

5-10-1974

# Female Alcoholism: the Relationship of Marital Status to Personality Disorganization

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## Recommended Citation

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<https://doi.org/10.15760/etd.2131>

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AN ABSTRACT OF THE THESIS OF Julene B. Knapp for the Master of Social Work presented May 10, 1974.

Title: Female Alcoholism: The Relationship of Marital Status to Personality Disorganization.

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Research on the female alcoholic indicates that women drink for different reasons than men. Rather than being a product of role conflict as it is in males, female alcoholism is frequently precipitated by stress, particularly marital stress. For exploratory purposes a group of women seen at a public alcoholism treatment clinic were divided into four categories: 1) Non-alcoholic wives of alcoholic men; 2) alcoholic wives of non-alcoholic men; 3) single alcoholic women; 4) alcoholic wives of alcoholic men. These groups were compared for amount of personality disorganization, using the total number of abnormal scales on the clinical profiles of the Minnesota Multiphasic Personality In-

ventory, a personality test administered at the beginning of treatment. The investigator hypothesized that the alcoholic wives of alcoholics would demonstrate the most dysfunction, due to the unstabilizing effects of the alcoholic husband and the stress of marital interaction between two disorganized personalities. In contrast, the alcoholic woman married to the non-alcoholic husband would experience less stress and consequently less personality dysfunction without the problems created by an alcoholic husband. The dysfunction of the single alcoholic women was hypothesized to fall between the two marital categories; and the dysfunction of the non-alcoholic wives of alcoholic males was hypothesized to be the least among the four categories, since these wives have been shown to have essentially normal personalities which become disorganized by their husbands' alcoholic episodes.

As hypothesized, the non-alcoholic wives showed the least amounts of personality disorganization, but the alcoholic women showed an inverse relationship to the hypothesized order of dysfunction, i.e. the alcoholic women married to non-alcoholic men were most disorganized, according to numbers of abnormal MMPI scales, followed by single alcoholic women and then the alcoholic wives of alcoholic men. The differences among the alcoholic groups disappeared, though, when age was held constant, except in the group of older alcoholic women, where the inverse relationship remained.

The results of this study raise questions about the adaptive and maladaptive use of alcohol within a marriage situation and the subsequent effects on personality.

FEMALE ALCOHOLISM; THE RELATIONSHIP OF MARITAL  
STATUS TO PERSONALITY DISORGANIZATION

by

JULENE B. KNAPP

A thesis submitted in partial fulfillment of the  
requirements for the degree of

MASTER  
of  
SOCIAL WORK

Portland State University  
1974

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## PREFACE

The following study on female alcoholism was sponsored by the Alcoholism Treatment and Training Center in Portland, part of the State Mental Health Division. I wish to express my appreciation to the people at that clinic for the opportunity to do this research. In particular, I would like to thank Mr. Dennis Brenner for many of the ideas behind this study and for his encouragement and facilitation.

Secondly, I want to thank Dr. Arthur Emlen, chairman, and Ms. Norma Nelson for the time they gave to this research as members of my thesis committee. I value very much their ideas, enthusiasm and support.

Finally, I want to acknowledge the hours of work spent by my co-researcher, my husband Jim, in collecting the data for this study. He will be following up this thesis with further research with the same data.

Julene B. Knapp  
May, 1974

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## CHAPTER I

### INTRODUCTION

The professional social worker deals at many levels with the widespread problems and consequences of alcoholism. It renders many marriages and families dysfunctional. It is a problem among the depressed, the elderly and the lonely. Its victims are frequently seen in our criminal justice and public welfare systems. Persons with alcoholism in turn produce their own victims - victims of their poor parenting, of their drunken driving, of their crime, or their unsteady employment. The social worker, whether he works at the macrolevel or mezzolevel or microlevel of human organization, encounters the manifestations of alcoholism.

Though research on alcoholism is extensive, most of it has been done on male rather than female populations. The literature available on female alcoholics indicates that alcoholism has some unique aspects in women. For example, the onset of alcoholism in women seems to be precipitated by a stressful event more often than for men (1,2,3), whereas research on male alcoholics indicates that the dynamics of male alcoholism are in part a response to the male role in society (4). Psychological studies in general have often ignored the differences in male and female and have defined women in terms of men, i.e. they have described how women are different from men rather than what they are like in their own right. Frequently these studies portray subtly pejorative images of

women, especially of the alcoholic woman, who is viewed by many in our culture as immoral and unfeminine (5,6). The majority of the literature on alcoholism, then, has questionable significance when applied to the female.

Furthermore, American women are currently undergoing extensive examination of traditional feminine roles, creating significant changes both in individual persons and in families. Awareness of both the effects of the traditional roles and of the rapid changes on the propensity for alcoholism is a necessity (7,8). Undoubtedly, marriage, with its concomitant role expectations, plays a significant part in the lives of most women in American society. Traditionally it has been instrumental in defining a woman's status and lifestyle. Thus, the following study explores some issues in the relationship of marriage to alcoholism in women.

## CHAPTER II

### THE LITERATURE

A review of the research literature on the alcoholic woman provides some data on the family backgrounds and drinking histories of these women. Several studies report that, when these women are compared to populations of male alcoholics, they are found to have a later age of onset with alcoholism beginning around age thirty, about eight years later than in men. Nevertheless, the alcoholism seems to progress more rapidly so that both males and females are first hospitalized near age forty (9,10,11).

Depending on the researcher, rates of broken marriages for these women vary from 24% found by Winokur (10) to 67% in Lisansky's (?) study; these are much higher than found in male populations. Often the alcoholic woman's drinking is precipitated by a stressful situation. Rosenbaum (12) and Wood (13) found the most frequent source of this stress to be marital conflict and tension. In an intensive study of married alcoholic women Rosenbaum found great emotional deprivation in childhood, loss of parents during formative years, and characterization of the mothers of the women as aggressive and strict and the fathers as weak and ineffectual. These women, then, brought strong dependency needs to their marriages - marriages in which they often found their husbands also to be weak. The husband's own drinking and unconstructive attitudes toward the wife were the major sources of marital conflict.

These marriages, built on previous instability, were further exacerbated by other factors within the marriage.

Wood et al. (13) studied middle and upper class women and found that they were invariably raised in disturbed homes with a cold, dominant parent (usually the mother) and frequently an alcoholic father. The women grew up with feelings of inadequacy and an inability to directly express hostility. They then married men much like their own mothers - cold, controlling and unable to express feelings.

Other researchers report that alcoholic women often drink with their husbands, 20 to 40% of whom are also alcohol abusers (7,8,14). Zelan (15) and Lisansky (7) both found evidence indicating that these women often choose husbands who are much older or younger than themselves. Also, sexual dissatisfaction seems to be common (13,14,16,17).

The incidence of alcoholism among first degree relatives of alcoholic females is much higher than in the general population and also higher than the incidence among the relatives of male alcoholics (9,10). In 1957 Lisansky (7) reported that a significantly larger proportion of the females in her outpatient clinic study reported problem drinking among parents and siblings, and among those women who were or had been married, 35% (as opposed to 9% among male alcoholics) had spouses with drinking problems. These women seemed to have a relatively good amount of social integration, however, when she compared them to a group of women alcoholics in a penal institution. She found the prison population to be younger and to have histories of more severe deprivation, plus a higher rate of parent, sibling, or spouse drinking problems. Both Cramer (18) and Fort (19) support this, having found higher inci-

dences of personality problems and antisocial behaviors with earlier ages of onset.

The disorganized personalities of alcoholics have received a fair amount of attention in research. The available literature on the personalities of female alcoholics strongly suggests that the alcoholism is frequently associated with other psychiatric dysfunction, especially affective disorders.

Alcoholism and other forms of dependence upon drugs have complex manifestations. Certain personality features seem to enhance the likelihood of forming such habits, the drugs themselves have demonstrable personality effects on those who use them, and the consequences of such dependence upon other aspects of users lives may in turn cause additional emotional disturbance and upset (20, p. 322).

Schukit (9) from Washington University Psychiatry Department studied the importance of affective disorders among female alcoholics. Only 39 from their sample of 70 had alcoholism as their first-appearing (primary) illness. Of the others 19 had a pre-existing affective disorder, 6 had pre-existing sociopathy, and 6 had other psychiatric illnesses. The first degree female relatives of the probands tended to have the same disorder as the primary disorder in the proband; e.g. a primary affective disorder alcoholic had female relatives with affective disorders while primary alcoholics had female relatives with alcoholism. In male alcoholic populations the presence of primary affective disorders is much lower: 3% as compared to 27%. Males tend to have higher rates of primary personality disorder (9, 10).

Research on the genesis of alcoholism suggests a wide range of factors contributing to the process. Lisansky (7), Berner (8), Curran (16) and Wall (11), provide evidence that the development is different in

women than in male alcoholics. They cite problems with psychosexual development and identification with parents. Others describe pathological mechanisms centering around poor impulse control (21), over indulgence (8), problems with authority figures (12,13,15) and disruption of early home life (7). No "alcoholic personality" has been isolated. Kinsey (6) demonstrated that alcoholism seems to arise when several social and psychological factors coincide.

In spite of the fact that about one third of female alcoholics are married to men who are also alcohol abusers, the literature on the wife of the male alcoholic gives virtually no attention to the differences between the alcoholism and non-alcoholism of these women. Some of the early reports on the wife of the alcoholic pictured her as an aggressive woman who married an alcoholic in order to meet her own need to be dominant. Most of this research was in fact based on a handful of clinical judgements from therapy done by psychiatrists. In the 1950's this picture evolved into that of a woman whose personality fluctuated with the stresses of her marriage and who generally did not fit into a personality "type." J. K. Jackson (22) in Seattle was instrumental in developing this "Stress Theory" to explain the wife's personality disorganization. The studies of Bailey, Haberman and Alksne (23) in the 1960's have contributed to the formulation of the psychosocial theory which integrates the old psychopathological theories with the stress theory. In their review of the literature on the wife of the alcoholic, Edwards, Harvey and Whitehead conclude that the wives of male alcoholics are women who have essentially normal personalities of different types, rather than of any one particular type. They may suffer personality dysfunction when their husbands are active alcoholics, but if their husbands become abstinent

and the periods of abstinence increase, the wives experience less and less dysfunction. Concurrent with these personality fluctuations are changes in the wives' methods of coping with their husbands' drinking patterns and in the roles the wives play within the family. In all this, these women seem much like other women experiencing marital problems. . . . The only tenable proposition about the wives of alcoholics is, therefore, essentially a null hypothesis - that is, that the wives of alcoholics are not unique (24, p. 130).

## CHAPTER III

### MARRIAGE AND PERSONALITY DISORGANIZATION

If the research on the wives of alcoholics can be generalized to include those wives who are also alcoholics, one would presume that they, too, suffer dysfunction when their husbands are drinking, in addition to their own personality dysfunction. The chances of stressful living would seem to be greater in marriages of this type than in marriages where a non-alcoholic husband could provide some stabilizing factors such as consistent income. Seemingly, the communication between two dysfunctional people would be far more disordered than between a more or less normal spouse with his dysfunctional partner, consequently precipitating the marital stress and tension which leads to alcoholic episodes (6, 12).

Wanberg (25,26) and others have found that alcoholic women frequently drink with their spouses; possibly this fortifies the denials of each of the partners in the alcoholic marriage and maintains the maladjustment. Since women have traditionally depended for much of their social identity on their spouses, the alcoholic woman married to an alcoholic might find her own poor self image worsened by her marital situation. Furthermore, because any recovery from alcoholism depends greatly on one's mate, and because these marriages do not support recovery, the alcoholism is likely to be maintained for longer periods of time, increasing the possibility of organic damage (2,27). Thus, all



of these factors - marital stress, maintenance of denials, poor socially defined self image, and unsupported recovery - increase the chances of personality disorganization in the alcoholic woman married to the alcoholic man.

Therefore, this investigator hypothesized that these alcoholic women with alcoholic husbands would exhibit more general personality disorganization than alcoholic women who are married to non-alcoholic spouses.

If alcoholism or non-alcoholism in one's spouse affects the personality dysfunction of an alcoholic woman, one must ask what marital status itself contributes to indications of overall personality functioning, i.e. how are these married alcoholic women different in personality dysfunction from single alcoholic women? For the sake of exploratory study the investigator assumed that the amount of personality dysfunction of single alcoholic women falls somewhere between the degrees found in women married to non-alcoholics and women married to alcoholics. A survey of the alcoholic literature provides little to support or discount such an assumption. Fort and Porterfield (28) suggest that women with notable personality difficulties preceding the onset of heavy drinking have a lower onset age. Non-married alcoholics may be either formerly married or never married, and since never-married women are frequently of that status merely because of their young age, one might assume that at least some of the women in this category exhibit personality dysfunction unrelated to alcoholism (29). If the presence of a non-alcoholic spouse is to be considered as a stabilizing factor to the personality of an alcoholic woman, the absence of that stabiliz-

ing factor would then put the unmarried alcoholic woman on more or less neutral ground.

Returning to the original generalization that the alcoholic wives of alcoholics suffer the similar increased personality disorganization that non-alcoholic wives of alcoholics suffer when their husbands are actively alcoholic, one must also compare these alcoholic women to those essentially normal non-alcoholic wives. As a result, when seen on a continuum of least-to-most dysfunction, the personalities of these women would range from 1) non-alcoholic women with alcoholic husbands to 2) alcoholic women with non-alcoholic husbands to 3) single alcoholic women to 4) alcoholic women with alcoholic husbands.

## CHAPTER IV

### METHOD

The purpose of the research at this point is not to explore the more specific personality characteristics but to measure only general personality dysfunction at the time the woman appeared for treatment. The Minnesota Multiphasic Personality Inventory is a well known instrument which has been used frequently in the study of alcoholic personalities (e.g. in 30); it has some distinct advantages for use in this research and was chosen for this exploratory study to measure degree of disorganization. The test can be quite sensitive to day by day personality changes, and it is often used by clinicians for that purpose.

The MMPI is a self-administering questionnaire which yields a profile with four validity scales and ten clinical scales on a graph of T scores. The profile distinctly marks scores above 70 and below 30; these scores are two or more standard deviations from the mean and are generally considered to be abnormal. The higher the score, the greater the similarity to the various clinical groups used in constructing the scales. A proper interpretation of the test includes not only the analysis of score elevation but also analysis of the features of the patterns and slopes of the scores as they are connected on the graph. Still, research has tended to favor study of "interpretable" scores, i.e. scores above 70 and below 30. Merely by looking at the abnormal clinical scores one gets a rough idea of the amount of dysfunction and

of the areas in which the personality is manifesting statistically abnormal characteristics. Because the type of dysfunction is unimportant at this time, a count of numbers of abnormal clinical scores per test yields a simple instrument for measuring personality disorganization. Invalid tests are readily rejected by the elimination of tests with abnormal validity scales.

In summary, the investigator chose to measure personality disorganization by comparing the numbers of abnormal scores on the clinical scales or the Minnesota Multiphasic Personality Test.

To examine the relationship of marital status and alcoholism of spouse to personality disorganization, a sample of women treated at the Alcohol Treatment and Training Center, an out-patient clinic operated in Portland, Oregon, by the State Division of Mental Health, was chosen. The clinic serves alcoholics and their families in the greater metropolitan Portland area and its rural surroundings, with most clients coming from low and middle income families. Education and group therapy are the main treatment modalities. Part of the intake procedure is the administration of the Minnesota Multiphasic Personality Inventory and the Edwards Personal Preference Schedule, and any applicant who has completed the intake and orientation process after the year 1968 usually has the results of these tests available in his or her record. The subjects for this study are the 243 women who completed this intake procedure between 1968 and 1973 and who were no longer being seen at the clinic, i.e. they were tested at the beginning of treatment and their cases had been closed as of June, 1973. This number does not include the children of the clients and the fourteen non-Caucasian women

treated during this time span.

The use of a commercially designed hand card sorting system allowed the investigator to collect pertinent information in a number of areas, including the scores on their MMPI and Edwards Personal Preference Schedule. By defining the population as to demographic parameters, the problems of some previous research on alcoholic women, cited by Schukit (9) in his review of the literature, can be eliminated. All the information and the diagnoses in the files were recorded by the professional staff at the clinic, using the nationally accepted diagnostic categories of alcoholism and personality disorders published by the American Psychiatric Association (31). The subjects of this study were anonymous to the investigator.

## CHAPTER V

### THE RESULTS

As previously mentioned, the demographic parameters of the sample must be taken into account as the results are analyzed. Some frequencies tabulated on the total sample give an overview of the type of women seen in the clinic. TABLE I shows that most of the women were under fifty years of age when they entered the clinic, with almost half of them between the ages of thirty-six and fifty.

TABLE I  
AGE DISTRIBUTION OF TOTAL SAMPLE

Age-yrs.	Frequency	% of Total
18-35	89	37%
36-50	108	44%
51 up	46	19%
Total	243	100%

TABLE II indicates that the women generally have high school educations and that about one in three have some type of advanced training. The category "beyond" may include technical training beyond high school level or any amount of college work. Only 36 or those 76 were considered to be professionally trained, e.g. teacher, registered nurse.

TABLE II  
LEVELS OF EDUCATION ATTAINED  
IN TOTAL SAMPLE

Level	Frequency	% of Total
Grammar Sch.	25	10%
High Sch.	139	58%
Beyond	76	31%
Unknown	3	1%
Total	243	100%

TABLE III  
FAMILY INCOME RANGE IN TOTAL SAMPLE

Income	Frequency	% of Total
Below \$6000	115	47%
\$6000-12,000	100	41%
Above \$12,000	28	12%
Total	243	100%

Most of the women in this sample seem to fall into lower-middle class socio-economic status or below. The very nature of the clinic, a public agency, tends to eliminate those persons who are able to pay for private psychiatric services. Also, many of the clients at the Alcohol Treatment and Training Center are referred by other public agencies such as the public welfare department. The low family incomes may

also be due to employment problems experienced as a result of alcoholism.

Only 19% of the total sample of women were unmarried. This category includes those who have never been married, those who are divorced and those who are widowed. This study looked only at the effects of the marital relationship during the time women entered treatment, and therefore, these women were grouped together since no marital relationship was being experienced at that time. Because so many of the women in the sample were women coming to the clinic as part of the treatment for their alcoholic husbands, the sample is biased in the direction of the married. TABLE IV shows the frequencies of marriage in the total sample. For the sake of categorization, a handful of women separated from their husbands at the time of intake were considered to be married.

TABLE IV  
MARITAL STATUS IN TOTAL SAMPLE

Status	Frequency	% of Total
Married	196	81%
Unmarried	47	19%
Total	243	100%

When these women are divided according to marital status and alcoholism of spouse, the frequencies for each of the four categories are the following:



TABLE V  
 MARITAL STATUS/SPOUSE IN TOTAL  
 SAMPLE

Category	Number
NA (Non-alcoholic wife of alcoholic)	127
AN (Alcoholic wife of non-alcoholic)	41
AO (Unmarried alcoholic woman)	47
AA (Alcoholic wife of alcoholic)	28
Total	243

Thus, the figures indicate that over half of the total sample were non-alcoholic women.<sup>1</sup>

When the data were gathered on the frequencies of abnormal MMPI scores, a total of 42 subjects were found to have invalid test results, according to the elevated validity scales. These subjects were eliminated because the investigator, as opposed to the subject's therapist, had no way of interpreting the significance of the individual scores from knowledge of the client. A problem in using the MMPI as a measure of general disorganization is that the appearance of abnormal validity scales says something in itself about personality disorganization. TABLE VI shows from which of the categories the women were dropped because of invalid tests.

<sup>1</sup>The notations for the categories shown in TABLE V will be used on subsequent tables and in the text. The first letter stands for the woman in the marital dyad: "N" if she is non-alcoholic and "A" if she is alcoholic. The second letter signifies the spouse with "N" for non-alcoholic, "A" for alcoholic, and "O" for no spouse.

TABLE VI  
 FREQUENCIES OF INVALID TESTS

Marital category	Frequency	% of Total Tests per Category
NA	12	9.8%
AN	9	23.7%
AO	16	36.4%
AA	5	17.9%

Three quarters of all abnormal scores on the valid tests (108 of 144 scores) were on women who had four or fewer elevated scores per test. If a woman has five or more scores falling into abnormal ranges, 50% of the ten possible scales are abnormal and indicate a good amount of disorganization on personality variables. Therefore, the tabulations were coded in the categories of "0," which is a normal test without elevated or depressed scores; "1," indicating one score in abnormal ranges; "2," for two abnormal scores, etc. through "5+," which indicates that the tests in that category have five or more abnormal scores. All research on the MMPI demonstrates a marked tendency for scores to fall into elevated rather than depressed ranges; the abnormal scores on this sample likewise fall predominantly above the 70 percentile, so that, for the most part, the categories of numbers of abnormal scores per test represent elevated scores.

TABLE VII arranges the data into the hypothesized order of disorganization, NA having the least amount of disorganization, followed by

AN, then AO and AA.<sup>1</sup>

TABLE VII  
NUMBERS OF ABNORMAL SCORES PER TEST IN CATEGORIES OF WOMEN

Type of Woman	Abnormal Scores per Test						Total
	0	1	2	3	4	5+	
NA	45	26	16	6	9	13	115
AN	1	6	7	5	0	10	29
AO	5	11	4	1	3	4	28
AA	5	7	5	1	1	3	22
Total	56	50	32	13	13	30	194

Gamma = .203    Chi Square = 34.384    df = 12     $P < .001$

The correlation coefficient Gamma of .203 is statistically significant by chi square test ( $\chi^2 = 34.384$ ;  $df = 12$ ;  $P < .001$ ); however, the correlation is low, showing only a very slight increase in personality disorganization as the hypothesized social disorganization increases on the continuum of NA to AA.

The chi square test of significance is shown in TABLE VIII with  $\chi^2$  partitioned by cell. The primary sources of variance are circled.

<sup>1</sup>MMPI scores could not be located on a total of seven women, so these women were eliminated from the body of this research, leaving a total sample of 194.

TABLE VIII  
CHI SQUARE BY CELL FOR TABLE VII

Type of Woman	Abnormal Scores per Test						
	0	1	2	3	4	5+	Total
NA	4.194 <sup>+</sup>	.438 <sup>-</sup>	.474 <sup>-</sup>	.375 <sup>-</sup>	.220 <sup>+</sup>	1.294 <sup>-</sup>	6.995
AN	6.519 <sup>-</sup>	.300 <sup>-</sup>	1.008 <sup>+</sup>	5.058 <sup>+</sup>	1.900 <sup>-</sup>	6.722 <sup>+</sup>	21.507
AO	1.186 <sup>-</sup>	2.006 <sup>+</sup>	.078 <sup>-</sup>	.426 <sup>-</sup>	.637 <sup>+</sup>	.021 <sup>-</sup>	4.354
AA	.306 <sup>-</sup>	.297 <sup>+</sup>	.544 <sup>+</sup>	.167 <sup>-</sup>	.167 <sup>-</sup>	.047 <sup>-</sup>	1.528
Total							34.384

Chi Square = 34.384 df = 12 P < .001

+; observed f exceeds expected f

-; observed f less than expected f

The obtained chi square shows much greater differences among the categories than expected, with most of the differences coming from the NA and AN groups. The greater-than-expected frequency in the "0" category of NA confirms that most of the non-alcoholic wives of alcoholic men are essentially normal. In the AN category the number of normal tests are far fewer than expected, but the tests with three abnormal scores and five abnormal scores are much greater than expected. These results suggest that the data contradict the original hypothesis that AA would show the most personality disorganization, which would put the greatest observed chi square differences at the third and fourth levels.

Instead, the alcoholic women with non-alcoholic husbands seemingly demonstrate more dysfunction than other alcoholic women.

When these women are grouped according to marital status and alcoholism of spouse, significant differences are demonstrated among the groups. However, the inclusion of the NA group may be skewing the results out of proportion, since previous studies indicate, as do these frequencies, that the non-alcoholics tend to be close to a normal population on personality scores. To check for this possibility, chi square was recomputed after eliminating the NA category. The results are shown in TABLE IX below.

TABLE IX  
NUMBERS OF ABNORMAL SCORES PER TEST FOR ALCOHOLIC  
WOMEN ONLY

Type of Woman	Abnormal Scores per Test						Total
	0	1	2	3	4	5+	
AN	1	6	7	5	0	10	29
AO	5	11	4	1	3	4	28
AA	5	7	5	1	1	3	22
Total	11	24	16	7	4	17	79

Gamma =  $-.34$       Chi Square = 16.621      df = 10       $P < .10$

TABLE X shows the chi square test by cells with cells of greatest differences circled.

TABLE X  
CHI SQUARE BY CELL FOR TABLE IX

Type of Woman	Abnormal Scores per Test						Total
	0	1	2	3	4	5+	
AN	2.250 -	.891 -	.205 +	2.215 +	1.500 -	2.329 +	9.390
AO	.310 +	.735 +	.507 -	.900 -	1.829 +	.667 -	4.948
AA	1.164 +	.013 +	.056 +	.426 -	.009 -	.615 -	2.283
TOTAL							16.621

Chi Square = 16.621                      df = 10                      P < .10

+ : observed f exceeds expected f

- : observed f less than expected f

The correlation coefficient Gamma of  $-.34$ , significant at the .1 level, shows that, indeed, the relationship of personality disorganization to the hypothesized order of dysfunction (AN to AO to AA) is inverse, i.e. the women married to alcoholic husbands are least disorganized, the single women are next most disorganized, and the women married to non-alcoholics are the most disorganized. The circled chi square cells indicate that AN have much fewer numbers of normal tests and much greater numbers of highly disorganized tests than are expected. The positive and negative signs in the cells indicate the general inverse trend.

The reversal of AN and AA from the original hypothesis is supported by the possible differences in disorganization demonstrated in TABLE VI.

That table shows that more invalid tests were eliminated for the AN group than for the AA group, even though the AO group had the most tests eliminated.<sup>1</sup>

Several factors may be generating this inverse trend. Some of these factors could be within the marital situations. The non-alcoholic husband of the alcoholic woman (AN) may not be a source of stabilization but of discord, due to his dissatisfaction with the problems created for him and the children by the wife's drinking. AN may feel more pressure to be secretive and feel more guilt if her drinking is frequently cited as a source of problems. Her husband may be expecting her to fulfill roles she cannot play. His pressure for change in her behavior may not be presented in an effective manner. She may be drinking as a result of pre-existing marital problems. Her husband may actually be encouraging her drinking to relieve her sexual inhibitions or to satisfy his own psychological need, e.g. to keep his wife dependent, defective, or ineffective (13,32).

On the other hand, the alcoholic wife with the alcoholic husband (AA) may be drinking to please and pacify her husband and to experience some companionship with him. One might hypothesize that for her alcoholism may be a realistic solution to marital problems rather than mere precipitate of marital stress. Her spouse might also exhibit more sympathy and understanding of her problem - if, indeed, it is viewed as a

<sup>1</sup>The exact placement of the AO group on the disorganization continuum is not the main issue of this thesis, although the comparison of married to unmarried alcoholics is important. Since the instrument used to measure amount of dysfunction is designed for exploratory purposes only, the investigator has no way of resolving the difference at this time.

problem - even if he does not aid in her recovery. AA women may tend to be primary alcoholics, having become an alcoholic not because of a personality problem but from long exposure to heavy drinking with a spouse. If this is the case, these women may have known before their marriages that their husbands abused alcohol and have consequently made a more realistic adjustment in a marriage which meets their needs to some extent. Bailey (33) found that many women know their husbands may be alcoholics before they marry them. This raises important questions for further exploration: Are AA women originally from the ranks of the NA group? Is the difference between the AN and AA groups produced because AA tend to be primary alcoholics and AN tend to be secondary alcoholics, i.e. their alcoholism is secondary to another personality disorder (19)?

The unmarried woman may have avoided the stressful marital situation, either by choice or as a product of her personality; or she may formerly have been under that stress but has been divorced or widowed from the situation of AN. Perhaps the stress of being lonely and single is not as disorganizing as being in a marriage which is unharmonious.

Demographic factors may also be producing the inverse trend of these data. The exploratory nature of this thesis prevents rigorous control for those factors such as education, class, etc. Nevertheless, it is imperative to take the factor of age into account, since it has been shown to be a factor in alcoholism as well as in general personality problems (18,19). Clinical observation (32) indicates that in the middle age years, alcoholism in single women is frequently a product



of stress experienced by highly educated career women. As both married and single women pass through the middle years, they experience problems of adjustments to aging, e.g., change of appearance, health problems, deaths of family and close friends, feelings of personality stagnation and lack of fulfillment through husband, children leaving home. TABLE XI shows a possible relationship of age to the numbers of abnormal scores.

TABLE XI  
NUMBERS OF ABNORMAL SCORES BY AGE CATEGORY

Age (yrs)	Abnormal Scores per Test						Total
	0	1	2	3	4	5+	
18-35	13	17	16	7	2	11	67
35-50	26	25	11	4	7	13	90
51+	15	7	6	3	5	6	42
Total	54	49	33	14	14	30	194

Chi Square = 12.447      df = 10      P < .30

The chi square of 12.447, while not significant at P < .30, suggested to the investigator that age may be entering into the relationship of marital status and spouse to personality dysfunction. In spite of the insignificant results, chi square tests were performed while holding age groups constant. The results are shown in TABLES XII, XIII, and XIV.

TABLE XII  
 NUMBERS OF ABNORMAL SCORES PER TEST  
 IN YOUNG ALCOHOLIC WOMEN

Type of Woman	Abnormal Scores per Test						Total
	0	1	2	3	4	5+	
AN	0	1	3	2	0	2	8
AO	0	2	1	0	0	0	3
AA	0	2	2	0	0	2	6
Total	0	5	6	2	0	4	17

Gamma - -.23

In the age range from eighteen to thirty-five years the sample becomes quite small and the correlation, although in the same direction as the total sample, is insignificant. It is interesting to note that there are no normal tests in this group, but the trend is to less rather than more disorganization with the majority of frequencies in in the "1" and "2" columns.

For the women between the ages of thirty-six and fifty the same trend is demonstrated, but the results are insignificant with a chi square of 7.023.

TABLE XIII  
 NUMBERS OF ABNORMAL SCORES PER TEST IN  
 MIDDLE-AGED ALCOHOLIC WOMEN

Type of Woman	Abnormal Scores per Test						Total
	0	1	2	3	4	5+	
AN	1	3	3	1	0	3	11
AO	3	6	2	1	3	3	18
AA	3	4	2	1	0	1	11
Total	7	13	7	3	3	7	40

Gamma =  $-.25$

TABLE XIV  
 NUMBERS OF ABNORMAL SCORES PER TEST IN  
 OLDER ALCOHOLIC WOMEN

Type of Woman	Abnormal Scores per Test						Total
	0	1	2	3	4	5+	
AN	0	2	1	2	0	5	10
AO	2	2	1	0	0	1	6
AA	2	2	1	0	1	0	6
Total	4	6	3	2	1	6	22

Gamma =  $-.59$

In the alcoholic women over fifty-one years of age the trend becomes more definite, with Gamma =  $-.59$ . For older alcoholic women, then, marriage to a non-alcoholic husband has some type of relationship to amount of personality disorganization as measured on the MMPI; marriage to an alcoholic spouse is related to significantly less dysfunction; and single alcoholic women seem to fall between the two types of married women. The small sample size prevents the making of conclusions as to the nature of these relationships, but some speculations can be made.

As has previously been noted, younger alcoholic women tend to exhibit less social integration (?). The women in that age group would also have had little chance to develop primary alcoholism and this would tend, therefore, to select women whose alcoholism is secondary to other psychiatric illness. The middle and older age groups likely contain a mixture of types. By comparing the frequencies of only the AA and AN categories for the middle and older age groups, one sees that for both age groups the AN sample tends to fall more toward the "5+" category and the AA sample toward the normal category, indicating that the AN category may tend to select the secondary alcoholics and AA the primary alcoholics. That is, the alcoholic women married to alcoholics may have become alcoholic after many years of drinking with their husbands rather than as a result of marital problems. The investigator speculates that this may be a realistic adjustment to marriage for those women. The women married to non-alcoholic men may be experiencing the marital stress which is precipitating drinking behavior, which in turn exacerbates the marital problems. In summary, both AN and AA women are

possibly handling marital stress by drinking; for one group the drinking perpetuates stress, and for the other group drinking affords a type of marital adjustment.

A likely possibility in the middle and older age groups is that the women in the AN and AO categories are more alike than are the AN and AO groups in young alcoholics, since a larger number of the unmarried women have had time to experience divorce and death of spouse when compared to the young unmarried women.

## CHAPTER VI

### CONCLUSIONS AND RECOMMENDATIONS

A group of women seen at a public alcoholism treatment clinic were divided into four categories (non-alcoholic wives of alcoholic men, alcoholic wives of non-alcoholic men, single alcoholic women, and alcoholic wives of alcoholic men) and compared for amount of personality disorganization, using number of abnormal scales on the clinical profiles of the Minnesota Multiphasic Personality Inventory administered at the beginning of treatment. The investigator hypothesized that the alcoholic wives of alcoholics would demonstrate the most dysfunction, due to the unstabilizing effects of the alcoholic husband and the stress of marital interaction between two disorganized personalities. In contrast, the alcoholic woman married to the non-alcoholic husband would experience less stress and consequently less personality dysfunction without the problems of an alcoholic husband. The dysfunction of the single alcoholic woman was hypothesized to fall between the two marital categories, and the dysfunction of the non-alcoholic wife of the alcoholic male was hypothesized to be the least among the four categories, since these wives have been shown to have essentially normal personalities which become disorganized by their husbands' alcoholic episodes.

As hypothesized, the non-alcoholic wives showed the least amounts of personality disorganization, but the alcoholic women showed an inverse relationship to the hypothesized order of dysfunction, i.e. the

alcoholic women married to non-alcoholic men were most disorganized, according to numbers of abnormal MMPI scales, followed by the single alcoholic women and then the alcoholic wives of alcoholic men. The differences among the alcoholic groups disappear, though, when age is held constant, except in the group of older alcoholic women where the inverse relationship remains.

The exploratory nature of the study precluded the precise measurement of personality variables or rigorous examination of demographic and etiological factors. Nevertheless, some questions have been raised concerning the types of women found in these marital/spouse categories: Are the older AA women alcoholics only as the result of adjustment to their marital situation? Which of the NA women later become alcoholics? How do the personalities of alcoholic women vary according to marital/spouse categories? Do certain types of alcoholic women tend to remain single, or to marry other alcoholics? Is stress a precipitating factor in the alcoholism of the various types of women, and if so, what kinds of stress precipitate alcoholic episodes in the various categories? A closer analysis of demographic variables, numbers of marriages, and specific MMPI profiles in conjunction with clinical impressions of these women could begin to answer some of these questions.

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