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The Relationship Between Degree of Sobriety in Male Alcoholics and Coping Styles Used by their Wives

Jack B. Schaffer

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THE RELATIONSHIP BETWEEN DEGREE OF SOBRIETY IN MALE
ALCOHOLICS AND COPING STYLES USED BY THEIR WIVES

by

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A Dissertation

Submitted to the Graduate Faculty

of the

University of North Dakota

in partial fulfillment of the requirements

for the degree of

Doctor of Philosophy

Grand Forks, North Dakota

August
1977

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This Dissertation submitted by Jack B. Schaffer in partial fulfillment of the requirements for the Degree of Doctor of Philosophy from the University of North Dakota is hereby approved by the Faculty Advisory Committee under whom the work has been done.

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ALCOHOLICS AND COPING STYLES USED BY THEIR WIVES

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ACKNOWLEDGEMENTS

I would like to acknowledge the support, and above all, the patience of my wife, without whom this dissertation and seven years of graduate school never would have been possible. I would also like to acknowledge my son, who already at such a young age had to endure an absent father while these pages were being written.

I would like to thank the members of my committee, Drs. John Noll, James Clark, Leland Lipp, and Gordon Iseminger, for their support and many helpful suggestions. In particular I thank Dr. Clark, who as my statistical advisor on countless occasions took time out of his own schedule to give me assistance.

A very special word of thanks must go to my chairman, Dr. John Tyler, who was largely responsible for the fact that this dissertation was an enjoyable undertaking. Without his continual support and invaluable suggestions, this study would have been a long, difficult, and unpleasant task. Most importantly, however, I have come to respect and value not only his academic and clinical judgments, but also his friendship.

Lastly, I would like to express my appreciation to the clinical psychology faculty as a whole for their support and for the high quality of clinical knowledge they imparted to me.

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The Relationship Between Degree of Sobriety in Male
Alcoholics and Coping Styles Used by their Wives

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University of North Dakota, 1977

Faculty Advisor: Professor John D. Tyler

The present study was designed primarily to study the relationship between modes of coping used by wives of alcoholics and the outcome of their husbands' drinking behavior. Previous research had provided some understanding of the wife's personality, but little controlled research had studied the relationship between the wife's behavior and her husband's drinking. Orford and his associates (Orford and Guthrie, 1968, Orford, et al., 1975) provided the initial stimulus for this study by demonstrating that relatively consistent modes of coping could be identified.

However, the Orford, et al. study found a minimal relationship between modes of coping and the eventual outcome of the husband's drinking. Based on other studies (e.g., Smith, 1969, Rae, 1972, Wright, 1975), which indicated that there is a relationship between the husband's outcome and certain aspects of the wife's behavior, the present study hypothesized specific weaknesses in the Orford, et al. (1975) study which precluded finding a relationship. Using previous research (e.g., Jackson, 1954, Kogan and Jackson, 1961, 1963, Lemert, 1960, Bailey, 1967) additional (predictor) variables (stage of the wife's reactive pattern, the wife's perception of her husband, whether there was a drinking

problem before marriage, and the wife's educational level) were hypothesized to interact with modes of coping. Hypotheses were formulated concerning the relationship of drinking outcome and the modes of coping and other predictor variables.

A questionnaire containing subscales for each of the variables hypothesized to be relevant was administered to wives of alcoholics. In addition, four measures of sobriety were administered to both the wives and their husbands. A general regression design was used to analyze the relationship between drinking outcome and the predictor variables.

Two groups of wives (HR and HNR), identified on the basis of whether the husband completed his questionnaire, were found to differ significantly on all of the measures of sobriety. Subsequent analyses were performed separately on the two groups.

A factor analysis of the modes of coping questionnaire revealed nine identifiable factors, six of which corresponded closely with the factors in the Orford, et al. (1975) study. Thus, specific, relatively stable modes of coping were identified.

The data provided no support for Jackson's (1954) stage theory. Possible reasons for this failure were discussed.

The results provided support for the general hypothesis that the styles of coping used by wives of alcoholics in response to their husbands' drinking are related to the drinking outcome. In both groups (HR and HNR) certain behaviors were more highly correlated with eventual sobriety than other behaviors. In both groups the crucial variable seemed to be the safety of the atmosphere between the husband and wife. Those modes of coping which communicated the wife's feelings of distress

and frustration to the drinking husband in a way which was safe for him were the most highly related to his attainment of sobriety.

There were a number of interactions between modes of coping and the wife's perception of her husband. Again threat seemed to be the important variable. Responses which might have threatened an insecure husband, and thus showed a low correlation with eventual sobriety, might have been significantly correlated with sobriety when the husband was seen to be relatively secure and well adjusted.

Limitations of the present study were discussed and future research, particularly regarding the cause-effect relationship between the wife's behavior and the husband's drinking, was suggested.

CHAPTER I

INTRODUCTION

Much is known about the problem of alcohol abuse in terms of etiology, stages, and biological-sociological cause and effect relationships, but relatively little research has focused on the spouse of the alcoholic.

In an attempt to understand and explain the problems wives of alcoholics experience, three theories have been developed. The first stated that the wife herself is psychologically disturbed. Later a second theory proposed that wives of alcoholics may display maladaptive behavior in response to their husbands' drinking. More recently both personality and situational variables have been viewed as important.

Recent research, then, has focused on a wide range of variables affecting the wife's behavior. One apparently fruitful avenue of research has been followed by Orford and his associates. These investigators administered a questionnaire inquiring about the ways in which wives of alcoholics deal with their husbands' drinking. Their goal was to determine whether alcoholics' wives differed in coping styles. Using factor analysis, they were able to delineate certain fairly consistent modes of coping and found these to be related to a number of personality and sociological variables (Orford, et al., 1975, James and Goldman, 1972). One important

question in this area of research is whether the way in which wives of alcoholics react to their husbands' alcoholism is related to whether the husband is able to achieve and maintain sobriety.

Orford, et al. (1975) found a minimal relationship between modes of coping and eventual outcome of the husband's drinking behavior, although other research has indicated that outcome is related to the wife's behavior (Smith, 1969, Rae, 1972, Wright, 1975).

The present study proposes that a broad range of behaviors on the part of the wife affects eventual outcome. Studied individually these behaviors may have little effect, but taken together their influence could be considerable. Thus, one purpose of the present experiment is to study the relationship between outcome and a variety of marital variables.

It would be important to know if specific behaviors on the part of the wife of an alcoholic facilitate or hinder her husband's achievement of abstinence. Counselors who work with alcoholics and their wives rely heavily on the spouse to help motivate the alcoholic. Knowing the relationship between outcome and the wife's behavior, these counselors would know better how to help the alcoholic's wife get her husband into a treatment program on the road to sobriety.

CHAPTER II

A REVIEW OF THE LITERATURE PERTAINING TO WIVES OF ALCOHOLICS

In the course of studying wives of alcoholics, three theories have been developed. The earliest published theory (see Lewis, 1937, Boggs, 1944, Futterman, 1953) is called the "disturbed personality theory" and was the dominant point of view from the 1930's into the 1950's. It stated that a woman who is in some way psychologically maladjusted - dependent, hostile, domineering, masochistic, sadistic - marries the alcoholic to fulfill her own neurotic needs. Being psychologically disturbed herself, she often contributes to the alcoholism of her husband, and needs therapeutic help as much as, if not more than, her husband (Moore and Gray, 1941, Cork, 1956, Forizs, 1953).

In the 1950's a second theory was proposed which stated that wives of alcoholics may display maladaptive behavior in response to their husbands' drinking (Jackson, 1954). According to this position, the wife's pathological behavior is an attempt to resolve the alcoholic crisis and to return the family to its former stability, that is, the wife simply responds to the stress of the environmental situation. Hence, the second theory is called the "stress theory."

More recently, as it has become increasingly clear that the issues are complex, a third position has evolved, the "psychosocial

theory" (Kogan and Jackson, 1961, 1965b). It does not appear that the wife's behavior can be understood simply as a function of her own disturbed personality, nor merely as a response to a stressful situation. A broad variety of variables, some personality variables and some situational variables, seem to be important. The research supporting each of these three theories will be presented in turn.

The Disturbed Personality Theory

Most of the research growing out of the "disturbed personality theory" focused on such characteristics of the wife as dependency, aggression, and feelings of insecurity and inadequacy. Methodologically the papers in this area can be classified as one of three types: position papers, case studies, or controlled research. The largest number are position papers with conclusions drawn from clinical impressions. These will be reviewed first.

Lewis (1937) in one of the earliest papers stated that although the wife often appears to be the cohesive bond in the family, she resists change as actively as her husband. The wife has a basic need to be dominant, and she seeks out a dependent man whom she can dominate, and who serves as an outlet for her aggressive impulses. At the same time there is part of her which wants to be dependent on her husband. Thus, the situation is a complex one where it is the marriage, and not the husband, which is alcoholic.

Bergler (1946) believed that the wife of an alcoholic has a need to punish her husband and to be punished by him, and that she enjoys the marital pain, both her own suffering and her husband's. Her aggressive impulses are manifested in her attempts to prevent

her husband from satisfying his own needs and in her punitive response to his wrongdoings. Elsewhere Bergler (1949) hypothesized three reasons why a woman might marry an alcoholic. First, she might believe, somewhat masochistically, that through the marriage she can rescue him from his plight. Second, by marrying an alcoholic she could cover up her own alcoholic impulses, thereby diminishing her feelings of guilt. Third, being basically masochistic, she might set out to include in her life as many injustices as possible, of which an alcoholic husband could be one.

Boggs (1944) believed that the alcoholic has an "uncanny ability to seek in marriage an equally immature and needful person." Typically, the wife of an alcoholic is an insecure person who needs to keep her husband ineffectual so she can feel strong and secure. In addition, by keeping her husband weak and dependent, she has an external justification for her own feelings of hostility and aggression.

Whalen (1953), in a widely cited article, stated that wives of alcoholics are as poorly integrated psychologically as their husbands, in large part because of anxiety about themselves. Further, each person has a dominant personality characteristic. Whalen proceeded to delineate four types of alcoholics' wives. 1) The Sufferer has a need to punish herself, so she stoically accepts her husband's abuse and plays the role of perfect wife and mother. She need not be married to an alcoholic, as likely she will marry a sadist or psychopath. 2) The Controller dominates every aspect of the marital relationship because she knows that she is more capable than her husband. She resents and distrusts all men. She marries someone

inferior to herself so she can be dominant in the family. Whalen further theorized that the drinking problem of the Controller's husband is likely to become progressively more severe because of the way in which his wife deals with him. 3) The Waverer is the balance wheel of the family, striving to keep the family together and to force her husband to change, but she continually backs down on her demands and reunites with him. She is angry when he is drinking, but forgiving when he is sober. She is fearful and insecure, and she can tolerate some drinking by her husband because it increases his need for her, but she eventually becomes frustrated when the drinking continues. 4) The Punisher assumes all of the power in the family, demanding little of her husband except that he be completely non-assertive. When he does assert himself, usually through drinking, she becomes punitive, thereby giving vent to her aggressive impulses.

Futterman (1953), in an influential psychodynamic interpretation, suggested that the alcoholic's wife grows up with an ego ideal of a strong, competent woman because of her dominant mother. Not able to match her ego ideal, the wife projects her own feelings of inadequacy onto her weak husband, and sets herself above him. Thereby she can deny her own feelings and can live up to the ego ideal of a strong woman. She unconsciously subverts her husband's attempts to achieve sobriety because of her need to be stronger than she is. Any treatment which strengthens the position of the husband causes a marked increase in the pathological symptoms in the wife. This hypothesis that improvement in the husband causes deterioration in the wife, called the "decompensation theory,"

first introduced in this paper by Futterman, became very influential in this field.

Martensen-Larsen (1956) saw wives of alcoholics as extremely maternal persons, who seek to establish a mother-son relationship with their husbands. The only independence the husband is able to find is through alcohol.

Kalashian (1959) proposed that the wife of an alcoholic has a need to play the maternal role, and thus denies her own dependency needs. She has something at stake in keeping her husband alcoholic and may experience somatic disorders, anxiety, or depression if her husband improves. This proposal was taken to be supportive of the decompensation theory.

These position papers generally agree that the wife of an alcoholic is an insecure, weak person, who, however, often compensates for feelings of anxiety about herself by dominating her alcoholic husband. There is some disagreement about whether her dominance assumes the form of an aggressive, and even sadistic posture (Bergler, 1946, 1949) or is more benign and maternal (Martensen-Larsen, 1956). In either case it pushes the husband toward alcoholism. Some of the writers (esp. Lewis, 1937) add to this picture a conflict in the wife between her dominance and a basic need to be dependent on her husband. Whalen (1953) was the only one to point out differing types of wives, all, to be sure, suffering from feelings of insecurity.

The second group of articles were case studies. Two papers involved examination of case records. Wellman (1955) reviewed the case records of 26 alcoholic men in a private psychiatric practice.

From these he suggested that the alcoholic's wife has a need to be dominant. She quickly assumes the "top dog" role in the marriage, and thereby forces her husband to seek an outlet in alcohol. Because the husband is unable to gain equality in their marital relationship, he must turn to the pub for solace and acceptance.

Macdonald (1956) found acute decompensation among the in-patient wives of alcoholics whose case records he reviewed, when their husbands had decreased their drinking. This study was taken to be further support for the decompensation theory.

Three papers involved the observation of the wives of alcoholics in a group therapy situation. Gliedman, et al. (1956) conducted group therapy with nine wives of alcoholics (only nine of the 45 wives contacted accepted treatment). The therapists saw the wives as highly opinionated, critical of their husbands, manipulative, immature, and sexually frigid. The investigators concluded that the subjects felt ambivalent about themselves even when their husbands were not drinking.

Bullock and Mudd (1959) counseled with 20 couples in group therapy and observed many of the wives to be domineering, dependent, angry, and to have strong feelings of inadequacy.

In describing a group therapy for wives of alcoholics, Igerscheimer (1959) found that the wives became more anxious and depressed when their husbands achieved sobriety, again supporting the decompensation theory.

In three papers the investigators extensively interviewed wives of alcoholics. Price (1945) interviewed 20 wives and proposed the following scenario. The wife brings to the marriage feelings of

insecurity and dependency. She expects to be taken care of by a strong, dependable husband, and when he fails to fulfill this expectation, she feels unloved and resentful. A vicious cycle ensues when she places even more demands on him, which, of course, he cannot meet. The wife contributes to her husband's alcoholism by trying to prove his inadequacy in order to justify in her own mind his apparent lack of love for her. She fights against treatment because it is his drinking that demonstrates his incompetency.

Mitchell and Mudd (1957) interviewed 33 couples and concluded that often the wife's adjustment deteriorated as the husband stopped drinking.

Brown and Adler (1959) interviewed four wives of alcoholics who developed a psychological or psychosomatic illness following their husband's attainment of sobriety. In each case the illness seemed to be an oral disturbance akin to the husband's alcoholism (depression, obesity, gastrointestinal disorder, and alcoholism).

Paige *et al.* (1971) administered the MMPI to alcoholics and their wives. The investigators interpreted the MMPI protocols to indicate that both husband and wife were neurotic and that the wife had a vested interest in her husband's alcoholism. They described the wives as hyperactive, lacking in personal conscience, and engaged in denial of dependency, anxiety, and self-alienation.

The case studies agree in general with the position papers that the wife of an alcoholic is domineering, and at the same time dependent, and that she suffers from feelings of inadequacy and insecurity. These studies also provide support for Futterman's decompensation theory.

Only two studies in this area of research employed comparison groups. Clifford (1960) interviewed 25 wives of drinking alcoholics (A group) and 25 wives of former alcoholics (FA group). Clifford concluded the following from his data: 1) The FA wives identified negative effects of alcoholism on their children more often than the A wives. 2) FA wives were able to accept some responsibility for their husbands' drinking, while A wives would not admit their own contribution to the alcoholism. 3) The FA group tended to seek outside help, while the A group resisted help. 4) The FA group perceived itself to be socially inadequate, but the A group was not conscious of its social inadequacy. 5) FA wives felt they had lost social status as a result of their husbands' alcoholism, while A wives were unaware of their drop in social status. 6) FA wives felt they were indispensable to their husbands, and A wives did not feel so. The author concluded that there seems to be a pattern of behavior among the wives of drinking alcoholics such that the rehabilitation of their husbands is unlikely.

Deniker, et al. (1964) compared 50 wives of alcoholics who were experiencing emotional problems with 50 wives of alcoholics who were experiencing digestive disorders. The two groups were matched on a number of sociological measures and both the wives and their husbands were interviewed extensively. On the basis of the interview data the investigators concluded that both types of wives take a dominant position in the marriage, are rigid, aggressive, and often sexually frigid. However, whereas the wife with psychological problems appeared unconsciously to seek to maintain her husband's drinking behavior, the wife with a digestive disorder could be readily

persuaded to assist in the treatment process. The investigators suggested that the data support the hypothesis that the wife does contribute to her husband's alcoholism and that the marriage is neurotic from the beginning.

Although some of the conclusions in these two studies are similar to those in the position papers and case studies, Clifford (1960) and Deniker, et al. (1964) are the first since Whalen (1953) to suggest that a homogeneous view of wives of alcoholics is too simplistic and to imply that viewing the wife of an alcoholic merely as a disturbed personality is inaccurate.

The majority of the studies reviewed above were uncontrolled, unsystematic attempts to study the problem. Rarely was there any attempt to obtain random sampling. For the most part subjects were participants in therapy, inmates at state hospitals, or spouses of alcoholics in in-patient or private practice treatment. Only two of the studies used comparison subjects. Although some of the studies used systematic interviewing, many of the conclusions were based solely on clinical impressions.

The Stress Theory

Mowrer (1940) was the first to propose that what clinicians interpret as pathological behavior on the part of wives of alcoholics is essentially their way of coping with a stressful situation. He hypothesized that the alcoholic husband feels inferior, is sexually impotent, and feels intensely jealous of his wife. As a result he places impossible demands on her, which she at times attempts to deal with in a maladaptive manner.

It was not until years later that Jackson formally introduced

the stress theory (1954, 1956, 1959, 1962). She theorized that the behavior of an alcoholic's wife is concentrated on resolving the alcoholic crisis and returning to familial stability; that is, wives of alcoholics react to the stress of the situation. Wives of alcoholics are affected by their own personalities and past behavior patterns, as well as the role and status of their families in society, the history of the alcoholic crisis, and the cultural definitions of alcoholism, but their behavior is seen not as a consequence of a disturbed personality, but primarily as a response to a difficult environmental situation.

Jackson began her analysis by interviewing members of Al-anon. As she pointed out, this created three limitations for her research: 1) she sought data only from wives who were seeking help for themselves and/or for their husbands, 2) she interviewed only spouses of male alcoholics, and 3) she included the views only of the wives and not of the husbands. Having interviewed a large number of wives of alcoholics, she compiled the data longitudinally and analyzed the wives' statements for similarities. On the basis of this analysis she hypothesized that the wife's coping patterns progress through seven stages: Stage 1: Sporadic incidents of excessive drinking occur, causing marital difficulties. The drinking problem and resultant interpersonal stresses are avoided and denied. Stage 2: Socially inappropriate drinking increases in frequency. The wife withdraws from social interaction to protect the family's reputation. The primary focus of all familial interaction becomes alcohol, with the wife experiencing increasing resentment. While continual attempts are made to understand and control the problem, each attempt ends in

failure and the wife begins to feel inadequate as a wife and a person. Stage 3: The wife accepts the permanency of the problem as the family becomes increasingly disorganized and periods of sobriety less frequent. The husband-wife interaction often deteriorates to violent arguments and there exists a total lack of meaningful communication. Her gradual emotional withdrawal from him is manifested most clearly in the avoidance of sexual contact. The wife questions her own sanity and worries about her inability to respond in constructive ways. She increasingly turns to outsiders for assistance in dealing with her fearful and chaotic situation. Stage 4: The wife responds to the increasingly critical situation by taking control of the family, relieving her husband of his family roles. The husband often reacts by attempting desperately to gain the respect and affection of the children. However, as the wife becomes increasingly successful at bringing some stability to the family, he becomes further isolated. The wife, having regained some self confidence, begins to pity him and treat him as a child. She turns to outsiders for more and more guidance and assistance. Stage 5: No longer willing to accept the drinking problem, the wife separates from her husband, and must deal with her mixed feelings about her husband and their marriage. Stage 6: The wife reorganizes the family without the husband. Stage 7: If the husband achieves sobriety, an effort may be made to reunite the family unit, with specific problems arising around issues of mistrust and familial control.

The studies which attempted to substantiate the stress theory, for the most part, investigated the possible existence of personality similarities between wives of alcoholics and wives of non-alcoholics.

Given the failure to find consistent personality differences between the two groups, investigators hoped to be able to conclude that any abnormal behavior is the result of situational factors. The most commonly used personality measure has been the MMPI.

There are two general problems in this area of research. First, the stated goal is to prove the "null hypothesis," that is, to prove that no significant differences exist between wives of alcoholics and wives of non-alcoholics. Statistically this is difficult to accomplish, because one study to the contrary defeats the entire project. Second, the MMPI seems to measure both relatively stable personality traits (e.g., dependency), as well as more situational, unstable states (e.g., depression). According to the theory one would expect differences on the more situational scales, but would predict no significant differences between the two groups on scales measuring more stable traits. This complication in using the MMPI as a measure was not made clear when this research began.

Corder, et al. (1954) administered the MMPI to 43 members of Al-anon and 30 wives of non-alcoholics obtained from a variety of community organizations. They found that the mean scores on all scales for both groups were within the normal range, as defined by Dahlstrom and Welsh (1960). However, there were significant differences between the two groups on the hypochondria, depression, schizophrenia, and mania scales. The authors concluded that one might observe such behaviors as excessive complaining, depression, pessimism, shifts in mood and behavior, and periods of overactivity and emotional excitement among wives of alcoholics, but these behaviors would not be so marked that they could be labeled severely

neurotic or disturbed.

Ballard (1959) matched two groups of couples experiencing marital conflict on a number of sociological variables. In one group the husband was alcoholic, in the other there was no alcoholism. MMPI's were administered to both husband and wife and an analysis of variance was computed on each MMPI clinical scale (with the exception of the Si scale) for each of the four possible experimental (alcoholic) and control husband-wife combinations, i.e., 36 different, but not independent, analyses were performed. The investigators concluded from the data that the alcoholic husbands were less adjusted than their wives, while in the control group the husband was better adjusted. Further, the non-alcoholic husband was judged to be better adjusted than the alcoholic husband. The pertinent finding was that there were no significant differences between wives of alcoholics and wives of non-alcoholics on any of the nine MMPI scales. The authors also analyzed the data on the basis of a number of personality trait scales developed from the MMPI, such as hostility, social dominance, ego strength, anxiety, repression, etc., and again found no significant differences between the two groups of wives.

Bailey, et al. (1962) compared three groups of wives of alcoholics, those who had divorced an alcoholic (D group), those who were living with a former alcoholic (FA group), and those who were living with a drinking alcoholic (A group). They administered a scale of 22 items taken from the U.S. Army Neuropsychiatric Screening Adjunct and the MMPI to determine "mental disturbance." As in the Midtown Manhattan Study (Srole, et al., 1962) a positive response to four or more items was considered an indication of pathology. They

found that 65 percent of the A group scored four or more on the questionnaire, while 55 percent of the D group and 43 percent of the FA group had four or more positive responses. The D group and the FA group were also asked to complete the questionnaire as they would have when they were living with a drinking alcoholic. On that basis 82 percent of the FA group and 74 percent of the D group gave four or more positive responses. The level of positive responses in general was somewhat higher than in the Midtown Study of the general Manhattan population, where 34 percent overall and 47 percent of separated or divorced women gave four or more responses. The authors concluded from these data that alcoholism causes an increase in the degree of "mental disturbance," but once the stress is removed the number of pathological symptoms decrease and the level of psychological functioning returns toward previous levels. Thus, this study provides support for the stress theory.

In a related study Bailey (1965) compared three groups of alcoholics' wives, those living with a drinking alcoholic, those whose husbands had been sober for more than six months, and those whose husbands had been sober for less than six months. Using the same measures as in the previous study (Bailey, et al., 1962) she again found wives of alcoholics to be more disturbed than the Midtown Manhattan population. However, there were no significant differences between the Midtown sample and wives whose husbands had been sober for more than six months. Fifty-four percent of those whose husbands were sober for less than six months and 74 percent of wives of drinking alcoholics gave four or more positive responses, both significantly more than the Midtown subjects. Bailey also found the

degree of disturbance to be related to educational level and Al-anon membership, with higher educational level and active membership in Al-anon being associated with a lower degree of disturbance for both wives of drinking alcoholics and wives of former alcoholics.

Using the same Index of Psycho-physiological Disturbance that Bailey used, Haberman (1964) compared 114 wives whose husbands had stopped drinking with 42 wives whose husbands were still drinking. The subjects were requested to complete the questionnaire twice, once to indicate their present behavior, and once as they would have answered the questions when their husbands were in the opposite condition, i.e., the wives of sober husbands were to answer the questions as they would have when their husbands were drinking, and vice versa. On the basis of these data Haberman created four comparison groups according to the number of symptoms the wife evidenced while her husband was not drinking, 0 - 3 symptoms, 4 or more, 4 - 5, and 6 or more. He then compared for each group the number of symptoms in the wife when the husband was drinking and when he was sober. He found that all groups showed more symptoms when the husbands were drinking. The wives who displayed the greatest number of symptoms while their husbands were sober showed less deterioration when their husbands were not drinking. Haberman interpreted this as a contradiction of the decompensation theory, although probably less deteriorated is possible with those already more severely disturbed.

These studies provide some support for the theory that wives of alcoholics are not psychologically disturbed, but are merely responding to the stresses of the alcoholic situation. In one case (Ballard, 1959) there were not significant differences between

alcoholics' wives and non-alcoholics' wives. When there were differences, the scores either fell within the normal range (Corder, et al., 1954) or seemed to be a function of the present drinking status of the husband (Bailey, et al., 1962, Bailey, 1963, Haberman, 1964). That is, more pathological responses were obtained from wives who were currently living in more severely alcoholic, and therefore more stressful, situations.

The Psychosocial Theory

As investigators began to generate data which indicated that the stress theory was too simplistic, they turned to studying a large number of both psychological and sociological variables that might be important in determining how the wife of an alcoholic deals with her husband's drinking. The studies included in this section focus neither on personality nor situational variables exclusively. Rather they attempt to discover which are the important variables, and how these variables affect the behavior of both the alcoholic and his wife.

There have been four general methodologies used to study these variables. The first is the same approach used by studies seeking to substantiate the stress theory, namely, a comparison of alcoholics' wives and non-alcoholics' wives on some aspect of the MMPI. The reason these studies are considered part of the evidence supporting the psychosocial theory is the complexity of the findings.

Kogan, Fordyce, and Jackson (1963) administered the MMPI to 50 wives of alcoholics and 50 controls. They analyzed the data for degree of psychological disturbance using Welsh's Anxiety Index

(Welsh, 1952), the three pathology measures devised by Modlin (Modlin, 1947), and Gough's psychotic triad (Gough, 1947). They found the alcoholics' wives to be significantly more anxious and more disturbed, but no consistent patterns emerged. Further, fewer than 50 percent of the wives of alcoholics were in the impaired range. They concluded that wives of alcoholics need to be viewed as a variable and diverse group.

Kogan and Jackson (1965a) extensively interviewed and administered the MMPI to 45 wives of alcoholics and 45 wives of non-alcoholics. They found that alcoholics' wives reported a higher incidence of "inadequate mothers" and "childhood unhappiness" (the "childhood dyad") than the control group. They also found significant correlations between the mean MMPI T score and the occurrence of the "childhood dyad," between the MMPI T score and the existence of personal stress, and between the occurrence of the "childhood dyad" and present personal stress. The investigators concluded that there is a complex interplay between early life experiences and current relationships. The greater the childhood stress, the more likely there will be personal stress in the present, and the more likely the woman will marry an alcoholic. In turn, all of these variables are likely to lead to dysfunctional behavior.

Kogan and Jackson (1964b) administered the MMPI to 40 wives of alcoholics and 40 wives of non-alcoholics and interviewed them concerning seven specific childhood variables. They found that the subject's perception of her mother as inadequate and her childhood as unhappy was positively related to the mean MMPI T score for both experimental and control groups. The data also indicated that

although non-alcoholics' wives did not report fewer negative childhood events than the alcoholics' wives, they did endorse significantly fewer items on the MMPI and report fewer present stressful situations.

In a somewhat more complex study, Kogan and Jackson (1965b) investigated the hypothesis that the personality of the wife is relevant to her husband's drinking. They tested the personality variables (using the MMPI and Welsh's Anxiety Index, Modlin's tests, and Gough's psychotic triad) of wives of drinking alcoholics (A group), wives of former alcoholics (FA group), and wives of non-alcoholics (C group). They theorized that if the A and FA groups did not differ, but both were more disturbed than the C group, then the hypothesis that the wife of the alcoholic is disturbed and contributes to her husband's alcoholism could not be discarded. However, if the A group was more disturbed than the other two groups, which did not differ, then the stress theory would gain support. The decompensation theory would be supported if the FA group was more disturbed than the A group. Lastly, they hypothesized that if the A group was the most disturbed, with the FA group in the middle, then the personality of the wife affects and is affected by her life with an alcoholic. For all measures used the FA group scored in the middle, with the A group showing the greatest disturbance. However, in no case was there a significant difference between the FA group and the other two groups. Kogan and Jackson concluded that the data offer no support for the decompensation theory, but neither the disturbed personality theory, nor the stress theory could be ruled out. Thus, the study can be seen to support the psychosocial theory, which states that both environmental and personality variables are important.

The second general methodological approach has been to compare various groups, most commonly wives of alcoholics and wives of non-alcoholics, on their descriptions of their spouses and/or of themselves.

Hanson, et al. (1968) administered a questionnaire to 18 couples involved in group therapy. The subjects were requested to complete the measure as they saw themselves and as they thought their spouses would complete it for themselves. The questionnaire examined the person's self concept, relationships with others, and personal value system. The alcoholics' wives perceived their husbands in a more negative manner than the husbands saw themselves. The authors concluded that these negative feelings the wife has for her husband influence how the couple communicate and make it more difficult for the husband to be open and honest with her.

In a number of studies Kogan and Jackson used the La Forge and Suczek Interpersonal Check List as the primary measure. The Check List consists of 28 items representing eight bi-modal interpersonal variables, such as "docile-dependent," "blunt-aggressive," and "managerial-autocratic." In the first of these studies (Kogan and Jackson, 1961), 40 Al-anon members, 20 wives of drinking alcoholics, and 20 wives of former alcoholics, were asked to complete the Check List three times, completing the statements, "Most husbands are . . .," "When my husband is sober, he is . . ." and "When my husband is drunk, he is . . ." They found no significant differences between the two groups of subjects on any of the eight subsections of the Check List for any of the three administrations. However, there was less agreement on the question, "When my husband is sober, he is . . .,"

as measured by Kendall's Coefficient of Concordance. Further analysis revealed three clusters on this variable: 1) high endorsement of items which rated the husband as competitive, and of items indicating distrustfulness, explosiveness, and skepticism (Group 1), 2) low endorsement of these same items (Group 2), and 3) endorsement of self-effacing items (Group 3). Each of these clusters was represented by an approximately equal number of wives of drinking alcoholics and wives of former alcoholics. Group 1 saw their husbands in unfavorable terms, whether he was sober or drunk, and tended to see all husbands as hostile and aggressive. Group 2 saw their husbands in a favorable light, except when the husbands were drunk. Group 3 also saw men as generally hostile, but saw their husbands when sober as unaggressive and ineffectual, but likeable. Thus, there were no significant differences between wives whose husbands had achieved sobriety and those whose husbands were still drinking. However, there were differences in terms of wives' perceptions of their husbands which cut across both groups of wives. Again, a unity concept of wives of alcoholics is not supported.

In the second study in this series (Kogan and Jackson, 1963) the authors requested 20 wives of alcoholics (from Al-anon) and 20 wives of non-alcoholics (acquaintances of the alcoholics' wives) to answer the Check List six times, completing the following sentences: "Ideally a wife should be . . .," "When my husband is sober, I am . . .," "When my husband is drunk, I am . . .," "Most husbands are . . .," "When my husband is sober, he is . . .," and "When my husband is drunk, he is . . ." The control subjects were to replace "sober" with "when things are going smoothly in my family," and "drunk" with

"when things are not going smoothly in my family." The wives of alcoholics saw their husbands to be more skeptical, distrustful, less socially desirable, less skilled in human relations, displaying less emotional warmth, gloomier, and more resentful, whether he was sober or drunk. They saw themselves to be significantly less dominant, and when their husbands were drunk, more feminine and less able to adapt to the environment. The investigators pointed out that although these differences were statistically significant, they occurred in only half of the subjects. There were large individual differences which may be related to some specific aspect of the wife's situation.

A 1964(a) study by Kogan and Jackson was a follow-up to the 1963 Kogan and Jackson investigation. Using the data from the 1963 study, the authors arbitrarily labeled a score atypical if it exceeded the top 15 percent of the control group's scores. Half the wives of alcoholics saw their husbands in some atypical way, whether their husbands were drinking or sober. Kogan and Jackson concluded that the drinking is a secondary issue, being only one manifestation of an uncomfortable and unrewarding marital situation.

Mitchell (1959) used 28 alcoholics and their wives and an equal number of non-alcoholic couples to investigate three variables: 1) partner likeness, the degree to which the self-descriptions of husband and wife matched, 2) sensitivity to partner, the correspondence between the spouse's description of his partner and the partner's description of himself, and 3) assumed similarity, the correspondence between one's spouse's self-description and the same person's description of his marital partner. Mitchell found no significant

differences between the groups of subjects on any of these variables, although there was a tendency toward greater partner likeness among the alcoholic couples.

Rae and Drewery undertook a research project which compared various types of alcoholics' wives with non-alcoholics' wives on the MMPI and the wife's description of her husband and herself, thus, combining the two approaches described above. Drewery and Rae (1969) asked 22 alcoholics and their wives and 26 control couples to complete the Edwards Personal Preference Scale (EPPS) three times, describing "Myself as I am," "My spouse as I see him/her," and "myself as I think my spouse sees me." Whereas there was relative agreement between the wife's description of the husband and his self-description among the control subjects, that was not true for the alcoholic couples. The authors believed that the alcoholic is unclear about his own "socio-sexual role" and has intense dependency-independency conflicts. These prevent close communication between husband and wife and prevent the husband from realistically appraising his own behavior.

Rae (1972) interviewed and administered the MMPI to 62 alcoholics and their wives in an in-patient treatment center. When one of the three highest scores on the MMPI was obtained on the Pd scale, the individual was designated a Pd subject. Pd and non-Pd subjects were analyzed for successful vs. unsuccessful outcome two years after being released from the treatment center. Rae found that wives labeled as Pd subjects had husbands who were less likely to be in the successful outcome group. The author concluded that the wife's ability to deal with marital difficulties in an appro-

priate manner is an important variable.

As a follow-up to the previous two studies (Drewery and Rae, 1969, Rae, 1972) Rae and Drewery (1972) administered the EPPS and the MMPI to 33 alcoholics and their wives and 51 non-alcoholics and their wives. Subjects were asked to complete the EPPS in the same manner as in the previous study (Drewery and Rae, 1969). Using degree of agreement between the husband's self-description and his wife's description of him as the primary measure, the investigators generated three hypotheses: 1) There will be no significant differences between experimental group (Pd subjects were determined by scores above the median on the Pd scale of the MMPI, in this case, above a T score of 56) and the control group. 2) There will be greater disagreement in the experimental group with Pd wives than in either the control or non-Pd groups. 3) Lack of agreement between Pd wives and their husbands is a result primarily of sexual role confusion and a dependency-independency conflict on the part of the alcoholic husband. All three hypotheses were supported by the data.

The fourth general methodology used in this area of research has involved studying how the wife reacts to her husband's alcoholism and how, in turn, her behavior affects his drinking. This line of research is particularly relevant to the present study.

Orford and Guthrie (1968) set out to determine whether any broad and consistent styles of coping with the husband's alcoholism could be identified and to see if they could develop a technique for measuring such styles. Using interview statements by alcoholics' wives, a 79 item "Coping With Drinking" questionnaire was prepared. This instrument was administered to 80 wives of alcoholics from a

variety of community agencies in England. All scores were inter-correlated and the resultant correlation matrix factor analyzed. Five interpretable factors resulted ("attack," "withdrawal within marriage," "protection," "acting out," and "safeguarding family interests" - defined by items in Appendix I), accounting for 27 percent of the total variance. Factor scores for the five factors were calculated for each subject. The sample was then dichotomized into those scoring above and below the median factor score on each factor. Chi square analyses were performed in terms of social class and age. Wives in the lower social classes engaged in significantly more "attack" behaviors, while those in higher social classes scored on factor 4 ("acting out"). Subjects under 40 years of age scored highly on the "safeguarding family interests" factor.

In a second study (Orford, *et al.*, 1975) a revised form of the "Coping With Drinking" questionnaire was presented to 100 wives of men referred to a psychiatric hospital for treatment of alcoholism. The revised form consisted of the 56 items with factor loadings of at least ± 0.30 on one or more of the five factors identified in the first study (Orford and Guthrie, 1968). The revised questionnaire was factor analyzed and yielded 10 factors accounting for 55.3 percent of the total variance ("discord," "avoidance," "indulgence," "competition," "anti-drink," "assertion," "sexual withdrawal," "fearful withdrawal," "special action," and "marital breakdown"). The 10 factors as defined by their respective items are in Table 5. A median factor score was computed for each of the 56 items and the results analyzed to determine whether a score higher than the median was associated with outcome (good or poor outcome of the drinking

behavior was determined by six specific criteria). The investigators found a low degree of relationship, with only six of the 56 items showing a significant relationship with poor outcome. There were no significant relationships between modes of coping and positive outcome. In addition, Orford and his associates related modes of coping with other personality and sociological variables. They found a number of significant relationships between coping styles and such variables as the husband's job status, the wife's age, the wife's degree of neuroticism as measured by the Eysenck Personality Inventory, a measure of the severity of the husband's alcoholic symptomology, and a measure of the degree of stress suffered by the wife. Thus, while coping style seems to be related to a number of variables, these data indicate a minimal relationship with the eventual outcome of the husband's drinking.

James and Goldman (1972) attempted to relate the notion of modes of coping in wives of alcoholics to the stage theory developed by Jackson (1954). They hypothesized that the modes of coping a wife uses might be related to the husband's stage of alcoholism, and thus, might change from one stage to another. The investigators asked 85 wives of alcoholics to complete a shortened form of Orford's "Coping With Drinking" questionnaire four times in terms of their behavior during four stages of their husband's alcoholism: 1) social drinking stage, 2) excessive drinking stage, 3) alcoholic drinking stage, and 4) abstinent stage. They found that each of the five coping behaviors showed a significant increase in frequency of usage over the first three stages and decrease over stage 4. "Withdrawal within marriage" was used most often, while "acting out"

was used least often. All analyses were performed with mean scores, so there was no indication of how a particular wife might alter behavior in response to her husband's drinking. As in Orford's studies, analyses were performed relating the five modes of coping to other variables by dividing wives' responses into those above the median and those below the median. Wives who scored above the median on "safeguarding" more often had parents with extreme attitudes toward drinking. If the husband was violent and aggressive, his wife significantly more often scored above the median on "withdrawal" and "attack." The authors concluded that wives typically use more than one style of coping, and that the degree to which they must cope depends upon the intensity of their husbands' alcoholism. The major weakness of this study, as with some other studies in this area, is that wives were asked to rate past as well as present behavior.

Wright (1975) asked alcoholism counselors to complete a check list for 227 couples where the husband was alcoholic. The check list included a broad range of sociological, treatment, and outcome variables. With respect to the wives, she found that there existed a significantly positive relationship between the husband's sobriety and the following variables: membership in Al-anon (.408), involvement in treatment with her husband at his in-patient treatment center (.375), and involvement in treatment after her husband had been released from the in-patient treatment center (.257). Further, she found that the greater the variety of treatments received by the wife, the greater the likelihood that her husband would be abstinent.

Two other studies which can be classified under the psychosocial

model used very different methodologies. Lemert (1960) obtained interview data from 105 wives of alcoholics acquired from five different community sources. The interview schedule was devised to establish the sequential development of familial problems relating to the drinking behavior. Lemert attempted to develop a sequence of adjustment events by analyzing where these events occurred in relation to each other in the interview protocols. Although he concluded that it is difficult to specify discrete stages, he was able to determine that the variables he studied clustered together in roughly the following sequential order: 1) The drinking begins, there is gradually an awareness that alcoholism is a problem, and there are attempts made to control the drinking. Sometimes the efforts to control occur without a conscious awareness that an alcoholism problem exists. 2) As time passes and the alcoholism continues, there develops an increasing social isolation. 3) When the wife begins to assume her husband's role in the family, and increasingly seeks outside assistance, the frequency of sexual relations decreases markedly. This seems to be a turning point, when the wife begins to cope with her husband's drinking in a new way. 4) Later in the development of alcoholism, the lack of sexual relations combines with marital conflict, fear of violence, and feelings of uselessness and inadequacy. The variable with the greatest effect on the ordering of these variables was whether drinking was a problem before the marriage.

Rae and Forbes (1966) administered the MMPI to 26 wives of alcoholics and found two general types of profiles. The 439 profile wives were interpreted as exhibiting aggressive, hostile, and acting

out behavior. The 273 profile wives were seen as depressed, socially inactive, and less psychopathic, but more anxious than the 439 subjects. Within both groups there was considerable heterogeneity. The authors concluded that a unity concept of the personality of the wife of an alcoholic is untenable. There seem to be two types of wives. The one, with the 439 profile, approximates the classical wife of the alcoholic who uses her husband as a neurotic defense. The 237 wives were considered essentially normal, with elevated situational scales, indicating that their present behavior is the result of a reaction to the excessive drinking on the part of their husbands.

As this chapter indicates, researchers are now attempting to specify the variables which affect the behavior of an alcoholic's wife. Investigators began with the assumption that the wives themselves were psychologically disturbed and received positive reinforcement from their husbands' drinking. Although a number of studies supported this contention, the studies suffered from a variety of methodological shortcomings. Subsequently, the stress theory prompted a series of studies, which indicated that both psychological and sociological factors are important. The research in this section has begun to investigate the relationships between these relevant variables and the behavior of the wives of alcoholics. The general conclusion to be drawn from the studies just reviewed is that wives of alcoholics cannot be viewed as a homogeneous group, from the point of view of either the disturbed personality theory or the stress theory. They respond to their husbands' alcoholism in a variety of ways (Orford and Guthrie, 1968, Orford, et al., 1975, James and

Goldman, 1972) as a function of variables which are as yet not entirely clear. Childhood experiences and the degree of stress in the present seem to be important (Kogan and Jackson, 1964b, 1965a), as are stable personality traits (Rae and Forbes, 1966, Rae, 1972, Rae and Drewery, 1972), and the ways in which the alcoholic's wife perceives her husband (Kogan and Jackson, 1961, 1963, 1964a). How crucial these variables are and what other variables are relevant await future research for their answers.

Parallel Developments in Personality Theory

The development of the theoretical understanding of wives of alcoholics is analogous to the changing focus of investigation in personality research in general (cf. Bowers, 1973, Cronbach, 1975). Personality theories began with an emphasis on trait theories (Allport, 1931, 1966), a position which, like the disturbed personality model, focused on the personality characteristics of the individual. Mischel and others (Mischel, 1968, Bandura and Walters, 1963) criticized trait theories and advocated a behavioristic or situational approach, which concentrates on the relationship between situational variables and behavior, such as the effect of a stressful environment on the behavior of the alcoholic's wife. Bowers (1973), in criticizing the situational approach, has suggested an interactional model, which attempts to study the interactions between situational variables and personality variables. This approach is similar to the psychosocial theory, which attempts to study both situational and personality factors. Both affirm the importance of individual and environmental factors. The major

is that to date little research has studied how interactions as such between the person and the environment affect the behavior of the alcoholic's wife.

CHAPTER III

THE FOCUS OF THIS STUDY

Most of the research in the area of alcoholics' wives has focused on the wife herself. It has concentrated on who she is and how she sees herself and her husband. With the development of the stress theory, studies began to include an emphasis on the wife's reactions to her husband's drinking, what the stresses do to her, and how she copes with them.

Little controlled research has studied the effect upon her husband of the wife's behavior. The disturbed personality model assumed that the wife married an alcoholic because of her own neurotic needs and proposed that sometimes she drove her husband to alcohol. However, not only were the studies based on a dubious assumption, but the investigations themselves were poorly controlled. No studies directly examined how specific behaviors and attitudes on the part of the alcoholic's wife might affect his drinking behavior. The present study will undertake this task.

This study was initially stimulated by Orford's work (Orford and Guthrie, 1968, Orford, *et al.*, 1975) on styles of coping used by wives of alcoholics. Orford began with the assumption that broad modes of coping could be identified. A review of the literature suggested that wives of alcoholics did respond to their husbands' drinking in a variety of ways. Orford was able to show factor analytically that there were several general styles of coping.

A large number of variables might be related to the modes of

coping typically used by the wife of an alcoholic. One might hypothesize that certain of the personality variables identified in the literature are correlated with specific styles of coping. James and Goldman (1972) found a relationship between modes of coping and the stage of the husband's alcoholism. Orford, et al. (1975) found that modes of coping were related to a number of personality and sociological variables.

In a pragmatic sense the relationship between modes of coping and eventual outcome of the husband's drinking is an important issue. If it could be established that by reacting in certain ways an alcoholic's wife can facilitate or hinder her husband's achievement of sobriety, a more effective approach to counseling wives of alcoholics might be developed. There is some indication that there is a relationship between the husband's outcome and his wife's behavior. Smith (1969) found that attendance at group therapy on the part of the wife was positively correlated with the attainment of sobriety by her husband. Smith assumed that wives who attended conjoint group sessions regularly displayed more affection and concern for their husbands. Rae (1969) and Wright (1975) also found that wife variables were related to outcome. However, none of these studies makes clear which specific behaviors on the part of the wife of an alcoholic lead to a favorable outcome of her husband's drinking.

Orford, et al. (1975) attempted to delineate the relevant variables by relating modes of coping with eventual outcome, but found a minimal relationship. There were three weaknesses in Orford's methodology. First, by using a median split he was able to obtain only a gross measure of the relationship between coping style

and outcome. Second, it can be hypothesized that the modes of coping a wife uses is only one of a number of marital variables which are related to drinking outcome. While the effects of the individual modes of coping measured by Orford's questionnaire might be relatively small, the effect of the wife's overall behavior and the familial configuration could be considerable. Third, the fact that Orford, et al. and James and Goldman (1972) have found modes of coping to be related to a number of different variables suggests the following hypothesis: the effectiveness of a particular coping style in leading to sobriety is in part dependent upon other relevant variables. For example, a particular style of coping might be effective in one stage of alcoholism, but ineffective in another. The minimal relationships Orford, et al. observed may have been due to the nonlinear nature of some of the effects studied.

Thus, the purpose of the present study is twofold: to study the relationship between modes of coping and drinking outcome using more refined measures of the relationship, and to attempt to predict drinking outcome using a number of marital variables.

The literature provides some hints as to which variables might be important. The styles of coping identified by Orford and his associates is one. Second, Jackson (1954) has hypothesized that the wife's reaction to her husband's drinking proceeds through seven stages, as a function of the progressive severity of the drinking problem. Lemert (1960) provided support for such a stage theory, although his stages differ somewhat from Jackson's. One might hypothesize that the stage of the wife's adjustment pattern affects the drinking outcome as well as differentially affecting how coping style relates to outcome. That is, a particular coping style might be

effective in one stage, but not in another. Third, Kogan and Jackson (1961, 1963) found that there were differences in how wives of alcoholics perceived their husbands. Additionally, Hanson, et al. (1968) and Drewery and Rae (1969) found that the wife's perceptions of her husband often disagree with her husband's self-ratings. Hanson, et al. concluded that these discrepancies affect marital communication. In light of these findings it might be hypothesized that the wife's perceptions of her husband influence his drinking behavior. Fourth, Lemert (1960) found that the variable most directly related to the sequence of his stages was whether the husband had a drinking problem before marriage. Last, Bailey (1967) found the educational level of the wife to be related to outcome. In her study those wives with less than a high school education were more likely to have drinking husbands than those with less than a high school education.

Thus, there will be five independent variables in this study:

- 1) modes of coping, 2) stage of the wife's adjustment pattern,
- 3) the wife's attitudes toward her husband, 4) presence or absence of a drinking problem before marriage, and 5) the wife's educational level.

Hypotheses

The following hypotheses will be tested:

Hypothesis I: Each of the independent variables will be significantly related to the outcome of the husband's drinking.

Hypothesis II: The five independent variables will have a combined significant relationship with the outcome of the husband's drinking.

Hypothesis III: Styles of coping will be differentially related to the

outcome of the husband's drinking, as a function of each of the other four independent variables:

CHAPTER IV

METHOD

Design

A multiple regression design was used. There were five predictor variables in the experiment: 1) modes of coping, 2) stage of the wife's adjustment patterns, 3) the wife's attitudes toward her husband, 4) presence or absence of a drinking problem before marriage, and 5) the wife's level of education. There were four criterion variables: 1) length of time since the husband took his last drink, 2) an estimate of the percentage of time in the past year that the husband was sober, 3) the number of meetings of Alcoholics Anonymous the husband attended in the past year, and 4) the number of hours the husband spent in counseling during the past year. The four criterion variables were rated by both the wife and her alcoholic husband.

Subjects

The population consisted of 124 married couples in three cities in North Dakota and five cities in southwestern and northeastern Minnesota. Questionnaires were distributed by contacting key members of Al-anon in each of the cities, who in turn gave the questionnaires to members of their Al-anon groups. The specific cities were chosen because it was possible to make contact with key Al-anon members in those areas. This process of selecting subjects was used because Al-anon groups provided the large number of subjects required for the

factor analytic procedures used in this study and in order to maintain the confidentiality of the respondents. Of the 325 questionnaires that were thereby disseminated, 124 were completed and returned. Of those the husband completed the questions directed at him in 83 cases, and failed to or refused to reply in 41 cases.

The wives in this study had a mean age of 40.1 with a range of 20 to 69 years. They had been married for an average of 18.3 years with a range of 0 to 50 years. They had an average of 3.4 children with a range of 0 to 12. Of the 124 husbands 25 attended no Alcoholics Anonymous meetings in the past year, 18 attended 10 or fewer meetings, and 46 attended once a week or more. In addition, 35 of the husbands were drinking alcoholics, 30 had been sober for less than six months, 16 had been sober for five years or more, and the mean number of months since the last drink was taken was 21.8.

Materials and Instruments

Coping With Drinking Questionnaire

The Coping With Drinking Questionnaire (Appendix II) was devised by Orford, et al. (1975) as a measure of the styles wives of alcoholics use to cope with their husbands' drinking. For the present study English idioms were replaced with language more familiar to an American population. The scale consists of 56 items which refer to specific coping behaviors wives might use. The subject is asked to consider her behavior over a six-month period of time and to check one of four answers for each item to indicate the answer which is most appropriate for her. The four possible answers are, "yes often" (scored 4), "yes sometimes (3), "yes once or twice" (2), and "no"

(1). The results were factor analyzed to determine what broad styles of coping were used. This scale is a revision of an earlier scale developed by Orford and Guthrie (1968). It includes those items from the earlier study with factor loadings of at least ± 0.30 on at least one of the five factors identified in that study. The original 79 items had been developed on the basis of interviews with wives of alcoholics regarding how they behave as a result of, or in an attempt to control, their husbands' alcoholism.

Interpersonal Check List

The Interpersonal Check List (Appendix III) was devised as part of the Kaiser Foundation Psychology Research Report (see LaForge, *et al.*, 1954, LaForge and Suczek, 1955) as a measure of interpersonal aspects of personality (see Leary, 1957). It can be used by the subject to describe himself or to describe a significant other. The fourth revision of the Check List, which is used in the present study, consists of 128 adjectives and adjectival phrases, which denote various interpersonal behaviors. Two criteria were used in the three major revisions of the Check List: the meaning of the test items of each subject area and a balanced representation of the varieties of interpersonal behavior. The subjects are asked to check the items which describe their interpersonal behavior. The Check List is based on a classificatory system consisting of 16 basic interpersonal variables (e.g., competitive, responsible, dependent, distrustful, aggressive). These variables are assumed to be related to each other in a circular continuum, such that those variables contiguous with each other on the circle are assumed to be positively related (modest and self-

effacing), while those opposite each other are assumed to be negatively correlated (exploitive and docile). The 1955 LaForge and Suczek study provides some support for those assumptions. In addition, each variable is divided into four levels of intensity, from normal or moderate (self-respecting) to severe or abnormal (egotistical and conceited). To simplify computations, adjacent variables have usually been combined to form eight bi-modal classifications. The average test-retest reliability for the 16 variables is 0.73. The raw score for the scale is obtained by counting the number of items checked in each of the eight categories. Because some subjects tend to check more items than other subjects, each raw score is divided by the total number of items checked by that subjects to obtain the score for each interpersonal variable. Items are presented in roughly alphabetical order, separating items with initially identical phrases, such as "Able to give orders" and "Able to doubt others."

Stage of Adjustment Pattern Questionnaire

This questionnaire (Table 1) was designed for this study. It consists of 35 descriptions of behaviors and attitudes denoting the reactive patterns in wives of alcoholics to their husbands' drinking. It is intended to determine which of Jackson's (1954) stages the wife is currently in, and its items are taken directly from Jackson's descriptions of her hypothesized stages. The subject is asked to check those items which are currently or were previously appropriate to her situation.

Alcoholism and Sociometric Questionnaire

This questionnaire (Appendix IV) was designed for this study.

TABLE 1

STAGE OF ADJUSTMENT PATTERN QUESTIONNAIRE

Stage 1

- Item 15: You have become more and more embarrassed by your husband's drinking in social situations.
- Item 23: Your marriage is basically a very good one despite the drinking which occurs.
- Item 32: At times you have felt like you exaggerate the drinking problem.
- Item 33: You have talked with your husband about his drinking, and the problem seems to have been solved.

Stage 2

- Item 1: You have found yourself and others trying to avoid talking about drinking.
- Item 4: You have gone out much less and have seen your friends much less than you used to.
- Item 5: You have found yourself spending a good deal of time trying to protect your children from knowing how big the drinking problem is.
- Item 7: You and your husband have experienced more and more conflict over the children.
- Item 24: You have found yourself giving excuses to others for your husband's behavior, like telling his boss he was sick when he had a hangover.
- Item 27: You have found yourself and your family more and more isolated socially.
- Item 31: You have been afraid others will see your husband's drinking problem, so you have tried to hide the problem from other people.
- Item 34: Despite the growing problem, you have not yet sought outside help.
- Item 35: You and your husband have drawn further and further apart.

Stage 3

- Item 10: Your relationship with your husband has deteriorated almost completely.
 - Item 11: You have felt angry at your husband and sometimes physical violence has occurred between you.
 - Item 12: You have found yourself thinking more and more about the drinking problem, so much so, that the drinking sometimes has seemed like the only real problem you have.
 - Item 14: Your life has seemed utterly chaotic.
-

TABLE 1, CON'T

Stage 3, con't

- Item 17: You have been turning to outsiders for help more and more.
- Item 18: Sometimes you have been unable to control yourself.
- Item 21: You have worried about yourself and your own behavior sometimes.
- Item 26: You have felt like a failure.
- Item 30: Your sexual relations with your husband have ceased or nearly ceased.

Stage 4

- Item 2: Your husband has seemed to be acting more and more strange.
- Item 3: You have made most of the decisions in the home.
- Item 8: A crisis has occurred which has forced you to take control of the family.
- Item 13: You have tried to learn more about alcoholism.
- Item 16: Your husband has seemed like a pitiful child to you.
- Item 19: You have begun to make some new friends.
- Item 22: You have taken over complete control of the finances.
- Item 28: You have quit questioning your own sanity.

Stage 5

- Item 6: You have divorced your husband.
- Item 20: You have separated from your husband.

Stage 6

- Item 29: You have been struggling to reorganize your family without your husband.

Stage 7

- Item 9: Your husband is back in the family, having achieved sobriety.
 - Item 25: Your husband is an active and faithful member of Alcoholics Anonymous.
-

It consists of nine items concerning sociological variables hypothesized to be relevant to the present study, and items describing the husband's present drinking behavior.

Procedure

The wives of alcoholics, contacted through Al-anon, were asked to complete all of the instruments used in this study. For the Interpersonal Check List they were asked to check those items which they felt most accurately described their husbands. For the Coping With Drinking and Stages of Adjustment Pattern Questionnaires the subjects were to consider their behavior over the past six months and check those items or responses which described their reactions to their husbands' drinking. The Alcoholism and Sociometric Questionnaire involved entering numbers, filling in blanks, or checking categories wherever appropriate. The alcoholic husbands were asked to complete the Alcoholism and Sociometric Questionnaire.

Statistical Analysis

The first step in the statistical analysis of the data was to determine a score for each person on each of the predictor variables.

a. Styles of coping: Product moment correlations were computed between scores for each pair of items. The resultant correlation matrix was factor analyzed using principle components condensation procedure with unities in the diagonal of the correlation matrix and rotated using the varimax technique. Factor scores were then computed on each of the resultant factors for each subject.

b. Stage of adjustment pattern: Each subject was to be placed

in the last stage for which she checked a large number of items, and that stage was to be coded 1, while all other stages were to be coded 0 for that individual. However, because the results indicated that a Guttman scale had not been created, this variable was not used in subsequent analyses.

c. Attitudes toward husband: A score was computed for each wife and each of the eight categories of the Interpersonal Check List according to the methodology described above.

d. Drinking before marriage: If there was a drinking problem before marriage, the subject was coded 1 on this variable. If there was no drinking problem before marriage, she was coded 0.

e. Educational level: If the wife completed high school, she received a code of 1. If she failed to complete high school, she was coded 0.

The second step in the statistical analysis was to determine scores for the criterion variables. In each case the score was simply the number the subject entered in response to the question.

The third step was to test the three hypotheses of the study.

Hypothesis I: Each of the predictor variables will be significantly related to the outcome of the husband's drinking. Each level of each predictor variable was correlated with the criterion variables, and the statistical significance of each such multiple correlation was computed. In addition, the canonical correlations between each predictor variable and the criterion variables was computed and tested for significance.

Hypothesis II: The five predictor variables will have a combined significant relationship with the outcome of the husband's

drinking as a function of each of the other four predictor variables. Using multivariate analysis as a general data-analytic system (Cohen, 1968), a canonical correlation analysis was performed and first level interaction coefficients were obtained using coping style as one variable and each of the other four predictor variables as the other variable, respectively. Each canonical correlation coefficient was tested for significance, and the weightings of the interaction terms analyzed to determine the specific interaction effects of coping style and the other relevant variable.

CHAPTER V

RESULTS

Criterion Variables

The four dependent variables in the study were 1) length of time in months since the husband took his last drink (Last Drink), 2) number of Alcoholics Anonymous meetings he attended in the past year (AA), 3) an estimate of the percentage of time in the past year the husband was sober (Percent Sober), and 4) the number of hours of counseling the husband received in the past year. The fourth variable was abandoned because in-patient and out-patient counseling hours were confounded. The other three criterion variables were used in subsequent analysis.

Response Groups

Of the 124 wives of alcoholics who completed the questionnaires 41 indicated that their husband had refused or failed to complete his part of the questionnaire. Tables 2 and 3 present the means and standard deviations for the group in which the husband did complete the questionnaire (HR group), and for the group in which he failed to complete the questionnaire (HNR group). Also included in Tables 2 and 3 are t values obtained when differences between the two groups were tested for significance. The data indicate that for each of the three criterion variables used, there are highly significant differences between the HR group and the HNR group. However, within the HR group there were no significant differences between the

TABLE 2
 MEANS AND STANDARD DEVIATIONS ON THE CRITERION
 VARIABLES OF THE HR AND HNR GROUPS

Group	Mean			S.D.		
	Last Drink	AA	Percent Sober	Last Drink	AA	Percent Sober
HR	8.5	20.6	6.7	24.0	29.1	3.0
HNR						
Wife	28.0	46.9	8.8	41.7	41.0	2.2
Husband	28.2	49.9	8.3	41.8	42.9	2.4

TABLE 3
 T, DEGREES OF FREEDOM, AND SIGNIFICANCE LEVELS ON CRITERION
 VARIABLES OF THE HR AND HNR GROUPS

Comparisons	t(df)			p		
	Last Drink	AA	Percent Sober	Last Drink	AA	Percent Sober
HR Wife- HNR Wife	3.27(118)	4.09(107)	2.94(56)	.0014	.0001	.005
HR Husband- HR Wife	.02(82)	.03(82)	.03(82)	n.s.	n.s.	n.s.

responses of the wife and the husband. As a result of these findings, subsequent analyses were performed on the HR and HNR groups separately. Further, because in the HR group the husband's and wife's responses were so similar, the husband's responses were not used in subsequent analyses, in order that the same criterion data would be used for both groups.

Predictor Variables

Coping With Drinking Questionnaire

The 56 items of the Coping With Drinking Questionnaire were factor analyzed using a principle components condensation procedure with unities in the diagonal of the correlation matrix (Nunnally, 1967). Seventeen factors resulted with eigenvalues of greater than 1.0. Using an eigenvalue of 1.0 as a criterion for ceasing the factor extraction process was, therefore, judged to yield too many factors for a 56 item questionnaire. Instead, a number of solutions were attempted with 10 or fewer factors, each solution being subjected to a varimax rotation procedure. The most readily interpretable solution involved the first nine factors, which accounted for 53 percent of the common variance. Those factors and those items with a factor loading of ± 0.40 or larger are presented in Table 4.

Factor 1 includes items with three different foci. One set of items (1, 13, 16, 41) involve the wife's aggressive confrontation of her husband concerning his drinking and drinking-related problems. A second group of items (3, 4, 6, 10, 12, 55) involves a more indirectly manipulative confrontation of the husband's behavior. The remaining items in this factor (27, 42) reflect the wife's

TABLE 4

NINE STYLES OF COPING FACTORS, AS DEFINED
BY PRINCIPLE ITEMS, WITH FACTOR LOADINGS

I. Factor 1: Confrontation-Discord (15.5% of the common variance)

- Item 55: Have you suggested all of the good things he could have if he would stop? (.68)
- Item 41: Have you had fights with him about the drinking itself? (.65)
- Item 12: Do you plead with him to stop drinking? (.65)
- Item 27: When he gets drunk, do you feel too angry yourself to do anything? (.61)
- Item 3: Have you shown him that his drinking is making you ill? (.60)
- Item 4: Have you threatened to leave him? (.59)
- Item 13: Do you have fights with him about problems related to his drinking? (.59)
- Item 42: When he gets drunk, do you feel too helpless yourself to do anything? (.58)
- Item 1: Have you tried to stop him from drinking too much by having a fight about it before he goes out? (.55)
- Item 10: Have you threatened to contact someone to try to stop him? (.53)
- Item 6: Have you told him the children will lose their respect for him? (.50)
- Item 16: When he gets drunk, do you start a fight with him while he is in that frame of mind? (.44)

II. Factor 2: Destructive Reaction (7.9% of the common variance)

- Item 28: Have you tried to stop him from drinking too much by actually getting drunk yourself? (.81)
 - Item 50: Have you tried to stop him from drinking too much by trying to keep up with him when he drinks? (.78)
 - Item 29: When he brings alcohol home with him, have you drunk some of it yourself? (.62)
 - Item 24: Have you tried to make him jealous? (.59)
 - Item 54: Have you tried to show him how you feel by threatening to kill yourself? (.56)
 - Item 5: Have you tried to stop him from drinking too much by pretending to be drunk yourself? (.56)
 - Item 2: When he is sobering up, have you given him a drink to help with the hangover? (.54)
 - Item 26: Have you tried to stop him from drinking too much by inviting friends or relatives in? (.48)
 - Item 46: Have you tried to stop him from drinking too much by making him feel ridiculous in public? (.45)
-

TABLE 4, CON'T

 II. Factor 2, con't

Item 44: Have you gone out to bring him home? (.42)

III. Factor 3: Avoidance (6.2% of the common variance)

Item 36: Have you refused to sleep with him? (.83)

Item 25: Have you refused to share the same bedroom with him? (.82)

Item 52: When he is drunk, do you refuse to share the bed with him? (.81)

Item 15: When he gets drunk, do you refuse to talk to him while he is that frame of mind? (.69)

Item 53: Do you avoid him? (.53)

Item 32: When he gets drunk, do you leave him alone? (.51)

IV. Factor 4: Spouse-specific Reaction (5.2% of common variance)

Item 22: Have you consulted a lawyer or social service agency about getting a legal separation or divorce? (.78)

Item 31: Have you been legally separated? (.65)

Item 23: Have you left home, even for one day? (.47)

Item 17: Have you locked him out of the house? (.46)

Item 20: Have you had contact with Al-anon? (.43)

Item 21: Have you hidden valuables or household things so that he cannot pawn or sell them? (.41)

V. Factor 5: Anti-alcohol Reaction (4.4% of the common variance)

Item 30: Have you poured some of it away? (.80)

Item 56: When he brings alcohol home with him, do you hide it? (.79)

Item 19: When he brings drink home with him, have you tried to find where it is hidden? (.63)

Item 38: When he brings drink home, do you seem not to mind, but take the first chance to get rid of it? (.54)

Item 43: Have you made a firm rule that you do not allow alcohol in the house? (.40)

VI. Factor 6: Seeking Outside Help (4.2% of the common variance)

Item 11: Have you yourself been to the doctor about his drinking problem? (.62)

Item 18: Have you asked his employer to step in? (.59)

Item 27: when he gets drunk, do you feel too angry yourself to do anything? (-.41)

TABLE 4, CON'T

VII. Factor 7: Inaction, Fearful Action (3.4% of the common variance)

- Item 48: When he gets drunk, do you feel too frightened to do anything? (.53)
 Item 40: Do you keep the children out of his way? (.53)
 Item 39: Do you pretend to everyone that all is well? (.51)

VIII. Factor 8: Taking Care of Husband (3.3% of the common variance)

- Item 16: When he gets drunk, do you start a fight with him while he is in that frame of mind? (-.57)
 Item 8: When he gets drunk, do you make him comfortable, perhaps by giving him something to eat? (.57)
 Item 37: Have you arranged special treats for him? (.54)
 Item 32: When he gets drunk, do you leave him alone? (.51)

IX. Factor 9: Financial Action (2.8% of the common variance)

- Item 9: Have you been out to work, or used your own income, to keep the family going? (.74)
 Item 35: Have you paid his debts or bills? (.67)
 Item 14: Have you made special arrangements about money matters? (.58)
-

feelings of anger and helplessness. Thus, this factor was labeled "Confrontation-Discord."

Factor 2 seemed to include two general types of items. The first type (items 5, 26, 28, 29, 44, 50, 54) involves behavior on the wife's part which are either self-destructive or place her in an embarrassing situation. The second type (items 2, 24, 46) are behaviors which are destructive to her spouse or place him in an embarrassing situation. Thus, this factor might be called "Destructive Reaction."

Factor 3 involves those items (15, 25, 32, 36, 52, 53) which describe the wife's attempts to avoid her husband, particularly when

he is drinking, and consequently is entitled the "Avoidance" factor.

Factor 4 (items 17, 20, 21, 22, 23, 31, 43) concerns specific action taken by the wife which is directed against her husband, so is labeled "Spouse-specific Reaction."

Factor 5 (items 19, 30, 38, 56) refers to those actions taken to eliminate the alcohol itself, and can be called the "Anti-alcohol Reaction."

Factor 6 involves taking specific action to seek assistance from outside the family (items 11, 18, -27), so is labeled "Seeking Outside Help."

Factor 7 (items 39, 40, 48) concerns the wife's inability to take specific action, or her tendency to react in a fearful, passive manner. This factor can be labeled "Inaction, Fearful Action."

Factor 8 (items 8, -16, 32, 37) involves the wife's attempts to care for her husband and make him comfortable, and can be called "Taking Care of Husband."

Factor 9, defined primarily by items 9, 14, and 35, refers to financial considerations and is called the "Financial Action" factor.

Factor scores were computed for each subject on each of the nine factors to be used in subsequent analyses (cf., Nie, et al., 1975).

One way to analyze the factor analytic data is to compare the preferred solution with other possible solutions and with the solution obtained by Orford, et al. (1975) In addition to the nine factor

solution, solutions of six (all factors accounting for more than four percent of the common variance), eight (all factors accounting for more than three percent of the common variance) and ten factors (the same number as in the Orford, et al., 1975 study) were attempted, all using the principle components condensation method with varimax rotation.

The six factor solution, accounting for 43.5 percent of the common variance, was the least desirable due to the relatively large number (11) of items which did not load on any of the factors.

The eight, nine, and 10 factor solutions were very similar, with a few noteworthy differences. There are six relatively stable factors which remain the same in all three solutions: Confrontation-Discord, Destructive Reaction, Avoidance, Spouse-specific Reaction, Anti-alcohol Reaction, and Financial Action. The first four of these factors are also clearly defined in the six factor solution. In addition, the Seeking Outside Help and Inaction, Passive Action factors are identical in terms of the items included, and the Taking Care of Husband factor very similar in the nine and ten factor solutions. In the eight factor solution the inverse of the Seeking Outside Help factor is combined with Inaction, Passive Action factor to form a factor representing a general unwillingness to take specific action. The only major difference between the nine and 10 factor solutions is the addition of a tenth factor which has only one item loading on it, the item concerning bringing the husband home when he is drunk. The last major difference is the extraction of a factor in the eight factor solution not found in the other two. It is a combination of items primarily in the Confrontation-Discord and

Avoidance factors, and is similar to the Confrontation-Discord factor, but contains items depicting an even more aggressive response, e.g., active refusal to meet his desires or physically hitting him.

Choosing the most desirable of these factor solutions is in part an arbitrary procedure. In the present study four criteria were used which led to the use of the nine factor solution in subsequent analyses: 1) a reasonable number of factors was desired, i.e., around 10 or fewer, 2) all other things being equal, the solution which accounted for the greatest percentage of the common variance was preferred, 3) the attempt was made to choose the solution which had the least possible number of items which did not load highly on any factor, and 4) the preferred solution had to have factors which were clearly interpretable.

There are a number of similarities between the nine factor solution used in the present study, and the 10 factor solution of the Orford, et al. (1975) study. There appear to be six relatively stable modes of coping used by wives of alcoholics, as reflected by these two studies. Factor 1, Confrontation-Discord, Factor 5, Anti-alcohol Response, and Factor 7, Inaction, Fearful Reaction of the present study are nearly identical with Factor 1, Discord, Factor 5, Anti-drink, and Factor 8, Fearful Withdrawal, respectively from the Orford, et al. study. Factor 4, Spouse-specific Reaction and Factor 2, Destructive Reaction of the present study correspond closely to Factor 10, Marital breakdown and Factor 4, Competition in the Orford, et al. study. Additionally, Factor 3, Avoidance of the present study is primarily a combination of Factor 2, Avoidance and Factor 7, Sexual Withdrawal of the Orford, et al. study. Table 5 presents the ten factors with relevant items from the Orford, et al. study. Thus,

TABLE 5

ORFORD, ET AL.'S TEN FACTOR SOLUTION OF
COPING WITH DRINKING QUESTIONNAIRE

Factor 1: Discord

- Item 41: Have you had rows with him about the drinking itself?
- Item 12: Do you plead with him to stop drinking?
- Item 4: Have you threatened to leave him?
- Item 13: Do you have rows with him about problems related to his drinking?
- Item 3: Have you shown him that his drinking is making you ill?
- Item 1: Have you tried to stop him drinking too much by having a row about it before he goes out?
- Item 47: Have you told him he must leave?
- Item 55: Have you suggested all the good things he could have if he would stop?
- Item 34: Have you felt you could not face going home?
- Item 54: Have you tried to show him how you feel by threatening to kill yourself?
- Item 42: When he gets drunk do you feel too helpless yourself to do anything.
- Item 16: When he gets drunk, do you start a row with him while he is in that frame of mind?
- Item 46: Have you tried to stop him drinking too much by making him feel small or ridiculous in public?

Factor 2: Avoidance

- Item 7: When he gets drunk, do you keep out of the way?
- Item 53: Do you avoid him?
- Item 15: When he gets drunk, do you refuse to talk to him while he is in that frame of mind?
- Item 42: When he gets drunk, do you feel too helpless yourself to do anything?
- Item 32: When he gets drunk, do you leave him to it?
- Item 38: When he brings drink home, do you seem not to mind, but take the first chance to get rid of it?
- Item 27: When he gets drunk, do you feel too angry yourself to do anything?
- Item 48: When he gets drunk do you feel too frightened to do anything?
- Item 6: Have you told him the children will lose their respect for him?

Factor 3: Indulgence

- Item 2: When he is sobering up, have you given him a drink to help with the hangover?

TABLE 5, CON'T

Factor 3, con't

- Item 45: Have you yourself gone without to give him the money he asks for?
- Item 30: Have you poured some of it away?

Factor 4: Competition

- Item 28: Have you tried to stop him drinking too much by actually getting drunk yourself?
- Item 5: Have you tried to stop him drinking too much by pretending to be drunk yourself?
- Item 24: Have you tried to make him jealous?
- Item 50: Have you tried to stop him drinking too much by trying to keep up with him when he drinks?
- Item 29: When he brings drink home with him, have you drunk some of it yourself?
- Item 49: Have you gone out by yourself (or with others) and pretended you were having a whale of a time?

Factor 5: Anti-drink

- Item 19: When he brings drink home with him, have you tried to find where it is hidden?
- Item 56: When he brings drink home with him do you hide it?
- Item 43: Have you made a firm rule that you do not allow drink in the house?
- Item 38: When he brings drink home, do you seem not to mind but take the first chance to get rid of it?
- Item 30: Have you poured some of it away?

Factor 6: Assertion

- Item 33: Have you hit him, or tried to hurt him physically?
- Item 35: Have you paid his debts or bills?
- Item 46: Have you tried to stop him drinking too much by making him feel small or ridiculous in public?
- Item 16: When he gets drunk, do you start a row with him about it?
- Item 8: When he gets drunk, do you make him comfortable, perhaps by giving him something to eat? (negative loading)

Factor 7: Sexual Withdrawal

- Item 25: Have you refused to share the same room with him?
 - Item 36: Have you refused to sleep with him?
-

TABLE 5, CON'T

Factor 7, con't

Item 52: When he is drunk, do you refuse to share the bed with him?

Factor 8: Fearful Withdrawal

Item 39: Do you pretend to everyone that all is well?

Item 48: When he gets drunk, do you feel too frightened to do anything?

Item 40: Do you keep the children out of his way?

Factor 9: Taking Special Action

Item 14: Have you made special arrangements about money matters?

Item 9: Have you been out to work, or used your own income, to keep the family going?

Item 37: Have you arranged special treats for him?

Item 11: Have you been yourself to the doctor about his drinking problem?

Item 20: Have you had contact with Alanon?

Item 26: Have you tried to stop him drinking too much by inviting friends or relatives in?

Item 35: Have you paid his debts or bills?

Factor 10: Marital Breakdown

Item 22: Have you consulted a solicitor or advice bureau about getting legal separation or divorce?

Item 23: Have you left home, even for one day?

Item 51: When he gets drunk, do you get him to bed? (negative loading)

Item 17: Have you locked him out of the house?

The following items did not load ± 0.40 or above on any of the factors:

Item 10: Have you threatened to contact someone to try to stop him?

Item 18: Have you asked his employer to step in?

Item 21: Have you hidden valuables or household things so that he cannot pawn or sell them?

Item 31: Have you been legally separated?

Item 44: Have you been out to fetch him home?

the general types of coping mechanisms wives of alcoholics typically seem to use in response to their husbands' drinking seem to be confronting him about his behavior, avoiding him, taking specific action against the alcohol itself, taking specific action against her husband, competing with her husband in a self-destructive or spouse-destructive manner, and responding in a passive or fearful manner.

Interpersonal Check List

Scores for each subject on each of the eight subscales of the Check List were determined in the manner described above. Table 6 presents the mean scores and standard deviations for each of the subscales for the HR and HNR groups and the t value and significance level for the difference between the means for each subscale.

Wives in both groups saw their husbands as being comparatively higher in some characteristics than in others, such as being domineering and autocratic and relatively lacking in modesty, passivity, and meekness. Both groups also rated their husbands as comparatively higher in being complaining, resentful, and distrustful, although husbands in the HNR group were seen as possessing significantly more of these characteristics than husbands in the HR group. Further, wives in the HNR group saw their husbands as comparatively critical, aggressive, egotistical, and competitive, and lacking in considerateness, responsibility, friendliness, and cooperativeness. Husbands in the HR group were rated significantly more moderately in each of these traits.

It is difficult to compare these findings with previous

TABLE 6
 INTERPERSONAL CHECK LIST SUBSCALE MEANS
 STANDARD DEVIATIONS, T VALUES, AND
 SIGNIFICANCE FOR THE HR AND HNR GROUPS

Subscale	HR Group		HNR Group		Difference t(p)
	Mean	S.D.	Mean	S.D.	
Managerial- Autocratic	17.1	7.3	15.7	6.7	.97(n.s.)
Responsible- Overgenerous	10.6	6.2	6.1	6.2	3.52(<.001)
Cooperative- Over-convent.	11.9	7.3	8.0	6.6	2.75(<.01)
Docile- Dependent	9.4	5.2	7.5	4.9	1.98(n.s.)
Modest- Self-effacing	8.9	6.6	7.6	4.6	1.20(n.s.)
Skeptical- Distrustful	16.1	8.8	22.2	8.3	3.51(<.001)
Blunt- Aggressive	13.7	6.0	16.3	5.9	2.33(<.05)
Competitive- Exploitive	12.4	6.4	16.7	6.5	3.27(<.01)

research, because other studies which have used the LaForge-Suczek Interpersonal Check List have attempted to compare wives of alcoholics with wives of non-alcoholics. There is one noteworthy similarity, however. Kogan and Jackson (1961) found that there is no one "type" of alcoholics' wife. It is clear from the present study also

that there were different types of wives of alcoholics. Specifically, the HR and HNR wives differ from each other at least in terms of their perceptions of their husbands, if not also in being married to men who differ from each other. The HR group husbands were rated as more responsible, considerate, friendly, and cooperative than the HNR husbands. Thus, in this study, as well as in Kogan and Jackson's (1961) research, the uniformity hypothesis is contradicted.

Stage of Adjustment Pattern Questionnaire

The Stage of Adjustment Pattern Questionnaire was analyzed in two ways to determine whether a Guttman scale had been created. A Guttman scale is one in which a person with a higher score than another person on a given set of statements must have the same or higher score on every statement in that set as the other person (Guttman, 1950). Such a scale is appropriate for the present instrument because Jackson (1954) assumes that individuals move through the stages in an orderly and predictable fashion. That is, if a person is presently in stage 4, that individual must have passed through stages 1-3, and subsequently should have checked all of the items in stages 1-3. A Guttman scale is desirable at this point because the stage an individual is presently in could be easily identified by observing the point in the questionnaire at which she stopped checking items describing her past or present behavior.

First, a frequency count for each item was determined and each item placed in its appropriate stage. Table 7 presents the results, with items ordered from most to least frequently checked in each stage. A visual analysis of this table seems to indicate that a Guttman scale has not been created, as the extreme scores for the

TABLE 7

STAGE OF ADJUSTMENT PATTERN QUESTIONNAIRE ITEM FREQUENCIES

Stage	Item Number	Frequency
1	15	88
	32	57
	23	49
	33	32
2	7	102
	4	98
	27	79
	35	66
	31	58
	1	55
	24	55
	5	54
	34	13
3	26	98
	21	92
	14	90
	17	88
	18	85
	12	73
	30	69
	11	59
	10	35
4	13	120
	19	84
	16	83
	3	83
	2	81
	8	75
	28	70
	9	63
	22	56
5	20	32
	6	13
6	29	28
7	25	66

first four stages are in approximately the same range. There does not appear to be the kind of progression required by Guttman scaling in which items in the first stages are checked more frequently than items in the later stages.

A further analysis was performed using the Guttman Scale program in the Statistical Package for the Social Sciences (Nie, et al., 1975) computer program. Because obviously extreme items might invalidate the scale even if the nonextreme items comprised an adequate Guttman scale, the following items were eliminated from the analysis: Stage 1 - items 32, 23, 33; Stage 2 - items 7, 4, 34; Stage 3 - items 26, 10; Stage 4 - item 13. With the remaining items six possible Guttman scales were analyzed. Scale 1 included the remaining items from Stage 2, Scale 2 the items from Stage 3, Scale 3 the items from Stage 4, Scale 4 the items from Stage 5, Scale 5 items 15, 27, 35, 31, 1, 24, 5, 21, 14, 17, 18, and 12, and Scale 6 items 30, 11, 19, 16, 3, 2, 8, 28, 9, 22, 20, and 6. The coefficients of reproducibility and the coefficients of scalability are presented in Table 8. Both of these coefficients are measures of the validity of a Guttman scale. Generally, in order for the scale to be valid, the coefficient of reproducibility should be at least .90 and the coefficient of scalability should be well above .60 (Nie, et al., 1975).

Only one of these six scales meet the criterion for a valid Guttman scale - Scale 4, which contained only two items. Thus, this analysis also indicates that a Guttman scale was not created. As a result, this attempt to operationalize Jackson's stage theory was not used in subsequent analyses.

TABLE 8

COEFFICIENTS OF REPRODUCIBILITY AND COEFFICIENTS
OF SCALABILITY FOR THE GUTTMAN ANALYSIS OF THE
STAGE OF ADJUSTMENT PATTERN QUESTIONNAIRE

Scale	Coefficient of Reproducibility	Coefficient of Scalability
1	.76	.45
2	.75	.25
3	.70	.21
4	.98	.91
5	.74	.28
6	.71	.20

There might be a number of reasons that a Guttman scale was not created using Jackson's stage theory. One possibility is that the stage theory itself is invalid. Perhaps Lermert's (1960) findings were more accurate in describing the stages wives of alcoholics go through, although such a conclusion would be premature at this point. It is also possible that the questionnaire for some reason did not adequately measure Jackson's theory, despite the fact that the items were based directly on her descriptions of the stages. Additionally, the responses on this part of the questionnaire may have been invalid because of the overall length of the questionnaire or because of a lack of clarity in the instructions. Further attempts to operationalize this widely accepted theory are certainly justifiable.

Other Predictor Variables

Scores for each individual on the educational level and drinking before marriage variables were computed as described above and the data are summarized in Table 9. These data reflect that wives in both groups averaged slightly more than a high school education, and approximately 70 percent of the wives married men without a drinking problem. There are no significant differences between the HR and HNR groups on these variables.

Thus, four predictor variables (modes of coping, the wife's perceptions of her husband, the wife's educational level, and the presence or absence of a drinking problem before marriage) and three criterion variables (the length of time since the last drink was taken, the number of Alcoholics Anonymous meetings attended in the past year, and an estimate of the percentage of time in the past year the husband was sober) were to be used in subsequent analyses. These analyses were performed separately on the HR and HNR groups because of the differences between these two groups on the criterion variables.

Relationships Between Predictor and Criterion Variables

Hypothesis I

Hypothesis I stated that each of the predictor variables would have a significant relationship with the criterion variables. To test this hypothesis canonical correlations were computed between the styles of coping factors and the criterion variables and between the Interpersonal Check List factors and the criterion variables. The resultant canonical correlation coefficients and their

TABLE 9
 MEANS FOR THE EDUCATIONAL LEVEL (ED) AND
 DRINKING BEFORE MARRIAGE (DM) VARIABLES
 FOR THE HR AND HNR GROUPS

Group	Variable			
	ED		DM	
	Mean	S.D.	Mean	S.D.
HR	12.8	1.6	.68	.61
HNR	13.0	2.1	.73	.68

significance levels are presented in Table 10.

These data indicate that the hypothesis was supported with respect to the styles of coping variable in the group in which the husband failed to respond to the questionnaire.

The weightings of each of the nine factors of the styles of coping variable and each of the criterion variables on their respective canonical variates for the HNR group are presented in Table 11.

These weightings indicate that it was primarily the Anti-alcohol and the inverse of the Taking Care of Husband factors of the predictor variables and largely the time since the last drink was taken among the criterion variables which were responsible for the significant relationship observed.

In order to test Hypothesis I with respect to the educational level of the wife and the drinking before marriage variable, a multiple

TABLE 10

CANONICAL CORRELATIONS BETWEEN CRITERION VARIABLES AND THE STYLES
OF COPING (SC) AND INTERPERSONAL CHECK LIST (ICL) VARIABLES

Group	Variable	Correlation	Significance
HR	SC	.57	.187
	ICL	.34	n.s.
HNR	SC	.77	.018
	ICL	.61	n.s.

TABLE 11

CANONICAL LOADINGS FOR THE STYLES OF COPING
VARIABLE FOR THE HNR GROUP

Factor	Weight
Confrontation-Discord	.157
Destructive Reaction	.044
Avoidance	.130
Spouse-specific Reaction	-.069
Anti-alcohol Reaction	.530
Seeking Outside Help	-.130
Inaction, Passive Reaction	.218
Taking Care of Husband	-.593
Financial Action	.232

Criterion Variable	Weight
Last Drink	.978
Alcoholics Anonymous	.290
Percent Sober	-.467

regression analysis was performed between these variables and the criterion variables. These data are presented in Table 12.

None of these relationships was statistically significant. Thus, these data do not support Hypothesis I with respect to these two variables.

TABLE 12
MULTIPLE CORRELATIONS BETWEEN THE CRITERION VARIABLES
AND THE EDUCATIONAL LEVEL (ED) AND
DRINKING BEFORE MARRIAGE (DM) VARIABLES

Group	Variable	Correlation	Significance
HR	ED	.11	n.s.
	DM	.16	n.s.
HNR	ED	.15	n.s.
	DM	.15	n.s.

It is possible for there to be an insignificant relationship between an overall predictor variable and the criterion variables, but for there to be a significant relationship between one or more of the style of coping factors and the criterion variables. In addition an analysis of the overall correlations between predictor and criterion variables fails to indicate precisely which behaviors on the wife's part are related to her husband's attainment of sobriety. Therefore, a series of regression analyses were performed between each of the style of coping factors and the three criterion variables. Table 13 presents the multiple correlation coefficients between the style of coping factors and the criterion variables, along with the

TABLE 13
 MULTIPLE CORRELATIONS BETWEEN STYLES OF COPING
 FACTORS AND CRITERION VARIABLES

Variable	Correlation (Significance)		
	HR Group	HNR Group	Combined Groups
Confrontation-Discord	.11(n.s.)	.17(n.s.)	.15(n.s.)
Destructive Reaction	.20(n.s.)	.16(n.s.)	.12(n.s.)
Avoidance	.12(n.s.)	.43(.096)	.10(n.s.)
Spouse-specific Reaction	.38(.008)	.23(n.s.)	.34(.0034)
Anti-alcohol Reaction	.13(n.s.)	.51(.027)	.07(n.s.)
Seeking Outside Help	.10(n.s.)	.33(n.s.)	.15(n.s.)
Inaction, Fearful Action	.33(.032)	.34(n.s.)	.29(.049)
Taking Care of Husband	.14(n.s.)	.53(.018)	.17(n.s.)
Financial Action	.10(n.s.)	.42(.110)	.07(n.s.)

significance level for the regression analyses as a whole.

For the HR group there are two significant regressions, the regression of the criterion variables on the Spouse-specific and the Inaction, Fearful Action factors. For the HNR group there are also two significant regressions, the regression of the criterion variables on the Anti-alcohol and Taking Care of Husband factors.

The regression analyses were tested to determine whether the two groups differed from each other (cf. Rae, 1952). The results, presented in Table 14, indicate that there is a statistically significant difference on only one of the variables. Therefore, a regression analysis was also performed on the styles of coping factors and the criterion variables across all subjects, the results of which are presented in Table 13.

Typically, for regression analyses which are statistically

TABLE 14
 COMPARISON OF THE REGRESSION ANALYSES BETWEEN
 STYLES OF COPING FACTORS AND THE CRITERION
 VARIABLES FOR THE HR AND HNR GROUPS

Variable	F ratio between groups	Significance
Confrontation-Discord	.955	n.s.
Destructive Reaction	.570	n.s.
Avoidance	1.936	.11
Spouse-specific Reaction	.360	n.s.
Anti-alcohol Reaction	2.899	.025
Seeking Outside Help	.944	n.s.
Inaction, Fearful Action	1.240	n.s.
Taking Care of Husband	1.017	n.s.
Financial Action	1.467	n.s.

significant, the beta weights and associated F ratios are also presented, so that the best possible prediction equation can be computed. Normally, in multiple regression there are a number of predictor variables and one criterion variable. The regression equation is a statistical attempt to obtain the optimal combination (beta weights) of predictor variables in order to predict the value of the criterion variable. In the present study such a regression equation would select the optimal combination of criterion variables in order to predict the predictor variable. We are interested instead in predicting the criterion variables from the predictor variable, i.e., the husband's sobriety from the wife's behavior. Therefore, the Pearson correlation coefficients between the relevant predictor variable and each of the criterion variables are more appropriate than the beta weights. Table 15 contains all such

TABLE 15
CORRELATIONS BETWEEN CRITERION VARIABLES
AND STYLES OF COPING FACTORS

Group	Variable	Correlation (Significance)		
		Last Drink	AA	Percent Sober
HR	Spouse-specific	-.30(<.01)	-.23(<.05)	-.34(<.01)
	Inaction	.25(<.05)	.17(n.s.)	.31(<.01)
HNR	Anti-alcohol	.40(<.01)	.21(n.s.)	-.09(n.s.)
	Taking Care	-.51(<.01)	-.26(n.s.)	-.11(n.s.)
	Financial	.35(<.05)	.25(n.s.)	.01(n.s.)
Both Groups	Spouse-specific	-.27(<.01)	-.23(<.05)	-.30(<.01)
	Inaction	.23(<.05)	.19(<.05)	.20(<.05)

significant correlations between the criterion variables and the styles of coping factors.

These coefficients indicate that the Spouse-specific factor is negatively related to sobriety, while the Inaction, Fearful Action factor is positively correlated with sobriety for both the HR and combined groups. With respect to the HNR group, the Anti-alcohol and Financial Action factors were positively related and the Taking Care of Husband factor was negatively correlated with only one of the criterion variables, the time since the last drink was taken.

In summary, Hypothesis I was supported insofar as the styles of coping variable and the criterion variables were significantly correlated in the HNR group. In addition, there were significant correlations between the criterion variables and the Spouse-

specific and Inaction, Fearful Action factors in the HR and combined groups, and the length of time since the last drink was taken was significantly related to the Anti-alcohol, Taking Care of Husband, and Financial Action factors in the HNR group.

Hypothesis II

Hypothesis II predicted that there would be a significant relationship between the criterion variables and a combination of all of the predictor variables. A canonical correlation was computed to test this hypothesis, the results of which are presented in Table 16. The lack of statistical significance indicates that these data do not support Hypothesis II.

TABLE 16
CANONICAL CORRELATIONS BETWEEN CRITERION
VARIABLES AND COMBINED PREDICTOR VARIABLES

Group	Correlation	Significance
HR	.62	n.s.
HNR	.88	n.s.

When a predictor variable fails to be significantly correlated with the criterion variables as in the above analyses, it has not been proven that no relationship exists, but only that no significant linear relationship exists. In order to test for a nonmonotonic quadratic relationship, the correlations between the squares of each of the styles of coping factors and each of the predictor variables

were computed. Of these 27 analyses for both the HR and HNR groups, only one reached statistical significance. There was a significant curvilinear relationship between the Anti-alcohol factor and the time since the last drink was taken ($r=0.40$, $p=.011$). However, with 54 such analyses, this is no more than one might expect by chance.

Hypothesis III

In order to test Hypothesis III, which stated that there would be an interaction effect between styles of coping and the other predictor variables with respect to the outcome of the husband's drinking, a series of canonical correlation analyses were performed. Each coping style factor was paired with each other predictor variable and an interaction term between the two relevant variables was generated by multiplying one variable by the other (Cohen, 1968). These three variables, the two original variables and the interaction term, were then correlated with the three criterion variables. Of a total of 180 such analyses 21 were significant at the .05 level of significance or better. The weightings of each of the relevant predictor variables and of the criterion variables on their respective canonical variates, the correlation of the predictor and criterion canonical variates, and the significance level of the canonical correlations are presented in Tables 17 and 18. The following paragraphs are a summary of the major findings of these analyses.

For the HR group, seven of the eight significant interactions were accounted for by the combination of the Spouse-specific factor with some other factor. The Spouse-specific factor concerns specific action taken by the wife which is directed against her drinking husband. In general, a Spouse-specific type response was negatively

TABLE 17
 CANONICAL INTERACTION ANALYSES
 FOR THE HR GROUP

Variable	Weight	Correlation	p
Responsible-Overgenerous (RO)	-.69	.55	.029
Spouse-specific Reaction (SS)	-.27		
RO X SS	.96		
Last Drink	-.56		
Alcoholics Anonymous	-.42		
Percent Sober	-.26		
Docile-Dependent (DD)	.11	.40	.040
Spouse-specific Reaction(SS)	-.13		
DD X SS	-.86		
Last Drink	.67		
Alcoholics Anonymous	.28		
Percent Sober	.33		
Modest-Self-effacing (MSE)	.11	.39	.035
Spouse-specific Reaction (SS)	-.60		
MSE X SS	-.42		
Last Drink	.55		
Alcoholics Anonymous	.19		
Percent Sober	.51		
Skeptical-Distrustful (SD)	.53	.44	.003
Spouse-specific Reaction (SS)	1.43		
SD X SS	-1.02		
Last Drink	-.91		
Alcoholics Anonymous	-.45		
Percent Sober	.27		
Blunt-Aggressive (BA)	-.23	.46	.007
Spouse-specific Reaction (SS)	-2.12		
BA X SS	1.54		
Last Drink	.80		
Alcoholics Anonymous	.30		
Percent Sober	.12		

TABLE 17, CON'T

Variable	Weight	Correlation	p
Competitive-Exploitive (CE)	-.11	.45	.033
Spouse-specific Reaction (SS)	2.16		
CE X SS	-1.46		
Last Drink	-.51		
Alcoholics Anonymous	.09		
Percent Sober	-.61		
Educational Level (ED)	.19	.43	.013
Spouse-specific Reaction (SS)	-1.79		
ED X SS	1.01		
Last Drink	.59		
Alcoholics Anonymous	.30		
Percent Sober	.39		
Skeptical-Distrustful (SD)	-.80	.43	.009
Inaction, Fearful Action (I)	.46		
SD X I	.38		
Last Drink	.67		
Alcoholics Anonymous	.52		
Percent Sober	.06		

TABLE 18
 CANONICAL INTERACTION ANALYSES
 FOR THE HNR GROUP

Variable	Weight	Correlation	p
Responsible-Overgenerous (RO)	-.15	.64	.003
Avoidance (A)	.02		
RO X A	1.03		
Last Drink	1.10		
Alcoholics Anonymous	-.69		
Percent Sober	-.18		

TABLE 18, CON'T

Variable	Weight	Correlation	p
Responsible-Overgenerous (RO)	-.69	.55	.029
Spouse-specific Reaction (SS)	-.27		
RO X SS	.96		
Last Drink	-.56		
Alcoholics Anonymous	-.42		
Percent Sober	-.26		
Responsible-Overgenerous (RO)	-.21	.67	.005
Anti-alcohol (A-A)	.06		
RO X A-A	-.93		
Last Drink	-.99		
Alcoholics Anonymous	-.27		
Percent Sober	.52		
Responsible-Overgenerous (RO)	-.61	.57	.041
Outside Help (OH)	-1.12		
RO X OH	.93		
Last Drink	-.28		
Alcoholics Anonymous	-1.04		
Percent Sober	.79		
Responsible-Overgenerous (RO)	-.29	.67	.014
Taking Care of Husband (TC)	.21		
RO X TC	.67		
Last Drink	-.91		
Alcoholics Anonymous	-.40		
Percent Sober	-.43		
Managerial-Autocratic (MA)	.25	.63	.048
Taking Care of Husband (TC)	1.94		
MA X TC	-1.20		
Last Drink	-.94		
Alcoholics Anonymous	-.36		
Percent Sober	.50		

TABLE 18, CON'T

Variable	Weight	Correlation	p
Responsible-Overgenerous (RO)	-.69	.55	.029
Spouse-specific Reaction (SS)	-.27		
RO X SS	.96		
Last Drink	-.56		
Alcoholics Anonymous	-.42		
Percent Sober	-.26		
Responsible-Overgenerous (RO)	-.21	.67	.005
Anti-alcohol (A-A)	.06		
RO X A-A	-.93		
Last Drink	-.99		
Alcoholics Anonymous	-.27		
Percent Sober	.52		
Responsible-Overgenerous (RO)	-.61	.57	.041
Outside Help (OH)	-1.12		
RO X OH	.93		
Last Drink	-.28		
Alcoholics Anonymous	-1.04		
Percent Sober	.79		
Responsible-Overgenerous (RO)	-.29	.67	.014
Taking Care of Husband (TC)	.21		
RO X TC	.67		
Last Drink	-.91		
Alcoholics Anonymous	-.40		
Percent Sober	-.43		
Managerial-Autocratic (MA)	.25	.63	.048
Taking Care of Husband (TC)	1.94		
MA X TC	-1.20		
Last Drink	-.94		
Alcoholics Anonymous	-.36		
Percent Sober	.50		

TABLE 18, CON'T

Variable	Weight	Correlation	p
Docile-Dependent (DD)	-.31	.64	.040
Taking Care of Husband (TC)	.05		
DD X TC	.95		
Last Drink	-.94		
Alcoholics Anonymous	-.36		
Percent Sober	.46		
Modest-Self-effacing (MSE)	.45	.61	.050
Taking Care of Husband (TC)	.05		
MSE X TC	-1.02		
Last Drink	1.07		
Alcoholics Anonymous	.08		
Percent Sober	-.46		
Skeptical-Distrustful (SD)	.20	.68	.014
Taking Care of Husband (TC)	2.45		
SD X TC	-1.79		
Last Drink	-.91		
Alcoholics Anonymous	-.35		
Percent Sober	.29		
Drinking before marriage (DM)	-.33	.65	.006
Taking Care of Husband (TC)	-8.61		
DM X TC	8.13		
Last Drink	.80		
Alcoholics Anonymous	-.24		
Percent Sober	.52		
Modest-Self-effacing (MSE)	.09	.63	.035
Avoidance (A)	-.66		
MSE X A	1.49		
Last Drink	1.12		
Alcoholics Anonymous	-.43		
Percent Sober	-.45		

TABLE 18, CON'T

Variable	Weight	Correlation	p
Skeptical-Distrustful (SD)	-.28	.60	.033
Avoidance (A)	2.75		
SD X A	2.20		
Last Drink	1.11		
Alcoholics Anonymous	-.52		
Percent Sober	.04		
Skeptical-Distrustful (SD)	.33	.67	.011
Anti-alcohol (A-A)	-2.36		
SD X A-A	1.83		
Last Drink	-.96		
Alcoholics Anonymous	-.29		
Percent Sober	.36		

correlated with eventual sobriety. However, when the Spouse-specific factor was placed in combination with other variables, a more complex pattern emerges. In combination with the Responsible-Overgenerous factor, most of the relationship between the predictor and criterion variables is accounted for by the interaction term and the Last Drink and Alcoholics Anonymous factors, indicating that when both the Spouse-specific and Responsible-Overgenerous factors are either high or low, there is likely to be a greater relationship than when both are near the mean or one is high, but the other low. When combined with the Docile-Dependent factor, the data shows that when the Docile-Dependent score is low and the Spouse-specific is low, the relationship with the criterion variables is maximal. When the Spouse-specific factor is combined with the Modest-Self-effacing factor, or the Skeptical-Distrustful factor, or the Educational Level variable, both the

Spouse-specific factor and the interaction term load highly on the canonical variates. This indicates that the largest portion of the relationship between the predictor and criterion variables is accounted for by the negative correlation between the Spouse-specific factor and the criterion variables, but that the interaction term also plays an important part. That is, when the Spouse-specific factor and the Modest-Self-effacing factor, or the Blunt-Aggressive factor, or the Educational Level variable were both high or when both were low, the relationship with the criterion variables was maximal. On the other hand, when the Spouse-specific factor was high and the Skeptical-Distrustful or the Competitive-Exploitive factor was low, or vice versa, the relationship was maximal.

In the HNR group there were 13 significant interactions, 10 of which were accounted for by a combination of either the Responsible-Overgenerous or the Taking Care of Husband factors with another factor. The Responsible-Overgenerous factor involves such husband personality characteristics as being considerate, responsible, tender, unselfish, and generous. The Taking Care of Husband factor refers to the wife's attempt to care for her husband and make him comfortable. With regard to the Responsible-Overgenerous factor combinations, in four of the five significant interactions, the relationship between the predictor and criterion variables was accounted for primarily by the interaction term. The relationship with the criterion variables was maximal when both the Responsible-Overgenerous factor and the Avoidance factor or the Spouse-specific factor, or the Taking Care of Husband factor was high, or both were low. Conversely, when the Responsible-Overgenerous factor was high and Anti-alcohol was low,

or vice versa, the relationship with sobriety was maximal. When the Responsible-Overgenerous factor is combined with the Outside Help factor, the relationship between criterion and predictor variables is accounted for to the largest degree by the Outside Help factor, while the interaction term, and to a lesser degree the Responsible-Overgenerous factor were also important. That is, with respect to this set of variables, both Outside Help and Responsible-Overgenerous were positively correlated with sobriety, and additionally, the relationship between predictor and criterion variables was maximal when the two parent variables were either both high or both low.

In general, when the Taking Care of Husband variable was combined with other variables, it was negatively correlated with sobriety. When combined with the Responsible-Overgenerous, or the Docile-Dependent factors, or the Educational Level variable, the relationship with sobriety was maximal when both variables were high or both were low. When combined with the Managerial-Autocratic, Modest-Self-effacing or Skeptical-Distrustful factors, the relationship was maximal when Taking care of Husband was high and the corresponding factor score was low or vice versa.

In addition to these findings, it can be observed in the HNR group that often one or more of the criterion variables was negatively correlated with the other criterion variables. For example, when the Responsible-Overgenerous and Anti-alcohol factors were combined or the Taking Care of Husband factor was combined with the Docile-Dependent or Modest-Self-effacing factors, the Last Drink variable was positively correlated, but the Percent Sober variable was

negatively correlated with the criterion variables. Conversely, when the Taking Care of Husband and Managerial-Autocratic factors are combined, the Percent Sober variable was positively related, and the Last Drink variable negatively related with the criterion variables.

CHAPTER VI

DISCUSSION

Response Bias

There are a number of points in this study where a response bias may have occurred, making any conclusions drawn somewhat tentative. First, due primarily to availability, the questionnaires were distributed only among members of Al-anon. Thus, conclusions must be limited to wives of alcoholics who resemble members of this group. Second, all of the subjects came from one general geographic area within the United States. The study needs to be replicated in other locations to determine whether the same relationships apply to other groups of alcoholics' wives. Nevertheless, the fact that subjects came from three rather divergent areas adds some confidence to the generalizability of these findings. Third, due to the desire to maintain confidentiality, there was no control as to whom the questionnaires were ultimately distributed. Nor was there control, of course, as to who completed the questionnaire. Thus, the conclusions must be limited presumably to active and relatively highly motivated members of Al-anon.

Response Groups

One interesting finding in this study is that the group composed of wives whose husbands completed the questionnaire differed significantly on all three criterion variables from the group of

wives whose husbands failed to respond. The HR group had been sober for a longer period of time and for a greater percentage of time in the past year and had attended more AA meetings. The two groups were also different in terms of how they perceived their husbands. The HNR group of wives rated their husbands as significantly less responsible, considerate, friendly, and cooperative, and significantly more aggressive, egotistical, competitive, and critical than did the wives of the HR group. It is not clear at this point whether the differences observed between these two groups is a result of different personalities of the husbands, different perceptions of husbands by their wives, misperceptions by the HR wives of their own past behaviors, or some other factor. This area is certainly worthy of further investigation.

Thus, it is possible to deal with the data in two different ways. Since the data indicate the presence of two rather different types of alcoholic husband/wife dyads, the HR and HNR groups might be considered separately. Approached from this perspective, the focus would be upon clarifying the differences between the two types of dyads. Further research might then be directed at determining whether the distinction is a meaningful and/or useful one. On the other hand, one might approach the data by assuming that the HR-HNR distinction is trivial or irrelevant to the relationship between the wife's coping style and the husband's drinking behavior. Operating on this assumption, the two groups might be viewed as sufficiently similar to use one to cross-validate the findings from the other. Adopting this strategy, considerable confidence could be placed in findings which correspond in the two samples. Findings

unique to one sample might be seen as either chance findings which failed to be cross-validated or findings reflecting inconsequential differences between the two samples. Because neither of these approaches can be substantiated until the present study as a whole has been cross-validated, the results will be discussed in terms of both strategies, so that hypotheses can be generated for future investigations.

Summary of Findings

The following is a summary of the major findings of this study with respect to the relationship between the wife's behavior and the husband's drinking outcome. 1) There was a significant canonical correlation ($r=.77$, $p=.018$) between overall style of coping and the criterion variables in the HNR group.

2) In the HNR group there were significant multiple correlations between the criterion variables and the Anti-alcohol factor (refers to actions taken to eliminate the alcohol itself) ($r=.51$, $p=.027$) and the Taking Care of Husband factor (includes items concerning the wife's attempts to care for her husband and make him more comfortable) ($r=-.53$, $p=.018$). When the correlation of these predictor variables with each of the three criterion variables was computed, the results indicated that in each case the predictor variables were significantly related only to the time since the husband took his last drink. The last drink variable was positively related to the Anti-alcohol factor and to the Financial Action factor (taking over the financial responsibility for the family) and negatively correlated with the Taking Care of Husband factor.

3) In the HR group there were significant multiple correlations between the criterion variables and the Spouse-specific factor (concerns specific action taken by the wife which is directed against her drinking husband) ($r=.38$, $p=.008$) and the Inaction, Fearful Action factor (refers to the wife's inability to take specific action, or her tendency to react in a fearful, passive manner) ($r=.33$, $p=.032$). Pearson product moment correlations with individual criterion variables indicated that the Inaction factor was positively correlated with the time since the last drink was taken and the estimate of the percentage of time in the past year the husband was sober, while the Spouse-specific factor was negatively related to all three criterion variables.

4) Hypothesis III, which stated that styles of coping will be differentially related to the outcome of the husband's drinking as a function of each of the other predictor variables, was supported insofar as there were a number of interaction analyses which were significant. In the HR group the Spouse-specific factor combined with seven of the other predictor variables to form a significant interaction with the criterion variables. In the HNR group 10 of the 13 significant interactions were accounted for by a combination of either the Responsible-Overgenerous factor (including such traits as considerateness, responsibility, tenderness, selflessness, and generosity) or the Taking Care of Husband factor with other criterion variables.

Conclusions

The most important conclusion to be drawn from these findings is that there is a significant relationship between the wife's behavior and the outcome of the husband's drinking. Certain types

of behaviors on the part of the problem drinker's wife are more highly related to eventual sobriety than other behaviors. These findings provide support for the original hypothesis of this study and for the hypothesis that the statistical methods used in the Orford, et al. (1975) study may have precluded finding the relationship between the wife's behavior and outcome those authors sought.

However, the tentative nature of the conclusions of this study with respect to the specific behaviors on the wife's part which are related to the husband's sobriety must be emphasized. In this study the specific types of relationships between predictor and criterion variables were not hypothesized in advance due to the paucity of relevant knowledge. There simply are no comparable studies in the literature, with the exception of the Orford, et al. (1975) study, to provide cogent hypotheses. Therefore, these conclusions are post hoc, and require cross-validation in a future study before great confidence can be placed in them. At this point, however, it has become apparent that the relationship between the wife's behavior and her husband's sobriety is complex.

Tentative Interpretations

Among wives whose husbands failed to complete the questionnaire, the variables most highly correlated with the husband's eventual sobriety were taking specific action against the alcohol itself, such as pouring it away or refusing to allow it in the house and taking over some or all of the responsibility for financial matters. On the other hand, taking care of her husband by avoiding fights or making him more comfortable was negatively related to sobriety. It

is understandable that the latter type of response would be counter-productive, as the wife, in effect, would thereby be reinforcing her husband's drinking. It is not as clear why the other two modes of coping show a positive relationship. It may be that taking over responsibility for the family forces the drinking husband, in a nonthreatening manner, to realize what he is doing to the family and, thereby precipitates a change. Such a response may force these men to reconsider their own behavior and to face their wives' disapproval in a generally nonthreatening way.

Such an interpretation verges on assuming a causal relationship. That is, this interpretation tends toward the conclusion that the wife's behavior affects her husband's drinking outcome. Because the present data is correlational, such a conclusion is not warranted. It is possible that a third variable caused the change in the two observed variables. However, at this point it can be hypothesized that such reactions on the wife's part either facilitate or hinder her husband's attainment of sobriety. Given the data generated in this study it might now be possible to test this hypothesis in a more tightly controlled experiment.

It must be noted that in the HNR group these modes of coping were significantly related only to the time since the last drink was taken, but not to the other criterion variables, whereas in the HR group all three criterion variables were related to the relevant criterion variables. The last drink variable apparently was the most accurate measure of sobriety in the HNR group. Attendance at Alcoholics Anonymous may be a less effective measure for two reasons. Men who are active members of AA, particularly those who have only

recently achieved sobriety, occasionally have "slips" or "fall off the wagon," so that attendance at AA may be quite high, but the problem with alcohol may remain. On the other hand, many men who no longer have drinking problems are not active members of AA. The estimate of the percentage of time in the past year that the husband was sober may also be a less effective measure of sobriety because a person may be sober most of the time, but continue to have a drinking problem. This would be typical of working men who drink only on weekends.

In the group in which the husband did respond to the questionnaire, pretending as if all was well or even reacting in a fearful way were positively related to sobriety, while taking specific action against the husband, such as seeking a divorce or separation or leaving home, showed a negative relationship. The logic underlying these findings is not readily apparent. The current lore in alcoholism counseling states that taking direct, assertive action, such as filing for divorce, creates a family crisis, which facilitates the husband becoming sober. On the surface the findings of the present study suggest the opposite. Again the explanation for this discrepancy may have to do with threat. It may be that if the wife responds in an assertive manner, her alcoholic husband feels threatened and responds angrily and defensively. His tendency may be to behave increasingly passive-aggressively, a tendency which may find expression through even more intense drinking behavior. Or his tendency may be to turn to alcohol, as he has in the past, to relieve the anxiety associated with the new threat. Conversely, those modes

of coping on the wife's part which communicate to her husband her distress, but which do not threaten him, might be more effective in bringing about a change in his behavior.

The findings of the analyses of the interactions between styles of coping and other variables suggest that the conclusion stated above may need to be altered somewhat when the full complexity of the relationship between the wife's behavior and the husband's drinking is considered. At this point, however, the conclusions drawn from the interaction data must be tentative, both because of the post hoc nature of these conclusions and the resulting need for cross-validation and because of the large number of such analyses performed. That is, when a large number of correlations are computed, one expects a certain number of significant relationships to emerge merely on the basis of chance. Thus, one must be careful to draw only tentative conclusions from such analyses. Nevertheless, the relatively consistent patterns which emerge from these analyses increase their plausibility.

Although in general responding aggressively and directly, such as taking specific action against the husband, seems to be negatively correlated with eventual sobriety, under certain conditions taking such action might be positively related to sobriety. When the type of husband who responded to the questionnaire is seen by his wife to be a sensitive, self-confident person, taking specific action against him when he is drinking is in fact positively related to eventual sobriety. In the HNR group a number of reactions were effective in dealing with a kind, considerate husband, including taking

specific action against him, avoiding him, or taking care of him. On the other hand, when the husband of the type who failed to complete is perceived to be inconsiderate, irresponsible, and selfish, then the best approach seemed to be to avoid taking action against him, to attempt to be with him rather than avoid him (but to refuse to take care of him), and to take action against the alcohol itself.

Thus, it is clear that the wife's feelings about her husband (and perhaps her husband's personality characteristics themselves) interact with her modes of coping for both groups of husband/wife dyads. Again threat seems to be an important variable. Assertive behavior on the wife's part might be more effective with a husband seen to be relatively self-confident and thus, less vulnerable to threatening situations, but very ineffective with a husband who is easily threatened.

An Attempt at Cross-Validation

To this point in the discussion it has been assumed that there are two meaningful types of alcoholic husband/wife dyads. A number of differences in the relationship between the wife's modes of coping and the husband's drinking behavior have been found between the two groups. In the HR group a fearful, passive response was positively correlated, while taking specific action against the alcoholic husband was negatively correlated with eventual sobriety. In the HNR group making financial arrangements or taking action against the alcohol itself was positively related to sobriety in the husband, while taking care of him was negatively related to his attainment of sobriety.

The second way to look at the data is to consider the HR-HNR distinction unimportant and to use one group to cross-validate the findings from the other. When this strategy is adopted, there are few similarities in the data obtained in the HR and HNR groups to add confidence to the conclusions drawn. In no case is the same coping style in the two groups significantly related to outcome. However, there are some clear similarities in the general pattern of the results which are enlightening. In both groups it was those behaviors on the wife's part which were indirect and nonthreatening which were related to eventual sobriety. This conclusion is strengthened when certain aspects of the wife's perceptions of her husband's personality are also taken into consideration. When the husband in either group was rated comparatively highly in such traits as considerateness, responsibility, tenderness, selflessness, and generosity and therefore probably less likely to be threatened by a direct response from his wife, then taking specific action against him was found to be a more effective mode of coping. Thus, using the approach of viewing the two groups as random samples from the same population, it is not possible to conclude with confidence that specific modes of coping are most effective in dealing with an alcoholic husband. However, it is possible to state with considerable confidence that behaviors on the wife's part which threaten the husband are likely to be negatively related to sobriety, while responses which confront his drinking behavior in a manner which also creates a safe environment for him are positively related to sobriety and therefore, perhaps more effective in facilitating his attainment of sobriety. Which behaviors on the wife's part are confrontive and

yet create such an environment are in part dependent upon the husband's personality and in part on the quality of the husband-wife relationship (as reflected by the wife's perceptions of him).

It remains for future research to demonstrate whether the HR-HNR distinction is meaningful. The present study has shown quite clearly that responses on the wife's part which threaten the husband are likely to be ineffective. In addition this study hypothesizes a number of differential relationships in the two groups between specific coping styles and outcome, findings which will require replication.

Summary

In summary, two conclusions can be drawn from this study with some degree of confidence. First, the ways in which wives of alcoholics respond to their husbands' drinking is related to the eventual outcome of the husband's drinking behavior. Second, the crucial variable in both the HR and HNR groups seems to be the safety of the atmosphere which exists between the husband and wife. Any behavior on the wife's part which severely threatens her husband is likely to be counterproductive. If, on the other hand, she is able to communicate her feelings of distress and frustration to him in a way which is safe for him, for example, by reacting in a passive or even fearful manner, the probability will increase that he will achieve sobriety. The husband's personality, or at least his wife's perception of his personality, is an important variable. If he is seen to be insecure, even though he may cover his feelings of inadequacy with an authoritarian and even hostile facade, his

sensitivity to threat is increased. In that case the least threatening modes of coping show the highest correlation with eventual sobriety. However, if he is seen to be relatively well adjusted and secure, not only will he be able to cope with a more direct and forceful response on the part of his wife, but such an approach will possibly be the most effective.

There are few findings in the literature which are comparable to those of the present study. Primarily, this study supports Orford's (Orford and Guthrie, 1968, Orford, et al., 1975) belief that relatively consistent styles of coping among wives of alcoholics could be identified. However, it also shows, contrary to his findings, that there does exist a relationship between the wife's behavior and the husband's drinking outcome. The present study also supports the belief of the proponents of the disturbed personality theory that wives of alcoholics do have an effect on their husband's drinking, but the present data clearly contradict their fundamental conclusion that the wife's neurotic needs cause her husband's drinking. On the other hand, the findings of the present study lend support to the psychosocial theory, which states that a large number of both psychological and sociological variables are important in influencing the wife's behavior and in determining the relationship between the wife's behavior and her husband's drinking.

This study provides a beginning to understanding the complexities of the relationship between the wife's response to her husband's drinking and his eventually achieving sobriety. The most important finding of this study is that such a relationship does indeed exist. More research is needed to cross-validate the findings of this study,

to give us a more complete understanding of this complex relationship, and in particular, to determine whether the behavior on the wife's part can facilitate or hinder her husband's attainment of sobriety.

APPENDIX I
ORFORD'S FIVE FACTOR SOLUTION
OF THE COPING WITH DRINKING QUESTIONNAIRE
WITH FACTOR LOADINGS

	Factor Loadings
Factor 1: Attack	
Have you been legally separated?	.63
Have you consulted a solicitor or advise bureau about getting a legal separation?	.62
Did you try and stop him drinking too much by pretending to be drunk yourself?	.61
Did you lock him out of the house?	.60
When your husband gets drunk do you ever refuse to share a bed with him?	.58
Have you ever left home, even for one day?	.57
Did you refuse to sleep with him?	.57
Did you pretend to everyone that all is well?	.54
Did you every try to hurt him physically?	.53
Did you tell him he must leave?	.50
Factor 2: Withdrawal within marriage	
Did you have rows with him about the drinking itself?	.65
Did you avoid him as much as possible?	.64
When your husband gets drunk did you ever feel too angry yourself to do anything.	.61
Did you have rows with him about problems related to his drinking?	.59
When your husband gets drunk did you ever feel too helpless to do anything?	.58
When your husband gets drunk did you ever keep out of the way?	.57
When he is sobering up did you leave him to it?	.57
When your husband gets drunk did you ever start a row with him about it?	.54
When your husband gets drunk did you ever refuse to talk with him while he was in that frame of mind?	.49
When your husband gets drunk did you ever leave him to it?	.48
Factor 3: Protection	
When he brings drink home with him did you ever seem not to mind but take the first chance to get rid of it?	.65
When your husband gets drunk did you ever make him comfortable, perhaps by giving him something to eat?	.61
When he brings drink home with him, did you ever try and find where it is hidden?	.56
When he brings drink home with him did you ever hide it?	.55
When he is sobering up did you give him a drink to help with the hangover?	.55
When he brings drink home with him did you ever pour it away?	.50
When your husband gets drunk did you ever get him to bed?	.49
Have you asked his employer to step in?	.49

Factor 3, con't

Did you arrange special treats for him?	.48
Did you try and stop him drinking too much by going out to fetch him home?	.45

Factor 4: Acting out

Did you try and stop him drinking too much by getting drunk yourself?	.67
When he brings drink home with him, did you ever drink some of it yourself?	.52
Did you try and make him jealous?	.51
Did you try and stop him drinking too much by trying to keep up with him when he drinks?	.50
Did you try and stop him drinking too much by making him feel small or ridiculous in public?	.46
Did you go out by yourself or with others and pretend to be having a whale of a time?	.46
Have you had contact with Al-anon?	.44
Have you ever tried to show him how you feel by threatening to kill yourself?	.39
Have you threatened to contact anyone to try to stop him?	-.39
When he brings drink home with him did you ever make a firm rule that you do not allow drink in the house?	-.36

Factor 5: Safeguarding family interests

Did you yourself go without to give him the money he asks for?	.66
Did you keep the children out of his way as much as possible?	.64
Did you hide valuables or household things so that he couldn't pawn or sell them?	.64
Did you pay his debts or bills?	.64
Have you consulted a solicitor or advice bureau about getting a legal separation?	.56
Have you had to make other special arrangements about money matters?	.51
Did you tell him the children will lose their respect for him?	.39
When your husband gets drunk did you ever start a row with him about it?	-.36
Did you try and stop him drinking too much by inviting friends or relatives in?	-.35
Did you go out to work or use your own income to keep the family going?	.31

APPENDIX II

COPING WITH DRINKING QUESTIONNAIRE

INSTRUCTIONS: Most people in your position try different ways of helping themselves and their husbands at one time or another. Some of these are listed on the following pages in the form of questions. Please think of times when things have been difficult. Put a check for each question in one of the columns, to indicate the answer that applies to you: "Yes Often", "Yes Sometimes", "Yes Once or Twice", or "No".

Yes Often	Yes Sometimes	Yes Once or Twice	No
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1. Have you tried to stop him from drinking too much by having a fight about it before he goes out?
2. When he is sobering up, have you given him a drink to help with the hangover?
3. Have you shown him that his drinking is making you ill?
4. Have you threatened to leave him?
5. Have you tried to stop him drinking too much by pretending to be drunk yourself?
6. Have you told him the children will lose their respect for him?
7. When he gets drunk, do you keep out of the way?
8. When he gets drunk, do you make him comfortable, perhaps by giving him something to eat?
9. Have you been out to work, or used your own income to keep the family going?
10. Have you threatened to contact someone to try to stop him?
11. Have you been yourself to the doctor about his drinking problem?
12. Do you plead with him to stop drinking?

Yes Yes Yes Once
Often Sometimes or Twice No

13. Do you have fights with him about problems related to his drinking?
14. Have you made special arrangements about money matters?
15. When he gets drunk, do you refuse to talk to him while he is in that frame of mind?
16. When he gets drunk, do you start a fight with him while he is in that frame of mind?
17. Have you locked him out of the house?
18. Have you asked his employer to step in?
19. When he brings drink home with him, have you tried to find where it is hidden?
20. Have you had contact with Al-anon?
21. Have you hidden valuables or household things so that he cannot pawn or sell them?
22. Have you consulted a lawyer or social service agency about getting a legal separation or divorce?
23. Have you left home, even for one day?
24. Have you tried to make him jealous?
25. Have you refused to share the same room with him?
26. Have you tried to stop him drinking too much by inviting friends or relatives in?
27. When he gets drunk, do you feel too angry yourself to do anything?

Yes Often Yes Sometimes Yes Once or Twice No

28. Have you tried to stop him drinking too much by actually getting drunk yourself?
29. When he brings drink home with him, have you drunk some of it yourself?
30. Have you poured some of it away?
31. Have you been legally separated?
32. When he gets drunk, do you leave him alone?
33. Have you hit him, or tried to hurt him physically?
34. Have you felt that you could not face going home?
35. Have you paid his debts or bills?
36. Have you refused to sleep with him?
37. Have you arranged special treats for him?
38. When he brings drink home, do you seem not to mind, but take the first chance to get rid of it?
39. Do you pretend to everyone that all is well?
40. Do you keep the children out of his way?
41. Have you had fights with him about the drinking itself?
42. When he gets drunk do you feel too helpless yourself to do anything?
43. Have you made a firm rule that you do not allow drink in the house?
44. Have you gone out to bring him home?
45. Have you yourself gone without to give him the money he asks for?

Yes Yes Yes Once
Often Sometimes or Twice No

46. Have you tried to stop him from drinking too much by making him feel ridiculous in public?
47. Have you told him he must leave?
48. When he gets drunk do you feel too frightened to do anything?
49. Have you gone out by yourself (or with others) and pretended you were having a great time?
50. Have you tried to stop him from drinking too much by trying to keep up with him when he drinks?
51. When he gets drunk, do you get him to bed?
52. When he is drunk, do you refuse to share the bed with him?
53. Do you avoid him?
54. Have you tried to show him how you feel by threatening to kill yourself?
55. Have you suggested all the good things he could have if he would stop?
56. When he brings drink home with him, do you hide it?

APPENDIX III
INTERPERSONAL CHECK LIST

A. Managerial

1. Able to give orders
2. Forceful
Good leader
Likes responsibility
3. Bossy
Dominating
Manages others
4. Dictatorial

B. Exploitive

1. Self-respecting
2. Independent
Self-confident
Self-reliant and assertive
3. Boastful
Proud and self-satisfied
Somewhat snobbish
4. Egotistical and conceited

C. Competitive

1. Able to take care of self
2. Can be indifferent to others
Businesslike
Likes to compete with others
3. Thinks only of himself
Shrewd and calculating
Selfish
4. Cold and unfeeling

D. Aggressive

1. Can be strict if necessary
2. Firm but just
Hard-boiled when necessary
Stern but fair
3. Impatient with others' mistakes
Self-seeking
Sarcastic
4. Cruel and unkind

E. Blunt

1. Can be frank and honest
2. Critical of others
Irritable
Straightforward and direct
3. Outspoken
Often unfriendly
Frequently angry
4. Hard-hearted

F. Skeptical

1. Can complain if necessary
2. Often gloomy
Resents being bossed
Skeptical
3. Bitter
Complaining
Resentful
4. Rebels against everything

G. Distrustful

1. Able to doubt others
2. Frequently disappointed
Hard to impress
Touchy and easily hurt
3. Jealous
Slow to forgive a wrong
Stubborn
4. Distrusts everybody

H. Modest

1. Able to criticize self
2. Apologetic
Easily embarrassed
Lacks self-confidence
3. Self-punishing
Shy
Timid

4. Always ashamed of self
- I. Self-effacing
1. Can be obedient
 2. Usually gives in
Easily led
Modest
 3. Passive and unaggressive
Meek
Obeys too willingly
 4. Spineless
- J. Docile
1. Grateful
 2. Admires and imitates others
Often helped by others
Very respectful to authority
 3. Dependent
Wants to be led
Hardly ever talks back
 4. Clinging vine
- K. Dependent
1. Appreciative
 2. Very anxious to be approved of
Accepts advice readily
Trusting and eager to please
 3. Lets others make decisions
Easily fooled
Likes to be taken care of
 4. Will believe anyone
- L. Cooperative
1. Cooperative
 2. Eager to get along with others
Always pleasant and agreeable
Wants everyone to like him

3. Too easily influenced by friends
Will confide in anyone
Wants everyone's love
 4. Agrees with everyone
- M. Over-conventional
1. Friendly
 2. Affectionate and understanding
Sociable and neighborly
Warm
 3. Fond of everyone
Likes everybody
Friendly all the time
 4. Loves everyone
- N. Overgenerous
1. Considerate
 2. Encouraging others
Kind and reassuring
Tender and soft-hearted
 3. Forgives anything
Oversympathetic
Too lenient with others
 4. Tries to comfort everyone
- O. Responsible
1. Helpful
 2. Big-hearted and unselfish
Enjoys taking care of others
Gives freely of self
 3. Generous to a fault
Overprotective of others
Too willing to give to others
 4. Spoils people with kindness
- P. Autocratic
1. Well thought of
 2. Makes a good impression
Often admired
Respected by others

3. Always giving advice
Acts important
Tries to be too successful
4. Expects everyone to admire him

APPENDIX IV

SOCIOMETRIC AND DRINKING QUESTIONNAIRE

What is your age? _____

How long have you been married? _____

How far did you go in school? _____

How many children do you have? _____

Was there a drinking problem before you got married? yes ___ no ___

How long has it been since your husband (you) took his
(your) last drink? _____

How many meetings of Alcoholics Anonymous has your husband
(have you) attended in the past year? _____

How many hours has your husband (have you) spent in counseling
during the past year?

Estimate the percentage of time in the last year that your
husband (you) were sober.

0 - 10% _____ 30 - 40% _____ 60 - 70% _____

10 - 20% _____ 40 - 50% _____ 70 - 80% _____

20 - 30% _____ 50 - 60% _____ 80 - 90% _____

90 - 100% _____

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