
<td>.788</td>
</tr>
<tr>
<td>Covariate:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Romantic Attachment</td>
<td>2350.134</td>
<td>1</td>
<td>2350.134</td>
<td>23.582</td>
<td>.000</td>
<td>.083</td>
</tr>
<tr>
<td>Main Effects:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status</td>
<td>171.926</td>
<td>1</td>
<td>171.926</td>
<td>1.725</td>
<td>.190</td>
<td>.007</td>
</tr>
<tr>
<td>God Attachment</td>
<td>1279.035</td>
<td>1</td>
<td>1582.539</td>
<td>15.880</td>
<td>.000</td>
<td>.057</td>
</tr>
<tr>
<td>2-Way Interaction Effect:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status * God Attachment</td>
<td>64.759</td>
<td>1</td>
<td>64.759</td>
<td>.650</td>
<td>.421</td>
<td>.002</td>
</tr>
<tr>
<td>Error</td>
<td>26110.115</td>
<td>262</td>
<td>99.657</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>390807.000</td>
<td>267</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Corrected Total</td>
<td>32060.300</td>
<td>266</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. R squared = .186 (Adjusted R Squared = .173)
Findings Related to Research Question 2

The second research question was addressed utilizing a series of hierarchical regressions. This evaluated whether God Attachment (Anxious and Avoidant) accounted for unique variance in Relationship Satisfaction after accounting for Romantic Attachment (Anxious and Avoidant). The ACOA group, the non-ACOA group, and the sample as a whole were all examined with multiple regression.

Multiple Regression for ACOA Group

The first series of multiple regressions examined Relationship Satisfaction in ACOAs, and the unique variance associated with Romantic Attachment (Anxious and Avoidant), God Attachment (Anxious and Avoidant), and ACOA status. It was hypothesized that God Attachment (Anxious and Avoidant) would account for unique variance in Relationship Satisfaction after accounting for Romantic Attachment (Anxious and Avoidant). The findings supported this hypothesis (Table 16).
Table 16
Hierarchical Regression Predicting the Unique Variance on Relationship Satisfaction for ACOAs

<table>
<thead>
<tr>
<th>Step and Predictor Variable</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$F$ Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>.538**</td>
<td>.538**</td>
<td>54.070**</td>
</tr>
<tr>
<td>Romantic Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 2</td>
<td>.573*</td>
<td>.035*</td>
<td>3.748*</td>
</tr>
<tr>
<td>Romantic Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>God Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td>.573</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Romantic Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>God Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p ≤ .05   **p ≤ .001

In the first step of the analysis Relationship Satisfaction was regressed onto the two dimensions of Romantic Attachment (Anxious and Avoidant), which revealed a significant degree of unique variance ($R^2 = .538, p = .000, F = 54.070$). In the second step Relationship Satisfaction was regressed onto the two dimensions of God Attachment (Anxious and Avoidant) and the block of Romantic attachment. The two blocks combined accounted for a significant amount of variance ($R^2 = .573, p = .027, F = 3.748$). As hypothesized, God Attachment accounted for a statistically significant amount of unique variance in Relationship Satisfaction ($R^2$ Change = .035) after accounting for...
Romantic Attachment. This indicates that the effect of God Attachment on Relationship Satisfaction for an ACOA does have unique influence above and beyond Romantic Attachment (Anxious and Avoidant). In the third step Relationship Satisfaction was regressed onto the dimension of ACOA and the two blocks of Romantic Attachment and God Attachment. The three blocks combined did not account for an increase in the amount of variance ($R^2 = .573, p=.995, F = .000$). This indicates that the degree of ACOA status on Relationship Satisfaction for an ACOA does not have unique influence above and beyond Romantic Attachment.

**Table 17**

*Hierarchical Regression Predicting Relationship Satisfaction with Romantic Attachment, God Attachment, and ACOA variables for ACOAs*

<table>
<thead>
<tr>
<th>Step 3 and predictor variable</th>
<th>Beta</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rom Attach-Anx</td>
<td>-.408*</td>
<td>-4.726*</td>
<td>.000*</td>
</tr>
<tr>
<td>Rom Attach-Avoid</td>
<td>-.386</td>
<td>-5.285</td>
<td>.000*</td>
</tr>
<tr>
<td>God Attach-Anx</td>
<td>-.102</td>
<td>-1.119</td>
<td>.266</td>
</tr>
<tr>
<td>God Attach-Avoid</td>
<td>-.142</td>
<td>-1.761</td>
<td>.082</td>
</tr>
<tr>
<td>ACOA Status</td>
<td>.000</td>
<td>-.006</td>
<td>.995</td>
</tr>
</tbody>
</table>

*Note: Rom Attach-Anx= Experiences in Close Relationships Revised Anxious Subscale; Rom Attach- Avoid= Experiences in Close Relationships Revised Avoidant Subscale; God Attach-Anx= Attachment to God Inventory Anxious Subscale; God Attach-Avoid=Attachment to God Inventory Avoidance Subscale*

*p ≤ .001
Only Romantic Attachment Anxious ($Beta = -.408, t = -4.726$) and Romantic Attachment Avoidant ($Beta = -.386, t = -5.285$) were significant predictors of Relationship Satisfaction. Romantic Attachment Anxious and Romantic Attachment Avoidant contributed significantly to the model with a Beta weight of -.408 and -.386 respectively. This means that as Romantic Attachment Anxious increased by one standard deviation Relationship Satisfaction decreased by more than a third of a standard deviation. It should, also, be noted that as Romantic Attachment Avoidant increased by one standard deviation Relationship Satisfaction decreased by a little more than a third of a standard deviation. See Table 17 above for an overview of the predictor variables.

*Multiple Regression for Non-ACOA Group*

The second series of multiple regressions examined Relationship Satisfaction in non-ACOAs, and the unique variance associated with Romantic Attachment (Anxious and Avoidant), God Attachment (Anxious and Avoidant), and ACOA status. It was hypothesized that God Attachment would account for unique variance in Relationship Satisfaction after accounting for Romantic Attachment but the findings did not support this hypothesis. See Table 18 below for an overview of the findings.
Table 18

Hierarchical Regression Predicting the Unique Variance on Relationship Satisfaction for non-ACOAs

<table>
<thead>
<tr>
<th>Step and Predictor Variable</th>
<th>$R^2$</th>
<th>$\Delta R^2$</th>
<th>$F$ Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 Romantic Attachment</td>
<td>.443*</td>
<td>.443*</td>
<td>66.903*</td>
</tr>
<tr>
<td>Step 2 Romantic Attachment</td>
<td>.446</td>
<td>.003</td>
<td>.376</td>
</tr>
<tr>
<td>God Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Step 3</td>
<td>.446</td>
<td>.000</td>
<td>.019</td>
</tr>
<tr>
<td>Romantic Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>God Attachment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACOA Status</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p ≤ .001

In the first step of the analysis Relationship Satisfaction was regressed onto both dimensions of Romantic Attachment (Anxious and Avoidant), which revealed a significant amount of unique variance ($R^2 = .443$, $p = .000$, $F = 66.903$). In the second step Relationship Satisfaction was regressed onto both dimensions of Romantic Attachment (Anxious and Avoidant) and the block of God Attachment. The two blocks combined did not account for a significant amount of variance ($R^2 = .446$, $p = .687$, $F = .376$). In the third step Relationship Satisfaction was regressed onto the dimension of ACOA and the two blocks of Romantic Attachment and God Attachment. The three
blocks combined did not account for an increase in the amount of variance ($R^2 = .446$, $p=.889$, $F = .019$). While the entire model is significant neither God Attachment nor the degree of ACOA Status accounted for a statistically significant amount of unique variance in Relationship Satisfaction after accounting for Romantic Attachment. This indicates that the effect of God Attachment on Relationship Satisfaction for non-ACOAs in this sample does not have unique variance above and beyond Romantic Attachment.

**Table 19**

*Hierarchical Regression Predicting Relationship Satisfaction with Romantic Attachment, God Attachment, and ACOA variables for non-ACOAs*

<table>
<thead>
<tr>
<th>Step 3 and predictor variable</th>
<th>Beta</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rom Attach-Anx</td>
<td>-.408*</td>
<td>-6.329*</td>
<td>.000*</td>
</tr>
<tr>
<td>Rom Attach-Avoid</td>
<td>-.386</td>
<td>-6.233</td>
<td>.000*</td>
</tr>
<tr>
<td>God Attach-Anx</td>
<td>-.062</td>
<td>-.803</td>
<td>.401</td>
</tr>
<tr>
<td>God Attach-Avoid</td>
<td>.027</td>
<td>.407</td>
<td>.684</td>
</tr>
<tr>
<td>ACOA Status</td>
<td>.008</td>
<td>.140</td>
<td>.889</td>
</tr>
</tbody>
</table>

*Note: Rom Attach-Anx= Experiences in Close Relationships Revised Anxious Subscale; Rom Attach- Avoid= Experiences in Close Relationships Revised Avoidant Subscale; God Attach-Anx= Attachment to God Inventory Anxious Subscale; God Attach-Avoid= Attachment to God Inventory Avoidance Subscale

*p≤.001*
Only Romantic Attachment Anxious \((Beta = -.438, t = -6.329)\) and Romantic Attachment Avoidant \((Beta = -.386, t = -6.233)\) were significant predictors of Relationship Satisfaction for non-ACOAs. Romantic Attachment Anxious and Romantic Attachment Avoidant contributed significantly to the model with a Beta weight of -.438 and -.376 respectively. This means that as Romantic Attachment Anxious increased by one standard deviation Relationship Satisfaction decreased by more than a third of a standard deviation. It should, also, be noted that as Romantic Attachment Avoidant increased by one standard deviation Relationship Satisfaction decreased by a little more than a third of a standard deviation. See Table 19 above for an overview of the predictor variables.

**Multiple Regression for the Sample**

The third series of multiple regressions examined Relationship Satisfaction in the entire sample, and the unique variance associated with Romantic Attachment, God Attachment, and ACOA status. It was hypothesized that God Attachment would account for unique variance in Relationship Satisfaction after accounting for Romantic Attachment but the findings did not support this hypothesis. See Table 20 below for an overview of the findings.

**Table 20**

*Hierarchical Regression Predicting the Unique Variance on Relationship Satisfaction for Sample*

<table>
<thead>
<tr>
<th>Step and Predictor Variable</th>
<th>(R^2)</th>
<th>(\Delta R^2)</th>
<th>(F) Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1 Romantic Attachment</td>
<td>.469*</td>
<td>.469*</td>
<td>116.370*</td>
</tr>
</tbody>
</table>

Romanic Attachment
In the first step of the analysis Relationship Satisfaction was regressed onto both dimensions of Romantic Attachment (Anxious and Avoidant), which revealed a significant amount of unique variance ($R^2 = .469, p = .000, F = 116.370$). In the second step Relationship Satisfaction was regressed onto both dimensions of God Attachment (Anxious and Avoidant) and the block of Romantic Attachment. The two blocks combined did not account for a significant amount of variance ($R^2 = .475, p = .203, F = 1.603$). In the third step Relationship Satisfaction was regressed onto the dimension of ACOA status and the two blocks of Romantic Attachment and God Attachment. The three blocks combined did not account for an increase in the amount of variance ($R^2 = .480, p = .112, F = 2.543$). While the entire model is significant neither God Attachment nor the degree of ACOA Status accounted for a statistically significant amount of unique variance in Relationship Satisfaction after accounting for Romantic Attachment. This indicates that the effect of God Attachment on Relationship Satisfaction for the entire sample does not have unique influence above and beyond Romantic Attachment.
Table 21

Hierarchical Regression Predicting Relationship Satisfaction with Romantic Attachment, God Attachment, and ACOA Variables for Sample

<table>
<thead>
<tr>
<th>Step 3 and predictor variable</th>
<th>Beta</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rom Attach-Anx</td>
<td>-.435*</td>
<td>-8.037*</td>
<td>.000*</td>
</tr>
<tr>
<td>Rom Attach-Avoid</td>
<td>-.377*</td>
<td>-8.073*</td>
<td>.000*</td>
</tr>
<tr>
<td>God Attach-Anx</td>
<td>-.076</td>
<td>-1.316</td>
<td>.189</td>
</tr>
<tr>
<td>God Attach-Avoid</td>
<td>.028</td>
<td>.554</td>
<td>.580</td>
</tr>
<tr>
<td>ACOA Status</td>
<td>.072</td>
<td>1.595</td>
<td>.112</td>
</tr>
</tbody>
</table>

Note: Rom Attach-Anx= Experiences in Close Relationships Revised Anxious Subscale; Rom Attach- Avoid= Experiences in Close Relationships Revised Avoidant Subscale; God Attach-Anx= Attachment to God Inventory Anxious Subscale; God Attach-Avoid=Attachment to God Inventory Avoidance Subscale

*<i>p</i>≤.001

Only Romantic Attachment Anxious (Beta = -.435, t = -8.037) and Romantic Attachment Avoidant (Beta = -.377, t = -8.073) were significant predictors of Relationship Satisfaction in the total sample. Romantic Attachment Anxious and Romantic Attachment Avoidant contributed significantly to the model with a Beta weight of -.435 and -.377 respectively. This means that as Romantic Attachment Anxious increased by one standard deviation Relationship Satisfaction decreased by more than a third of a standard deviation. It should, also, be noted that as Romantic Attachment Avoidant...
increased by one standard deviation Relationship Satisfaction decreased by a little more than a third of a standard deviation. See Table 21 above for an overview of the predictor variables.

Summary

A sample of 267 participants obtained from a graduate counseling program at an evangelical university was used for this study. Overall, the CAST identified 96 individuals as ACOAs leaving the number at 171 Non-ACOAs. The AGI revealed 54 ACOAs that had securely attached to God and 42 ACOAs that had insecurely attached to God. It also revealed 105 Non-ACOAs that had securely attached to God and 66 Non-ACOAs that had insecurely attached to God. The RSAT revealed that 71 ACOAs were experiencing relationship satisfaction while 25 ACOAs were experiencing relationship dissatisfaction. It also revealed that 126 Non-ACOAs were experiencing relationship satisfaction while 45 Non-ACOAs were experiencing relationship dissatisfaction.

The ECR-R Avoidant Scale revealed a mean score of 52.5937 for ACOAs and a mean score of 47.6959 for the Non-ACOAs. The ECR-R Anxious Scale revealed a mean score of 58.3542 for the ACOAs and a mean score of 53.8246 for non-ACOAs. The Desire for Control Scale revealed a mean score of 99.72 for the ACOAs and a mean score of 95.13 for the non-ACOAs. Finally, the Marlowe-Crowne Social Desirability Scale revealed a mean score of 18.02 for the ACOAS and a mean score of 17.93 for the non-ACOAs.

The first three hypotheses for this study were examined utilizing an ANCOVA and the following was revealed. The first hypothesis stated that ACOA status would
correlate with lower levels of relationship satisfaction than in Non-ACOAs after accounting for Romantic Attachment. The study revealed that this was not the case for this sample as a significant correlation was not revealed between ACOA status and relationship satisfaction. The findings did not support this hypothesis.

The second hypothesis stated that secure attachment to God would be related to higher levels of relationship satisfaction in the ACOA and the non-ACOA groups after accounting for Romantic Attachment. The study revealed that this was the case for this sample as a significant correlation was revealed between God Attachment style and Relationship Satisfaction for both groups. This hypothesis was supported by the findings.

The third hypothesis stated that ACOA status and God attachment would have a moderating effect on adult relationship satisfaction after accounting for Romantic Attachment. This hypothesis examined if ACOAs with secure attachment to God would have higher relationship satisfaction than ACOAs with insecure attachment to God and non-ACOAs with insecure attachment to God but not higher than non-ACOAs with secure attachment to God. The study did not reveal a significant interaction effect between ACOA status and God Attachment on Relationship Satisfaction therefore the findings did not support this hypothesis.

To evaluate for the fourth hypothesis multiple regression was utilized. The fourth hypothesis stated that God Attachment would account for a significant degree of unique variance in Adult Relationship Satisfaction after accounting for the variance associated with the covariate of Romantic Attachment. This hypothesis was partially supported in the study as the data revealed that for the ACOA group God Attachment style accounted for a significant degree of unique variance but for the non-ACOA group and the entire
sample God Attachment style did not account for a significant amount of unique variance.
Summary of Findings

This study examined the effect of Attachment to God and the history of an alcoholic parent (ACOA Status) on Relationship Satisfaction after controlling for Romantic Attachment. Two research questions and four hypotheses were derived for this purpose. Overall, the demographic characteristics of the participants in the ACOA group and the non-ACOA control group were similar until it came to the variables which could illuminate the difference between ACOAs and non-ACOAs. These variables included parental education level, parental marital status, grandparent alcoholism status, parents’ relationship description, and parental drinking and/or abuse problem.

In order to ensure there was not a statistical difference between the ACOA and non-ACOA groups on the independent variable of God Attachment a preliminary analysis using a chi square test for independence (with Yates Continuity correction) was done. The results indicated no significant relationship between ACOA status and Attachment to God Inventory (AGI) Attachment Style supporting the hypothesis that the ACOA and non-ACOA groups did not significantly differ on the independent variable of God Attachment.

Initially, four co-variables (i.e., Desire for Control, Social Desirability, Romantic Attachment-Anxious and Romantic Attachment-Avoidant) were considered for inclusion in this study. After evaluating Pearson Correlation Coefficients for each proposed co-variable and finding that Desire for Control and Social Desirability did not correlate with Relationship Satisfaction they were removed as co-variables. Romantic Attachment-
Anxious and Romantic Attachment-Avoidant did correlate with Relationship Satisfaction and were retained for use in the ANCOVA and multiple regression analyses.

The first research question was whether adult Relationship Satisfaction was correlated with God Attachment (Anxious and Avoidant) and the history of an alcoholic parent after controlling for Romantic Attachment (Anxious and Avoidant). The second research question examined whether God Attachment accounts for unique variance in adult Relationship Satisfaction after controlling for the variance associated with Romantic Attachment (Anxious and Avoidant). The summary of findings on the research questions follows, as well as limitations, discussion and recommendations, and conclusions. The findings from this study provided insight into the adult relationships of ACOAs and helped clarify the relationship between ACOA status, God Attachment, and adult Relationship Satisfaction.

**Research Question One**

To investigate the first research question three hypotheses were developed. The first hypothesis for this study was that ACOA status would correlate with lower levels of Relationship Satisfaction than in Non-ACOAs after controlling for Romantic Attachment. The second hypothesis was that secure Attachment to God would be related to higher levels of Relationship Satisfaction in the ACOA and the non-ACOA groups after controlling for Romantic Attachment. The third hypothesis was that ACOA status and God Attachment would have a moderating effect on adult Relationship Satisfaction after controlling for Romantic Attachment.
The research procedure of a 2 x 2 between-subjects Analysis of Covariance (ANCOVA) was used to explore these hypotheses and two main effects and an interaction effect were examined. Prior to running the ANCOVA preliminary analyses were run to ensure that the data obtained did not violate the assumptions for an ANCOVA (Pallant, 2007). It was determined that the assumptions were not violated (see Tables 4-9 and Figures 3-10). Prior to running the ANCOVA, two ANOVAs were conducted to evaluate the effects of ACOA status and God Attachment-Anxious and ACOA status and God Attachment-Avoidant on Relationship Satisfaction without the covariate of Romantic Attachment (see Tables 12 & 13). This provided additional information on the relationship of God Attachment-Anxious and God Attachment-Avoidant on Relationship Satisfaction before controlling for the covariate of Romantic Attachment.

The results of the ANOVAs appear to reveal that for these participants while God Attachment-Anxious had a significant effect on Relationship Satisfaction, God Attachment-Avoidant did not. However, as Romantic Attachment was shown to significantly correlate with these participants’ Relationship Satisfaction an ANCOVA that controls for Romantic Attachment was necessary to reveal whether there were significant main and interaction effects. The ANCOVA provided an understanding of the relationship between the independent variables of God Attachment and ACOA Status and the dependent variable of Relationship Satisfaction after controlling for Romantic Attachment.

The main effects analyzed were ACOA status on adult Relationship Satisfaction and God Attachment on adult Relationship Satisfaction. The interaction effect analyzed
was ACOA status and God Attachment on adult Relationship Satisfaction. The ANCOVA revealed partial support for the first research question. The first and third hypotheses were not supported by the results. The second hypothesis that secure Attachment to God would correlate with higher levels of Relationship Satisfaction in the ACOA and the non-ACOA groups was supported by the findings.

**ACOA Status on Adult Relationship Satisfaction**

The main effect of ACOA status on adult Relationship Satisfaction did not reveal a significant correlation between the two variables after controlling for Romantic Attachment (Anxious and Avoidant) (see Table 15). Although it was hypothesized that individuals who qualified as ACOAs would report lower levels of Relationship Satisfaction than the Non-ACOA participants, this was not supported by the results. This indicates that while ACOA status may impact Relationship Satisfaction, non-ACOAs did not report a more significant amount of Relationship Satisfaction than the ACOAs. This is both important and promising information on ACOAs and will be discussed further in the Discussion and Recommendation Section.

**God Attachment Style on Adult Relationship Satisfaction**

The main effect of God Attachment style on adult Relationship Satisfaction did reveal a significant correlation between the two variables after controlling for Romantic Attachment (Anxious and Avoidant) (see Table 15). It was hypothesized that secure Attachment to God would be related to higher levels of Relationship Satisfaction in the ACOA and the non-ACOA groups and the results supported this hypothesis. This
indicates that individuals, both ACOAs and non-ACOAs, who report secure Attachment to God are more likely to report higher levels of adult Relationship Satisfaction. Thus, this finding provides additional support for the premise that individuals who report secure Attachment to God will, also, report higher levels of adult Relationship Satisfaction and provides additional support for the Correspondence theory which claims that individuals with secure adult attachments will also have secure God attachment (Kirkpatrick & Shaver, 1992). While other researchers have replicated the correspondence between human attachment and attachment to God (Beck & McDonald, 2004; McDonald et al., 2005; Rowatt & Kirkpatrick, 2002) this is the first study which has included the specific subgroup of ACOAs. This finding is discussed further in the Discussion and Recommendations section.

**ACOA Status and God Attachment on Adult Relationship Satisfaction**

The interaction effect of ACOA status and God Attachment on adult Relationship Satisfaction did not reveal a significant correlation between the variables after controlling for Romantic Attachment (see Table 15). It was hypothesized that ACOAs with secure Attachment to God would report higher Relationship Satisfaction than both ACOAs and non-ACOAs with insecure Attachment to God but not higher than non-ACOAs with secure Attachment to God. The results did not support this hypothesis. This indicates that a significant interaction between the independent variables of ACOA status and God Attachment on adult Relationship Satisfaction was not revealed by the research. When interaction effects are present the interpretation of the main effects can be misleading or incomplete but this is not the case in this research. A significant main effect of God
Attachment on Relationship Satisfaction was revealed in the research while a significant main effect of ACOA status on Relationship Satisfaction was not. Along with not having a significant interaction effect, this suggests that the impact of God Attachment on Relationship Satisfaction does not depend on ACOA status. More on this will be presented in the Discussion and Recommendations section.

**Research Question Two**

The second research question explored whether the continuous variable of God Attachment (Anxious and Avoidant) contributed unique variance in the continuous variable of adult Relationship Satisfaction after accounting for variance associated with the continuous variable of Romantic Attachment (Anxious and Avoidant). Again, Social Desirability and Desire for Control were excluded as covariates since preliminary analyses revealed that they did not correlate with the dependent variable of Relationship Satisfaction (see Table 4).

To date, there had been no research that had examined this question in a sample that included ACOAs; therefore, it was unknown whether God Attachment would explain any of the unique variance in Relationship Satisfaction beyond that of Romantic Attachment for ACOAs specifically. A regression analysis for the ACOA group revealed that God Attachment did offer a statistically significant amount of unique variance for the ACOA group after accounting for the variance associated with Romantic Attachment (see Tables 16-17). A series of regression analyses for both the non-ACOA group and the entire sample revealed that God Attachment did not offer a statistically significant amount of unique variance after accounting for the variance associated with Romantic Attachment.
Attachment (see Tables 18-21). These findings partially support the fourth hypothesis that God attachment would account for unique variance in adult Relationship Satisfaction after accounting for the variance associated with Romantic Attachment in ACOAs and non-ACOAs.

**Limitations**

Several limitations of this study must be considered. The selection of participants adds to the study’s limitations in a couple of ways. The high educational attainment of the sample may influence the findings as education often positively affects the psychological health of individuals (Jones et al., 2006). Since the participants were graduate students attending an Evangelical university, there is also the potential that their spiritual and religious involvement may have impacted the results. A positive correlation has been reported between spiritual and religious involvement and later health outcomes for physical (Levin, 1994), mental (Bergin, 1983; Larson et al., 1986; Larson et al., 1992), and substance use disorders (Gorsuch, 1995). Therefore the selection of participants decreases the ability to generalize the findings of this study to all ACOAs and/or the general population. Future research should evaluate whether the results reported by this study’s participants characterize the dynamics found in ACOAs on average and the general population.

Another limitation of the study was the amount of participants in each group. The data revealed that 159 (59.6%) participants were securely attached while 108 (40.4%) participants were insecurely attached to God. Of this 54 ACOAs and 105 Non-ACOAs were securely attached while 42 ACOAs and 66 Non-ACOAs were insecurely attached to
God. Although each group had a sufficient number of participants to warrant further analyses, higher numbers in these groups would have provided more statistical power to the study thus increasing the ability to detect a difference.

The lack of random assignment could have been an additional limitation. Assignment to the ACOA or non-ACOA group was not random as the researcher was not able to control assignment to groups. Therefore, the potential existed that the two groups were significantly different prior to the study (Creswell, 2003). Demographic variables on the two groups were analyzed to assess for this possibility and revealed that the two groups were similar on the majority of the demographic variables obtained. These analyses revealed that the characteristics of the participants in the ACOA group and the non-ACOA control group were similar except for the variables which could specifically relate to ACOA status. However, the two groups may have differed on demographic variables that were not checked and this may have affected the results.

An additional variable that may have affected the results is that of previous treatment or counseling. Sheridan and Green (1993), using an ACOA group in recovery (R-ACOA), an ACOA group not in recovery (NR-ACOA), and a non-ACOA group, have theorized that the difference in findings between the R-ACOA and NR-ACOA in their study may be in part related to the experience of recovery or treatment. To elaborate, the experience of recovery for the ACOA group may have increased negative ratings of the family and self, creating an “inverse denial” (Sheridan & Green, 1993, p. 90). Although the use of a non-clinical population was sought for the purpose of providing a sample that gave more realistic ratings of family and self, the individual participants were not asked if they had previously received counseling or treatment for family issues. Therefore, the
possibility exists that some of the participants may have and it may be affecting the results. Future research should check for this possibility.

The use of an ANCOVA may have assisted with the limitation of lack of random assignment. Although conducting an ANCOVA on data from intact groups does not guarantee that the bias introduced by non-randomization of a sample will be removed, it does help to minimize this bias. There are a couple of additional potential dangers of ANCOVA described by Stevens (1990). The assumptions of linear relationship and homogeneity of regression slopes must be satisfied in addition to assessing variable and covariate measurement error. Because of these potential limitations, caution is recommended when making cause-effect inference using an ANCOVA with intact groups which was not done in this study. The assumptions were assessed during preliminary analyses which revealed that the assumptions of linear relationship and homogeneity of regression slopes were not violated. In addition, Cronbach’s Alpha on the covariates and the variables revealed high internal consistency. With the potential of nonequivalent groups being obtained when utilizing a non-randomized sample, the ANCOVA has proven to be a valid method that adjusts for the initial differences among groups (Pedhazur & Schmelkin, 1991). Future research could match participants for each group on significant demographic variables to ensure that the groups are as similar as possible and additionally decrease any impact from lack of random assignment.

The use of multiple regression has its limitations. The major conceptual limitation of all regression techniques, including multiple regression, is that one can only ascertain relationships, but not underlying causal mechanisms. Also, it is important to note when interpreting the individual variance supplied by each variable that the contribution is only
independent of the other variables included in the study. Due to this the ability to interpret the independent or unique contribution of each variable lies in having included all plausible third variables in the analysis (Grimm & Yarnold, 2001). The order of entering variables into Multiple Regression may be a limitation as this impacts the amount of significance revealed. The first variable entered in a hierarchical multiple regression analysis, in this case Romantic Attachment, often explains the majority of the significance when the analysis is run. However, multiple regression assisted in understanding the unique variance provided by the independent variable of God Attachment style and the co-variable of Romantic Attachment on the dependent variable of Relationship Satisfaction. Because of the degree of relationship between these variables, multiple regression was an important statistical tool in this study. Future studies should attempt to evaluate and determine the underlying causal mechanisms and interrelationship of these variables.

Multiple regression revealed that the variables of Romantic Attachment and God Attachment accounted for 57.35% of the variance in Relationship Satisfaction for ACOAs, 44.6% of the variance in Relationship Satisfaction for the Non-ACOAs, and 47.5% of the variance in Relationship Satisfaction for the total sample. A significant amount of variance was not accounted for by the variables in this study for all three groups. Future research should focus on what other significant variables are impacting Relationship Satisfaction.

Finally, the use of self-report instruments could have been a source of limitation in the study as participants may have reported what they perceived to be socially desirable responses. In addition, without a test administrator present while taking the
assessments the participants were only able to answer to the degree that they understood the questions on the instruments. To evaluate for an attempt by the participants to answer in a socially desirable manner the Marlowe-Crowne Social Desirability Scale (MCSD; Crowne & Marlowe, 1960) was utilized. Overall, the mean for both groups fell in the middle range of the scale while the range of scores for each group was very similar. While it does not appear that a need for social approval may have significantly impacted the participants’ answers on the self-report instruments, the results of this study are only accurate to the degree that the participants understood the instruments and answered them honestly. Future studies could include at least one supplemental instrument for each variable to further evaluate if the participants are answering honestly and accurately.

Discussion and Recommendations

Discussion and recommendations will include unexpected findings regarding ACOA status and relationship satisfaction, the influence of God attachment on relationship satisfaction, and considerations regarding attachment theory and adult relationships. This section will also provide suggestions for future research. Finally, potential implications and applications for counseling, the church, and graduate counseling programs are presented.

Unexpected Findings Regarding ACOA Status and Relationship Satisfaction

Two unexpected findings concerning ACOAs were contrary to what was hypothesized. First, although it was hypothesized that individuals who qualified as ACOAs would report lower levels of adult Relationship Satisfaction than non-ACOAs
after controlling for Romantic Attachment, this was not supported by the results. This indicates that while ACOA status may impact Relationship Satisfaction, in this study non-ACOAs did not report significantly greater Relationship Satisfaction than the ACOAs.

Finally, it was hypothesized that there would be an interaction effect between ACOA status and God Attachment on adult Relationship Satisfaction after controlling for Romantic Attachment but this hypothesis was not supported by the results. The third hypothesis proposed that ACOA status and God Attachment would have a moderating effect on adult Relationship Satisfaction. This hypothesis, which examined if ACOAs and non-ACOAs with secure Attachment to God would have higher Relationship Satisfaction than ACOAs and non-ACOAs with insecure Attachment to God was not supported by the findings. This indicates that a significant interaction between the independent variables of ACOA status and God Attachment on adult Relationship Satisfaction was not revealed in the study. As an interaction effect was not revealed between ACOA status and God Attachment more evidence is provided that the change in Relationship Satisfaction correlates primarily with God Attachment.

These findings do not support two of the hypotheses presented in this study and appear to deviate from the findings of Beesley and Stoltenberg (2002) on the relationship between ACOA status and adult relationship satisfaction. They reported that their research revealed significantly less relationship satisfaction for the ACOAs in their study than the non-ACOAs. Additional literature on ACOAs, also, theorized that they would experience less relationship satisfaction than non-ACOAs for various reasons including failure to successfully separate from family of origin (Brown, 1988, 1999), ability to
share honestly with others (Brown, 1988, 1999), inflexibility and insecurity (El-Guebaly et al., 1993), a desire for control (Woititz, 1989), and a lack of healthy relationship models (Ackerman, 1987).

Brown (1988, 1999) hypothesized that the ACOAs’ failure to successfully separate will develop into a major barrier to form healthy attachments in their adult relationships, creating great difficulty in intimate involvement and affecting adult attachment style. She contended that it will be difficult for ACOAs to share intimately and honestly with self, others, and with God, significantly impacting all of these adult relationships. According to El-Guebaly and colleagues (1993), the interpersonal relationships of adult ACOAs may reflect the inflexibility and frequency of relational difficulties that existed in the alcoholic family of origin. This model of insecurity is often brought into adulthood and reinforced in adult attachment relationships thus negatively impacting relationship satisfaction.

Woititz (1989) asserted that many ACOAs bring their desire for control and other dysfunctional coping skills into their adult attachment relationships which negatively impact their adult relationship satisfaction. Other researchers have focused on the issue of control among ACOAs and the subsequent negative effects on developing intimate relationships (Shapiro et al., 1994; Sheridan & Green, 1993). In addition, Ackerman (1987) pointed out that healthy adult relationships are difficult for ACOAs because they have not had models of healthy relationships from which to learn. Although it has been proposed by these individuals that desire for control negatively impacts an ACOA’s relationship satisfaction this study did not reveal that desire for control even significantly correlated with relationship satisfaction. This study provided findings that appear to
support a resilient nature and/or posttraumatic growth while opposing a need for a high desire for control in ACOAs. Future research should investigate this resilient nature and posttraumatic growth in regards to an ACOAs’ God Attachment. In addition, future studies should seek to further confirm or deny the desire for control in ACOAs.

In contrast to viewing an ACOA’s childhood as only or primarily an adversity, the results in this study appear to illuminate the potential that these ACOA participants had developed resilience from their upbringing and were no more or no less impacted by it and its relationship to their adult relationship satisfaction than the non-ACOA participants. In addition to increased resiliency, some of the ACOAs may have experienced posttraumatic growth from their childhood experiences. It has been asserted by Tedeschi and Calhoun (2004) that posttraumatic growth can result in improved relationships, a greater appreciation and new possibilities for life, and an improved sense of personal strength and spiritual development. For ACOAs in specific, some literature has asserted that the differences between ACOAs and non-ACOAs decrease in their mid-30s due to maturity gained through life experiences and having developed or improved skills to effectively handle crises (Ackerman, 1987; Hinson, 2003). This could have affected the results of this study as the mean age of the participants was 37.12. There is also the distinct potential that at least some of the non-ACOA participants came from dysfunctional, but not alcoholic, families. Future research should include an assessment that checks for the participants’ resiliency, posttraumatic growth, and questions to verify if any of the non-ACOA participants come from dysfunctional families.

Another factor related to relationship satisfaction is the willingness to accept one’s partner despite his or her shortcomings and research reveals that individuals
categorized as Secure are likely to do this (Hazan & Shaver, 1987). Therefore this acceptance factor could be influencing the finding that ACOAs did not display a significant difference in adult relationship satisfaction from the non-ACOA participants. Future research should examine ACOAs’ relationship satisfaction as related to their willingness to accept their partners’ shortcomings. In addition, the covariable of codependency, a potential characteristic of ACOAs’ relationships, could be evaluated in future research to determine if this is erroneously inflating the adult relationship satisfaction reported by ACOAs. Overall when evaluating the direction of future research, an involved qualitative study could uncover possible moderating and confounding variables among ACOAs and might provide a refined understanding of attachment theory as it impacts ACOAs’ God Attachment style and adult Relationship Satisfaction and its relationship to overall ACOA functioning.

The Influence of God Attachment on Relationship Satisfaction

The second hypothesis and part of the fourth hypothesis, which dealt specifically with the relationship between God Attachment and Relationship Satisfaction, were supported by the findings in this study. The second hypothesis stated that secure Attachment to God would be related to higher levels of Relationship Satisfaction in the ACOA and the non-ACOA groups after controlling for Romantic Attachment. It should be noted that when Attachment to God-Anxious and Attachment to God-Avoidant were assessed in the ANOVAs prior to controlling for the covariate of Romantic Attachment, Attachment to God-Anxious significantly correlated with Relationship Satisfaction while Attachment to God-Avoidant did not. This suggests that Attachment to God-Anxious has
a more significant impact on adult Relationship Satisfaction than Attachment to God-Avoidant. However after controlling for Romantic Attachment and entering God Attachment as a two group variable (Secure, Insecure) the ANCOVA revealed that there was a significant correlation between God Attachment (Anxious and Avoidant) and Relationship Satisfaction.

When examining the association observed in the second hypothesis of secure Attachment to God relating to higher levels of Relationship Satisfaction in both groups, attachment dynamics as they apply to God must be considered. In their 1992 study, Kirkpatrick and Shaver found that individuals who reported a Secure attachment relationship with God also reported greater life satisfaction and less anxiety, loneliness, depression, and physical illness than the other subjects. In contrast, Insecure-Avoidant individuals tend to desire maintaining distance from others and avoiding intimacy while Insecure-Anxious/Ambivalent individuals generally desire intense affective experiences in their relationship.

Other researchers have replicated the correspondence between attachment in human relationships and God Attachment (Beck & McDonald, 2004; McDonald et al., 2005; Rowatt & Kirkpatrick, 2002). This research provided the impetus to examine in hypothesis two whether individuals reporting Secure attachment to God may also report greater adult relationship satisfaction. The results of this study support the idea that individuals secure in their attachment to God experience greater adult relationship satisfaction. In addition, due to there being a significant lack of research investigating ACOAs’ specific attachment relationship with God and adult relationship satisfaction they became the specific population of interest in this study. Previous literature on
ACOAs did examine the benefits of creating a new attachment relationship that will offer safety and a foundation for new beliefs that will assist in the process of recovery (Brown, 1988). Brown (1988) reported that this relationship may be with one’s therapist, one’s support group, one’s pastor, or with God.

Research has also revealed significantly less relationship satisfaction and a higher desire for control for ACOAs than for non-ACOAs (Beesley & Stoltenberg, 2002). Several researchers have reported that overall relationships for ACOAs tend to be more problematic than for non-ACOAs (Black, Bucky, & Wilder-Padilla, 1986; Domenico & Windle, 1993; Fisher et al., 1992; Kerr & Hill, 1992). By developing a positive, secure relationship with God, ACOAs may then experience more relationship satisfaction in their other adult relationships. Therefore, included in hypothesis two was the investigation of whether ACOAs who develop a secure attachment to God report more adult relationship satisfaction. This may provide both a more thorough understanding of the association between God Attachment and Relationship Satisfaction while presenting a significant area of focus when treating ACOAs with relationship issues. This study found that, not only did the non-ACOAs who reported a Secure Attachment to God report higher levels of adult Relationship Satisfaction, but also the ACOAs who reported Secure Attachment to God reported higher levels of adult Relationship Satisfaction. Both of these findings support previous research on Attachment to God and Relationship Satisfaction.

The fourth hypothesis predicted that God Attachment would account for unique variance in adult Relationship Satisfaction after accounting for the variance associated with Romantic Attachment. The research findings partially supported this hypothesis and
indicated that God Attachment was a significant predictor of Relationship Satisfaction after controlling for Romantic Attachment for the ACOA group but not the non-ACOA group or the entire sample. While God Attachment explains unique variance, it did only add 3.5% for ACOAs and is significantly less than what Romantic Attachment and God Attachment explain together (57.3%) and what Romantic Attachment explains by itself (53.8%). However, these results do indicate that the effect of God Attachment on Relationship Satisfaction for an ACOA has unique influence above and beyond Romantic Attachment. This provides evidence that Secure Attachment to God accounts for an increase in adult Relationship Satisfaction in ACOAs.

There is the strong potential that God Attachment did not account for higher amounts of unique variance in the ACOA group, non-ACOA group, and total sample due to the strong interrelationship that other research has reported existing between Romantic Attachment and God Attachment (Kirkpatrick, 1997, 1999; Kirkpatrick & Shaver, 1990, 1992). This relationship could be causing Romantic Attachment to absorb a significant amount of the unique variance in this study as it was the first variable entered in the hierarchical multiple regression analyses. It is so exciting that for ACOAs, God Attachment explains more than 10 times the amount of variance in Relationship Satisfaction than it did for non-ACOAs. This does support the importance, particularly for ACOAs, of God as a "safe haven"--our shield! This study has provided initial, groundbreaking research on the relationship between Attachment to God style and Relationship Satisfaction in ACOAs.
Considerations Regarding Attachment Theory and Adult Relationships

From the early research on the two different manners that individuals appear to use to attach to God, Kirkpatrick and Shaver (1992) proposed two hypotheses to explain the relationship between individual caregiver attachment and attachment to God: the correspondence hypothesis and the compensatory hypothesis. First, there is the possibility of direct correspondence in which the individual’s caregiver attachment correlates with or complements the individual’s God Attachment and religious beliefs (Kirkpatrick & Shaver, 1992). This hypothesis contends that in the same manner as individuals with Secure Attachment trusted their caregivers in times of need, they will also trust God when confronted with difficult life circumstances (Granqvist, 1998). However, there is also the compensatory hypothesis that stresses that individuals with Insecure Attachment can utilize their Attachment to God to compensate for their frustrating human attachment experiences (Kirkpatrick & Shaver, 1992; Kirkpatrick, 1998). As they need and desire a secure base that was not obtained in their relationship with their caregiver, Insecurely attached individuals seek out God as a surrogate attachment figure (Kirkpatrick & Shaver, 1992).

Attachment theory and attachment have also been connected to adult relationship satisfaction. Research on the impact of attachment on relationship satisfaction has revealed a significant relationship between attachment and relationship satisfaction. Individuals categorized as Secure tend to be more satisfied with their current adult relationships than those categorized as Insecure (Brennan & Shaver, 1995; Carnelley et al., 1994; Collins & Read, 1990; Hazan & Shaver, 1987; Kirkpatrick & Davis, 1994; Park et al., 2004; Simpson, 1990). In general, they report more satisfaction as relationships
progress (Collins & Read, 1990). Individuals with Secure Attachment report more trust in their partners (Collins & Read, 1990; Keelan et al., 1994; Simpson, 1990) and that they can depend on them (Collins & Read, 1990; Park et al., 2004; Simpson, 1990). Individuals categorized as Insecure do not tend to trust or depend on their partners to the degree that individuals categorized as Secure do (Hazan & Shaver, 1987; Levy & Davis, 1988; Park et al., 2004) which influences relationship satisfaction.

The current study relied on these findings when making predictions about Attachment to God style and adult Relationship Satisfaction. It was predicted that whether an ACOA did or did not securely attach to his/her caregiver, if he/she securely attached to God, the individual would have higher adult Relationship Satisfaction. This study revealed that secure Attachment to God correlated with higher levels of adult Relationship Satisfaction for both ACOAs and non-ACOAs. The results support the hypothesis that individuals who securely attach to God also have higher adult Relationship Satisfaction. In addition, it was revealed that God Attachment style provided unique variance in adult Relationship Satisfaction after accounting for the variance associated with Romantic Attachment.

Overall, these results have added to the understanding of attachment theory in general and God Attachment in specific. This study supports the premise that the development of Secure Attachment is positively related to another aspect of an individual’s life, adult Relationship Satisfaction. This study also strengthens the argument that the development of Secure God Attachment specifically is related to higher levels of an individual’s adult Relationship Satisfaction. The data provides evidence that for ACOAs God Attachment was a significant predictor of Relationship Satisfaction after
controlling for Romantic Attachment. This reinforces the premise that Secure God Attachment correlates with an increase in adult Relationship Satisfaction.

The results have added to the research and literature on the relationship between an individual’s God Attachment and adult Relationship Satisfaction for both non-ACOAs and ACOAs. Both the ACOA and non-ACOA groups with Secure God Attachment reported higher levels of adult Relationship Satisfaction. This research provides support to the premise that non-ACOAs’ Relationship Satisfaction will benefit from Secure God Attachment and provides groundbreaking research that the same holds true for ACOAs.

**Future Research**

This study, although limited to some degree by its exploratory nature, does build on and add to previous research in the areas of God Attachment, adult Relationship Satisfaction, and ACOAs. Future research examining the relationship between an ACOA’s initial attachment with his/her caregiver, God Attachment, and Relationship Satisfaction to evaluate further if there is support for the correspondence or compensatory hypothesis would be valuable. Research should focus on evaluating whether ACOAs tend to compensate or correspond in their God Attachment as compared to their attachment with their initial caregiver and how this relates to their adult Relationship Satisfaction.

As previously mentioned future research should include an assessment that checks for the participants’ resilience and posttraumatic growth. It should also include questions to verify if any of the non-ACOA participants come from dysfunctional families to determine if these impact the results.
In addition to resilience and posttraumatic growth, another factor related to relationship satisfaction is the willingness to accept one’s partner despite his shortcomings (Hazan & Shaver, 1987). The potential exists that this factor could have significantly influenced the finding that ACOAS did not display a significant difference in adult relationship satisfaction from the non-ACOAs. Due to this future research should examine ACOAs’ relationship satisfaction as related to their willingness to accept their partners’ shortcomings.

Codependency may also have been a covariable that impacted the results. Codependency is frequently purported to be a characteristic of ACOAs’ relationships and should be included in future research. It would be useful to determine if this covariable has any impact on how ACOAS report their adult relationship satisfaction.

Overall when evaluating the direction of future research, an involved qualitative study could uncover possible moderating and confounding variables among ACOAs. It might provide a refined understanding of attachment theory as it impacts ACOAs’ God Attachment and Relationship Satisfaction and its relationship to overall ACOA functioning. It is essential that more quantitative studies that include ACOAs are also completed. These will provide statistical analyses to verify or deny the information that has been presented on ACOAs in descriptive and anecdotal data. While the descriptive research produced qualitative data on the personality and interpersonal characteristics of ACOAs that has been useful quantitative research will provide imperative support to this data.
Potential Implications and Applications for Counseling

The foundation of attachment theory in this study and its potential contribution of providing clarity to the ACOA’s God Attachment and Relationship Satisfaction may have provided access to a variety of new clinical possibilities. Because of the apparent importance of God Attachment to Relationship Satisfaction, it will be beneficial to counselors and therapists to address an individual’s God Attachment and focus on how it affects Relationship Satisfaction. Counselors and therapists may benefit from an increased awareness of how God Attachment influences the way these individuals perceive and respond in relationships. Attachment experiences with God need to be explored to evaluate if they are contributing to an individual’s current levels of anxiety or avoidance which may then be negatively impacting Relationship Satisfaction.

In the current study, God Attachment correlated with Relationship Satisfaction for both ACOAs and non-ACOAs. Overall the ACOAs and non-ACOAs with Secure God Attachment reported higher adult Relationship Satisfaction. In addition, God Attachment accounted for unique variance for the ACOA group. For ACOAs God Attachment accounted for a statistically significant amount of unique variance in Relationship Satisfaction ($R^2$ Change = .035) after accounting for Romantic Attachment, indicating that the effect of God Attachment on Relationship Satisfaction for an ACOA does have unique influence above and beyond Romantic Attachment. Results of the current study highlight the use of God Attachment as an important component in the lives of individuals who may have been raised in a chaotic environment and the direct association to Relationship Satisfaction. Because of these results an individual’s God Attachment and its impact on adult Relationship Satisfaction deserves therapeutic attention.
To explore an individual’s God Attachment, the Attachment to God Inventory (AGI) could be utilized in combination with dialoguing with the client on his/her most memorable and prominent religious memories and experiences. The therapist or counselor can assist the individual in changing negative models and beliefs of the self, others, and relationships by helping the individual to develop a secure base in God. Specifically, if insecure attachment to God presents in an anxious form, experiencing a positive, accepting, and loving attachment relationship with God may be a useful tool for reducing the individual’s attachment anxiety within other relationships. In addition, if insecure attachment to God presents in an avoidant form, by using Attachment to God as a compensatory tool and assisting the individual in developing a more secure attachment to God, the individual may then be able to utilize their attachment to God to compensate for their frustrating human attachment experiences (Kirkpatrick & Shaver, 1992; Kirkpatrick, 1998). The use of God as a surrogate attachment figure (Kirkpatrick & Shaver, 1992) may assist the individual in becoming less anxious or less avoidant in current relationships.

When working with ACOAs in specific, therapists and counselors may benefit from an increased appreciation of how God Attachment influences these individuals in the way they perceive and relate in relationships. Treatment planning for these individuals would include goals on particular problematic thinking and behaviors concerning their God Attachment. It would also contain the development of more adaptive relationship coping skills to improve their relationship with God and others. Individual, family, and group therapy settings should, in addition to providing affirmation of the experience of growing up in an alcoholic home, assist the individual in developing
a closer and more secure relationship with God. This could include the identification and expression of feelings towards God and the development of healthy interactions with God. Counselors and therapists will need to focus on the entire family system as the relationship satisfaction issues being experienced by the ACOA will affect family functioning overall. They can provide relationship skills training in conjunction with family and/or couples counseling for working through unresolved family issues. In addition, it would be beneficial to assist the other family members in evaluating their God Attachment and how it is affecting them and the family. This treatment approach could benefit any individual who grew up in a dysfunctional family environment.

**Potential Implications and Applications for the Church**

This study provides some implications and applications for religious leaders and how the church can assist families, couples, and individuals. The current study revealed that both ACOAs and non-ACOAs who have securely attached to God reported increased adult Relationship Satisfaction than those who insecurely attached to God. To put this finding into action within the church, religious leaders and the church should consider including trainings and teachings to assist all of the individuals in their congregations in examining their God Attachment. This can then assist believers in understanding their attachment to God and developing a more secure attachment and closer relationship to God. It is also important that believers are able to identify how they have attached to God and how they and their families are being impacted in the area of Relationship Satisfaction as this can assist them in improving their relationships. These teachings could be provided through sermons to the entire congregation but also through group
work. Not only would the small group setting be a powerful format for presenting techniques on relationship skill building but the development of relationships within a small group could provide experiential work on how to develop secure, trusting relationships.

In addition, techniques on prayer and how to pray would benefit individuals to securely attach to God as prayer involves the whole person in a relationship with God. Prayer will enable individuals to find intimacy with God and grow in the affective side of their relationship with Him. As individuals learn to express their affections towards God and feel God’s expressions of affection towards them, this can then translate into improving individuals’ relationships with God and with others.

For believers Attachment to God should be addressed by clergy within the counseling process. Religious leaders and clergy should include God Attachment in the counseling they provide for individuals, couples, and families who are experiencing relationship dissatisfaction. It can be utilized as one method for helping these individuals, couples, and families for as the current study revealed, a secure attachment to God can correlate with higher levels of Relationship Satisfaction. For believers their faith is not only a priority but is often used in times of distress, therefore to fail to include the believer’s relationship and God Attachment while counseling him/her would be to ignore a vital part of this individual’s being.

Next, this study’s findings reveal that religious leaders and the church should reach out to ACOAs in specific as ACOAs who have Secure God Attachment also report higher adult Relationship Satisfaction. Again, this could be done in individual, couples, and/or family counseling when working with an ACOA believer who is receiving
counseling from clergy. Assisting an ACOA in developing more secure God Attachment would benefit him/her in the area of Relationship Satisfaction as it would a non-ACOA.

In addition, small groups specifically for ACOAs and/or individuals raised in dysfunctional families could also provide relevant services to these individuals. As with the overall congregation, the small group setting can be a powerful format for presenting techniques on relationship skill building and the development of relationships for the ACOA. It will afford experiential work on ways to develop secure, trusting relationships which can then transform into improving and further developing the ACOA’s relationship with God and with others.

*Potential Implications and Applications for Graduate Counseling Programs*

Since the participants in this study were graduate counseling students the results provide some implications and applications for other graduate counseling students and programs. The current study revealed that 159 (59.6%) participants were securely attached while 108 (40.4%) participants were insecurely attached to God. Of this 54 ACOAs and 105 non-ACOAs were securely attached while 42 ACOAs and 66 non-ACOAs were insecurely attached to God. It also revealed that 191 (71.5%) of the participants were securely attached and 76 (28.6%) were insecurely attached in their Romantic Attachment. Of this 67 ACOAs and 124 non-ACOAs reported secure while 29 ACOAs and 47 non-ACOAs reported insecure Romantic Attachment.

How an individual attaches to God and to others could have a significant relationship to how this individual counsels. If an individual tends to avoid intimacy with God and others this may result in the individual having a difficult time developing a true
therapeutic bond with clients. As previous research (Park et al., 2004) has reported these individuals often score high on interpersonal hostility, coldness, and competitiveness all of which could be detrimental to the counseling relationship. These individuals may present as judgmental and aloof to their clients.

On the other hand, individuals with insecure-anxious attachment often feel underappreciated and develop strong emotional dependencies on others (Brennan & Shaver, 1995; Park et al., 2004). Their fear of abandonment, preoccupation with relationships, and desire of intimacy may cause them to relax the professional lines of the therapeutic relationship and become too close and emotionally invested in their clients. This would adversely affect both the client and the counselor.

Finally, secure attachment to God and others might prove beneficial to the therapeutic relationship. Individuals classified as Secure tend to perceive others as generally well-meaning (Hazan & Shaver, 1987) and to view society and human nature in an optimistic, positive light (Collins & Read, 1990). They are capable of developing close and supportive relationships and trusting in others (Park et al., 2004). Additionally, individuals with Secure attachment have been found to be less susceptible to experiencing unpleasant and upsetting emotions (McCrae & Costa, 1990). Each of these characteristics would be valuable to a counselor and the counseling relationship.

For these reasons it would be beneficial to both individuals pursuing a career in counseling and graduate counseling programs to evaluate counselor trainees’ attachment and how these may impact their counseling techniques. If the counselor trainees are able to develop insight into how their counseling techniques are affected by their attachment
then they will be better prepared to amend or augment their techniques in such a way as to create enhanced therapeutic relationships.

Conclusion

This study extended current research on the relationship between God Attachment and adult Relationship Satisfaction. It expanded upon current research on ACOAs as a subset of the population and initiated research on how an ACOA’s God Attachment relates to adult Relationship Satisfaction. This study, also, provided findings that appear to support a resilient nature and oppose a need for a high desire for control in ACOAs.

The current study revealed that both ACOAs and non-ACOAs who have securely attached to God reported increased adult Relationship Satisfaction than those who insecurely attached to God. Also of significance is the finding that God Attachment contributed unique variance to Relationship Satisfaction after controlling for the influence of Romantic Attachment in ACOAs. These findings fully supported one of the study’s two hypotheses that dealt specifically with the relationship between God Attachment and Relationship Satisfaction and partially supported the other. The lack of support for the other two hypotheses seem to reveal notable findings concerning ACOAs that were different than what research and individuals working with ACOAS have proposed about ACOAs being impacted more on Relationship Satisfaction than their non-ACOA counterparts. The current study indicates that while ACOA status may impact Relationship Satisfaction, non-ACOAs did not report a more significant amount of Relationship Satisfaction than the ACOAs. This study, also, found that there does not
appear to be a significant interaction effect between the independent variables of ACOA status and God Attachment style on adult Relationship Satisfaction.

The findings regarding God Attachment and Relationship Satisfaction are valuable for several reasons. First, the current study provided quantitative research on ACOAs with a median age of 37. Up until this point, the majority of research and literature on Adult Children of Alcoholics (ACOAs) and their families of origin focused on descriptive and anecdotal data rather than empirical as most of it was produced by clinicians working with clinical samples (e.g., Black, 1981; Brown, 1988; 1999; Woititz, 1983; 1985; 2002). This provided qualitative research on the personality and/or interpersonal characteristics of ACOAs (e.g., Black, Bucky, & Wilder-Padilla, 1986; Bradley & Schneider, 1990) but few quantitative studies. The quantitative studies which have been done on ACOAs generally utilized a traditional university population in which the median age was in the early to mid-20s (e.g., Hewes & Janikowski, 1998; Kelley et al., 2004; Larson et al., 2001). In contrast, because the design of this study was quantitative and based on data collected from a nontraditional university population of graduate counseling students with a median age well above the mid-20s, it expands upon prior research.

Next, these findings indicate that Secure God Attachment relates to higher levels of Relationship Satisfaction for both ACOAs and non-ACOAs. In addition, the study revealed that an ACOA’s Relationship Satisfaction is not only impacted by the individual’s Romantic Attachment but also by his/her God Attachment. These findings provide support that God Attachment can positively affect an ACOA’s and a non-ACOA’s Relationship Satisfaction. They emphasize a need to examine an individual’s
God Attachment when the individual is experiencing problems in the area of Relationship Satisfaction or desires to improve Relationship Satisfaction.

From the current study’s findings counselors and therapists should integrate an individual’s God Attachment into the counseling they do with ACOAs and any individual reporting and/or seeking counseling for issues with Relationship Satisfaction. This integration should start at treatment planning and continue into the actual counseling sessions. During treatment individuals would benefit from examining their Attachment to God, how it impacts their other attachment relationships, and how it affects their Relationship Satisfaction. In addition, by coming to understand their God Attachment they can improve their relationship with God and quite probably improve their other relationships and overall Relationship Satisfaction.

The findings of this study also support the importance of the church and religious leaders including God Attachment in their teachings as it will help both ACOAs and non-ACOAs to understand how their attachment beliefs about God are affecting their relationships with God and with others. Through sermons, trainings, prayer, and small group dynamics, religious leaders can assist individuals to uncover their dysfunctional beliefs about God, improve their relationship with God, and increase their overall Relationship Satisfaction.

In addition, the findings provided specific data on graduate counseling students which could prove beneficial to other graduate counseling students and programs. Evaluating counselor trainees’ attachment styles and how these may impact their counseling techniques would be advantageous. Counselor trainees could develop insight into how their counseling techniques are affected by their attachment. This would then
enable them in being better prepared to amend their techniques in such a way that may offset any negative impact to themselves and their clients.

To date, the exploration of the relationship between God Attachment and Relationship Satisfaction for ACOAs has been unexplored. However, the value of this study lies not only in the information it provided on the potential of improving Relationship Satisfaction through God Attachment for both ACOAs and non-ACOAs but the possibility that it will persuade individuals of the importance of developing a more secure, satisfying, and trusting relationship with God. David’s Song of Praise to the Lord describes the Lord as the rock in whom we will find refuge and the shield for our very salvation. David explains that in the Lord we will find a stronghold and savior who will rescue and protect us from violent individuals. This description of what the Lord provides is the very essence of a secure base and safe haven. The findings in the current study are an invaluable contribution to the existing literature and future research should continue to examine the relationship between God Attachment and Relationship Satisfaction for ACOAs and non-ACOAs.
REFERENCES


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Appendix A

Demographic Form

Gender (0 male, 1 female)

Age (Actual age)_____

Ethnicity (0= Black/African American, 1=Asian, 2= Native American, 3= Caucasian, 4= Hispanic, 5= Other)

Education level
Highest degree earned=________________________

Parental education level (for both mother and father)
Highest degree earned for mother=________________________

Highest degree earned for father=________________________

Current Occupational status
0=unemployed
1=employed full time (40 hours a week or more)
2=employed part time

Current Marital Status (0= not married, 1= married, 2= separated, 3= divorced, 4= widowed, 5=cohabitating)

Number of Marriages (fill in the number):_____

Length of Longest Adult Relationship (fill in the number in years):________

Religious Affiliation (0= no religious affiliation, 1= Roman Catholic, 2=Lutheran, 3= Presbyterian, 4= Episcopal/Anglican, 5= Methodist, 6= Pentecostal, 7=Latter-Day Saints, 8= Seventh-Day Adventist, 9= Baptist, 10=Judaism, 11= Other)

Number of People in Family of Origin (fill in number):________

Were you adopted?
0=yes
1=no
2=unsure

Parental Marital Status (0= intact family of origin, 1= separated parents, 2= divorced parents, neither who remarried, 3= divorced with 1 parent who remarried, 4= divorced with both parents who remarried, 5=never married)
Grandparent Alcoholism Status (0= No alcoholic grandparents, 1= one alcoholic grandparent, 2= two alcoholic grandparents, 3= three alcoholic grandparents, 4= four or more alcoholic grandparents, 5=Unsure)=__________________

Abuse Experienced in Family of Origin (0= No abuse experienced, 1= Verbal abuse experienced, 2= Physical Abuse experienced, 3= Sexual Abuse experienced - circle as many as apply)

Parental Spousal Violence Witnessed (0= No violence witnessed, 1= Verbal violence witnessed, 2= Physical violence witnessed- circle as many as apply)

Parents’ Relationship Description
0=happy/normal
1=unhappy
2=neglectful
3=abusive

1.) Do you consider that either of your parents ever had a drinking problem?
   1-Yes   2-No
2.) Do you consider that either of your parents may have, or may have had an alcohol abuse problem?
   1-Yes   2-No
Appendix B

Children of Alcoholics Screening Test (CAST)

The following test was developed by two social workers – Jones and Pilat (Jones, 1991). Please check the answers below that best describe your feelings, behavior and experiences related to a parent’s alcohol use. Take your time and be as accurate as possible.

__ Have you ever thought that one of your parents had a drinking problem?
__ Have you ever lost sleep because of a parent’s drinking?
__ Did you ever encourage one of your parents to quit drinking?
__ Did you ever feel alone, scared, nervous, angry or frustrated because a parent was not able to stop drinking?
__ Did you ever argue or fight with a parent when he or she was drinking?
__ Did you ever threaten to run away from home because of a parent’s drinking?
__ Has a parent ever yelled at or hit you or other family members when drinking?
__ Have you ever heard your parents fight when one of them was drunk?
__ Did you ever protect another family member from a parent who was drinking?
__ Did you ever feel like hiding or emptying a parent’s bottle of liquor?
__ Do many of your thoughts revolve around a problem drinking parent or difficulties that arise because of his or her drinking?
__ Did you ever wish that a parent would stop drinking?
__ Did you ever feel responsible for or guilty about a parent’s drinking?
__ Did you ever fear that your parents would get divorced due to alcohol misuse?
__ Have you ever withdrawn from and avoided outside activities and friends because of
embarrassment and shame over a parent’s drinking problem?

__ Did you ever feel caught in the middle of an argument or fight between a problem drinking parent and your other parent?

__ Did you ever feel that you made a parent drink alcohol?

__ Have you ever felt that a problem drinking parent did not really love you?

__ Did you ever resent a parent’s drinking?

__ Have you ever worried about a parent’s health because of his or her alcohol use?

__ Have you ever been blamed for a parent’s drinking?

__ Did you ever think your father was an alcoholic?

__ Did you ever wish your home could be more like the homes of your friends who did not have a parent with a drinking problem?

__ Did a parent ever make promises to you that he or she did not keep because of drinking?

__ Did you ever think your mother was an alcoholic?

__ Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family?

__ Did you ever fight with your brothers and sisters about a parent’s drinking?

__ Did you ever stay away from home to avoid the drinking parent or your other parent’s reaction to the drinking?

__ Have you ever felt sick, cried, or had a “knot” in your stomach after worrying about a parent’s drinking?

__ Did you ever take over any chores and duties at home that were usually done by a parent before he or she developed a drinking problem?
Appendix C

Attachment to God Inventory (AGI)

(Beck & McDonald, 2004)

The following statements concern how you feel about your relationship with God. We are interested in how you generally experience your relationship with God, not just in what is happening in that relationship currently. Respond to each statement by indicating how much you agree or disagree with it. Write the number in the space provided, using the following rating scale:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagree</td>
<td>Neutral/Mixed</td>
<td>Agree</td>
<td></td>
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<tr>
<td>Strongly</td>
<td>Strongly</td>
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</tbody>
</table>

1. I worry a lot about my relationship with God.
2. I just don’t feel a deep need to be close to God.
3. If I can’t see God working in my life, I get upset or angry.
4. I am totally dependent upon God for everything in my life. (R)
5. I am jealous at how God seems to care more for others than for me.
6. It is uncommon for me to cry when sharing with God.
7. Sometimes I feel that God loves others more than me.
8. My experiences with God are very intimate and emotional. (R)
9. I am jealous at how close some people are to God.
10. I prefer not to depend too much on God.
11. I often worry about whether God is pleased with me.
12. I am uncomfortable being emotional in my communication with God.
13. Even if I fail, I never question that God is pleased with me. (R)
14. My prayers to God are often matter-of-fact and not very personal.*
15. Almost daily I feel that my relationship with God goes back and forth from “hot” to “cold.”
16. I am uncomfortable with emotional displays of affection to God.*
17. I fear God does not accept me when I do wrong.
18. Without God I couldn’t function at all. (R)
19. I often feel angry with God for not responding to me when I want.
20. I believe people should not depend on God for things they should do for themselves.
21. I crave reassurance from God that God loves me.
22. Daily I discuss all of my problems and concerns with God. (R)
23. I am jealous when others feel God’s presence when I cannot.
24. I am uncomfortable allowing God to control every aspect of my life.
25. I worry a lot about damaging my relationship with God.
26. My prayers to God are very emotional. (R)
27. I get upset when I feel God helps others, but forgets about me.
28. I let God make most of the decisions in my life. (R)
Appendix D

Relationship Satisfaction Scale (RSAT)*

Use this answer sheet to indicate how much satisfaction you have been feeling in your closest relationship on a scale from 0 (very dissatisfied) to 6 (very satisfied). Place an X in the box to indicate the amount of satisfaction you have recently felt in each relationship area.

<table>
<thead>
<tr>
<th></th>
<th>0-Very Dissatisfied</th>
<th>1-Moderately Dissatisfied</th>
<th>2-Slightly Dissatisfied</th>
<th>3-Neutral</th>
<th>4-Slightly Satisfied</th>
<th>5-Moderately Satisfied</th>
<th>6-Very Satisfied</th>
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</thead>
<tbody>
<tr>
<td>1. Communication and openness</td>
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<tr>
<td>2. Resolving conflicts and arguments</td>
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<td>3. Degree of affection and caring</td>
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<td>4. Intimacy and closeness</td>
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<td>5. Satisfaction with your role in the relationship</td>
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<tr>
<td>6. Satisfaction with the other person’s role in the relationship</td>
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<tr>
<td>7. Overall satisfaction with your relationship</td>
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</tr>
</tbody>
</table>

Note: You can use this test to evaluate your closest adult relationship with your spouse, a family member, lover, or friend.

Copyright ©1983 by David D. Burns, MD
Permission to Use the RSAT

From: David Burns [david@feelinggood.com]
Sent: Tuesday, November 11, 2008 3:46 PM
To: 'Karin Dumont'
Subject: RE: 2007 upgrade for Therapist's toolkit

No problem, feel free to use anything in your research. Will put you on update list.

David D. Burns, M.D.
Adjunct Clinical Professor Emeritus,
Department of Psychiatry and Behavioral Sciences,
Stanford University School of Medicine

CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please notify David Burns, M.D. immediately by telephone at (650) 917-8257 and destroy all copies of this communication and any attachments.

From: Karin Dumont [mailto:tedumont@earthlink.net]
Sent: Tuesday, November 11, 2008 11:40 AM
To: 'David Burns'
Subject: 2007 upgrade for Therapist's toolkit

Dr. Burns,

I received the Therapist’s toolkit and wanted to e-mail you to receive the 2007 upgrade. In addition, I wanted to obtain permission from you in writing to use the Relationship Satisfaction Scale in the study I am doing for my dissertation. The licensure agreement in the Toolkit states that I cannot use it for research so I want to obtain your permission in writing. If I need to send you a self-addressed stamped envelope to receive your permission please just let me know. If not, my address is: (omitted)

Thank you so much and I will let you know what the study reveals. The focus of the study is to examine the effect of attachment to God and a history of an alcoholic parent on relationship satisfaction after controlling for romantic attachment and need for control.

Karin
Appendix E

Desirability of Control Scale (DC)

(Burger & Cooper, 1979)

Below you will find a series of statements. Please read each statement carefully and respond to it by expressing the extent to which you believe the statement applies to you. For all items, a response from 1 to 7 is required. Use the number that best reflects your belief when the scale is defined as follows:

1 = The statement does not apply to me at all; 2 = The statement usually does not apply to me; 3 = Most often, the statement does not apply; 4 = I am unsure about whether or not the statement applies to me, or it applies to me about half the time; 5 = The statement applies more often than not; 6 = The statement usually applies to me; 7 = The statement always applies to me.

1. I prefer a job where I have a lot of control over what I do and when I do it.

1 2 3 4 5 6 7

2. I enjoy political participation because I want to have as much of a say in running government as possible.

1 2 3 4 5 6 7

3. I try to avoid situations where someone else tells me what to do.

1 2 3 4 5 6 7
4. I would prefer to be a leader than a follower.

5. I enjoy being able to influence the actions of others.

6. I am careful to check everything on an automobile before I leave for a long trip.

7. Others usually know what is best for me.

8. I enjoy making my own decisions.

9. I enjoy having control over my own destiny.

10. I would rather someone else take over the leadership role when I'm involved in a group project.
11. I consider myself to be generally more capable of handling situations than others are.

12. I'd rather run my own business and make my own mistakes than listen to someone else's orders.

13. I like to get a good idea of what a job is all about before I begin.

14. When I see a problem, I prefer to do something about it rather than sit by and let it continue.

15. When it comes to orders, I would rather give them than receive them.

16. I wish I could push many of life's daily decisions off on someone else.

17. When driving, I try to avoid putting myself in a situation where I could be hurt by another person's mistake.
18. I prefer to avoid situations where someone else has to tell me what it is I should be doing.

19. There are many situations in which I would prefer only one choice rather than having to make a decision.

20. I like to wait and see if someone else is going to solve a problem so that I don't have to be bothered with it.
Appendix F

Experiences in Close Relationships Scale-Revised (ECR-R)

The Experiences in Close Relationships-Revised (ECR-R) Questionnaire

Fraley, Waller, and Brennan (2000)

Generic Instructions: The statements below concern how you feel in emotionally intimate relationships. We are interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by [web: clicking a circle] [paper: placing a number on the line in front of each question] to indicate how much you agree or disagree with the statement.

1. I'm afraid that I will lose my partner's love.
2. I often worry that my partner will not want to stay with me.
3. I often worry that my partner doesn't really love me.
4. I worry that romantic partners won’t care about me as much as I care about them.
5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.
6. I worry a lot about my relationships.
7. When my partner is out of sight, I worry that he or she might become interested in someone else.
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.
9. I rarely worry about my partner leaving me.

10. My romantic partner makes me doubt myself.

11. I do not often worry about being abandoned.

12. I find that my partner(s) don't want to get as close as I would like.

13. Sometimes romantic partners change their feelings about me for no apparent reason.

14. My desire to be very close sometimes scares people away.

15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

16. It makes me mad that I don't get the affection and support I need from my partner.

17. I worry that I won't measure up to other people.

18. My partner only seems to notice me when I'm angry.

19. I prefer not to show a partner how I feel deep down.

20. I feel comfortable sharing my private thoughts and feelings with my partner.

21. I find it difficult to allow myself to depend on romantic partners.

22. I am very comfortable being close to romantic partners.

23. I don't feel comfortable opening up to romantic partners.

24. I prefer not to be too close to romantic partners.

25. I get uncomfortable when a romantic partner wants to be very close.

26. I find it relatively easy to get close to my partner.

27. It's not difficult for me to get close to my partner.

28. I usually discuss my problems and concerns with my partner.
29. It helps to turn to my romantic partner in times of need.
30. I tell my partner just about everything.
31. I talk things over with my partner.
32. I am nervous when partners get too close to me.
33. I feel comfortable depending on romantic partners.
34. I find it easy to depend on romantic partners.
35. It's easy for me to be affectionate with my partner.
36. My partner really understands me and my needs.
Appendix G

Marlowe-Crowne Social Desirability Scale (MCSD)

(Crowne & Marlowe, 1960)

*Personal Reaction Inventory*

Listed below are a number of statements concerning personal attitudes and traits. Read each item and decide whether the statement is *True* or *False* as it pertains to you personally. Circle either (T) for true or (F) for False.

1. Before voting I thoroughly investigate the qualifications of all the candidates (T) or (F)
2. I never hesitate to go out of my way to help someone in trouble (T) or (F)
3. It is sometimes hard for me to go on with my work, if I am not encouraged (T) or (F)
4. I have never intensely disliked anyone (T) or (F)
5. On occasion I have had doubts about my ability to succeed in life (T) or (F)
6. I sometimes feel resentful when I don’t get my way (T) or (F)
7. I am always careful about my manner of dress (T) or (F)
8. My table manners at home are as good as when I eat out in a restaurant (T) or (F)
9. If I could get into a movie without paying and be sure I was not seen, I would probably do it (T) or (F)
10. On a few occasions, I have given up doing something because I thought too little of my ability (T) or (F)
11. I like to gossip at times (T) or (F)
12. There have been times when I felt like rebelling against people in authority even though I knew they were right (T) or (F)
13. No matter who I’m talking to, I’m always a good listener (T) or (F)
14. I can remember “playing sick” to get out of something (T) or (F)
15. There have been occasions when I took advantage of someone (T) or (F)
16. I’m always willing to admit it when I make a mistake (T) or (F)
17. I always try to practice what I preach (T) or (F)
18. I don’t find it particularly difficult to get along with loud-mouthed, obnoxious people (T) or (F)
19. I sometimes try to get even rather than forgive and forget (T) or (F)
20. When I don’t know something I don’t at all mind admitting it (T) or (F)
21. I am always courteous, even to people who are disagreeable (T) or (F)
22. At times I have really insisted on having things my own way (T) or (F)
23. There have been occasions when I felt like smashing things (T) or (F)
24. I would never think of letting someone else be punished for my wrongdoings (T) or (F)
25. I never resent being asked to return a favor (T) or (F)
26. I have never been irked when people expressed ideas very different from my own (T) or (F)
27. I never make a long trip without checking the safety of my car (T) or (F)
28. There have been times when I was quite jealous of the good fortune of others (T) or (F)
29. I have almost never felt the urge to tell someone off (T) or (F)
30. I am sometimes irritated by people who ask favors of me (T) or (F)
31. I have never felt that I was punished without cause (T) or (F)
32. I sometimes think when people have a misfortune they only got what they deserved (T) or (F)
33. I have never deliberately said something that hurt someone’s feelings (T) or (F)
Hello Graduate Students:

This e-mail is to alert you that you are being invited to be in a research study exploring God attachment and adult relationship satisfaction in adult children of alcoholics. The study is titled God’s Shield: The Relationship between God Attachment, Relationship Satisfaction and Adult Child of an Alcoholic (ACOA) Status in a Sample of Evangelical Graduate Counseling Students. It is being conducted by Karin McPeak Dumont in partial fulfillment of the Doctorate of Philosophy in Counseling. I have attached a copy of the Consent Form to provide an explanation and overview of the study. The study was started in May 2009 with the intent of having it completed by the fall of 2009.

You were selected as a potential participant because you are enrolled in the Graduate Counseling Program at Liberty University and will either qualify as an adult child of a non-alcoholic parent or an adult child of an alcoholic parent. In addition, you may have the opportunity to develop a better understanding of your own relationships and relationship satisfaction. You will hear more about this study during your upcoming Counseling Intensive class. Dr. (Name of Professor) will not know who has chosen to participate in this study and who has not, so your choice will in no way impact your grade for the course.

You can complete the assessments by signing and returning the Informed Consent Form by e-mail (kdumont@liberty.edu) as soon as is possible. In addition, you can turn in the signed Informed Consent Form during your one week intensive. After you return your
signed informed consent, you will receive a second e-mail from this researcher. This e-
mail contains the password and access to the online assessments.

If you have any questions please do not hesitate to contact me, Karin Dumont, at
kdumont@liberty.edu or (910) 257-5270. You have the right to ask questions, explain
your answers, or otherwise communicate with the researcher at any time. You can, also,
request a copy of the overall results.

I am asking that once you receive the password and online link, you please complete the
assessments online within a two week time period. It should only take approximately a
half hour to complete all of the assessments. Your assistance and participation is greatly
appreciated. Thank you for taking your time to participate in this significant study that
has the potential to benefit an important group of individuals.

In His Service,

Karin M. Dumont, MA, LPC, NCC, LCAS
Appendix I

CONSENT FORM

God’s Shield: The Relationship between God Attachment, Relationship Satisfaction and Adult Child of an Alcoholic (ACOA) Status in a Sample of Evangelical Graduate Counseling Students
Karin McPeak Dumont
Liberty University-Campus North

Center for Counseling and Family Studies

You are invited to be in a research study exploring God attachment and adult relationship satisfaction in adult children of alcoholics. Your assistance and participation is greatly appreciated by the researcher. You were selected as a potential participant because you are enrolled in the Graduate Counseling Program at Liberty University and will either qualify as an adult child of a non-alcoholic parent or an adult child of an alcoholic parent. The researcher is seeking approximately 200 individuals, 100 participants who are adult children of an alcoholic parent and 100 participants who are adult children of non-alcoholic parents.

We ask that you read this form and ask any questions you may have before agreeing to be in the study. This study is being conducted by: Karin Dumont, Doctoral Candidate, Counseling Department of the Center for Counseling and Family Studies.

Background Information

The purpose of this study is to explore the effect of attachment to God and a history of having an alcoholic parent on adult relationship satisfaction. There is a significant amount of research on attachment to God and adult relationship satisfaction and on having an alcoholic parent and adult relationship satisfaction. However, the effect of attachment to God and a history of having an alcoholic parent on adult relationship satisfaction have not been explored. Your voluntary participation in this study will provide important information. Results of this study may provide information that can assist the design, research, and implementation of interventions for adult children of alcoholics.

Procedures

If you agree to be in this study, we would ask you to do the following things:
You will complete a demographic form and six assessments to include the Children of Alcoholics Screening Test (CAST), Attachment to God Inventory (AGI), Desirability of Control Scale (DC), Experiences in Close Relationships Scale-Revised (ECR-R), Marlowe-Crowne Social Desirability Scale (MCSD), and the Relationship Satisfaction Questionnaire (RSAT). Completion of the assessments should take no more than one hour. These can be accessed and completed online once you have e-mailed your signed consent form to this researcher at kdumont@liberty.edu or turned the consent form in during your upcoming intensive class. After returning the form the online link and the password for the assessments will be e-mailed to you.

Please return the signed Consent Form as soon as possible, preferably within two weeks of receiving it.


**Risks and Benefits of being in the Study**

The study has several risks: First, there is the potential of becoming fatigued from responding to the assessments. To minimize this risk, completion of the assessments can be spaced out over several days.

Second, emotional stress may result from completing the assessments. To minimize this risk, the assessments chosen are as non-invasive as possible.

Third, there is the potential for discovery of your responses without your written consent. To minimize this risk, each participant’s assessment packet will have a number randomly assigned to it for identification purposes. Participants’ names will not be used. No study is without risk. However, the risks are minimal and are only slightly more than the participant would encounter in everyday life.

One of the benefits to the participant by answering the assessments is that it may provide personal insight into his/her adult relationship satisfaction, attachment to God, and the effect of attachment to God on his/her relationship satisfaction. In addition, a resource list that provides help and information for ACOAs, help and information for individuals the participant may know who are ACOAs, and professional information on the issue of Adult Children of Alcoholics will be provided.

**Confidentiality**

Research records will be stored securely and only researchers will have access to the records.

The records of this study will be kept private and maintained in a locked box within a locked filing cabinet. In addition, the consent forms will be separated from the assessments to further enhance confidentiality. The results of this study may be published in a professional journal. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject.

**Voluntary Nature of the Study**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**Contacts and Questions**

The researcher conducting this study is: Karin Dumont, MA, LPC, NCC, LCAS. You may ask any questions you have and are encouraged to contact her. If you have questions later, you are encouraged to contact her. To reach her by telephone or e-mail: (910) 257-5270, kdumont@liberty.edu. *(Dissertation Chair: Dr. David Jenkins, (434) 592-4045, djenkins@liberty.edu.)*

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Institutional Review Board, 1971 University Blvd, Suite 2400, Lynchburg, VA 24502 or email at irb@liberty.edu.
Please print one copy of this information to keep for your records. Please sign a copy and return to the researcher at kdumont@liberty.edu or you can turn it in during the first day of your upcoming intensive class.

Statement of Consent:
I have read the above information. If desired, I have asked questions and have received answers. I consent to participate in the study.

Signature:__________________________________________ Date: _____________

E-mail Address (please print)________________________________________________

Signature of Investigator: _____________________________ Date: ___5/19/09__
Karin Dumont, MA, LPC, NCC, LCAS

IRB Code #697.032909
IRB Expiration Date: 5/15/2010
Appendix J

Resources for ACOAs, Families, and Friends

1. National Association for Children of Alcoholics
   11426 Rockville Pike, Suite 100
   Rockville, MD 20852
   www.nacoa.net
2. Adult Children of Alcoholics World Service Organization, Inc.
   http://www.adultchildren.org
3. Al-Anon/Alateen
   http://www.al-anon.alateen.org/
4. Center for Substance Abuse Prevention
   http://www.health.org
5. Children of Alcoholics Foundation
   http://www.coaf.org
6. National Institute on Alcohol Abuse and Alcoholism
   http://eto.niaaa.nih.gov/
7. Adult Children Anonymous for the Newcomer
   http://www.cyberus.ca/~rocksoft/teddiysrule/newcomer.html
8. Support for families
   http://alcoholism.about.com/od/adult/Adult_Children_of_Alcoholics.htm
9. 13 Characteristics of Adult Children of Alcoholics
10. Resources for concerned adults, children, adolescents, and ACOAs
    http://ncadi.samhsa.gov/govpubs/ms417/
   Professional Resources on ACOA Issues
11. Information on ACOAs
    http://alcoholism.about.com/od/adult/Adult_Children_of_Alcoholics.htm
12. Treatment Issues with ACOAs
    Psychoanalytic Psychology, 8:69-82.
    http://www.bidmc.org/YourHealth/TherapeuticCenters/Alcoholism.aspx?ChunkID=14242
17. The 13 Characteristics of Adult Children of Alcoholics
Appendix K
E-mail to Actual Participants

Dear Graduate Student:

Thank you deeply for agreeing to participate in the study: God’s Shield: The Relationship between God Attachment, Relationship Satisfaction and Adult Child of an Alcoholic (ACOA) Status in a Sample of Evangelical Graduate Counseling Students that is being conducted by Karin McPeak Dumont.

The survey link to access the assessments is https://www.surveymonkey.com/s.aspx?sm=blbjGI1w_2fxpfRAXF_2bcQw3w_3d_3d

The password to obtain access to the survey is: knowledgeafame

If you have any questions please do not hesitate to contact me, Karin Dumont, at kdumont@liberty.edu or (910) 257-5270. You have the right to ask questions, explain your answers, or otherwise communicate with the researcher at any time. You can, also, request a copy of the overall results.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), you are encouraged to contact the Human Subject Office, 1971 University Blvd, Suite 2400, Lynchburg, VA 24502 or email at irb@liberty.edu.

In addition, participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

Again, thank you for agreeing to participate and assist in this significant study.

Amazed by His Grace,
Karin Dumont, MA, LPC, NCC, LCAS
Appendix L

E-mail 2

Hello Graduate Students

This is a short reminder about completing the online survey for the study titled God’s Shield: The Relationship between God Attachment, Relationship Satisfaction and Adult Child of an Alcoholic (ACOA) Status in a Sample of Evangelical Graduate Counseling Students that is being conducted by Karin McPeak Dumont. It should only take a half hour to complete all of the assessments for this study.

Please return the attached consent form with signature to kdumont@liberty.edu.

If you have any questions or concerns, please do not hesitate to contact me, Karin Dumont, at kdumont@liberty.edu or (910) 257-5270. Keep in mind that you have the right to ask questions, explain your answers, or otherwise communicate with the researcher at any time.

I am anxiously awaiting the results and am asking that if you have not yet been able to do so yet, please sign and return the Informed Consent Form as soon as is possible (kdumont@liberty.edu). If you reply to this e-mail with your signed informed consent, you will receive a second e-mail from this researcher. This e-mail contains the password and access to the online assessments. Your assistance and participation is greatly appreciated. Thank you for taking your time to participate in this significant study that has the potential to assist an important group of individuals.

Amazed by His Grace,

Karin Dumont, MA, LPC, NCC, LCAS
Hello Graduate Students

This is a short reminder about completing the online assessments for the study titled God’s Shield: The Relationship between God Attachment, Relationship Satisfaction and Adult Child of an Alcoholic (ACOA) Status in a Sample of Evangelical Graduate Counseling Students that is being conducted by Karin McPeak Dumont. It should only take a half hour to complete all of the assessments for this study.

If you have any questions or concerns, please do not hesitate to contact me, Karin Dumont, at kdumont@liberty.edu or (910) 257-5270. Keep in mind that you have the right to ask questions, explain your answers, or otherwise communicate with the researcher at any time.

If you have not already done so you can complete the assessments by signing and returning the Informed Consent Form by e-mail as soon as is possible. If you reply to this e-mail with your signed informed consent, you will receive a second e-mail from this researcher. This e-mail contains the password and access to the online assessments.

I am in the process of trying to collect as much of the remaining data as possible and therefore I am anxiously awaiting any remaining participation. Your assistance and participation has been greatly appreciated. Thank you for taking your time to participate in this significant study that has the potential to benefit an important group of individuals.

Amazed by His Grace,

Karin Dumont, MA, LPC, NCC, LCAS
Appendix N

Demographic Characteristics of the Initial Sample

<table>
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<tr>
<th>Demographic</th>
<th>Type</th>
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<th>P</th>
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<td>Male</td>
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<td>16.9</td>
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