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Self-Esteem and Purpose in Life: A Comparative Study of Women Alcoholics

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SELF-ESTEEM AND PURPOSE IN LIFE:

A COMPARATIVE STUDY OF

WOMEN ALCOHOLICS

by

Susana Jimenez Schlesinger

A Dissertation Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

May

1983

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VITA

The author, Susana Jimenez Schlesinger, is the daughter of Romeo Jimenez Cabral and Rosa Codinach de Jimenez. She was born June 11, 1939, in San Diego, California.

Her elementary and secondary education was completed in Mexico. She graduated from the Colegio Ignacio L. Vallarta in Mexico City in November, 1955. From January, 1956, to May, 1959, she attended the University of San Diego, College for Women. She majored in Philosophy and Psychology and was elected a member of Kappa Gamma Pi. She received the degree of Bachelor of Arts, Magna cum Laude, in May, 1959. In 1959 and 1960 she attended the Universite de Fribourg, in Switzerland, and the Institut Catholique de Paris, in France. She entered Loyola University in Chicago, Illinois in September of 1960. She was granted an assistantship at the Loyola Guidance Center from 1960 to 1962. She received the degree of Master of Arts in clinical psychology in June, 1966. She studied at the Jesuit School of Theology in Chicago from September, 1977 through May, 1980, and received the degree of Master of Theology and Ministry, Magna cum Laude, in May, 1980. At present, she is in the doctoral program in Counseling and Counselor Education at Loyola University.

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She is married to Paul K. Schlesinger, and has three children, Susana, John, and Patricia.

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CHAPTER I

INTRODUCTION

Historical Background

A scientific approach to the problem of alcoholism can be traced to the late eighteenth and early nineteenth centuries (Paredes, 1976). Two famous writings of that period addressed the problem of inebrity, as it was called, in what seemed to be a new light. Dr. Benjamin Rush, a signer of the Declaration of Independence and a Surgeon General of the Army, wrote a lengthy treatise entitled "An Inquiry into the Effects of Ardent Spirits on the Human Body and Mind, with an Account of the Means of Preventing and the Remedies of Curing Them".

A more important work, and the first scientific formulation of drunkenness on record, is that of Thomas Trotter, an Edinburgh physician. In 1804 he wrote "An Essay, Medical, Philosophical, and Chemical, on Drunkenness and its Effects on the Human Body" in which he states:

in the writings of medicine, we find drunkenness only cursorily mentioned among the powers that injure health.... The priesthood hath poured forth its anathemas from the pulpit; and the moralist, no less severe, hath declaimed against it as a vice degrading to our nature. In medical language, I consider drunkenness strictly speaking, to be a disease, produced by a remote cause, and giving birth to actions and movements in the living body that disorder the functions of health (in Kinney and Leaton, 1978, p. 18).

Although Trotter gained few adherents to his position in Europe, some small efforts were being made in the United States at that time.

Around the 1830's in Massachusetts, Connecticut, and New York, small groups were forming to reform "intemperate persons" by hospitalizing them instead of sending them to jail or the workhouse. Between 1841 and 1874 11 non-profit hospitals and houses were set up. In 1876 the Journal of Inebriety began publication to advance the view that inebriates were not in the same class with criminals, the indigent, or the insane. These efforts, however, were taking place against the background of the temperance movement. Popular opposition prevailed, and before Prohibition the hospitals were closed and the Journal folded. The Washington Temperance Society, fore-runner of Alcoholics Anonymous, was started in Chase's Tavern in Baltimore in 1840, but by 1848 it was absorbed into the total prohibition movement.

Recognition of alcoholism as a disease developed slowly. In the 1930's Richard Peabody, a recovered alcoholic, first began to apply psychological methods to the cure of alcoholics. He replaced the terms "drunk" and "drunkenness" with the more scientific and less judgmental "alcoholic" and "alcoholism". Also in the 1930's Bill Wilson and Doctor Bob Smith founded the Fellowship of Alcoholics Anonymous in Akron, Ohio.

In 1943, a group of scientists from the Laboratory of Applied Psychology at Yale University began the Quarterly Journal of Studies on Alcohol (now the Journal of Alcohol Studies). The Yale Center of Alcohol Studies and the Yale Summer School of Alcohol Studies (now the Rutgers School) were established to educate professionals and paraprofessionals alike. The National Council on Alcoholism was founded in 1944 by Marty Mann, the first woman to attain sobriety

through Alcoholics Anonymous, and by E. M. Jellinek of the Yale School, to provide public information and education about alcohol. In the 1940's Dr. Harry M. Tiebout of the Blythewood Sanitarium in Connecticut achieved great success in the treatment of alcoholism. Dr. Tiebout's major theoretical contribution was expressed in numerous writings and lectures on the concept of "surrender vs. compliance" in alcoholism therapy (Tiebout, 1949, 1953, 1954).

In 1946, Emil M. Jellinek formulated the "disease concept" of alcoholism based on his analysis of a survey of over 2000 members of Alcoholics Anonymous. Jellinek's work provided the most comprehensive and authoritative study of alcoholics and alcoholism to date, and established Jellinek as the father of alcohol studies in the United States and the world.

Another milestone in the alcoholism field was the publication in 1972 of the guidelines for diagnosing alcoholism by the Criteria Committee of the National Council on Alcoholism. Since 1960, alcoholism has been gaining recognition by the federal government as a major public health problem. The National Institute of Alcohol Abuse and Alcoholism (NIAAA) was established in 1971 to sponsor research, training, public education, and treatment programs. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, known as the Hughes Act, sponsored by the former Senator Harold Hughes, a recovering alcoholic, establishes what might be called a Bill of Rights for alcoholic individuals. It recognizes that alcoholism is a disease that requires treatment and it provides protection against discrimination in hiring former

alcoholics. In a similar vein, the Uniform Alcoholism and Intoxication Treatment Act has been enacted by most states, Illinois among them, to mandate treatment rather than punishment.

Women and Alcoholism

Despite the long history of increased understanding of the disease of alcoholism in general, most research and treatment efforts have been directed toward male alcoholics. The majority of studies have been conducted as though alcoholism were an illness acquired almost exclusively by males. Most research up to the early 1970's included only male subjects. For example, two key studies on the etiology of alcoholism, Origins of Alcoholism (McCord and McCord, 1960) and The Drinking Man (McClelland, Davis, Kalin, and Wanner, 1972), were done with entirely male populations. Most professionals simply assumed that the same factors underlie alcoholism in women as in men. Even when women subjects were involved in alcoholism research their numbers were usually too small to have any significance. The results, thus obtained, were often misleading. One study which is often cited in support of the theory that alcoholic women are promiscuous, is based on the case histories of three women (Karpman, 1948). The only longitudinal personality study on drinking women in the literature included only three problem drinkers (Jones, 1971). Yet, such findings are widely quoted and utilized.

Several surveys published in the 1970's pointed to a dramatic increase in women's drinking since World War II and to a concomitant increase in the number of women exhibiting alcohol problems. According

to a fact sheet published by the National Clearinghouse for Alcohol Information in 1975, one out of six persons with an alcohol problem in 1965 was a woman; in 1975, one out of three was a woman. In a 1977 survey, Alcoholics Anonymous found that one out of every three members who joined the Fellowship of Alcoholics Anonymous between 1974 and 1977 was a woman. The percentage of women in Alcoholics Anonymous rose from 22% in 1968 to 26% in 1971 to 29% in 1977.

At the same time, several studies were published focusing on ways in which women's alcohol problems differed from those of men. For example, the progression of alcoholism in women tends to be much more rapid than in men (Curlee, 1969). Women alcoholics have a higher rate of depression and a higher incidence of suicide attempts than men alcoholics (Schuckit, 1972). On the other hand, alcoholic women are less likely to have alcohol-related legal difficulties and alcohol-related automobile accidents than men alcoholics, and they are less likely to have lost a job due to excessive drinking (Tamerin, Toler, and Harrington, 1976; Curlee, 1967). Schuckit and Morrissey (1976) also point out that the average woman alcoholic drinks at home, alone.

By the end of the 1960's and early 1970's women began to exert a much greater influence on the notably male-dominated alcoholism field. Although, from the 1940's on, women had not been completely absent from alcoholism treatment and education efforts, their role had been severely limited by social and political considerations. Marty Mann, who was the first woman to successfully recover from alcoholism through Alcoholics Anonymous, felt comfortable at her first Alcoholics Anonymous meeting in 1939. However, the group did

not feel that she belonged there. Even after she became a part of the New York Fellowship, she reported later, "they thought she's a freak, she's one of a kind, there aren't any more like her" (Toronto Inter-Group Speech, 1965). Her pioneering efforts were not in vain. Largely because of her, the New York area had a substantial number of sober women in Alcoholics Anonymous in the 1940's. Yet, in Akron, where Alcoholics Anonymous began, there were very few successful women for years. The local men were not willing to deal with women since they regarded them as a threat to their own sobriety (McCarthy, 1980).

Marty Mann benefited from an approach that was originally designed by and for "men only". However, she also realized that most women have special difficulties and obstacles to face in seeking treatment. In 1965, she told the Toronto Inter-Group Conference

I have found an awful lot of women in the early years who didn't make it, and I have always felt that it was not because they didn't want to, not because they were so much sicker, but because they were women. The odds were stacked so heavily against them, they never really had a chance (in McCarthy, 1980, p. 15).

Another recovering alcoholic woman, Dr. Jean Kirkpatrick, has more recently taken a different approach. Rather than integrating women into the still predominantly male Fellowship of Alcoholics Anonymous, she founded Women For Sobriety in 1975, a for-women-only self-help program tailored to the needs of women which can be an adjunct to Alcoholics Anonymous, or an alternative for those women "for whom Alcoholics Anonymous didn't work". The program stresses emotional and spiritual growth, and a woman's valuing herself as a capable, loving woman (Kirkpatrick, 1978).

In September, 1976, the Senate held its first hearings on women and alcoholism. In the spring of 1978 a Workshop on Alcoholism and Alcohol Abuse Among Women sponsored by the National Institute on Alcohol Abuse and Alcoholism concluded that despite a significant increase in awareness and information about female alcoholism in recent years, there was still a vast gap in the available data about the problem.

In recent years, as more attention is being focused on women with alcohol problems, two issues have emerged in the literature as key to an understanding of the psychological factors underlying alcoholism in women: sex role conflicts and low self-esteem. It is a moot question whether a poor self-concept and identity problems are the cause or the result of excessive drinking in women. What is not disputed, however, is that the women who abuse alcohol generally express an extreme sense of inadequacy and serious doubts about their ability to fulfill their expected roles in the family and in society. Guilt and depression are the most common feelings reported by both the women themselves and by those close to them as characteristic of female alcoholics (Tamerin, et al., 1976).

Purpose of the Present Study

The present study will explore the connection between the two issues which appear most relevant to women alcoholics; i.e., their identity and self-esteem. The question of identity in this investigation has been broadened beyond sex role to include a sense of purpose and of the meaning and significance of one's life, based on the

insights of Viktor Frankl (1963). More specifically, the purpose of this study is to extend the research that has been done of female alcoholism by determining the relationship between self-esteem and a sense of purpose in life in a selected sample of women alcoholics. A related goal is to investigate the differences in self-esteem and purpose in life among women alcoholics, men alcoholics, nonalcoholic women, and nonalcoholic men. A secondary question is the extent to which other variables; i.e., age, marital status, and employment, are related to self-esteem and to a sense of purpose in life among the four groups. By comparing women with men and alcoholics with nonalcoholics, the present study seeks to determine whether alcoholism or gender appears as the more relevant factor in female self-esteem among the designated sample population. In other words, is it their disease or their sex which is more significantly related to the well documented lack of self-esteem and sense of futility found among women alcoholics?

Definition of Terms

Alcoholism is a chronic disorder in which the individual is unable, for physical or psychological reasons, or both, to refrain from the frequent consumption of alcohol in quantities sufficient to produce intoxication and, ultimately, injury to health and effective functioning (Milt, 1971, p. 7).

The technical definition of alcoholism published by the World Health Organization's Alcoholism Subcommittee (1951) is:

Any form of drinking which in its extent goes beyond the traditional and customary "dietary" use or the ordinary compliance with the social drinking customs of the whole community concerned, irrespective of the etiological factors leading to such behavior, and irrespective also of the extent to which such etiological

factors are dependent upon heredity, constitution, or acquired physio-pathological and metabolic influences.

The World Health Organization's Alcoholism Subcommittee (1952) says:

Alcoholics are those excessive drinkers whose dependence on alcohol has attained such a degree that it shows in a noticeable mental disturbance or an interference with their bodily and mental health, interpersonal relations, and their smooth social and economic functioning.

For the purpose of the present investigation, an alcoholic is defined as a person who is currently in treatment for alcoholism. Conversely, a nonalcoholic is defined in the present study as a person who is not currently in treatment and who reports no history of alcoholism.

Self-Esteem: Self-esteem is defined in this study in terms of the scores obtained on the Coopersmith Self-Esteem Inventory (SEI), Adult Form. The SEI Manual describes self-esteem as follows:

The term "self-esteem" refers to the evaluation a person makes, and customarily maintains, of him- or herself; that is, overall self-esteem is an expression of approval or disapproval, indicating the extent to which a person believes him- or herself competent, successful, significant, and worthy. Self-esteem is a personal judgement of worthiness expressed in the attitudes a person holds toward the self (Coopersmith, 1981, p. 5).

Purpose in Life: "Purpose in Life" is defined in this study in terms of the scores obtained in Crumbaugh and Maholick's Purpose-in-Life Test (PIL). According to the PIL Manual, raw scores of 113 or above suggest the presence of definite purpose and meaning in life, while raw scores of 91 or below suggest the lack of clear meaning and purpose, or what the authors call "existential vacuum", following Viktor Frankl's (1963) system of existential therapy. The condition

of "existential vacuum" is described as the state of emptiness experienced by one who fails to find a meaning and purpose which gives his or her life a sense of unique identity, and which is manifested chiefly by boredom. Frankl and Crumbaugh believe that alcoholics generally suffer from this condition. Indeed, for Frankl, alcoholism is not understandable unless the existential vacuum which underlies it is recognized (Frankl, 1963; and Crumbaugh, Wood, and Wood, 1980).

Significance of the Study

The present research effort examines the female alcoholic. Its purpose is to systematically investigate two critical issues, self-esteem and purpose in life in a specific group of alcoholic women. An investigation of these variables is significant for both practical and theoretical reasons. Practically, the results can help alcoholism counselors to recognize the need to identify and to focus on certain issues of particular significance to women alcoholics. As a result, the female alcoholic may acquire a more accurate understanding of her alcoholism and of herself. Theoretically, this study adds to the available research on the self-esteem of women alcoholics by linking it to the concept of a sense of purpose in life. Alcoholism has been described as "a search, rather than an escape from reality" (Strom and Tranel, 1967). The available literature suggests that women alcoholics have all but despaired of fulfilling societal and personal expectations of themselves. It seems logical to conclude that there is a need for alcoholic women to resolve their much-touted role-conflicts and to

find a more effective alternative to trying (and failing) to live up to external expectations, with its consequent loss of self-esteem. A more productive avenue to explore would be for alcoholic women to be helped to uncover and to actualize the personal and unique meaning of their lives and thus to experience an enhanced sense of their own worth and dignity. The need for alcohol as a crutch should then be minimal.

The literature further suggests that such factors as age, marital status, and employment tend to have an impact on self-esteem and on a sense of purpose in life. Consequently, an attempt is made in this study to identify those factors and to match the nonalcoholic subjects to the men and women alcoholics on those variables. The relationship which may be present between those factors and the test scores is explored by correlating each variable with each of the test measures. It will also be determined whether or not the four groups of subjects differ significantly from each other on the basis of the relationship between those variables and the group means on both tests.

The results of this study are intended to further research on alcoholism in women and thus to lead to more effective treatment techniques which enhance the self-concept of women alcoholics by incorporating the insights of logotherapy; i.e., "treatment through finding meaning in life." This could be a significant step in effectively combating alcoholism in women.

Limitations of the Study

The most obvious limitation of the present investigation concerns the size of the sample population and its possible representativeness. Survey research, of which the present study is an example, is critically dependent on the quality of the sample selected for investigation in terms of how representative it is of the total population it is meant to reflect. Randomization is the usual method for selecting a "representative" sample from a given population. There are several systematic methods of random selection. However, none appeared feasible in the present study. The method chosen for selecting the sample population for this investigation relies heavily on self-selection on the part of volunteer subjects. This fact needs to be taken into account in any analysis of results, as well as in making any attempt to generalize the findings of this study beyond the boundaries of the specific group of individuals who chose to participate in the research project.

Leedy (1980) also warns that survey data are especially susceptible to distortion through the introduction of bias into the research findings. He recommends that particular attention be given to safeguarding the data from the influence of bias. Because of the use of objective tests to assess self-esteem and purpose in life in the present study, experimenter bias is probably minimal. However, the measures employed in the present research are all based on self-report and thus might be open to subject bias. There are no objective behavioral measures to compare with the subjects' own self-perceptions.

The primary variables under study, self-esteem and a sense of purpose in life, are themselves subjectively defined. Nevertheless, this aspect of the research design is considered to be appropriate by the investigator in the present context because there is ample evidence in the literature that it is the alcoholics' self-perceptions that most affect their drinking behavior, as well as their capacity to maintain sobriety. Regardless of what objective measures of achievement or feedback from others may reveal, it is the alcoholics' own attitudes about themselves and about their lives, the complex cluster of personal convictions and feelings which is meant by the term "self-concept", that ultimately determine whether or not they will achieve a permanent recovery from alcoholism.

Another limitation common to all self-report measures is the degree to which subjects' responses are influenced by considerations of social desirability. Thus, test scores may not accurately reflect the true feelings and perceptions of the respondents. To minimize that difficulty, the present research employed a coding system which guaranteed complete anonymity to the subjects in order to encourage them to respond with the utmost candor and spontaneity.

The research design chosen for this study, the analytical survey method, makes no claims to causality among the variables observed. Consequently, the applicability of the findings of this investigation to individuals and situations other than the specific ones in the study cannot be stated with certainty. Some logical, and, at times, statistical inferences can be drawn from the data obtained, but not in any absolute or categorical sense. Thus, the conclusions reached

in this investigation must be understood and applied within the specific parameters of its stated goals. That is, the results of this study can be useful in generating alternative ways of approaching and working with issues of special significance to the alcoholic women studied, and by logical inference to other alcoholic women who may exhibit similar characteristics to the ones described in the present research. The applicability of these findings to other settings must be left to the clinical judgement of the knowledgeable professional.

Organization of the Study

Chapter I has presented the historical background, purpose, and significance of the study. A definition of the terms used in the present investigation was included in this chapter. Attention was also drawn to some methodological limitations of the study.

The remainder of this dissertation is organized in the following manner: Chapter II includes a review of the related literature concerning 1) the psychological issues specific to women alcoholics and 2) self-esteem, purpose in life, and other variables affecting women alcoholics. The relationship of the present investigation to the existing research and the major hypotheses to be tested in this study conclude Chapter II. The method of investigation including the sample population, the instruments used, and the procedure for collecting and analyzing the data obtained are described in Chapter III. The results of the study are presented and discussed in Chapter IV. Chapter V summarizes the study and offers some conclusions, recommendations, and implications for further research.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Psychological Issues of Women Alcoholics

Alcoholism research has historically viewed alcoholism as a primarily male disorder. Consequently, most studies have largely overlooked gender differences. Even today, there is a tendency to identify the alcoholic patient first and foremost as an alcoholic, regardless of sex or other variables (Lemay, 1980).

Physiologically, there is a certain amount of validity for this position. As the disease concept of alcoholism proposed by Jellinek (1960) gained increased acceptance, professionals in both research and treatment have generally come to understand alcoholism as a true physical addiction, producing increased tolerance, craving, and withdrawal symptoms. Like other illnesses, the course of alcoholism is relatively uniform and predictable in all affected persons, regardless of their other individual differences. Research has shown, however, that the progression of alcoholism in women tends to be much more rapid than in men, telescoping into a brief period symptoms which men experience over a span of years (Curlee, 1969). Other physiological differences between men and women alcoholics are also being documented with increasing frequency in the literature (Jones and Jones, 1976).

A growing number of studies have begun to identify many other significant differences between male and female alcoholics, especially

on the sociological and psychological dimensions (Beckman, 1975 and 1978; Curlee, 1967 and 1970; Gomberg, 1974 and 1977). The "double standard" present in society at large, as well as in treatment settings, is almost universally noted in the literature on female alcoholism. It is generally acknowledged that some extremely critical attitudes and much misunderstanding about women alcoholics exist even among alcoholism professionals which have strong negative effects on the quantity and quality of care available to women. Numerous authors have focused on the inordinate amount of difficulty that women encounter at every stage of the alcoholism treatment and recovery process (Babcock and Connor, 1981; Gomberg, 1974 and 1977; Sandmaier, 1980).

Prior to 1979, the year that Congress passed legislation requiring alcoholism programs to offer services to women as a criterion for receiving federal funds, relatively few alcoholism programs admitted women on any basis. Sandmaier (1980) points out that even after the legislation was enacted, most alcoholism programs continued to be used, staffed, and directed by men and designed to meet the needs of men. Consequently, according to Sandmaier, many women find themselves in treatment programs which are neither prepared nor committed to meeting many of their fundamental psychological and practical needs. The "double standard" exists as much among therapists as among the patient population, according to Babcock and Connor (1981). This fact constitutes a major obstacle to the success of the treatment process for women, since, as noted by Gomberg (1974),

in a deviance disorder like alcoholism, the attitudes (conscious and unconscious) of the therapist towards women and towards alcoholism and the enthusiasm and interest of the therapist seem far more related to outcome than the technique used (p. 183).

At the same time, the "double standard" has influenced the field of alcoholism research to such an extent that by 1979 only 28 of the several hundred English language alcoholism studies dealt with women (Sandmaier, 1980). Blume writes in 1978:

As a result of the review of the research literature on women who abuse alcohol, we may conclude that there are serious gaps in our knowledge in all areas of diagnosis, casefinding, treatment, and outcome (p. 20).

Sandmaier (1980) draws out the implications of the lack of adequate factual information and understanding about female alcoholism:

since alcoholism research has focused almost entirely on men, our current body of knowledge derives almost wholly from the male experience. But far from duplicating male reality, the alcoholic woman lives out a nightmare uniquely shaped by her cultural role and status (pp. xv-xvi).

In an attempt to address the obvious need for more studies on women and alcohol, a number of published reports have recently investigated the special characteristics and needs of women alcoholics. The resulting body of literature seems to fall into two major categories: 1) Sex roles and role expectations and the conflict women alcoholics experience with expected role behaviors (Beckman, 1975; Curlee, 1969 and 1970; Gomberg, 1974 and 1977; Lemay, 1981; Mantek, 1977; Parker, 1972; Sandmaier, 1980; Schwartz, 1976; Wilsnack, 1973). 2) Low self-esteem (Babcock and Connor, 1981; Beckman, 1978; Blane, 1968; Clarke, 1974; Jones, 1971; Kinsey, 1966; Mantek, 1977; Schuckit, 1972; Wood and Duffy, 1966).

An overview of the studies concerning the psychological issues

specific to women alcoholics reflects a certain amount of ambiguity and confusion. Kinsey (1968), Curlee (1967), Sclare (1970), Schuckit (1972), and Wood and Duffy (1966) all found a high incidence of depressive symptoms, such as suicide attempts, in women alcoholics. Yet, none of these investigations addressed the question of whether the depression was a result of the double burden of guilt, shame, and low self-esteem which characterize the self-perceptions of female alcoholics.

Studies using clinical oriented personality tests such as the MMPI report that the mean profiles of the alcoholic men and women they tested were almost identical, both being typical of substance misuse as identified earlier by MMPI researchers (Goldstein and Linden, 1969 and Esbaugh, Tosi, and Hoyt, 1980). Depression and psychopathic deviance (social maladjustment) were the most prominent characteristics of men and women alike. Esbaugh, et al. (1980) make some revealing observations:

The men's and the women's mean scores on the Mf scale indicating that the women tended to be stereotypically feminine (emotionally passive and dependent, submissive and yielding, and possibly having less-than-adequate sexual identification) while the men deviated from the typically masculine role (and, like the women, reflected emotional passivity, dependency conflicts, and the possibility of an inadequate sexual identification) (p. 313).

On the whole, such research evidence precludes any facile distinction based on different psychopathologies between men and women alcoholics. But, neither does it abolish the distinctions made by Babcock and Connor (1981), Beckman (1978), Blume (1978), Carrigan (1978), Gomberg (1974 and 1977), Lemay (1980), Mantek (1977), Sandmaier (1980), and Schuckit (1972), among many others, who see a

clear negative difference between men and women with alcohol problems. All these writers point out the commonly held view that alcoholic women are "sicker" than alcoholic men. Yet, as Babcock and Connor (1981), Carrigan (1978), Lemay (1980), and Sandmaier (1980) also note, "sicker" in this regard could well be an artifact of women alcoholics' low self-esteem.

Curlee (1969) studied what she believes to be a major precipitating factor of alcoholism in women; i.e., the "empty nest syndrome", or the middle age identity crisis some women experience as their children grow up and leave the home. Clinical interviews of 100 men and 100 women admitted to a private alcoholism treatment center revealed that, unlike the men, the women tended to associate their alcoholism with a specific event in their lives. "For each of these women," Curlee states, "The 'trauma' which triggered their alcoholism was in some way related to a change in, or a challenge to, their roles as wives and mothers" (p. 166). These women felt themselves useless and their lives empty. As their drinking progressed, their self-esteem continued to decline. To complete the vicious cycle, Curlee speculates, "the effect of their drinking on their homes further weakened the sources of self-esteem which were already crumbling" (p. 170). Curlee's conclusions thus connect the female alcoholic's low self-esteem with her lack of a sense of purpose and meaning in life.

Alcoholism professionals generally agree that "the central feature of alcoholism in women is a preoccupation with being inadequate and inept and a sense of futility about being able to fulfill the female role" (Beckman, 1978, p. 491). It can be stated therefore,

that the current literature on female alcoholism points to self-esteem and identity problems as the two most significant issues faced by women alcoholics.

Clinical references to the poor self-concepts of alcoholic women abound. Yet, only a few authors present corroborating data. Moreover, most of the studies that seek to document their findings are inconclusive because they use unvalidated, unstandardized measures of self-concept and are conducted without control populations (Kinsey, 1966 and Wood and Duffy, 1966). Clarke (1974) used Q-sort techniques with a small sample (20 white women and 20 white men) and found no significant differences in the self-concepts of men and women alcoholics. Other research findings, however, directly or indirectly support the hypothesis that women alcoholics are likely to have extremely low self-esteem.

Men alcoholics generally have poorer self-concepts than do men nonalcoholics (Armstrong and Hoyt, 1963; Berg, 1971; Vanderpool, 1969). Berg's study used the Chicago Q-sort Adjective Check List to measure the self-concepts of 40 alcoholic and 40 nonalcoholic men before and after drinking. He found that the alcoholics' self-concepts were significantly lower than the nonalcoholics'. Moreover, while the alcoholics' self-concepts improved after drinking, the nonalcoholics' did not.

Mantek (1977) cites a study by Richter (1972) comparing the self-images of average men and women in Germany in which

men described themselves as more strongly anxiety-suppressive, ambitious, and dominating; the women perceived themselves as anxious, depressed and inhibited in their contact with others.

They are less ambitious and more self-subordinating. They believe that life is difficult for them and that they fall short of their needs and desires (p. 39).

In the United States Babcock and Connor (1981), Miller (1976), Wyckoff (1977) and many others have reached essentially the same conclusions about the differences in the self-images of average American men and women.

To women's negative self reports must be added the perceptions of women all too often expressed by mental health professionals. In a landmark study, Dr. Inge Broverman (Broverman, I., Broverman, D., Clarkson, Rosenkrantz, and Vogel, 1970) asked a group of psychotherapists to define, respectively, a mature healthy man, a mature healthy woman, and a mature healthy adult. There appeared to be a high level of consensus among the clinicians in their descriptions of the mature healthy woman as more submissive, less independent, less adventurous, less competitive, more excitable in minor crises, more easily hurt, and more emotional than a mature healthy man. Their description of a healthy adult, however, closely paralleled their description of a healthy male, but differed vastly from their description of a healthy female. Other studies have replicated Broverman's findings, indicating that the standard of mental health in our culture is a clearly masculine one, and conversely, that feminine behavior is basically inconsistent with society's concept of adult mental health (Sandmaier, 1980).

In view of the above discussion, it seems logical to conclude that alcoholic women are laboring under a double burden of social stigma which of necessity must affect their self-esteem. The level of self-esteem in all alcoholics, moreover, is crucially important.

It is generally held by alcoholism professionals that a poor self concept facilitates drinking (Beckman, 1978). It is therefore assumed that self-esteem needs to be raised before an adequate recovery from alcoholism can be made.

In the end, however, the literature on the psychological issues of women alcoholics does not appear to offer much hard evidence for any definite conclusions. As Gomberg (1974) reports,

We really do not know to what extent failures in therapy are due to the greater deviance of alcoholic women, the conscious and unconscious attitudes of therapists toward alcoholic women, and/or the punitive consequences of the woman's drinking which have left her even more distrustful and difficult to reach than before (p. 186).

When dealing with female alcoholism, according to Gomberg, the difficulties arise not so much from the application of a double standard to diagnosis and treatment, but rather from a pervasive neglect of women in every phase of alcoholism studies:

Virtually all psychiatric, psychological and sociological theory about alcoholism has been about men; the problem is perhaps too much of a single standard rather than a double one (p. 187).

Purpose in Life and Self-Esteem in Women Alcoholics

As it has been already noted, improving the self-concepts of women alcoholics is often seen as the most important goal in the effective treatment of female alcoholism (Babcock and Connor, 1981; Lemay, 1980; Sandmaier, 1976 and 1980). Studies dealing with sex-role conflicts in alcoholic women point out the connection that exists between the identity problems experienced by these women and their sense of self-worth. However, there is nothing in the literature

which directly addresses the issue of the lack of self-esteem in women alcoholics in relationship to their feelings of emptiness and purposelessness.

One promising avenue for improving the attitudes and self-concepts of alcoholics in general has been explored by Crumbaugh, Wood, and Wood (1980); Holmes (1970); and Strom and Tranel (1967). Crumbaugh, Wood, and Wood (1980) and Holmes (1970) present an approach to alcoholism treatment based on Viktor Frankl's system of logotherapy; that is, treatment through finding meaning in life. Crumbaugh describes his experiences while conducting logotherapy groups in the alcoholic treatment and rehabilitation units of several Veterans Administration Hospitals. He reports that logotherapy patients show more improvement (on the Purpose-in-Life Test which Crumbaugh developed with Leonard T. Maholick in 1969) at the end of a three-week period than do patients in the regular Alcoholic Rehabilitation Program (ARP) for six weeks (Crumbaugh, Wood, and Wood, 1980). Crumbaugh's conclusions are based on his clinical practice and on personal observations. In his view, experimental studies are less important than what he terms "clinical evidence of how individual patients respond" (p. 136).

Holmes (1970) concurs with Crumbaugh's conclusions on the beneficial impact of logotherapy in treating alcoholics. Evaluating Alcoholics Anonymous (A.A.) from the standpoint of both structure and content, Holmes attributes its success to the use of the program's Twelve Steps as "group logotherapy". Once again, the author relies on clinical descriptions, and offers no empirical evidence for his

conclusions.

Strom and Tranel (1967) attempted a more experimental approach. They compared the scores obtained by 54 male alcoholics voluntarily admitted to an alcoholic rehabilitation program on the Allport-Vernon-Lindzey Study of Values and on the Crumbaugh-Maholick Purpose-in-Life Test with the scores of 98 male hospital employees on the same tests. Only slight differences were found between the two groups on the Allport-Vernon-Lindzey Study of Values. On the other hand, the authors report a large and consistent difference between alcoholics and nonalcoholics on the Purpose-in-Life Test, despite a considerable degree of variability within the alcoholic population (Strom and Tranel, 1967, p. 245). According to the authors, alcoholics differed from nonalcoholics with respect to a number of features commonly used to characterize "purpose in life". Alcoholics expressed considerably more boredom than nonalcoholics. Alcoholics also reported short-term, transient, and ephemeral goals.

In addition to the methodological limitations of the above mentioned studies, there is also the problem of their applicability to female alcoholics, since all of them dealt with all-male or almost exclusively male populations. Directly or indirectly, self-concept and purpose in life studies have pointed out the influence that such factors as sex, age, race, and marital status of subjects can have on the results obtained. Meier and Edwards (1974) administered the Crumbaugh-Maholick Purpose-in-Life Test (PIL) to 100 "normal" (i.e., nonpatient) men and 100 "normal" women in five different age groups. They found no differences with respect to sex, but some with respect

to the age of the subjects. The two youngest groups (ages 13-15 and ages 17-19) scored significantly lower on the PIL than the three older age groups (ages 25-35, 45-55, and 65+). In another study using the PIL with 416 tenth grade high school students Padelford (1974) found a significant negative relationship between the extent of student drug involvement and PIL scores. When the data were analyzed by subgroups, however, the finding was confirmed for males and for Anglo-American subjects, but not for Mexican-American and other minority groups or for females as a group.

Studies conducted with alcoholic populations and with drug addicts, both male and female, using the Personality Research Form (PRF) found greater similarities than differences among diagnostic categories in women, but significant differences in the personalities of Whites and Blacks (Carrol, Malloy, Roscioli, and Godard, 1981, p. 438). In an earlier study, Carroll, Klein, and Santo (1978) found that age and race accounted for most of the differences in the self-concepts of male alcoholics and addicts, while diagnostic category yielded few statistically significant differences. Summarizing their findings, Carroll, et al. (1981) also point to age as a significant, though often overlooked factor in comparative studies of alcoholics:

Our analysis clearly indicates the need, in any comparison of personality across diagnostic groups, to control for the effect of age. Unfortunately, many studies have failed to do this adequately (p. 439).

With regard to the influence of marital status in alcoholic populations, Bromet and Moos (1976) note that the social environments of married alcoholics, family and work settings in particular, need to

be taken into account in studies comparing male and female alcoholics. On the basis of their own research involving 392 men and women alcoholics in four residential treatment centers, Bromet and Moos suggest that sex-specific psychological patterns among married alcoholics may not exist in unmarried groups. They note further that the vast majority of patients in previous studies pointing to greater female depression were currently married. Bromet and Moos, however, found no significant differences between men and women alcoholics in psychological functioning. Married patients, on the other hand, were found to have significantly better scores on each of the variables tested. Married men had significantly lower depression ratings and higher self-confidence ratings when compared with the other three groups in the study; i.e., married women, unmarried men, and unmarried women. And, compared with the unmarried, married women alcoholics were found to have more positive self-concepts and less anxiety. Their findings draw attention to the potential confounding influence of marital status: "Our results suggest," they conclude, "that meaningful comparisons between men and women alcoholics can only be made when marital status is controlled" (p. 1311). Since marital status is also related to many of the same factors that differentiate male and female alcoholics spurious sex-linked results can be obtained if the relative proportions of married and unmarried subjects vary across the sexes.

Relationship of the Study to Existing Research

A review of the literature on the psychological issues facing women alcoholics highlights self-esteem and identity problems as the two most important concerns that need to be addressed by current treatment and research efforts. Although much writing on both topics has been published in recent years, most of it tends to be subjective and anecdotal in nature. Some empirical studies exist, but of those, many are inconclusive because they have employed unvalidated measures or questionable research designs. Fewer studies still have been conducted using appropriate control populations. A major shortcoming of most of the available research on the psychological factors surrounding alcoholism in women, and an important reason for the present study, is that most comparative studies on female alcoholism have failed to control for other variables such as race, age, marital and employment status. Moreover, most studies have included only White, middle class, and largely middle-aged, married women and men. The present research, however, drew its sample population from a broad range of subjects in a large and heterogeneous metropolitan area. At the same time, the present study was designed to control for age, race, marital status, and employment among the subgroups which comprised the total sample.

The best researched and documented study of the self-esteem of women alcoholics to be found in the literature is Beckman (1978). That study compared four groups: 1) women alcoholics, 2) men alcoholics, 3) "normal controls" (nonalcoholic women who were not in

treatment for psychiatric disorders), and 4) "treatment controls" (women nonalcoholics who were in treatment for psychiatric disorders). While Beckman compared women alcoholics primarily with other women (both "control" groups were women), the present research sought to compare alcoholic women with nonalcoholic women as well as with men, alcoholic and nonalcoholic.

In view of the above discussion, the present study investigates the relationship between self-esteem as measured by the Coopersmith Self-Esteem Inventory (SEI), Adult Form, and purpose in life as measured by the Crumbaugh-Maholick Purpose-in-Life Test (PIL). In order to ascertain whether there are any significant differences in those two traits between comparable groups of men and women, alcoholic and nonalcoholic, the following eight hypotheses will be tested:

1. There will be no statistically significant difference between alcoholic women and nonalcoholic women on self-esteem.
2. There will be no statistically significant difference between alcoholic women and nonalcoholic women on purpose in life.
3. There will be no statistically significant difference between alcoholic women and alcoholic men on self-esteem.
4. There will be no statistically significant difference between alcoholic women and alcoholic men on purpose in life.
5. There will be no statistically significant difference between alcoholic men and nonalcoholic men on self-esteem.
6. There will be no statistically significant difference

between alcoholic men and nonalcoholic men on purpose in life.

7. There will be no statistically significant difference between nonalcoholic women and nonalcoholic men on self-esteem.
8. There will be no statistically significant difference between nonalcoholic women and nonalcoholic men on purpose in life.

CHAPTER III

METHODOLOGY

Sample Population

The total sample population in this study consisted of 120 subjects, 60 women and 60 men, divided into four groups of 30 subjects each. Group A consisted of 30 women alcoholics, Group B consisted of 30 men alcoholics, Group C consisted of 30 nonalcoholic women, and Group D consisted of 30 nonalcoholic men. All subjects were volunteer adults (20 years and older) residing within a large metropolitan area in the Midwest during 1982. For purposes of the present investigation, an alcoholic was defined as an individual in treatment for alcoholism for less than one year at the time the study was conducted. A nonalcoholic in the present investigation was defined as an individual who reported no history of misuse of alcohol or other chemicals and who was not in treatment for alcoholism at the time of the study.

The 60 alcoholic subjects in the study were drawn from public inpatient, public outpatient, private inpatient, and private outpatient treatment facilities in Cook County, Illinois. These facilities included a hospital inpatient program, an inpatient detoxification center, two half-way houses (one female and one male), two community outpatient services, and several Alcoholics Anonymous groups in the city of Chicago and surrounding suburban areas. The

60 nonalcoholic subjects were drawn from several sources within the same geographic location, including church and social groups and other individuals with no reported history of alcoholism.

Groups B, C, and D consisted of volunteers who matched the 30 women in Group A on the basis of age, race, marital status, employment status, and for alcoholics, length of sobriety. The alcoholic men (Group B) were drawn essentially from the same treatment facilities as the alcoholic women (Group A). However, although all available alcoholic men at those settings took the tests, only those subjects were selected for the study who matched the subjects in Group A on the designated variables. Similarly, the volunteer nonalcoholic subjects were specifically chosen because they matched the subjects in Group A on age, race, marital status, and employment. It should be noted, therefore, that the subjects in Groups B, C, and D were selected, not as representative of alcoholic men, nonalcoholic women, or nonalcoholic men, but as corresponding to the alcoholic women in Group A on the desired characteristics.

The composition of the sample and a breakdown of the four groups according to sex, age, race, marital status, employment status, and length of sobriety is shown in Table 1. The level of education of the participants was not one of the variables used to match the groups and is therefore listed separately in Table 2.

As can be seen from Table 2, there are some differences in educational levels among the groups. As was previously stated, no attempt was made to match the groups on this variable. One major reason for this was that the literature reports no significant

Table 1
Demographic Data on Subjects

	Alcoholic Women Group A (n=30)	Alcoholic Men Group B (n=30)	Nonalcoholic Women Group C (n=30)	Nonalcoholic Men Group D (n=30)	Total Sample
<u>Sex</u>					
Female	100.0%	-	100.0%	-	50.0%
Male	-	100.0%	-	100.0%	50.0%
<u>Age</u>					
20-29	27.0%	26.6%	30.0%	26.6%	27.5%
30-39	40.0%	40.0%	36.6%	40.0%	39.1%
40-49	13.3%	13.3%	10.0%	10.0%	11.6%
50-59	13.3%	13.3%	16.6%	16.6%	15.0%
60-69	6.6%	6.6%	6.6%	6.6%	6.6%
<u>Race</u>					
Black	26.6%	26.6%	26.6%	23.3%	25.8%
White	66.6%	66.6%	66.6%	66.6%	66.6%
Other (Hispanic)	6.6%	6.6%	6.6%	10.0%	7.5%

Table 1 (continued)

	Alcoholic Women Group A (n=30)	Alcoholic Men Group B (n=30)	Nonalcoholic Women Group C (n=30)	Nonalcoholic Men Group D (n=30)	Total Sample
<u>Marital Status</u>					
Single	40.0%	33.3%	36.6%	36.6%	36.6%
Married	23.3%	26.6%	26.6%	26.6%	25.8%
Divorced/Separated	33.3%	36.6%	33.3%	33.3%	34.0%
Widowed	3.3%	3.3%	3.3%	3.3%	3.3%
<u>Employment</u>					
Employed	46.6%	50.0%	46.6%	50.0%	48.3%
Unemployed	36.6%	50.0%	40.0%	50.0%	44.0%
Homemaker	16.6%	-	13.3%	-	7.5%
<u>Length of Sobriety</u>					
Sober	-	-	(100.0%)	(100.0%)	(100.0%)
0-2 months	53.3%	53.3%	-	-	53.3%
3-5 months	16.6%	26.6%	-	-	21.6%
6-8 months	13.3%	10.0%	-	-	11.6%
9-11 months	16.6%	10.0%	-	-	13.3%

Table 2

Educational Level of Subjects

	Alcoholic Women (n=30)	Alcoholic Men (n=30)	Nonalcoholic Women (n=30)	Nonalcoholic Men (n=30)	Total Sample
Some Elementary School	-	3.3%	-	-	.8%
Completed Elementary	6.6%	-	3.3%	3.3%	3.3%
Some High School	10.0%	23.3%	3.3%	10.0%	11.6%
Completed High School	26.6%	20.0%	23.3%	3.3%	18.3%
Technical or Trade School	10.0%	6.6%	-	3.3%	5.0%
Some College	40.0%	33.3%	26.6%	23.3%	30.8%
Completed College	-	10.0%	26.6%	36.6%	18.3%
Graduate (Master's)	3.3%	-	16.6%	16.6%	9.0%
Graduate (Doctorate)	3.3%	3.3%	-	3.3%	2.5%

differences on either PIL or SEI scores on the basis of education. For example, as Braun (1972) points out in his evaluation of the PIL, the difference reported by Crumbaugh (1968) between the mean test scores of college students (108.45) and indigent nonpsychiatric hospitalized patients (106.40) is surprisingly small. For purposes of the present study, therefore, it was decided not to use education as one of the principal variables on which the four groups of subjects were matched. However, the level of education was noted for all subjects in the study and the relationship between this variable and the two dependent variables, SEI and PIL scores, was computed for the total sample population.

Although few reliable statistics exist on the characteristics of women alcoholics in general, some information is available through the National Institute on Alcohol Abuse and Alcoholism (NIAAA). A 1977 report by the Program Analysis and Evaluation Branch of the NIAAA describes the characteristics of 4728 women in more than 360 programs funded by the Division of Special Treatment and Rehabilitation as follows: 1) The average age of the women in the treatment programs was 38.3 years. 2) A very high percentage of women (78%) were White, 15% were Black, 3.4% were Mexican/Spanish, and 2.2% were American Indian. 3) In terms of marital status most of the women alcoholics were divorced, separated, or never married. For example, in the ATC programs (outpatient alcoholism treatment centers) 43% of the women were divorced or separated. Married women represented only 29.6% of the ATC clients. 4) Approximately 66.2% of the women in all treatment programs reported being in the workforce; 25% were listed as housewives

or students and 19.6% reported no occupation. 5) The median level of education of all women in treatment (except American Indians) was 12.3 years.

As can be seen in Tables 1 and 2, the present sample of women alcoholics does not differ markedly from the women in the NIAAA treatment programs nationwide on the demographic variables selected by this investigation. The most noticeable difference is in the area of race. A lower percentage of White women (66.6%) and higher percentages of minority women (26.6% Black, 6.6% Hispanic) are represented in the present population of alcoholic women. In terms of marital status, the present sample of alcoholic women has a higher percentage of divorced and separated (33%) and never married women (40%) than the women in the NIAAA programs.

Instruments

Biographical Information Questionnaire. All subjects were asked to complete a short questionnaire of relevant biographical data including sex, age, race, marital and employment status, level of education, and, for alcoholics, length of sobriety. The questionnaires were marked with a code number. None of the information provided identified the subjects in any way. These measures were taken in order to guarantee the anonymity of the participants. A copy of the questionnaire can be found in Appendix A.

Coopersmith Self-Esteem Inventory (SEI), Adult Form. All participants in the study were given the Coopersmith Self-Esteem Inventory (SEI), Adult Form, a brief, simple, and practically self-

administering test. According to the Manual, the SEI is designed to measure evaluative attitudes toward the self in social, family, and personal areas of experience. The SEI was first used in conjunction with an extensive study of self-esteem in children based on the belief that self-esteem is significantly associated with personal satisfaction and effective functioning (Coopersmith, 1957). The original test, now titled, "School Form", was administered on a group basis with populations aged nine years to adult. Because of occasional time limitations and differences in language levels and situational descriptions, two additional forms were developed, the "School Short Form" and the "Adult Form". The Adult Form was adapted from the School Short Form for use with persons over 15 years of age. It consists of the 25 School Form items (out of the original 50) which show the highest item-total score correlations. The language and situations referred to in the items were modified to make them more meaningful to persons whose lives are not as closely bound to parents and school as are children's. The total score correlation of the School Form with the Adult Form, according to the Manual, exceeds .80 for three samples of high school and college students (n=647).

The three forms are used for both men and women, for all ethnic groups, and for many special populations; for example, the learning disabled. All SEI items are short statements such as "I, a lot of fun to be with" and are answered "like me" or "unlike me". Scoring is done by counting the number of times the subject's marks correspond with the marked boxes on the scoring key for the Adult Form and

multiplying the total by four. The 25 items on the test can thus yield a score between zero and 100. The Manual (1981) reports that in most studies the distributions of SEI scores have been skewed in the direction of high self-esteem. The means have generally been in the 70 to 80 range with a standard deviation of 11 to 13.

The SEI Manual also provides a summary of the results of over 100 reliability and validity studies conducted between 1970 and 1979. Internal consistency coefficients range from .71 to .92. Subscale and item intercorrelations are generally quite low (about .13). Alternate forms reliability correlations range from .71 to .80. Construct validity, concurrent validity, predictive validity, factor analysis, and multitrait-multimethod validity studies are reported in the Manual (pp. 13-15). Most of the studies appear to support the validity of the SEI.

While normative samples and guidelines for interpreting scores are given in the SEI Manual, caution is advised in applying them to any given population. It is strongly recommended that local norms be developed whenever possible. Supplemental measures or observations are also recommended to increase the usefulness of the test.

In the opinion of the writer, the SEI appears to be a thoroughly validated measure of self-esteem in younger populations. The Adult Form, though not as well researched as the School Form, seems to be adequately constructed and should be of considerable value in clinical and research studies with adult populations. It was therefore considered to be a suitable tool to use for the purposes of this investigation.

Crumbaugh-Maholick Purpose-in-Life Test. All subjects in the study were also given the Crumbaugh-Maholick Purpose-in-Life Test (PIL), Part A. The PIL Manual describes the test as an attitude scale constructed from the orientation of Logotherapy (i.e., treatment through finding meaning in life). As already indicated in Chapter I, the scale is intended as a measure of Viktor E. Frankl's concept of "Existential vacuum"; i.e., a state of emptiness which is manifested chiefly by boredom (Frankl, 1963).

The Purpose-in-Life (PIL) Test is a brief, nontimed scale consisting of three sections. Part A contains 20 sentence stems with seven response alternatives with extreme and neutral points defined. Part B consists of 13 sentence completion items. Part C directs the respondent to write a paragraph describing in detail aims, ambitions, goals in life, and progress made in achieving them. Parts B and C are not scored and little consideration is given them either in the Manual or in the published research. The PIL Manual indicates that while Parts B and C may be clinically useful, these sections may be ignored for most research purposes. The present study included only Part A. Scoring involves the adding across all items of the scale points selected by the subject. Each of the 20 items can range between 1 and 7 points with higher scores indicating higher degrees of meaning and purpose in life. The Manual suggests that raw scores of 113 or above indicate a definite purpose and meaning in life, while raw scores of 91 or below indicate the lack of clear meaning and purpose.

Buro's Eighth Mental Measurements Yearbook (1978) lists 65

research references and two reviews (by John R. Braum and George Domino, Seventh Mental Measurements Yearbook, 1972). Split-half reliabilities are deemed satisfactory (in the low 90's). The validity data presented by the authors are judged to be positive and to support both the theoretical underpinnings of the PIL and its empirical functioning. Both reviewers agree that the PIL appears to be a worthwhile instrument to consider for research. They suggest, however, that additional basic research dealing with reliability and validity is needed if the test is to be used clinically.

Examples of PIL test items include: "Life to me seems..." (responses range from "always excited", "neutral", to "completely routine"). "Facing my daily tasks is... (responses range from "a source of pleasure and satisfaction", "neutral", to "a painful and boring experience"). In spite of the obvious nature of the items and their clear "social desirability" (features noted and criticized by Domino, 1972), for purposes of the present study, the brevity and simplicity of the PIL are regarded as advantageous for use with a population which is likely to include a substantial number of subjects of limited education and/or impaired intellectual functioning.

Procedure

The procedure followed in the present study is a type of survey methodology sometimes referred to as "analytical survey research" (Leedy, 1980). This type of research methodology is useful in analyzing data which are essentially quantitative in nature by means of appropriate statistical tools in order to infer what meanings may

lie within the data.

In the present investigation, 120 subjects were asked to complete the three instruments described above under conditions of guaranteed anonymity. The subjects were divided into four groups: Group A consisted of 30 randomly selected women alcoholics. Group B consisted of 30 men alcoholics who matched Group A in race, age, marital and employment status, and length of sobriety. Group C consisted of 30 nonalcoholic women who matched Group A in race, age, marital status, and employment. Group D consisted of 30 nonalcoholic men who matched Group A in the same variables as Group C. The three instruments were administered either by the investigator, or, in most cases, by other persons who had access to the particular subjects and who had been previously instructed by the investigator. A brief set of printed instructions accompanied each of the test packets. As was already stated, the instruments were virtually self-administering. All instruments were scored and the results tabulated by the investigator and one other person who served as an assistant.

The basic statistical procedures used in this study were divided into several steps and will be reported in detail in Chapter IV. Correlation coefficients were computed between the two dependent variable measures, SEI and PIL, to obtain a measure of reliability. A correlation of .71 between SEI and PIL scores was found, indicating that the instruments used in the study have a generally good reliability. The eight major hypotheses of the study listed in Chapter II were examined using t-test procedures with a probability level of $p < .05$.

Supplementary one-way and two-way analyses of variance were

carried out with additional variables to see their contributions to the two dependent variable measures. These variables included race, age, sex, marital status, employment status, and length of sobriety. Although not central to the study, correlation (ETA) coefficients were computed between educational levels and SEI and PIL to gain further information as to the significance of this variable. Lastly, a regression analysis on both dependent measures and all other variables including the original four groups was also carried out to assess the total amount of variation explained.

Summary

The specific aim of the present study was to systematically investigate two critical issues affecting women alcoholics: self-esteem and purpose in life. Accordingly, two standardized tests, the Coopersmith Self-Esteem Inventory (SEI), Adult Form and the Crumbaugh-Maholick Purpose-in-Life Test (PIL), Part A, were administered to 120 volunteer adult subjects, together with a brief questionnaire of relevant biographical information. The total sample included four groups of 30 subjects each: Group A, alcoholic women; Group B, alcoholic men; Group C, nonalcoholic women; and Group D, nonalcoholic men. The four groups were matched in age, race, marital status, employment, and for alcoholics, length of sobriety.

The statistical analysis of the data obtained included an examination of the eight major hypotheses in the study using t-test procedures with a probability level of $p < .05$. Additional statistical procedures were used to determine the effects of the demographic factors

on the dependent measures; i.e., SEI and PIL scores. The possible impact of all variables on the results of this investigation and their implications for further research and treatment of female alcoholism are discussed in the following chapters.

CHAPTER IV

RESULTS

The Eight Major Hypotheses

In order to determine whether a relationship existed in this study between alcoholism, gender, self-esteem as measured by the Coopersmith Self-Esteem Inventory (SEI), and a sense of meaning and purpose as measured by the Crumbaugh-Maholick Purpose-in-Life Test (PIL) the eight major hypotheses listed in Chapter II were examined using t-test procedures with a probability level of $p < .05$.

Hypothesis #1: There will be no statistically significant difference between alcoholic women and nonalcoholic women on self-esteem

Table 3

Comparison of Alcoholic Women and
Nonalcoholic Women on the SEI

Group	N	Mean	Std. Dev.	t
A (Alcoholic Women)	30	53.0	26.6	-5.99*
C (Nonalcoholic Women)	30	76.8	18.9	

* $p < .01$

As can be seen in Table 3, the null hypothesis of no difference between the groups is rejected. There is a significant difference between the mean SEI scores of alcoholic women (53.0) and nonalcoholic

women (76.8). This would indicate that the alcoholic women in Group A have considerably lower self-esteem than the nonalcoholic women in Group C.

As was previously noted, the SEI Manual reports that the means in most studies using the SEI have generally been in the 70 to 80 range, with a standard deviation of 11 to 13. Accordingly, the alcoholic women in this study appear to be significantly lacking in self-esteem when compared to the general population. The nonalcoholic women in the present study, on the other hand, appear to be within the normal range in self-esteem when compared with the general population.

Hypothesis #2: There will be no statistically significant difference between alcoholic women and nonalcoholic women on purpose of life.

Table 4

Comparison of Alcoholic Women and
Nonalcoholic Women on the PIL

Group	N	Mean	Std. Dev.	t
A (Alcoholic Women)	30	85.5	19.9	-5.55*
C (Nonalcoholic Women)	30	112.0	17.1	

*p < .01

Table 4 shows that there is a significant difference between the mean PIL scores of alcoholic women (85.5) and nonalcoholic women (112.0). The hypothesis of no difference between the groups is rejected. The alcoholic women in Group C appear to have considerably

less sense of purpose in life than the nonalcoholic women in Group C.

This finding is to be expected, given the results presented on Table 3; namely, the significance of the difference between alcoholic and nonalcoholic women on mean SEI scores. Since a significant positive correlation had been previously established between the two dependent variables, SEI and PIL, it follows that there would be a significant difference between the mean PIL scores of both groups if a significant difference between mean SEI scores had already been found for the same two groups.

As previously noted, the PIL Manual suggests that a score of 90 or below indicates a definite lack of meaning and purpose in life, otherwise described as an "existential vacuum" (Frankl, 1963, Crumbaugh and Maholick, 1969). A mean score of 85.5 for the present sample of alcoholic women, therefore, would tend to corroborate Frankl's statement about existential vacuum as an underlying condition in alcoholism. The control group of nonalcoholic women, on the other hand, obtained a mean PIL score of 112.0. According to the guidelines given in the Manual, a score of 113 or above indicates the presence of a definite sense of purpose in life. Thus, the nonalcoholic women in Group C do not appear to exhibit the condition of existential vacuum described by Frankl (1963), Crumbaugh and Maholick (1969), and Crumbaugh, Wood, and Wood (1980).

Hypothesis #3: There will be no statistically significant difference between alcoholic women and alcoholic men on self-esteem.

Table 5
Comparison of Alcoholic Women and
Alcoholic Men on the SEI

Group	N	Mean	Std. Dev.	t
A (Alcoholic Women)	30	53.0	26.6	-.911*
B (Alcoholic Men)	30	58.7	21.3	

*n.s.

Table 5 indicates that there is no significant difference between the mean SEI scores of women alcoholics and men alcoholics. Consequently, the null hypothesis is not rejected.

Both the women alcoholics in Group A and the men alcoholics in Group B appear to have considerably low self-esteem according to the norms given in the SEI Manual. The mean SEI score of alcoholic men (58.7) is slightly higher than the mean SEI score of alcoholic women (53.0). However, the difference is not statistically significant.

Hypothesis #4: There will be no statistically significant difference between alcoholic women and alcoholic men on purpose in life.

Table 6
Comparison of Alcoholic Women and
Alcoholic Men on the PIL

Group	N	Mean	Std. Dev.	t
A (Alcoholic Women)	30	85.5	19.9	-2.36*
B (Alcoholic Men)	30	98.3	22.1	

*p < .05

As can be seen in Table 6, there is a significant difference between the mean PIL scores of the women alcoholics in Group A (85.5) and the mean PIL score of the men alcoholics in Group B (98.3). The null hypothesis of no difference between the groups is rejected.

It is interesting to note that, despite the fairly high correlation between the two dependent measures, SEI and PIL, there is a significant difference between the mean PIL scores of Group A (alcoholic women) and Group B (alcoholic men). Yet, no such difference was found between the mean SEI scores of the same two groups, as shown in Table 5.

Crumbaugh (1968) administered the PIL to a small number of hospitalized alcoholics as part of a cross-validation study involving several types of patient and non-patient populations. The total number of subjects was 1,151. Of these, 805 were classified as "normal" and 346 were psychiatric patients, including 38 alcoholics, 24 male and 14 female. The mean PIL score for the 38 alcoholics (all Caucasian) was 85.37, with a standard deviation of 19.41. Only one other group in Crumbaugh's study, hospitalized psychotic (non-schizophrenic) patients, obtained a lower mean score on the PIL. As can be observed in Table 6, the present sample of alcoholic women (Group A) obtained a mean PIL score (85.5) similar to that of the alcoholics in Crumbaugh's study (85.37). The mean score of the male alcoholics in this study (98.3) is more like that reported by Crumbaugh for hospitalized neurotics, mixed diagnoses ($M = 95.3$).

A raw score of 85 (Group A's) is in the 18th percentile of the

norms provided in the PIL Manual. A raw score of 98 (Group B's) is in the 41st percentile using those norms. There is clearly a negative difference between the alcoholic women and the alcoholic men in the present investigation in terms of their sense of purpose in life as measured by the PIL, although that difference is not statistically significant. Nevertheless, according to the PIL Manual, the women alcoholics in Group A are suffering from an "existential vacuum" (explained elsewhere in this study), while the alcoholic men ($M = 98.3$) fall within what the PIL Manual calls "the indecisive range" (raw scores between 92 and 112).

Hypothesis #5: There will be no statistically significant difference between alcoholic men and nonalcoholic men on self-esteem.

Table 7
Comparison of Alcoholic Men and
Nonalcoholic Men on the SEI

Group	N	Mean	Std. Dev.	t
B (Alcoholic Men)	30	58.7	21.3	-1.81*
D (Nonalcoholic Men)	30	69.8	25.8	

*n.s.

Table 7 shows that the difference between the mean SEI scores of alcoholic men and nonalcoholic men is not statistically significant. The null hypothesis of no difference between Group B and Group D on the SEI is not rejected.

As it was already pointed out in the discussion of Table 5, the

norms suggested in the SEI Manual indicate that the mean score of 58.7 obtained by Group B evidences a considerable lack of self-esteem in the present sample of alcoholic men, when compared with the general population. A mean SEI score of 69.8 for the nonalcoholic men in Group D, on the other hand, is very close to the 70-80 range of mean scores reported in the Manual for normal populations. The nonalcoholic men in Group B, therefore, are not considered to be notably lacking in self-esteem.

Hypothesis #6: There will be no statistically significant difference between alcoholic men and nonalcoholic men on purpose in life.

Table 8
Comparison of Alcoholic Men and
Nonalcoholic Men on the PIL

Group	N	Mean	Std. Dev.	t
B (Alcoholic Men)	30	98.3	22.1	1.84*
D (Nonalcoholic Men)	30	108.3	22.2	

*n.s.

As shown on Table 8, there is no statistically significant difference between the mean PIL scores of alcoholic men (Group B) and nonalcoholic men (Group D). The null hypothesis of no difference between the groups is not rejected. This finding is consistent with the results shown on Table 7 regarding the lack of a significant difference between the mean SEI scores of alcoholic and nonalcoholic men, given the correlation which had been already demonstrated

between PIL and SEI scores in the present study.

As in the case of the mean SEI scores (Table 7), the alcoholic men in Group B obtained a lower mean PIL score (98.3) than did the nonalcoholic men in Group D (108.3). Although the difference between those two mean scores is not statistically significant, as has been already noted, a lower mean score indicates that the alcoholic men in this study have less of a sense of purpose in life than the nonalcoholic men. The means of both male alcoholic and nonalcoholic groups, however, fall within the "indecisive range" (scores between 92 and 112), according to the PIL Manual. The indecisive range implies neither a definite purpose and meaning in life nor a definite lack of purpose and meaning. Following the norms given in the PIL Manual, a raw score of 98 (Group B, alcoholic men) is in the 41st percentile. A raw score of 108 (Group D, nonalcoholic men) is in the 62nd percentile.

It is interesting to note that, while the difference between the mean PIL scores of alcoholic and nonalcoholic men (Table 8) was not found to be significant, a statistically significant difference was found between alcoholic and nonalcoholic women on the PIL (Table 4). It would seem that, as was already stated when discussing the results obtained using the SEI (See Table 3 and and Table 7) the PIL was also a more effective instrument in discriminating between alcoholic and nonalcoholic women than between alcoholic and nonalcoholic men in the present study.

Hypothesis #7: There will be no statistically significant difference between nonalcoholic women and nonalcoholic men on self-esteem.

Table 9
 Comparison of Nonalcoholic Women and
 Nonalcoholic Men on the SEI

Group	N	Mean	Std. Dev.	t
C (Nonalcoholic Women)	30	76.8	18.9	1.19*
D (Nonalcoholic Men)	30	69.8	25.8	

*n.s.

As can be seen in Table 9, the difference between the mean SEI scores of nonalcoholic women (Group C) and nonalcoholic men (Group D) is not statistically significant. The null hypothesis of no difference between those two groups is not rejected.

Nonalcoholic women obtained a higher mean score (76.8) than nonalcoholic men (69.8). Nonetheless, both mean scores fall near or within the 70-80 range of mean scores reported in the SEI Manual for normal populations. Consequently, neither the nonalcoholic women nor the nonalcoholic men in the present study are considered to be especially lacking in self-esteem. It will be noted, however, that the nonalcoholic women's mean SEI score (76.8) is close to the upper limit of the 70-80 range, while the mean score for nonalcoholic men (69.8) is just below the lower limit of that range. This may imply that the nonalcoholic women in Group C have somewhat higher self-esteem than the nonalcoholic men in Group D, although the difference between the groups is not sufficient to be statistically significant.

Hypothesis #8: There will be no statistically significant difference between nonalcoholic women and nonalcoholic men in purpose in life.

Table 10
 Comparison of Nonalcoholic Women and
 Nonalcoholic Men on the PIL

Group	N	Mean	Std. Dev.	t
C (Nonalcoholic Women)	30	112.0	17.1	.63*
D (Nonalcoholic Men)	30	98.3	22.2	

*n.s.

Table 10 shows that there was no statistically significant difference between the mean PIL scores of nonalcoholic women and that of nonalcoholic men. The null hypothesis of no difference between Group C and Group D is not rejected.

The mean score of nonalcoholic women (112.0) is in the 71st percentile, according to the PIL Manual. The mean score of nonalcoholic men (98.3) is in the 41st percentile. Both means fall within the "indecisive range" described above. As was the case with the SEI (Table 9), the mean PIL score of the nonalcoholic women (112.0) is higher than that of the nonalcoholic men (98.3). This fact suggests that the nonalcoholic women in Group C have more of a sense of purpose and meaning in life than do the nonalcoholic men in Group D. However, as it was already noted when comparing these two groups on self-esteem, the difference between both sample populations is not enough to be statistically significant.

Analysis of Demographic Variables, SEI and PIL

Additional statistical procedures were employed to examine possible significant influences of the other demographic variables not directly addressed by the eight major hypotheses in this study. An analysis of variance (ANOVA) was carried out to determine the effects of such factors as age, sex, race, marital status, employment status, and sobriety on the two dependent variables, SEI and PIL scores.

The analyses included one-way analysis of variance on the groups and the two dependent variables, on sex and the two dependent variables, and on sobriety and the two dependent variables. This was followed by two-way analysis of variance on age plus group and the two dependent variables, race plus group and the two dependent variables, marital status plus group and the two dependent variables, employment status plus group and the two dependent variables, and for the alcoholic subjects, sex plus length of sobriety and the two dependent variables. The results of each of the above procedures are reported below.

Table 11

One-way ANOVA for Major Groups on the SEI

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Group	3	10348.37	3349.45	6.32*
Error	116	63283.33	545.54	
Total	119	73631.70		

*p < .01

Table 12
One-way ANOVA for Major Groups on the PIL

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Group	3	12925.37	4368.45	10.32*
Error	116	48423.93	417.44	
Total	119	61349.30		

* $\underline{P} < .01$

As shown on Table 11 and Table 12 above, there is a significant difference on the SEI and on the PIL among the four groups in the study; i.e., alcoholic women, alcoholic men, nonalcoholic women, and nonalcoholic men. R-square values of .14 for the SEI (Table 11) and of .21 for the PIL (Table 12) indicated that 14% of the difference among the groups can be attributed to the SEI scores, while 21% of the difference among the groups is attributable to the PIL scores. The mean SEI and PIL scores of each group were reported earlier.

No significant differences were found through ANOVA between male and female subjects across the total sample population. Mean scores for all 120 subjects, women and men, alcoholic and nonalcoholic, were SEI = 64.55 and PIL = 101.15. On the SEI, the mean score for the 60 female subjects was 64.90 and the mean score for the 60 male subjects was 64.20. On the PIL, the mean score for the 60 female subjects was 103.56 and the mean score for the 60 male subjects was 98.73.

On the other hand, there were significant differences across the total sample population on sobriety and the two dependent

variables, SEI and PIL, as reported on the following tables.

Table 13

One-way ANOVA for Sobriety and the SEI

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Sobriety	4	11642.16	2910.54	5.40*
Error	115	61989.54	539.04	
Total	119	73631.70		

* $p < .01$

Table 14

One-way ANOVA for Sobriety and the PIL

Source	Degrees of Freedom	Sum of Squares	Mean Square	F-Value
Sobriety	4	10768.56	2692.14	6.12*
Error	115	50580.73	439.83	
Total	119	61349.30		

* $p < .01$

As shown on Table 13, an R-square value of .158 for the SEI indicates that almost 16% of the difference in SEI in the total sample can be attributed to levels of sobriety. An R-Square value of .175 for the PIL (Table 14) shows that 17.5% of the difference in PIL in the total sample are attributable to the levels of sobriety. The total population sample consisted of 60 nonalcoholic subjects with no reported problems with sobriety and 60 alcoholic subjects

whose reported sobriety varied in length between one and eleven months. The mean SEI and PIL scores for each level of sobriety is found on Table 15.

Table 15
Mean SEI and PIL Scores and Levels of Sobriety

Sobriety	N	SEI	PIL
Nonalcoholic	60	73.27	110.42
Sober 0-2 mos.	32	54.44	90.53
Sober 3-5 mos.	13	48.62	92.77
Sober 6-8 mos.	7	58.86	89.00
Sober 9-11 mos.	8	70.50	98.38

Table 15 shows that there are some differences in mean SEI and PIL scores among the various levels of sobriety in the total sample population. The mean scores of the nonalcoholic subjects on both tests are generally higher than those of the alcoholic subjects, whatever their length of sobriety. These scores suggest that the nonalcoholics in this study have more self-esteem and a greater sense of purpose in life than do the alcoholics. The differences in mean scores between the nonalcoholic subjects and the alcoholic subjects who report having been sober from 9 to 11 months, however, are not great. This may be an indication that self-esteem and purpose in life tend to improve as length of sobriety increases in alcoholics. More specific differences in SEI and PIL mean scores within the alcoholic population will be discussed further when exploring the

relationship of those dependent variables to different lengths of sobriety among the male and female alcoholic groups in this study.

Since group classification had been already shown to have a significant influence on the dependent variables, SEI and PIL (see Tables 11 and 12), two-way analysis of variance procedures were used to determine the significance of the other demographic variables when combined with group on SEI and PIL scores. None of the demographic variables taken by themselves were found to have a significant influence on either SEI or PIL scores. However, in combination with group, some of the variables were shown to be significant. The results are summarized as follows:

1. Age and group classification on SEI and PIL. Age was not found to be a statistically significant factor on either SEI or PIL scores across the total sample population. Group classification, as was previously stated, was found to be a significant influence on both dependent variables ($PR > F = .0005$ for SEI scores and $PR > F = .0001$ for PIL scores). The combination of age and group, however, was not found to be statistically significant for either SEI or PIL.

2. Race and group classification on SEI and PIL. Race was not found to be a statistically significant factor on SEI scores. In combination with group classification, race was close to being a statistically significant factor on SEI scores ($PR > F = .06$). Race and group together were found to have a statistically significant effect on PIL scores across the total population of the study ($PR > F = .0001$). (Group classification, as was reported above, was found to be significantly related to both SEI and PIL scores.)

Table 16 and Figure 1 (below) present the results of the interaction between race, group, and PIL.

Table 16
Two-way ANOVA Between Race and Group on PIL

Source	Degrees of Freedom	Sum of Squares	F-Value
Race	2	88.52	0.13*
Group	3	12925.35	12.32**
Race x Group	6	10563.89	5.03**
Error	108	37771.53	

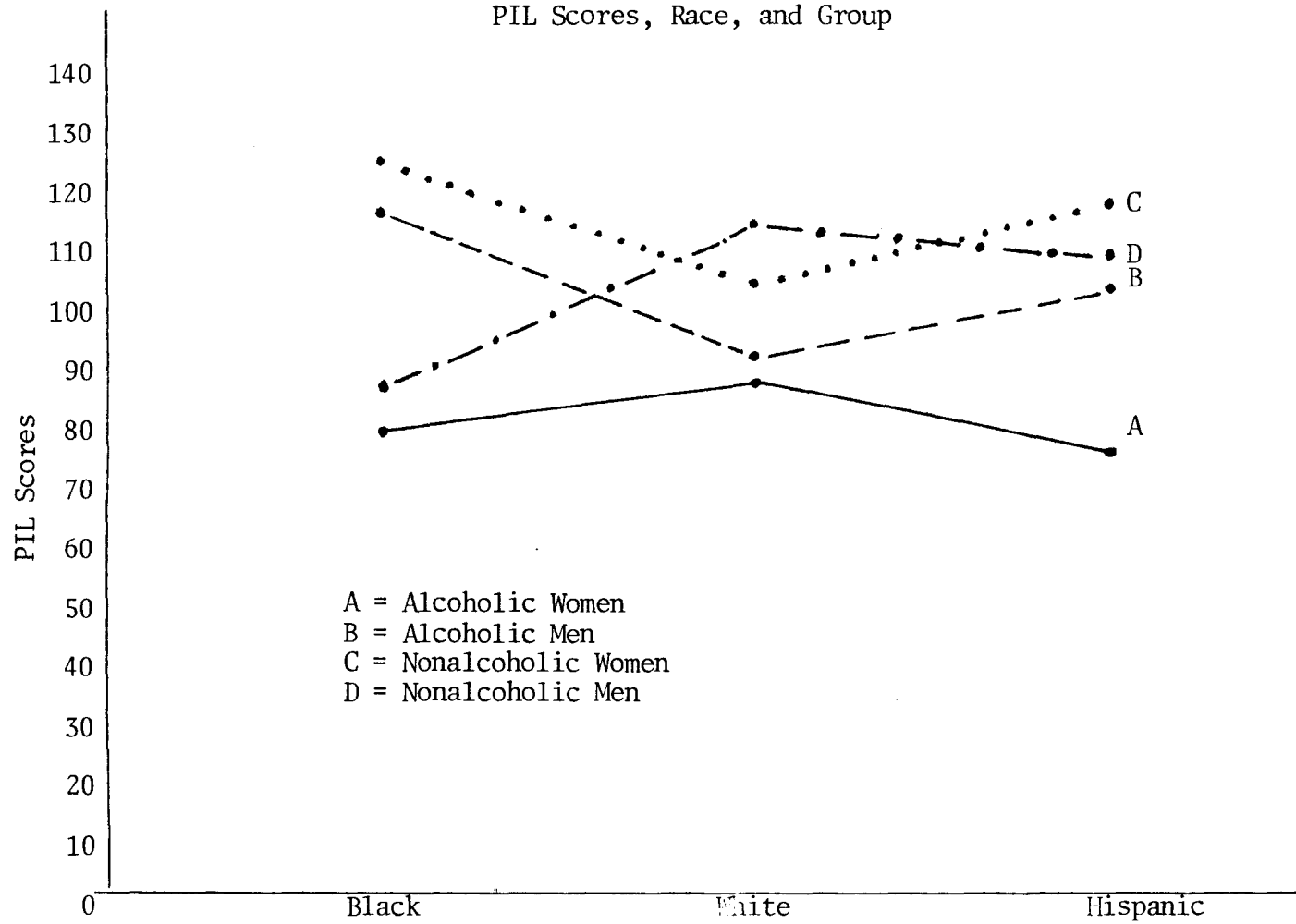
*n.s.

** $p < .01$

It is interesting to note that the greatest difference in PIL scores is that between nonalcoholic Black women ($M = 123.25$) and alcoholic Hispanic women ($M = 77.00$) (See Appendix B). The literature on the PIL does not report any differences based on race. However, no studies to date have included minority populations in sufficient numbers to draw meaningful conclusions on this variable. Similarly, the small sample of Hispanic alcoholic women in the present study does not permit any conclusive statements on self-esteem and minority alcoholic women.

3. Marital status and group classification on SEI and PIL. By itself, the marital status of all subjects across the four major groups in this study was found to be a statistically significant factor on either SEI or PIL scores. However, some interesting interactions were found between marital status and both test measures,

Figure 1



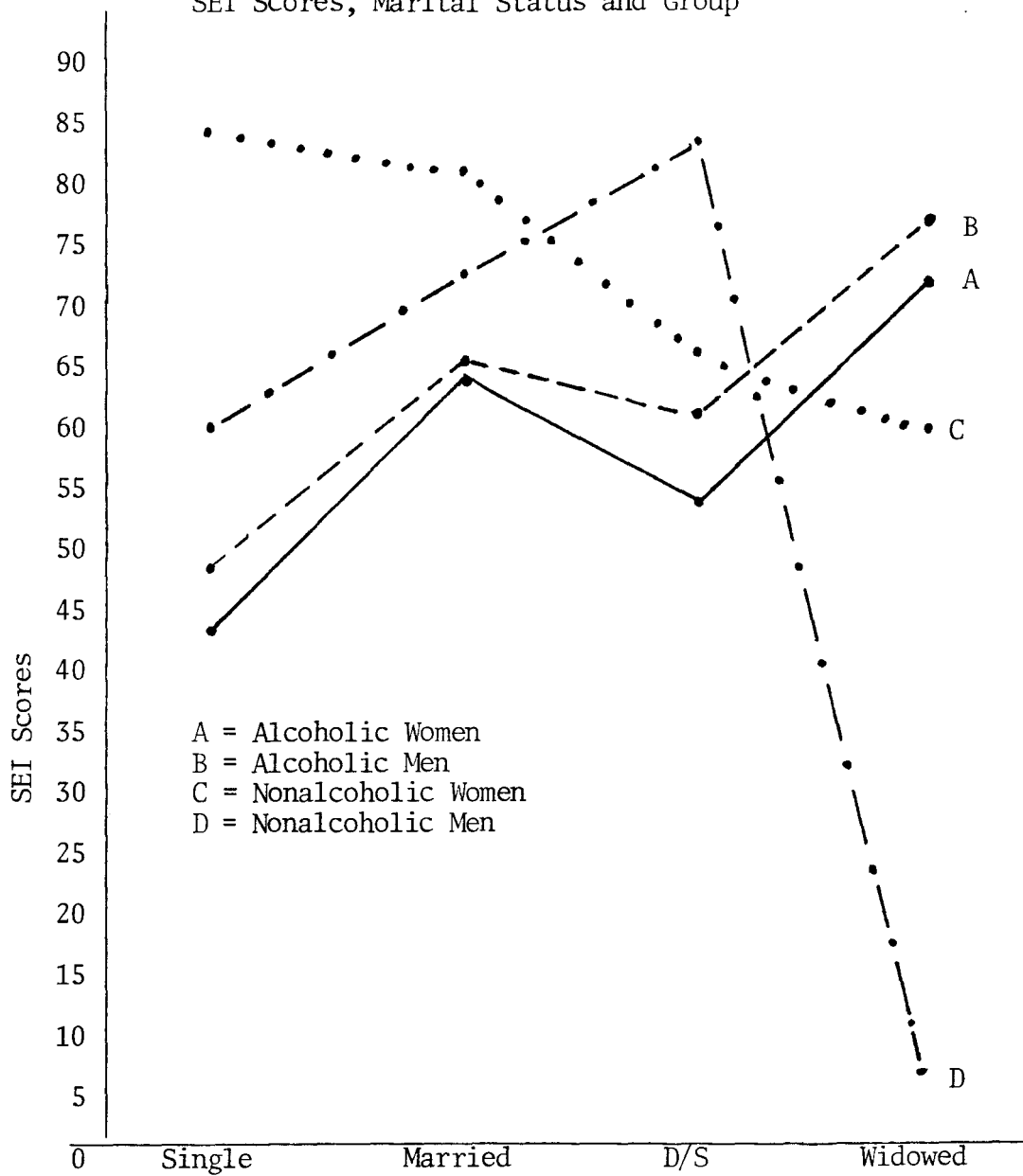
particularly with regard to self-esteem (SEI). As before, group classification was found to be significantly related to both SEI and PIL scores.

The combination between group classification and marital status on PIL scores came close to statistical significance ($PR > F = .06$). Moreover, this combination of factors yielded a higher R-square value than all the other combinations of variables in the study ($R^2 = .35$). This figure indicates that 35% of the variance in PIL scores in the total sample population can be attributed to the combination of marital status and group.

With regard to self-esteem, the relationship between marital status alone and SEI scores came close to statistical significance ($PR > F = .078$). The combination between group classification and marital status on SEI scores was statistically significant ($PR > F = .019$). Table 17 and Figure 2 (below) show the results of the interaction between marital status, group, and SEI. The results show that, although marital status by itself is not a significant influence on self-esteem scores across the total sample, marital status in certain groups does have some impact on SEI scores. In general, married alcoholics tend to have higher SEI mean scores than unmarried alcoholics. Figure 2 indicates that single (i.e., never married) alcoholics, both women and men, have lower SEI scores than married women and men alcoholics. Married women alcoholics also have a higher mean SEI score than divorced or separated women alcoholics. Married male alcoholics, however, have a slightly lower mean SEI score than divorced or separated male alcoholics. (The two widowed

Figure 2

SEI Scores, Marital Status and Group



alcoholics, male and female, have a higher SEI score than do married alcoholics. It is difficult to draw any conclusion to this fact, however, since there is only one widowed woman and one widowed man in each of those categories.) The mean SEI scores of the four major groups according to marital status are listed in Appendix C.

The results of this study correspond to previous findings on marital status in alcoholics. Bromet and Moos (1976) found that marital status had an effect on certain characteristics of alcoholics, particularly women. The authors report that the married women alcoholics they studied had more positive self-concepts, less anxiety, and less physical impairment than the unmarried alcoholic women. Bromet and Moos suggest that the social environment of married alcoholics may provide certain buffers against more severe psychological damage common to their disease.

Among nonalcoholics in the present study, there is no apparent difference between the mean scores of married and single women. Divorced or separate nonalcoholic women, however, have a clearly lower mean SEI score than married or never married nonalcoholic women. Non-alcoholic divorced or separated men, on the other hand, have a clearly higher mean SEI score than either married or single nonalcoholic men.

4. Employment status and group classification on SEI and PIL.

Employment status was not found to be statistically significant, whether alone or in combination with group classification, in relationship to either of the dependent variables, SEI or PIL.

5. Sex and length of sobriety in alcoholics on SEI and PIL.

Among the alcoholic population in this study, sex differences were a

statistically significant factor on PIL scores ($PR > F = .02$). The relationship between sex and mean SEI scores, however, was not statistically significant. Length of sobriety, alone or in combination with sex, was not found to have a statistically significant influence on either SEI or PIL mean scores in alcoholics. These results are consistent with those of the t-tests discussed earlier. As previously noted, there was no significant difference between the mean SEI scores of women and men alcoholics (Table 5). On the other hand, there was a significant difference between the mean PIL scores of women and men alcoholics (Table 6).

Correlation Between Education and SEI and PIL

Although not central to the study, ETA correlations were worked out between education and SEI and PIL scores across the total sample population of this study. A very low correlation (.35) was found between education and SEI scores. A slightly higher correlation (.37) was found between education and PIL scores. These results are similar to those reported in the literature on both instruments. Level of education does not appear to be significantly related to self-esteem or purpose in life as measured by the tests employed in the present study.

Regression Analysis on All Variables

A full regression analysis of all the demographic variables including the groups indicated that 60% of the variance in SEI scores and 62% of the variance in PIL scores was explained by a

combination of the demographic factors selected for this study. Age, sex, race, marital status, employment status, level of sobriety, and group together resulted in R-square's of .60 for the SEI and .62 for the PIL. The results are presented in Tables 17 and 18 below.

Table 17
Regression Analysis on All Variables and SEI

Source	Degrees of Freedom	Sum of Squares	F-Value
Sex	1	14.70	0.04
Age	4	1109.38	0.66
Race	2	1494.49	1.78
Marital Status	3	2953.31	2.35
Employment Status	2	933.53	1.11
Sobriety	4	11990.32	7.16*
Group	1	1650.60	3.94**
Age x Group	12	6910.98	1.38
Race x Group	6	6453.84	2.57**
Marital Status x Group	9	8642.80	2.29**
Employment Status x Group	4	1743.03	1.04
Error	71	29734.72	

* $p < .01$

** $p < .05$

Table 18
Regression Analysis on All Variables and PIL

Source	Degrees of Freedom	Sum of Squares	F-Value
Sex	1	700.83	2.15
Age	4	2327.78	1.79
Race	2	161.17	0.25
Marital Status	3	1808.77	1.85
Employment Status	2	301.87	0.46
Sobriety	4	10961.77	8.41*
Group	1	1932.11	5.93*
Age x Group	12	5093.41	1.30
Race x Group	6	7655.75	3.91*
Marital Status x Group	9	4192.12	1.43
Employment Status x Group	4	3067.04	2.35
Error	71	23146.65	

* $p < .01$

As shown on Table 17 and Table 18 the results of the regression analyses closely parallel those of the ANOVA procedures already presented. Table 19 (below) lists the mean test scores for both the SEI and the PIL in relationship to each of the demographic variables used to match the four major groups in this study.

Across the total sample population in the study, the means and standard deviations of the two dependent variables were:

Table 19
Mean Test Scores for Demographic Variables

Variable	N	SEI	PIL
<u>Sex</u>			
Men	60	64.20	103.57
Women	60	64.90	98.73
<u>Age</u>			
20-29	33	64.12	101.36
30-39	47	63.36	97.74
40-49	14	72.57	108.83
50-59	18	64.00	106.83
60-69	8	60.50	94.25
<u>Race</u>			
Black	31	62.84	102.23
White	80	63.95	100.55
Hispanic	9	75.78	102.78
<u>Marital Status</u>			
Single	44	58.82	97.11
Married	31	70.77	103.84
Divorced/Sep.	41	67.02	104.88
Widowed	4	54.00	86.50
<u>Employment Status</u>			
Employed	58	65.52	103.31
Unemployed	53	61.51	99.19
Homemaker	9	76.22	98.78
<u>Sobriety</u>			
Nonalcoholic	60	73.27	110.42
0-2 mos.	32	54.44	90.53
3-5 mos.	13	48.62	92.77
6-8 mos.	7	58.86	89.00
9-11 mos.	8	70.50	98.38

SEI SD = 20.46 PIL SD = 18.06
M = 64.55

In terms of alcoholics vs. nonalcoholics, and women vs. men, the mean scores of the two dependent variables were:

<u>Alcoholics</u>		<u>Nonalcoholics</u>	
SEI	PIL	SEI	PIL
<u>M</u> = 55.83	<u>M</u> = 91.88	<u>M</u> = 73.27	<u>M</u> = 110.42
<u>Women</u>		<u>Men</u>	
<u>M</u> = 64.90	<u>M</u> = 98.73	<u>M</u> = 64.20	<u>M</u> = 103.57

It can be seen that the main difference in test scores was that between alcoholics and nonalcoholics, rather than between women and men. The mean scores of alcoholics were lower than those of nonalcoholics on both measures. The differences in mean test scores between men and women, on the other hand, were not statistically significant for either measure (see Table 17 and Table 18), although men scored slightly higher than women on the PIL (see Table 19).

Table 20 (below) lists the four subgroups in the present study in descending order, on the basis of their mean scores in each of the test measures.

Table 20

Rank Order of Subgroups on SEI and PIL

Group	Description	N	SEI		PIL	
			Mean	Std. Dev.	Mean	Std. Dev.
C	Nonalcoholic Women	30	76.8	18.9	112.0	17.1
D	Nonalcoholic Men	30	69.8	25.8	108.3	22.2
B	Alcoholic Men	30	58.7	21.3	98.3	22.1
A	Alcoholic Women	30	53.0	26.6	85.5	19.9

Table 20 points out in graphic form what the foregoing statistical analysis of the test data from the total sample population in the

present study has consistently shown; namely, that the alcoholic women appear to have lower self-esteem and less of a sense of purpose in life than comparable samples of male alcoholics and nonalcoholic women and men.

These alcoholic women seem to differ most from the nonalcoholic women in this study, who have the highest mean scores on both the SEI and the PIL. The alcoholic women in this study share with the alcoholic men a poor self-concept and an inability to value themselves and to appreciate their worth to others. Indeed, these alcoholic women have an even lower SEI score than the alcoholic men, although the difference here is not statistically significant.

In terms of a sense of purpose and meaning in life, there is a statistically significant difference between the women alcoholics and the men alcoholics. The women alcoholics have a considerably lower mean score on the PIL than the men alcoholics. The women alcoholics, according to the theoretical constructs underlying the PIL, are in fact suffering from what the authors of the test call an "existential vacuum".

Overall, the data from the present investigation tend to support the conclusion of most of the literature dealing with the special problems of women alcoholics. In an already deviant population, i.e., alcoholics, women tend to experience themselves as even more evident.

A note of caution needs to be made regarding the "control" groups in this study. The nonalcoholic men and women were selected to correspond to the alcoholic women in Group A in certain specific demographic variables, as explained above. Consequently, Groups C and D were not

intended to be representative of nonalcoholic or "normal" populations per se. These subjects' test scores cannot be automatically evaluated on the basis of the standardized norms given in the test manuals.

Nevertheless, the mean scores of the two nonalcoholic groups indicate proportionately higher self-esteem and a greater sense of purpose in life than do the alcoholic groups in the study (see Table 20).

It is difficult to make meaningful comparisons between the results of this study and those of other studies on self-esteem and a sense of purpose in life. The methodologies employed and the population samples of other investigations using the SEI and the PIL are vastly different from those in the present study. The SEI Manual lists over 100 studies using that instrument, all of them conducted with school-age subjects (including two with college students). The literature on the PIL includes several studies with adult populations. In addition to the 38 alcoholics who were part of the original cross-validation study on the PIL reported by Crumbaugh (1968), only one other study (Strom and Tranel, 1967) used the PIL to explore purpose in life with alcoholics.

Strom and Tranel's (1967) study included 54 hospitalized male alcoholics and 98 male hospital employees as a comparison group. The authors report "a significant difference between alcoholics and nonalcoholics on the total PIL score as well as on all items in the test except two. In addition, there was no overlap between the two groups on any of the items" (1967, pp. 243-244). Strom and Tranel also note that there was a large and consistent difference between the two groups on the PIL test, despite a considerable degree of

variability within the alcoholic population. The alcoholic subjects in Strom and Tanel's study obtained much lower scores on the PII than the nonalcoholic subjects. In the present investigation, on the other hand, although the male alcoholics obtained lower scores than the male nonalcoholics, the difference between the two groups was not significant.

Much of the available literature on alcoholics in general and on women alcoholics in particular makes repeated mention of their poor self-concepts and low self-esteem. Few studies, ever, used objective measures or standardized instruments to assess self-esteem. Only one study (Beckman, 1978) used control populations. Q-sort techniques were employed by Berg (1971) and Clarke (1974) to compare the self-esteem of male alcoholics and male nonalcoholics, and of women alcoholics and men alcoholics, respectively. Berg (1971) found significant differences between the self-esteem scores of male alcoholics and those of nonalcoholics before, but not after, drinking. Clarke (1974) found no significant differences on self-esteem between women and men alcoholics. Beckman (1978), on the other hand, reports significantly lower scores for alcoholic women on the Rosenberg Self-Esteem Scale, when compared with those of men alcoholics and of "normal" (nonpsychiatric) women alcoholics, but not when compared with those of women in treatment for psychiatric disorders not related to the misuse of alcohol or drugs.

The results of the present investigation regarding self-esteem in alcoholic and nonalcoholic men differ from Berg's for alcoholic

men before drinking, but are similar to his findings for alcoholic men after drinking. This difference suggests that the alcoholic men in the present study, all of whom were actively in treatment, may have been more comfortable with their sobriety than the alcoholic subjects in Berg's study.

The results of this study are similar to Clarke's findings of no significant difference between the self-esteem scores of women and men alcoholics. The results of this study are also similar to Beckman's reported difference between the self-esteem scores of alcoholic and nonalcoholic women. However, unlike Beckman's findings, while the alcoholic women in this study obtained lower self-esteem scores than the alcoholic men, the difference between those two groups was not significant.

More typical of the conclusions of the majority of published research dealing with alcoholic women, most of which is based on the clinical experience and observations of the writers, is the list of characteristics of women alcoholics given by Wood and Duffy (1966): narcissism, submissiveness, passive resentment, low self-esteem, heightened self-criticism, an unrealistic sense of inadequacy and worthlessness, and striving for social recognition. Similarly, most of the references to the severe identity crises experienced by women alcoholics come from patient interviews and clinical evaluations, rather than objective data (e.g., Curlee, 1969 and Wisnack, 1976). Nevertheless, in general terms, there is no basic disagreement between the results of the present study and the previous findings reported in the literature. The extremely low mean scores obtained

by the alcoholic women in both the SEI and the PIL fit in with Wood and Duffy's clinical profile as described above. And, although it is difficult to compare the objective information obtained through the statistical analysis of the eight major hypotheses in this study with the kind of data presented by other researchers in the field, there appears to be a consensus between this and other studies on female alcoholism.

CHAPTER V

CONCLUSIONS

Summary of Study

The purpose of this study was to explore the relationship between the two psychological issues identified in the literature as most significant to alcoholic women: low self-esteem and a lack of a sense of personal identity and purpose in life. More specifically, this study sought to identify the differences in self-esteem and purpose in life among 30 women alcoholics, 30 men alcoholics, 30 nonalcoholic women, and 30 nonalcoholic men in a large metropolitan area in the Midwest. By comparing women with men and alcoholics with nonalcoholics, the study explored whether alcoholism or gender appeared to be more significantly related to the well documented poor self-concept and sense of futility found among women alcoholics.

The procedure followed in this investigation was a type of survey methodology sometimes referred to as "analytical survey research" (Leedy, 1980). This type of research design is useful in analyzing essentially quantitative data by means of appropriate statistical tools in order to infer what meanings may lie within the data. In the present study, two standardized tests were employed to measure self-esteem and a sense of purpose in life in the sample population: the Coopersmith Self-Esteem Inventory (SEI), Adult Form,

and the Crumbaugh-Maholick Purpose-in-Life Test (PIL), Part A. A total of 120 volunteer subjects ages 20 and over completed both tests and a brief questionnaire of relevant biographical information under conditions of guaranteed anonymity. The subjects were equally divided into four categories: Group A consisted of alcoholic women, Group B consisted of alcoholic men, Group C consisted of nonalcoholic women "controls", and Group D consisted of nonalcoholic men "controls". In order to investigate differences based on sex and alcoholism in a more systematic fashion than had been previously reported in the literature, the four groups were matched on age, race, marital status, employment status, and, for alcoholics, length of sobriety.

A correlation of .71 between SEI and PIL scores was found, indicating that the instruments used in the study have a generally good reliability. T-test procedures were employed to test the significance of the differences in self-esteem and purpose in life between the groups. The most significant difference obtained was that between alcoholic and nonalcoholic women, on both the SEI and the PIL. Alcoholic women received the lowest mean scores on both measures of any other group in the study. The only other significant difference was that between alcoholic women and alcoholic men on the PIL. Alcoholic women scored lower than alcoholic men on the SEI, but that difference was not statistically significant. No significant differences were found on either measure between alcoholic and non-alcoholic men, nor between the two nonalcoholic populations, women and men.

One-way and two-way ANOVA procedures were employed to determine

the possible effect of such factors as age, race, marital status, employment status, and length of sobriety on SEI and PIL scores. Most of those variables by themselves were found to have no significant influence on either SEI or PIL scores. However, in combination with group classification (i.e., alcoholic women, alcoholic men, nonalcoholic women, and nonalcoholic men), two of the demographic factors, race and marital status, were shown to be significant. The interaction between marital status and group had a statistically significant effect on self-esteem scores. The interaction between race and group had a statistically significant effect on purpose in life scores. Length of sobriety within the alcoholic population was not a statistically significant factor in relationship to either SEI or PIL scores. However, there was a statistically significant difference in the mean scores of both tests between alcoholic and nonalcoholic subjects.

Education, a variable noted for all subjects but not used to match the four major groups in the study, was found to have a very low correlation with both test measures. ETA correlations of .35 and .37 were obtained between educational level and SEI and PIL mean scores, respectively.

A full regression analysis of all the demographic variables including group indicated that 60 percent of the variance in SEI scores and 62 percent of the variance in PIL scores was explained by all the variables together. The mean and standard deviations across the total sample population on the two dependent variables were 1) SEI: $\bar{M} = 64.55$, $\underline{SD} = 20.46$ and 2) PIL: $\bar{M} = 101.15$, $\underline{SD} = 18.06$.

Women (alcoholic and nonalcoholic) obtained mean scores of 64.90

on the SEI and 110.42 on the PIL. Men (alcoholic and nonalcoholic) had mean scores of 64.20 on the SEI and 103.57 on the PIL.

The main differences in the test scores were those between alcoholics and nonalcoholics, men and women alike. However, as was indicated earlier, among the alcoholic subjects, alcoholic women obtained lower scores on both self-esteem and purpose in life, making them the most deviant group within an already deviant population.

Discussion

In evaluating the results of the present investigation it is important to re-state certain methodological limitations inherent in the research design. The most obvious one is the limited number of subjects in each of the various categories. Another question that needs to be raised is the representativeness of the sample with regard to the total population it is meant to reflect. As was reported earlier, it was not feasible to use a systematic method of randomization when recruiting subjects for this study, since the use of volunteers relies heavily on self-selection. One other aspect that needs to be kept in mind when interpreting the results of this research project is that the comparison groups; i.e., alcoholic men, nonalcoholic women, and nonalcoholic men, were not selected as being representative of their respective populations, but were chosen to match the primary group of alcoholic women with regard to specific demographic characteristics.

However, while it is necessary to view the findings of this study with some reservations because of the observations made above,

four features of the present investigation have allowed for a more systematic analysis of the relationship between self-esteem and purpose in life and other variables in this specific sample of women alcoholics than had been previously reported.

1. No other study published so far has used equal numbers of male and female subjects, as well as alcoholic and nonalcoholic subjects, as "control" groups.

2. Other variables which may have tended to affect self-esteem and purpose in life, such as age, race, marital status, employment, and length of sobriety, were controlled through matching procedures so that sex and alcoholism were left as the major differences between the groups.

3. Two objective measures of self-esteem and purpose in life were used, rather than clinical interviews or observations, which made for clearer comparisons between the groups.

4. The population sample was not limited to one type of treatment facility, e.g., V.A. Hospitals (Crumbaugh, Wood, and Wood, 1980); to one race, e.g., Caucasian (Beckman, 1978); or to one socioeconomic class, e.g., upper middle class women (Curlee, 1969). The present study, on the other hand, was explicitly designed to include a variety of backgrounds in the primary population sample, and, by extension, in the three comparison groups.

On the whole, although the analytical survey method of investigation used in the study can make no claim to causality among the variables, some logical inferences and implications can be drawn which are suggestive of alternative ways of approaching and working with

issues of special significance to alcoholic women.

As stated throughout the present study, research on the sex-related concomitants of alcoholism is sketchy, vague, and often conflicting in terms of specific findings. Poor self-concept, identity problems, and sex-role conflicts in alcoholic women have been documented with some frequency in recent years. However, most writings on those topics have tended to be subjective and anecdotal in nature. This investigation sought to answer certain questions posed by earlier findings comparing male and female alcoholics and alcoholic and nonalcoholic women. The results of the present study confirm what has been previously reported about the serious lack of self-esteem in alcoholics in general, and in women alcoholics in particular.

With regard to purpose in life, no investigation has been conducted so far with sufficient numbers of alcoholic women to generate meaningful conclusions. However, the results of the present study suggest that, even more than alcoholic men, alcoholic women may suffer from the kind of existential vacuum proposed by Frankl, Crumbaugh, and others as intrinsic to the disease of alcoholism. This condition has been defined elsewhere in this study as the state experienced by one who fails to find a meaning and purpose which gives his or her life a sense of unique identity. Other writers cited have pointed out that alcoholism is more of a search than an escape from reality (Strom and Tanel, 1967). This statement seems to apply with particular poignancy to women with alcoholic problems. Curlee (1969) describes the identity crises of the women alcoholics she studied in terms which parallel Frankl's definition of an

existential vacuum. Curlee also links the lack of personal meaning and purpose in those women to their loss of self-worth. She observes that the women in her study are devoid of a personal identity in their own right. Instead, the women had formed an identity based solely on an external reference point; i.e., their husbands or children. "Much more attention," Curlee advises, "must be devoted to the problems which result when one forms an identity by defining oneself in terms of others--and what happens when the defining relationships are altered" (p. 171). Curlee's recommendations for the treatment of women alcoholics based on her findings are enlightening:

The strongly depressive aspect of their functioning and the devastating loss of a sense of self-worth obviously must be dealt with if treatment is to be successful and lasting. They must be helped to find better answers to the question, "Who am I?"--answers which will stand the stresses of changing situations and leave them with a secure feeling of self-worth and of purpose (p. 171).

The problem of the alcoholic woman's definition of herself in terms of others, particularly husband and children, and the disturbing consequences of the breakdown of those relationships, are relevant to the findings of the present study with respect to the importance of marital status to self-esteem, and, to a less significant degree, purpose in life, among the alcoholic populations. However, in contrast to Curlee's findings, self-esteem and purpose in life scores were lowest for single alcoholics, rather than for those who were divorced, separated, or widowed. This finding was true for both men and women alcoholics, although the scores of alcoholic women were proportionately lower than those of alcoholic men across all marital categories.

In a study already cited, Moos and Bromet (1976) conclude that unmarried alcoholics, whether male or female, are more maladjusted and impaired than married alcoholics. With respect to psychopathology in general, Srole, Langner, Michael, Opler, and Rennie (1962) suggest that "elements of mental health may be crucially involved in determining whether or not individuals choose to marry... and whether or not the marriage is subsequently broken by divorce" (p. 175). The results of the present investigation tend to support such statements. However, as Bromet and Moos (1976) and others have warned, it is not possible to determine whether alcoholism led to marital instability or failure to marry, or whether marital difficulties resulted in increased drinking and alcoholic problems for the specific population sampled in this study.

Another significant relationship found in the present study was that between race, group, and purpose in life. Minority alcoholic women, especially Hispanic women, were shown to have significantly lower PIL scores than white alcoholic women. The relationship was reversed for alcoholic men and for nonalcoholic women, where minority subjects scored higher than white subjects on purpose in life. This finding can be interpreted in terms of the increased loss of identity and purpose which may be experienced by women who have internalized stricter traditional norms and expectations of appropriate feminine behavior. The Hispanic culture in particular tends to be punitive and judgmental of women who drink to excess, while being relatively tolerant and accepting of excessive drinking in men (Paine, 1977).

To conclude, the results of the present study, in conjunction

with the available literature on women alcoholics, indicate that the disease concept of alcoholism includes much more than a chemical dependence on the part of the individual. Psychological and social factors are involved which contribute at least as much to the personality disintegration found in alcoholics of both sexes. For women, the psychological toll is greater. For, as Miller (1976) has observed, women are likely to feel most keenly the direct effects of our society's deepest problems.

A theory proposed by the "Radical Therapy" school is that people feel bad because they are oppressed by forces outside themselves. Unhappiness is caused by what goes on between people and the conditions under which they are forced to live. The suffering people experience does not originate within them but has its source in exploitative power arrangements outside them (Wyckoff, 1977, p. 12).

Although radical psychiatry disagrees with the disease concept of alcoholism (Steiner, 1971), such a theory of behavior seems to fit the results obtained in the present study more closely than the more traditional approaches espoused by McCord and McCord (1960), McClelland, et al. (1972), and others who have proposed that alcoholism is the result of oral dependency needs or of unmet power needs, respectively. In addition to having been based exclusively on research with male alcoholics, both the dependency and the power theory would explain the special issues of concern to women alcoholics in terms of individual, intra-psychic disfunction. An exclusively sociological and political perspective such as that of radical psychiatry, on the other hand, is equally limiting in interpreting the results of the present study. A realistic appreciation of the internal pressures and of the

external influences which reinforce them is needed both to understand the results of this study and to develop their implications for the treatment and research of the disease of alcoholism in women.

Recommendations

The results of this study indicate that women alcoholics constitute an identifiable group with a unique configuration of symptoms. Treatment approaches for women need to establish therapeutic goals consistent with those symptoms and to design sex-specific methods of addressing them. The suggestions offered below are based on the major findings of the present investigation; that is, that the alcoholic women sampled suffer from a severe lack of self-esteem and from a pervasive sense of meaninglessness. Low self-esteem and a lack of purpose in life are most acute among unmarried and minority women, particularly Hispanics. Those considerations lead to the following recommendations:

1. Alcoholism treatment programs for women need to give more specific emphasis to the building of self-esteem through a systematic approach such as logotherapy. This method focuses on self-discovery and on the implementation of the unique goals and meanings within each person. It also discourages an excessive occupation with societal expectations based on stereotypical feminine roles.

2. A treatment philosophy similar to the one espoused by the radical therapy school appears to be well-suited to the specific issues of concern to alcoholic women. Based on respect and mutuality between client and therapist, this approach seeks to develop a sense

of personal responsibility for making choices, setting priorities, and carrying out plans, while avoiding both overdependence and alienation.

3. The relationship of marriage to self-esteem in alcoholic women underscores the importance of developing adequate interpersonal and communication skills which will enable these women to meet their intimacy and emotional needs in healthy and satisfying ways.

4. The findings of this study concerning the lack of personal identity among minority alcoholic women, particularly Hispanics, point to a clear need for positive social reinforcement in these women, perhaps through more effective use of peer-counseling and self-help groups with similar ethnic and socioeconomic backgrounds.

Implications for Further Research

The results obtained in the present study, as well as a review of the literature on women alcoholics, have suggested the need to give more attention to several important areas in alcoholism research:

1. Overall, alcoholism studies continue to be conducted with exclusively or mostly male populations. Therefore, there is a need to include women in adequate numbers so as to allow for unequivocal reporting and interpretation of findings using such generic terms as "alcoholic" and "alcoholism".

2. With regard to the instruments used in this investigation, the SEI and the PIL, much more data is needed on women and on alcoholics, and, in the case of the SEI, with adult subjects in general, to permit meaningful interpretations of individual scores in any of

those categories.

3. Because of the limited size and possible unrepresentativeness of the population in this study, it would be well to replicate it using larger and more randomized samples. Comparative studies of various ethnic groups and marital status groups would also clarify the results of the present research.

4. Experimental studies exploring the differential outcomes of various treatment modalities including logotherapy, assertiveness training, and "Women for Sobriety" groups, need to be conducted to evaluate their effects on self-esteem and purpose in life in women alcoholics.

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APPENDIX A

Code No. _____

BIOGRAPHICAL DATAPLEASE CHECK OR FILL IN ALL ITEMS THAT APPLY TO YOU:Age: _____ Sex: M _____ F _____ Race: Black _____ White _____ Other _____
SpecifyFamily: (Check only one)

Married: _____ Single: _____ Widowed: _____ Divorced/Separated: _____

Employment: (check only one)

Employed: _____ Unemployed: _____ Homemaker: _____

Education:

	<u>Attended</u>	<u>Completed</u>
Grammar School:	_____	_____
High School:	_____	_____
College:	_____	_____
Other: (Specify) _____	_____	_____

Groups A & B only:

How long since your last drink?

0-3 Months _____ 3-6 Months _____ 6-9 Months _____ 9-12 Months _____

APPENDIX B

Mean PIL Scores of Groups According to Race

Race	Group	N	PIL
Black	Alcoholic Women	8	80.12
Black	Alcoholic Men	8	116.75
Black	Nonalcoholic Women	8	123.25
Black	Nonalcoholic Men	7	86.86
White	Alcoholic Women	20	88.45
White	Alcoholic Men	20	90.40
White	Nonalcoholic Women	20	107.00
White	Nonalcoholic Men	20	116.35
Hispanic	Alcoholic Women	2	77.00
Hispanic	Alcoholic Men	2	103.50
Hispanic	Nonalcoholic Women	2	117.00
Hispanic	Nonalcoholic Men	3	110.00

APPENDIX C

Mean SEI Scores of Groups According to Marital Status

Marital Status	Group	N	SEI
Single	Alcoholic Women	12	43.66
Single	Alcoholic Men	10	47.60
Single	Nonalcoholic Women	11	84.36
Single	Nonalcoholic Men	11	60.00
Married	Alcoholic Women	7	63.71
Married	Alcoholic Men	8	64.50
Married	Nonalcoholic Women	8	81.00
Married	Nonalcoholic Men	8	73.00
Divorced/Sep	Alcoholic Women	10	54.80
Divorced/Sep	Alcoholic Men	11	62.91
Divorced/Sep	Nonalcoholic Women	10	66.80
Divorced/Sep	Nonalcoholic Men	10	84.00
Widowed	Alcoholic Women	1	72.00
Widowed	Alcoholic Men	1	76.00
Widowed	Nonalcoholic Women	1	60.00
Widowed	Nonalcoholic Men	1	8.00

APPROVAL SHEET

The dissertation submitted by Susana Jimenez Schlesinger has been read and approved by the following committee:

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

Date 1-27-83

Signature 