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THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

THE RELATIONSHIP BETWEEN NEED FOR CONTROL, ATTACHMENT STYLE, AND RELATIONSHIP SATISFACTION AMONG ADULT CHILDREN OF ALCOHOLICS

A Dissertation

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

DOCTOR OF PHILOSOPHY

By

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Norman, Oklahoma

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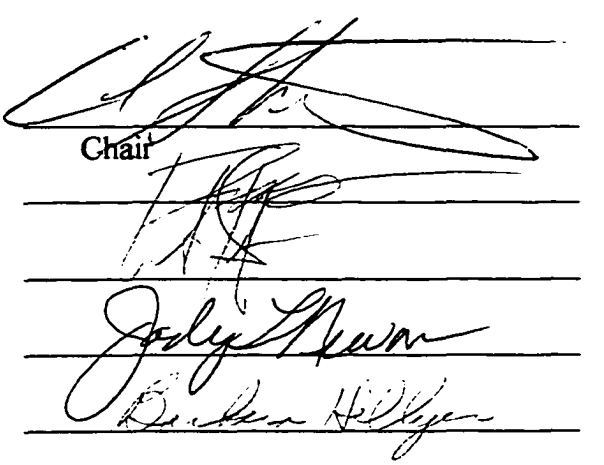
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A Dissertation
APPROVED FOR THE DEPARTMENT OF
EDUCATIONAL PSYCHOLOGY

BY



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Abstract

This study investigated possible differences in need for control, attachment style, and relationship satisfaction between adult children of alcoholics (ACOAs) and adult children of non-alcoholics (ACONAs). Results from correlations run on the dependent variables indicated that need for control, attachment style, and relationship satisfaction were significantly correlated across the board for both the ACOA and ACONA groups. A multivariate analysis of variance followed by a discriminant analysis was used to investigate possible differences between the two groups on the dependent variables of need for control, attachment style, and relationship satisfaction. The results revealed that the two groups differed significantly on the variables of need for control and relationship satisfaction with the ACOAs reporting a significantly higher need for control and significantly lower relationship satisfaction. ACOAs also reported a more insecure attachment style than ACONAs, but the mean difference between the two groups was not statistically significant. While separate regression equations failed to support the predictive ability of certain demographic variables (possibly due to small sample size), preliminary analyses on these variables showed the two groups did indeed differ significantly on the quality of communication and level of family conflict in the family of origin, family stress level, and therapeutic involvement. A discussion of the theoretical, practical, and clinical implications is also included.

The Relationship Between Need for Control, Attachment Style, and Relationship Satisfaction Among Adult Children of Alcoholics

INTRODUCTION

Although alcoholics in the U. S. number some eight to ten million, in reality the disease of alcoholism affects an estimated 30 million others (Woodside, 1988). It is only in the last decade or so that this peripheral population has been targeted for study by the mental health profession. The last ten years have also been witness to a growing number of studies exploring the relationship between control issues and various clinical problems among adult children of alcoholics (ACOAs). Evidence from this research has further suggested that the issue of control is a salient discriminating variable for ACOAs (Brown, 1988; Sheridan & Green, 1993). According to the literature, these control issues are played out individually in the need to dominate and control the environment, including the self and relationships in particular, and are highlighted by difficulties with intimacy and trust (Sheridan & Green, 1993).

Several identifiable patterns of interpersonal discomfort and intrapsychic conflict among ACOAs have been explored in the existing literature (Beletis & Brown, 1981). In the alcoholic family, the child's normal developmental patterns seem to be thwarted by the high levels of stress emanating from dysfunctional parent/child interactions. This deficit in consistent parenting is replaced with highly defensive, self-protective survival behaviors in order to compensate for the lack of safety and security within the family system. Thus, many ACOAs learn to increase their control behaviors in proportion with the out of control behaviors in their families of origin. While this hypervigilence and hypersensitivity may well serve the child initially in his/her effort to cope with the chronic stress of family life, it ultimately serves to stifle the natural progression of the child's personal growth and identity development.

Recent articles have begun to address more directly the issue of control among ACOAs and the ensuing negative effects on the formation of intimate relationships. However, no empirical studies have focused on the possible connection between need for control and attachment style within this population. For instance, attachment theorists now unanimously assert the notion that the sense of security in any attachment relationship depends on the quality of responsiveness between the relationship partners (El-Guebaly, West, Maticka-Tyndale, & Pool, 1993). Bowlby (1969) and other developmental theorists have long touted the belief that the attachment system functions as the cornerstone for adaptive developmental processes. Using this framework to examine the role reversal in the alcoholic family of origin and how it interferes with the development of the child's personal identity helps to illuminate how the child's sense of self becomes distorted in an effort to maintain the attachment to the alcoholic parent(s). Just as the alcoholic in the family strives to control his/her drinking behaviors, the child endeavors to mediate the family chaos by attempting to control him or herself and others. Despite their efforts to accomplish this formidable task, the rules of the game are constantly in flux, requiring a hypervigilent response to be the order of the day. In this context, the interpersonal problems of ACOAs may mirror the rigidity and pervasiveness of relational difficulties within the alcoholic family of origin across the developmental years. Apparently, the failure of a caregiver to respond interferes with the child's creation of a representational model of self in relation to others; a model that is transported into adulthood. This continued pattern of insecurity in relationships is then reinforced and reinterpreted by the ACOA in the context of adult attachment relationships as well. Thus, since attachment styles have also been shown to influence adult interpersonal relationships, and dysfunctional interpersonal relationships have been identified as a salient feature of ACOAs, attachment theory may provide an extended basis for exploring control-related issues among this segment of the population.

Control Theory and ACOAs

The literature is consistent in defining ACOAs as adults from a family with alcoholic parent(s), grandparent(s), and/or other family member (Kritzberg, 1990). One of the most reasonable theories for conceptualizing the problem of treating this population views alcoholism as a systemic process in which the entire family is affected. This systems theory, based on cybernetic components, proposes the existence of a feedback mechanism, either positive or negative, that monitors the present state in terms of a previous reference value. This homeostatic loop keeps the family locked into the cycle by preventing them from confronting significant issues or proceeding from one growth stage to the next and helps to explain the critical role that alcoholism plays in family functioning (Carver & Scheier, 1982). This persistent pressure to reassess the balance in the family system often leads to rigid controlling behaviors which, in turn, prevent individual growth and differentiation (Bepko & Krestan, 1985).

Adding to this theoretical base, Woititz (1989) enumerates several central characteristic themes for ACOAs in her research. Among these are the tendency to overreact to changes over which they have no control, the fear of expressing feelings, vacillation between rigidity and impulsivity, approval seeking, difficulty with intimacy, fear of abandonment, and need for control which develops from an overreliance on the self during childhood. As adults, these individuals view change as threatening and often cannot recognize choices because of an overwhelming fear of losing control of their lives.

In particular, the need for control seems related to the dynamics in the dysfunctional family of origin. According to Woititz (1989), many ACOAs transport this need into adult relationships, developing coping skills along the way in order to mediate the chaos and unpredictability in their lives. While in the short term these seem adaptive maneuvers, in the long run when carried into adult relationships they become maladaptive (Ackerman, 1987). Schulz (1988) suggests that this need for control reflects fears of abandonment and

intimacy since ACOAs often associate vulnerability with being powerless and fear they will lose control of their lives if they become dependent on others. Such overresponsibility may become difficult to relinquish, however, since it represents the only real security the ACOA knows.

Because the control of self, environment, and others is an all-consuming task, ACOAs experience persistent frustration and an inability to relax. In a study conducted by Cermak and Rosenfeld (1987), ACOAs exhibited symptoms similar to individuals with Post Traumatic Stress Disorder or histories of physical, emotional and sexual abuse. This tendency to overcontrol and manipulate behavior may put the ACOA at risk for a variety of physiological and psychological disorders which may include highly defensive, self-protective behaviors, inability to deal with feelings, lack of trust and intimacy, dependency on the approval of others, and inordinate need for control of self, others, and the surrounding environment.

Cermak's (1986) group therapy research and theory sums up the issues and dynamics of ACOA group interaction in one word-- "control" (p. 377). Lack of control was reported by members to be more frightening than the feelings themselves. According to Cermak and Brown (1982), asking children of alcoholics to give up control is like asking them to relinquish the very mechanism used for attaining and maintaining their own self-worth. Unfortunately, these self-protective coping behaviors from childhood stymie the growth and developmental stages necessary for coping with the stressors of adulthood. Cermak (1989) also emphasizes that ACOAs must guess at what normal is and as a result develop a pseudo-self to deal with the environment in order to mask the reality of their internal pain and loneliness and to distance themselves from others. Attempts to remedy this isolation are exhibited in the form of controlling behaviors. Continued efforts to control the obviously uncontrollable lead to elevated stress levels and further futile, cyclical attempts to maintain or to increase self-esteem.

In a study on intimacy in ACOA populations, Latham (1988) found that married female ACOAs reported experiencing more difficulty with intimacy, more family of origin dysfunction, and a greater need to take a parent role in their marriages. In Wilson's (1988) research on ACOA and adult children of non-alcoholic (ACONA) groups, she reports that ACOA women were more depressed, distrusting, and guilt prone, were more likely to have participated in therapy and perceived their family of origin to be less loving and secure and their marriages and lives less gratifying.

Ackerman's (1989) study compared daughters of alcoholics with daughters of non-alcoholics and revealed a significantly higher need for control, overreaction to change, and feelings of overresponsibility for others. They also rated themselves higher in difficulty with intimacy, approval and affirmation, and judging themselves harshly. Adult daughters of alcoholics rated their emotional satisfaction lower than ACONAs and described their parents as poor or below average. In an open-ended follow-up survey, 33% (versus 9% of the ACONAs) of the adult daughters of alcoholics reported the greatest parenting issues for them as parents was their "need for control." They reported taking on too many responsibilities for their children by overprotecting them, had extremely high expectations of their children, and felt responsible for making sure everything in the family was under control. Finally, they responded that they felt the need to control everything within the family so no one would be upset.

The link between self-esteem and need for control is further reflected in the often problematic relationships of ACOAs. The relationships of ACOAs suffer because they experience difficulty dealing with emotions and vulnerability, the precursors of intimacy (Heinemann, 1989). The unpredictable behavior of others leads to stress in the relationship and feeling of loss of control which harkens back to childhood feelings in which survival and protection depended on control. Trust in others is difficult given the ingrained childhood fears of abandonment and isolation. Furthermore, many ACOAs experience the

ultimate irony as they gravitate to familiar stressful relationships to experience the so called "normality" of the unpredictability from their past.

One of the biggest problems in attempting to study need for control among ACOAs stems from the fact that the term "control" has been used in a variety of ways in the psychological literature. The most prolific research on control emanates from the field of social learning. Of the research in this arena, Rotter's theory (1966) of internal and external locus of control is probably the best known. According to Rotter, perceived control relates to the analysis of internal or external control of reinforcement. Internal control is characterized by the perception of situations, events, and behaviors as being a product of one's own actions. External control is the perception of events being beyond one's personal control, merely a product of luck, fate, or chance.

Bandura's self-efficacy model of control (1977), though varying somewhat in particulars from Rotter's work, emphasizes efficacy expectations or the personal belief that the individual is able to perform the necessary behaviors in order to produce the desired outcome.

Seligman's learned helplessness research (1975) suggests that the perception of outcomes that are independent of one's own actions (perceived lack of control) may result in new cognitive, motivational, and emotional deficits in which new responses are not learned or attempted. In this context, depression is then seen as arising from the perception and realization that environmental events are uncontrollable.

Brehm's reactance theory (1966) adds color and form to Seligman's work in that it presupposes that individuals expect a certain amount of freedom when deciding which behavior to pursue. So instead of merely giving up as Seligman suggests, individuals will attempt to re-establish control when it is perceived to be attainable.

Averill's research (1973) adds yet another wrinkle to the conceptualization of the control construct by distinguishing between behavioral control which implies direct

interaction of the individual with the environment, cognitive control which has to do with the individual's perception or interpretation of events, and decisional control which is characterized by having choices among different courses of action. He further asserts that the reality of personal control is ultimately steeped in the context or meaning of the control response for each individual.

Kelly's theory of personal constructs (1955) states that people want to predict and control their environment and thus select constructs that help to make their world more predictable and thereby more controllable. Langer's view of control (1983) echoes this idea as it defines control as " an ongoing process, an active belief that one has a choice among responses that are differentially effective in achieving a desired outcome" (pp.19-20).

Another aspect of control theory that must be considered is self-control. The study of self-control has only recently become central to psychological theory with the addition of cognitive research. For instance, Carlson's (1982) research suggested that Bandura's concept of self-efficacy is inextricably tied to the behavior change process. Self-control viewed in this context is seen as a positive phenomenon involving cognitive restructuring to aid in control of emotional and physical response patterns.

In addition, Lazarus (1966) has distinguished between emotionally focused control (making others feel better without remedying the situation) and problem focused control (behavioral attempts to remedy aspects of the environment). Related to this are the concepts of primary and secondary control, the former entailing changing the environment to fit individual needs and the latter referring to the changing of the individual to fit the environment.

Since research has definitely shown that coping styles are linked to mental and physical health and that these styles differ widely across a range of life situations, having a large repertoire of coping behaviors is vital to one's sense of control and would seem to be the

more adaptive scenario. As for research on particular coping styles, the Type A coronary prone personality seems to be the most researched. Characteristics of coronary-prone behavior consist of external achievement orientation, competition, hostility, and aggression. Some research suggests that Type A individuals are engaged in a constant battle to control their environment. Their belief that they can surmount any obstacle given enough effort often contributes to their description by others as "workaholics" or "control freaks." Their hypervigilent and hyperresponsive reaction to stressors masks an effort to control both the stressor and other individuals. Wright's (1988) research reveals that Type As are often reluctant to relinquish control of a situation to another individual even when the other person is confirmed to be the more competent. In Miller, Lack, and Asroff's (1985) study involving the reduction of aversive noise, Type As chose to exert control themselves even though it meant they would receive more noise. When questioned as to why they chose to respond as they did, they stated that they wanted to maintain individual responsibility for the outcome. These results would seem to support the contention that loss of control is perceived as more threatening to Type A individuals.

Given this ambiguity of control terminology in the literature, it is no wonder that a study focusing on the need for control among ACOAs is such a challenging task.

Attachment Theory and Adult Attachment

Attachment theory, as conceptualized by John Bowlby (1969) is a homeostatic process with an evolutionary purpose; namely, to ensure the survival of the species. Its link to control theory rests in cybernetic components that activate the system when the infant feels threatened or insecure. When this occurs, the child engages in behaviors designed to re-establish contact with the attachment figure such as crying or calling out. Once contact is regained, the child modifies his or her behavior to ensure and maintain the proximity of the caregiver.

Berman and Sperling (1994) further define attachment 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 refers to "particular internal working models of attachment that determine people's behavioral responses to real or imagined separation and reunion from their attachment figures" (p.11). This tendency toward stability provides the potential for secure relationships and seems to be directly connected to initial attachment experiences. Ainsworth, Blehar, Water, and Wall (1978) originally identified these styles in children using the Strange Situation paradigm, and the results have been replicated and validated in numerous similar studies. On the basis of infant responses to separation and reunion situations, Ainsworth et al. identified three basic patterns of attachment: secure attachment, anxious/ambivalent attachment, and avoidant attachment. Secure infants experienced distress upon separation, sought comfort upon reunion, and explored freely in the presence of their caregivers who in turn responded sensitively to the infant's cues. The anxious/ambivalent infants were observed to cry more and exhibit more distress prior to separation and were difficult to reassure and comfort. Caregivers of these infants responded inconsistently to their infants' cues and often vacillated between extremes of unresponsiveness and intrusiveness. Avoidant infants exhibited minimal distress at separation, did not seek reassurance or comfort from, and avoided contact with the caregiver upon their return. Caregivers of these children appeared to reject their infants' signals for proximity and close bodily contact.

According to attachment theory, early childhood interactions with caregivers lead to the development and accumulation of knowledge and experiences concerning the self, others, and relationships. In order for the attachment system to function properly, the infant must develop internal working models (IWMs) of the attachment figure(s) based on shared interaction experiences (Bowlby, 1988). These models, in turn, provide the infant with an awareness of the caregiver's absence, determine how the child will respond when

the attachment figure returns, and ultimately comprise the foundation for anticipating and interpreting interactions with others across the life span. Viewed through a developmental lens, alcoholism interferes with the parent's ability to provide a secure and nurturing environment for the child. For a secure attachment relationship to develop during infancy, the caregiver(s) must be both sensitive and responsive to the child's needs so that a bond of trust develops. Attachment studies in this area have produced corroborative results in that secure adults tend to describe their primary attachment figure(s) as warm, responsive, and accessible while insecure adults portray their attachment figures as running the gamut from inaccessible and unresponsive to inconsistent or overly intrusive (Rothbard & Shaver, 1994)

Despite the fact that adult attachment has yet to be recognized as a formal theory, some researchers have been exploring the likelihood that the attachment patterns described in the research of Ainsworth et al. (1978) persist into adulthood and play themselves out in adult romantic and parental relationships (Rothbard & Shaver, 1994).

Adult attachment styles are characterized by specific variations in internal working models of attachment that emanate directly from early attachment experiences and determine the cognitive and behavioral responses to real or imagined separation and reunion with primary attachment figures (Berman & Sperling, 1994). Under this guise, attachment styles may be viewed as a by-product of the accessibility and responsiveness of the attachment figure which is ultimately encoded into an internal working model of attachment (Bowlby, 1988). The activation of the internal working model has been shown to affect behavioral responses by creating a complicated interplay of behaviors between the relationship partners. In addition, current interpersonal experiences can influence the internal working model in both a beneficial and a detrimental manner. For example, it has been theorized that each new relationship experience is assimilated and processed into the internal working model in an as yet to be explained fashion (Sperling & Lyons, 1994). Yet

despite these additions, elaborations, and integrations, the primary activators of attachment appear to emanate from initial childhood attachment experiences (Berman & Sperling, 1994).

Studies have also suggested that secure adults, much like children, seem more emotionally positive and trusting and view relationships as supportive and comforting, whereas insecure adults appear conflicted and perceive relationships as ranging from desirable, but unpredictable to overtly threatening (Collins & Read, 1990; Simpson, 1990). Follow-up research on adult attachment styles appears to corroborate these results. Studies by Collins (1991) and Collins and Read (1994) reveal that secure adults report stronger perceptions of love and security in their relationships, while anxious adults report less trust and less belief in the security and dependability of their relationship. As this list of parallels between childhood and adulthood attachment dynamics grows so do researchers' beliefs that attachment styles are similar in children and adults. Thus, certain expectations for adult attachment styles may be hypothesized based on preliminary research with children. For example, Hazan and Shaver (1987) have identified similarities between the dynamics and behavior associated with attachment between infants and their caregivers and the romantic interactions of adults. Both relationship scenarios are characterized by proximity seeking behaviors, expectations about the partner's availability and responsiveness, desire for comfort in the face of physical and emotional stressors and distress over separation and possible loss of the relationship.

It is also noteworthy that recent attachment research appears to support the idea that attachment styles are predictive of future social adjustment. In fact, the secure/insecure continuum seems to be a fairly accurate reflection of competency in relationships. For example, individuals who have grown up in homes where the caretaker was inconsistent, unreliable, and/or unresponsive appear to have more interpersonal problems and difficulties with anxiety and depression (Berman & Sperling, 1994). In light of this,

attachment theory may serve as a useful paradigm for understanding adult personality and relationship dynamics.

Furthermore, the notion that internal working models of attachment develop in early childhood and are carried forward into adulthood to color relationships across the life span, sets the stage for attachment theory to be used as a valuable tool for exploring relationship problems among ACOAs. Given that the sense of security inherent in an attachment relationship is inextricably tied to the quality of responsiveness of the attachment figure(s), the difficulties ACOAs experience are likely reflective of the lack of responsiveness and availability of the alcoholic parent as the child begins to create and assimilate a representational model of the self in relation to others.

Family Issues as Moderator Variables and Resilient ACOAs

Most research on ACOAs focuses on the prevalence of alcoholism among adult children of alcoholics. Much less research has been conducted and reported dealing with family dynamics and the roles of children in the alcoholic family and the distinquishing personality characteristics of ACOAs. Much of this information comes from ACOAs who are also alcoholics and does not help to enlighten researchers as to possible moderating variables that may help to explain why many ACOAs do not experience problems with substance abuse.

While many studies emphasize genetic factors as strong predictors of alcoholism, the effects of moderating variables must be considered and explored as well. For example, the literature suggests that genetic predisposition may be more influential in predicting alcohol abuse in males and that daughters may be buffered by environmental and perhaps biological factors (e. g., Goodwin et al., 1977).

Clair and Genest (1987), using a multidimensional model of adjustment, focused on the adjustment of ACOAs. Their study explored the variables of family environment, social support, and coping behaviors that ACOAs exhibited in childhood. Their results revealed

that the alcoholic offspring group reported problems as less controllable and perceived themselves to be much less able to change the situation than the comparison group. They reported more emotion focused coping, more wishful thinking, and more avoidant behaviors such as eating, sleeping, smoking, and drinking. Tribolet's (1988) study echoed these findings as ACOAs used fewer problem solving strategies to deal with conflict and more avoidant/withdrawal behaviors.

Cotton's review of 39 studies on familial alcoholism (1979) revealed that an alcoholic was six times more likely to have a parent or other relative who was also an alcoholic, men were more than twice as likely as women to be alcoholic, and most alcoholism in males related to parental alcoholism.

Wilson and Orford (1978) focused on variables that emerged from studies on alcoholic families that could possibly impact adult adjustment. These included patterns of parental drinking behavior, parent-child relationships, duration and treatment of problem drinking, marital conflict and violence, family roles and communication, social relationships outside the family, and coping styles of the children.

One nation-wide study on the long range effects of alcoholism by Black et al. (1986) compared the perceptions of adults from alcoholic homes to adults who were not raised in such environments. Their results indicated that family disruption appeared more prevalent in the ACOA sample with a higher incidence of such life stressors such as family deaths and divorces. The genetic predisposition component of alcoholism was evidenced in the higher percentages of alcoholics (37% in the alcoholic group versus 7% in the non-alcoholic group), alcoholic marriages (28% versus 12%), and siblings who were alcoholics (34% versus 18%). In the ACOA group other prevalent factors reported by the sample were parental arguments, violence, and sexual abuse as well as the significant problem areas of distrust, lack of intimacy, and difficulty expressing feelings.

Although the emphasis in research with ACOAs has been on the difficulties and

potential for dysfunction in those individuals growing up in alcoholic environments. Werner's 1986 study suggests that this environment may also produce positive outcomes as well in the form of survival skills and personal strengths. Burk and Sher (1988) also argue that the need for control may actually provide ACOAs with the ability to maintain a much needed optimistic outlook.

Several interesting factors emerged from Werner's (1986) longitudinal study of 49 COAs from birth to age 18. Among these were that 73% of the children received a substantial amount of attention from the primary caregiver during the early years of development and were more likely to have high self-esteem. The developmental stage of the child when the parent began drinking also seemed to be a salient predictor of future adjustment: the younger the child's age at the onset of parental drinking, the more pervasive the emotional damage. As viewed through a developmental lens, the bonding stage (birth through nine months) ideally is characterized by the caregiver's nurturing response to the infant's needs. In the case of an alcoholic parent, the infant's needs may elicit unpredictable results along a continuum from loving to rejection. This inconsistency continues throughout the other developmental stages as well. For example, it has been hypothesized that since many children of alcoholics seldom experience clear cut, consistent rules they fail to develop skills of negotiation and conflict resolution. Obviously further controlled research in the area investigating such moderator variables as gender, age, education, socioeconomic status, sex of the alcoholic parent, involvement in therapy or support groups, and family dynamics must be conducted in order to clarify specific factors which may help to explain why many ACOAs function quite well despite being raised in alcoholic environments.

Berkowitz and Perkins' (1988) study also hints at the resilient qualities of some ACOAs. Their results reveal that ACOAs were similar to ACONAs on most personality measures although they were more likely to report greater self-deprecation. Supporting

research (Sher, 1991; Tweed & Ruff, 1991; Windle & Searles, 1990) suggests that the offspring of male alcoholics who reported extensive maternal support displayed far less psychological dysfunction in adulthood. Other research (El-Guebaly & Offord, 1979) has suggested that individual temperament, intellect and achievement may modify the experience of parental alcoholism by buffering against behavioral problems in children from alcoholic homes. Differing societal expectations, absence of conflict in the home, and sex of the alcoholic parent may be contributory factors to resilience as well. Since mothers and fathers typically have unique roles within the family system, it is logical to assume that problem drinking could have differing effects on a child's developmental process depending on which parent was the alcoholic (Bradley & Schneider, 1990).

The results of El-Guebaly and Offord's (1979) research depicts ACOAs as generally well-adjusted despite disturbances in their environment. They also suggest that biological factors may buffer females from becoming alcoholic as the incidence of alcoholism is lower for daughters than for sons.

Obviously there appears to be considerable heterogeneity displayed among ACOAs, and despite the fact that many display extraordinary coping skills, there is some evidence that these exaggerated coping styles may lead to problematic interactions in adulthood (Gravitz & Bowden, 1984). Given the overrepresentation of ACOAs in medical and therapeutic caseloads, the juvenile and criminal system, etc., it would seem reasonable to view ACOAs as a population at risk. The lack of theory based conceptualization of these issues has contributed to a lack of understanding of how biopsychosocial influences may mediate both the actual risks as well as the possible resiliency of ACOAs.

One welcome exception to this lack of theory base is Moore's (1982) process model which proposes that individual adjustment is contingent on three primary factors: 1) the quality of the parental/child relationship, 2) the quality and consistency of parental supervision, and 3) the level of parental socialization. Secondary factors such as the level

of marital conflict, family crises, social and community isolation, unemployment, and severity of chronic alcohol related behaviors are also influential in individual adjustment. Put simply, alcoholism itself perpetuates marital conflict, social isolation, and financial hardships and disrupts communication and identity formation thus increasing the child's risk of simultaneously experiencing multiple family stressors and contributing to more personal negative outcomes.

Another viable avenue for exploring both the vulnerability and resiliency of ACOAs may involve studies on attachment style as these early tendencies have been observed to affect adult social relationships and parenting skills. Research utilizing attachment theory may provide a more empirically grounded procedure within which to comprehend and address the impact of growing up in an alcoholic family (Brennan, Shaver, & Tobey, 1991; Brown, 1991).

In addition, this attempt to explore attachment theory's contribution and connection to the literature on control and relationship satisfaction may provide mental health professionals with a new lens through which to identify and view the possible sources of strength and resilience for ACOAs. It also represents a continued effort to operationalize mediating factors that may help to clarify how functional ACOAs differ from their more dysfunctional counterparts and thus provide a structured foundation for designing and implementing more effective prevention and treatment strategies.

Shortcomings of Previous Research

Despite the recent spate of publications on the effects of parental alcoholism, there are many problems inherent in the research with children of alcoholics. These include but are not necessarily limited to the following: 1) data collected on ACOAs from inpatient settings likely represent the more severe end of the psychopathology continuum, 2) prevalence estimates are confounded by the reality that many alcoholics or children of alcoholics never present for treatment, 3) rates of maternal alcoholism may be sorely

underestimated simply because women are sometimes more surreptitious in their drinking habits, 4) criteria for assessing and diagnosing the existence of parental alcoholism differs considerably from one setting to another, 5) disagreement exists as to what constitutes an alcoholic parent, especially since most of the criteria are based on the recognition and reporting after the fact of parental drinking behaviors, making the reporting sensitive to the individual's personal adjustment, 6) other types of family dysfunction may act as a confounding variable since individuals from these environments often display some of the same negative characteristics (e. g., depression which is often reported among ACOAs and is also reported in association with many other psychological disorders), 7) data collected from college students may not be representative of nonclinical ACOAs and may in fact be more indicative of a hardier subset of this particular population, 8) clinical syndromes attributed solely to ACOAs lack distinction, 9) a dirth of empirically sound studies exist that assess the treatment efficacy of specific therapeutic strategies for dealing with the psychological problems of ACOAs, and 10) the existing comprehensive theory base presently lacks sufficient substance to drive sound empirical research on the specific long term effects of parental alcoholism.

The fact remains, however, that ACOAs frequently present in therapy with a variety of complaints and issues, so it behooves us as clinicians and researchers to continue to sift through the conflictual findings in the literature in order to begin to build a solid theoretical base from which to continue to investigate the multicontextual factors influencing adjustment among ACOAs.

Therapy for ACOAs

Whitfield (1987) suggests that recovery for ACOAs must entail decreasing the need for control while acknowledging losses, working though core issues, grieving, and healing and must emphasize the need to expose, confront and ultimately deal with the shame and guilt of the "family secret." Weiss and Weiss (1987) argue that a developmental approach in

therapy with ACOAs is essential. Thus an increased understanding of the link between early attachment difficulties and later risk of psychological problems would no doubt aid scientists/practitioners in developing new, more effective preventative and treatment techniques for use with this population. Infant/parent psychotherapy designed to alleviate some of the psychological conflicts associated with parents and providing instructive, interactive parent/child training with individually tailored information on child development may well fit this bill by helping to develop better parenting and social skills, to alleviate some of the anxiety of the parenting process, and to foster early secure attachment relationships.

The group therapy format with the group serving as a recapitulation of the family unit may also provide a viable vehicle for working through anger and conflict from the family of origin. In the safety and confines of the group atmosphere, members are free to explore and discover vulnerabilities, ask for help, and practice skills in a nonthreatening environment within a shared experience format.

Problem Statement

Despite the fact that there is an abundance of literature on control and self-control issues related to clinical problems, the literature maze is complex and often confusing because of a lack of delineation between constructs of control expectation, individual control, and personal desire for control. Obviously in order to effectively assess control, instruments designed to tap the construct accurately must be developed, tested, and continually refined. Despite the fact that the construct of need for control has been shown to be significantly greater for ACOAs (e. g., Knoblauch & Bowers, 1989), the extent to which they experience this need seems to vary among individuals and may help to explain why some ACOAs appear more functional than others.

Recent literature suggests that attachment theory may provide a promising avenue for exploring the problematic interpersonal relationships of ACOAs (El-Guebaly et al., 1993).

In order to investigate the possibility that attachment style may mediate need for control and relationship satisfaction among ACOAs, this study has been designed to explore possible differences among ACOAs and ACONAs in the following three areas: 1) reported need for control over self, others, and the environment, 2) attachment style, and 3) satisfaction with relationships.

Research Hypotheses

The primary purpose of this study is to explore the possible relationships between the need for control, attachment style, and relationship satisfaction among ACOAs. To this end, the following research hypotheses are proposed:

1. Need for control, attachment style, and relationship satisfaction will be significantly correlated among members of both the ACOA and ACONA groups.
2. Adult children of alcoholics will report a significantly higher need for control than adult children of non-alcoholics.
3. Adult children of alcoholics will report a significantly more insecure attachment style than children of non-alcoholics.
4. Adult children of alcoholics will report significantly less satisfaction with intimate relationships than adult children of non-alcoholics.
5. Sex of the alcoholic parent, age of the child at the onset of parental problem drinking, level of marital conflict, quality of communication in the family of origin, and involvement in therapy are among the demographic variables that may help predict level of need for control, attachment style, and relationship satisfaction among ACOAs.

METHOD

A correlational design was used to investigate the interpersonal dimensions of need for control, attachment style, and relationship satisfaction to facilitate the description of the interrelationships of the variables and to make predictions about possible causal

relationships between variables. Additional descriptive data included the extent and nature of the effects of alcoholism on the family and was examined for the continued development and refinement of instruments designed to measure need for control, attachment style, and relationship satisfaction.

Participants

The convenience sample for this study consisted of 203 volunteer participants from an undergraduate psychology pool at a major Midwestern university. The ages of participants in the ACOA group ranged from 18 to 55 and in the ACONA group from 18 to 57 (ACOA M = 31.8, SD = 9.68, ACONA M = 30.2, SD = 9.4). There were a total of 28 males and 52 female participants (ACOA males = 18, females = 22, ACONA males = 10, females = 30), yielding 80 participants from whom data was used. The ethnic breakdown per group was as follows: ACOAs = 85% Caucasian, 10% African-American, 2.5% Asian American, 0% Hispanic/ Latino, and 2.5% Native American. The breakdown of the ACONA group was 80% Caucasian, 5% African-American, 7.5% Asian American, 5% Hispanic/Latino, and 2.5% Native American.

Instruments

ACOA Status: The Children of Alcoholics Screening Test (CAST; Jones 1983) is a widely used instrument for identifying adults with at least one alcoholic parent. It also assesses the severity and impact of parental problem drinking on the individual. The instrument contains thirty yes/no items. A minimum score of six is generally considered indicative of an individual who has grown up in an alcoholic environment. A Spearman-Brown split-half reliability coefficient of .98 was computed with various samples of latency-age, adolescent, and adult children of alcoholics. The validity of the CAST has been demonstrated by studies with samples including an adult psychiatric population (Staley & El-Guebaly, 1991) and in comparisons of children of clinically diagnosed alcoholics and matched controls (Jones, 1983). An analysis of variance revealed

that both populations of COAs scored significantly higher on the CAST than the control group ($p < .0001$). Furthermore, all thirty items of the CAST significantly discriminated the children of alcoholics. In a study with adults, Jones (1983) found that persons who indicated that their parents had received treatment for alcoholism scored significantly higher on the CAST than the control group subjects. Thus, the CAST seems to be an appropriate instrument for screening possible ACOAs.

Several studies in the literature have demonstrated that ACOAs can also be reliably identified by using a single, objective question (Berkowitz & Perkins, 1988; DiCicco, Davis, Travis, & Orenstein, 1983-4; DiCicco, Davis, & Orenstein, 1984). For the purposes of this study a single question ("Do you believe that either one or both of your parents have/had a drinking problem?") was used in conjunction with the CAST to confirm parental problem drinking.

An additional questionnaire was included to provide basic demographic data, to identify the levels of stress in the family of origin and the nature of past and present relationships with alcoholic family member(s), to clarify possible coping mechanisms among ACOAs, and to determine the extent of therapeutic involvement of ACOAs as well as their alcoholic parent(s).

The Desirability of Control Scale (DC): The Desirability of Control Scale (Burger, 1979) is a twenty-item instrument designed to measure individual differences in desire for control over life events. Subjects are asked to respond to each item using a seven point Likert rating ranging from "This statement doesn't apply to me at all" to "This statement always applies to me." Scores are summed to reflect overall level of desire for control, with higher scores indicating a greater need for control. Kuder-Richardson 20 reliabilities for the DC scale in studies with students from a college population ranged from .80 to .81. Test-retest reliabilities over a six week period ranged from .72 to .75. Inter-item correlations for the scale ranged from .31 to .66. The DC scale has also demonstrated

discriminative validity from Rotter's I-E Locus of Control Scale (1966) ($r = -.19$) and the Marlowe Crowne Social Desirability Scale ($r = .11$) suggesting that the instruments measure separate constructs. The factor analysis of the items from the DC revealed the following five factors: 1) General Desire for Control, 2) Decisiveness, 3) Preparation-Prevention Control, 4) Avoidance of Dependence, and 5) Leadership. Construct validity of this instrument has also been provided by studies on learned helplessness, illusion of control, and hypnosis (Burger & Cooper, 1979).

Attachment Style Questionnaire (ASQ): The Attachment Style Questionnaire is a forty-item instrument developed and tested by Feeney, Noller, and Hanrahan (1994). It is designed to measure adult attachment based on Hazan and Shaver's (1987) secure, anxious/ambivalent, and avoidant attachment styles and uses a six point Likert scale from "Totally disagree" to "Totally agree." Cronbach alphas for the three factor model of security, avoidance, and anxiety ranged from .83 to .85. For the five factor model, coefficient alphas ranged from .76 to .84. Test-retest reliability coefficients over a ten week period for the three factor model ranged from .74 to .80 and for the five factor model from .67 to .78. In order to test the validity of the ASQ, Feeney et al. correlated scales from their new measure with the three Likert ratings based on Hazan and Shaver's (1987) original forced-choice measure. The Confidence subscale of the ASQ was positively correlated with the Hazan and Shaver secure scale and negatively correlated with the four scales measuring insecurity. The rating of avoidant attachment was strongly correlated with the Discomfort with Closeness subscale and moderately correlated with the Relationships as Secondary subscale. The anxious/ambivalent rating was strongly correlated with the Preoccupation with Relationships and Need for Approval subscales (Feeney, Noller, & Hanrahan, 1994). These results suggest that the new questionnaire taps constructs similar to those assessed by the Hazan and Shaver measure. As a further validity check, they ran analyses of variance (ANOVAs) using the original forced-choice

measure as the independent variable. Subjects were then compared on both the three and five factors of the ASQ. Again the findings indicate that the ASQ measures attachment styles similar to those originally conceptualized by Hazan and Shaver's forced-choice measure.

Relationship Satisfaction Questionnaire (RSAT): The Relationship Satisfaction Questionnaire is a thirteen-item instrument developed by Burns and Sayers (1992) to measure satisfaction in a variety of relationship areas. Subjects indicate their degree of relationship satisfaction in each area using a 7 point Likert rating from 0 (very dissatisfied) to 6 (very satisfied). Scores are then summed to indicate total satisfaction, with higher scores corresponding to reports of greater relationship satisfaction. The RSAT has demonstrated good internal consistency (r =.89 to .90; Heyman et al., 1994) with the Marital Adjustment Scale (r = .80; Burns & Sayers, 1988) and the Quality of Marriage Index (r = .91; Heyman et al., 1994). Test-retest reliabilities over a six week period with a college population ranged from .72 to .76. The RSAT also demonstrated concurrent validity (r = -.31 to -.51) with the psychopathology subscales of the Symptom Checklist-90-Revised (SCL-90-R). Results from two separate comparative studies indicated that the RSAT also reliably discriminated couples in therapy from those who were not ($p < .002$). Factor analysis further indicates that the RSAT measures a single factor of relationship satisfaction among both men and women.

Procedure

Approximately 200 students from a large Midwestern university were administered the CAST and a demographics questionnaire containing a single item question as to whether or not either or both of their parents were alcoholic. This administration was conducted as part of a group testing program for screening purposes which allows students to receive class research credits in exchange for completion of specified instruments.

Students were informed about the nature of the research as well as their rights

regarding participation. They were also told that their responses to the instruments would be kept confidential but that their scores might necessitate that they be contacted at a later date to complete other instruments related to this research.

The following criteria were utilized in order to operationalize the ACOA variable. As per previous research, a score of 6 or higher on the 30-item CAST was used to indicate the presence of parental alcoholism. In order to correct for possible false positives on the CAST, participants were also asked to respond to a single question asking whether one or both of their parents were alcoholic. This CAST score combined with the affirmative endorsement of the single-item demographic question as to whether or not one or both parents were alcoholic was used to indicate the presence of parental alcoholism (ACOA group). Conversely, a score of less than 6 on the CAST and an accompanying negative endorsement of parental problem drinking was used to indicate the absence of parental alcoholism (ACONA group). Forty-two potential ACOA participants were identified via group testing. When contacted about further participation, 40 individuals agreed to complete further research for course credit. Since there were considerably more than the required number of individuals comprising the ACONA group, 40 participants were randomly selected and contacted as to the time and place to meet to complete further research. The above mentioned informed consent procedures were repeated for participants who elected to complete the additional research protocol. During this subsequent research phase participants were administered three other inventories; namely, the Attachment Style Questionnaire, the Desirability of Control Scale, and the Relationship Satisfaction Questionnaire. Participants were also asked to complete several demographic items including age, gender, ethnicity, level of marital conflict in the family of origin, and estimated family income. Information was also elicited about the gender of the alcoholic parent, the participants' drinking behaviors, and about previous or current involvement in therapy. Total administration time for these instruments was approximately

one hour. Instruments were presented in counterbalanced order to help eliminate systematic order effects. After completing the required instruments, participants were debriefed via handouts describing the nature of the research, who to contact about the results, and a listing of resources for more information on support services available to ACOAs.

A power analysis was conducted (power set at .80) and revealed the need for a minimum of 32 subjects per group. Since no studies have reported effect sizes using the Attachment Style Questionnaire, the Desirability of Control Scale, or the Relationship Satisfaction Questionnaire, a conservative effect size of .40 was deemed appropriate for the power analysis.

RESULTS

Descriptive statistics for both the ACOA and ACONA groups on all variables were calculated and are presented in Table 1. Preliminary analyses were also conducted to examine possible differences between ACOAs and ACONAs on demographic variables. Subsequent ANOVAs and chi-square analyses revealed the two groups did not differ significantly on gender, age, family income, parental education level, or ethnicity. Significant differences were found between the two groups on the variables of quality of communication in the family of origin [$F(1,78) = 107.84$, $p < .001$], level of marital conflict in the family of origin [$F(1,78) = 57.63$, $p < .0001$], family stress level [$F(1,78) = 77.2$, $p < .0001$), and therapeutic involvement [$X^2(1) = 10.31$, $p < .001$]. A correlation matrix constructed to examine the interrelationships between a variety of variables of interest is presented in Table 3.

All of the participants in this study completed a brief demographic questionnaire and three separate instruments designed to measure need for control, attachment style, and relationship satisfaction. Particular subscales or groups of subscales from the Attachment Style Questionnaire were analyzed specific to the hypotheses. Thus for the purposes of

this study and to simplify statistical analysis, the separate subscales measuring the two insecure attachment styles of anxious-ambivalent and avoidant were combined to create one insecure attachment style category. Coefficient alphas for the secure and collapsed insecure subscales were .83 and .84 respectively.

The first hypothesis predicted that need for control, attachment style, and relationship satisfaction would be significantly correlated for both the ACOA and ACONA groups. Correlations were run in order to examine the likelihood of these relationships. The results suggest that need for control, attachment style and relationship satisfaction are significantly correlated across the board for both the ACOA and the ACONA groups (see Table 4).

The next three hypotheses speculated that ACOAs would report a significantly higher need for control, a significantly more insecure attachment style, and significantly less satisfaction with interpersonal relationships than the ACONAs. According to Klecka (1980) discriminant analysis, a statistical procedure that provides investigators with a lens through which to explore differences between groups on several variables simultaneously, has been shown to be the statistical procedure of choice for these types of analyses. In this study, data from three instruments measuring individual and relationship variables were examined as to their potential relevancy as predictors of group membership. Summative scores from these three instruments were entered using a stepwise procedure designed to minimize Wilks' lambda. It has often been recommended in the literature (e.g., Pedhazur, 1982) that before conducting a discriminant analysis that the groups in question be treated first as independent variables in a multivariate analysis of variance (MANOVA). Thus, a MANOVA was used to investigate possible differences between ACOAs and ACONAs on the variables of need for control, attachment style, and relationship satisfaction. A conventional statistical significance level of $p < .05$ was utilized for this process. If there are no differences between the groups on the specified predictor variables, then there

obviously exists no basis for further prediction of group membership via discriminant analysis. An important assumption of the discriminant analysis procedure is that the covariance matrices are equal for all samples. The Box's M statistic for equality of these matrices suggested no violation of this assumption (Box's M = 10.09, p = .1394). In this study, the MANOVA resulted in a significant group membership effect [Wilks' lambda = 0.75, F (3, 76) = 8.32, p < .001]. Separate univariate F-tests on the individual variables of need for control, attachment style, and relationship satisfaction reveal significant results only on the variables of need for control and relationship satisfaction [Wilks' lambda = 0.88, F (1, 76) = 10.37, p < .002 and F (1, 76) = 14.69, p < .001 respectively] which suggests that the employment of discriminant analysis was appropriate. Means, standard deviations, F and p values for both groups on these dependent measures appear in Table 5. There was no significant group membership effect for the variable of attachment style (Wilks' lambda = 0.97, F (1,76) = 2.10, p = .15).

Table 6 displays the results of the discriminant analysis. According to these results, Function 1 accounts for 100% of the explained variance among the variables. The canonical correlation coefficient, a measure of the degree of association between the discriminant scores and the groups, was .50. Wilks' lambda, a measure of the discriminating power in the predictor variables was .7527 for Function 1.

Function 1 was comprised of DC (need for control), ASQ (attachment style), and RSAT (relationship satisfaction) and suggests that these three measures emerged as the most powerful predictors of group membership. Table 7 provides information on the standardized coefficients and pooled within-group correlations of Function 1, which are useful in interpreting its meaning and understanding the relative contribution of each variable to the discriminating function. Based on these coefficients, RSAT (relationship satisfaction) reveals the highest contribution (.97) followed by DC (need for control) (.70), with ASQ (attachment style) (.63) making a smaller contribution to the function.

The pooled within-groups correlations of each variable with the function are also helpful in understanding the discriminant function. In this case, Function 1 is positively correlated (.76) with RSAT (relationship satisfaction) and is negatively correlated with both the DC (need for control) (-.64) and ASQ (attachment style) (-.29).

Since group centroids represent the most typical positions for each group on a particular function (Klecka, 1980), examination of them helps to further clarify the discriminatory power of Function 1. Figure 1 is a visual representation of the relative position of the two groups on Function 1. Based on these, group 1 (ACONAs) is the most positive functioning group with group 2 (ACOAs) representing the most negative functioning. Simply put this means that ACONAs exhibit higher functioning as defined by higher levels of relationship satisfaction, more secure attachment style, and lower levels of need for control. Conversely, ACOAs display both lower levels of relationship satisfaction, higher need for control, and a more insecure attachment style.

The final hypothesis looked at possible predictors of need for control, attachment style, and relationship satisfaction among the ACOA group only. Forward multiple regression analyses were conducted with the forty ACOA participants' responses on several demographic variables as potential predictors of desire for control, attachment style, and relationship satisfaction. For each dependent variable (need for control, attachment style, and relationship satisfaction) sets of independent variables were entered into a regression equation and the change in variance explained was investigated. The sets of independent variables were sex of the alcoholic parent, age of child at onset of parental problem drinking, level of marital conflict, quality of communication in the family of origin, and involvement in therapy. Results from these regressions revealed no significant predictive relationships between any of the above mentioned independent variables and need for control, attachment style, and relationship satisfaction among members of the ACOA group.

DISCUSSION

The primary purpose of this investigation was to explore differences between adult children of alcoholics and adult children of non-alcoholics on the variables of need for control, attachment style, and relationship satisfaction. It was hypothesized that ACOAs would exhibit a significantly higher need for control, a significantly more insecure attachment style, and significantly less relationship satisfaction than ACONAs. Furthermore, it was hypothesized that specific variables such as gender of the alcoholic parent, age of the child at the onset of parental problem drinking, level of marital conflict, quality of communication in the family of origin, and involvement in therapy would be predictive of level of need for control, attachment style, and relationship satisfaction among ACOAs.

Correlations revealed support for the first hypothesis; namely that the three above-mentioned dependent variables would be significantly correlated. The demographic variables of quality of communication and level of marital conflict in the family of origin were also found to be significantly correlated with need for control, attachment style, and relationship satisfaction. In addition as suggested by the literature as appropriate (Pedhazur, 1982), a MANOVA followed by a discriminant analysis was computed to test the hypotheses that ACOAs would differ significantly from ACONAs on need for control, attachment style, and relationship satisfaction. Separate regression equations were run to explore the possible predictive ability of certain demographic variables. The results of these analyses revealed support for the hypotheses that ACOAs would report significantly higher need for control and significantly less relationship satisfaction than ACONAs. It is interesting to note that while ACOAs reported being more insecurely attached than their ACONA counterparts, the mean difference between the two groups was not statistically significant. Collection of a larger sample size may have yielded more predictive results. Other possible explanations for the lack of significance among ACOAs on the variable of

attachment style may lie in the use of college students as research participants in that previous literature (e. g., Sher, Walitzer, Wood, & Brent, 1991) has often alluded to the fact that college ACOAs may necessarily represent a more resilient subset of the ACOA population and that they may have developed particular qualities that in turn have helped them to mediate some of the maladaptive effects of parental alcoholism. Another consideration may be that the Attachment Style Questionnaire, a relatively new instrument, may lack discriminatory power especially since some researchers have suggested that attachment styles may not be distinctly manifested without some precipitating event being perceived as threatening to personal security. Thus, the lack of significant results among ACOAs on attachment style may be interpreted in terms of a lack of perceived threat to the security of the participants in the context of this particular study (i. e., participation in this research did not serve as a trigger for the activation of individuals' attachment systems).

Additionally, statistical analyses were conducted to see if a predictive relationship existed between several demographic variables and the variables of need for control, attachment style, and relationship satisfaction. No such predictive relationship was found. Again, this may have been due in large part to the limited sample size. Despite our attempt to probe ACOA family dynamics more fully for relevant information on ACOA differential functioning by including demographic items related to specific parental alcoholic behaviors, socioeconomic status, and the role of extended family and social support systems, no significant differences between the two groups were noted. Regardless of this lack of significance, preliminary group comparisons on demographic variables revealed a number of small but interesting patterns supporting the hypothesis that ACOAs differ from ACONAs in several notable areas, among them previous therapeutic involvement, reported stress level, level of marital conflict, and quality of communication in the family of origin. Across the board, ACOAs reported significantly greater therapeutic

involvement, increased stress and marital conflict, and diminished quality of communication in their families of origin.

Strengths

This investigation builds on and contributes to previous research in the area in several important ways. First, while a substantial body of literature exists that explores a variety of ACOA issues, only a small fraction attempts to explore the implications or value of existing theory in an effort to develop new lenses through which to examine how growing up in an alcoholic environment may manifest itself differentially among ACOAs. Second, there has been very limited research investigating connections between attachment style and ACOA functioning, and there has been no published empirical research exploring the possible synergistic effects of need for control, attachment style, and relationship satisfaction among this population. Third, this study was designed to fill in some gaps in previous research in that it incorporated multiple measures to screen for and confirm the existence of parental alcohol usage and attempted to collect information to add to the existing research base by including specific questions on family functioning. Fourth, the use of a newer, more continuous measure of attachment provided increased sensitivity to reported differences in attachment style over the older, categorical measures. Finally, Black (1982) and others have suggested that the consequences of parental alcoholism may not manifest themselves until ACOAs are in their mid-twenties, perhaps explaining why several previous studies designed to compare the functioning of ACOAs to their non-ACOA counterparts using college student populations revealed no significant differences between the two groups. In contrast, the present study is based on data collected from a non-traditional university population with an average age of approximately 30 years.

Limitations

Attempts were made to minimize threats to internal validity via the research design.

Data collection consisted of a one-time event, thus limiting the threat of attrition. Other internal threats such as testing (administering an instrument twice), maturation (developmental change over time), and history (an event occurring between pre and post testing which affects the outcome of the results) were also minimized in this design.

It is obvious that the use of self-report measures as well as the lack of collateral informants (i. e., other family members who could corroborate the report of family alcoholism) may well have contributed to bias in this research. Another consideration is the possible confounding variable of family dysfunction other than alcoholism. Recent research (e. g., Hadley, 1993) has demonstrated that individuals from dysfunctional families often present with issues very similar to ACOAs. Thus, it is a distinct possibility that at least some of the ACONA participants came from dysfunctional, although not alcoholic, homes. This fact may tend to mask or at least minimize important significant differences between the two groups.

This study did involve a convenience sample of college students which no doubt makes generalizability to other populations tentative at best. While the collection of data for the ACONA (control) group allowed for randomization of participants, the difficulty in obtaining a sufficient number of ACOA participants did not permit such a procedure. Thus, the hypotheses suggested herein must be viewed as tentative and interpreted with caution. They do, however, provide new food for thought where ACOAs are concerned as well as a new platform from which to launch further confirmatory research.

Theoretical Implications

As previously mentioned, the results of this investigation are not entirely without merit and seem to point to several interesting theoretical implications concerning attachment theory's contribution to understanding ACOA functioning and family and relationship dynamics. Taking into account these results, however, it may be that the multifaceted dynamic of attachment cannot be adequately explored or addressed without considering

implicit social, contextual, and cultural variables that incrementally increase the complexity of the dynamic from infancy throughout the life span.

The above observations serve to suggest that the attachment style construct may lack the discriminative ability in some ways to delineate differences between ACOAs and ACONAs in the more complex areas of individual functioning and family and relationship dynamics. As adult attachment theory is still in a formative period, the necessary evolutionary process that follows from continued exploration and research may gradually eliminate, or at least reduce, the impact of some of these inadequacies.

The results of this study also suggest that attachment style may be less of a factor in predicting ACOA functioning in certain areas, specifically need for control and relationship satisfaction. Another thought is that attachment style and the instruments designed to measure it, even the most current ones, do not reflect a sufficient multidimensional or contextual comprehension of intrapersonal and/or interpersonal behaviors. For example, more comprehensive theories including biopsychosocial theory integrated with life span developmental theory and theories of individual differences may offer more accurate and powerful conceptualizations of ACOA dynamics.

Other possible considerations of the marginal differences may in fact reflect problems related to the reliability and validity of the Attachment Style Questionnaire itself, inadequate sample size, and a bias in participant self-report including the contexts to which participants associated their responses. For example, as has been suggested, attachment styles may not exert their influence without a perceived threat or activating event. Thus, the lack of significant difference found between ACOAs and ACONAs on the variable of attachment style may in one sense be explained by the lack of perceived threat to the security of each individual system in the context of participating in this investigation.

Practical Implications

The treatment strategies that counseling psychologists and other mental health

professionals utilize with ACOA clients may benefit from an increased awareness of how attachment style influences the way we perceive and respond in relationships. For the most part, we learn to relate to others via our family of origin. Those family dynamics, combined with individual proclivities, determine how we navigate relationships. It is obvious that growing up in an alcoholic, or for that matter any dysfunctional family environment, may do much to set in motion certain problematic patterns or styles of interacting that are carried forth into adulthood to color all relationships. Thus, a three-tiered treatment approach beginning with a primary prevention program based on a recognition of these problematic patterns should begin as early as possible in order to mediate and reverse the maladaptive sequence. Psychoeducational programs should involve individual, family, and group skill building exercises. This type of program could consist of community, school, medical and mental health, recreational and social, and peer-based prevention settings and would ideally be part of a larger wellness-based approach emphasizing healthy overall life styles. Secondary treatment planning would focus on educating participants about problematic behaviors and promote the development of more adaptive coping skills. Individual and group settings should provide affirmation of the experience of growing up in an alcoholic home, offer alcohol education, and emphasize the identification and expression of feelings and the development of healthy social interactions and problem solving and coping skills. Tertiary treatment would focus on family systems-related therapy since alcoholism permeates family functioning and should provide family skills training as well as opportunities for working through unresolved family issues.

More specifically for college populations, resident advisors and counseling center and student affairs personnel could be trained in offering workshops and seminars to educate students about ACOA issues, attachment and communication styles, and relationship dynamics, hopefully raising self-awareness, increasing coping skills, and reducing anxiety

and insecurity. In short, awareness and knowledge about attachment styles may provide a viable avenue for helping clients explore and learn about themselves and their expectations for relationships. Attachment theory also offers potential for pre-marital and couples' counseling both diagnostically and therapeutically in that it can be harnessed to enhance couples' awareness of relationship dynamics and help them to recognize maladaptive processes and construct more open lines of communication which have been shown to appreciably increase relationship satisfaction. Finally, the construct of attachment may provide a vehicle for exploring expectations in relationships and addressing some of the more anxiety-provoking issues in relationships thereby increasing the chances that students will make healthier personal choices all around.

Research Implications

As with any study this investigation was limited, in large part by the exploratory nature of its design. Yet in some respects its premise of examining attachment theory's contribution to clarifying the ACOA issues of need for control and relationship dissatisfaction may have paved the way for a variety of new research possibilities. For example, an examination of the influence of social and cultural underpinnings of attachment utilizing perhaps multiple measures of attachment and relationship satisfaction might provide even more clues about the role this construct plays in ACOA functioning and relationship dynamics. In addition, a more sophisticated qualitative investigation could do much to tease out possible moderating and confounding variables among ACOA populations and might provide a refined understanding of adult attachment theory and its relationship to ACOA functioning. Future studies could be designed to measure self-perceptions of attachment combined with enacted attachment styles using a model quite similar to the Strange Situation paradigm to investigate how adults react to a variety of processes in romantic relationships. This type of study would be invaluable in that it would provide information on how and when the attachment system is eventually activated

and whether, as according to theory, individual experiences periodically and incrementally modify system functioning.

Furthermore in order to determine the relationship between the nature of control and its relationship to psychological health and pathology, studies must be designed to identify specific control profiles and to differentiate which ones in particular tend to buffer ACOAs from psychological risk. In addition, instruments to assess need for control on a variety of levels must be developed and refined and psychotherapy and health care interventions must be implemented based on applicable theory and valid and reliable psychometric assessment of the construct.

Designing future longitudinal research utilizing multivariate statistical models to examine the obvious multiple causes and effects of parental alcoholism and refining methods to tease out individual factors contributing to both psychological distress and resilience are critical for operationally defining parental alcoholism as well as developing and streamlining therapeutic interventions that can further be individually tailored to target respective client needs. This task will no doubt be much more complicated than it sounds given how difficult it may be to separate out individual contributors as it is more likely that it is the summative effects of alcoholism that precipitate long term adjustment difficulties in ACOAs. In this respect, developing and utilizing life span developmental models for viewing the continued process may help identify critical periods in development when ACOAs are more vulnerable to parental alcoholism effects.

In addition, studies designed to look at within group differences among ACOAs as well as individuals from other dysfunctional environments would be helpful in order to shed more light on whether it is the dysfunctional environment per se or more specifically the alcoholic experience that wields the greatest impact on issues of control and relationship satisfaction among ACOAs. Identifying, categorizing, and comparing subgroups of ACOAs based on such criteria as gender of the alcoholic parent, whether or not the

primary caregiver was alcoholic, and length of exposure to problematic drinking behaviors may also provide valuable information as to what factors in the alcoholic environment may either buffer or contribute to increased risk among members of this population.

To summarize, the results of this exploratory study suggest that ACOAs experience a significantly higher need for control and significantly less satisfaction in their relationships than their ACONA counterparts. While the data suggests that ACOAs as report a more insecure attachment style than ACONAs, these results fall short of statistical significance. In addition, although none of the included demographic variables designed to measure specific family characteristics and functioning significantly predicted need for control, attachment style, or relationship satisfaction, descriptive comparisons of ACOAs and ACONAs revealed that the two groups differed significantly as to their own therapeutic involvement, reported levels of stress, marital conflict, and quality of communication in the family of origin, suggesting possible new clues as to mediating factors which may either promote or insulate ACOAs from some of the more deleterious effects of parental alcoholism.

In spite of any implications suggested by this study, we cannot by any means assume that all ACOAs translate their developmental experiences in an alcoholic environment in the same ways. It is obvious that individuals are differentially affected by their experiences and that their psychological adjustment must be multi-determined and not merely seen as the product of family alcoholism. Thus, continued identification and classification of the contributing effects of control, attachment, and relationship dynamics with an emphasis on quality longitudinal research as to how these experiences contribute to developing positive coping skills may help therapists to develop and utilize treatment strategies designed to target the specific risk factors more characteristic of this particular population.

References

Ackerman, R. J. (1989). Perfect daughters. Deerfield Beach, FL: Health Communications.

Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the Strange Situation. Hillsdale, NJ: Erlbaum.

Averill, J. R. (1973). Personal control over aversive stimuli and its relationship to stress. Psychological Bulletin, 83, 286-303.

Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice-Hall.

Beletis, S. G., & Brown, S. (1981). A developmental framework for understanding adult children of alcoholics. Journal of Addictions and Health, 187-203.

Bepko, C., & Krestan, J. (1985). The responsibility trap: A blueprint for treating the alcoholic family. New York: The Free Press.

Berkowitz, A., & Perkins, H. W. (1988). Personality characteristics of children of alcoholics. Journal of Consulting and Clinical Psychology, 56, 206-209.

Berman, W. H., & Sperling, M. B. (1994). The structure and function of adult attachment. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Black, C., Bucky, S. F., & Wilder-Padilla, S. (1986). The interpersonal and emotional consequences of being an adult child of an alcoholic. International Journal of the Addictions, 21, 213-231.

Bowlby, J. (1969). Attachment and loss (vol. 1). New York: Basic.

Bowlby, J. (1988). Developmental psychiatry comes of age. American Journal of Psychiatry, 145, 1-10.

Bradley, L. G., & Schneider, H. G. (1990). Interpersonal trust, self-disclosure and control in adult children of alcoholics. Psychological Reports, 67, 731-737.

Brehm, J. W. (1966). A theory of psychological reactance. New York: Academic Press.

Brennan, K. A., Shaver, P. R., & Tobey, A. E. (1991). Attachment styles, gender and parental problem drinking. Journal of Social and Personal Relationships, 8, 451-66.

Brown, S. (1988). Treating adult children of alcoholics: A developmental perspective. New York: Wiley.

Brown, S. (1991). Treating adult children of alcoholics: A developmental perspective. Co-dependence and ACAs: Theoretical expansion from an interpersonal perspective, Paper presented at National Consensus Symposium on Children of Alcoholics and Co-dependency, Airlie, Virginia.

Burk, J. P., & Sher, K. J. (1988). The "forgotten children" revisited: Neglected areas of COA research. Clinical Psychology Review, 8, 285-302.

Burger, J. M. (1992). Desire for control and academic performance. Canadian Journal of Behavioural Science, 24(2), 147-155.

Burger, J. M., & Cooper, H. M. (1979). The desirability of control. Motivation and Emotion, 3(4), 381-393.

Burns, D. D., & Sayers, S. L. (1988). Cognitive and affective components of marital satisfaction: Development and validation of a brief relationship satisfaction scale. Unpublished manuscript.

Burns, D. D., & Sayers, S. L. (1992). Development and validation of a brief relationship satisfaction scale. Unpublished manuscript.

Carlson, J. G. (1982). Some concepts of perceived control and their relationship to bodily self-control. Biofeedback and Self-Regulation, 7, 341-375.

Carver, C. S., & Scheier, M. R. (1982). Control theory: A useful conceptual framework for personality-social, clinical, and health psychology. Psychological Bulletin, 92, 111-135.

Cermak, T. L. (1986). Diagnosing and treating co-dependence. Minneapolis, MN: Johnson Institute Books.

Cermak, T. L. (1989). A time to heal. Los Angeles: Jeremy P. Tarcher.

Cermak, T. L., & Brown, S. (1982). Interactional group therapy with adult children of alcoholics. International Journal of Group Psychotherapy, 30, 375-389.

Cermak, T. L., & Rosenfeld, A. (1987). Therapeutic considerations with adult children of alcoholics. Advances in Alcohol and Substance Abuse, 6(4), 17-32.

Clair, D., & Genest, M. (1987). Variables associated with the adjustment of offspring of alcoholic fathers. Journal of Studies on Alcohol, 48, 345-355.

Collins N. L. (1991). Adult attachment styles and explanations for relationship events: A knowledge structure approach to explanation in close relationships. Unpublished doctoral dissertation, University of Southern California.

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. Journal of Personality and Social Psychology, 58, 644-663.

Collins, N. L., & Read, S. J. (1994). Cognitive representations of adult attachment: The structure and function of working models. In D. Perlman and K. Bartholomew (Eds.), Advances in personal relationships. London: Jessica Kingsley.

Cotton, N. S. (1979). The familial incidence of alcoholism. Journal of Studies on Alcohol, 40, 89-116.

DiCicco, L., Davis, R., & Orenstein, A. (1984). Identifying the children of alcoholics from survey responses. Journal of Alcohol and Drug Education, 30, 1-17.

DiCicco, L., Davis, R., Travis, J., & Orenstein, A. (1983-4). Recruiting children from alcoholic families into a peer education program. Alcohol Health and Research World, 8, 28-34.

El-Guebaly, N., & Offord, D. R. (1979). On being the offspring of an alcoholic: An

update. Alcoholism: Clinical and Experimental Research, 3, 148-155.

El-Guebaly, N., West, M., Maticka-Tyndale, E., & Pool, M. (1993). Attachment among adult children of alcoholics. Addiction, 88, 1405-1411.

Feeney, J. A., Noller, P., & Hanrahan, M. (1994). Assessing adult attachment. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Goodwin, D. W., Schulsinger, F., Knop, J., Mednick, S., & Guze, S. B. (1977). Alcoholism and depression in adopted-out daughters of alcoholics. Archives of General Psychiatry, 34, 751-755.

Gravitz, H. L., & Bowden. J. D. (1984). Therapeutic issues of adult children of alcoholics. Alcohol Health and Research World, 25-29.

Hazan, C., & Shaver, P. R. (1987). Romantic love conceptualized as an attachment process, Journal of Personality and Social Psychology, 59, 270-280.

Heinemann, M. A. (1989). Perceived levels of autonomy and intimacy in the family of origin and current functioning of adult children of alcoholics. Unpublished masters thesis. Texas Women's University, Denton.

Heyman, R. E., Sayers, S. L., & Bellack, A. S. (1994). Global marital satisfaction versus marital adjustment: An empirical comparison of three measures. Journal of Family Psychology, 4, 432-446.

Jones, J. W. (1983). The Children of Alcoholics Screening Test Manual. Chicago: Camelot Unlimited.

Kelly, G. A. (1955). A theory of personality: The psychology of personal constructs. (Vols. 1-2). New York: Norton.

Klecka, W. R. (1980). Discriminant analysis. Beverly Hills, CA: Sage Publications.

Knoblauch, D. L., & Bowers, N. D. (1989). A therapeutic conceptualization of adult children of alcoholics. Journal of College Student Psychotherapy, 4(1), 37-52.

Kritzberg, W. (1990). Healing together: A guide to intimacy and recovery for co-dependent couples. Deerfield Beach, FL: Health Communications.

Latham, M. S. (1988). Relationship patterns of female offspring of alcoholics: an examination of intimacy and individuation in marriage. Dissertation Abstracts International, 49(8), 3446.

Langer, E. J. (1983). The psychology of control. Beverly Hills, CA: Sage.

Miller, S. M., Lack, E. R., & Asroff, S. (1985). Preference for control and the coronary-prone behavior pattern: "I'd rather do it myself." Journal of Personality and Social Psychology, 46, 492-499.

Moore, D. R.. (1982). Alcohol and family interaction: Child adjustment issues. Unpublished manuscript.

Pedhazar, E. (1982). Multiple regression for the behavioral sciences. NY: Holt, Rinehart & Winston.

Rothbard, J. D., & Shaver, P. R. (1994). Continuity of attachment across the life span. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs: General and Applied, 80.

Schulz, D. M. (1988). Adult children of alcoholics: Recommendations for a model treatment plan. Masters Abstracts International, 27(1), 56.

Seligman, M. E. (1975). Helplessness: On depression, development, and death. San Francisco: W. H. Freeman.

Sher, K. J. (1991). Children of alcoholics. Chicago: University of Chicago Press.

Sher, K. J., Walitzer, K. S., Wood, P. K., & Brent, E. E. (1991). Characteristics of children of alcoholics: Putative risk factors for substance use and abuse, and psychopathology. Journal of Abnormal Psychology, 100, 427-448.

Sheridan, M. J., & Green, R. G. (1993). Family dynamics and individual characteristics of adult children of alcoholics: An empirical analysis. Journal of Social Service Research, 17(1-2), 73-97.

Sperling, M. B., & Lyons, L. S. (1994). Representations of attachment and psychotherapeutic change. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Staley, D., & El-Guebaly, N. (1991). Psychometric evaluation of the Children of Alcoholics Screening Test (CAST) in a psychiatric sample. International Journal of Addictions, 26, 657-668.

Tribolet, J. C. (1988). Interpersonal conflict styles of adult children of alcoholics and adults from non-alcoholic families. Masters Abstracts International, 27(1), 18.

Tweed, S. H., & Ryff, C. D. (1991). Adult children of alcoholics: Profiles of wellness amidst distress. Journal of Studies on Alcoholism, 52, 133-141.

Weiss, L., & Weiss, J. B. (1987). Retrieving the lost child within: A developmental approach to treatment for ACOAs. Focus on Family, 30-32.

Werner, E. E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. Journal of Studies on Alcohol, 47, 34-40.

Whitfield, C. L. (1987). Codependence: Our most common addition--Some physical, mental, emotional and spiritual perspectives. Alcoholism Treatment Quarterly, 6, 19-37.

Wilson. S. D. (1988). a comparison of evangelical Christian adult children of alcoholics and nonalcoholics on selected personality and religious variables. Dissertation Abstracts International, 49(8).

Wilson, C., & Orford, J. (1978). Children of alcoholics: Report of a preliminary study and comments on the literature. Journal of Studies on Alcohol, 39, 121-142.

Windle, M., & Searles, J. S. (1990). Children of alcoholics: Critical perspectives. New York: The Guilford Press.

Woititz, J. G. (1983). Adult children of alcoholics. Pompano Beach, FL: Health Communications.

Woititz, J. G. (1989). The self-sabotage syndrome: Adult children in the workplace. Deerfield Beach, FL: Health Communications.

Woodside, M. (1988). Research on children of alcoholics: Past and future. British Journal of Addiction, 83, 785-792.

TABLE 1
Descriptive Statistics for Comparison Groups

	ACOAs		ACONAs	
Variable	**M**	**SD**	**M**	**SD**
CAST**	15.58	5.16	.15	.58
DC**	95.93	11.51	88.58	8.71
ASQ	139.32	17.66	135.25	13.84
Secure	32.25	4.74	33.88	5.10
Insecure	107.08	19.96	101.38	14.84
RSAT**	51.25	12.34	61.30	11.07
Strlev**	2.88	.79	1.58	.50
Freqdr	1.20	.41	1.03	1.58
Nodr	1.43	.64	1.18	.45
Gender	1.55	.50	1.75	.44
Age	31.80	9.68	30.20	9.43
Clas	1.80	.94	1.63	.76
Race	1.28	.82	1.20	.79
Faminc	4.88	1.51	5.02	1.34
Fathed	2.50	1.41	2.75	1.21
Mothed	2.48	1.10	2.78	1.17
Posfam	1.93	.94	1.90	.94
Marstat	1.08	.35	1.01	.30
Ther**	1.95	.92	1.07	.55
Marconf**	2.58	.89	1.27	.64
Commun**	1.80	.52	3.23	.69
Biomar	1.68	.48	1.28	.45

** $p < .01$

CAST (Children of Alcoholics' Screening Test)
DC (Desirability of Control Scale)
ASQ (Attachment Style Questionnaire)
RSAT (Relationship Satisfaction Questionnaire)
Strlev (stress level in family of origin)
Freqdr (frequency of drinking behavior)
Nodr (number of drinks)
Clas (college classification)
Faminc (family income)
Fathed (father education)
Mothed (mother education)
Posfam (birth position in family)
Marstat (marital status of parents)
Ther (therapeutic involvement)
Marconf (marital conflict in family)
Commun (communication in family)
Biomar (marital status of parents)

TABLE 2
Frequencies and Percents for Dichotomous Variables

Variable	ACOAs		ACONAs	
	Frequency	Percent	Frequency	Percent
Gender (Male)	18	45%	10	25%
Gender (Female)	22	55%	30	75%
Therapy (Yes)	18	45%	10	25%
Therapy (No)	22	55%	30	75%

TABLE 3
Correlations for Variables of Interest for ACOAs

Variable	1	2	3	4	5	6	7	8
DC	1.00	-.5132***	.5817***	-.4373***	.0749	-.1082	-.1875*	.1989*
ASQ (secure)	-.5132***	1.00	-.3453***	.7269***	-.1555	.0496	.3051**	-.2798**
ASQ (insecure)	.5817***	-.3453***	1.00	-.6122***	.1925	-.1554	-.1966*	-.2149*
RSAT	-.4373***	.7269***	-.6122***	1.00	.0167	.0847	.4618***	-.4012***
Ther	.0749	-.1555	.1925	.0167	1.00	.0749	.1035	.0073
Strlev	-.1082	.0496	-.1554	.0847	.0749	1.00	-.0838	-.1321
Commun	-.1875*	.3051**	-.1966*	.4618***	.1035	-.0838	1.00	.0409
Marconfl	.1989*	-.2798**	.2149*	-.4012***	.0073	-.1321	.0409	1.00

* < .05 ** < .01 *** <.002 (Bonferoni adjusted)

DC (Desirability of Control Scale)
ASQ (Attachment Style Questionnaire)
  sec (secure)
  insec (insecure)
RSAT (Relationship Satisfaction Questionnaire)
Ther (therapeutic involvement)
Strlev (stress level in family)
Commun (communication in family)
Marconfl (marital conflict in family)

TABLE 4

CORRELATIONS FOR DEPENDENT VARIABLES

ACOAs

Variables	1	2	3	4
DC	1.00	-.4373**	-.5132**	.5817**
RSAT	-.4373**	1.00	.7269**	-.6122**
ASQ(sec)	-.5132**	.7269**	1.00	-.3453**
ASQ(insec)	.5817**	-.6122**	-.3453**	1.00

** $p < .01$

ACONAs

Variables	1	2	3	4
DC	1.00	-.3417**	-.2668*	.2727*
RSAT	-.3417**	1.00	.7587**	-.5972**
ASQ(sec)	-.2668*	.7587**	1.00	-.3842**
ASQ(insec)	.2727*	-.5972**	-.3842**	1.00

* $p < .05$ ** $p < .01$

DC (Desirability of Control Scale)
RSAT (Relationship Satisfaction Questionnaire)
ASQ (Attachment Style Questionnaire)
sec (secure)
insec (insecure)

TABLE 5

Univariate Comparisons among ACOAs and ACONAs

Variable	ACOAs M	ACOAs SD	ACONAs M	ACONAs SD	F	p
DC	95.93	11.51	88.58	8.71	10.372	<.002
ASQ (secure)	32.25	4.74	33.88	5.10	2.182	<.14
ASQ (insecure)	107.08	19.96	101.38	14.84	2.102	<.15
RSAT	51.25	12.35	61.30	11.07	14.687	<.001

TABLE 6

Discriminant Function Analysis

Function	Eigenvalue	% of Explained Variance	Canonical Correlation	Wilks' Lambda	Sig.
1	0.32851	100%	0.4972	0.7527	<.0001

TABLE 7

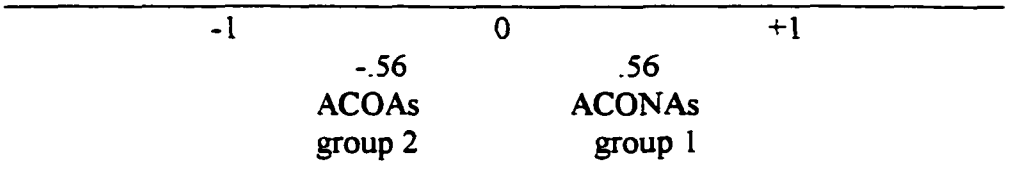
Standardized Canonical Discriminant Function Coefficients and Pooled-Within Groups Correlations

Discriminating Variables	Standardized Canonical Discriminant Function Coefficient	Pooled within groups correlations
DC	0.70097	-.63625
ASQ	0.62860	-.28639
RSAT	0.96954	.75709

FIGURE 1

ACOA and ACONA Group Centroids for Function 1

Function 1: Individual and Interpersonal Functioning



APPENDIX A

PROSPECTUS

The Relationship Between Need for Control, Attachment Style, and Relationship Satisfaction Among Adult Children of Alcoholics

INTRODUCTION

Background of the Study

Although alcoholics in the U. S. number some eight to ten million, in reality the disease of alcoholism affects more than 30 million others (Woodside, 1988). It is only in the last decade that this peripheral population has been targeted for study by the mental health profession. The last ten years have also been witness to a growing number of studies exploring the relationship between control issues and various clinical problems among ACOAs (Adult Children of Alcoholics). Evidence from this research has further suggested that the issue of control is a salient discriminating variable for ACOAs (Brown, 1988; Sheridan & Green, 1993). According to the literature, these control issues are played out individually in the need to dominate and control the environment, including the self and relationships in particular and are highlighted by difficulties with intimacy and trust (Sheridan & Green, 1993).

Publications by Woititz (1983) and Cermak and Brown (1982) have suggested that inconsistency and chaos in alcoholic families leads to the perpetuation of maladaptive behaviors into adulthood as ACOAs begin to settle into families of their own. As a result of growing up in a dysfunctional environment, the interpersonal functioning of ACOAs is often characterized by a dependence on the approval of others, thereby circumventing the development of a stable sense of self and personal control. In order to fill this interpersonal vacuum, ACOAs may exhibit behaviors shaped by a need for control, denial and/or rationalization, compulsivity, and low self-esteem (Friel, 1988).

Several identifiable patterns of interpersonal discomfort and intrapsychic conflict

among ACOAs have been explored in the existing literature (Beletis & Brown, 1981). In the alcoholic family, the child's normal developmental patterns seem to be thwarted by the high levels of stress emanating from dysfunctional parent/child interactions. This deficit in consistent parenting is replaced with highly defensive, self-protective survival behaviors in order to compensate for the lack of safety and security within the family system. Thus, many ACOAs learn to increase their control behaviors in proportion with the out of control behaviors in their family of origin. While this hypervigilence and hypersensitivity may well serve the child initially in his/her effort to cope with the chronic stress of family life, it ultimately serves to stifle the natural progression of the child's personal growth and identity development.

Despite the fact that the majority of studies on the dynamics of the alcoholic family have focused on the frequency of alcoholism in the ACOA population, there has been a recent trend toward exploring and describing the psychological and social impact of growing up in an alcoholic home. Most of these studies have utilized samples of ACOAs who are alcoholics thus ignoring the potential wealth of information that might be provided by non-alcoholic ACOAs. Furthermore, while recent articles have begun to address the issue of control among ACOAs and its negative effects on the formation of intimate relationships, no empirical studies have focused on the possible connection between need for control and attachment style among this population.

Although the majority of attachment research has focused on the child/parent relationship, attachment theorists unanimously assert the notion that the function of the attachment style persists into adulthood; namely, that the sense of security in any attachment relationship depends on the quality of responsiveness between the relationship partners (El-Guebaly, West, Maticka-Tyndale, & Pool, 1993). In this context, the interpersonal problems of ACOAs may mirror the rigidity and pervasiveness of relational difficulties within the alcoholic family of origin across the developmental years.

Apparently, the failure of a caregiver to respond interferes with the child's creation of a representational model of self in relation to others, a model which is transported into adulthood. This continued pattern of insecurity in relationships is then reinforced and reinterpreted by the ACOA in the context of adult attachment relationships as well.

Attachment styles have also been shown to influence adult interpersonal relationships, and dysfunctional interpersonal relationships have been identified as a salient feature of ACOAs. Thus, adult attachment theory may provide an extended basis for exploring control-related issues among this segment of the population. In particular, this study is designed to explore the constructs of control, attachment, and relationship satisfaction in an effort to investigate the nature of possible relationships between the variables. Additionally, it is intended to define some of the factors that may exacerbate as well as mediate the risks for those growing up in alcoholic environments. Finally, this research may provide an impetus for the counseling profession to develop preventive and rehabilitative strategies in order to target the needs of this substantial population.

LITERATURE REVIEW

Adult children of alcoholics (ACOAs) have grown up in homes where alcoholism has permeated the functioning of the entire family system. Recent estimates place the number of children of alcoholics in the United States alone at well over 30 million (Woodside, 1988). It has only been in the last ten to fifteen years that children of alcoholics (COAs) and adult children of alcoholics (ACOAs) have received much attention from the mental health profession, largely due to the pioneering study by Cork (1969). Research in the 80's by Black (1981) and Woititz (1983) has served to further illuminate the inconsistencies and chaos characteristic of alcoholic families. Although there is considerable recent emphasis in the research on the genetic predisposition of children of alcoholics to alcoholism, many of the most debilitating issues facing ACOAs today seem to revolve around the psychological and social dysfunction that is a product of growing up in an

alcoholic home (Gordis, 1990). In their attempt to deal with this type of family upheaval, many ACOAs tend to walk a tightrope between perfectionism, overachievement, and addiction and substance abuse themselves.

The literature is consistent in defining ACOAs as adults from a family with alcoholic parent(s), grandparent(s), and/or other family member (Kritzberg, 1990). One of the most reasonable theories for conceptualizing the problem of treating this population views alcoholism as a systemic process in which the entire family is affected. This systems theory, based on cybernetic components, proposes the existence of a feedback mechanism, either positive or negative, that monitors the present state in terms of a previous reference value. This homeostatic loop keeps the family locked into the cycle by preventing them from confronting significant issues or proceeding from one growth stage to the next and helps to explain the critical role that alcoholism plays on family functioning (Carver & Scheier, 1982). There may also exist, depending on the degree of dysfunction within the family system, a constricted or nonexistent frame of reference for discerning what constitutes healthy relationships as well as an overwhelming fear of abandonment stemming directly from perceived insecurity in the family of origin. Bepko and Krestan (1985) suggest that this persistent pressure to reassess the balance in the family system often leads to rigid controlling behaviors which, in turn, prevent individual growth and differentiation.

Characteristics of ACOAs

Woititz (1989) enumerates several central characteristic themes for ACOAs in her research. Among these are the tendency to overreact to changes over which they have no control, the fear of expressing feelings, vacillation between extreme rigidity and impulsivity, approval seeking, difficulty with intimacy, fear of abandonment, and need for control which develops from an overreliance on the self during childhood. As adults, these individuals view change as threatening and often cannot recognize choices because of an

overwhelming fear of losing control of their lives.

One of these characteristics in particular, the need to be in control at all times, seems related to the dynamics in the dysfunctional family of origin. According to Woititz (1989), many ACOAs transport this need into adult relationships like so much "excess baggage," developing coping skills along the way in order to mediate the chaos and unpredictability in their lives. While in the short term these seem adaptive maneuvers, in the long run when carried into adult relationships they become maladaptive (Ackerman, 1987). Thus, the need for ACOAs to be in control may stem ultimately from growing up in a family that is out of control. Schulz (1988) suggests that this need reflects fears of abandonment and intimacy since ACOAs often associate vulnerability with being powerless and fear they will lose control of their lives if they become dependent on others. Such overresponsibility (i.e., the need to control the self and others), may become difficult to relinquish since it represents the only real security the ACOA knows. The inability to accept ambiguity in situations as well as the fear of being found incompetent or lacking seems to lead ACOAs to seek affirmation of themselves from external sources.

Because the control of self, environment, and others is an all-consuming task, ACOAs experience persistent frustration and an inability to relax. In a study conducted by Cermak and Rosenfeld (1987), ACOAs exhibited symptoms similar to individuals with Post Traumatic Stress Disorder or histories of physical, emotional, and sexual abuse. As children, they developed skills of control and manipulation and behaviors characterized by hypervigilence and hypersensitivity to environmental changes. For this reason, the social and psychological "price tag" of growing up in an alcoholic home may put the ACOA at risk for a variety of physiological and psychological disorders which may include highly defensive, self-protective behaviors, inability to deal with feelings, lack of trust and intimacy, dependency on the approval of others, and inordinate need for control of self, others, and the surrounding environment.

This issue of control among ACOAs seems to be played out vividly in Cermak's (1986) group therapy research and theory. In his group work with ACOAs, Cermak sums up the issues and dynamics of group interaction in one word--"control" (p. 377). These central issues surrounding control were expressed by members voicing fears of being too controlling or being controlled by others. All emotions were seen as signaling a lack of control with the use of denial, repression, and suppression in order to project the facade of being in control of oneself. Lack of control was actually viewed by members as more frightening than the emotions themselves. According to Cermak and Brown (1982), asking the child of an alcoholic to give up control is like asking him/her to relinquish the very mechanism used for attaining and maintaining their own self-worth. Unfortunately, these self-protective coping behaviors from childhood stymie the growth and developmental stages necessary for coping with the stressors of adulthood. Cermak (1989) also emphasizes that ACOAs must guess at what normal is and as a result develop a pseudo-self to deal with the environment in order to mask the reality of their internal pain and loneliness. As a result of this extreme dissatisfaction with self, ACOAs tend to distance or isolate themselves from others. Attempts to remedy this isolation are exhibited in the form of controlling behaviors. Continued efforts to control the obviously uncontrollable lead to elevated stress levels and further futile, cyclical attempts to maintain or to increase self-esteem.

The link between self-esteem and need for control is further reflected in the often problematic relationships of ACOAs. This need to control relationships again appears to stem from growing up in a family atmosphere lacking in security. The relationships of ACOAs suffer because they experience difficulty dealing with emotions and vulnerability, the precursors of intimacy (Heinemann, 1989). The unpredictable behavior of others leads to stress in the relationship and feelings of loss of control which harken back to childhood feelings in which survival and protection depended on control. Trust in others is difficult

given the ingrained childhood fears of abandonment and isolation. Furthermore, many ACOAs experience the ultimate irony as they gravitate to familiar stressful relationships to experience the so called "normality" of the unpredictability from their past.

Control Theory

A perusal of the literature confirms that the term "control" has been used to describe a variety of characteristics and behaviors. Addiction itself actually relates to elements of self-control, while Type A behaviors and obsessive-compulsive disorders pertain more to control of the environment. The need or desire to control or dominate the self and/or others has been tagged in popular literature as co-dependency. One reason the differentiation between these control terms may be so difficult is that the term has been used in a variety of ways in the psychological literature.

Perhaps the most prolific research on control emanates from the field of social learning which spans both social and behavioral psychology. Of the research in this arena, Rotter's theory (1966) of internal and external locus of control is probably the best known. According to Rotter, perceived control relates to the analysis of internal or external control of reinforcement. Internal control is characterized by the perception of situations and behaviors as being a product of one's own actions (i. e., personal control). External control is the perception of events being beyond one's personal control and merely a product of luck, fate, or chance.

Bandura's self-efficacy model of control (1977), though varying somewhat in particulars from Rotter's work, also operates within a framework of social learning theory. According to his theory, efficacy expectations or the personal belief that the individual is able to perform the necessary behaviors in order to produce the desired outcome, is the catalyst for the repetition and persistence of coping behaviors. These expectations may be based on personal or vicarious experience, verbal persuasion, or emotional arousal.

As to the debilitating effects of perceived lack of control, Seligman's learned

helplessness research (1975) may help explain why the dogs in his experiments exposed to conditions of inescapable electric shock were highly resistant to efforts to teach them to escape. In conceptualizing this learned helplessness response, Seligman interpreted the canines' passive responses in terms of their perceived lack of control over their environment. In research with humans, the perception of outcomes that are independent of one's own actions may result in cognitive deficits in which new responses are not learned, motivational deficits in which new responses are not attempted, and emotional deficits in which depression arises from the realization and perception that environmental events are uncontrollable. Seligman also distinguished between cases and conditions where depression seems more severe. For instance, he hypothesized that depression is more severe when outcomes are attributed to internal, stable, and global causes (Seligman, 1975).

Brehm's reactance theory (1966) adds color and form to Seligman's work in that it presupposes that individuals expect a certain amount of freedom when deciding which behavior to pursue. So instead of merely giving up as Seligman suggests, individuals will attempt to re-establish control when it is perceived to be attainable.

Averill's research (1973) adds yet another wrinkle to the conceptualization of the control construct by distinguishing between three types of control: 1) behavioral control which implies direct interaction of the individual with the environment, 2) cognitive control which has to do with the individual's perception or interpretation of events, and 3) decisional control which is characterized by having choices among different courses of action. He further asserts that the reality of personal control is ultimately steeped in the context or meaning of the control response for each individual.

Kelly's theory of personal constructs (1955) states that people want to predict and control their environment and thus select constructs that help to make their world more predictable and thereby more controllable. Langer's view of control (1983) echoes this

idea as it defines control as "an ongoing process, an active belief that one has a choice among responses that are differentially effective in achieving a desired outcome" (pp. 19-20).

Another aspect of control theory that must be considered is self-control. The study of self-control has only recently become central to psychological theory with the addition of cognitive research. For instance, Carlson's (1982) research suggested that Bandura's concept of self-efficacy is inextricably tied to the behavior change process. Self-control viewed in this context is seen as a positive phenomenon involving cognitive restructuring to aid in control of emotional and physical response patterns.

Self-control has also been studied within a stress coping context. The most recent research on control and stress has focused on cognitive-behavioral strategies and coping processes. In addition, Lazarus (1966) has distinguished between emotionally focused control (making others feel better without remedying the situation) and problem focused control (behavioral attempts to remedy aspects of the environment). Related to this are the concepts of primary and secondary control. While primary control entails changing the environment to fit individual needs, secondary control refers to the changing of the individual to fit the environment.

Research has definitely shown that coping styles are linked to mental and physical health and that these styles differ widely across a range of life situations. Thus, having a large repertoire of coping behaviors is vital to one's sense of control and would seem to be the most adaptive scenario.

As for research on particular coping styles, the Type A coronary prone personality seems to be the most researched. Characteristics of coronary-prone behavior consist of external achievement orientation, competition, hostility, and aggression. Some research suggests that Type A individuals are engaged in a constant battle to control their environment. Their belief that they can surmount any obstacle given enough effort often

contributes to their description by others as "workaholics" or "control freaks." Their reaction to stressors is usually hypervigilence and hyper-responsiveness in an effort to control the stressor as well as other individuals. Wright's (1988) study reveals that Type As are often reluctant to relinquish control of a situation to another individual even when the other person is confirmed to be more competent. In Miller, Lack, and Asroff's (1985) study involving the reduction of aversive noise, Type As chose to exert control themselves even though it meant they would receive more noise. When questioned as to why they chose to respond as they did, they stated that they wanted to maintain individual responsibility for the outcome. These results would seem to support the contention that loss of control is perceived as more threatening to Type A individuals. In addition, the study by Miller et al. (1985) reflected gender differences, with male Type As more likely to demonstrate need for control than female Type As.

Finally, it should be noted that the constructs of power and dominance are often used interchangeably with interpersonal control in the literature. One of the best known research efforts in this area comes from McClelland, Davis, Kalin, and Wanner's (1972) study linking Freud's psychosexual stages to personal perceptions of power. In general, McClelland and colleagues suggested that power motives function similarly for both sexes. However, in terms of general power motivation and expression, men and women seem to differ, with men exhibiting more drinking, gambling, and aggression and women expressing motives through less aggressive outlets.

Given the ambiguity of control terminology in the literature, it is no wonder that a study focusing on the need for control among ACOAs is such a challenging task. Hopefully, more empirical investigation in this area will be a focus for future research.

Attachment Theory

Attachment theory, as conceptualized by John Bowlby (1969), is a homeostatic process with an evolutionary purpose; namely, to ensure the survival of the species. Its link to

control theory rests in cybernetic components which activate the system when the infant feels threatened or insecure. When this occurs, the child engages in behaviors designed to re-establish contact with the attachment figure such as crying or calling out. Once contact is regained, the child modifies his or her behavior to ensure and maintain the proximity of the caregiver.

Berman and Sperling (1994) further define attachment 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 styles refers to "particular internal working models of attachment that determine people's behavioral responses to real or imagined separation and reunion from their attachment figures" (p. 11). This tendency toward stability provides the potential for secure relationships and seems to be directly connected to initial attachment experiences. Ainsworth, Blehar, Water, and Wall (1978) originally identified these styles in children using the Strange Situation paradigm, and the results have been replicated and validated in numerous similar studies. This research was designed to elicit attachment behaviors from infants by separating them from their attachment figures. On the basis of infant responses to these separation and reunion situations, Ainsworth et al. identified three basic patterns of attachment: secure attachment, anxious/ambivalent attachment, and avoidant attachment. Secure infants experienced distress upon separation, sought comfort upon reunion, and explored freely in the presence of their caregivers who in turn responded sensitively to the infant's cues. The anxious/ambivalent infants were observed to cry more and exhibit more distress prior to separation and were difficult to reassure and comfort. The caregivers of these infants responded inconsistently to their infants' cues and often vacillated between extremes of unresponsiveness and intrusiveness. Avoidant infants exhibited little distress at separation, did not seek reassurance or comfort from, and avoided contact with the caregiver upon

reunion. Instead their attention was directed to toys and other inanimate objects. Caregivers of these children appeared to reject their infants' signals for proximity and close bodily contact.

According to attachment theory, early childhood interactions with caregivers lead to the development and accumulation of knowledge and experiences concerning the self, others, and relationships. In order for the attachment system to function properly, the infant must develop internal working models (IWMs) of the attachment figure based on shared interaction experiences (Bowlby, 1988). These models, in turn, provide the infant with an awareness of the caregiver's absence, determine how the child will respond on the attachment figure's return, and ultimately comprise the foundation for anticipating and interpreting interactions with others across the life span. Thus for a secure attachment relationship to develop during infancy, the caregiver must be both sensitive and responsive to the child's needs so that a bond of trust develops. Attachment studies in this area have produced corroborative results in that secure adults tend to describe their primary attachment figure as warm, responsive, and accessible while insecure adults portray their attachment figures as running the gamut from inaccessible and unresponsive to inconsistently caring or overly intrusive (Rothbard & Shaver, 1994).

Adult Attachment Theory--Effects on Interpersonal Relationships

While adult attachment has yet to be recognized as a formal theory, some researchers have been exploring the likelihood that the attachment patterns described in the research of Ainsworth et al. (1978) persist into adulthood and play themselves out in adult romantic and parental relationships (Rothbard & Shaver, 1994).

Attachment styles are characterized by specific variations in internal working models of attachment which emanate directly from early attachment experiences and determine the cognitive and behavioral responses to real or imagined separation and reunion with primary attachment figures (Berman & Sperling, 1994). Under this guise, attachment

styles may be viewed as a by-product of the accessibility and responsiveness of the attachment figure which is ultimately encoded into an internal working model of attachment (Bowlby, 1988). The activation of the internal working model has been shown to affect behavioral responses by creating a complicated interplay of behaviors between both relationship partners. In addition, current interpersonal experiences can influence the internal working model in both a beneficial and a detrimental manner. For example, each new relationship experience is assimilated and processed into the internal working model in an as yet to be explained quasi-mathematical fashion (Sperling & Lyons, 1994). Yet despite these additions, elaborations, and integrations, the primary activators of attachment appear to emanate from initial childhood attachment experiences (Berman & Sperling, 1994).

Studies have also suggested that secure adults, much like children, seem more emotionally positive and trusting and view relationships as supportive and comforting, whereas insecure adults appear conflicted and perceive relationships as ranging from desirable, but unpredictable to overtly threatening (Collins & Read, 1990; Simpson, 1990). Follow-up research on adult attachment styles appear to corroborate these results. Studies by Collins (1991) and Collins and Read (1994) reveal that secure adults report stronger perceptions of love and security in their relationships, while anxious adults report less trust and less belief in the security and dependability of their relationship. The results of Kobak and Hazan's research (1991) echo these findings by suggesting that attachment security and relationship interaction and quality are significantly correlated. Similarities also seem to exist between secure children and adults in that both groups are more likely to seek secure relationship partners (Brennan & Shaver, 1994). In addition, anxious/ambivalent college students report a higher number of rapid relationship breakups which seems to parallel somewhat the existence of conflictual peer relationship in anxious/ambivalent children. As this list of parallels between childhood and adulthood attachment dynamics

grows so do researchers' beliefs that attachment styles are similar in children and adults Thus, certain expectations for adult attachment styles may be hypothesized based on preliminary research with children. For example, Hazan and Shaver (1987) have identified similarities between the dynamics and behavior associated with attachment between infants and their caregivers and the romantic interactions of adults. Both relationship scenarios are characterized by proximity seeking behaviors, expectations about the partner's availability and responsiveness, desire for comfort in the face of physical and emotional stressors, and distress over separation and possible loss of the relationship. Thus, according to Hazan and Shaver (1987), secure adults generally view others as "trustworthy and well-intentioned, the self as lovable, and relationships as a source of support and comfort" (p. 61). Avoidant adults view others as untrustworthy, the self as unlikeable, and relationships as a threat to personal control. Anxious/ambivalent adults see others as desirable but unpredictable, the self as unlovable, and relationships as the key to security. As a result, pursuing interpersonal relationships may be a preoccupying need for anxious/ambivalent individuals.

Adult Attachment Theory and ACOAs

It is noteworthy that recent attachment research appears to support the idea that attachment styles are predictive of future social adjustment. In fact, the secure/insecure continuum seems to be a fairly accurate reflection of competency in relationships. For example, individuals who have grown up in homes where the caretaker was inconsistent, unreliable, and/or unresponsive appear to have more interpersonal problems and difficulties with anxiety and depression (Berman & Sperling, 1994). In light of this, attachment theory may serve as a useful paradigm for understanding adult personality and relationship dynamics.

Furthermore the notion that internal working models of attachment develop in early childhood and are carried forward into adulthood to color relationships across the life

span, sets the stage for attachment theory to be used as a valuable tool for exploring relationship problems among ACOAs. Given that the sense of security inherent in any attachment relationship is inextricably tied to the quality of responsiveness of the attachment figure, the difficulties ACOAs experience in relationships may reflect maladaptive coping mechanisms developed over the years to deal with a dysfunctional family environment as well as relationship problems within the family of origin itself. In short, the relationship difficulties of ACOAs are likely reflective of the lack of responsiveness and availability of the alcoholic parent as the child begins to create and assimilate a representational model of the self in relation to others.

ACOAs and Family Issues as Moderator Variables

Most research on ACOAs focuses on the prevalence of alcoholism among adult children of alcoholics. Much less research has been conducted and published dealing with family dynamics and the roles of children in the alcoholic family and distinguishing personality characteristics of ACOAs. Much of this information comes from ACOAs who are also alcoholics and does not help to enlighten researchers as to possible moderating variables that may help to explain why many ACOAs do not experience problems with substance abuse.

While many studies emphasize genetic factors as strong predictors of alcoholism, the effects of moderating variables must be considered and explored as well. For example, the literature suggests that genetic predisposition may be more influential in predicting alcohol abuse in males and that daughters may be buffered by environmental and perhaps biological factors (e. g., Goodwin et al., 1977).

Clair and Genest (1987), using a multidimensional model of adjustment, focused on the adjustment of ACOAs. Their study explored the variables of family environment, social support, and coping behaviors that ACOAs exhibited in childhood. Their results revealed that the alcoholic offspring group reported problems as less controllable and perceived

themselves to be much less able to change the situation than the comparison group. They reported more emotion focused coping, more wishful thinking, and more avoidant behaviors such as eating, sleeping, smoking, and drinking. Tribolet's (1988) study echoed these findings as ACOAs used fewer problem solving strategies to deal with conflict and more avoidant/withdrawal behaviors.

Cotton's review of 39 studies on familial alcoholism (1979) revealed that an alcoholic was six times more likely to have a parent or other relative who was also an alcoholic, men were more than twice as likely than women to be alcoholic, and most alcoholism in males related to parental alcoholism.

Wilson and Orford (1978) focused on variables that emerged from studies on alcoholic families that could possibly impact adult adjustment. These included patterns of parental drinking behavior, parent-child relationships, duration and treatment of problem drinking, marital conflict and violence, family roles and communication, social relationships outside the family, and coping styles of the children.

One nation-wide study on the long range effects of alcoholism by Black et al. (1986) compared the perceptions of adults from alcoholic homes to adults who were not raised in such environments. Their results indicated that family disruption appeared more prevalent in the ACOA sample with a higher incidence of such life stressors such as family deaths and divorces. The genetic predisposition component of alcoholism was evidenced in the higher percentages of alcoholics (37% in the alcoholic group versus 7% in the non-alcoholic group), alcoholic marriages (28% versus 12%), and siblings who were alcoholics (34% versus 18%). In the ACOA group other prevalent factors reported by the sample were parental arguments, violence, and sexual abuse as well as the significant problem areas of distrust, lack of intimacy, and difficulty expressing feelings.

Resilient ACOAs

Although the emphasis in research with ACOAs has been on the difficulties and

potential for dysfunction in those individuals growing up in alcoholic environments. Werner's 1986 study suggests that this environment may also produce positive outcomes as well in the form of survival skills and personal strengths. Burk and Sher (1988) also argue that the need for control may actually provide ACOAs with the ability to maintain a much needed optimistic outlook.

Several interesting factors emerged from Werner's (1986) longitudinal study of 49 COAs from birth to age 18. Among these were that 73% of the children did not demonstrate serious coping difficulties and that the children of alcoholic mothers were the group more prone to developing coping problems. The so called "resilient" children received a substantial amount of attention from the primary caregiver during the early years of development and were more likely to have high self-esteem. The developmental stage of the child when the parent began drinking also seemed to be a salient predictor of future adjustment: the younger the child's age at the onset of parental drinking, the more pervasive the emotional damage. As viewed through a developmental lens, the bonding stage (birth through nine months) ideally is characterized by the caregivers' nurturing response to the infant's needs. In the case of an alcoholic parent, the infant's needs may elicit unpredictable results along a continuum from loving to rejection. This inconsistency continues throughout the other developmental stages as well. For example, it has been hypothesized that since many children of alcoholics seldom experience clear cut, consistent rules they fail to develop skills of negotiation and conflict resolution. Obviously further controlled research in this area investigating such moderator variables as gender, age, education, socioeconomic status, sex of the alcoholic parent, involvement in therapy or support groups, and family dynamics must be conducted in order to clarify specific factors which may help to explain why many ACOAs function quite well despite being raised in alcoholic environments.

Berkowitz and Perkins' 1988 study also hints at the resilient qualities of some ACOAs.

The results here reveal that ACOAs were similar to ACONAs on most personality measures although they were more likely to report greater self-depreciation. Supporting research (Sher, 1991; Tweed & Ruff, 1991; Windle & Searles, 1990) suggests that the offspring of male alcoholics who reported extensive maternal support displayed far less psychological dysfunction in adulthood. Other research (El-Guebaly & Offord, 1979) has suggested that individual temperament, intellect, and achievement may modify the experience of parental alcoholism by buffering against behavioral problems in children from alcoholic homes. Differing societal expectations, absence of conflict in the home, and sex of the alcoholic parent may be contributory factors to resilience as well. Since mothers and fathers have unique roles within the family system, it is logical to assume that problem drinking could have differing effects on a child's developmental process depending on which parent was the alcoholic (Bradley & Schneider, 1990).

The results of El-Guebaly and Offord's (1979) research depicts ACOAs as generally well-adjusted despite disturbances in their environment. They also suggest that biological factors may buffer females from becoming alcoholic as the incidence of alcoholism is lower for daughters than for sons.

Another viable avenue for exploring both the vulnerability and resiliency of ACOAs may involve studies on attachment style as these early tendencies have been observed to affect adult social relationships and parenting skills. Research utilizing attachment theory may provide a more empirically grounded procedure within which to comprehend and address the impact of growing up in an alcoholic family (Brennan, Shaver, & Tobey, 1991; Brown, 1991).

Identifying the possible sources of strength and resilience for ACOAs as well as attempting to operationalize mediating factors would certainly help to clarify how functional ACOAs differ from their more dysfunctional counterparts and thus provide a structured foundation for designing and implementing more effective treatment strategies.

Gender Studies

Gender issues have been addressed only recently in research with ACOAs. In their survey of college students, Berkowitz and Perkins (1988) report self-depreciation to be greater in ACOAs and more of a problem for women, especially if the subject had an alcoholic father. Parker and Harford (1988) found that having alcoholic parents increased sons' risk for alcohol abuse, increased both sons' and daughters' risk for divorce and separation, and increased daughters' risk for depression.

In a study on intimacy in ACOA populations, Latham (1988) found that married female ACOAs reported experiencing more difficulty with intimacy, more family of origin dysfunction, and a greater need to take a parent role in their marriages. In Wilson's (1988) research on ACOA and adult children of non-alcoholic (ACONA) groups, she reports that ACOA women were more depressed, distrusting, and guilt prone, were more likely to have participated in therapy, and perceived their family of origin to be less loving and secure and their marriages and lives less gratifying.

Ackerman's (1989) study compared daughters of alcoholics with daughters of non-alcoholics and revealed a significantly higher need for control, overreaction to change, and feelings of overresponsibility for others. They also rated themselves higher in difficulty with intimacy, approval and affirmation, and judging themselves harshly. Adult daughters of alcoholics rated their emotional satisfaction lower than ACONAs and described their parents as poor or below average. In an open-ended follow-up survey, 33% (versus 9% of the ACONAs) of the adult daughters of alcoholics reported the greatest parenting issues for them as parents was their "need for control." They reported taking on too many responsibilities for their children by overprotecting them, had extremely high expectations of their children, and felt responsible for making sure everything in the family was under control. Finally, they responded that they felt the need to control everything within the family so no one would be upset.

Heinemann's (1989) study compared levels of intimacy, autonomy, and symptom patterns among ACOAs and ACONAs. The ACOAs reported lower levels of autonomy and intimacy and greater dysfunctional symptoms. His study also illuminated the ACOA group's lack of enjoyment of strong emotions, a necessary precursor for intimacy. ACOAs associated these intense feelings with a lack of control.

Control and ACOAs

While there is some agreement as to the over/under control issues with ACOAs, there is less agreement as to how these control issues are borne out in different ways among different individuals. One suggestion is that the different roles adopted by children in the alcoholic family result in different coping styles as a means for dealing with the inconsistency and disruption in their families of origin. For instance, Black (1981) identifies four roles that unfortunately have only been subjected to limited empirical scrutiny, but which may be indicative of the different ways that children of alcoholic families develop in order to control the chaos in the dysfunctional family environment. The responsible one or hero is often seen as attempting to organize the chaos of family life by being overly responsible, perfectionistic, and highly achievement oriented. Most especially it is the responsible ACOA who reports a strong need to be in control of him or herself and others. Ironically these individuals equate control with security and although they report considerable frustration as a result of the overresponsibility they assume, they create a double bind for themselves by continuing to try to control and manipulate others and the environment around them. They experience an inability to relax as a result of their rigid, overcontrolling style that ultimately prevents them from successfully navigating the developmental stages needed for future mature coping. The adjuster or lost child conversely refuses to accept responsibility for the family situation and attempts to control the family environment through isolation and conflict avoidance, essentially going with the flow of events and detaching him or herself from the surrounding inconsistencies. The

scapegoat negatively draws the attention away from the alcoholic parent and controls the pain of being rejected and unloved by acting out his or her anger through aggressive manipulation and impulsive behavior. Unfortunately, it is this role that is the least acceptable to family and social functioning and may explain why this child is often the most prone to low self-esteem, delinquency, and abuse. Finally, the placater or mascot feels pressed to try to fix the family dysfunction and controls his or her pain by attempting to please others.

Woititz's (1983) research further suggests some ACOA characteristics that seem to revolve around the issues of control. The first of these has to do with the desire to maintain control at all times that manifests itself in a fear of intimacy, dependence, and abandonment if the ACOA cannot keep pace. The second revolves around the belief that being vulnerable necessarily entails giving up control, losing power completely, and ultimately losing the self.

Wegscheider-Cruse (1984) asserts that for many ACOAs love translates into control, thus making it extremely difficult for ACOAs to admit their needs and vulnerability, since to them the risk of doing so translates into sacrificing the self. The ability to control and maintain control is indeed a "badge of honor" for many ACOAs as they are dedicated to controlling their own lives, the environment, and often the lives of others. Under these circumstances, the ACOA facade of independence and strength merely serves as a fragile mask for the underpinnings of insecurity, confusion, and rampant self-doubt (Subby & Friel, 1984).

Therapy for ACOAs

Whitfield (1987) suggests that recovery for ACOAs must entail decreasing the need for control while acknowledging losses, working through core issues, grieving, and healing and must emphasize the need to expose, confront and ultimately deal with the shame and guilt of the "family secret."

Weiss and Weiss (1987) argue that a developmental approach in therapy with ACOAs is essential. Thus an increased understanding of the link between early attachment difficulties and later risk of psychological problems would no doubt aid scientist/practitioners in developing new, more effective preventative treatment techniques for use with this population.

Infant/parent psychotherapy designed to alleviate some of the psychological conflicts associated with parenting and providing instructive, interactive parent/child training with individually tailored information on child development may well fit this bill by helping to develop better parenting and social skills, to alleviate some of the anxiety of the parenting process, and to foster early secure attachment relationships.

The group therapy format with the group serving as a recapitulation of the family unit may also provide a viable vehicle for working through anger and conflict from the family of origin. In the safety and confines of the group atmosphere, members are free to explore and discover vulnerabilities, ask for help, and practice skills in a nonthreatening environment within a shared experience format.

Summary

Despite the fact that there is an abundance of literature on control and self-control issues related to clinical problems, the literature maze is complex and often confusing because of the lack of delineation between constructs of control expectation, individual control, and personal desire for control. Obviously, in order to accurately assess control constructs, instruments designed to tap the construct accurately must be developed, tested, and continually refined. Despite the fact that the construct of need for control has been shown to be significantly greater for ACOAs (e.g., Knoblauch & Bower, 1989), the extent to which they experience this need seems to vary among individuals and may help to explain why some ACOAs appear more functional than others.

Recent literature also suggests that attachment theory may provide a promising avenue

for exploring the problematic interpersonal relationships of ACOAs (El-Guebaly et al., 1993). For example, research in this area emphasizes the development of working information processing models based on the quality of early attachment experiences which appear to guide and influence expectations and interpretations of the behavior and intent of others. If indeed, as clinical literature is beginning to suggest, insecure attachment experiences predispose individuals to experience problems in both romantic and parental relationships throughout the life span, verifying and exploring the possible connection between attachment style and need for control may open new doors for identifying and treating developmental attachment concerns during childhood and for developing therapeutic techniques designed to modify and reprocess interpretations and representations of early attachment experiences and generate options for more appropriate expectations for present and future interpersonal interactions.

Furthermore in order to determine the relationship between the nature of control and its relationship to psychological health and pathology, studies must be designed to identify specific control profiles and to differentiate which ones in particular tend to buffer ACOAs from psychological risk. In addition, instruments to assess need for control must be developed and refined and psychotherapy and health care interventions must be implemented based on valid and reliable psychometric assessment of the construct.

To summarize, identifying and clarifying particular aspects of control, attachment style, and relationship satisfaction relating to ACOAs with an emphasis on quality longitudinal research as to how their experiences contribute to developing positive coping skills may help therapists to develop and utilize treatment strategies designed to target the specific risk factors characteristic of this particular population.

Variables to be Investigated

The literature suggests that many ACOAs report the overwhelming need to control themselves and their environment. Because they are forced to grow up so quickly and

assume inappropriate responsibilities, they proceed through adulthood with many unmet needs that often transfer to their personal and professional lives.

One of these needs, the need for control, has been shown to be a salient feature of ACOAs (Brown, 1988). Being in control is a useful coping mechanism that seems to develop from growing up in a family that is out of control. While children of alcoholics may appear symptom free during their early years, many ACOAs become highly anxious when their childhood coping behaviors no longer serve them. Faced with stressful situations, ACOAs tend to feel more out of control, insecure, and vulnerable than their ACONA counterparts. For this reason need for control among ACOAs is one variable which will be explored in this study.

Because ACOAs feel the need to control interpersonal as well as intrapersonal interactions, their relationships often suffer as they are ill-prepared to deal with their own feelings. Thus, their fear of vulnerability precludes the establishment of intimate relationships. Many ACOAs report considerable dissatisfaction with the quality of their relationships; thus, personal satisfaction with relationships will also be investigated.

Attachment style has also been shown to influence the establishment and maintenance of close relationships. Research suggests that attachment patterns established in childhood persist into adulthood and affect adult romantic and parental relationships (Rothbard & Shaver, 1994). Therefore, attachment style is another variable that will be considered.

Significance of the Study

ACOAs represent a vulnerable population at risk for physiological and psychological illness. Thus, identifying patterns of control and attachment style and examining variables that affect adjustment in functional ACOAs may help discern whether ACOAs across the board are at risk for psychopathology or whether certain control profiles actually serve to reduce individual risk factors. Towards these ends, the development of descriptive, comparative control profiles may help pave the way for mental health care professionals to

develop and implement control-related psychotherapeutic techniques to aid in the conceptualization and assessment of these clients as well as health care interventions of both a preventative and a rehabilitative nature for treatment of this often neglected population.

Purpose of the Study

This study will attempt to examine differences in the relationship between need for control, attachment style, and relationship satisfaction among adult children of alcoholics and adult children of non-alcoholics. More specifically, it is an attempt to clarify the construct of "need for control" as it relates to ACOAs and their functioning as well as to identify possible moderating variables that may mediate risk factors for psychological and physiological distress among members of this particular population.

Research Hypotheses

The primary purpose of this study is to explore the possible relationship between the need for control, attachment style, and relationship satisfaction among ACOAs. To this end, the following research hypotheses are proposed:

1. Need for control, attachment style, and relationship satisfaction will be significantly correlated for both the ACOA and the ACONA groups.
2. Adult children of alcoholics will report a significantly higher need for control than adult children of non-alcoholics.
3. Adult children of alcoholics will report a significantly more insecure attachment style than adult children of non-alcoholics.
4. Adult children of alcoholics will report significantly less satisfaction with intimate relationships than adult children of non-alcoholics.
5. Sex of the alcoholic parent, age of the child at the onset of parental problem drinking, level of marital conflict, quality of communication in the family of origin, and involvement in therapy are among the demographic variables that may help

predict level of need for control, attachment style, and relationship satisfaction among ACOAs.

METHOD

Research Design

A correlational design will be used to investigate the interpersonal dimensions of need for control, attachment style, and relationship satisfaction to facilitate the description of the interrelationships of the variables, and to make predictions about possible causal relationships between variables. Additional descriptive data will include the extent and nature of the effects of alcoholism on the family and will also be investigated for the continued development and refinement of instruments designed to measure need for control, attachment style, and relationship satisfaction.

Participants

The convenience sample for this study will consist of volunteer participants from an undergraduate psychology pool at a major Midwestern university. All students enrolled in undergraduate psychology classes will be afforded the opportunity to participate as part of their class research requirement. Participants will be selected from this general pool of psychology students based on their responses to a parental alcohol screening instrument administered during two large group prescreening sessions. They will then be divided into two groups depending on their response to the parental alcohol screen to complete the remaining research instruments.

Instruments

ACOA Status: The Children of Alcoholics Screening Test (CAST; Jones 1983) is a widely used instrument for identifying adults with at least one alcoholic parent. It also assesses the severity and impact of parental problem drinking on the individual. The instrument contains thirty yes/no items. A minimum score of six is generally considered indicative of an individual who has grown up in an alcoholic environment. A

Spearman-Brown split-half reliability coefficient of .98 was computed with various samples of latency-age, adolescent, and adult children of alcoholics. The validity of the CAST has been demonstrated by studies with samples including an adult psychiatric population (Staley & El-Guebaly, 1991) and in comparisons of children of clinically diagnosed alcoholics and matched controls (Jones, 1983). An analysis of variance revealed that both populations of COAs scored significantly higher on the CAST than the control group ($p < .0001$). Furthermore, all thirty items of the CAST significantly discriminated the children of alcoholics from the controls, and the cutoff score of six accurately identified 100% of the children of alcoholics. In a study with adults, Jones (1983) found that persons who indicated that their parents had received treatment for alcoholism scored significantly higher on the CAST than the control group subjects. Thus, the CAST seems to be an appropriate instrument for screening possible ACOAs.

Several studies in the literature have demonstrated that ACOAs can also be reliably identified by using a single, objective question (Berkowitz & Perkins, 1988; DiCicco, Davis, Travis, & Orenstein, 1983-4; DiCicco, Davis, & Orenstein, 1984). For the purposes of this study a single question ("Do you believe that either one or both of your parents have/had a drinking problem?") will also be used in conjunction with the CAST to confirm parental problem drinking.

An additional demographics questionnaire will be included to provide basic demographic data, to identify the levels of stress in the family of origin and nature of past and present relationships with the alcoholic family member(s), to clarify possible coping mechanisms among ACOAs, and to determine the extent of therapeutic involvement of ACOAs as well as their alcoholic parent(s).

The Desirability of Control Scale (DC): The Desirability of Control Scale (Burger, 1979) is a twenty-item instrument designed to measure individual differences in desire for control over life events. Subjects are asked to respond to each item using a seven point

Likert rating ranging from "This statement doesn't apply to me at all" to "This statement always applies to me." Scores are summed to reflect overall level of desire for control, with higher scores indicating a greater need for control. Kuder-Richardson 20 reliabilities for the DC scale in studies with students from a college population ranged from .80 to .81. Test-retest reliabilities over a six week period ranged from .72 to .75. Inter-item correlations for the scale ranged from .31 to .66. The DC scale has also demonstrated discriminative validity from Rotter's I-E Locus of Control Scale (1966) ($r = -.19$) and the Marlowe Crowne Social Desirability Scale ($r = .11$) suggesting that the instruments measure separate constructs. The factor analysis of the items from the DC revealed the following five factors: 1) General Desire for Control, 2) Decisiveness, 3) Preparation-Prevention Control, 4) Avoidance of Dependence, and 5) Leadership. Construct validity of this instrument has also been provided by studies on learned helplessness, illusion of control, and hypnosis (Burger & Cooper, 1979).

Attachment Style Questionnaire (ASQ): The Attachment Style Questionnaire is a forty-item instrument developed and tested by Feeney, Noller, and Hanrahan (1994). It is designed to measure adult attachment based on Hazan and Shaver's (1987) secure, anxious/ambivalent, and avoidant attachment styles and uses a six point Likert scale from "Totally disagree" to "Totally agree." Cronbach alphas for the three factor model of security, avoidance, and anxiety ranged from .83 to .85. For the five factor model, coefficient alphas ranged from .76 to .84. Test-retest reliability coefficients over a ten week period for the three factor model ranged from .74 to .80 and for the five factor model from .67 to .78. In order to test the validity of the ASQ, Feeney et al. correlated scales from their new measure with the three Likert ratings based on the Hazan and Shaver's (1987) original forced-choice measure. The Confidence subscale of the ASQ was positively correlated with the Hazan and Shaver secure scale and negatively correlated with the four scales measuring insecurity. The rating of avoidant attachment

was strongly correlated with the Discomfort with Closeness subscale and moderately correlated with the Relationships as Secondary subscale. The anxious/ambivalent rating was strongly correlated with the Preoccupation with Relationships and Need for Approval subscales (Feeney, Noller, & Hanrahan, 1994). These results suggest that the new questionnaire taps constructs similar to those assessed by the Hazan and Shaver measure. As a further validity check, they ran analyses of variance using the original forced-choice measure as the independent variable. Subjects were then compared on both the three and five factors of the ASQ. Again the findings indicate that the ASQ measures attachment styles similar to those originally conceptualized by Hazan and Shaver's forced-choice measure.

The Relationship Satisfaction Questionnaire (RSAT): The Relationship Satisfaction Questionnaire is a thirteen-item instrument developed by Burns and Sayers (1992) to measure satisfaction in a variety of relationship areas. Subjects indicate their degree of relationship satisfaction in each area using a 7 point Likert rating from 0 (very dissatisfied) to 6 (very satisfied). Scores are then summed to indicate total satisfaction, with higher scores corresponding to reports of greater relationship satisfaction. The RSAT has demonstrated good internal consistency ($r = .97$) and is strongly correlated with longer established measures of relationship satisfaction such as the Dyadic Adjustment Scale ($r = .89 - .90$; Heyman et al., 1993), the Marital Adjustment Scale ($r = .80$; Burns & Sayers, 1988), and the Quality of Marriage Index ($r = .91$; Heyman et al., 1993). Test-retest reliabilities over a six week period with a college population ranged from .72 to .76. The RSAT also demonstrated concurrent validity ($r = .80$) with the Marital Adjustment Scale and discriminant validity ($r = -.31$ to $-.51$) with the psychopathology subscales of the Symptom Checklist-90-Revised (SCL-90-R). Results from two separate comparative studies indicated that the RSAT also reliably discriminated couples in therapy from those who were not ($p < .002$). Factor analysis further indicates that the RSAT measures a

single factor of relationship satisfaction among both men and women.

Procedure

Participants will be asked to sign an informed consent prior to completing the required questionnaires. Order of presentation of instruments will be counterbalanced to help control for possible order effects. Final group membership will be verified by using a single question concerning parental problem drinking as well as the Children of Alcoholics Screening Test (CAST) score.

A power analysis was conducted (power set at .80) and revealed the need for a minimum of 32 participants per group. Since no studies have reported effect sizes using the Attachment Style Questionnaire, the Desirability of Control Scale, or the Relationship Satisfaction Inventory, a conservative effect size of .40 was deemed appropriate for the power analysis.

Data Analysis

Data analysis will begin with summary statistics that describe the data, including frequency distributions, measures of central tendency (i. e., mean, median, mode) and dispersion (i. e., standard deviation, range).

Correlational analyses will be used to test for possible relationships between the constructs of control, attachment style, relationship satisfaction, and demographic variables. Chi-square and t-tests will be utilized to examine possible group differences in demographic characteristics, and multivariate analyses of variance will be conducted to determine whether ACOAs and ACONAs differ in their reported level of need for control, attachment style, and reported satisfaction with relationships. Forward multiple regression analyses will be run to determine if designated demographic variables contribute to the prediction of need for control, attachment style, and relationship satisfaction for both groups.

References

Ackerman, R. J. (1987). Same house, different home: Why adult children of alcoholics are not all the same. Pompano Beach, FL: Health Communications.

Ackerman, R. J. (1989). Perfect daughters. Deerfield Beach, FL: Health Communications.

Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychological study of the Strange Situation. Hillsdale, NJ:Erlbaum.

Averill, J. R. (1973). Personal control over aversive stimuli and its relationship to stress. Psychological Bulletin, 83, 286-303.

Bandura, A. (1977). Social learning theory. Englewood Cliffs, NJ: Prentice-Hall.

Beletis, S. G., & Brown, S. (1981). A developmental framework for understanding adult children of alcoholics. Journal of Addictions and Health, 187-203.

Bepko, C., & Krestan, J. (1985). The responsibility trap: A blueprint for treating the alcoholic family. New York: The Free Press.

Berkowitz, A., & Perkins, H. W. (1988). Personality characteristics of children of alcoholics. Journal of Consulting and Clinical Psychology, 56, 206-209.

Berman, W. H., & Sperling, M. B. (1994). The structure and function of adult attachment. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Black, C. (1981). It will never happen to me! Denver: M. A. C. Printing and Publications Division.

Black, C., Bucky, S. F., & Wilder-Padilla, S. (1986). The interpersonal and emotional consequences of being an adult child of an alcoholic. International Journal of the Addictions, 21, 213-231.

Bowlby, J. (1988). Developmental psychiatry comes of age. American Journal of Psychiatry, 145, 1-10.

Bradley, L. G., & Schneider, H. G. (1990). Interpersonal trust, self-disclosure and control in adult children of alcoholics. Psychological Reports, 67, 731-737.

Brehm, J. W. (1966). A theory of psychological reactance. New York: Academic Press.

Brennan, K. A., & Shaver, P. R. (1994). Dimensions of adult attachment, affect regulation, and romantic relationship functioning. Personality and Social Psychology Bulletin, 3, 46-49.

Brennan, K. A., Shaver, P. R., & Tobey, A. E. (1991). Attachment styles, gender and parental problem drinking. Journal of Social and Personal Relationships, 8, 451-466.

Brown, S. (1988). Treating adult children of alcoholics: A developmental perspective. New York: Wiley.

Brown, S. (1991). Treating adult children of alcoholics: A developmental perspective. Co-dependence and ACAs: Theoretical expansion from an interpersonal perspective, Paper presented at National Consensus Symposium on Children of Alcoholics and Co-dependency, Airlie, Virginia.

Burk, J. P., & Sher, K. J. (1988). The "forgotten children" revisited: Neglected areas of COA research. Clinical Psychology Review, 8, 285-302.

Carlson, J. G. (1982). Some concepts of perceived control and their relationship to bodily self-control. Biofeedback and Self-Regulation, 7, 341-375.

Carver, C. S., & Scheier, M. R. (1982). Control theory: A useful conceptual framework for personality-social, clinical, and health psychology. Psychological Bulletin, 92, 111-135.

Cermak, T. L. (1986). Diagnosing and treating co-dependence. Minneapolis, MN: Johnson Institute Books.

Cermak, T. L. (1989). A time to heal. Los Angeles: Jeremy P. Tarcher.

Cermak, T. L., & Brown, S. (1982). Interactional group therapy with adult children of

alcoholics. International Journal of Group Psychotherapy, 30, 375-389.

Cermak, T. L., & Rosenfeld, A. (1987). Therapeutic considerations with adult children of alcoholics. Advances in Alcohol and Substance Abuse, 6(4), 17-32.

Clair, D., & Genest, M. (1987). Variables associated with the adjustment of offspring of alcoholic fathers. Journal of Studies on Alcohol, 48, 345-355.

Collins, N. L. (1991). Adult attachment styles and explanations for relationship events: A knowledge structure approach to explanation in close relationships. Unpublished doctoral dissertation, University of Southern California.

Collins, N. L., & Read, S. J. (1990). Adult attachment, working models, and relationship quality in dating couples. Journal of Personality and Social Psychology, 58, 644-663.

Collins, N. L., & Read, S. J. (1994). Cognitive representations of adult attachment: The structure and function of working models. In D. Perlman & K. Bartholomew (Eds.), Advances in personal relationships. London: Jessica Kingsley.

Cotton, N. S. (1979). The familial incidence of alcoholism. Journal of Studies on Alcohol, 40, 89-116.

Cork, R. M. (1969). The forgotten children: A study of children with alcoholic parents. Toronto: Addiction Research Foundation.

DiCicco, L., Davis, R., & Orenstein, A. (1984). Identifying the children of alcoholics from survey responses. Journal of Alcohol and Drug Education, 30, 1-17.

DiCicco, L., Davis, R., Travis, J., & Orenstein, A. (1983-4). Recruiting children from alcoholic families into a peer education program. Alcohol Health and Research World, 8, 28-34.

El-Guebaly, N., & Offord, D. R. (1979). On being the offspring of an alcoholic: An update. Alcoholism: Clinical and Experimental Research, 3, 148-155.

El-Guebaly, N., West, M., Maticka-Tyndale, E., & Pool, M. (1993). Attachment

among adult children of alcoholics. Addiction, 88, 1405-1411.

Feeney, J. A., Noller, P., & Hanrahan, M. (1994). Assessing adult attachment. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Friel, J. C. (1988). Adult children: The secrets of dysfunctional families. Pompano Beach, FL: Health Communications.

Goodwin, D. W., Schulsinger, F., Knop, J., Mednick, S., & Guze, S. B. (1977). Alcoholism and depression in adopted-out daughters of alcoholics. Archives of General Psychiatry, 34, 751-755.

Gordis, E. (1990). Children of alcoholics: Are they different? Alcohol Alert, 9, 1-4.

Hazan, C., & Shaver, P. R. (1987). Romantic love conceptualized as an attachment process, Journal of Personality and Social Psychology, 59, 270-280.

Heinemann, M. A. (1989). Perceived levels of autonomy and intimacy in the family of origin and current functioning of adult children of alcoholics. Unpublished masters thesis. Texas Women's University, Denton.

Jones, J. W. (1983). The Children of Alcoholics Screening Test Manual. Chicago: Camelot Unlimited.

Kelly, G. A. (1955). A theory of personality: The psychology of personal constructs. (Vols. 1-2). New York: Norton.

Knoblauch, D. L., & Bowers, N. D. (1989). A therapeutic conceptualization of adult children of alcoholics. Journal of College Student Psychotherapy, 4(1), 37-52.

Kobak, R., & Hazan, C. (1991). Attachment in marriage: Effects of security and accuracy of working models. Journal of Personality and Social Psychology, 60 (6), 861-869.

Kritzberg, W. (1990). Healing together: A guide to intimacy and recovery for co-dependent couples. Deerfield Beach, FL: Health Communications.

Latham, M. S. (1988). Relationship patterns of female offspring of alcoholics: An examination of intimacy and individuation in marriage. Dissertation Abstracts International, 49(8), 3446.

Langer, E. J. (1983). The psychology of control. Beverly Hills, CA: Sage.

Lazarus, R. S. (1966). Psychological stress and the coping process. New York: McGraw-Hill.

McClelland, D. C., Davis, W. N., Kalin, R., & Wanner, E. (1972). The drinking man. New York: Free Press.

Miller, S. M., Lack, E. R., & Asroff, S. (1985). Preference for control and the coronary-prone behavior pattern: "I'd rather do it myself." Journal of Personality and Social Psychology, 46, 492-499.

Parker, D. A., & Harford, T. C. (1988). Alcohol-related problems, marital disruption and depressive symptoms among adult children of alcohol abusers in the United States. Journal of Studies on Alcohol, 49, 306-313.

Rothbard, J. D., & Shaver, P. R. (1994). Continuity of attachment across the life span. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs: General and Applied, 80.

Schulz, D. M. (1988). Adult children of alcoholics: Recommendations for a model treatment plan. Masters Abstracts International, 27(1), 56.

Seligman, M. E. (1975). Helplessness: On depression, development, and death. San Francisco: W. H. Freeman.

Sher, K. J. (1991). Children of alcoholics. Chicago: University of Chicago Press.

Sheridan, M. J., & Green, R. G. (1993). Family dynamics and individual characteristics of adult children of alcoholics: An empirical analysis. Journal of Social Service Research,

17(1-2), 73-97.

Sperling, M. B., & Lyons, L. S. (1994). Representations of attachment and psychotherapeutic change. In M. D. Sperling and W. H. Berman (Eds.), Attachment in adults: Clinical and developmental perspectives. Guilford Press: New York, NY.

Staley, D., & El-Guebaly, N. (1991). Psychometric evaluation of the Children of Alcoholics Screening Test (CAST) in a psychiatric sample. International Journal of Addictions, 26, 657-668.

Subby, R., & Friel, J. (1984). Co-dependency: A paradoxical dependency. In S. Wegscheider-Cruse (Ed.), Co-dependency: An emerging issue (pp. 31-44). Pompano Beach, FL: Health Communications.

Tribolet, J. C. (1988). Interpersonal conflict styles of adult children of alcoholics and adults from non-alcoholic families. Masters Abstracts International, 27(1), 18.

Tweed, S. H., & Ryff, C. D. (1991). Adult children of alcoholics: Profiles of wellness amidst distress. Journal of Studies on Alcoholism, 52, 133-141.

Wegscheider-Cruse, S. (1984). Co-dependency: The therapeutic voice. In S. Wegscheider-Cruse (Ed.), Co-dependency: An emerging issue (pp.1-30). Pompano Beach, Health Communications.

Weiss, L., & Weiss, J. B. (1987). Retrieving the lost child within: A developmental approach to treatment for ACOAs. Focus on Family, 30-32.

Werner, E. E. (1986). Resilient offspring of alcoholics: A longitudinal study from birth to age 18. Journal of Studies on Alcohol, 47, 34-40.

Whitfield, C. L. (1989). Codependence: Our most common addiction--Some physical, mental, emotional and spiritual perspectives. Alcoholism Treatment Quarterly, 6, 19-37.

Wilson, S. D. (1988). A comparison of evangelical Christian adult children of alcoholics and nonalcoholics on selected personality and religious variables. Dissertation Abstracts International, 49(8).

Wilson, C., & Orford, J. (1978). Children of alcoholics: Report of a preliminary study and comments on the literature. Journal of Studies on Alcohol, 39, 121-142

Windle, M., & Searles, J. S. (1990). Children of alcoholics: Critical perspectives. New York: The Guilford Press.

Woititz, J. G. (1983). Adult children of alcoholics. Pompano Beach, FL: Health Communications.

Woititz, J. G. (1989). The self-sabotage syndrome: Adult children in the workplace. Deerfield Beach, FL: Health Communications.

Woodside, M. (1988). Research on children of alcoholics: Past and future. British Journal of Addiction, 83, 785-792.

APPENDIX I

Informed Consent

Debriefing Information

INFORMED CONSENT

This is to certify that I, _____, hereby voluntarily agree to participate in the research project entitled: The Relationship Between Need for Control, Attachment Style, and Relationship Satisfaction Among Adult Children of Alcoholics. I understand that the person responsible for this project is Denise Beesley, M.Ed., Counseling Psychology Intern at Wichita State University, Wichita, Kansas. The investigator can be reached at (316) 682-7365.

I understand that the purpose of this study is to investigate the possible relationships between parental alcohol status, need for control, attachment style, and relationship satisfaction. I also understand that I will be asked to complete five written instruments, including one demographic information form, the Children of Alcoholics Screening Test, the Desirability of Control Scale, the Attachment Style Questionnaire, and the Relationship Satisfaction Scale. It should take approximately 45-60 minutes to complete all questionnaires, and I will receive 1 hour of experimental credit for my participation.

I understand that as a student enrolled in psychology classes that I may participate in this experiment for course credit and that I am free to withdraw from participation at any time without prejudice to me. I also understand that if I am participating in this experiment to obtain course credit and I decide to withdraw, I might not get the course credit associated with the experiment.

I understand that if I find a question to be objectionable, I may skip it without penalty. I understand that while there are no known physical risks associated with completing these questionnaires, in the unlikely event that I am injured, I will receive no compensation. While I may not personally benefit from participating in this study, it is hoped that through my participation psychologists will obtain a better understanding of variables related to control and attachment styles among adults from alcoholic families.

I understand that all instruments will be completed anonymously and will be used only in group comparisons and that once the data is placed in a computer base, all forms will be destroyed. If I have any questions about my rights as a participant, I can contact Ms. Beesley at the phone number listed above.

_____ _____

Participant's signature Date

_____ _____

Investigator's signature Date

DEBRIEFING INFORMATION

The purpose of this study is to further our understanding of how issues of control, attachment style, and relationship dynamics are critical variables for adult children of alcoholics (ACOAs). These control issues include the need to dominate and control in general, and issues of control in interpersonal relationships including problems of intimacy and trust. The current study is designed to help develop a more precise profile of this population. Furthermore, this focus seems warranted due to the lack of empirical research findings on prevention programs specifically targeting this particular at-risk population.

The limited literature that exists investigating these control issues also reveals that more precision is needed in defining the construct of control and clarifying generalizations about the nature of the control profile of adult children of alcoholics. Hopefully, this study will provide more evidence as to whether control may be an important variable in helping to determine some of the risks for this potentially vulnerable population and delineate possible mediating factors for relatively well-adjusted ACOAs who still experience control issues in their lives.

Since attachment styles have also been shown to influence adult interpersonal relationships, this study will utilize attachment theory as a basis for exploring how issues of control relate to attachment styles. Research related to attachment has demonstrated three attachment types: secure, anxious-ambivalent, and avoidant. Subsequent research has also suggested that attachment styles developed in early childhood often seem to persist into adulthood as well.

Although recent research has begun to address the issue of control among ACOAs, no empirical studies have focused on the possible relationship between need for control, attachment style, and relationship satisfaction among ACOAs. Hopefully, this study will reveal some evidence of this relationship and provide an extended basis for further exploring control-related issues and possible moderating variables among members of this

population.

Your cooperation and participation in this project is greatly appreciated. If you have any questions, comments, or concerns, please feel free to contact Denise Beesley at (316) 682-7365.

Demographic Information Form

Alcoholism has been defined as: "an illness characterized by loss of control over drinking which results in serious problems in any of the following areas: job, school, or financial; relationships with family and friends; or physical health. According to this definition, has one of your parents had or do they currently have a problem with alcohol?

1. If so, which parent? _____Mother (Stepmother)
_____Father (Stepfather)

If not, go on to question 10 and finish survey.

2. Approximately how old were you when your parent(s) drinking became problematic?
____0-2 years ____6-8 years ____12+ years
____3-5 years ____9-11 years

3. For approximately how many years was your parent(s) drinking problematic?
____1-3 years ____7-10 years ____15+ years
____4-6 years ____11-14 years

4. Has this person been in treatment for alcoholism?
____yes ____no

5. Which of the following best describes the drinking patterns of your alcoholic parent(s)?
____excessive drinking every day
____binges only on the weekend
____irregular, unpredictable binges

6. Which of these coping behaviors, if any, did you find personally helpful in dealing with your parent(s) alcoholism?
____sleeping excessively ____staying away from home
____smoking ____drinking
____isolating ____eating excessively
____involvement in other activities ____daydreaming
____other (please describe)

7. How would you describe your present relationship with your alcoholic parent(s)?
____very close ____somewhat distant
____close ____extremely distant

8. How would you describe your relationship with your non-drinking parent?
____very close ____somewhat distant
____close ____extremely distant

9. How high would you rate the stress level in your family as you were growing up?
____extremely high ____moderately high
____high ____low

10. Do you consume alcohol? If so, approximately how often and how much do you drink?
____yes ____1-2 times per week ____1-2 drinks
____no ____3-4 times per week ____3-4 drinks
____5-7 time per week ____5 or more drinks

11. Gender
____Male ____Female

12. Age ____

13. Classification
____Freshman ____Sophomore ____Junior ____Senior

14. Race
____White ____Black ____Hispanic ____Native American ____Asian
____Other

15. Family Income
____under $10,000 ____$10,000-19,999 ____$20,000-29,999
____$30,000-39,999 ____$40,000-49,999 ____over $50,000

16. Father's Educational Level
____High school or GED ____Some college ____College graduate
____Masters ____PhD

17. Mother's Educational Level
____High school or GED ____Some college ____College graduate
____Masters ____PhD

18. Please specify your position in family of origin:
____Oldest child ____Middle ____Youngest ____Only ____Other

19. Marital Status
____Single ____Married ____Divorced ____Separated

20. Present or past therapy or support group involvement:
____None
____Individual, group, or family therapy
____Support group (e.g., Al-Anon, AA, groups for children of alcoholics)
____Both therapy and group support involvement

21. Please rate the level of marital conflict in your family or origin.
____extremely high ____high ____moderate ____low

22. Please rate the quality of communication in your family of origin.
____excellent ____good ____fair ____poor

23. Are your biological parents still married to each other?
____yes ____no

Attachment Style Questionnaire (Feeney, Noller, & Hanrahan, 1994)

DIRECTIONS: Show how much you agree with each of the following statements by rating them on the scale below.

Totally Disagree 1	Strongly Disagree 2	Slightly Disagree 3	Slightly Agree 4	Strongly Agree 5	Totally Agree 6

____ 1. Overall, I am a worthwhile person.

____ 2. I am easier to get to know than most people.

____ 3. I feel confident that other people will be there for me when I need them.

____ 4. I prefer to depend on myself rather than other people.

____ 5. I prefer to keep to myself.

____ 6. To ask for help is to admit that you're a failure.

____ 7. People's worth should be judged by what they achieve.

____ 8. Achieving things is more important than building relationships.

____ 9. Doing your best is more important than getting along with others.

____ 10. If you've got a job to do, you should do it no matter who gets hurt.

____ 11. It's important to me that others like me.

____ 12. It's important to me to avoid doing things that others won't like.

____ 13. I find it hard to make a decision unless I know what other people think.

____ 14. My relationships with others are generally superficial.

____ 15. Sometimes I think I am no good at all.

____ 16. I find it hard to trust other people.

____ 17. I find it difficult to depend on others.

Totally Disagree 1	Strongly Disagree 2	Slightly Disagree 3	Slightly Agree 4	Strongly Agree 5	Totally Agree 6

____ 18. I find that others are reluctant to get as close as I would like.

____ 19. I find it is relatively easy to get close to other people.

____ 20. I find it easy to trust others.

____ 21. I feel comfortable depending on other people.

____ 22. I worry that others won't care about me as much as I care about them.

____ 23. I worry about people getting too close.

____ 24. I worry that I won't measure up to other people.

____ 25. I have mixed feelings about being close to others.

____ 26. While I want to get close to others, I feel uneasy about it.

____ 27. I wonder why people would want to be involved with me.

____ 28. It's very important to me to have a close relationship.

____ 29. I worry a lot about my relationships.

____ 30. I wonder how I would cope without someone to love me.

____ 31. I feel confident about relating to others.

____ 32. I often feel left out or alone.

____ 33. I often worry that I do not really fit in with other people.

____ 34. Other people have their own problems, so I don't bother them with mine.

____ 35. When I talk over my problems with others, I generally feel ashamed or foolish.

____ 36. I am too busy with other activities to put much time into relationships.

____ 37. If something is bothering me, others are generally aware and concerned.

Totally Disagree 1	Strongly Disagree 2	Slightly Disagree 3	Slightly Agree 4	Strongly Agree 5	Totally Agree 6

____ 38. I am confident that other people will like and respect me.

____ 39. I get frustrated when others are not available when I need them.

____ 40. Other people often disappoint me.

Children of Alcoholics Screening Test (Jones, 1983)

1 = yes 2= no

____ 1. Have you ever thought that one of your parents has a drinking problem?

____ 2. Have you ever lost sleep because of a parent's drinking?

____ 3. Did you ever encourage one of your parents to quit drinking?

____ 4. Did you ever feel alone, scared, nervous, angry, or frustrated because a parent was not able to stop drinking?

____ 5. Did you ever argue or fight with a parent when he or she was drinking?

____ 6. Did you ever threaten to run away from home because of a parent's drinking?

____ 7. Has a parent ever yelled at you or hit you or other family members when they were drinking?

____ 8. Have you ever heard your parents fight when one of them was drunk?

____ 9. Did you ever protect another family member from a parent who was drinking?

____ 10. Did you ever feel like hiding or emptying a parent's bottle of liquor?

____ 11. Do many of your thoughts revolve around a problem drinking parent or difficuties that arise because of his or her drinking?

____ 12. Did you ever wish that a parent would stop drinking?

____ 13. Did you ever feel responsible or guilty for a parent's drinking?

____ 14. Did you ever feel that your parents wold get divorced due to alcohol misuse?

____ 15. Have you ever withdrawn from and avoided outside activities because of embarrassment and shame over a parent's drinking problem?

____ 16. Did you ever feel caught in the middle of an argument or fight between your problem drinking parent and your other parent?

____ 17. Did you ever feel that you made a parent drink alcohol?

____ 18. Have you ever felt that a problem drinking parent did not really love you?

____ 19. Did you ever resent a parent's drinking?

____ 20. Have you ever worried about a parent's health because of his or her drinking?

____ 21. Have you ever been blamed for a parent's drinking?

____ 22. Did you ever think your father was an alcoholic?

____ 23. 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?

____ 24. Did a parent ever make promises to you that he or she did not keep because of drinking?

____ 25. Did you ever think your mother was an alcoholic?

____ 26. Did you ever wish that you could talk to someone who could understand and help the alcohol-related problems in your family?

____ 27. Did you ever fight with your brothers and sisters about your parent's drinking?

____ 28. Did you ever stay away from home to avoid the drinking parent or your other parent's reaction to the drinking?

____ 29. Have you ever felt sick, tired, or had a "knot" in your stomach after worrying about a parent's drinking?

____ 30. Did you ever take over any chores or duties at home that were usually done by a parent before he or she developed a drinking problem?

Desirability of Control Scale (Burger, 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.

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

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

____ 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.

Relationship Satisfaction Questionnaire (Burns & Sayers, 1992)

Using the scale below, show how much you agree with each statement by rating them according to the degree of satisfaction you feel in the various aspects of your close, personal relationship(s). The scale gradually ranges from the least possible satisfaction to the greatest satisfaction.

0=Very dissatisfied
1=Moderately dissatisfied
2=Slightly dissatisfied
3=Neutral
4=Slightly satisfied
5=Moderately satisfied
6=Very satisfied

____ 1. Communication and Openness

____ 2. Resolving Conflicts and Arguments

____ 3. Handling of Finances

____ 4. Sexual Satisfaction

____ 5. Recreational Activities and Leisure Time

____ 6. Sharing Duties and Household Chores

____ 7. Degree of Caring and Affection

____ 8. Relating to Friends and Relatives

____ 9. Intimacy and Closeness

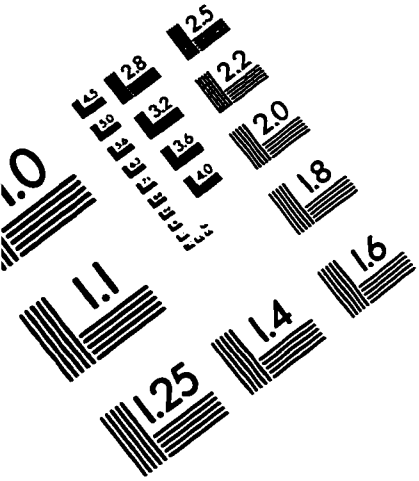
____ 10. Satisfaction with Your Role in the Relationship

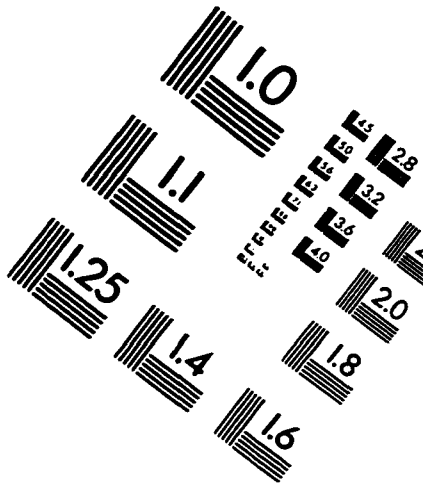
____ 11. Satisfaction with Your Partner's Role in the Relationship

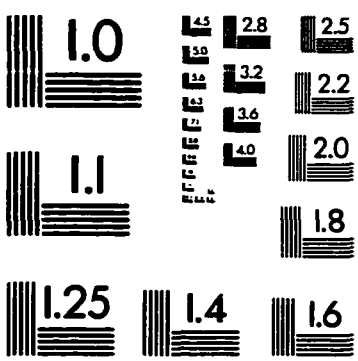
____ 12. Overall Satisfaction with Your Relationship

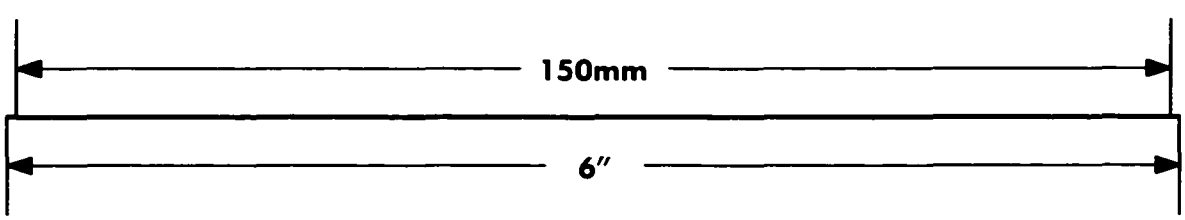
____ 13. Overall Satisfaction with Your Life and Self

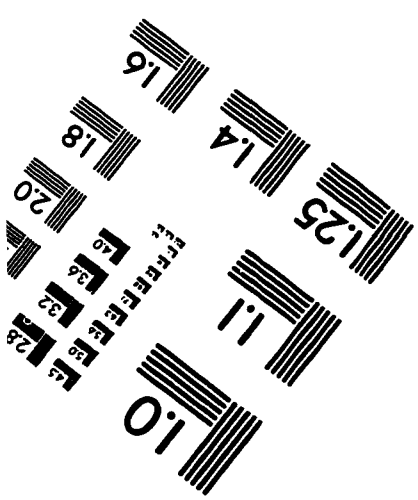
IMAGE EVALUATION TEST TARGET (QA-3)

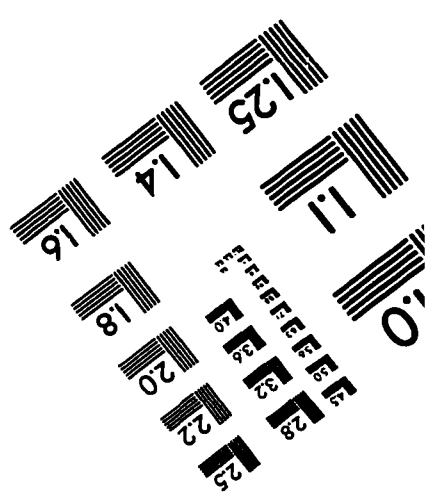












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