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Married women alcoholics at the Washingtonian Hospital.

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MARRIED WOMEN ALCOHOLICS
AT THE WASHINGTONIAN HOSPITAL

A thesis

Submitted by

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CHAPTER I
INTRODUCTION

Reasons for the study.-- The bibliography on women alcoholics is a meagre one as yet. The writer could find no published reference dealing exclusively with inebriety among married women. Bacon's ^{1/} survey of 1200 men and 42 women arrested for drunkenness in urban Connecticut in 1942 revealed patterns of marital adjustment for both sexes which were markedly different from those of the normal population in respect to the greater number of separated, widowed and divorced among the alcoholics. Although a disproportionately large number of single men was found, the small sample of women indicated no significant difference in the percentage of those who had undertaken marriage compared to the general population; the number of currently married women, however, was correspondingly low. Similar evidence for females can be found in earlier studies of 50 alcoholic women at Bloomingdale Hospital by Wall ^{2/} and 50 women at Bellevue ^{3/} by

1/Seldon D. Bacon, "Inebriety, Social Integration and Marriage," Quarterly Journal of Studies on Alcohol (June, 1944), 5:96.

2/James H. Wall, "A Study of Alcoholism in Women," American Journal of Psychiatry (January, 1937), 93: 943-955.

3/Frank J. Curran, "Personality Studies in Alcoholic Women," Journal of Nervous and Mental Disease (December, 1937), 86:245

Curran, although these authors did not attempt to compare their data with normal population statistics.

An unpublished thesis by Deex investigating the housewife role among alcoholic in-patients at the Washingtonian Hospital from 1951 to 1953 ^{1/} concluded with the suggestion that scrutiny of the elements of stability for the person prior to the marriage along with an examination of how drinking developed within the marriage would be helpful.

Purpose and scope.-- The present thesis proposes to study the aspects of alcoholism among married women at the Washingtonian Hospital. A five-year statistical summary of this population beginning April, 1951, the date of the first woman in-patient, and ending March 31, 1956, will be presented. An analysis of 25 selected cases will follow, to be studied intensively in reference to the following research questions:

1. Was there any evidence of maladjustment in the pre-marital environment which may have contributed to the development of alcoholism?
2. What were the problem areas within the marital setting?
3. What was the nature of casework with these women?

1/Dorothy J. Deex, A Study of the Housewife Role Among Alcoholic In-Patients at the Washingtonian Hospital, Unpublished Master's Thesis, Boston University, 1954.

Since even a preliminary scanning served to establish the general existence of marital conflict, it was decided to utilize records of currently married women who, being closer to the genesis of conflict, would more likely be productive of information in this area.

The criterion of three or more contacts with Social Service was established as a basis for the sample selection; fewer contacts would be less likely to yield adequate information, while a requisite of more than three would seriously reduce the size of the sample. Only cases registered before January 1, 1956 were considered.

Sources of information.-- The chronological registry of in-patients and the alphabetical index of out-patients were consulted for the designated five-year period. (The out-patient department was open to women a full decade before in-patient facilities were available to them.) The records of those listed as married were then scanned for the general statistical information and the selection of the sample. These records include the medical history, a general history by the admitting physician, a psychiatric evaluation wherever expedient and possible, and any further interviews by psychiatrists or caseworkers, with relevant correspondence.

Limitations.-- This thesis is not intended as a definitive study: the subject selected is far too broad. The statistical data descriptive of the entire group of married

women alcoholics represents a background for the more intensive study of the sample; where possible and expedient, comparative statistics have been introduced. It should be noted, however, that each of the variables, - occupations, fertility, etc., constitutes a subject for study in itself.

Many of the cases represented short term contacts limited to the period of acute hospitalization and as such, could only partially supply information sought by the comprehensive schedule (see appendix) which was designed to answer the research questions. In addition, the writer had to reach into the out-patient files for six records (using the same criterion of three social service contacts), in order to make up the complement of 25 cases. It did not appear, however, that the personalities and problems of the out-patients were substantially different from those of the in-patients; actually, the majority of out-patients were also registered as in-patients, although the six records referred to were out-patients only. The criterion of three contacts was liberalized to include a telephone conversation, in some instances, in place of a personal interview.

Most of the information obtained was derived from the statements of patients without further verification and an element of subjectivity was inevitable. Also, all findings are based on patients at the Washingtonian Hospital and it may be that there are women of a different type among alco-

holics who never reach a clinic.

The following definition has been selected as descriptive of those individuals who constitute the subject of this thesis: ^{1/}

"Alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a degree that it shows a noticeable mental disturbance, or an interference with their bodily or mental health, their interpersonal relations and their smooth social and economic functioning; or who show prodromal signs of such developments."

As to etiology and treatment, there is no common agreement, despite an extensive literature. One fact, however, pertinent to the subject of this thesis, remains clear.

Chronic alcoholism, symptom or disease, is an expression of underlying social and emotional maladjustment plus compulsive dependence upon alcohol. In other words, social and emotional maladjustment are implicit in the very definition itself.

The Washingtonian Hospital.-- Conceived as the Home for the Fallen in 1859 and reorganized as a hospital 30 years later, this institution has both kept pace with and set standards for scientific treatment of alcoholism and drug addiction. Its history of nearly a century reflects an evolving philosophy in the field of alcoholism. Soon after the institution was licensed by the Department of Mental Health, a social service department and an out-patient department

^{1/}E. M. Jellinek and Mark Keller, "Rates of Alcoholism in the United States of America, 1940-1948," Quarterly Journal of Studies on Alcohol (March, 1952), 13:50.

were established, and a semi-hospitalization or work-parole plan was inaugurated which offered to interested patients an opportunity to live in the sheltered atmosphere of the hospital while working outside. In 1942, Dr. Joseph Thimann, the present Director, began the conditioned-response treatment ^{1/} for which the hospital has received wide recognition. In-patient facilities were made available to women in 1951. In February, 1955, the hospital removed to its present attractive site in the Forest Hills section of Jamaica Plain. It has a capacity of 80 beds.

The staff consists of the medical director, two resident physicians, seven out-patient psychiatrists, the social service director, a full-time case worker, two student case workers, a registered nurse, dietitian and auxiliary personnel. Financial support is derived from the Community Chest, private trust and endowment funds, payments by individual patients, payments by referring social agencies both public and private and from monies extended through the Massachusetts Department of Public Health, Division of Alcoholism.

Recovery from acute intoxication may be accomplished by treatment of seven to 14 days duration. The more far-sighted individual who is interested in rehabilitation, may avail himself of medical, psychiatric or casework services applied singly or in combination, according to individual needs.

1/ See next page for explanation.

Medical therapies include antabuse, adrenal cortical extract for the correction of glandular deficiency, and a cautious use of the recently introduced tranquilizer drugs.

The conditioned-response treatment, with aspects both medical and psychological, is directed towards the development of an aversion to alcohol by exposing the subject simultaneously to alcohol and nausea. A period of five weeks hospitalization is followed by booster shots and weekly interviews with the Director for one year and by permanent membership in the Conditioning Club which meets regularly.

Psychotherapy is offered by the medical director and the out-patient psychiatrists who also evaluate patients, make recommendations for treatment, and act as consultants to the social workers.

1/
The Social Service Department has the following functions: (1) establishes and utilizes relationships with close relatives, in the interests of the patient's rehabilitation; (2) works directly with patients, focusing attention on problems derived from environmental and social breakdown, such as loss of employment, financial insecurity and marital discord; (3) provides social work students with opportunities for supervised field work training and research; (4) administers the out-patient services, preparing and screening applicants;

1/Gladys M. Price, The Social Service Department, Washingtonian Hospital, Memorandum, The Washingtonian Hospital, Boston, June, 1953.

and (5) assumes responsibilities for public relations through participation in community committees and studies, through lectures, publications, and occasional radio and television appearances.

Nowhere is the necessity for teamwork among specialists more apparent than in the rehabilitation of an alcoholic; therefore, the hospital's approach is an eclectic one. At the present time, it is not possible to isolate a single factor as responsible for the conversion of an alcoholic. Alcoholism is a multi-faceted problem calling for a multi-disciplined approach.

CHAPTER II

THEORY OF THE ALCOHOLIC PERSONALITY: ITS IMPLICATIONS IN MARRIAGE AND ITS APPLICATION IN CASEWORK

The majority of researchers in the field view alcoholism as a personality disorder resulting in emotional immaturity. Fenichel labels such persons impulse neurotics.

"Impulse neurotics are fixated on the frequently mentioned earlier phase of development, in which striving for sexual satisfaction and striving for security were not yet differentiated from each other...Being fixated on the oral phase, they tend to react to frustrations with violence. Their main conflict is one between this tendency toward violence and a tendency to repress all aggressiveness through fear over loss of love, that is, fear of receiving still less in the future. Objects are not yet persons, they are only deliverers of supplies and thus interchangeable... Erogenously, the leading zones are the oral zone and the skin: self-esteem, even existence, are dependent on getting food and warmth. 1/

Arrested at this early developmental level, the alcoholic strives to recapture the never-never land of infantile omnipotence when social demands were few and relief from tension could be found in oral satisfactions. Unfortunately, that blended pleasure of mind and body which is revived through drinking is short-lived and soon dispelled by the intrusions of a harsh reality.

1/Otto Fenichel, The Psychoanalytic Theory of Neurosis.
pp. 368, 377.

Whitehorn reminds us that

"The neurotic defense reactions have two undesirable features: First, they are, so to speak, habit forming: that is, they dull the psychic pain of failure or insecurity, with considerable substitutive gratification, and so tend to be repeated again and again; second, they do not provide good support, from the emotional responses of others, to one's feeling of self-assurance, but tend to produce complications of shame, disgust, resentment, dependence, rebellion and other mixed feelings, which again, stir up anxiety or depression and so establish a kind of vicious circle, like the drunkard's remorse, which can be drowned only in further alcoholic oblivion."^{1/}

Frustrations in the oral period lead to the following characteristics commonly found in alcoholics: extreme impulsivity, low threshold of pain, extraordinary dependency on others for evaluation, extraordinary need for a supply of love, frequent falsifications, mood swings, feelings of rejection and unrealistic demands made upon others for protection and affection.

Such traits are out of keeping with society's demands upon the mature adult. Florence Hollis' study of women in marital conflict reveals that excessive emotional dependence^{2/} is an outstanding threat to successful marital adjustment. Thus, if we are to accept the psychoanalytical theory of the alcoholic personality just described, it should not surprise us to find a high degree of marital conflict in the

^{1/}John C. Whitehorn, "Guide to Interviewing and Personality Study," Archives of Neurology and Psychiatry (September, 1954), 52:197-216.

^{2/}Florence Hollis, Women in Marital Conflict, p. 21.

group of women to be studied.

"It is true that not infrequently a marriage between a very dependent woman and a man whose need to care protectively for his wife is unusually strong works out rather well...Unfortunately, all too often, the husband is not able to bear his wife's dependence. One dependent person often attracts another and we find the husband as incapable of carrying this double responsibility as the wife herself."^{1/}

Mutually satisfactory sexual adjustment between the marital partners, expressed in psychoanalytical terms as the achievement of adult genitality,^{2/} so vital to a mature love relationship, is frequently lacking among alcoholics. In a recent clinical study of 63 men and 16 women alcoholics, Levine^{3/} found a decided majority showed a diminished interest in heterosexual relationships. Only two-fifths of Curran's group of 50 women expressed satisfaction in their heterosexual life. He obtained the impression that the percentage of frigidity was much greater here than in the general population. (This impression rested on pure speculation, of course, unsupported by clinical research on the general population.) A high degree of self-love appeared to be present in these persons.^{4/}

^{1/}Florence Hollis, Ibid, pp. 33, 35.

^{2/}For fuller discussion, see English and Pearson, Emotional Problems of Living, Chapter XIV.

^{3/}Jacob Levine, "The Sexual Adjustment of Alcoholics," Quarterly Journal of Studies on Alcohol (December, 1955), 16: 675-698.

^{4/}Frank J. Curran, op. cit.

That treatment depends upon diagnosis is axiomatic: casework with the alcoholic calls for special sensitivity to the dynamics of his personality. The mechanism of projection, arising in infancy, is common among alcoholics. Frequently despising himself, the alcoholic expects and invites rejection and uses this real or fancied rejection in justification of his resentment and as an excuse for continued drinking. Unfulfilled dependency needs, often experienced as a conscious desire for independence, may thwart the therapist's efforts to establish a relationship. These factors, as well as extreme impulsivity and low tolerance for pain, call for immediate demonstration of acceptance and warmth on the part of the case worker. He must make it clear at the outset that he does not sit in moral judgement of the patient's actions, but recognizes the compulsive nature of his illness and has faith in the patient's desire to overcome his addiction. He must build the patient's self-esteem by seeking out and giving special recognition to the positive features of the personality.

It has been said that the patient's recognition of his problem and his willingness to do something about it are vital to the solution of it. It must be remembered, however, that readiness for treatment is a relative factor and difficult to gauge. Ability to extend oneself by doing continuous follow-up and skillfully applied "aggressive casework" is a

valuable part of the case worker's equipment: sometimes the alcoholic may wish to be "coaxed" into treatment as a test of the worker's interest. The worker must have infinite patience and an ability to tolerate frustrations. Although he sets his sights on sobriety, that is, total and permanent abstinence as a goal, he takes reverses in stride. Relapses can be turned to advantage if they can effectively demonstrate to the sufferer that he can never again become a controlled drinker.

Often, the patient needs immediate help with his environmental problems, - occupational, social and familial. To an alcoholic, work is a kind of barometer which measures the extent of his control over his disease, i.e., the degree of his adjustment or maladjustment, and tests the strength of his interpersonal relationships. Work may be one of the main areas in which his conflict is focused. Frequently the inability to function on the job and the breakdown of his relationships at work have served as evidence to the sufferer of the existence of his disease and have led him to seek help. The worker may be called upon to intercede with employers or to help a man find a job in keeping with his interests and abilities. Again, the alcoholic may have to be reintegrated into the community by means of social and recreational activities which reduce tensions and impart a sense of accomplishment. Often, a modification of the attitudes of the patient's family is a most important adjunct to treatment.

CHAPTER III

THE MARRIED WOMAN ALCOHOLIC: BACKGROUND CHARACTERISTICS AND MARITAL PROBLEMS

1. Introduction

The bulk of the research data for this thesis is contained within the present chapter. The entire population of married women, admitted within the specified period to both in-patient and out-patient facilities, will be described in relation to physical and socio-economic variables of age, marital status, religion, fertility, education, occupation and recreation, to which an additional category has been added, namely, precipitating causes of alcoholic episodes. This data, obtained from the book of registry and special admittance forms, was easily accessible. It will be reported mainly in the form of statistical summaries compared with normal population figures where possible, as a background to the study of the 25 selected cases which ensue. The examination of this smaller sample involved more intensive research into the records for information in the areas of interpersonal relationships - with parents, spouse and children - and marital problems. This chapter proposes to answer the first two research questions inquiring into pre-marital history and marital problems.

2. General Characteristics of the Population

Age and marital status.-- These variables are combined in the following five-year survey represented by Table 1. The total count of 200 refers to the number of individual women admitted to either facility, or to both, ^{1/} without regard to multiple admissions; each name was tallied only once.

Table 1. Age and Marital Status: Five-Year Summary

Age	Single	Married	Separated	Widowed	Divorced	Total
20-24	1	1				2
25-29		5	2			7
30-34	5	8	4		4	21
35-39	4	20	5	2	4	35
40-44	6	25	5	4	9	49
45-49	8	18	3	6	3	38
50-54	1	10		4	4	19
55-59	2	7	1	3	1	14
60-64	1	3		3		7
65-69				4		4
70-74	1	1				2
75-79	1			1		2
Total						
Number	30	98	20	27	25	200
Per Cent	15	49	10	13.5	12.5	100

The majority of women alcoholics in all marital categories are between 35 and 50; the largest single interval in any category is the married woman between 40 and 45.

^{1/}There were only 17 women registered as out-patients during the period under consideration who were never hospitalized here.

Since the alcoholic population is obviously an older one, the marital status of those women in the preceding table, ages 35 through 54, will be compared with the same generation of women in the normal female population of Greater Boston from which the majority of these patients came.

Table 2. Marital Status of Female Alcoholics Compared with Normal Female Population of Same Age, Expressed in Percentages

Groups Compared	Marital Status					Total Per Cent
	Single	Married	Separated	Widowed	Divorced	
Alcoholics	13.5	51.8	9.2	11.2	14.2	100
Normal ^{1/} Population	15.8	70.5	3.9	6.6	3.2	100

The category listed as married in the normal population implies the presence of the husband, whereas it has been estimated that between 20 to 25 per cent of those listed as married on the hospital books are not living with their husbands. Again, separated in the alcoholic population implies legal separation; in the federal census, the term includes those separated legally and for other reasons. Thus, the marital status of these alcoholics is even more irregular when compared to normal population standards, than the table illustrates.

^{1/}1950 Census of the Population. Volume II, Characteristics of the Population: Part 21, Massachusetts. Table 57 (Metropolitan Boston). Government Printing Office, Washington, 1952.

Religion as related to marital status.-- Among the married women, there were nearly twice the number of Catholics as Protestants (64 to 33); the number of divorced and separated were about equal for the two religions. Perhaps the larger Catholic population, frowning upon divorce, keeps the number of married alcoholics from decreasing even further. In Wall's group, there were 38 Protestants and 12 Catholics. Of the 48 who had married, 20 were divorced and fully as many were estranged.^{1/}

Fertility.-- The federal census has no separate category for married women. In view of the relatively small number of separated, widowed and divorced in the normal population compared to the alcoholic, the comparison below appeared to offer as much validity as comparison between the two groups of ever married.

Table 3. Number of Children born to Married Alcoholics Age 35 to 49 Compared with Same Age Group of Women Ever Married in Population of Massachusetts, by Per Cent

Number of Children	Alcoholics	Normal Population
None	24.2	17.6
One	14.5	20.8
Two	24.2	27.4
Three	16.2	15.6
Four	3.2	9.3
Five and Six	14.5	6.0
Seven to Nine	3.2	2.4
Ten or More		1.0
Total Per Cent	100.00	100.00

^{1/}James H. Wall, op. cit.

A more exact picture would consider the number of children in the various marital categories among the alcoholics and the ratios of currently married to widowed, separated and divorced in both the alcoholic and the normal group.

The average number of children among the married alcoholics 35 to 49 years old was 2.27 compared with 2.23 in the ever married women of the normal population.^{1/} This age group was selected because it is more truly representative of the alcoholic population; in addition, there is less of a child-bearing potential than in the younger group.

A limited number of children in alcoholics was noted by Hart^{2/} and Curran.^{3/} The average number of children per patient noted by the latter was 1.26. In his group of 50 women, however, there were 22 widowed, divorced, or separated and 21 married; it is assumed he considered both groups in computing his average. The date of the article implies too that this was a generation of greater restriction in size of families.

Table 3 seems to offer some substantiation to the greater existence of both childlessness and larger families among alcoholics. This may be related to the abnormality of heterosexual relationships. Frigidity and impotence are

^{1/}1950 United States Census: Special Report 5C, Fertility, p. 128.

^{2/}H. H. Hart, "Personality Factors in Alcoholism," Archives of Neurology and Psychiatry (July, 1930), 24:116.

^{3/}Frank J. Curran, op. cit.

common. In some cases, however, the individual may become increasingly demanding sexually; in the case of the male, he may be motivated by a desire to assure himself of virility and potency.^{1/} The Mowrers, comparing two communities in Chicago, found a larger proportion of small and large families in the alcoholic area.

"The association of inebriety with a larger number of children per family has also been observed in divorce cases where the legal cause for divorce is drunkenness compared to other causes. This may throw light upon the hypothesis that the alcoholic tends to make excessive demands upon his marriage partner in compensation for his feelings of inferiority but since he is often frustrated in this drive by psychic or physical impotence the consequence is a greater variability in the number of children born."^{2/}

The whole question is complicated by the fact that many of the women under consideration in this thesis are themselves married to alcoholics.

There was no difference between the two religions in the number of children born to the women in this group.

Education.-- The item of education was filled in by the admitting physician on 73 cases of married women and the table which follows is based on this number. The alcoholic population stands on a relatively high educational level. Over one-half are high school graduates or better compared with 42.6 in the normal population. The median school years completed for

^{1/}Jacob Levine, op. cit., p. 679.

^{2/}Ernest R. Mowrer and Harriet Mowrer, "Ecological and Familial Factors Associated with Inebriety," Quarterly Journal of Studies on Alcohol (June, 1945), 6:36-44.

the urban female was 11; for the alcoholic, it was 11.1.

Table 4. Number of Grades Completed by Married Women Alcoholics Compared with Urban Female Population of Massachusetts, 25 years and over, by Per Cent

Grades Completed	Alcoholics	Normal Population
Under 5	1.4	8.2
5 to 7	2.7	12.8
8	9.6	15.3
9 to 11	32.9	18.9
12	41.1	30.0
College 1 to 3 years	10.9	7.1
College grad or more	1.4	5.5
Not Reported		2.2
Total Per Cent	100.00	100.00

Occupation.-- Almost two-fifths of these women (37 out of 95 returns) were currently or recently employed.^{1/}

Table 5. Occupational Distribution

Occupation	Number of Women
Waitress or counterwork	8
Operators and kindred workers	8
Clerical and office workers	6
Housework and chamberwork	4
Proprietors and managers	3
Salesgirls	2
Professional and technical workers	2
Voluntary workers	2
Dressmaker	1
Hostess in beauty shop	1
Total Number	37

^{1/}For discussion of significance of work in lives of these women, see Dorothy J. Deex, op. cit., Master's Thesis (unpub.)

Eight of the employed women were not living with their husbands, three worked for their husbands, and two were voluntary workers; these factors merit consideration in a comparison with the general population.

The percentage of married women employed in this country has risen steadily, except for a slight decline after World War II, from 16.7 per cent in 1940 to 28.2 per cent in April, 1954; for married women ages 35 to 44, spouse present, it was 33.1 per cent.^{1/} Speaking quantitatively, there appears to be nothing remarkable in the relative numbers of employed women in the alcoholic and normal groups.

Social and recreational activities.-- This item was fully or partially completed for 66 married women. Questioned as to whether they made friends easily, 24 replied affirmatively and 29 negatively, while another eight persons associated with relatives or a neighbor or admitted to acquaintances only. Only nine were members of any organization; five women were formerly interested in clubs but discontinued their contacts. Twenty-four reported no hobbies or interests. Thirty-two women reported interests as follows: reading was mentioned twelve times; housework and family, ten times; knitting, sewing or crocheting, eight times;

^{1/}U. S. Bureau of the Census, Statistical Abstract of the United States: 1955 (Seventy-sixth edition) Washington, D.C. 1955, pp. 194-195.

television or movies, seven times; cooking, painting, gardening and church services, twice each; bowling, twice; walking, skating, swimming, golfing, football and spectator sports, once each; piano, dancing, parties, antiques, gambling and Sunday school teaching, once each.

It would seem logical to give greater credence to the statements of those who admitted difficulty in making friends than to those who reported no difficulty, since falsification is not unknown among alcoholics who are often sensitive and unrealistic in the area of interpersonal relationships.

The majority of interests reported appear to be solitary ones for the most part.

Precipitating factors.-- This table represents a composite of the categories precipitating factors and contributory factors which were not always clearly differentiated by the admitting physician. They are based on statements of the 67 married patients whose replies were recorded. Where more than one factor was listed, the main cause has been labelled primary; other causes appear under the column secondary.

Marital conflict implies quarrels with the husband or reaction to his drinking. Anger, resentment, worry, depression, sleeplessness and general boredom have been summarized as tensions. Friction, burden of care and loss of children are aspects of problems with children. Three cases of loneliness were inqualified; the other nine were caused by voluntary or enforced absence of the husband. Many of the

physical complaints were post-operative and four were post-partum.

Table 6. Precipitating Causes of Alcoholic Episodes

Reason Given	Primary	Secondary	Total
Marital conflict	31	7	38
Tensions	9	13	22
Problems with children	7	8	15
Loneliness	5	7	12
Physical complaints	3	9	12
Housework	1	3	4
Party	2	2	4
Death of relative	1	2	3
Trouble with in-laws	1	2	3
Trouble with mother	2		2
Accusations of stealing	2		2
Guilt over sexual promiscuity		1	1
Unknown	3		3
Totals	67	54	121

Thus the major cause of the alcoholic episode, as seen by these women, lay in the relationship with the spouse. In a comparison with men alcoholics, Wall found excessive drinking in women who began in the third or fourth decade, to be more intimately associated with a definite life situation, such as an incompatible marriage, guilt or conflict over an extra-marital affair, jealousy, childbirth, physical disease and death of relatives.^{1/}

The average age of problem drinking for the married woman in the present study was 36.

^{1/}James H. Wall, op. cit.

3. Examination of the Sample

Early relationships.-- The 25 cases were lettered "A" through "Y". The short resumes to follow were focused on parental relationships and tell their own stories.

Mrs. A. was the oldest of five siblings. She was her father's "pet" and bore a lifelong attachment to him. Father was a heavy drinker. Mother was strict and described derogatively by the patient as a "lady".

Mrs. B. was an only child. Her mother died in childbirth.

Mrs. C.'s mother was a naggy and bossy woman who imposed chores on the child at an early age and told her she was not wanted. The mother preferred the older son. The father, a nervous but affectionate individual, favored the patient.

Mrs. D.'s father was a "pal" before and after her marriage. He was a week-end drinker and was never seen out of bed on Sunday. The father weaned and slept with the patient until she was 12 years old.

Mrs. E.'s father died when she was six and she was always bothered by the fact that she grew up without a father. The family were on public assistance. The mother was always nervous and moody and the patient still could not get along well with her.

Mrs. F.'s father died when she was seven. The step-father was never good to them.

Mrs. G.'s father was a former drinker. She was the youngest of eight siblings and when she grew up, her mother continued to treat her as a child. She was a shy girl who drank in company to relieve tension. She left home because of conflict with her mother.

Mrs. H. lost her mother at age 11 and an aunt cared for her. Mrs. H.'s father, maternal and paternal grandmothers were alcoholics. She hated her father who was abusive to her and to the mother. At 13, she had a sexual experience with a drunken friend of her father. Until her 20's she abhorred drunkenness.

Mrs. I.'s father was a heavy drinker and she was his pet. Her mother opposed the father's drinking. Mrs. I. began drinking heavily two years after her father's death.

Mrs. J. went to work at age 12 when her mother returned to France for reasons unknown.

Mrs. K. was an infant when her mother died. The step-mother felt she was in the way. Mrs. K. was ambivalent towards her father who was cruel and domineering, yet "admirable" in his strength and integrity. She left home at 12, was arrested for forgery and was placed in a home.

Mrs. L.'s father was of severe Fundamentalist origin and allowed no friends or frivolity. He was a hypochondriac and the family lived under the shadow of impending doom. The mother was less severe but under the father's domination. As a child, Mrs. L. nursed feelings of rebellion.

Mrs. M.'s mother always settled any arguments in their home. (No further information.)

Mrs. N. learned to drink in the family home. All were drinkers except the mother who was rigid and moralistic. Mrs. N. was nervous and compulsive from the age of ten. Mrs. N.'s father and brothers drank continuously.

Mrs. O. came from a Vermont farming community and said that her home life was stable. (No further information.)

Mrs. P., a Canadian, was one of 10 siblings. Her mother was strict and moralistic. The father was easy-going.

Mrs. Q.'s father died when she was three. A year later the mother went to work and Mrs. Q. was actually raised by a sister five years older.

Mrs. R. Nothing pertinent is known about Mrs. R.'s early life. Her parents are both living and she has an alcoholic brother.

Mrs. S.'s mother was stern and bossed the father who was easy-going. Mrs. S. felt that much of her present problem centered about her mother who continued to live with her and to boss her.

Mrs. T. was the youngest of 12 children. Her father was a severe alcoholic who caused her saintly (case worker's term) mother much suffering. The mother abhorred smoking and drinking. Mrs. T. was lonely after her mother's death but did not drink until after she met her husband, an alcoholic. It seemed she was trying to perpetuate the mother's situation, probably marrying this man in an effort to reform him.

Mrs. U. was a middle child in a poor family of 15 children. Her father drank and her parents fought. She was placed in a foster home at the age of five.

Mrs. V.'s mother died when she was seven. She was the only surviving child of 13 siblings. Mrs. V. was raised by her father to whom she was very close. He was a submissive person and a drinking man.

Mrs. W. lost her mother at age five. She remembered only her mother's funeral with her father lying drunk across the bed. She was brought up by an aunt who favored the patient's brothers. Mrs. W. ran away at an early age, later to her father, and financed the latter between his drinking bouts.

Mrs. X., an only child, has always hated her mother who gave her everything but affection. The mother tried suicide when the patient was 11 and again when Mrs. X. broke up with the fiancée whom the mother wanted for her. Many of the patient's current distresses were attributed to this earlier relationship. Mrs. X. preferred her father, a peacemaker, who never expressed his opinions.

Mrs. Y.'s mother was involuntional and suspicious, accusing her of wrongdoing. Her father was alcoholic and epileptic. She ran away at 15 and drank. When drunk, she repeated some of the things her father used to say.

The foregoing excerpts present a remarkable picture of emotional deprivation in early childhood. Forty per cent of these women were deprived of a parent through death or abandonment. It is interesting to note that while there was not a single alcoholic among the mothers of these patients, the mothers were for the most part strict, moralistic, nagging

or nervous, - in general, ungiving, either by nature or circumstance.

Of the fathers, 40 per cent were excessive drinkers and give the impression of being an ineffectual lot - weak and easy-going or, in a few instances, genuinely cruel. However, there were at least six cases of a definite father attachment and other evidence of affection and admiration for the father.

It would be reasonable to assume that women who have survived such childhood experiences bring to their marriages a dowry of unfulfilled dependency needs and unresolved oedipal conflicts.

Relationship to the husband.-- What types of men did these women select as marital partners? Following are brief descriptions of Mr. A. through Mr. L.

Mr. A. is a reformed alcoholic who reconciled with his wife. He claims his wife's drinking sets him off again and he threatens to leave her.

Mr. B. is described as a baby, always preferring his mother.

Mr. C.'s psychiatrist is working with him to increase his stature in the household.

Mr. D. is pestilent, babyish, dependent, soft.

Mr. E. stopped coming home after the baby was born.

Mr. F., 20 years older than his wife, is jealous and accuses her of infidelity. Mrs. F. said she married him out of pity.

Mr. G. is described as a dependent type who started to drink heavily after his first wife died.

Mr. H. is also described as a dependent person. His wife felt motherly towards him. She married him

feeling sorry because he had a gallivanting first wife.

Mr. I. never respected a woman who couldn't drink. He had extra-marital affairs and a child by another woman.

Mr. J. is described as moody, possessive and irritable. He started going out shortly after they adopted a son of whom he is reported to be jealous.

Mr. K. loves her as a mother, not as a wife, reports Mrs. K.

Mr. L., a naval officer, admits he does not want the responsibilities of marriage and prefers his bachelor acquaintances.

Cases M. through Y. could be substituted for the preceding cases with no change in the general picture, which is one of weakness and dependency among these men.

Negative aspects of interaction between the marital partners are summarized in the table which follows.

Table 7. Problems in Relation to Spouse

Problem	Number of Women Mentioning Problem
Husband's attitude towards wife's drinking	18
Husband's drinking	14
Loneliness and lack of companionship	13
Husband's attitude towards children	7
Infidelity of husband	6
Sexual incompatibility	6
Financial problems	6
Husband's accusations of infidelity	3
Age differences (husband much older)	3
Friction between husband and patient's family	2
Husband's attachment to his mother	1
Husband's failure to marry her in church	1
<u>Totals</u>	80

a/Eighty is misleading. Explanation: some women discussed more than one problem.

Of the 20 husbands whose drinking habits were known, ten were identified as alcoholics and six others were characterized as excessive or heavy social drinkers. Only two were controlled drinkers and two were non-drinkers, one of whom stopped because of an ulcer condition.

In general, the husband's attitude towards the patient's drinking was a non-constructive one. Eight women claimed they drank in reaction to their husband's drinking; either the couple drank together or the husband insisted on drinking in the wife's presence, refusing to recognize her problem. Four women stated that when they were intoxicated, their husbands beat or abused them. Three women drank for spite, because of the spouse's criticism or lack of trust. Two husbands desired a separation and were disinterested in the wife's rehabilitation, while another found in his wife's drinking an opportunity to criticize her and to nurse her and therefore looked negatively on treatment. Such attitudes indicate a great need to bring the husbands themselves into treatment, to identify their own problems and to enlist their support in therapeutic plans for the wife.

More than half of the women suffered from loneliness or lack of companionship due to enforced or voluntary absence of the husband, his preoccupation with outside activities, or lack of mutual interests.

Six women complained of friction between their husbands and children due to the hostile attitudes of the former.

In another case, the patient accused her husband of setting her son against her.

Other problems within the marriage.-- These are summarized in the following table.

Table 8. Other Problems within the Marriage

Problems	Number of Women Mentioning Problem
Friction with children	9
Physical complaints	8
Relationship with mother	7
Household chores - anxiety or dissatisfaction <u>1/</u>	7
Relations with in-laws	3
Death of parent	2
Attitude of relatives towards drinking	1
Relationship with father	1
Guilt over promiscuity	1
Inability to conceive	1
Total <u>a/</u>	40

a/Again, some women mentioned more than one problem.

Only two women showed positive attitudes towards their children and even one of these is dubious since the child was a source of conflict with the husband. Of the nine cases of overt hostility listed in the table, there were two in which the children were boarded out. In another seven, the children were either boarded out or had been living with relatives for an extended period of time. One woman was considered over-protective. Three had no children and the attitudes of the remaining three women were unknown.

1/For fuller discussion of the housewife role among alcoholics, see Dorothy J. Deex, op. cit.

At best, the relationship between these women and their offspring might be considered an ambivalent one. Several cases of personality maladjustment were observed among these children. One may speculate on the form to be taken by such early disturbances of interpersonal relationship in the adult life of these children.

The several instances of friction noted between the patients and their mothers were not directly related to the alcoholic problem but appeared to have their source in earlier conflicts.

Physical complaints were varied. Two women, ages 39 and 45, mentioned menopause. The sample was of course small; seven women were between 40 and 45 and only two between 45 and 50. It may be that the problem existed and was not mentioned. One would expect the onset of menopause to aggravate difficulties in a basically narcissistic type of individual. Since the majority of alcoholic women are within or approaching the climacteric, the subject should be studied.

The problem of "inability to conceive" noted in the table might properly have been placed in the preceding section, under relationship with spouse; Mrs. X. was apparently not as concerned with her childlessness as she was with her husband's lack of interest in the matter.

CHAPTER IV
CASEWORK SERVICES

This chapter will consider the final research question concerning the nature of casework with the population just described. The extent to which casework service was offered and the extent to which it was utilized will be reported and the results evaluated. Case illustrations will be presented in support of statistical information.

Forty-five per cent of the entire group of married women had some contact with Social Service. This is a fairly large proportion considering the limitations in the size of the staff, augmented by a full-time case worker as recently as May, 1955.

Of the 25 cases with three or more contacts, 15 refused out-patient services or broke contact after a few interviews. We have no way of assessing improvement in the short-term cases. Most of the women left the hospital in better physical condition and with improved morale. The hospital situation is in itself a therapeutic one, providing an opportunity to fraternize with people sharing a common problem in an atmosphere of acceptance and understanding. Some women felt that the factor of hospitalization forced upon themselves and their families perhaps for the first time an awareness of the problem which, in itself, would ensure the desired

change. In five cases, subsequent inquiries from state hospitals provided us with information about these women.

Of the 10 long-term cases, three are still in progress. The majority of these cases have shown improvement. The ability to sustain a treatment relationship provides, with some exceptions, an index of progress.

Five cases will be presented in the remainder of this chapter, illustrating some of the observations of this thesis, with regard to the personalities and problems of married women alcoholics and the role of casework. The case of Mrs. A. will be discussed at some length, as it provides a classic picture of the alcoholic personality in action.

Mrs. A.

This woman was referred by her sister who had originally telephoned for information about the hospital. Mrs. A., 47 and reconciled with her husband for the past five years, was undergoing one of her frequent alcoholic episodes. Mr. A., an A.A. member, accused his wife of reactivating his own problem. Mrs. A.'s sister sounded pleasant but somewhat managing and assumptive of the professional role. It was explained to her that the patient's recognition of her own problem and desire to do something about it were vital to its solution.

Two weeks later, Mrs. A. entered the hospital. She expressed herself as pleased that for the first time, she had been consulted in plans being made for her, although her sister was again making suggestions for her convalescent care. The worker recognized the patient's need not to be "pushed" and showed acceptance of this woman's conscious desire to make her own decisions. Mrs. A. at first seemed very remorseful, blaming herself for her part in Mr. A.'s drinking problem. She showed some intellectual insight, stating that she was sensitive, easily hurt and resentful, and therefore she drank; but she knew she exaggerated the issues out of proportion to their importance and that, when she drank, it only intensified the problems. She felt that her family was expecting a complete reformation. Sensing her anxiety

on this point, the worker voiced recognition of Mrs. A.'s good intentions, at the same time acknowledging the difficulties of the struggle and Mrs. A.'s fears and doubts as to her ability to succeed. Discussing her daily activities in this interview, Mrs. A. said that she could keep herself occupied all day on non-essentials. She formerly had a responsible job as a credit supervisor but resigned a year ago before they had a chance to fire her because of drinking. The worker concluded this interview by describing the treatment facilities in a general way.

The next day, Mrs. A. greeted the worker in a polite but hostile fashion, full of projections. She said that she did not want to make an appointment for regular out-patient interviews because holding herself to a commitment would only increase her resentment. She felt too that she was an "individual" and didn't have to take a job if she didn't want to (!). As for her husband, she didn't "pour liquor down his throat." He wanted her back, but only as she was before she drank, she went on to say. She felt that her sister, however well-intentioned, was constantly checking up on her and she knew that when she telephoned her mother, after discharge, the latter would make her usual comment, "Have you been a good girl?" The worker accepted all of Mrs. A.'s feelings, again recognizing and supporting her in her right to make her own decisions. She was told that we were here to help, but that we did not delude ourselves that we could help anyone who did not come out of his own desire to do so. Mrs. A. then asked if it would be possible to make an appointment after discharge. Mrs. A. went on to test and retest the worker, asking for direct advice on several matters, but the worker returned the questions, taking care not to fall into the trap of her dependency-independency conflict.

Later that day, Mrs. A.'s sister was interviewed. She revealed that Mrs. A. was the oldest of five siblings and had always been moody and uncommunicative in contrast to the others. Mrs. A. was her father's favorite in childhood. The father was now in his 70's, a hard-drinking man who had never missed a day's work, with contempt for anyone who couldn't handle his liquor. The mother, a highly respected and dignified woman, was described as extremely independent and self-sufficient, despite her recent blindness. Mrs. A.'s child, growing up, was left in the care of the grandmother while Mrs. A. was at work and the patient may have felt guilty about her neglect of her only child. The girl, now 19, married recently. Mrs. A. disapproved of the marriage and probably felt, according to the sister, that it represented to the girl an escape from the problem in the home.

Mrs. A. showed envy of the piety and beauty of her sister's daughter. The patient, according to her sister, was not too efficient about the house and when guests were expected would become so tense that she might have to take a drink. Also, she seemed to find it necessary to "equal" everyone else's accomplishments. Mrs. A.'s sister said that she had her own family to care for and found it hard because Mrs. A. had been leaning more and more heavily on her. The worker attempted to impress the sister with Mrs. A.'s extreme vulnerability and need for her to handle the problem in her own way. The sister later thanked the worker for the "insight" she had gained and actually demonstrated her increased understanding by respecting Mrs. A.'s right of self-determination.

On the following day, which was the final one in the patient's week of hospitalization, the worker attempted to clear with Mrs. A. any doubts which may have existed in the latter's mind regarding the attitude taken by the worker in the conversation with Mrs. A.'s sister. At this point, all of Mrs. A.'s final reservations were removed and a quick positive transference was achieved. She poured out her feelings concerning her daughter. She abreacted the wedding and subsequent events which culminated in her last drinking bout. After this, she expressed herself as greatly relieved. She said that she would get in contact with the hospital later, but was planning one step at a time, and wanted to get straightened out with the church first.

With Mrs. A.'s permission, the worker spoke to her husband that evening. It was obvious that the latter desired no light on his wife's attitudes but was primarily interested in using the interview to obtain some recognition of his own problem in relation to Mrs. A.

Mrs. A. telephoned 10 days later. She had reconciled with her daughter and expressed herself as very happy about the change in the attitude of her family. She felt that talking to the social worker had helped her most of all.

Here is a very immature person. She behaves as a child, almost infantile in the sense of expecting infinite tolerance from others, yet resents and rebels against being treated as a child. There is assumption of oral dependence and affectional deprivation. Mrs. A. wants constant proof of love and affection from her family and behaves so as to invite their

attention and intervention, yet she expresses hostility towards their interference through her conscious desire for independence. The mechanism of projection, arising in infancy, is much in evidence here. She projects her expectations of herself and self-accusations upon others and this enables her to feel hostile, resentful and rejecting. She is unable to conform to the reality principle, - she cannot tolerate flaws in herself or in others. She has marked feelings of inferiority in being unable to meet the standards of performance she has set up for herself. Whitehorn states that performance may indicate a bid for love which the subject does not feel she can gain on a personal basis.^{1/} There is also the possibility of confused identity as evidence of an unsolved oedipal situation. She adored her father, a hard-drinking man, and she married an alcoholic. Her husband related that when she drank, she donned slacks, sandals and a sweater; this was in marked contrast to the conservative and ladylike appearance she presented in the hospital. The guilt, which plays a predominant part in this woman's personality, is mostly focused on the drinking. Mrs. A. was ashamed of her drinking; she drank at home and never frequented a bar. Mrs. A. was a shy, retiring, withdrawn person, who admittedly found it difficult to talk to others and to express her feelings. She ascribed her bouts to the cumulative effects of anger and resentment which she allowed to "bottle up" inside

^{1/}John.C. Whitehorn, op. cit.

of her.

Mrs. A. did not display sufficient insight to continue in treatment. The relationship between the patient and the worker, built up in three short days, rested on infirm foundations. It was obvious that Mrs. A. would be waiting for the slightest word or move on the worker's part which would give her an opportunity to reject the worker. By her own admission, she was constantly on the watch for slurs on the part of other people. It would be difficult for the worker to fit into this dependency-independency conflict which is revealed in Mrs. A.'s ambivalence about wanting help on the one hand and the need to be completely dependent on the other.

Mr. A., too, might present an obstacle to treatment plans, in view of his own attitudes, needs and weak personality structure. The patient placed the onset of her heavy drinking about five years previous, although the date was hard to fix exactly. She reconciled with her husband about that time and this may have been a precipitating factor, although there is not sufficient evidence in the record to demonstrate a causal relationship between the factors of reconciliation and alcoholism.

Neither the patient nor the admitting physician mentioned the subject of menopause which her age would seem to suggest. One might expect the approach of the climacteric to emphasize problems in a woman of this type.

On the positive side, Mrs. A.'s hospital experience yielded immediate and beneficial results. It has been observed that experiences of this type sometimes provide a "benchmark" for future treatment.

Mrs. G.

Mrs. G., when single, had received psychotherapy and medication in the out-patient department, after a period of drinking precipitated by conflict with her mother over her father's care. She was married shortly afterwards, and remained abstinent for three years. Her husband's loss of work, her anxiety over inability to eat and her failure to find constructive activity in the home led to a reactivation of her drinking problem abetted by her husband's drinking. Her brother, a reformed alcoholic who had received help at the hospital, attempted to cooperate and blamed the patient's husband's weak attitudes and indecisiveness about the need for help and also questioned his brother-in-law's sincerity in looking for work. The patient, however, felt that her husband's frequent visits to her were necessary and comforting and that her brother, although well-meaning, was interfering. The worker offered some clarification to the patient's brother whose cooperation was secured and made contact with the Family Society to whom the family was known. Through the joint efforts of the latter agency and the worker, the husband came to realize that his wife could not drink. He was appealed to as the person to whom she looked for permission to continue in treatment; this bolstered his morale and evoked his cooperation. The patient continued in psychotherapy and casework for a period of six months. She was given insight into her mother's attitudes, with the result that she visited her mother less often and became the dominating figure, a reversal of their former relationship. The case was terminated when the worker left. Mrs. G.'s work schedule interfered with further psychotherapy which was not actually indicated since her general health had improved, she had stopped drinking and both she and Mr. G. were working and functioning well.

This case worked out as a satisfactory relationship between two mutually dependent people who seemed to rise and fall together. Environmental manipulation, psychological support

and insight were combined in a successful course of treatment. The case points out the effects of the spouse's drinking problem, the necessity for enlisting his cooperation in treatment and the part that therapy can play in offsetting the traumatic effects of an unsatisfactory parental relationship.

Mrs. K.

Mrs. K., a thrice-married woman, was referred by a children's agency where her schizophrenic son had been under treatment for a number of years. The boy was making progress but in her involvement in the strenuous course of his treatment, Mrs. K. developed an addiction to alcohol. She was hospitalized on three separate occasions and received out-patient psychotherapy supplemented by casework for a period of nearly two years.

Mrs. K. displayed ambivalence towards both of her sons. It seemed to involve a sacrifice of her own independency and integrity to give part of herself to others. Her repressed feelings of hate towards the children and resentment of demands made upon her by others stimulated her drinking and over-active behavior. Her aggressiveness appeared to be a reaction to passivity. Mrs. K. felt that her husband derived satisfaction from her drinking as a means of criticizing her. Their sex relations were terminated early in their marriage and Mrs. K. felt that her husband regarded her more as a mother. On Mrs. K.'s suggestion, the social worker had a few interviews with the husband, but he was concerned with the cost of treatment and with his wife's attitude towards her son and the relationship did not progress. At one time, Mrs. K. said that she hated all men. Her competitiveness with men appeared to have originated in her need to identify with her cruel and domineering father who might otherwise have crushed her. Mrs. K. despised housework which she could only do when thoroughly drunk. During treatment at the hospital, she obtained a clerical job. She resented the suggestion of the children's agency to resign this position in the interests of her younger son.

Except for a brief period, the patient remained continuously inebriated throughout treatment. Efforts to get her into a real therapeutic relationship seemed to have failed. A question was raised as to the possibility of a psychotic disturbance underlying the alcoholism.

The patient continually equated her drinking problem with her son and to continue to treat her as an alcoholic seemed pointless. It was the impression that she could receive support in the area of her relationship with the boy and a referral was made to an agency where the treatment of the family could be centralized.

Throughout the phases of psychotherapy, Mrs. K. leaned heavily on the worker for encouragement and support, especially when she became hostile and anxious and considered breaking contact with the psychiatrist. She appeared to regard the worker as a contemporary chum in whom she could confide her feelings.

Mrs. O.

Mrs. O. has been successfully undergoing treatment in the out-patient department for a year following her hospitalization. Her diagnosis was "alcoholism, involuntional depressive reaction." She stated that she drank because things bottled up inside of her and only when intoxicated could she express her hostility towards her husband. Mr. O. was seen twice. He was superficially cooperative, expressing interest in his wife's treatment, yet continued to block her by his own drinking and refusal to accept treatment on his own. There was additional friction caused by the severe restrictions which he imposed upon their eight children.

Mrs. O. was able to utilize the casework relationship to express her feelings which she ordinarily suppressed. She was helped in working through her attitude towards her illegitimately pregnant daughter and in handling her guilt feelings towards another daughter who drank. In this way, she was brought to a greater acceptance of herself. She was able to evaluate her relationship to her husband. She made efforts to improve the home situation but feeling that he did not cooperate and observing their incompatibility, she ultimately decided to separate, having been referred by the worker to the Legal Aid Society. She had physical complaints and was referred by the worker to a physician for treatment of menopausal difficulties. Always a withdrawn person, she expressed a desire to find more outside interests, started to teach in Sunday school and more recently has become active in Girl Scout work.

Mrs. O.'s total situation has improved greatly. She has progressively seemed more able to function independently and to deal with stressful reality problems. Mrs. O. had sufficient ego strength to enable her, with casework support, to take constructive steps in the solution of her problem. It is interesting to note that Mrs. O. was one of the few women who described her early life as relatively stable, although this was not elaborated upon.

Mrs. P.

Mrs. P.'s drinking problem began in 1941 when she was out of state with Mr. P. who was working long hours in a defense plant. In his leisure time, Mr. P. was engaged in union activities and Mrs. P. was lonely, far from her family. Later, Mrs. P. prevailed upon her husband to return home and may have felt guilty because of this. Mrs. P. had no outside activities. She was devoted to her children and was a good housekeeper, although a compulsive one. Her present bout occurred shortly after she had taken five lodgers into their large house.

The worker had six interviews with the patient in the hospital over a three-week period, followed by some psychotherapy in the out-patient department, along with antabuse and adrenal cortical extract. The worker saw the husband half a dozen times. He was primarily interested in his wife's treatment for the sake of their two children. He expressed interest in recreational activities which would include his wife. In response to a therapeutic suggestion to find a hobby, Mrs. P. found a job as a practical nurse on a part-time basis which she stated she enjoyed as much as her former drinking. A letter written to the Director nearly two years after her hospitalization indicated she was still working and abstinent.

Although a rather rigid person, Mrs. P. was able to sustain a treatment relationship. From the brief history of her early life, it would not appear that Mrs. P. was as severely traumatized as some of the other women in this study.

Despite her mother's strictness, she remembers her childhood as a happy one. Although her marriage was far from a warm one, Mr. P. did cooperate to a certain extent in treatment. This case was also cited by Deex^{1/} to illustrate how a shift away from the housewife role to a job and outside interests, a form of environmental manipulation, played an important part in the maintenance of sobriety.

1/Dorothy J. Deex, op. cit., pp. 84-87.

CHAPTER V

SUMMARY AND CONCLUSIONS

To recapitulate: this thesis was concerned with aspects of alcoholism in the married woman, alcoholic. The subject was suggested by Deex who, two years previously, examined the housewife's role among women at the Washingtonian Hospital.

Eighty-five per cent of all women who have passed through the portals of the hospital, including the out-patient department, during the past five years, are or have been married. At least as many of these women have undertaken marriage as women in the general population; the number of marriages dissolved by divorce, separation or death was proportionately greater in the alcoholic group. The existence of marital problems may be inferred, supported by even a superficial survey of the reports of the admitting physician in which statements of marital conflict are frequently mentioned as precipitating causes of alcoholic episodes. The study was focused on the currently married woman who, being closer to the genesis of conflict, was considered to be more productive of information in this area. A study of the married woman implies both the woman and the marriage; therefore, the main research questions were based on an examination of the personality prior to marriage and the marriage itself, to which a general question involving casework was added:

1. Was there any evidence of maladjustment in the pre-marital environment which may have contributed to the development of alcoholism?
2. What were the problem areas within the marital setting?
3. What was the nature of casework with these women?

Chapters III and IV attempted to answer these questions through a presentation of statistical data followed by a general discussion of casework.

There were 200 women admitted between April, 1951 and April, 1956. The number of currently married women was 20 per cent lower proportionately than in the general population. A descriptive study of the 98 currently married women was undertaken. The majority were between 35 and 50 years of age; the mode was 40 to 45. The ratio of Catholics to Protestants was nearly two to one (64 to 33, with one case unknown). This predominantly Catholic population, looking unfavorably upon divorce, prevents the figure for married women from declining even further. This inference seems to be supported (1) by the figures for divorced and separated which are about equal for the two religions but are relatively much higher for the Protestants in view of the larger Catholic population and (2) by Wall's study of 50 women in which Protestants outnumbered Catholics three to one, and 20 were divorced and fully as many estranged.

1/James H. Wall, op. cit.

Fertility was next investigated. A comparison was made between the number of children born to currently married women in the alcoholic population and the same age group (35 to 49 years) of ever married women in the normal population. A consideration of those formerly married in the alcoholic population and the ratios of ever married to currently married in both populations would offer a more valid comparison. The method chosen was the most expedient one for our purposes but more work would have to be done in this area. This study found that the total number of children produced by the alcoholic group was the same as that of the normal group: an average of 2.27 for the alcoholic and 2.23 for the general population. The figures in Table 3 (Chapter III) seemed to offer some substantiation to the extremes of greater childlessness and larger families among alcoholics. This may be related to the abnormality of heterosexual relationships observed in the studies discussed in the text, - the common occurrence of frigidity and impotence on the one hand and, on the other, excessive sexual demands, in the case of the male, in compensation for feelings of sexual inadequacy. In this study, the question is somewhat complicated by the existence of alcoholism in both of the marital partners.

There was no essential difference in the number of children born between the two religions represented.

Using education as a criterion, the women were of average to superior intelligence. Over one-half were high-school

graduates or better compared with 42.6 per cent in the general population. The median school years completed for the urban female in Massachusetts was 11; for the alcoholic, it was 11.1. The percentage of those who had undertaken education beyond the high-school level was about the same for both groups (12 per cent plus); the number of college graduates, however, was only 1.4 per cent for the alcoholics compared with 5.5 per cent in the normal group. This may be indicative of some instability among the alcoholics, although educational programs undertaken beyond the high-school level did not always involve a full college course. (Such factors as income, which might be influential, are unknown.)

About 39 per cent of the women were employed compared with 33 per cent for the married woman age 35 to 44 in the general population. The difference did not seem remarkable in view of the fact that an estimated 20 to 25 percent of the alcoholics were living apart from their husbands. A qualitative analysis of this data is more significant. Although the cultural role of women has not been touched upon in this thesis, it has been observed that alcoholics have difficulties in their feminine roles. ^{1/2/} In the cases described by

1/James H. Wall, "Alcoholism: A Medical Responsibility," abstracted in Quarterly Journal of Studies on Alcohol (June, 1954), 15:345.

2/P. Berner and W. Solms, "Alcoholism in Women," abstracted in Quarterly Journal of Studies on Alcohol (March, 1954), 15:28

Deex, therapeutic efforts were directed towards securing outside interests and other relief in performing household roles. The jobs chosen by these women were largely jobs in which less decision-making ability was needed than in homemaking. This was also true of the women in the present study. Occupational choices appeared to be somewhat below educational levels.

The absence of social and recreational activities seems to offer further substantiation to the term "undersocialized" which has been applied to alcoholics. Thirty-seven women admitted difficulty in making friends or associated with relatives or neighbors only as opposed to twenty-four who said they made friends easily, and the claims of the latter would have to be weighed carefully in view of falsification and unrealistic attitudes among alcoholics and additional refuting evidence in the case histories. Investigation of premarital occupational and recreational pursuits is indicated, in order to determine whether there were any changes subsequent to marriage.

Precipitating causes of alcoholic episodes among these women appeared to be mainly focused upon the spouse, - quarrels, reactions to his drinking, or loneliness caused by his deliberate or enforced absence. General tensions, problems with children and physical complaints were other contributing factors. The average age of problem drinking was 36.

Examination of the sample of 25 cases followed. Although the schedule sought out other aspects of early life, such as sibling relationship, the information was considered insufficient; therefore, only the most important aspect of interpersonal relationship, that of the child to the parent, was reported in this study. As a group, these women presented a remarkable history of emotional deprivation in early childhood. None of the mothers were alcoholic, but they were domineering and ungiving. The fathers were weak and ineffectual as a group and 40 per cent were alcoholic. In several cases, there was a definite identification with the father.

Affectional deprivation gives rise to dependency and, it has been said that dependency begets dependency. At least for these women, the statement appears to be true. The husbands add up to a weak, dependent group. Of the 20 men whose drinking habits were known, 16 were well-defined alcoholics or excessive drinkers; their own drinking as well as their non-constructive attitudes towards the wife's drinking were cited as major areas of conflict in the marital relationship. Lack of mutual interests, sexual incompatibility and infidelity of the mate were mentioned frequently by the women, as well as friction between the husband and the children.

The women's own attitudes towards their children was an ambivalent one at best. Only two could be said to have had positive attitudes. The others were overtly hostile or separated from their children. Many of the children were already

displaying behavior problems, leaving one to speculate on the gloomy prospect of perpetuation of parental patterns or the development of other neuroses. Wall's study, too, found parental roles poorly undertaken, characterized by indifference and neglect. On 23 of his women had children, most of whom were unwanted or unhappily planned for as a means of saving the marriage.^{1/}

Other prominent problems in the marriage were anxiety or dissatisfaction with household chores, relationship with the mother (a carry-over from earlier conflicts and not newly created by the alcoholic situation), and physical complaints including menopause which is suggested as a subject for further study.

Although 45 per cent of the entire population of married women were offered casework service, only 10 per cent took advantage of out-patient facilities for prolonged treatment and the majority of these showed definite improvement; thus, the ability of the patient to sustain a treatment relationship provides, with some exceptions, an index of progress. In the short-term cases, the worker's efforts were mainly confined to acquainting the patient with the constructive use of the hospital, interviewing relatives where possible, and exploring possibilities for follow-up treatment.

Berner and Solms studying 100 recent female admissions

^{1/}James H. Wall, op. cit.

for alcoholism to the Psychiatrisch-neurologische universitätsklinik in Vienna concluded that alcoholism was an expression of "personality misdevelopment" and that social factors were much less important than generally believed. The present increase in alcoholism among women was believed to be a manifestation of the problems of their parents. Disturbances in the oral phase and identification with the father were often found. Seventy-four per cent of the women had husbands or fathers, or both husbands and fathers, who were alcoholics. Forty-three of the women were married.^{1/} The findings of this thesis are substantially in agreement. Social factors, particularly those within the marriage, should not be minimized, however. "Did the marriage build on earlier stability?" "Did the marriage offer a condition of stability?" These questions were asked by Deex and can now be answered: on the contrary, these marriages appeared to have built upon earlier instability. Although it is not possible to demonstrate a direct causal relationship between the marriage and the drinking, the thesis has called attention to factors within the marriage which have contributed to the drinking. The large proportions of divorced, widowed and separated among the alcoholics indicate that here is a group of women who are unable to adjust successfully within or without the marriage.

In Bacon's study of 1200 arrested inebriates, mentioned

1/P. Berner and W. Solms, op. cit.

earlier, over 50 per cent of the men failed to utilize the association of marriage.^{1/} In 1952, the Yale Center of Alcohol Studies gathered information about more than 2000 male alcoholics in out-patient clinics, men of a different calibre, over half of whom were married and living with their wives.^{2/} Both of these studies emphasized the greater social stability of the married man and this factor was correlated positively with sustained therapy. Implied also was the idea that the man who had attempted marriage was a more highly integrated individual socially than the alcoholic who had remained single.

We do not have comparable information for the woman alcoholic. The motivation for marriage may be different from that of the male. The majority of women in this study did utilize matrimony, as well as the majority of arrested females in Bacon's small sample of 42 women. Further information is needed concerning the single woman alcoholic and comparison should be made between the ever married and the never married.

^{1/}Seldon D. Bacon, op. cit., p. 123.

^{2/}Robert Straus, "Social Stability and Disruption in Alcoholism," Paper read before the Conference on Alcoholism, October, 1952, p. 6.

Accepted.
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APPENDIX

SCHEDULE

I. IDENTIFYING DATA Name History number Age Religion

II. PREMARITAL HISTORY

- A. Relationship to parents
 - 1. Broken home?
 - 2. Drinking habits of parents
- B. Relationship to siblings
- C. Educational history
- D. Job history
- E. Social life
- F. Any evidences of maladjustment not covered above

III. ALCOHOLIC HISTORY Age of first drink Age of problem drinking Precipitating factors

IV. MARITAL HISTORY

- A. Relationship to husband
 - 1. Economic
 - 2. Sexual (compatibility? extra-marital relations?)
 - 3. Social and cultural
 - a. Extent of husband's drinking - how related to patient's drinking
 - b. Husband's companionability - mutual interests
 - c. Cultural differences (education, occupation, religion, age, etc.)
 - d. Husband's attitude towards children
 - e. Extent of husband's cooperation towards treatment
- B. Relationship to children
 - 1. Number of children
 - 2. Attitude towards children
- C. Other interpersonal relationships
 - 1. Family (parents, siblings)
 - 2. Friends

- D. Outside interests
 - 1. Occupations
 - 2. Hobbies
 - 3. Organizations
- E. Special problems not covered above

V. CASEWORK

- A. Length of social service contact
- B. Extent of other treatment (psychiatric, medical)
- C. Focus of treatment
 - 1. Direct treatment (aspects of worker-client relationship--ways in which worker attempted to help patient towards an understanding of self or problem--techniques, e.g., clarification, interpretation, support)
 - 2. Indirect treatment (environmental manipulation)
 - a. What relatives were seen? How utilized?
 - b. Reality problems dealt with (housing, job, etc. and resources contacted)
- D. Reason for termination of treatment
- E. Results of treatment
 - 1. Improved -extent of improvement
 - 2. Not improved -summary statement of reason

BIBLIOGRAPHY

1. Berner, P. and W. Solms, "Alcoholism in Women," abstracted in Quarterly Journal of Studies on Alcohol (March, 1954), 15:128.
2. Bacon, Seldon D., "Inebriety, Social Integration, and Marriage," Quarterly Journal of Studies on Alcohol (June, 1944), 5:86-125; (September, 1944), 5:303-339.
3. Curran, Frank J., "Personality Studies in Alcoholic Women," Journal of Nervous and Mental Disease (December, 1937), 86:645-667.
4. Deex, Dorothy J., A Study of the Housewife Role Among Alcoholic Women In-Patients at the Washingtonian Hospital, Unpublished Master's Thesis, Boston University, 1954.
5. English, O. Spurgeon and Gerald H. J. Pearson, Emotional Problems of Living. W. W. Norton and Company, Inc., New York, 1945.
6. Fenichel, Otto, The Psychoanalytic Theory of Neurosis. W. W. Norton and Company, Inc., New York, 1945.
7. Hart, H. H., "Personality Factors in Alcoholism," Archives of Neurology and Psychiatry (July, 1930), 24:116-134.
8. Hollis, Florence, Women in Marital Conflict. Family Service Association of America, New York, 1949.
9. Jellinek, E. M. and Mark Keller, "Rates of Alcoholism in the United States of America, 1940-1948," Quarterly Journal of Studies on Alcohol (March, 1952), 13:49-59.
10. Levine, Jacob, "The Sexual Adjustment of Alcoholics," Quarterly Journal of Studies on Alcohol (December, 1955), 16:675-698.
11. Mowrer, Ernest R. and Harriet Mowrer, "Ecological and Familial Factors Associated with Inebriety," Quarterly Journal of Studies on Alcohol (June, 1945), 6:36-44.

12. Straus, Robert, Social Stability and Disruption in Alcoholism, Paper read before the Conference on Alcoholism (October, 1952), Boston, Massachusetts.
13. United States Bureau of the Census, Statistical Abstract of the United States: 1955 (Seventy-sixth edition), Washington, D. C., 1955.
14. United States Department of Commerce, Bureau of the Census, 1950 Census of the Population. Volume II, Characteristics of the Population: Part 21, Massachusetts. Government Printing Office, Washington, 1952.
15. 1950 United States Census: Special Report 5C, Fertility.
16. Wall, James H., "A Study of Alcoholism in Women," American Journal of Psychiatry (January, 1937), 93:943-955.
17. Wall, James H., "Alcoholism, A Medical Responsibility," abstracted in Quarterly Journal of Studies on Alcohol (June, 1954) 15:345.
18. Whitehorn, John C., "Guide to Interviewing and Personality Study," Archives of Neurology and Psychiatry (September, 1954), 52:197-216.