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LA THÈSE A ÉTÉ  
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SEX ROLE ADJUSTMENT AND  
ALCOHOLISM IN WOMEN



by

Anne Tuohimaa

B.S.W. University of Windsor, 1976

A Thesis  
Submitted to the Faculty of Graduate Studies  
through the School of Social Work  
in Partial Fulfillment of the  
Requirements for the Degree  
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Windsor, Ontario, Canada

1980

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## ABSTRACT

A total of sixty subjects filled out a series of three self administered instruments. The instruments included the Short Michigan Alcoholism Screening Test, the Bem Sex-Role Inventory and a questionnaire including items on demographic variables, feminine physiological functioning, childbirth, alcohol use, family history and interpersonal variables. The sample population was divided into the alcoholic and non-alcoholic comparison groups, based on scores from the SMAST. The data was analyzed through the following techniques, frequency tables, chi-square tests, t-test, and correlational analysis.

When classified by sex-role, the majority of alcoholic women were either feminine or undifferentiated while the majority of non-alcoholic women were classified as androgynous. Feminine and undifferentiated individuals were considered less adaptive in life situations than masculine or androgynous individuals. The former two sex-role groups had the highest rate of alcoholism, more separation and divorce, the highest frequency of menstrual problems, hysterectomies and post partum depression. Also, there was some relationship between feminine and undifferentiated classification and alcoholism in the family of

origin.

The research did not support the contention that marital breakdown was a precipitating factor in alcohol abuse. Alcoholic women appeared to have had a greater degree of disruption in the family of origin than the non alcoholic women. Some support was found for the contention that in the form of parental alcoholism, hostility, and a lack of affection and communication could have resulted in the development of poor sex-role adjustment and alcoholism.



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## CHAPTER I

### PROBLEM IDENTIFICATION

#### Alcohol Use and Abuse in Women

Overall, Canadians are drinking on a per capita basis 30% more alcohol than they did twenty-five years ago. (Archibald, 1973, p. 2). However, the percentage increase of alcohol use for men is up 20% and for women 58%. (Anderson, 1977, p. 434). Women have tripled their intake of alcohol since the 1940's. Although this increase does not in itself indicate alcohol abuse, other findings demonstrate that more women are consuming alcohol at levels indicative of problem drinking. Evidence of this comes from surveys reporting incidences of female alcoholism at anywhere from female/male one in six to one in two, up from a reported one in eleven cited several years ago. (Birchmore, 1976, p. 10). Based on consumption rates, the Task Force on alcoholism treatment in Ontario (1958) estimates the ratio (f/m) of alcoholism among women as being approximately one in three. They calculate that Ontario has between 55,000 to 88,000 female alcoholics from a total alcoholic population of 229,300. (p. 19).

Estimates of the number of alcoholics in Essex,

Kent and Lambton counties are placed at 13,400. Using the Task Force estimates, 25 to 30% of the above total would be female. The Task Force (1978) cautions that estimates on the prevalence of female alcoholism are difficult to make since self reported consumption data generally represent considerable underestimates of actual alcohol intake. Also, there may be sex linked discrepancies related to differing actual levels of consumption. (p. 131).

Reactions to the apparent increase in female alcoholism have been mixed. Some authors have perceived this phenomenon as evidence of women's role confusion in today's society. (Freidan, 1960; Bardwick, 1971). Other authors have viewed this increase as an encouraging sign and an indication that the stigma associated with female alcoholism has been dissipating. As a result, more women are being treated and diagnosed as alcoholic. (Lisansky, 1958; Anderson, 1977). Whatever the reasons, statistical surveys point to a major shift in reported consumption patterns among women.

Historically, women most frequently incorporated alcohol consumption as part of their lifestyle after marriage or birth of the children. As surveys indicate that women are consuming larger quantities of alcohol and at an earlier age, a variety of concerns have been raised. Some of the concerns that have been highlighted are:

- 1) the phenomenon of foetal alcohol syndrome;
- 2) women



problem drinkers are more susceptible than their male counterparts to simultaneously use tranquilizers; 3) women appear to suffer physical complications from alcohol use at a faster rate than men; and 4) alcohol is reported to be a factor in one third of all child abuse cases.

(Anderson, 1977; Corrigan and Anderson, 1978).

In spite of these concerns, only recently has alcoholism among women become a serious focus of attention. In 1966, Kinsey stated that "there is a widespread reluctance to recognize female alcoholism as a serious problem". (p. 4). By 1970 only twenty-eight studies on alcoholism in women had been published. (Fraser, 1973). Only, in the past ten years have researchers seriously concentrated on female alcoholism as containing unique properties and treatment needs.

Still, alcoholic women remain underrepresented in treatment facilities. This phenomenon is evident with respect to alcohol treatment facilities in the tri county area, (Essex, Kent and Lambton). In detox facilities, men outnumber women by fifteen to one. Men outnumber women by over three to one in short term residential facilities and almost five to one in long term residential programs. The lowest ratio is seen in outpatient programs where men outnumber women by almost three to one. Men also represent over 90% of all persons entering specialized

alcohol and drug treatment agencies in the tri county area. In all regions, of Ontario, men represent 83% of all persons entering alcohol and drug treatment. (Task Force 1978) The tri county area has a lower participation level of women in treatment for substance abuse than is average for Ontario.

It is apparent from the two Task Force surveys that alcoholic women are especially underrepresented in detox and long term residential programs. This may be dependent on the fact that detoxification and long term residential programs have not been readily available to women in the tri county area. Therefore, lower levels of the use of treatment services by alcoholic women may be the result of the pattern of available resources.

Also, limitations are apparent in that research is not providing the adequate information necessary to guide treatment resources and enhance preventive measures.

Research into alcoholism in women is categorized as either persistent or conflicting. (Corrigan and Anderson, 1978). Persistent findings do not in themselves signify conclusive proof, but appear frequently in numerous research reports. These findings are most often based on comparisons with male alcoholics. Conflicting research includes those findings which are based on a single study and/or utilize

inadequate research methods and controls. One such contraversial report suggests that alcoholic women are "sicker" than their male counterparts and therefore have a poorer treatment prognosis. (Karpman, 1956). In general, there is a need for more reliable research designs and unbiased, appropriate sampling procedures since faulty conceptual formulations incorporated into treatment techniques can have serious implications for alcoholic women.

Implications for prevention are also evident as a result of the unsubstantiated nature of the information on alcoholic women. Women may still constitute a category of people who can be prevented from developing the increasing rate of alcoholism and the related damage that constitutes a major social and medical problem in this society. Only when a wider range of reliable research findings is available, can methods of prevention be adequately determined.

This study will address itself to the female alcoholic population in the Windsor and Lower Wayne County area adding new data to the available literature with pertinent recommendations for further research and treatment.

#### The Rationale for the Study

The author of this present study has work and internship experience at Connaught Clinic, an outpatient alcoholism treatment facility in the City of Windsor.

A felt need arose, after numerous experiences in working with alcoholic women, to explore factors which could have implications on the treatment process undertaken with these women. It was later decided that such a research project could be executed as partial fulfillment of the Master of Social Work degree at the University of Windsor.

Those agencies volunteering to cooperate with the gathering of data for the study also expressed interest in new information that might enhance their knowledge of the female alcoholic and therefore, their approach to treatment.

Ripple (1960) states that, "the first step in initiating an investigation begins with a felt need and terminates when the focus of the difficulty has been established". (p. 27). The problem identification began when this author, on reviewing the literature discovered that very little substantial information was available on alcoholic women. No conclusive evidence was reported on whether this population had unique difficulties socially, psychologically, or with respect to treatment needs.

Secondly, this author had presupposed from experiences with alcoholic women that unique differences were apparent. The author observed that one of the problems manifested by these alcoholic women related to sex-role adjustment and a concern with her adequacy as a woman. Numerous research reports, although cited as conflicting, were reporting that alcoholic women were having

problems with feminine sex-role identification and adjustment. It was then decided that sex-role problems may be a legitimate area of difficulty for many alcoholic women.

Studies in the past several years are providing evidence that the female alcoholic does not adjust well to those roles characterized as feminine. (Lisansky, 1957; Karpman, 1948; Wood and Duffy, 1964; Kinsey, 1966; Wilsnack, 1974; Parker, 1972). Some research suggests that the female alcoholic feels ambivalent with respect to her femininity, causing her to feel somehow inadequate as a woman. (Wilsnack, 1973, 1974; Beckman, 1975). Wilsnack (1974) hypothesizes from her research that the use of alcohol promotes feelings of femininity, speculating that the alcoholic woman might employ this substance to relieve conflict in this area. One of the major questions arising from this research is whether difficulty with sex-role adjustment is the result of the developmental process or a result of the alcoholism and its consequences. To date, very little research has examined this question and it remains largely unanswered.

As a result of this author's experience and in light of suggestions from previous research, it was decided to examine the nature of sex-role adjustment in a sample of alcoholic women and to explore whether factors, such as developmental experiences, might be associated with their

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sex-role stance and excessive use of alcohol.

Finally, a social-psychological model was accepted as the framework from which to examine alcoholic women and their sex-role adjustment. Here in the assumption lies that the development of the addictive process depends on a psychological state which is precipitated, in part, through sociological variables and attitudes. Encompassed within this framework are family influences. In order to understand factors which play a role in the onset of problem drinking or sex-role orientation, attention must be paid to the family as a provider of an early sense of social disposition and relatedness to others. This study, therefore, seeks to examine interpersonal aspects of the family of orientation, as well as present external and internal factors impinging on the alcoholic woman and whether these factors relate to sex-role adjustment and problem drinking.

In summary, the goals of this thesis are to:

- 1) expand the knowledge base on female alcoholism and contribute to the existing body of knowledge.
- 2) use this knowledge as a basis for recommendations on treatment, ~~and further research.~~
- 3) to increase professional knowledge and awareness on the subject of female alcoholism.

#### Setting of the study

The majority of subjects in this study,

approximately 89%, come from the Windsor area. The remaining subjects are from the lower Wayne County area of Michigan.

Windsor is the most southerly city in Canada, boasting a metropolitan population of 265,000 people. (Greater Windsor Visitors and Convention Bureau, 1975).

Located next to the United States border, the city shares both geographic and economic proximity to Detroit, Michigan. Easy access is maintained between the two cities by a tunnel and bridge spanning the Detroit river. A busy port of entry, the waterway provides accessibility to other areas of Canada and the U.S.A.

Windsor is predominantly an industrial city, manufacturing motor vehicles, parts, metal workings and machinery. Yet, it is also the centre of a large cash crop farming area for foods such as fruits, vegetables and corn. Windsor is also listed as ninth in order of average income of seventy-five cities surveyed in 1975. (Revenue Canada Taxation, 1975).

A variety of educational and cultural settings are also available. Windsor has an established university and large community college. The university alone enrolls approximately 7,000 full time students. Culturally, Windsor maintains its own art gallery and symphony orchestra.

Four hospitals and an industrial clinic are

located in the city to serve the health needs of the population. Also, a variety of social services are available to serve the needs of families, children, the aged, emotionally troubled, retarded and disabled individuals.

Finally, Windsor is comprised of a variety of ethnic groups. There are nine major ethnic groups and in order of predominance they are listed as being; British Isles, French, Italian, Ukranian, Polish, Asian, Hungarian, Scandanavian and Russian. (Census tract Bulletin, 1971).

Wayne County is located directly north of Windsor and includes the City of Detroit. The total population of Wayne County is estimated at 2,700,500 people. (Michigan Statistical Abstract, 1968). Wayne County includes the cities of Allen Park, Dearborn, Taylor and Ecorse. The population density is the highest in Michigan containing 4,392.6 people per square mile. (Michigan Statistical Abstract, 1968). The large majority of people are between the ages of 25 to 54 years.

Wayne County like Windsor, is primarily a manufacturing area. In 1963, the area had 4,546 manufacturing establishments. (Michigan Statistical Abstract, 1968). These establishments primarily manufacture automobiles, parts, metal workings and fabricated steel. Approximately 33.4% of those employed are based in manufacturing. The gross hourly earnings for those employees in 1977 was 8.04 dollars. (The Detroit Area Economic Forum, 1978).



Wayne County also boasts a brisk retail trade. However, 15.3% of families live at or below the poverty level. (Michigan Statistical Abstract, 1968).

Like Windsor, Wayne County is also the centre of a large cash crop farming area and experiences the same climatic and agricultural conditions.

Wayne County has numerous health care facilities, and by 1968 boasted 70 public and private hospitals. (Michigan, Statistical Abstract, 1968). While state facilities have declined in recent years, the private sector has increased in the number of hospital beds it provides. Numerous social services are available to serve the poor, disabled, emotionally troubled, the aged, children, veterans and others.

Wayne County also maintains many educational facilities including Wayne State University, University of Detroit and Henry Ford Community College, among others. The median number of school years in the county is 10.5 years. (Michigan Statistical Abstract, 1968). Within the county are various cultural establishments which include a symphony orchestra, art gallery, museum, science centre and theatres.

Wayne County also contains a mix of ethnic groups. The area has one of the largest Arab communities in North America.

Summary

This chapter described the extent of alcohol abuse in women, as well as some of the limitations apparent in research, prevention and treatment of alcoholic women. Also, the area of study was identified along with the process undertaken to recognize the problem and commence with this research. In addition, the settings of the study, the city of Windsor and Wayne County, were described. For a description of the House of Soph<sup>o</sup>Oosyne and the Heritage Hospital alcoholism treatment program refer to appendix C.

Chapter II of this thesis will review the literature on 1) three theories of alcoholism, 2) general findings on alcoholic women, 3) theories on sex-role development, 4) research findings on sex-role adjustment in the female alcoholic, and 5) unique considerations for the treatment of alcoholic women. The methodology of the study, including the research questions will be presented in Chapter III. The data analysis and findings will be contained in Chapter IV, and Chapter V will present a summary of findings and recommendations.

## CHAPTER II

### REVIEW OF LITERATURE

#### INTRODUCTION

It is the goal of this chapter to selectively review what is generally known about alcoholism in women. The literature review first considers information bearing on various theories and models of alcoholism with respect to types and etiology. The review of these theories provides a format for the consideration of the relevance of sex-role adjustment to the study of alcoholic women. Next, the chapter attempts to draw an overview of alcohol problems in women from a social, psychological and physiological perspective, all the while, pointing out the limitations of the research due to poor sampling and measurement procedures as mentioned in the previous chapter. This overview includes demography, past and present family influences, subtypes of alcoholic women, and finally sex-role theory and related findings applicable to the female alcoholic. The chapter will conclude with special considerations in the treatment of alcoholic women.

#### I Theories on Alcoholism

The theories to be presented here are not an all encompassing review of the literature on this matter. Instead, the writer attempts to present material which seems

most relevant to the present study. Also, while many disciplines have contributed a great deal of information on etiological factors in alcoholism, the necessary predisposing conditions have yet to be delineated. Therefore, each theory or model presented can be assumed to be a simplification of what may involve a set of complex multiple factors. The first model to be presented briefly is that of the disease concept of alcoholism.

#### Disease Concept of Alcoholism

Presently, a heated controversy exists regarding the definition and diagnostic indicators of alcoholism. This debate livened when Jellinek (1952) made the distinction of alcoholism as a specific diagnostic category and laid down the working hypothesis that alcoholism is a disease with progressive symptoms. Most leading authorities, as well as the majority of treatment programs have retained elements of the disease concept. (Armor, Polick and Stambul, 1978). Also, most popular definitions of alcoholism encompass the disease concept. The American Medical Association, American Psychiatric and Psychological Associations, World Health Organization, as well as the National Association of Social Workers have all officially recognized alcoholism as a disease. (Gitlow, 1973)

Jellinek (1960) based his hypothesis on alcoholism on a study of two thousand alcoholics. It was determined that the alcoholic progressed through four stages, each

with differing or deteriorating symptomatology. The four stages were outlined as; the prealcoholic symptomatology phase, prodromal phase, crucial phase and chronic phase. Jellinek recognized that each individual experienced this progression somewhat differently and also, these stages applied to those individuals who abused alcohol steadily rather than those who drank to excess periodically.

In order to control for extraneous factors present in various environments and provide a universal definition, Jellinek (1960) operationalized alcoholism to mean "any use of alcoholic beverages that causes damage to the individual or society, or both. (p.35). However, this definition was a quite vague and complicated diagnosis. In order to counteract the difficulties inherent in this definition, Jellinek outlined a description of what he referred to as five species of alcoholism. These species were not to be considered within a theoretical framework but employed merely to categorize and aid diagnosis. The first species to be outlined by Jellinek is termed Alpha alcoholic. This group is characterized by a predominance of psychological difficulties and dependence on alcohol with no indication of physical dependence, loss of control or withdrawal symptoms. Increased use of alcohol may result in physical damage but usually does not effect the individual's ability to abstain. Alcohol is utilized to relieve physical or emotional pain and most frequently disrupts interpersonal, family and work

relations. In this case, alcohol abuse is a manifestation of mental or physical conditions and not characteristic of a true disease although, increased, steady use of alcohol may eventually develop into physical dependence.

The Beta alcoholic is that type where physical damage such as cirrhosis of the liver, pancreatitis or nerve damage occurs without resulting in physical or psychological dependence on alcohol. Instead, heavy drinking interacts with and causes poor nutritional habits and deficiencies resulting in physical complications. This species does not manifest withdrawal or loss of control symptoms. Therefore, it is not indicative of a true disease as outlined by Jellinek (1960). The contributing factor to the heavy drinking in this species is seen as arising from the cultural milieu which accepts and advocates excessive alcohol use.

The Gamma type alcoholic is described as progressive in nature and evidences a true disease. This species is usually more erratic with respect to drinking behaviour and may or may not demonstrate social deterioration, depending on the individual's social class and strength of family support. However, serious physical, psychological and social damage is more pronounced in this type of alcoholism. Most frequently, the gamma alcoholic progresses from psychological to physical dependence on alcohol. This species acquires increased tissue tolerance

to alcohol, experiences cell metabolism, withdrawal symptoms, craving or physical dependence, and loss of control when using alcohol.

The Delta alcoholic has many of the same characteristics as the gamma type. However, the Delta species develops marked physical dependence and cannot stop drinking. This inability to abstain is the most critical difference between the gamma and delta species. Also, the delta alcoholic appears to maintain a better level of psychological and social adjustment in comparison to the gamma type. However, many of the physical symptoms are similar to the gamma species and therefore categorizes delta alcoholism as a disease.

The Epsilon species are those alcoholics who periodically go on "benders" marked by often lengthy periods of abstinence. Very little is known about the extent of physical, social and psychological damage involved in this type.

With these formulations, the disease concept gradually grew into prominence and acceptance during the past three decades. Some positive effects have been noted to result directly from this development. Benefits recognized from this advent were related to decreased stigma and the increase in medical, social and psychological treatment provided to the alcoholic population. However, despite these gains, investigators are now

questioning this concept and its validity. (Armor, Polick and Stambul, 1978, Cahalan, 1970, Cahn, 1970).

Jellinek proposed the disease concept as a working hypothesis and although evidence to substantiate this scientifically has been sparse, this concept has been accepted as established fact by many. (Pomerleau, Pertscuk and Stinnet, 1976) It has been assumed that alcoholism comprises a singular entity and has been viewed analgous to other physical complications such as diabetes. Even Jellinek (1960) warned that to view alcoholism strictly as a medical problem would impair any serious preventive attempts and ignore important social and psychological factors involved. (p. 11).

The critics of the disease concept view the adverse effects of the disease label as being primarily centred in treatment, prevention and research. Cahalan (1970) states that:

the net effect of efforts to establish alcoholism as a disease has led to a popularization of the concept of alcoholism as constituting an-either-or, all-or-nothing disease entity - with adverse effects on research and treatment. (p. 7).

Related to this issue is the view that alcoholism is an incurable condition and the individual is therefore always vulnerable to alcohol abuse. Some research is now indicating that at least some individuals diagnosed as alcoholic are able to return to controlled drinking. (Armor, Polick



and Stambul, 1978). Not only have these findings stirred controversy but a loud outcry of opposition as was the case with the Rand report (1976) which defined categories of remission. The field of alcoholism research and treatment has been criticized as lending itself to a narrowly held view and direction as a result of the trends influenced by the disease concept. Pomerleau et al. (1976) claim that:

major improvements of current practice will be delayed or prevented entirely if therapeutic diversity in response to observed clinical differences is not tolerated or encouraged. (p. 863).

In addition, the process of alcoholism needs to be understood more than the single events or rigid group categorizations if successful intervention is to occur. Increasing evidence maintains that there are different types of alcoholics, and care should be taken when describing the process of problem drinking behaviour. Jellinek demonstrates awareness of the reliability problem by recognizing that more than one type of alcoholism exists. Under Jellinek's model, alcoholics fall into either addictive or nonaddictive groups, often presenting different clusters of symptomatology. However, these critical differences are often ignored in treatment. (Albrecht, 1973). It is apparent from examining the disease concept that classifying alcoholics into one homogeneous group can have negative consequences in the treatment process. Further

research and a broadened perspective is required to discern critical components and their interaction with one another as explanation for the causation of problem drinking.

In perceiving the limitations of the disease concept in explaining alcoholism, some investigators now believe that a wide range of variables can be accounted for as factors in the development of alcoholism. (Armor, Polick and Stambul, 1978). Another attempt to explain and add to the understanding of problem drinking is presented through formulations related to social learning theory.

#### Social Learning theory

Social learning theory assumes that problem drinking is a product of social experience rather than organic or inherent factors. Most of the original work completed on alcoholism as a learned behaviour comes from Ullman, (1958), Shoben, (1956), Kingham, (1958), and Conger. (1956).

Alcohol abuse is viewed as a socially acquired behaviour pattern maintained by the resulting effects or reinforcement. The basic assumption of reinforcement is that in order to learn when an association between a stimulus and response exists, a reinforcing or rewarding effect is required. (Conger, 1956). Also, four basic requirements must be met by the individual:

- (1) he must want something;
  - (2) he must notice something;
  - (3) he must do something;
  - and (4) he must get something.
- There must also be (a) either a primary drive (ie., hunger,

sex, thirst) or learned drive (fear); (b) a cue which serves as a distinctive stimulus from the environment; (c) a response, either behavioural or psychological; and (d) a reward (reinforcement) which acts as a positive reinforcer causing the act to be reproduced or a punishment which acts as a negative reinforcer leading to avoidance behaviour. (Biegel and Ghertner, 1977, p. 226).

Kepner (1964) identifies two possible rewards the alcoholic may achieve through drinking. First, a positive reinforcement is maintained by the depressent effect of alcohol on the central nervous system. Also, alcohol may provide relief from unpleasant stress or tension. (p. 280). The drinking behaviour is reinforced each time the individual employs it to achieve this pleasurable or anesthetic effect.

Kingham (1958) suggests that the alcoholic is a person who has developed an unconscious desire to escape reality and therefore, tries to avoid any discomfort or mood fluctuation. (p. 321). Unpleasant stimuli such as fear, anger and loneliness are considered as states which the alcoholic wishes to suppress. Alcohol alleviates these unpleasant emotional states and temporarily maintains homeostasis. Therefore, the effects of alcohol use becomes a strong reinforcement due to its immediate versus delayed effect. This immediate reduction in anxiety may be what compensates for the negative consequences often experienced later, such as the long term physiological

effects, guilt feelings, and the attitudes of others. (Conger, 1956).

Numerous studies, most involving experiments with animals, have consistently indicated that excessive alcohol use is maintained through positive reinforcement from the depressant properties of alcohol during stressful situations. (Senter and Sinclair, 1968, Casey, 1960, Gowdy and Kluase, 1969). When physical dependence on alcohol develops, the individual maintains excessive alcohol consumption to prevent the unpleasant effects of withdrawal. This behaviour is also maintained to escape from the consequences the problem drinking creates in the individual's environment.

Bandura (1969) goes further, by claiming that other social learning variables are involved since most people who experience stressful situations do not become alcoholic.

He suggests that social learning of drinking behaviour at the prealcoholic level is really the key to understanding the development of alcoholism. (p. 533).  
Alcoholics acquire, through the socialization process, the attitude that alcohol works effectively against unpleasant stimuli. Alcoholism, frequently develops in a setting where socially positive interactions take place and where alcohol use is instrumental. Therefore, alcohol use becomes quickly associated with positive social transactions. This theory is supported by studies using the principle of

operant conditioning. (Levy, 1958). This principle demonstrates that behaviour which is immediately rewarded is more likely to be repeated than that behaviour which is not.

Alcohol, to some, provides immediate gratification when combined with a situation that creates the need. In time, the individual discovers that alcohol can serve numerous purposes such as enhancing pleasure, reducing pain, increasing self-confidence and sociability, as well as improving or changing other social situations and emotional states.

Generally, learning theory concentrates on the conditions under which alcohol use is reinforcing rather than the etiology of its development. According to this theory, when presented with certain conditions, any individual would then become alcoholic. Drinking behaviour is learned and influenced by social and cultural attitudes regarding alcohol use, combined with the need to cope with stressful stimuli. Little emphasis is placed on personality or physiological factors or the influence these variables may have on the effect and consumption rate of alcohol.

As Roebuck (1974) states:

Severely maladjusted people who absorb alcohol into the bloodstream rapidly are probably more likely to find alcohol reinforcing and, therefore, learn "alcoholism" as a response than are others without these characteristics. (p. 93).

Conversely, some individuals, because of their physiological makeup, may not be able to be reinforced by alcohol under any

conditions.

Although learning theory has explained how excessive alcohol use becomes repetitive, it has not been very explicit about under what specific set of conditions alcohol use becomes rewarding. References have been made to cultural norms, stress, and avoidance, but links are often vague. However, it is thus far one of the few theories relevant to alcoholism to be scientifically tested at length. (Roebuck, 1974)

Another attempt to explain the development of alcoholism concerns the role of personality factors in the etiology of this disorder. It is generally agreed that personality factors do play a role in alcoholism along with sociocultural and physiological components. Since numerous studies have been done on this subject, this writer chooses to look at two major theories proposed as significant in the development of alcoholism. They are the power and dependency theories of the alcoholic personality.

#### Power and Dependency Theory

The power theory states that individuals who have a heightened need for personal power drink excessively. (McLelland, Davis, Kalin and Warner, 1972). The dependency theory, on the other hand, claims that alcoholics have an accentuated need for dependency, yet are conflicted by this desire. (McCord, and Gudeman, 1960). Both theories claim that these personality factors are evident at the prealcoholic

stage. An inability to satisfy these needs is the key predisposing factor in the development of alcoholism. The power and dependency theories both explain the origins of such personality traits and why this leads to excessive alcohol use. However, the majority of studies and their related hypotheses refer almost totally to men. Therefore, it is cautioned that the following premises may not be directly applicable to alcoholism in women.

McClelland et al. (1972) postulate that power concerns are evident at the prealcoholic level, indicated by aggressive and antisocial behaviour, as well as intense masculine strivings. (p. 66). However, these individuals are conflicted by feelings of sexual inadequacy and weakness. Alcohol use enhances feelings of power and provides immediate relief from conflicted emotional states. This theory presumes that such men are not able to satisfy personalized power needs through constructive activity, but instead attempt to do so through excessive fantasy and alcohol use. Researchers are discovering that the level of aggression increases with alcohol use. (Takala, 1957, Tamerin, 1970). Williams (1968) reports that with increased alcohol consumption, individuals became more aggressive, autonomous, and less nurturant. This suggests that alcohol use does enhance feelings related to personalized power. However, this relationship between alcohol use and feelings of power are not evident in alcoholic women, (Wilsnack,

1974), and may need to be explored further along with concepts from dependency theory for their relevance in explaining alcohol abuse among women.

The dependency theory suggests that masculine strivings are an attempt to compensate for strong dependency needs. (McCord et al. 1960). Drinking temporarily overcomes these feelings by providing a sense of security and maintaining feelings of independence and power. The goal of alcohol use is not to satisfy power but dependency needs. Yet empirically, there appears to be little direct evidence for the dependency theory. (Williams, 1976, p. 255). Most studies only infer an association between alcohol use and dependency needs. An example is Jone's (1968), who reports that alcoholics are unable to function well in dependency relationships, value masculinity, and are rebellious toward authority. These observed behaviours are hypothesized to represent dependency conflicts. However, numerous studies have found no corresponding evidence to promote this theory. (MacAndrew, 1976, Williams et al., 1971, McClelland, 1972). Yet these same investigators discovered factors in support of the power theory. Dependence factors also may not explain alcoholism in women, since women have alternatives other than alcohol use by which to fulfill dependency needs. (Beckman, 1976, p. 67).

The power and dependency theories do agree on some interpretations made regarding the alcoholic personality. Findings indicate that the alcoholic male has a



strong attachment to the mother, indicative of cross-sex identification. (MacAndrew, 1965). This leads to the hypothesis that male alcoholics have developed an inadequate masculine identity. No real evidence is yet available to discern whether cross-sex identification is at the root of either dependency or power concerns in the alcoholic. (Williams, 1976). In the past several years, theorists have hypothesized that cross-sex identification may also be a factor in alcoholism in women. (Wilsnack, 1974, Wood and Duffy, 1964). Therefore, the issue of sex-role may well be a legitimate focus of concern for male and female alcoholics.

The power and dependency theories have touched on the idea that the alcoholic suffers from conflict over feelings of weakness, sexual inadequacy, dependence and an inhibition against directing those difficulties into constructive problem-solving action. Seemingly related to these hypothesis are Adler's theories on addiction and personality.

Adler notes that:

Man is a conscious being; he is ordinarily aware of the reasons for his behaviour. He is conscious of his inferiorities and conscious of the goals for which he strives. More than that he is a self-conscious individual who is capable of planning and guiding his actions with full awareness of their meaning for his own self realization. (Hall, 1970, p. 120)

In relating this statement to alcoholism, the most notable

concept is that man is aware of his inferiorities. Adler suggests that the alcoholic does not know how to cope with daily problems in living and utilizes alcohol to acquire feelings of self-esteem, power, and to overcome feelings of inferiority. (Larkin, 1974, p. 2). Therefore, the alcoholic wishes to maintain feelings consistent with what he is striving for. This is especially true when the alcoholic is threatened by feelings of inferiority in social or interpersonal situations. As Adler notes:

Therefore, if confronted strongly by a situation which he feels to be in the nature of examination, a test of his social value, a judgement upon his social usefulness, a person of this type acts in an unsocial way. (p. 69).

Through alcohol use "the oppressive feeling of inferiority is temporarily removed". (Ansbacher and Ansbacher, Ed. 1956, p. 423). Alcohol becomes a problem solving method, enhancing feelings of power and self-esteem.

Adler's theory on addiction appears homogeneous to the power theory discussed earlier. The individual is conflicted by feelings of weakness (inferiority) and strives consequently, for feelings of personalized power and self-esteem.

Personality theories generally lack evidence to support the idea that particular personality factors are associated with alcoholism. (Roebuck, 1974, p. 96). One difficulty is that personality variables commonly evidenced

in the alcoholic population are also found among other groups of people, such as psychiatric patients. (Button, 1956). However, Parthington and Johnson (1969), argue that evidence of several alcoholic personality types do exist. Through a study conducted in London, Ontario, the researchers report that five types of alcoholics, separated by different personality factors, exist. Parthington and Johnson (1969) strongly recommend that treatment be conducted with strict attention to personality factors. (p. 32).

Other arguments suggest that alcoholics are not a homogeneous group and do not differ significantly from others who suffer emotional illness. Their conclusion is that alcoholism is not a primary disorder. (Rosen, 1960). Yet Roebuck (1974) points out that:

the evidence that no unique, specific personality traits predispose an individual to alcoholism does not preclude further research of the relationship between personality variables and alcoholism. At minimum, it has been established that alcoholics as a group suffer more frequently from personality aberrations of one kind or another than do (non deviant nonalcoholics. (p. 96).

Due to the recognition that no one theory fully explains the development of alcoholism, a multi-faceted approach, considering both social and personality factors, is being taken. This direction has been enhanced by Bandura's (1969) social learning theory, work by personality theorists, and the idea that alcoholism may be a symptom of a number

of quite separate conditions. This present study has been developed within this framework, from a belief that social and psychological variables interact to reinforce alcohol abuse. This does not presume that physiological determinants may not be an important influencing factor in alcohol abuse. However, it is not considered an appropriate variable for this type of study.

Three different models have been presented as possible explanations for alcoholism. Only the latter theory presented specifically touched on some possible determinents for alcohol abuse in women. The proponents of the disease model and learning theory assume that the process involved in alcoholism is similar for both men and women. Evidence from the literature now suggests that differences between male and female alcoholics are significant. This thesis now examines selectively, some of the findings which attempt to outline significant characteristics.

## II General Findings on Alcoholism in Women

Upon examining the literature, two important questions became evident. The first asks whether the knowledge gathered on the male alcoholic can be generalized to his female counterpart. Also, is this disorder among women reasonably different with respect to etiology, symptoms and therapeutic needs, that these differences require primary emphasis during treatment. It is now apparent that

these two questions are only now beginning to be seriously studied. No specific answers are available and therefore differentiated treatment methods are not widely used. However, some important findings on alcoholic women are outlined in the literature. Again it must be noted that many of the findings are not based on satisfactory research procedures. A summary of this information is outlined next, under five major headings: (1) demographic characteristics; (2) family of orientation; (3) current family interaction; (4) subtypes of alcoholic women; and (5) physiological stress factors.

#### Demographic Characteristics

One of the most consistent findings reports: that alcoholic women drink at home and alone more often than men. (Wood and Duffy, 1964, Lisansky, 1957). This may be due to the fact that women are more frequently at home or that they are avoiding the stigma that prevails against intoxication in women. This solitary pattern of drinking has led to references about the alcoholic woman as a "secret" or "hidden" drinker. (Lindbeck, 1972). However, younger women and women of low socio economic status tend to drink in public places more frequently. (Kinsey, 1966, Curran, 1937). Alcoholic women, in general, tend to report lower rates of social problems, coming into less contact with the police and courts than male alcoholics. (Wood and Duffy, 1964). These women tend to be protected from social consequences by spouses, other family members, friends and the

legal system. Samples of alcoholic women from the lower classes differ here also, evidencing higher rates of social problems than their upper and middle class counterparts. (Curran, 1937).

Another consistent finding indicates that women begin to drink later in life but that alcoholism develops more rapidly. Evidently, alcoholic women tend to appear for treatment at about the same age as men but report shorter durations of alcohol abuse. (Lisansky, 1957). However, consumption rates for women are changing and women are beginning to drink at an earlier age. (Cahalan, 1968). Therefore, the average age at treatment may gradually change.

With respect to marital status, alcoholic women tend to differ along socio economic lines. Most lower class samples report a higher frequency of individuals who are single, separated or divorced. (Mayerson, 1961). Only 20 to 30 percent of those samples presently live with a spouse. More than half of the upper socio economic women were living with their marital partner. (Rommer, Pitts and Reich, 1971). The lower socio economic samples also report lower levels of education with a mean grade average of eight to nine years. The middle and upper class samples report an average of fourteen years of schooling. (Parker, 1972).

Socio economic status appears to be a significant factor in determining demographic characteristics. It is

possible that many other traits are influenced by social class experiences.

#### Family of Orientation

The family is perceived as the primary socializing agent for the child. When serious difficulties arise in the family such as death, separation, illness or abuse, additional stress burdens the formative years and increases the likelihood of serious adjustment problems in adult life. (Sears, 1957). Attempts have been made to study the early childhood experiences of alcoholics to determine whether family disruption is a factor in alcohol abuse. The majority of these studies have been done using alcoholic males. (Pittman and Gordon, 1958, McCord et al., 1960, Moore and Ramseur, 1960). Most findings demonstrate that alcoholics experience a childhood characterized by a lack of appropriate role models due to deprivation, parental absence, anti-social behaviour such as parental alcoholism, and ambivalent attitudes toward drinking behaviour, (Roebuck and Kessler, 1972).

Similar experiences due to deprivation are reported by alcoholic women. Rosenbaum, (1958) reports that forty percent of the research sample experienced absence of a parent during childhood. In a study of lower class female alcoholics, seventy-two report father absence due to death, separation, desertion, mental illness or alcoholism. (Kinsey, 1966). Alcoholic women also tend to report unhappy

childhood experiences more often than their male counterparts. (Sclare, 1970).

Families of alcoholic women are more effected by psychiatric illness in one or more members. (Schuckit, 1971). Also, the incidence of alcoholism appears to be higher in families of problem drinking women. (Jones, 1972). Fifty-one percent of the female alcoholics in one study cite the father as being alcoholic. (Wood and Duffy, 1964). Beckman (1976) suggests that such data regarding paternal alcoholism points to the relevance of cross-sex modeling as an etiological factor in the development of alcoholism in women. (p. 72).

Alcoholic women in a number of studies, report dominant, cold and distant mothers along with warm and affectionate fathers. (Kinsey, 1966, Wood and Duffy, 1964). Kinsey (1966) cites from one study that alcoholic women tend to have parents who make unrealistic demands. However, more subjects report some degree of comfort with the father but unable to please the mother. These parental responses may also reinforce cross-sex modeling, a premise to be discussed in detail later in this chapter.

The alcoholic women in adolescence reportedly manifests problematic personality traits. (Jones, 1971). In this stage of development, the female alcoholic is described as being:

...full of adolescent self doubts.



She fears and rejects life, is distrustful of people, follows a religion which accentuates judgement and punishment. She escapes into ultra-femininity. This protective coloration will keep her going through the mating season but very likely she will recognize the emptiness and impotence in later years. (p. 68).

Wood and Duffy (1964) support this last statement, adding that the female alcoholic during adolescence has difficulty accepting dependency relationships, complicated by a strong need for love. In adult life, these factors help break down effective adjustment.

The general view from the literature is that alcoholic women experience more deprivation and family disruption as children than do alcoholic men. This result may indicate that women endure greater degrees of precipitating stress in order to resort to alcoholism.

#### Current Family Interaction

Some authors consider unsatisfactory marriages to be the main precipitating stress in female alcoholism. Those researchers report a high percentage of alcoholic husbands and high rates of divorce and separation. (Rosenbaum, 1958, Wall, 1937, Berner and Solms, 1954). Johnson (1966) refutes the idea of a precipitating crisis situation, claiming that frustrated needs, loneliness and difficulty in close interpersonal relationships over a lengthy period of time are the causes of stress involved in female alcoholism. Somehow, alcoholic women are not able to meet their

needs in adult life.

The frequency of drinking problems among the spouses of alcoholic women is considerably higher than in the general population. (Rosenbaum, 1952). Rosenbaum (1952) reports that half of the alcoholic women in one study report alcoholic husbands. Lisansky (1957) concludes that alcoholic women are four times as likely to have an alcoholic spouse than alcoholic men. Wood and Duffy (1964) report from a Philadelphia sample that alcoholic women tend to marry men who control them, either aggressively or by passive tactics. There is little communication and sexual adjustment tends to be poor. The researchers go on to suggest that:

the woman marries a man who offers security and control without emotional communication. Such a husband seems a replacement for the mother rather than the father. Those patients who had domineering fathers seemed less likely to marry domineering men. (Wood and Duffy, 1964, p. 343).

Otherwise, very little else is found in the literature which examines the spouses of alcoholic women and their interaction within the marital dyad. Also, no substantial information is available on how the female alcoholic interacts with the children. Wilsnack (1973) does suggest that alcoholic women are more absorbed with the maternal role and report greater than average maternal attitudes and behaviour. These maternal reactions may be manifested in

response to feelings of failure as a wife and sexual partner. Maternal desires are also reflected in the fact that alcoholic women on the average wanted 4.15 children compared to 2.94 children for the control women. (Wilsnack, 1973, p. 257).

Another factor mentioned previously was the premise that the alcoholic woman as an adolescent reflects an incapacity to accept dependency relationships combined with an intense need for love and reassurance. (Jones, 1971). This inevitably creates problems in a marital relationship when these intense needs are not fulfilled and the marriage becomes a disappointing experience.

#### Subtypes of Alcoholic Women

Two distinct subtypes have been identified in the alcoholic population. Alcoholics who do not report a pre-existing psychiatric disorder are classified as primary alcoholics. About fifty percent of the alcoholic population fall in this category. (Schuckit, 1972). Symptoms such as depression and anxiety, in the primary alcoholic, are the result of the physiological effects of alcohol and reactions to the social consequences of problem drinking. Secondary alcoholism is diagnosed when other psychiatric disorders are reported, antedating alcohol abuse.

The most common symptom reported by women suffering from secondary alcoholism, is depression. (Schuckit et al.

1969). These alcoholic women frequently experience severe depressive episodes which are not relieved by abstinence from alcohol. About twenty-five to thirty percent of alcoholic women are considered to suffer from this disorder. (Schuckit et al., 1969). Winokur (1967) reports that thirty percent of alcoholic women have mothers and sisters manifesting this depressive pattern, suggesting that alcoholism and depressive or affective disorder tend to be seen together. In affective disorder, alcoholism is a symptom of the underlying depressive illness. Alcoholic women also report higher incidences of guilt, anxiety and an increasing rate of suicide as opposed to alcoholic men. (Gurlee, 1970, Beckman, 1975). Although, the alcoholic woman manifesting affective disorders, looks worse during admission to treatment, the overall prognosis is better when compared to the primary subtype. (Schuckit and Winokur, 1972).

Another type of secondary alcoholism which pre-dates the onset of problem drinking, is sociopathy. These alcoholics have a history of antisocial behaviour dating back to early adolescence. Serious problems with police, family and the school are reported. (Schuckit, 1973). In treatment, these alcoholics are considered to have a poor prognosis. Approximately eight percent of female alcoholics and twenty-five percent of alcoholic men fall into this subtype. (Schuckit, 1973).

A significant difference is evident between male and female alcoholics considered as secondary subtypes. While the female alcoholics report a high rate of depressive illness, their male counterparts evidence a similar rate of sociopathy. This contrast may account for some of the differences between the male and female alcoholic populations. In fact Winokur (1971) found that relative differences between male and female alcoholics were reduced when primary alcoholics were studied alone. It is apparent that the acceptance of various subtypes presents different implications for treatment.

Physiological Stress in the Development of Alcoholism in Women

Research reports from as early as 1937, postulate that there may be a relationship between alcoholism in women and premenstrual tension, high rates of miscarriages, infertility, hysterectomies and menopausal depression. (Wall, 1937, Lolli, 1953, Jones and Jones, 1976, Belfer and Shader, 1976). These researchers claim that these physiologically based difficulties are precipitants to alcohol abuse. Others see these occurrences as a result of the alcoholic woman's lack of acceptance of feminine physiological functions. (Lisansky, 1957). Belfer et al. (1971) state that:

subtle acceptance or nonacceptance of feminine role behaviour, heightened by the perception of premenstrual

physiologic changes, may serve as a significant stress. This interaction may be looked for in our observed correspondence between the menstrual cycle and alcohol intake. (p. 543).

Alcoholic women report that drinking increases or begins just prior to menstruation. (Jones and Jones, 1976). However, it has not been clarified whether this phenomenon is a physiological or psycho physiological response. Also noted, is that many nonalcoholic women suffer from premenstrual tension but do not resort to excessive alcohol use. Therefore, it has become more widely accepted that premenstrual tension is only an added stress for women who have conflict over feminine identity. (Lisansky, 1957).

A higher than average incidence of gynecological and obstetrical problems are reported by alcoholic women. (Kinsey, 1966, Wilsnack, 1972). However, to refute an etiological basis, Kinsey (1966) reports that heavy drinking is usually established before such problems occur. Curlee (1970) suggests that gynecological-obstetrical problems may have precipitated heavier drinking, although subjects had used alcohol previously. Also, it is possible that certain personality characteristics predispose a woman to gynecological-obstetrical problems. Sex-role attitudes may also be an important determining factor in the development of these difficulties, as is reported to be the case with premenstrual tension and alcoholism. However, it

appears that the relationship between gynecological-obstetrical and personality factors has yet to be studied.

More widely accepted is the report that a strong relationship exists between menopausal depression and alcoholism in women. (Curlee, 1969). However, this depression may be related more to the "empty-nest" syndrome as opposed to physiological functioning. Menopause may only add to the stress involved in losing a long existing role in the family.

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### III Theories on Sex-Role Development

Throughout this chapter some references to sex-role have been made in relation to the topics examined. On reviewing the literature, it becomes apparent that sex-role and its relationship to alcoholism in women is complex and not clearly defined. In order to provide a format from which to examine sex-role adjustment in alcoholic women, a brief discussion of some theoretical explanations and empirical studies on this concept follows.

Limited progress has been made to explain the development of sexual identity. However, this chapter begins with a discussion of sexual development from the point of view of ego psychology. Also, Adler's concept of 'masculine protest' is briefly reviewed since it appears to have relevance for some of the findings on sex-role adjustment in alcoholic women. Finally, the social learning view of sex-differences advanced by Mischel (1966),

is examined. Social learning theory more closely implicates social-cultural factors as critical in the development of sexual identity.

### Theory from Ego Psychology

Ego psychology maintains that the phallic stage is the most crucial in the development of sexual identity. Between the ages of three to five years the anatomical location shifts to the sexual organs. Manipulation and stroking of the genitalia become pleasurable and sexual longing and fantasy more intense. Conflict centres around the child's need for gratification and the parents' reactions to this behaviour. In an analysis of Freudian theory regarding this stage, Maddi (1972) states:

.... the sexual instincts involve thoughts and actions concerning the body as a frankly sexual thing and interaction between people as heterosexual in nature. If the child's unabashed craving for stimulation.... is severely frustrated or .... overindulged.... the child will experience intense conflict.  
(p. 275)

This stage is most widely accepted as being the time for Oedipal conflict. (Maddi, 1972) Some theorists such as Melanie Klein (1952) have disagreed with Freud on this matter but see the Oedipal conflict beginning in the oral stage as a result of the object relations situation and the fear of loss and separation (Gontrip, 1961, p. 220) However, this paper will deal with the oedipal conflict as arising from sexual maturation and seeking out the opposite



sexed parent as an object for his/her longings. The child in this situation vies for the attention of the opposite sexed parent and places the same sexed parent in a rival position. This situation appears to be the same for both sexes although Freud has separated phallic development in males and females due to structural differences in reproductive organs. (Hall, 1954) However, some important differences are worth noting. Both males and females have as their first love object - the mother. Yet, with the male it is more likely that an earlier identification with the father takes place. The female eventually comes to see the mother as a disappointing love object. Hall (1954) writes:

She feels the mother is not giving her enough love in that she has to share the mother's love with brothers and sisters. As the cathexis for the mother weakens, the girl begins to prefer the father. (p. 111)

Also the female must return to identify with the mother to complete a feminine self concept. Freud (Hall, 1954) also states that it takes the female a longer time to resolve the Oedipal situation. With some gratification ideally received, the child eventually gives up this interest, identifies with the same sexed parent and "longs to be an adult". (Maddi, 1972, p. 275).

### Adler's Theory

Adler (1910) postulates that a state of inferiority develops equally for males and females, manifesting itself through the compensatory acts of 'masculine protest' if and when the individual is unable to achieve personal success. In the beginning a child tends toward passivity but wishes independence. Both 'masculine' and 'feminine' character traits are evident although the child makes efforts toward self-consistency. However, 'masculine' and 'feminine' traits coexist together. In neurotic development, the male is seen to suffer from suppression of feminine traits and the female neurotic from suppression of masculine traits. This development leads to an inhibition of aggression, and an increase in anxiety. In neurotic males, the feminine tendencies which are negatively valued, are hidden by intense masculine strivings. In the female, inhibition of masculine traits leads to intense feminine strivings or hyperfemininity. The 'masculine protest' in women can result in symptoms such as dysmenorrhea, frigidity, few children, and nervous disorders often related to menses, pregnancy, childbirth and menopause. A positive effect can occur when this female utilizes the 'masculine protest' by expending energy into constructive pursuits.

These brief theoretical concepts formulated by Adler appear to have some relevance for the empirical findings on sex-role adjustment in alcoholic women as well as on the physiological stress factors discussed previously.

### Social Learning Theory

Mischel (1966) defines sex-typed behaviour as, "behaviours that typically elicit different rewards for one sex than for the other". (p. 56). The development of sexual identity is based on a patterning of rewards and principles of conditioning, influenced by socio-cultural factors and attitudes. In the formative years, a child learns to discriminate between sex-typed behaviour and to generalize these specific learning experiences to new situations. Gradually, the child learns to perform sex-typed behaviour. Appropriate sex-typing involves:

inferences about the extent to which the individual performs behaviours that are considered to be typical of his own sex and the degree to which these behaviours have acquired value for him. (Mischel, 1966, p. 57).

Through observation, the child learns to imitate the attitudes and responses exhibited by significant models in her environment. A nurturant relationship between the child and her model tends to facilitate this process.

(Wright and Tuska, 1966). Also the degree to which a model has access to resources influences the frequency of imitation. (Mischel, 1966). Cross-sex imitation occurs when the opposite sexed model manifests these traits over the same sexed model. As Mischel (1966) qualifies:

When females have markedly less access to powerful rewards than males, they emulate male behaviour to the degree that such cross-sex behaviour is tolerated. (p. 58).

Through observational learning, males and females acquire the behaviours of both sexes, although they often differ in the degree they manifest and value these behaviours. This process is influenced by the type of reinforcement given in response to sex-typed behaviour, as well as by the consequences of the particular models behaviour.

McCord et al. (1962) suggest that masculinity-femininity is related to the use the individual makes of parental models. Disturbances in relation to these models produce difficulties in the development of adequate sexual identity. These researchers report that 'feminine' women experience mothers who are sympathetic and influential, whereas, 'masculine' women experience a frustrating, anti-pathetic relationship with the mother. The 'masculine' woman is more influenced by the father over all. (McCord et al., 1962). 'Feminine' women experience a more nurturant and rewarding relationship with the mother and are therefore encouraged to emulate feminine sex-typed behaviour

(Lynn, 1962; Mussen, 1961).

Societal attitudes also influence the development of sex-typed behaviour. It is apparent, for example, that society does not sufficiently reward feminine sex-typed behaviour. As Lynn, (1959) points out:

the girl upon leaving infancy does not receive adequate reinforcement for adopting the feminine role, and definite punishment for accepting the masculine one. (p. 128).

The negative reinforcement accorded women for feminine behaviour may lead to a weakening of her feminine identification.

Researchers are finding, however, that a high level of sex-appropriate behaviour is not associated with good adjustment. Gray (1957) reports that high anxiety is evident in both sexes manifesting high degrees of sex appropriate behaviour. Sears (1970) in a study of children, reports that femininity is consistently related to a negative self evaluation in both sexes. Femininity is also associated with self aggression, fearfulness and insecurity. There appears to be an association between this low self-evaluation and lack of parental warmth and acceptance. (Sears, 1970). These studies refute the assumption that a high level of appropriate or feminine sex-typed behaviour in women is an indication of good adjustment.

Generally, it is apparent from social learning theory that the development of sex-typed behaviour is more

determined by social learning history as opposed to gender role.

Having examined some of the hypotheses set forth by various theoretical viewpoints, this thesis now looks at the findings and implications of sex-role adjustment in alcoholic women.

### Sex-Role Adjustment and Alcoholism in Women

Various studies now suggest that alcohol abuse by women may be linked to sex-role or sex-role adjustment. (Parker, 1972, Wilsnack, 1973, Lisansky, 1957). This section of the literature review describes some of the clinical research relating sex-role adjustment to alcohol abuse in women. Sex-role is defined as those behaviours typical of one's sex. Sex-role identity refers to the individual's image of herself as female. (Wilsnack, 1976, p. 58). It is apparent that any examination of sex-role is problematic due to the lack of normative standards for measuring sex-role and the lack of clearly defined concepts available in the literature.

Interest in the sex-role identity of alcoholic women developed from increasing evidence that alcoholic women experienced more divorce, marital disruption and problems in sexual functioning than the general population. (Levine, 1955). Alcoholic women also cited experiences with cold, dominating mother and a passive or absent father. (Wood and Duffy, 1964). This latter report suggested that

alcoholic women, due to lack of adequate role models, developed inadequate sex-role identities. Since 1970, a concentrated effort has been made to study and validate this phenomenon.

Earlier research reports on alcoholic women, suggest that drinking is utilized to gratify masculine strivings. (Curlee, 1967). The rationale is that since drinking is a masculine activity, the female alcoholic wishes to assume a masculine role. This premise has been questioned by other investigators. (Wilsnack, 1974; Parker, 1972).

A study by McGlelland (1972) reports that males under the influence of alcohol feel an increased sense of personal power. Contrary to this study with men, decreased scores for personal power are reported by women while under the influence. (Wilsnack, 1974). Personal power oriented strivings are therefore not associated with alcohol use in women. However, Wilsnack (1974) reports that drinking enhances feminine feelings. This may suggest that alcoholic women have an intense need to achieve such feelings. Wilsnack (1976) gives one possible reason for the development of this need:

One type of woman with a special need for such feelings may be a woman who possesses certain personality characteristics traditionally considered masculine. Such a woman may feel some insecurity about her femininity and thus the effects of drinking may

be particularly rewarding for her.  
(p. 43).

Wilsnack (1974) also discovered that prior to drinking, women who drank heavily scored higher in themes of aggression and masculine oriented stories. Therefore, these women may feel some insecurity about their womanliness and drink, not to feel masculine but temporarily attain self-consistency with feminine strivings.

In an effort to tap sex-role identity at an unconscious level, Wilsnack, (1973) utilized the Franck drawing completion test developed by Franck and Rosen (1949).

The results indicate that alcoholic women tend to score significantly more masculine than the control group. The alcoholic women's scores on the test were similar to male scores. Wilsnack (1976) interprets these masculine scores to reflect the alcoholic woman's failure to develop a strong feminine identification due to the lack of a positive female role model. (p. 46). As mentioned earlier, in the body of this chapter, there is some reason to believe that experiences with a warm father paired with a cold, more distant mother influences masculine sex-role typing in women. (Gray, 1957).

Increasing support for the position that alcoholic women have doubts about their femininity and adequacy as women, is evident. Consistently, clinical reports describe the alcoholic women as hyperfeminine, but



suppressing masculine traits. (Jones, 1971, Wilsnack, 1974, Parker, 1972). Parker (1975) reports differences with respect to sex-role attitudes between primary and secondary alcoholic women. Women who are categorized as primary alcoholics are more likely to reject female roles.

Alcoholic women also appear consistently more dominant in the marital relationship as compared to a control group. (Busch, Kormendy and Feuerlein, 1973). The husbands of alcoholic women in this study also scored lower on self-rated masculinity items than control husbands. Therefore Busch et al. (1973) conclude that this marital style is consistent with the presence of masculine identification in alcoholic women.

What is generally hypothesized from the majority of these studies is that the woman who develops conflict or serious doubts about her sex-role identity is at risk to develop alcoholism. No conclusive evidence on how this conflicting sex-role identity evolves, has been substantiated. However two major hypotheses have been developed in the literature. Investigators suggest that sex-role conflict arises from a suppression of masculine traits or due to situational threats to the woman's role such as divorce, marital disruption or physiological difficulties unique to women. (Wilsnack, 1974, Wood and Duffy, 1964, Busch et al., 1963). The unfoldment of sex-role conflict may also be a combination of these two factors, As

Wilsnack (1976) states about the alcoholic woman:

She may manage to cope with her fragile sense of feminine adequacy for a number of years, but when some new threat severely exacerbates her self doubts, she turns to alcohol perhaps in an attempt to gain artificial feelings of womanliness. (p. 48).

The critical question is whether sex-role conflict is really a result of the developmental process or a result of the alcoholism and its consequences or the interaction of both these factors. The association between sex-role identity and alcohol is also confused by the fact that many women manifesting numerous emotional disorders also evidence some of the same sex-role difficulties. (Thorne and Pishkin, 1977).

Research will need to focus on this issue further and to discern why it is that alcoholic women choose alcohol as a solution. The complex factors involved in sex-role conflict in alcoholic women have by no means been clearly identified or linked with problem drinking at this time.

#### IV Considerations for the Treatment of Alcoholic Women

In compiling information for the literature review it became apparent that very little has been written on the treatment of alcoholic women. Also, research to evaluate the adequacy of existing programs which treat female alcoholics, has been limited. In the introductory chapter it

was noted that women are underrepresented in alcoholism treatment programs. This may be due to several reasons, three of them being:

- 1) a lack of treatment facilities and groups geared to the specific needs of alcoholic women.
- 2) the reluctance of the family, legal system, labour force, and physicians to recognize the problem combined with a lack of knowledge regarding signs of dependence, appropriate referral sources, and the special needs of women.
- 3) the prevailing stigma attached to alcoholism in women.

The women who are in treatment also appear to have more difficulty than their male counterparts. The literature suggests that alcoholic women demonstrate poorer outcomes in treatment compared to alcoholic men. (Curlee, 1970). This is especially true for women who are diagnosed as primary or sociopathic alcoholics. (Schuckit, 1972). Better outcomes are reported for women who are suffering from affective disorder and for those who have good work histories, are older at the age of onset and admission to treatment. (Selzer, 1957). A poor prognosis is also indicated where there is an alcoholic father, or a generally high rate of alcoholism among family members. (Beckman, 1975). No evaluation has been done, to this writer's knowledge, on whether the specific type of treatment influences the prognosis for alcoholic women. Existing types

&lt;

of treatment may not be adequate for many alcoholic women.

With respect to treatment preference, Curlee (1971) reports that female alcoholics significantly prefer individual therapy while males prefer group therapy settings. Beckman (1975) suggests that alcoholic women need the time to build up self-esteem and a stable feminine identity before being subjected to conventional forms of treatment. Treatment methods need to concentrate on helping women discover more appropriate concepts of feminine behaviour. No specific techniques are available at this time, to guide treatment through this process.

Many gaps are apparent in the treatment of alcoholic women. Until there is more information from research and program evaluation and subsequent action taken from these findings, alcoholic women may remain under-represented on all levels of treatment for alcoholism.

#### Summary and Conclusion

This chapter has briefly reviewed three theoretical perspectives available on the etiology and prototypes of alcoholism. These theories have not considered alcoholic women separately, although some empirical studies have suggested various personality factors which predispose women to alcoholism. Next, this chapter selectively reviewed some of the more consistent findings on alcoholic women. However, much of the information compiled could not be generalized to the total female alcoholic population

due to inconsistent research methods and lack of validation.

In order to provide a format for the study of sex-role adjustment in alcoholic women, theories on sex-role development were reviewed. These theories examined the nature of sex-role development and factors which complicated successful adjustment in this area. With this foundation, a review of studies indicating problematic sex-role adjustment in alcoholic women was completed. On reviewing the literature in this area, it became apparent that more extensive information was required before this phenomenon in alcoholic women could be clearly identified and defined. The chapter concluded with some considerations for the treatment of alcoholic women. Information in the area of treatment for alcoholic women was found to be very limited.

The results of the present study were primarily examined within the framework of the theories on alcoholism and sex-role development presented in this chapter. The final theoretical implications evidenced from the findings were discussed in Chapter V. Also, the results were examined in light of several relevant findings reported in literature on alcoholism and sex-role adjustment in women, which have been noted in this chapter.

Next, Chapter III presents the research methodology utilized to complete the study.

CHAPTER III  
RESEARCH METHODOLOGY

Research Question

In Chapter II, several factors presumed by various authors to be associated with or resulting from the development of poor sex-role adjustment in alcoholic women were cited. The major questions that arose were related to the time of life that this phenomenon develops and the critical factors involved. No conclusive evidence was available to define and clearly identify the process resulting in poor sex-role adjustment. To respond to this problem, this research attempted to further examine through an exploratory-descriptive study, the following question:

is poor sex-role adjustment in the female alcoholic a result of the developmental process or a result of the alcoholism and its consequences.

Assumptions

Polansky's (1960) definition of an assumption was utilized to develop the main assumptions relevant to this study. He stated that:

an assumption is a proposition that is taken as given in the particular investigation. Three major types of assumptions which have different implications in relation to problem formulation are...those concerning

values, those concerning variables of a general nature not particular to the specific investigation, and those concerning variables germane to the subject matter of the particular investigation. (p. 35).

The assumptions germane to this study were that:

The use of alcohol has created problems for the alcoholic woman as perceived by herself or by others, i.e., family, physician or employer.

Conflict between the self and a social role generates tension and anxiety which might lead to problem drinking in reaction to stress.

High feminine role preference in women is not necessarily indicative of good adjustment.

Socialization of sex-roles modeling by parents influences the child's understanding and learning of masculinity and femininity.

#### Operational Definitions

The following operational definitions were used in the research design of this study.

Alcoholism was described as a score of three or more on the Short Michigan Alcoholism Screening Test.

(SMAST) This test was not used as a diagnostic indicator but for descriptive purposes only. The SMAST is contained in Appendix A.

The sex-role characteristics of the subjects were determined by the Bem Sex-Role Inventory (BSRI) which categorizes a person as either masculine, feminine, androgynous

or undifferentiated. An individual is categorized as masculine if she scores high on masculine traits and low on feminine traits. A feminine individual is one who scores high on feminine traits on the BSRI, but low on masculine traits. Androgynous describes an individual who has elevated scores on both masculine and feminine traits. An individual is categorized as undifferentiated when she scores low on both masculine and feminine traits. The BSRI is contained in Appendix A.

Sex-role adjustment referred to how adequately the individual has learned to perform various sex-roles, whether masculine or feminine.

Developmental factors were considered in this study to refer to the individual's experiences within her family of orientation. The family of orientation refers to the parental family, although the presence of a mother or father may not be constant. The family is the primary socialization agent, raising cultural expectations which are communicated to the child and effect the types of social roles and functions adopted by that child.

#### Study Design

The research design utilized was of the exploratory-descriptive type. Exploratory-descriptive studies are those:

...which seeks to thoroughly describe a particular phenomenon..... The purpose of these studies is to develop



ideas and theoretical generalizations. Descriptions are in both quantitative and qualitative form... (Tripodi, Fellin, and Meyer, 1969, p. 49)

Selltiz et al. (1959) described exploratory studies as having "the purpose of formulating a problem for more precise investigation or of developing hypotheses". (p. 51) Exploratory studies also clarify existing concepts and function to identify and comprehend problems about which little is know.

This researcher recognized the lack of a solid knowledge base for understanding the development and influence of poor sex-role adjustment in alcoholic women. Limitations were also apparent in the lack of clearly defined concepts pertinent to this area of study. This created the necessity to further elaborate upon existing concepts and identify areas for further research.

The descriptive element of the study were the alcoholic and non alcoholic groups of women, their sex-role disposition or tendency and the possible relationships between various elements.

This research study was also considered an "after" study. Selltiz et al., (1959) stated that:

In studies of this type, the experimental and control groups are observed or measured with respect to the dependent variable only during or after the exposure of the experimental group to the assumed casual variable. (p. 108).

It was only after alcoholism had been evidenced in the female alcoholic group, that they were studied in this research. There were simulated "before" measurements in the instruments based on respondent recall. The questionnaire asked for responses based on childhood experiences and some questions on the Short Michigan Alcoholism Screening Test (SMAST) were also based on recall, depending on how long ago the subject last experienced the relevant situation. Selltitz et al., (1959) also noted that:

Obviously childhood experiences are prior, but the selection and interpretation of events may be coloured by present mood, with the result that the apparently earlier variable, in the form in which it is measured, is really the reflection of the later variable. (p. 130).

No standardized procedure was used to check for possible distortions and inaccuracies in respondent recall.

#### Data Collection Procedure

Three data collection instruments were utilized to gather the required information. All three instruments were self-administered. It took the subjects from thirty minutes to one hour to complete all three instruments.

The SMAST was completed first followed by the Bem Sex-Role Inventory and finally the questionnaire. Results of the pretest indicated that changes were required in parts of the questionnaire and the method used to explain the procedure required for completion of the instruments. Some

questions were modified to decrease the degree of complexity and possible contamination of responses. A step by step outline was formulated to explain more comprehensively, the procedure and method of answering the instruments. This appeared to have eliminated some of the problems encountered in the original pretest. The instruments were pretested a second time and found satisfactory. The pretest modifications did not effect the original study design or sampling procedure, but led to changes in the non standardized data gathering instrument (the questionnaire) and completion instructions.

Subjects filled out the questionnaire at the House of Sophrosyne and Heritage hospital. The researcher was present at all times to answer any questions. Each questionnaire was rechecked upon completion of any missing or inappropriately answered information. This process eliminated most of the difficulty inherent with missing values. Only one subject refused to answer parts of the instruments.

#### Data Collection Instruments

##### Short Michigan Alcoholism Screening Test (SMAST)

This particular self-administered test is a screening devise to uncover the presence of alcoholism. A score of three or more is indicative of alcoholism, although it is not a final diagnostic instrument in that alcoholism indicating responses which pertain exclusively

to the past do not necessarily demonstrate current drinking problems. Some of the alcoholic subjects have been abstinent for varying lengths of time and it is therefore important to detect the past drinking problem for this research study.

Since there was no way of knowing for certain whether any of the comparison group had a drinking problem, the SMAST helped to clearly define and separate the alcoholic and ~~non~~ alcoholic groups. The short form of the screening test was also utilized as it decreased the time taken to complete the set of instruments. It had been demonstrated that the SMAST was as effective as the MAST with respect to reliability and validity. (Selzer, Winokur, Van Rooijen, 1975).

#### Bem Sex-Role Inventory (BSRI)

The BSRI is designed to measure the extent to which a person divorces her/himself from those characteristics that might be considered more appropriate for the opposite sex. This inventory includes a masculinity and femininity scale, each of which contains twenty personality characteristics. These personality characteristics are selected as masculine or feminine on the basis of sex-typed social desirability rather than on the basis of differential endorsement by males or females. That is, a characteristic qualifies as masculine if it is judged to be more desirable in American society for a man rather than a woman.

The BSRI characterizes a person as masculine, feminine, androgynous, or undifferentiated as a function

of the difference between his or her endorsement of masculine or feminine personality traits. A person is sex-typed, whether masculine or feminine, to the extent that the difference score is high, and androgynous, to the extent that this difference score is low. An individual is characterized as undifferentiated when low scores are evident for both masculinity and femininity.

A social desirability scale containing twenty neutral items with respect to sex, is also included in the BSRI. However, this scale has been omitted from use in this study. Required information for this research is contained in the masculine and feminine items. The omission of the neutral scale also shortens the amount of time taken to complete the instrument. Elimination of the neutral scale may have encouraged the tendency for subjects to endorse socially desirable traits. However, the general effect this omission had on responses could not be determined.

#### Questionnaire

The majority of questions on the self-administered questionnaire were closed ended and designed to tap a number of responses about any one single area. As Selltitz (1959) stated:

considerable degree of complexity can be built into fixed alternative questions in regard to the particular questions that are asked in a series of questions about a single topic. This enables the measurement of more complex aspects of attitudes by means of fixed alternative questions. (p. 310).

The purposes for having many fixed alternative questions were: 1) it was more simple to analyse as it

was precoded, 2) it was easy to administer and required less time for both researcher and subject, and 3) it created less misunderstanding as to the relevant purpose and meaning of the question.

The questionnaire was divided into seven areas to obtain information from major life experiences, both past and present, which may have had relevance to sex-role development and function. The reliability of this instrument was unknown. As Selltitz (1959) clarifies:

investigators are seldom in a position of knowing in advance that their measures have satisfactory validity, unless it has been demonstrated in earlier studies concerned with the same characteristics. (p. 161).

Since the questionnaire had not been validated by previous studies, it was considered as being non-standardized.

#### Population Selection and Sampling Procedure

Sixty female respondents completed the three data collection instruments. Thirty of these subjects fell into the non alcoholic group. The alcoholic subjects were contacted through the House of Sophrosyne, Heritage Hospital and Alcoholics Anonymous. The comparison subjects came primarily from the West Side of Windsor and were contacted through a woman's organization or place of employment. All of the subjects received a letter explaining the general area of the research, the nature of their participation and where the data collection would

take place. The letter also assured the subjects that the data collected would be kept strictly confidential. The subjects who wished to participate then contacted the researcher, the House of Sophrosyne, Heritage Hospital or a particular member of Alcoholics Anonymous.

The majority of instruments were completed at the House of Sophrosyne during two assigned days. Another group of subjects completed the instruments at Heritage Hospital. This procedure took less time than it would have to contact each subject individually.

In order to obtain a sizeable sample for the two groups, simple random sampling was not feasible. Therefore, the researcher utilized non-probability sampling. In order to compensate somewhat for the limitations inherent in this sampling procedure, an effort to match the comparison group and alcoholic group on the basis of some demographic characteristics was made. Selltiz (1959) points out that:

a failure to assign subjects to experimental and control conditions on a completely random basis is a departure from the requirements of an ideal experiment, but compromises in this respect are sometimes necessary. (p. 113).

More specifically, the sample for this study was considered accidental with the possibility of it falling under the category of quota or purposive sampling. Previous researchers have noted that studies done in

the area of female alcoholism often contain inadequate sampling procedures and control groups. (Bechman, 1976; Corrigan and Anderson, 1978). Although limited due to its non random sampling procedure and small sample size, the use of a non alcoholic, female comparison group appeared appropriate for studying sex-role adjustment in alcoholic women.

#### Analysis of Data

Being an exploratory study, the statistical analysis of the data fell mainly into the descriptive category for purposes of condensing and summarizing information. Since much data was gathered, a means to reduce this information to a manageable size was necessary. For this reason, frequency distribution tables were utilized. Relevant categories were selected to provide a convenient number of intervals followed by a count of the number of cases which fall into each category. The objective of the frequency tables was to describe the population and its distributional characteristics. In order to control for some of the limitations of categorizing for frequency tables, application of central tendency and variability were employed.

Along with frequencies, the chi-square was used to demonstrate whether a systematic relationship existed between two variables. Since the study examined two groups, alcoholic and non alcoholic females, it was



decided that a t-test would be appropriate for the test whether or not differences between the two groups were significant.

Next a correlation coefficient was programmed since it not only summarized the strength of association between a pair of variables, but also provided an easy means for comparing the strength of the relationship between one pair of variables and a different pair.

#### Limitations of the Study

Some of the limitations encountered in this study have been mentioned earlier in this chapter. Listed here are a summary of those limitations:

A review of the limitations of the present research study are the following:

Due to the small sample size and low frequency count in many of the cells, a valid chi-square test could not be performed for many of the variables.

The small size and scope of the sample limited its representativeness and the results could not be generalized to a larger population.

Since the study was cross sectional rather than longitudinal and often based on recollection, the results could have contained subjective elements.

The validity and reliability of the questionnaire could not be determined as it was not validated by use in previous research.

The use of purposive rather than random sampling also limited the representativeness of the sample.

#### Summary

The study was classified as exploratory-descriptive. The methodology was designed to describe and study the relationship between sex-role adjustment and alcoholism in women. Sixty subjects, separated into the alcoholic and non alcoholic comparison groups, completed the study. Data was collected through the use of two standardized instruments plus a questionnaire prepared by the researcher.

## CHAPTER IV

### RESULTS

#### Introduction

The analysis of the data related to the stated research question is presented in the following manner. The first section of the chapter describes the sample population which is divided into the alcoholic and non alcoholic groups based on scores from the Short Michigan Alcoholism Screening Test. The sample population is described on the basis of age, marital status, occupational status, education and combined family income. Since the non alcoholic sample served for comparison purposes it was hoped that minimal differences with respect to age and socio-economic status would be found.

The second section of the chapter describes only the alcoholic sample in terms of alcohol use. This description is based on the age at which problem drinking began, how long this pattern of alcohol abuse was maintained, and how long the subject has been abstinent to the time of data collection.

Next, the results of the t-test are given to demonstrate the major differences between the alcoholic and non alcoholic sample groups. These differences are examined further through the analysis of correlation coefficients used to test all variables.

The final section of the chapter more specifically examines the data related to the research question. First, the sex-role disposition of the two sample groups is described according to the subjects' scores on the Bem Sex-Role Inventory. The total sample is further divided into four sub-groups according to the BSRI scores. The major differences between these four sub-groups is then examined primarily through the use of frequency tables. The results on the analysis of sex-role and their distinguishing variables are completed under the following headings:

Age

Education

Occupation

Combined Family Income

Marital Status

Physiological Complications

Depression and Childbirth

Family of Origin

Alcoholism

#### Description of the Sample

The description of the sample population was analyzed through the use of frequency tables. Chi-squares were not noted since the chi-square values proved invalid due to small frequency counts in various cells. Due to this limitation, the reader is asked to use caution where the chi-square is noted in any of the results. A

description in terms of sex was omitted since all sixty subjects were female. All of the subjects were caucasian.

Age The age range of the total sample was 19 to 55 years. Only one subject was under 20 years of age. With the exception of the lowest age category, both sample groups spanned the entire age range as demonstrated in Table 3. A higher percentage of the alcoholic subjects fell into the 40-49 year age group when compared to the non alcoholic women. However, the majority of subjects in both groups ranged in age between 30 and 49 years. Overall, the differences in the ages between the two sample groups were minimal.

TABLE 1

## Age by Group

AGE	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
15-19	1(3.33)	0(0.0)	1(1.67)
20-29	6(20.00)	9(30.00)	15(25.00)
30-39	7(23.33)	9(30.00)	16(26.67)
40-49	14(46.67)	8(26.67)	22(36.67)
50-55	2(6.67)	4(13.33)	6(10.00)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.

Marital Status A very high percentage of the non alcoholic women, approximately 77%, were married at the time of data collection as shown in Table 2. Less alcoholic subjects identified themselves as married and reported more cases of separation and divorce. Also, the alcoholic subjects reported approximately 47% more second and third marriages than the non alcoholic sample as seen in Table 3. The alcoholic women also reported 43% more previous common-law relationships than the non alcoholic subjects as demonstrated in Table 4. Both sample groups showed similar statistics with respect to being single and widowed.

TABLE 2

## Marital Status by Group

MARITAL STATUS	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
Single	3(10.00)	2(6.67)	5(8.33)
Married	13(43.33)	23(76.67)	36(60.00)
Separated	6(20.00)	1(3.33)	7(11.67)
Divorced	5(16.67)	2(6.67)	7(11.67)
Commonlaw	2(6.67)	1(3.33)	3(5.00)
Widowed	1(3.33)	1(3.33)	2(3.33)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.

TABLE 3

## Number of Previous Marriages by Group

NUMBER OF PREVIOUS MARRIAGES	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
One	15(50.00)	4(13.33)	19(31.67)
Two	3(10.00)	0(0.00)	3(5.00)
None	12(40.00)	26(86.67)	38(63.33)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.

TABLE 4

## Number of Previous Common-Law Relationships by Group

NUMBER OF PREVIOUS COMMON-LAW RELATIONSHIPS	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
One	5(16.67)	2(6.67)	7(11.67)
Two	7(23.33)	0(0.00)	7(11.67)
Three	2(6.67)	0(0.00)	2(3.33)
Four	1(3.33)	0(0.00)	1(1.67)
None	15(50.00)	28(93.33)	43(71.67)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.

Education The last grade completed in school ranged from grade three to graduation from university, as seen in Table 5. The non alcoholic group had generally completed more years of schooling than the alcoholic women. Approximately 44% of the non alcoholic women who ceased their education after high school reported completing grade twelve, compared to 13.34% of the non alcoholic who had some high-school. Thirty percent of the non alcoholic women had never attended highschool compared to 3.33% of the non alcoholic subjects.

TABLE 5  
Education by Group

EDUCATION	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
Elementary School (3-8)	9(30.00)	1(3.33)	10(16.67)
Secondary School (9-12)	17(56.67)	16(53.33)	33(55.00)
Technical Training (1-2)	0(0.00)	1(3.33)	1(1.67)
Community College (1-2)	3(10.00)	4(13.33)	7(11.67)
University (1-5)	1(3.33)	8(26.67)	9(15.00)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.



Occupational Status. Approximately 58% of the total sample was employed fulltime outside the home. About 32% of the total sample reported being occupied as a homemaker. The majority of subjects reporting to be homemakers came from the alcoholics group, 21.67% compared to 10% from the non alcoholic group. Ten percent of the sample, all from the alcoholic sample, was unemployed at the time of data collection. Approximately 42% of the total sample who were employed, had tasks considered semiskilled or unskilled. This data did not include the usual or past occupation of those subjects who were unemployed or classified as homemakers. Only two subjects had never been employed and 68% of the total sample had been employed for six or more years as seen in Table 7. However, while 50% of the non alcoholic women had been employed for ten years or more, only 23% of the alcoholic women had worked the same number of years.

TABLE 6  
Occupational Status by Group

OCCUPATIONAL STATUS	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
Professional	2(6.67)	7(23.33)	9(15.00)
Semi-skilled	2(6.67)	5(16.67)	7(11.67)
Clerical, Sales	2(6.67)	12(40.00)	14(23.33)
Labourer, unskilled	4(13.33)	0(0.00)	4(6.67)
Unemployed	6(20.00)	0(0.00)	6(10.00)
Homemaker	13(43.33)	6(20.00)	19(31.67)
Disabled	1(3.33)	0(0.00)	1(1.67)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.

TABLE 7  
Total Length of Time  
Employed by Group

LENGTH OF TIME EMPLOYED	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
Never employed	2(6.67)	0(0.00)	2(3.33)
Under on year	2(6.67)	1(3.33)	3(5.00)
1-2 years	5(16.67)	3(10.00)	8(13.33)
3-5	6(20.00)	0(0.00)	6(10.00)
6-9	8(26.67)	11(36.67)	19(31.67)
10 or more	7(23.33)	15(50.00)	22(36.67)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.

Combined Family Income Approximately 53% of the total sample listed their combined family income as being over \$20,000. as demonstrated in Table 8. In comparing the two groups, more alcoholic subjects reported lower combined family incomes. Thirty percent of these subjects reported incomes below \$10,000, compared to 3,33% of the non alcoholic women. Seventy percent of the non alcoholic sample had combined family incomes of over \$20,000, while 37% of alcoholic women reported similar family incomes. Approximately 30% of the total sample fell into the middle income range.

TABLE 8

Combined Family Income  
by Group

COMBINED FAMILY INCOME	NUMBER OF ALCOHOLIC WOMEN	NUMBER OF NON ALCOHOLIC WOMEN	TOTAL
Less than 5,000	6(20.00)	0(0.00)	6(10.00)
5,000-9,000	3(10.00)	1(3.33)	4(6.67)
10,000-14,000	5(16.67)	6(20.00)	11(18.33)
15,000-19,000	5(16.67)	2(6.67)	7(11.67)
20,000-25,000	1(3.33)	6(20.00)	7(11.67)
Over 25,000	10(33.33)	15(50.00)	25(41.67)
Total	100% N = 30	100% N = 30	100% N = 60

Note. Column percentages are in parentheses.

### Summary of Sample Description

The two sample groups, the alcoholic and non alcoholic women demonstrated few differences with respect to age distribution. The most critical difference between the two groups was apparent in the case of marital status. Fewer alcoholic women reported that they were married and living with the spouse than did the non alcoholic subjects. However, the statistics on the marital status of the alcoholic women in this study approach those reported in the literature for middle and upper socio-economic women. (Romner, Pitts, and Reich, 1971) Yet, although nearly 50% of the alcoholic subjects claimed the status of married, 60% reported more than one marriage compared to 13% of the non alcoholic women. These statistics indicate that the alcoholic subjects had experienced more frequent cases of separation and divorce as well as more marital conflict than the non alcoholic sample. The higher frequency of the dissolution of significant relationships by alcoholic women was also apparent in the statistics related to previous common-law relationships. Fifty percent of alcoholic subjects reported taking part in one or more common-law relationships. Only two alcoholic women reported a common-law status at the time of data collection. Approximately 7% of non alcoholic women reported one previous common-law relationship with one subject maintaining that status at the time of data collection.

In terms of education the mean grade completed was lower for the alcoholic women than for the non alcoholic comparison group. However, the majority of alcoholic women had completed some highschool and demonstrated a higher mean average of school years completed than reported for lower socio-economic alcoholic women but lower than reported for upper socio-economic women in the literature. (Parker, 1972)

The majority of the total sample were employed in either semi or unskilled occupations. Taken as a whole, the alcoholic subjects had worked less years than their non alcoholic counterparts. This may be explained by the fact that more alcoholic women were classified as homemakers or unemployed than the non alcoholic group.

The non alcoholic sample evidenced a higher mean combined income than the non alcoholic group. The higher average combined family income reported by the non alcoholic group may be due to the fact that a greater number of these subjects were married and employed.

It was apparent that some socio-economic differences existed between the two groups. However, the fact that the majority of alcoholic subjects reported average or above average combined family incomes suggested that as a group they fell into middle socio-economic range.

The next section of this chapter briefly examines the findings only pertinent to the alcoholic

subjects in this study and refers specifically to questions regarding alcohol use.

Sample-Alcoholic Women

Over 65% of the alcoholic subjects reported being aware of a drinking problem before age thirty as seen in Table 9. Approximately one third of the subjects reported their drinking problem as beginning after age thirty but before age forty.

TABLE 9.

Age of Problem Drinking

AGE	NUMBER OF ALCOHOLIC WOMEN
15-19	10(33.33)
20-25	4(13.33)
26-30	6(20.00)
31-35	3(10.00)
36-40	7(23.33)
Total	100% N = 30

Note. Column percentages are in parentheses.

Over 70% of alcoholic subjects had maintained a pattern of problem drinking for over five years, with the majority of this group clustering between eight and ten years. Only three subjects reported the duration of

alcohol abuse as lasting under three years. The majority of alcoholic subjects were in treatment for alcoholism at the time of data collection and approximately 56% had been abstinent from alcohol less than six months as seen in Table 11. Six subjects had been abstinent for over three years. The lowest period of abstinence for any of the alcoholic subjects was three days prior to data collection. Most of the alcoholic subjects had been in treatment for alcoholism more than once, although the age at which they first entered into treatment was not known.

TABLE 10

## Duration of Problem Drinking

DURATION OF PROBLEM DRINKING	NUMBER OF ALCOHOLIC WOMEN
6 months - 1 year	1(3.33)
1-3	2(6.67)
4-5	5(16.67)
6-10	16(53.33)
10 or more	6(20.00)
Total	100% N = 30

Note. Column percentages are in parentheses.

TABLE II

Length of Abstinence  
From Alcohol

LENGTH OF ABSTINENCE	NUMBER OF ALCOHOLIC WOMEN
Under 1 month	5(16.67)
1-6 months	12(40.00)
7-12 months	2(6.67)
13-24 months	5(16.67)
25 months-5 years	4(13.33)
Over 5 years	2(6.67)
Total	100% N = 30

Note. Column percentages are in parentheses.

One of the major trends demonstrated by the alcoholic women in this section was that problem drinking began quite early, either in late adolescence or early adulthood. This pattern varied from information in the literature which pointed out that alcoholic women begin to drink later in life than their male counterparts. (Lisansky, 1957). The pattern with regard to age of problem drinking may have reflected the change that women have begun to consume alcohol at an earlier age.



### T-Test Comparison of the Alcoholic and Non alcoholic Group

Some of the differences between the two sample groups were noted in the previous section of the chapter. The t-test results verified these differences as significant. For example, the differences between the alcoholic and non alcoholic groups in the number of previous marriages and common-law relationships were very significant as noted in Table 12. Differences were also noted in the results for variables related to occupation and education.

The alcoholic women were shown to have significantly more cases of alcoholism in the family and that alcoholism had been a serious problem in their parent's and their own marriages. Significant differences were also found in the alcoholic subjects responses to sex while under the influence. Alcoholic women were more likely to report that alcohol made sex more pleasurable than non alcoholic women, the majority of whom reported that alcohol did not markedly change sexual response.

Alcoholic women also demonstrated significant differences from non alcoholic women in complications due to female physiological functioning. The former group reported a greater incidence of complications with menstruation and a higher rate of partial or total hysterectomies.

In relation to significant differences on personality variables, the alcoholic women reported themselves

TABLE 12  
 T-Test Analysis of Variable  
 Differences Between Two Sample Groups

VARIABLE	t	PROBABILITY
Number of previous marriages	4.0719	.0002
Number of commonlaw relationships	3.2307	.0022
Occupation	4.2088	.0001
Education	3.3092	.0017
Family alcoholism	2.0006	.0053
Alcoholic and sexual response	2.7453	.0080
Problems with menstruation	2.8785	.0056
Hysterectomy	2.5231	.0144
Personality of Self:		
Responsible	2.8771	.0056
Makes good decisions	4.7682	.0001
Easily influenced	3.1305	.0027
Marital Conflict; Parental:		
Selfishness	2.7553	.0078
Jealousy	2.1307	.0374
Lack of communication	2.6993	.0091
Lack of affection	2.1928	.0323
Alcoholism	3.8833	.0003
Marital Conflict; Self and Spouse:		
Differing interests	2.217	.0306
Lack of affection	2.0915	.0409
Hostility, violence	2.3131	.0243
Alcoholism	3.4858	.0009

as being less responsible, less able to make good decisions and more easily influenced by others.

Significant differences were also apparent between alcoholic and non alcoholic groups in their responses to serious marital conflict in the parental and their own marriages. The alcoholic subjects more frequently reported that selfishness, jealousy, a lack of communication and affection were the most serious problems in their parent's marriage. These subjects also reported that differing interests, violence and hostility as well as lack of affection presented the most serious conflict in their own marriages.

#### Variable Differences in Personality

Correlation coefficients were utilized to examine more extensively personality differences between the alcoholic and non alcoholic groups. As well as examining personality variables from the questionnaire, the individual personality traits on the BSRI were considered. The overall results are shown in Table 13.

The alcoholic women demonstrated a lack of instrumentality in their personality in contrast to the non alcoholic subjects. Instrumental traits were those considered more acceptable for a man than for a woman in North American society. Yet, the alcoholic women generally reported that they were also less feminine, less

TABLE 13

Correlations Between SMAST Scores  
And Personality Variables  
For Two Sample Groups

VARIABLE	r	PROBABILITY
Self-sufficient	.59109	.0001
Self-reliant	.56745	.0001
Makes decisions easily	.56436	.0001
Willing to take a stand	.51102	.0001
Independent	.46403	.0002
Loyal	.44266	.0004
Strong personality	.38402	.0024
Feminine	.37547	.0031
Warm	.32110	.0124
Childlike	-.57303	.0001
Responses to Marital Conflict:		
Insecure	.38160	.0026
Confident	-.36788	.0038
Afraid	.39591	.0017

NOTE: SMAST scores divide the total sample into the alcoholic and non alcoholic groups. To examine direction of correlations see the BSRI Scale and Question A(d) in Appendix A.

warm and loyal than the non alcoholic subjects. These latter subjects displayed a high degree of instrumentality in their responses to personality variables as well as endorsing positive feminine traits. The alcoholic women were more likely to report that they lacked self-sufficiency, warmth, loyalty and understanding. The alcoholic subjects also claimed to be more dependent, less able to take a stand or make good decisions, as well as being more easily influenced than their non alcoholic counterparts. Generally, the alcoholic subjects evidenced a lack of adaptive traits in either feminine or masculine areas when compared to the non alcoholic subjects.

In response to marital conflict, the alcoholic subjects reported being more fearful, insecure and lacking in confidence than the non alcoholic women. Alcoholic women were also less likely to share their feelings with a significant other when under duress.

#### Additional Findings

Table 14 shows those variables which were significantly correlated with alcoholism and some major life events. It was evidenced that those subjects who reported a high rate of separation and divorce claimed to have started abusing alcohol at an early age, were abstinent the least amount of time and were more likely to have lived common-law than subjects who reported a low rate of

marital separation and divorce. The subjects also reported that alcoholism created difficulties in their own marriages as well as that of their parents. Violence, jealousy and a lack of affection were reported as other major conflicts in the marriage by these subjects.

The rate of alcoholism in the family of origin was significantly correlated with the subjects alcoholism, as well as variables denoting personality traits in the self and the father. The subjects reported themselves to be lacking in independence, tenderness, warmth, affection and sensitivity. They describe their fathers as angering easily, lacking in sensitivity, affection and openness. Subjects with a high rate of alcoholism in the family of origin also reported that jealousy, violence, cruelty to children and a lack of affection were serious problems in the parental home.



TABLE 14

Correlation Analysis of Family Alcoholism  
And Number of Previous Marriages  
For the Total Sample

VARIABLE	NUMBER OF PREV- IOUS MARRIAGES	FAMILY ALCOHOLISM
Number of Previous marriages		
Family alcoholism		
SMAST	.47151**	.35593**
Age of problem drinking	.27183*	.36091**
Length of abstinence	.32887*	.31317*
No. of previous commonlaws	.44850**	
Marital Conflict:Parents		
Alcoholism	.30309*	.45943**
Jealousy	.36468**	
Violence		.39260**
Cruelty to children		.31235*
Lack of affection		.31050
Marital Conflict:Self & Spouse		
Alcoholism	.40358**	
Violence	.4240**	
Jealousy	.38758**	
Lack of affection	.400444**	
Personality Traits:Father		
Angers easily		.36444**
Sensitive		-.28699*
Affectionate		-.30160*
Open		-.27634*
Personality Traits:Self		
Independent	.30360*	.30865*
Tender	.35307*	.30510*
Warm	.29892*	.30399*
Affectionate		-.29261*
Sensitive		-.29053*

NOTE: \* p &lt; .05

\*\* p &lt; .01

Sex-Role Disposition of Alcoholic and Non Alcoholic

Subjects

Four sex-role classifications were determined using the Bem Sex-Role Inventory. The four sex-role classifications are; feminine, masculine, androgynous and undifferentiated. Table 15 demonstrates by group, the classification of subjects into the four sex-role areas.

TABLE 15

Sex-Role Classification by  
Group on the BSRI

SEX-ROLE CLASSIFICATION	ALCOHOLIC GROUP	NON ALCOHOLIC GROUP	TOTAL
Masculine	3(10.00)	6(20.00)	9(15.00)
Feminine	11(36.67)	5(16.67)	16(26.67)
Androgynous	4(13.33)	17(56.67)	21(35.00)
Undifferentiated	12(40.00)	2(6.67)	14(23.33)
Total	100% N = 30	100% N = 30	100% N = 60

NOTE.  $\chi^2 = 18.440$   $df = 3$   $p = .0004$

Column percentages are in parentheses.



Although the Chi-square may not have been a valid test of significance for the results shown in Table 15, trends and differences in the BSRI scores between the two sample groups were apparent. The alcoholic women scored heavily in the feminine and undifferentiated areas, whereas the majority of non alcoholic subjects scored androgynous. The writer expected the non alcoholic subjects to score more frequently in the androgynous or masculine areas than the alcoholic women. However, it was not expected that the alcoholic subjects would be in the undifferentiated sex-role category with the frequency that occurred. Previous literature has suggested that alcoholic women consciously prefer feminine typed responses. (Wilsnack, 1973, Kinsey, 1966) Also since the BSRI only endorses socially desirable masculine and feminine traits in contrast to socially undesirable sex-typed traits, more feminine responses were expected.

The writer wished to note here that many similarities existed between the alcoholic sample group and subjects in the feminine and undifferentiated sex-role categories since the latter two groups consisted primarily of alcoholic women.

#### Variable Differences Between Sex-Role Areas

Age Age did not appear to be a factor in differentiating between the four sex-role classifications. As Table 16 indicates, a fairly even age distribution existed between the four sex-role areas.

TABLE 16  
BSRI Scores by Age

AGE	BSRI SCORE MASCULINE	FEMININE	ANDROGYNOUS	UNDIFF- ENTIATED	TOTAL*
15-19 years	0(0.00)	0(0.00)	0(0.00)	1(7.14)	1(1.67)
20-29	1(11.11)	4(25.00)	6(28.57)	4(28.57)	15(25.00)
30-39	4(44.44)	4(25.00)	5(23.81)	3(21.43)	16(26.67)
40-49	4(44.44)	6(37.50)	7(33.33)	5(35.71)	22(36.67)
50-55	0(0.00)	2(12.50)	3(14.29)	1(7.14)	6(10.00)
Total	9(15.00)	16(26.67)	21(35.00)	14(23.33)	100% N = 60

NOTE.\* Column percentages are in parentheses.

\*\* Row percentages are in parentheses.

Education Differences were apparent with respect to education between the sex-role classifications as shown in Table 17. The large majority of subjects who never went to highschool were concentrated in the feminine and undifferentiated groups. Approximately 66% of the masculine subjects and 29% of the androgynous subjects reported completing some college or university compared to 19% of the feminine subjects and 7% of the undifferentiated subjects. The undifferentiated subjects, overall, were the least educated as a group.

TABLE 17  
BSRI Score by Education

EDUCATION	BSRI SCORE MASCULINE	FEMININE	ANDROGY- NOUS	UNDIFFER- ENTIATED	*TOTAL
Elementary (3-8)	0(0.00)	2(12.50)	2(9.52)	5(35.71)	9(15.00)
Highschool (9-12)	3(33.33)	11(68.75)	12(57.14)	8(57.14)	34(56.67)
Technical Training	0(0.00)	0(0.00)	1(4.76)	0(0.00)	1(1.67)
Community College(1-2)	3(33.33)	2(12.50)	2(9.52)	2(9.52)	7(11.67)
University (1-5)	3(33.33)	1(6.25)	4(19.05)	1(7.14)	9(15.00)
Total**	9(15.00)	16(26.67)	21(35.00)	14(23.33)	100% N = 60

NOTE. \* Column percentages are in parentheses.

\*\* Row percentages are in parentheses.

Occupation The undifferentiated subjects reported a higher frequency of being unemployed than subjects in other sex-role classifications as shown in Table 18. Also, 50% of the undifferentiated subjects reported to be homemakers compared to 38% of the feminine subjects, 24% of the androgynous women and 22% of the masculine women. While 56% of the masculine subjects and 38% of the

androgynous subjects reported being employed in either professional or semi-skilled occupations only 7.14% and 13% of undifferentiated and feminine subjects respectively, reported similar levels of employment.

TABLE 18

## BSRI Score by Occupation

OCCUPATION	BSRI SCORE MASCULINE	FEMININE	ANDROGY- NOUS	UNDIFFER- ENTIATED	*TOTAL
Profess- ional	3(33.33)	2(19.50)	4(19.05)	0(0.00)	9(15.00)
Semi- skilled	2(22.22)	0(0.00)	4(19.05)	1(7.14)	7(11.67)
Clerical, Sales	1(11.11)	5(31.25)	7(33.33)	1(7.14)	14(23.33)
Labourer, Unskilled	1(11.11)	1(6.25)	0(0.00)	2(14.29)	4(6.67)
Unemployed	0(0.00)	1(6.25)	1(4.76)	3(21.43)	5(8.33)
Homemaker	2(22.22)	6(37.50)	5(23.81)	7(50.00)	20(33.33)
Disabled	0(0.00)	1(6.25)	0(0.00)	0(0.00)	1(1.67)
Total**	9(15.00)	16(26.67)	21(35.00)	14(23.33)	100% N = 60

NOTE. \* Column percentages are in parentheses.

\*\* Row percentages are in parentheses.

Marital Status Minimal differences were observed in the marital status of subjects in the four sex-role categories. However proportionately more masculine and androgynous women were married at the time of data collection than either the feminine or undifferentiated subjects. Over 75% of androgynous women reported being married. Forty-four percent of the feminine subjects and 29% of undifferentiated subjects reported being separated or divorced compared to 11% and 14% of the masculine and androgynous subjects respectively. The feminine and undifferentiated subjects reported a greater number of previous marriages than subjects in the other sex-role categories as seen in Table 19. Over 50% of both the feminine and undifferentiated women report one or more previous marriages compared to 44% of the masculine subjects and only 10% of the androgynous women. The feminine and undifferentiated subjects also reported a higher percentage of previous common-law unions as shown in Table 20. Approximately 44% of feminine subjects and 43% of undifferentiated subjects report one or more common-law unions compared to 11% and 9% of masculine and androgynous women.

Feminine subjects reported marrying at an earlier age than subjects in the other sex-role categories. Nearly 70% of the feminine subjects were married by age 20. Masculine subjects reported the lowest percentage of early marriages, with 22% having married by age 20.

TABLE 19

BSRI Score by Number of  
Previous Marriages

NUMBER OF PREVIOUS MARRIAGES	BSRI SCORE MASCULINE	FEMININE	ANDROGY- NOUS	UNDIFFER- ENTIATED	**TOTAL
One	3(33.33)	7(43.75)	2(9.52)	7(50.00)	19(31.67)
Two	1(11.11)	1(6.25)	0(0.00)	1(7.14)	3(5.00)
None	5(55.56)	8(50.00)	19(90.48)	6(42.86)	38(63.33)
Total**	9(15.00)	16(26.67)	21(35.00)	14(23.33)	100% N = 60

NOTE. \* Column percentages are in parentheses.

\*\* Row percentages are in parentheses.

TABLE 20

BSRI Score by Number of  
Previous Common law Rel-  
ationships

NUMBER OF PREVIOUS COMMON LAW RELATIONSHIPS	BSRI SCORE MASCULINE	FEMININE	ANDROGY- NOUS	UNDIFFER- ENTIATED	**TOTAL
One	1(11.11)	4(25.00)	0(0.00)	1(7.14)	6(10.00)
Two	0(0.00)	2(12.50)	1(4.76)	4(28.57)	7(11.67)
Three	0(0.00)	1(6.25)	0(0.00)	1(7.14)	2(3.33)
Four	0(0.00)	0(0.00)	1(4.76)	0(0.00)	1(1.67)
None	8(88.89)	9(56.25)	19(90.48)	8(57.14)	44(73.33)
Total**	9(15.00)	16(26.67)	21(35.00)	14(23.33)	100% N = 60

NOTE \* Column percentages are in parentheses.

\*\* Row percentages are in parentheses.

Physiological Complications. The feminine and undifferentiated subjects reported more difficulties with menstruation than either masculine or androgynous women as shown in Table 21. Seventy percent of those subjects reporting menstrual problems were from the former two sex-role categories. Only one masculine subject reported menstrual problems. Similar statistics were reported for the number of subjects having undergone hysterectomies. Approximately 62% of those having had a hysterectomy were feminine or undifferentiated women compared to 38% of those who were androgynous or masculine subjects. No differences were reported by subjects in the four sex-role groups as to the age of having had the hysterectomy.

TABLE 21

## BSRI Score by Menstrual Problems and Hysterectomy

BSRI SCORE	MENSTRUAL PROBLEMS		HYSTERECTOMY	
	YES	NO	YES	NO
Masculine	1(5.00)	8(20.00)	3(14.29)	6(10.00)
Feminine	7(35.00)	9(22.50)	6(28.57)	10(25.64)
Androgynous	5(25.00)	16(40.00)	5(23.81)	16(41.03)
Undifferentiated	7(35.00)	7(17.50)	7(33.33)	7(17.95)
Total	20(33.33)	40(66.67)	21(35.00)	39(65.00)
	N = 60		N = 60	

NOTE. Column percentages are in parentheses.

Childbirth and Post Partum Depression. The feminine subjects reported more cases of post partum depression than subjects in the other three sex-role categories as shown in Table 22. The feminine subjects represented 41% of the sample who had experienced depression after childbirth compared to 23% for the undifferentiated subjects and 18% for both the masculine and androgynous subjects. Proportionately, the androgynous subjects reported least number of post partum depressions. Also, noted was that the undifferentiated women represented the highest percentage of those subjects who had not had children. This latter group of subjects also reported that their post partum depression was generally lengthier than that of subjects in the other sex-role categories. Approximately 35% of the undifferentiated women had a post partum depression lasting more than two months compared to 25% of feminine subjects, 11% of masculine subjects and 5% of androgynous subjects.

TABLE 22

## BSRI Score by Post Partum Depression

POST PARTUM DEPRESSION	BSRI SCORE MASCULINE	FEMININE	ANDROGY- NOUS	UNDIFFER- ENTIATED	**TOTAL
Yes	4(18.18)	9(40.91)	4(18.18)	5(22.73)	22(36.67)
No	3(11.54)	6(23.08)	13(50.00)	4(15.38)	26(43.33)
Does Not Apply	2(16.67)	1(8.33)	4(33.33)	5(41.67)	12(20.00)
Total*	9(15.00)	16(26.67)	21(35.00)	14(23.33)	100% N = 60

NOTE. \* Row percentages are in parentheses.

\*\* Column percentages are in parentheses.



Family of Origin. Differences in the subjects' relationship to mother and father as a child were apparent between the four sex-role subgroups. A score of six or less indicated a relationship in the direction of being less positive. A score of seven or more indicated a more positive relationship to the parent. The variables used to measure the relationship were listed in question 31 of the questionnaire in Appendix A. The masculine and feminine subjects reported the least positive relationship to the mother compared to the androgynous and undifferentiated women as shown in Table 23. The feminine and masculine subjects also reported a more favourable relationship to the father when compared to subjects in the other two sex-role categories. The masculine and feminine subjects tended to score in the same direction with respect to the child-parent relationship and opposite from the androgynous and undifferentiated women. While the scores noted in Table 23 demonstrated the possible directions in the parent-child relationship, either less positive or more positive, they were not meant to describe the exact nature or quality of the relationship.

Some differences were also evident between subjects in the four sex-role areas with respect to answers on who was mother's favourite and father's favourite in the family. The androgynous women most frequently reported that neither the mother nor the father favoured any one

sibling as shown in Table 24. Also 50% of the undifferentiated subjects reported that the parents treated all siblings equally. Masculine and feminine subjects were less likely to report equal treatment of siblings by either parent. Although few subjects reported that they were the favourite of any one parent almost 44% of the feminine subjects claimed to be the father's favourite compared to 33% of masculine subjects, 10% of androgynous subjects and none of the undifferentiated subjects.

TABLE 23

BSRI Score by Relationship to  
Mother and Father.

BSRI SCORE		RELATIONSHIP SCORE		TOTAL*
		1-6	7-15	
Masculine:	Mother	6(66.67)**	3(33.33)	9(15.00)
	Father	2(22.22)	7(77.78)	
Feminine:	Mother	10(62.50)	6(37.50)	16(26.67)
	Father	4(25.00)	12(75.00)	
Androgynous:	Mother	6(28.57)	15(71.43)	21(35.00)
	Father	15(71.43)	6(28.57)	
Undifferentiated:	Mother	5(35.71)	9(64.29)	14(23.33)
	Father	9(64.29)	5(35.71)	
				100%
				N = 60

NOTE. \* Column percentages are in parentheses.  
\*\* Row percentages are in parentheses.

TABLE 24

BSRI Score by Mother's Favourite\*  
and Father's Favourite  
Child

BSRI SCORE	PARENT'S FAVOURITE			NO FAV- OURITES	TOTAL*	
	SELF	SISTER	BROTHER			
Masculine:	Mother	2(22.22)**	2(22.22)	3(33.33)	3(22.22)	9(15.00)
	Father	3(33.33)	1(11.11)	2(22.22)	3(33.33)	
Feminine:	Mother	2(12.50)	5(31.25)	3(18.75)	6(37.50)	16(26.67)
	Father	7(43.75)	2(12.50)	4(25.00)	3(18.75)	
Androgynous:	Mother	1(4.76)	3(14.29)	4(19.05)	13(61.90)	21(35.00)
	Father	2(9.52)	1(4.76)	4(19.05)	14(66.67)	
Undifferentiated:	Mother	1(7.14)	3(21.43)	3(21.43)	7(50.00)	14(23.33)
	Father	0(0.00)	2(14.29)	5(35.71)	7(50.00)	

100%  
N = 60

NOTE. \* Column percentages are in parentheses.  
\*\* Row percentages are in parentheses.

The frequency of alcoholism in the family of origin was higher for both the feminine and undifferentiated subjects than for the androgynous or masculine subjects, as shown in Table 24. Approximately 44% of the feminine subjects and 50% of the masculine subjects reported the father to be alcoholic compared to 22% and 10% of masculine and androgynous subjects respectively. Close to 30% of both the feminine and undifferentiated subjects reported maternal alcoholism in contrast to 0% of masculine

subjects and 10% of androgynous subjects. In percentages, the androgynous women reported the lowest rate of alcoholism in the family.

TABLE 25

BSRI Score by Alcoholism in  
the Family of Origin

FAMILY ALCOHOLISM	BSRI SCORE MASCULINE	FEMININE	ANDROGY- NOUS	UNDIFFER- ENTIATED
Mother	0(0.00)*	5(31.25)	2(9.52)	4(28.57)
Father	2(22.22)	7(43.75)	2(9.52)	7(50.00)
Step parent	2(22.22)	1(6.25)	2(9.52)	2(14.29)
None of the above	5(55.55)	5(31.25)	15(71.43)	3(21.43)
Total**	9(15.00)	16(26.67)	21(35.00)	14(23.33)
				N=60 <sup>100%</sup>

NOTE. \* Column percentages may not total 100% since subjects could respond to more than one answer.  
\*\* Row percentages are in parentheses.

Minimal differences were found between the four sex-role areas for responses to variables indicating significant loss and trauma in childhood. A similar number of separations and divorces occurred among parents of subjects in all four sex-role groups. Overall, the rate of parental separation and divorce was low. Similar results were reported for childhood loss of parent due to death. No significant difference was found between the

four sex-role groups with respect to frequency of sexual abuse. ( $\chi^2(15) = 20.257, p = .1623$ ). However, the androgynous subjects did report a markedly lower incidence of sexual abuse, 5% compared to 33.33 of masculine subjects, 25% of feminine subjects and 21.43 of undifferentiated subjects.

Alcoholism. Subjects who were classified as undifferentiated and alcoholic reported problem drinking to begin at an earlier age than alcoholic subjects in the other three sex-role areas. Fifty percent of the undifferentiated subjects reported to be aware of a drinking problem at a similar age. The undifferentiated subjects also reported being abstinent from alcohol for the shortest duration. Approximately 36% of these subjects had been abstinent less than one month in contrast to 0% of all of the other three sex-role groups.



## Summary of Results

Different techniques were used to analyze the data obtained from 60 subjects responding to the three instruments. The statistical techniques included frequency distribution, chi-square tests, t-tests and correlation analysis.

The summary of results are discussed under two major headings: Comparison of Alcoholic and Non alcoholic Women, and Sex-Role.

### Comparison of Alcoholic and Non alcoholic Women

#### Demographic Factors

Minimal differences were evident in the age distribution of the alcoholic and non alcoholic groups. The alcoholic subjects as a group were less educated than the non alcoholic counterparts, reporting a higher frequency of subjects who had not attended or completed high-school. Also, the mean combined family income was lower for the alcoholic group than for the non alcoholic group. The alcoholic subjects were also less often employed outside the home than non alcoholic women. The former group reported a much higher incidence of unemployment and individuals who were homemakers in comparison to the non alcoholic group.

Less alcoholic women reported to be married and living with the spouse than did the non alcoholics.

More marked were the differences in the distribution of subjects between the two groups who had one or more previous marriages. Alcoholic subjects reported a much higher incidence of separation and divorce than the non alcoholic subjects.. Similar results were noted for the number of previous common-law unions, where alcoholics reported a significantly higher frequency of such previous relationships than did non alcoholic women.

#### Physiological Complications

The alcoholic subjects reported a significantly higher frequency of problems with menstruation than the non alcoholic women. Alcoholics also cited a significantly higher rate of hysterectomies, although there were no differences between the two groups regarding the age at which this procedure was performed.

#### Family of Origin

Problem drinking by a subject was significantly correlated with alcoholism in the family of origin. The alcoholic group reported a higher frequency of maternal or paternal alcoholism than the non alcoholic women. Alcoholism was also significantly correlated with various conflicts in the family of origin. Alcoholism or drunkenness, as well as jealousy, a lack of communication and affection, were the major conflicts reported by alcoholic subjects. No major conflicts in the family of origin were significantly correlated with non alcoholism.

The rate of alcoholism in the family was significantly correlated with variables distinguishing personality traits in the self and the father but not with personality traits in the mother or spouse. The fathers in this case were reported to anger easily, not share feelings and lacking in sensitivity and affection. Subjects coming from an alcoholic home reported similar traits; a lack of independence, warmth, tenderness, sensitivity and affection.

Alcoholic subjects also reported significantly more conflict in their own marital relationships than non alcoholic women. The major conflicts in the marital dyad were reported to be drunkenness, violence and hostility, as well as a lack of affection.

#### Personality Factors

Various personality traits were significantly correlated with alcoholism and non alcoholism in the sample. Alcoholic women reported themselves to be lacking in independence, self-sufficiency, warmth, loyalty and understanding. These subjects also claimed to be less able to make good decisions and be more easily influenced than non alcoholic women. Also, in contrast to the non alcoholic women who endorsed more masculine or instrumental traits, the alcoholic women reported to be less feminine.



### Sex-Role

The majority of alcoholic women were distributed in either the feminine or undifferentiated sex-role classifications. The majority of non alcoholic subjects on the other hand, were distributed in the androgynous classification, followed by the masculine classification. Various differences were observed between the four sex-role groupings.

### Demographic Factors

No differences with respect to age distribution were apparent between the four sex-role groupings. The feminine and undifferentiated subjects were the least educated while the masculine subjects were the most educated followed by the androgynous women. Subjects in the undifferentiated classification also reported the highest level of unemployment and the highest frequency of homemakers. The masculine subjects had the lowest rate of unemployment and those who were homemakers.

More feminine and undifferentiated subjects reported being separated or divorced than either masculine or androgynous subjects. They also reported the highest percentage of previous marriages while the androgynous women reported a markedly lower percentage in comparison. Feminine and undifferentiated women also reported a very high frequency of previous common-law unions in contrast to either androgynous or masculine subjects. Feminine

subjects reported the highest frequency of early marriages while masculine subjects reported the lowest number.

#### Physiological Complications

The feminine and undifferentiated subjects reported more difficulties with menstruation than either the masculine or androgynous women. Masculine subjects reported the lowest number of such difficulties. Similar results were cited for having had a hysterectomy. Again the masculine subjects had reported the least number of hysterectomies.

#### Childbirth and Post Partum Depression

Feminine subjects reported the highest number of post partum depression, followed by the undifferentiated subjects. In contrast to the other sex-role groups, the undifferentiated subjects had the lengthiest periods of post partum depression. These subjects also had the highest percentage of subjects who had not given birth, while maintaining a similar number of single status subjects as the other sex-role groups.

#### Family of Origin

The masculine and feminine subjects reported a less positive childhood relationship with the mother than the undifferentiated or androgynous women. The latter sex-role groups reported a less positive relationship with the father than feminine or masculine subjects.

The frequency of alcoholism in the family of

origin was highest for subjects classified as feminine or undifferentiated. The androgynous subjects had the lowest incidence of alcoholism in the family overall. A similar number of separations and divorces among parents of subjects in all four sex-role areas was reported.

Also, no significant difference was evident for the frequency of sexual abuse between sex-role groupings. However, the androgynous subjects reported the lowest incidences of sexual abuse.

#### Alcoholism

The undifferentiated subjects who were alcoholic reported that problem drinking began at an earlier age than alcoholics in the other sex-role classifications. These subjects also reported being abstinent the shortest period of time before data collection. The feminine alcoholics generally were aware of a drinking problem at an early age but slightly later than the undifferentiated group.

## CHAPTER V

### DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

This chapter examines on the basis of the results, the general question underlying the present research which is as follows:

- 1) Is poor sex-role adjustment in alcoholic women the result of developmental factors or the result of alcoholism and its consequences.

The discussion of the general question is presented under three major headings: Alcoholism and Sex-Role, Developmental Factors and Sex-Role and Theoretical Implications. The discussion is followed by several conclusions and recommendations.

#### Alcoholism and Sex-Role

When classified by sex-role, the majority of alcoholic women were either feminine or undifferentiated while the majority of non alcoholic women were classified as androgynous or masculine. Previous research examining sex-role types has indicated that individuals who are classified as feminine or undifferentiated tend to be less adaptive in life situations than either masculine or androgynous persons. (Bem, 1977; Spence et al., 1975)

Undifferentiated and feminine individuals of either sex, have been rated much lower on levels of self-esteem than masculine or androgynous individuals. (Spence et al., 1975)

It has therefore been suggested that the use of masculine traits leads to more positive results and therefore, to higher levels of self-esteem. (Kelly and Worrell, 1977)

Overall, the alcoholic women in the present study evidenced a lack of masculine traits compared to non alcoholic women. Instead, alcoholic women reported several personality characteristics often associated with femininity. (Sears, 1970, Gray, 1957) They reported themselves as more fearful, insecure and lacking in confidence than non alcoholic women. Alcoholic women also reported being dependent and lacking in self-reliance. This lack of masculine traits and evidence of less adaptive feminine traits such as dependence, fearfulness and insecurity have been associated with individuals in either the feminine or undifferentiated sex-role categories. (Kelly and Worrell, 1977, 1976)

It was initially expected that alcoholic women would largely endorse feminine traits. Yet contrary to this expectation, alcoholic subjects also reported a significant lack of several feminine traits. Examples of traits not endorsed by alcoholic women were warmth, loyalty, and even femininity. Also, over one-third of the alcoholic subjects were categorized as undifferentiated, signifying a low endorsement of both masculine and feminine traits.

These results contrasted with previous literature which suggested that alcoholic women consciously prefer feminine traits. (Wilsnack, 1974; Kinsey, 1966)

The suppression of masculine traits according to Adler (1910) is the result of neurotic development which leads to feminine strivings and symptoms such as menstrual problems, few children and nervous disorders related to childbirth, pregnancy and menopause. Although, intense feminine strivings were not evident on the part of the majority of alcoholic women in the study, they did report a higher incidence of several of the symptoms noted by Adler to be the result of the suppression of masculine traits than did non alcoholic women. For example, alcoholic women reported higher incidences of menstrual problems and hysterectomies than non alcoholic women. When classified by sex-role, feminine and undifferentiated women reported the highest rate of menstrual problems and hysterectomies. These two sex-role groups also reported the highest number of post partum depressions. The undifferentiated women reported experiencing the lengthiest post partum depressions. Due to the evidence that the alcoholic women were largely classified by the least adaptive sex-role types, failed to endorse masculine traits and experienced more menstrual problems, hysterectomies, and post partum depression, some support was given that the alcoholic women in the study displayed symptoms of neurotic development as

outlined by Adler. The use of alcohol by these women may have been related to Wilsnack's (1976) finding that drinking enhances feminine feelings in alcoholic women. Therefore alcohol abuse may have functioned to help the alcoholic women to achieve self-consistency with respect to her sexual role and temporarily relieve feelings of her inadequacy as a woman.

Although alcoholic women reported a much higher frequency of separation and divorce than non alcoholics, no support was evidenced for the contention made by Rosenbaum (1958) that marital breakdown was a precipitating factor leading to alcohol abuse. Instead, the results of the present study indicate that alcoholism was already in progress before marital disruption occurred. Indirect support was evidenced for Jones' (1971) theory that marital breakdown among alcoholic women was related to poor sex-role adjustment which has led to a heightened need for love and affection combined with difficulties in interpersonal relationships. This development eventually leads to stress in intimate relationships and motivates problem drinking. The fact that alcoholic women in the present study reported hostility and a lack of affection as serious problems in the marriage may have reflected major difficulties and frustrations in intimate interpersonal relationships.

With respect to the use of alcohol, the

undifferentiated women were evidenced to have the poorest drinking history. Their problem drinking generally began at an earlier age and they were abstinent from alcohol the least amount of time compared to alcoholics in the other sex-role groups. The undifferentiated subjects were also less educated overall, and less often employed than women in other sex-role categories. These results supported the evidence from previous research that individuals classified as undifferentiated were least adaptive in life situations. (Kelly and Worrell, 1976) In light of this poor drinking history and the fact that the undifferentiated subjects were less likely to endorse feminine traits, these subjects may comprise the subtype of alcoholic women known as primary.

#### Developmental Factors and Sex-Role

Alcoholic women reported a higher incidence of parental alcoholism than non alcoholic subjects. Alcoholics, also, reported significantly more serious marital problems between the parents than non alcoholic subjects. However, no significant differences were found between the two sample groups on childhood loss of parent due to separation, divorce or death. The major difficulties in the family of origin reported by alcoholic women were alcoholism, lack of affection and communication and jealousy. Where family alcoholism was reported, cruelty to children and



violence were serious problems. Also, family alcoholism was associated with various negative personality traits in the father. Interestingly, some of the father's negative personality traits were similar to self-reported personality traits in the subject from an alcoholic home.

Roebuck and Kessler (1972) have suggested that the child from an alcoholic home has not been provided with adequate role models. The high incidence of both maternal and paternal alcoholism reported by feminine and undifferentiated subjects could lend some indirect support to the contention of Roebuck and Kessler. Paternal alcoholism was more frequent among both feminine and undifferentiated subjects than maternal alcoholism. Previous research has suggested that the high incidence of paternal alcoholism among alcoholic women points to cross-sex modeling as an etiological factor in female alcoholism. (Beckman, 1976) Only indirect support for this proposition was determined from the results of the present study. Alcoholic women reported a higher incidence of family alcoholism, especially paternal, than non alcoholic women. Also, subjects raised in alcoholic homes reported having some similar negative personality traits as the father.

Feminine and masculine women reported a more favourable relationship to the father than the mother. Undifferentiated and androgynous subjects on the other hand, reported a more favourable relationship with the

mother than the father. Feminine and masculine subjects, also reported more frequently that they were the father's favourite in the family than the other two sex-role groups, who rarely reported to be the favourite of any one parent. The results for the feminine women conflicted with previous research and theory which have suggested that feminine individuals consistently demonstrate a more positive, nurturant relationship with the mother. (Wright and Tuska 1966, Sears, 1970)

Both the androgynous and undifferentiated subjects reported a high incidence of equal treatment by both parents as compared to masculine or feminine subjects. Also, the differences between scores on whether the relationship with the mother or father was less or more positive, was less extreme than for masculine or feminine women. However, the quality of the parent-child relationship for the undifferentiated or androgynous subjects could not be clearly determined from the results. Yet, the fact that the undifferentiated group reported a high rate of parental alcoholism, were largely alcoholic themselves and experienced more conflict in the family of origin, suggested that the quality of the parent-child relationship was not as positive for these subjects as for androgynous women. These results provided indirect evidence to support Kelly and Worrell (1976) on their findings that androgynous persons received elevated

affection from both parents while undifferentiated persons reported a cool less positive relationship to both parents.

The most unexpected finding with respect to sex-role and developmental factors were the results for the feminine women. No apparent reason could be determined from the results why feminine subjects reported a more positive relationship to the father than the mother. Feminine subjects had similar family histories relating to parental alcoholism as undifferentiated subjects. Bem (1976) offered one explanation for inconsistent behavioural responses evidenced in feminine individuals. These persons may endorse feminine traits because they feel they ought to even though these traits are not their dominant response style. No support could be gathered from the results on the above contention.

### Theoretical Implications

#### Theories on Alcoholism

No support from the present study was found to relate to the disease model of alcoholism. The disease model originally formulated by Jellinek (1952) did not explain the development of alcoholism as a disease except in terms of physiological manifestations which aggravate psychological and social problems. However, some support was evident from the study to implicate social learning theory and personality theory as factors involved in the development of alcoholism in the sample population.

Social learning advocated that alcoholics wish to suppress unpleasant emotional states. The individual has learned that alcohol alleviates these unpleasant emotional states and temporarily maintains homeostasis. (Kingham, 1958) The alcoholic women in the present study reported a higher incidence of these unpleasant emotional states especially in relation to interpersonal relations, than non alcoholic women. The former group also reported that they resorted to drinking when under duress rather than choose other alternative means to deal with the upset. Non alcoholic women were more likely to communicate their difficulties to a significant other. Also, alcoholic subjects reported a high incidence of alcoholism in the family of origin compared to non alcoholic women. One can speculate that the alcoholic woman has learned very early through the socialization process, the attitude that alcohol works effectively against unpleasant stimuli. Therefore, inspite of the negative of consequences of the drinking behaviour in the family or origin, the alcoholic woman has been exposed to the use of alcohol as a powerful problem solver, where other problem solving techniques may have been used only minimally by the primary socialization agent.

The strongest support from the results of the present study were for the power/dependency theories (McLelland et al., 1972; McCord et al., 1960) and for some of Adler's theoretical conceptions on alcoholism.

McClelland et al. (1972) have postulated that alcoholics are conflicted by feelings of sexual inadequacy and weakness. The alcoholic women in the study were found to fall into the least adaptive sex-role categories, which were associated with low self-esteem and high anxiety. Also, these same subjects reported a lack of independence, self-reliance, self-sufficiency and ability to make good decisions. Therefore, it appeared evident that feelings of sexual inadequacy and weakness were experienced by the alcoholic subjects. Alcohol may have served the purpose of providing relief from these conflicted emotional states. McClelland et al. found that alcohol also enhanced masculine feelings in alcoholic men. However, Wilsnack (1974) found that alcohol enhanced feelings of femininity in alcoholic women. One could speculate then that alcohol, instead of enhancing only power concerns as outlined by McClelland, also provide the alcoholic, who was conflicted by feelings of sexual inadequacy and weakness, with feelings of self consistency with respect to being masculine or feminine. The conflict of sexual inadequacy and weakness could be true for both male and female alcoholics. However, while the male alcoholic experiences masculine strivings, the female counterpart strives for femininity. The general purpose of alcohol use for both groups, as Adler contends, is to acquire feelings of self-esteem and overcome feelings of inferiority.

In general, the results of the present study provided indirect evidence to support the belief that social and psychological variables interact to reinforce alcohol abuse.

#### Theories on Sex-Role Development

The results of the present study support the contention that some disturbance in the development of adequate sex-role identity has occurred for alcoholic women. Disruption in the family of origin is evident from reports of a high incidence of parental alcoholism and difficulties such as violence, hostility, cruelty to children, a lack of affection and communication. Where feminine subjects appeared to have the least positive relationship with the mother, the undifferentiated women were assumed to have a poor relationship with both parents. Both feminine and undifferentiated subjects reported similar family history patterns.

From the point of view of ego psychology, the alcoholic women in the study experienced a disruption in the development of their sexual identity. During the phallic stage, the female comes to see the mother as a disappointing love object. (Hall, 1954) This event sets the stage for the electra situation. However, due to disturbed family relations, the child may have never completed this stage by giving up the electra complex and identifying with the mother. This theoretical formulation

may provide some explanation for the fact that feminine women reported to favour the father, instead of the mother. However, undifferentiated subjects appeared to have weakened identification with both parents. One could speculate then that these latter subjects may have experienced greater disruptions in the family of origin.

The lack of masculine traits in the alcoholic women lends support to Adler's theory on neurotic development. The suppression of masculine traits leads to increased anxiety and an inhibition of aggression. Higher levels of anxiety are associated with both feminine and undifferentiated individuals. Alcoholics in the present study demonstrated higher levels of anxiety as well as several symptoms associated with the suppression of masculine traits; i.e. post partum depression, and a high incidence of menstrual problems and hysterectomies. Non alcoholics on the other hand reported high evidence of masculine traits as well as many positive feminine traits and low incidence of symptoms associated with the suppression of masculine traits.

The results of the study also provided some indirect support for several social learning theory variables, which suggested that disturbances in relation to significant models in the environment produced difficulties in the development of adequate sexual identity. The alcoholic women in the study, due to reported disruptions

in the family of origin, may not have had adequate role models to incorporate appropriate sex-role behaviours. An association has been found in previous research, between inadequate sex-role development and lack of parental warmth and acceptance. Both feminine and undifferentiated women appeared to have a poor relationship with one or more parent.

Social learning theory originally found that femininity was associated with a nurturant and rewarding relationship with the mother. (McCord et al., 1967) The present study as well as others (Sears, 1970; Gray, 1957) have refuted the concept of femininity as being associated with good adjustment. Instead femininity has been found to be associated with fearfulness, insecurity and self-aggression, variables which were consistent with the findings of the present study for women who lack masculine traits and responses. Also, alcoholic women although they have tended to score highly feminine in previous clinical studies, have demonstrated a very poor relationship to the mother and a warmer relationship to the father. (Wood and Duffy, 1964) Some evidence to support cross sex identification came from the results which evidenced similar personality traits among alcoholic women and the father. No association was found between the alcoholic women's personality traits and those of the mother or spouse

In conclusion, the results of the study supported



the belief that disturbed sex-role adjustment developed as a result of disturbances in the family of origin. The study gave indirect support to several personality theory and social learning variables as explanation for the development of poor sex-role adjustment in alcoholic women.

### Conclusions

The major conclusions from the present study are as follows:

- 1) Alcoholic women experienced a greater degree of poor sex-role adjustment in comparison to non alcoholic women. Poor sex-role adjustment appears to have resulted in low self-esteem, a lack of independence and self-reliance.
- 2) Alcoholic women experienced a greater degree of disruption in the family of origin, i.e.; parental alcoholism, hostility, cruelty, and a lack of communication and affection, than non alcoholic women. This disruption appears to have been the major factor involved in inadequate sex-role development and eventually alcoholism.
- 3) The high rate of marital breakdown among the alcoholic sample did not appear to be a precipitating factor in the development of

alcohol abuse.

- 4) The high rate of post partum depression, menstrual problems and hysterectomy among the alcoholic women, may be related to the low endorsement of masculine traits and feelings of inadequacy as a woman.
- 5) The high rate of paternal alcoholism and the similarity of personality traits between alcoholic women and their fathers may point to cross-sex modeling as a factor in the development of alcoholism.
- 6) The high rate of parental alcoholism in general, among alcoholic women in the sample, may demonstrate the importance of learning as an important factor in the utilization of alcohol as a problem solving mechanism.

#### Recommendations

- 1) The study of sex-role adjustment in alcoholic women should be continued, using the best possible research techniques to clarify any associations between alcoholism and sex-role. Better research techniques would include the use of a larger sample and random sampling procedure.
- 2) The Bem Sex-Role Inventory appeared to be

effective in testing conscious sex-role disposition. It is recommended that this test be used further to study sex-role disposition in alcoholic women.

- 3) It is recommended that multivariate techniques be used in future data analysis on variables used in the present study to account for observed interrelations in the data.
- 4) Although the Bem Sex-Role Inventory has only been used for research purposes, it is recommended that this test be used for diagnostic and clinical purposes to aid in treatment planning.
- 5) Treatment of alcoholic women should take into consideration the possible influence of sex-role on the alcoholic's ability to deal with intimate interpersonal relationships and her adaptation to problem solving situations and self-esteem.
- 6) The primary focus of treatment should be to help the alcoholic woman to build up self-esteem and a stable sexual identity.
- 7) In the treatment of the female alcoholic it is important to concentrate on alternative

problem solving methods which are related to sex-role behaviours and responses. This focus of exploring alternative responses to daily living situations could be incorporated into individual treatment or more advantageously, into group therapy for alcoholic women. The structure provided by feminist counseling may provide the format for looking at such alternative sex-role responses in treatment.

APPENDICES

APPENDIX A  
SHORT MICHIGAN ALCOHOLISM SCREENING TEST  
BEM SEX-ROLE INVENTORY  
QUESTIONNAIRE

SHORT MICHIGAN ALCOHOLISM SCREENING TEST (SMAST)

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. DO YOU FEEL YOU ARE A NORMAL DRINKER? (BY NORMAL WE MEAN YOU DRINK LESS THAN OR AS MUCH AS MOST OTHER PEOPLE).                      | _____      | _____     |
| 2. DOES YOUR WIFE, HUSBAND, A PARENT, OR OTHER NEAR RELATIVE EVER WORRY OR COMPLAIN ABOUT YOUR DRINKING?                               | _____      | _____     |
| 3. DO YOU EVER FEEL GUILTY ABOUT YOUR DRINKING?  | _____      | _____     |
| 4. DO FRIENDS OR RELATIVES THINK YOU ARE A NORMAL DRINKER?   | _____      | _____     |
| 5. ARE YOU ABLE TO STOP DRINKING WHEN YOU WANT TO?   | _____      | _____     |
| 6. HAVE YOU EVER ATTENDED A MEETING OF ALCOHOLICS ANONYMOUS?   | _____      | _____     |
| 7. HAS DRINKING EVER CREATED A PROBLEM BETWEEN YOU AND YOUR WIFE, HUSBAND, A PARENT, OR OTHER NEAR RELATIVE?                           | _____      | _____     |
| 8. HAVE YOU EVER GOTTEN INTO TROUBLE AT WORK BECAUSE OF DRINKING?  | _____      | _____     |
| 9. HAVE YOU EVER NEGLECTED YOUR OBLIGATIONS, YOUR FAMILY, OR YOUR WORK FOR TWO OR MORE DAYS IN A ROW BECAUSE YOU WERE DRINKING?        | _____      | _____     |
| 10. HAVE YOU EVER GONE TO ANYONE FOR HELP ABOUT YOUR DRINKING?   | _____      | _____     |
| 11. HAVE YOU EVER BEEN IN A HOSPITAL BECAUSE OF DRINKING?  | _____      | _____     |
| 12. HAVE YOU EVER BEEN ARRESTED FOR DRUNKEN DRIVING, DRIVING WHILE INTOXICATED, OR DRIVING UNDER THE INFLUENCE OF ALCOHOLIC BEVERAGES? | _____      | _____     |
| 13. HAVE YOU EVER BEEN ARRESTED, EVEN FOR A FEW HOURS BECAUSE OF OTHER DRUNKEN BEHAVIOUR?  | _____      | _____     |
| 14. IF YOU HAVE AN ALCOHOLIC PROBLEM, HOW LONG HAS IT BEEN SINCE YOU HAD YOUR LAST DRINK?  | _____      | _____     |

(1)                      (2) DOES NOT APPLY

BEM SEX-ROLE INVENTORY

INDICATE HOW WELL EACH ITEM DESCRIBES YOURSELF ON THE FOLLOWING SCALE

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
	NEVER OR ALMOST NEVER TRUE	USUALLY NOT TRUE	SOMETIMES BUT INFRE- QUENTLY TRUE	OCCASION- ALLY TRUE	OFTEN TRUE	USUALLY TRUE	ALWAYS OR ALMOST ALWAYS TRUE
1. ACTS AS A LEADER	1	2	3	4	5	6	7
2. AFFECTIONATE	1	2	3	4	5	6	7
3. AGGRESSIVE	1	2	3	4	5	6	7
4. CHEERFUL	1	2	3	4	5	6	7
5. AMBITIOUS	1	2	3	4	5	6	7
6. CHILDLIKE	1	2	3	4	5	6	7
7. ANALYTICAL	1	2	3	4	5	6	7
8. COMPASSIONATE	1	2	3	4	5	6	7
9. ASSERTIVE	1	2	3	4	5	6	7
10. DOES NOT USE HARSH LANGUAGE	1	2	3	4	5	6	7
11. ATHLETIC	1	2	3	4	5	6	7
12. EAGER TO SOOTHE HURT FEELINGS	1	2	3	4	5	6	7
13. COMPETITIVE	1	2	3	4	5	6	7
14. FEMININE	1	2	3	4	5	6	7
15. DEFENDS OWN'S BELIEFS	1	2	3	4	5	6	7
16. FLATTERABLE	1	2	3	4	5	6	7
17. DOMINANT	1	2	3	4	5	6	7
18. GENTLE	1	2	3	4	5	6	7
19. FORCEFUL	1	2	3	4	5	6	7

(Cont'd)



BEN SEX-ROLE INVENTORY

(Cont'd)

20. GULLIBLE	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
21. HAS LEADER- SHIP ABILITIES	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
22. LOVES CHILD- REN	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
23. INDEPENDENT	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
24. LOYAL	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
25. INDIVIDUALISTIC	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
26. SENSITIVE TO THE NEEDS OF OTHERS	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
27. MAKES DECISIONS EASILY	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
28. SHY	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
29. MASCULINE	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
30. SOFT SPOKEN	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
31. SELF-RELIANT	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
32. SYMPATHETIC	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
33. SELF-SUFFICIENT	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
34. TENDER	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
35. STRONG PER- SONALITY	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
36. UNDERSTANDING	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
37. WILLING TO TAKE A STAND	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
38. WARM	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
39. WILLING TO TAKE RISKS	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
40. YIELDING	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>



EDUCATION

- (9) EDUCATION (LIST LAST GRADE COMPLETED)
1. ELEMENTARY SCHOOL \_\_\_\_\_
  2. HIGH SCHOOL \_\_\_\_\_
  3. TECHNICAL TRAINING \_\_\_\_\_
  4. COMMUNITY COLLEGE \_\_\_\_\_
  5. UNIVERSITY \_\_\_\_\_
- (10) ARE YOU PRESENTLY IMPROVING YOUR EDUCATION?
1. YES
  2. NO
- (11) IF YES AT WHAT LEVEL ARE YOU ATTENDING?
1. UPGRADING
  2. TECHNICAL TRAINING
  3. COMMUNITY COLLEGE
  4. UNIVERSITY
- EMPLOYMENT AND CAREER CHOICE
- (12) LIST CURRENT OCCUPATION \_\_\_\_\_
- (13) EMPLOYMENT STATUS
1. FULL TIME
  2. PART TIME
  3. UNEMPLOYED
  4. STUDENT ONLY
  5. HOUSEWIFE ONLY
  6. RETIRED
- (14) TOTAL LENGTH OF TIME YOU HAVE BEEN EMPLOYED.
1. NEVER EMPLOYED
  2. UNDER ONE YEAR
  3. ONE TO THREE YEARS
  4. THREE TO FIVE YEARS
  5. FIVE TO TEN YEARS
  6. MORE THAN TEN YEARS
- (15) IF YOU ARE EMPLOYED, WHAT IS THE REASON?
1. I AM THE SOLE SUPPORT OF MYSELF OR FAMILY.
  2. TO SUPPLEMENT THE FAMILY INCOME.
  3. I PREFER WORKING TO BEING A FULLTIME HOMEMAKER.
  4. OTHER \_\_\_\_\_
- (Specify)

(16) DO YOU RECEIVE SATISFACTION FROM YOUR PRESENT PLACE OF EMPLOYMENT?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

ALWAYS      OFTEN      SOMETIMES      SELDOM      NEVER

IF A FULLTIME HOMEMAKER, DO YOU RECEIVE SATISFACTION FROM THIS ROLE?

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

ALWAYS      OFTEN      SOMETIMES      SELDOM      NEVER

USE OF ALCOHOL

(17) IF YOU HAVE A PROBLEM WITH ALCOHOL, AT WHAT AGE DID YOU FEEL THAT YOU BEGAN DRINKING AT MORE THAN NORMAL LEVEL? \_\_\_\_\_

HOW LONG DID THIS PATTERN OF DRINKING CONTINUE? \_\_\_\_\_

- |                           |                        |
|---------------------------|------------------------|
| 1. AM STILL DRINKING      | 6. THREE TO FIVE YEARS |
| 2. UNDER ONE MONTH        | 7. FIVE TO TEN YEARS   |
| 3. ONE TO SIX MONTHS      | 8. MORE THAN TEN YEARS |
| 4. SEVEN MONTHS TO A YEAR |                        |
| 5. ONE TO TWO YEARS       |                        |

CHILDREN AND CHILDBIRTH

(18) WHAT AGE WERE YOU WHEN FIRST CHILD WAS BORN?

1. AGE \_\_\_\_\_
2. DOES NOT APPLY

(19) NUMBER OF CHILDREN IN YOUR CARE

1. NONE
2. ONE
3. TWO
4. THREE
5. FOUR
6. FIVE OR MORE

(20) IF YOU HAVE NO CHILDREN WILL YOU INDICATE THE REASON?

1. WAITING TILL LATER TO HAVE CHILDREN
2. DECIDED AGAINST HAVING CHILDREN
3. STERILITY.....MYSELF      MY HUSBAND
4. PHYSICAL PROBLEMS IN THE UTERUS MAKES PREGNANCY IMPOSSIBLE.
5. FEAR OF PREGNANCY
6. OTHER \_\_\_\_\_

(Specify)

(21) DID YOU SUFFER ANY DEPRESSION AFTER THE BIRTH OF ANY OF YOUR CHILDREN?  , AND INDICATE WHICH CHILD

- |                   |                 |
|-------------------|-----------------|
| 1. YES            | 1. FIRST CHILD  |
| 2. NO             | 2. SECOND CHILD |
| 3. DOES NOT APPLY | 3. THIRD CHILD  |
|                   | 4. OTHER _____  |

IF YES, HOW LONG DID DEPRESSION LAST?

1. ONE MONTH
2. UNDER SIX MONTHS
3. SIX MONTHS TO A YEAR
4. OVER A YEAR

(22) DID YOU HAVE ANY COMPLICATIONS DURING THE BIRTH OF ANY OF YOUR CHILDREN? (SPECIFY)

---

---

(23) IF YOU HAD THE CHOICE WOULD YOU HAVE HAD MORE OR LESS CHILDREN?

1. MORE
2. LESS
3. THE SAME
4. DOES NOT APPLY

IF YOU HAVE NO CHILDREN YET, HOW MANY WOULD YOU LIKE TO HAVE?

- |          |                   |
|----------|-------------------|
| 1. ONE   | 5. FIVE OR MORE   |
| 2. TWO   | 6. DOES NOT APPLY |
| 3. THREE |                   |
| 4. FOUR  |                   |

(24) HAVE YOU EVER HAD TO SEE A DOCTOR DUE TO DIFFICULTIES WITH MENSTRUATION?

1. YES
2. NO

IF YES SPECIFY THE NATURE OF THE PROBLEM \_\_\_\_\_

---

(25) HAVE YOU EVER HAD A TOTAL OR PARTIAL HYSTERECTOMY?

1. YES
2. NO

IF YES, SPECIFY AT WHAT AGE \_\_\_\_\_

FAMILY OF ORIGIN

(26) IF ONE OR BOTH PARENTS ARE DECEASED, WHAT AGE WERE YOU WHEN PARENT DIED?

1. YOUR AGE WHEN MOTHER DIED. \_\_\_\_\_
2. YOUR AGE WHEN FATHER DIED. \_\_\_\_\_
3. PARENTS ARE STILL LIVING. \_\_\_\_\_

(27) WERE YOUR PARENTS EVER SEPARATED OR DIVORCED? (SPECIFY WHAT AGE YOU WERE WHEN AND IF THIS OCCURRED).

1. SEPARATED. \_\_\_\_\_
2. DIVORCED. \_\_\_\_\_
3. NO.

(28) IF YOU WERE NOT RAISED BY YOUR BIOLOGICAL PARENTS, WHO DID RAISE YOU?

1. ADOPTIVE PARENTS.
2. FOSTER PARENTS.
3. GRANDPARENTS.
4. OTHER RELATIVES.
5. OTHER. \_\_\_\_\_

(29) DID ANYONE IN YOUR FAMILY HAVE A PROBLEM WITH ALCOHOL?

1. YES
2. NO

IF YES, SPECIFY WHO \_\_\_\_\_

(30) WERE YOU EVER SEXUALLY ABUSED AS A CHILD?

1. YES
2. NO

IF YES BY WHOM? \_\_\_\_\_  
 \*(SPECIFY)

(31) RELATIONSHIP TO PARENTS AS A CHILD..... MOTHER FATHER

1. WHOM WERE YOU THE CLOSEST TO?.....	_____	_____
2. WHO LIKED YOU THE MOST?.....	_____	_____
3. WHO WANTED TO BE WITH YOU THE MOST?.....	_____	_____
4. WHO DID YOU MOST WANT TO PLEASE?.....	_____	_____
5. WHO DID YOU MOST WANT TO BE LIKE?.....	_____	_____
6. WHO DID YOU RESPECT THE MOST?.....	_____	_____
7. WHO DID YOU SPEND THE MOST TIME WITH?...	_____	_____
8. WHO TAUGHT YOU THE MOST?.....	_____	_____
9. WHO DISLIKED YOU THE MOST?.....	_____	_____
10. WHO DID YOU DISLIKE THE MOST?.....	_____	_____
11. WHO DID YOU FEAR THE MOST?.....	_____	_____
12. WHO ANGERED YOU THE MOST?.....	_____	_____
13. WHO UNDERSTOOD YOU THE LEAST?.....	_____	_____
14. WHO CRITICIZED YOU THE MOST?.....	_____	_____
15. WHO WAS THE MOST AFFECTIONATE TOWARD YOU?	_____	_____

(32) WHO WAS MOTHER'S FAVOURITE IN YOUR FAMILY?  
WHO WAS FATHER'S FAVOURITE IN YOUR FAMILY? \_\_\_\_\_  
\_\_\_\_\_

1. MYSELF
2. MY SISTER
3. MY BROTHER
4. HAD NO FAVOURITES

MARITAL RELATIONS

(33) ON THE SCALE THAT FOLLOWS:

A) MARK THE PERSONALITY TRAITS OF YOUR FATHER.

USE THE LETTER "F" TO CHECK OFF THESE TRAITS.

CHECK EACH ITEM.

	ALWAYS	ALMOST ALWAYS	OCCASIONALLY	ALMOST NEVER	NEVER
1. AFFECTIONATE.....					
2. GETS ANGRY EASILY.....					
3. TENDS TO KEEP ANGER INSIDE.....					
4. SOCIABLE, MAKES FRIENDS EASILY.....					
5. DOMINATING, WANTS OWN WAY.....					
6. GIVES IN IN AN ARGUMENT.....					
7. DISTANT, NOT VERY AFFECTIONATE OR TALKATIVE.....					
8. TAKES ON RESPONSIB- ILITY.....					
9. ABLE TO MAKE GOOD DECISIONS.....					
10. SENSITIVE TO WHAT OTHERS THINK.....					
11. EASILY INFLUENCED BY OTHERS.....					
12. SHARES FEELINGS OPENLY.....					



B) MARK THE PERSONALITY TRAITS OF YOUR MOTHER.

USE THE LETTER "M" TO CHECK OFF THESE TRAITS.

	ALWAYS	ALMOST ALWAYS	OCCASIONALLY	ALMOST NEVER	NEVER
1. AFFECTIONATE.....					
2. GETS ANGRY EASILY.....					
3. TENDS TO KEEP ANGER INSIDE.....					
4. SOCIABLE, MAKES FRIENDS EASILY.....					
5. DOMINATING, WANTS OWN WAY.....					
6. GIVES IN IN AN ARGUMENT.....					
7. DISTANT, NOT VERY AFFECTIONATE OR TALKATIVE.....					
8. TAKES ON RESPONSIBILITY.....					
9. ABLE TO MAKE GOOD DECISIONS.....					
10. SENSITIVE TO WHAT OTHERS THINK.....					
11. EASILY INFLUENCED BY OTHERS.....					
12. SHARES FEELINGS OPENLY.....					

C) MARK THE PERSONALITY TRAITS OF YOUR MATE.

USE "S" TO CHECK OFF THESE TRAITS.

	ALWAYS	ALMOST ALWAYS	OCCASIONALLY	ALMOST NEVER	NEVER
1. AFFECTIONATE.....					
2. GETS ANGRY EASILY.....					
3. TENDS TO KEEP ANGER INSIDE.....					
4. SOCIABLE, MAKES FRIENDS EASILY.....					
5. DOMINATING, WANTS OWN WAY.....					
6. GIVES IN IN AN ARGUMENT.....					
7. DISTANT, NOT VERY AFFECTIONATE OR TALKATIVE.....					
8. TAKES ON RESPONSIBILITY.....					
9. ABLE TO MAKE GOOD DECISIONS.....					
10. SENSITIVE TO WHAT OTHERS THINK.....					
11. EASILY INFLUENCED BY OTHERS.....					
12. SHARES FEELINGS OPENLY.....					



D) MARK THE PERSONALITY TRAITS OF YOURSELF.

USE "Y" TO CHECK OFF THESE TRAITS.

	ALWAYS	ALMOST ALWAYS	OCCASIONALLY	ALMOST NEVER	NEVER
1. AFFECTIONATE.....					
2. GETS ANGRY EASILY.....					
3. TENDS TO KEEP ANGER INSIDE.....					
4. SOCIABLE, MAKES FRIENDS EASILY.....					
5. DOMINATING, WANTS OWN WAY,.....					
6. GIVES IN IN AN ARGUMENT.....					
7. DISTANT, NOT VERY AFFECTIONATE OR TALKATIVE.....					
8. TAKES ON RESPONSIBILITY.....					
9. ABLE TO MAKE GOOD DECISIONS.....					
10. SENSITIVE TO WHAT OTHERS THINK.....					
11. EASILY INFLUENCED BY OTHERS.....					
12. SHARES FEELINGS OPENLY.....					

5

(34)

A) STATE THE EXTENT OF AGREEMENT OR DISAGREEMENT BETWEEN YOUR MOTHER AND FATHER OF THE FOLLOWING ITEMS. MARK "D" FOR YOUR PARENTS IN PLACE OF THE CHECK MARK. CHECK EACH ITEM.

	ALWAYS AGREE	ALMOST ALWAYS AGREE	OCCASION- ALLY DISAGREE	ALMOST ALWAYS DISAGREE	ALWAYS DISAGREE
1. HANDLING FINANCES, MONEY MATTERS					
2. DEMONSTRATION OF AFFECTION (KISSING AND HUGGING)					
3. HOW TO SPEND LEISURE TIME. (RECREATION)					
4. FRIENDS (LIKE OR DISLIKE)					
5. AMOUNT OF TIME THAT SHOULD BE SPENT TOGETHER					
6. VALUES AND GOALS IN LIFE					
7. INTIMATE RELATIONS (SEXUAL RELATIONS)					
8. METHODS OF RAISING THE CHILDREN					

B) STATE THE EXTENT OF AGREEMENT OR DISAGREEMENT  
 BETWEEN YOU AND YOUR MATE ON THE FOLLOWING  
 ITEMS. MARK "X" FOR YOU AND YOUR MATE IN  
 PLACE OF THE CHECK MARK. CHECK EACH ITEM.

	ALWAYS AGREE	ALMOST ALWAYS AGREE	OCCASION- ALLY DISAGREE	ALMOST ALWAYS DISAGREE	ALWAYS DISAGREE
1. HANDLING FINANCES, MONEY MATTERS					
2. DEMONSTRATION OF AFFECTION (KISSING AND HUGGING)					
3. HOW TO SPEND LEISURE TIME. (RECREATION)					
4. FRIENDS (LIKE OR DISLIKE)					
5. AMOUNT OF TIME THAT SHOULD BE SPENT TOGETHER					
6. VALUES AND GOALS IN LIFE					
7. INTIMATE RELATIONS (SEXUAL RELATIONS)					
8. METHODS OF RAISING THE CHILDREN					

(35) A) FROM THE FOLLOWING SITUATIONS, CHECK THOSE WHICH YOU FEEL HAVE CAUSED SERIOUS PROBLEMS IN YOUR PARENTS' MARRIAGE. MARK "D" FOR PARENTS. YOU CAN CHECK ANY NUMBER OF ITEMS.

1. DIFFICULTIES OVER MONEY \_\_\_\_\_
  2. MUCH ARGUING \_\_\_\_\_
  3. UNSATISFYING SEXUAL RELATIONS. \_\_\_\_\_
  4. SELFISHNESS, LACK OF COOPERATION \_\_\_\_\_
  5. ADULTRY \_\_\_\_\_
  6. JEALOUSY \_\_\_\_\_
  7. DESIRE TO HAVE CHILDREN \_\_\_\_\_
  8. LACK OF COMMUNICATION \_\_\_\_\_
  9. DIFFERENT INTERESTS \_\_\_\_\_
  10. LACK OF AFFECTION \_\_\_\_\_
  11. CRUELTY TO THE CHILDREN \_\_\_\_\_
  12. DRUNKENNESS \_\_\_\_\_
  13. ILLNESS \_\_\_\_\_
  14. NONSUPPORT \_\_\_\_\_
  15. DISCIPLINING CHILDREN \_\_\_\_\_
  16. GAMBLING \_\_\_\_\_
  17. DESERTION \_\_\_\_\_
  18. THE OTHERS FRIENDS \_\_\_\_\_
  19. HOSTILITY, ANGER \_\_\_\_\_
  20. OTHER \_\_\_\_\_
- (SPECIFY)

B) FROM THE SAME SITUATIONS, CHECK THOSE WHICH YOU FEEL HAVE CAUSED SERIOUS PROBLEMS IN YOUR MARRIAGE. MARK "M" FOR YOUR MARRIAGE. CHECK ANY NUMBER OF ITEMS.

1. DIFFICULTIES OVER MONEY \_\_\_\_\_
2. MUCH ARGUING \_\_\_\_\_
3. UNSATISFYING SEXUAL RELATIONS \_\_\_\_\_
4. SELFISHNESS, LACK OF COOPERATION \_\_\_\_\_
5. ADULTRY \_\_\_\_\_
6. JEALOUSY \_\_\_\_\_
7. DESIRE TO HAVE CHILDREN \_\_\_\_\_
8. LACK OF COMMUNICATION \_\_\_\_\_
9. DIFFERENT INTERESTS \_\_\_\_\_
10. LACK OF AFFECTION \_\_\_\_\_
11. CRUELTY TO THE CHILDREN \_\_\_\_\_
12. DRUNKENNESS \_\_\_\_\_
13. ILLNESS \_\_\_\_\_
14. NONSUPPORT \_\_\_\_\_
15. DISCIPLINING CHILDREN \_\_\_\_\_
16. GAMBLING \_\_\_\_\_
17. DESERTION \_\_\_\_\_
18. THE OTHERS FRIENDS \_\_\_\_\_
19. HOSTILITY, ANGER \_\_\_\_\_
20. OTHER \_\_\_\_\_

(SPECIFY)

(36) CHECK HOW YOU FEEL WHEN YOU ARE UPSET WITH YOUR MATE. CHECK EACH ITEM.

	VERY	SOMEWHAT	A LITTLE	NOT AT ALL
1. ANGRY.....				
2. MISERABLE.....				
3. INSECURE.....				
4. LONELY.....				
5. WORRIED.....				
6. HURT.....				
7. ANNOYED.....				
8. CONFIDENT.....				
9. AFRAID.....				

(37) WHAT WAS THE MAJOR REASON FOR YOU MARRYING?

1. TO LEAVE THE HOME SITUATION
2. LOVE
3. TO HAVE A HOME
4. FOR FINANCIAL SECURITY
5. PREGNANCY
6. OTHER \_\_\_\_\_

(Specify)

(38) WHAT THINGS ABOUT YOUR MATE FIRST ATTRACTED YOU TO HIM?

- |                        |                     |
|------------------------|---------------------|
| 1. HIS CONFIDENCE      | 6. LITTLE BOY CHARM |
| 2. SINCERITY           | 7. MATURITY         |
| 3. PHYSICAL ATTRIBUTES | 8. OTHER _____      |
| 4. AFFECTIONATE        | (Specify)           |
| 5. AGGRESSIVE          |                     |



(39) WHAT DO/DID YOU MOST OFTEN DO WHEN ANGRY WITH YOUR MATE?

1. SHARE FEELINGS WITH HIM
2. REMAIN SILENT
3. TALK TO FAMILY MEMBER OR FRIEND
4. DRINK
5. TAKE FEELINGS OUT ON SOMEONE ELSE
6. OTHER \_\_\_\_\_  
(SPECIFY)

(40) IF YOU ARE OR HAVE BEEN SEPARATED OR DIVORCED, WHAT WERE THE REASONS FOR THE BREAKUP OF THE MARRIAGE? (PLEASE SPECIFY)

\_\_\_\_\_

\_\_\_\_\_

(41) IF YOU HAD IT ALL TO DO OVER AGAIN, WOULD YOU HAVE MARRIED THE SAME PERSON?

1. YES
2. NO
3. DOES NOT APPLY

SEXUAL BEHAVIOUR

(42) DO/DID YOU FIND SEX PLEASURABLE WITH YOUR MATE?

1. ALWAYS
2. SOMETIMES
3. RARELY
4. NEVER

(43) TO WHAT DEGREE ARE YOU/WERE YOU SATISFIED WITH THE FREQUENCY OF SEXUAL INTERCOURSE?

1. WOULD LIKE IT MORE OFTEN
2. WOULD LIKE IT LESS OFTEN
3. AM SATISFIED
4. NO LONGER HAVE ANY INTEREST IN SEX

(44) WHEN YOU ARE DRINKING ALCOHOL DO YOU FIND SEX...

1. MORE PLEASURABLE
2. MORE TOLERABLE
3. LESS PLEASANT
4. THE SAME
5. OTHER \_\_\_\_\_

APPENDIX B  
INTRODUCTORY LETTERS

Dear Ladies:

Throughout my social work career I have become increasingly more concerned and interested in the social, psychological, and interpersonal problems which many women face. For this reason I have focused my research, to be completed for the Master of Social Work Degree at the University of Windsor, on one aspect of a problem which is experienced by many women. The nature of the study is that of alcoholism in women. In order to complete this research study I require as many women as possible who are not alcoholic to participate as the control group in this project. It would mean completing a questionnaire, taking approximately one hour of your time. Confidentiality is assured and no names will be requested on the questionnaire. I urge your support, as this research will not be viable without this information. The questionnaire will be completed at the House of Sophrosyne, a recovery home for female alcoholics, at a time set up as much to your convenience as possible. If you have a group of women who are willing to volunteer, then I could arrange, if it is more convenient, to meet this group at a place more suitable to yourselves. If you wish to participate and give an hour of your time, please contact me, Anne Touhimaa, at 254-7708 after 6:00 p.m., before April 16, 1980. Copies

of the results of this study will be available by  
September at the House of Sophrosyne, Connaught Clinic,  
and the University of Windsor Library. I hope this study  
will be valuable in assisting the female alcoholic in  
this community. Thank you.

Sincerely,

Dear Ladies:

Throughout my social work career and experiences with the female alcoholic, I have become concerned and interested in improving the help they receive in our community. Due to this interest, I am doing a research project directed toward the female alcoholic as part of my course requirements for completing the Master of Social Work Degree at the University of Windsor. In order to complete this study, and make it a viable source of information, I need as many alcoholic women as possible to participate. It is hoped that you will contribute an hour of your time to answer a questionnaire. Confidentiality is assured and no names will be requested. This questionnaire will be completed at the House of Sophrosyne at a time set up as much to your convenience as possible. I will be present to answer any questions you might have in completing the questionnaire. Copies of the results will be available by the fall of this year for your examination at the House of Sophrosyne, Connaught Clinic at the University of Windsor. I call on you to help me with this study if you are able. If you wish to participate, please contact me, Anne Touhimaa, at 254-7708, before April 9, 1980 after 6 p.m. I will then inform you of times to complete the questionnaire. It is my hope that this study will provide valuable information to assist the female alcoholic in this community.

Sincerely,

APPENDIX C

AGENCY DESCRIPTION:

HOUSE OF SOPHROSYNE

HERITAGE HOSPITAL ALCOHOLISM

PROGRAM

### House of Sophrosyne

The House of Sophrosyne is a residential recovery home for alcoholic women in Windsor, Ontario.

Sophrosyne started admitting residents in November of 1978. Women participating in the recovery home programme pass through four phases; i.e. detoxification, rehabilitation, outreach and follow-up. Residents are encouraged to remain in the House for a minimum of three weeks. Family members also participate in group sessions for significant others. The House of Sophrosyne is staffed by a Director, Assistant Director and four Counsellors.

### Heritage Hospital Alcoholism Treatment Program

The Heritage Hospital Alcoholism Treatment Program is located in Taylor, Michigan and provides services on an inpatient and outpatient basis. The program provides treatment to both men and women. The program includes individual counseling, group therapy, didactic sessions and referral as well as medical care. Separate group therapy sessions are available for women patients only. The staff at the Heritage Hospital program includes a supervisor and four counsellors.

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