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A COMPARATIVE EXAMINATION OF THREE THEORETICAL  
MODELS FOR DEALING WITH ALCOHOLIC  
MARITAL PROBLEMS

by

Michael M. Kagan

A Thesis Submitted to the Faculty of the Graduate School  
of Loyola University of Chicago in Partial Fulfillment  
of the Requirements for the Degree of  
Masters of Arts

December

1981

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Lastly to his parents, for their love, unwavering faith, concern and total commitment to helping him bring this thesis to a successful conclusion, the author offers his loving appreciation.

## LIFE

Michael Mark Kagan is the son of Louis L. Kagan, M.D. and Catherine Ruth (Hoffman) Kagan. He was born on February 1, 1956, in Waukegan, Illinois, the youngest of six children.

His elementary education was obtained at St. Peter's Catholic School, Spring Grove, Illinois and at Spring Grove Elementary School.

His secondary education was obtained at Carmel High School for Boys, Mundelein, Illinois from which he graduated in 1974.

His undergraduate work was completed at Creighton University, Omaha, Nebraska. While attending Creighton, he was a teaching assistant and worked as a volunteer at Glenwood Mental Hospital, Glenwood, Iowa and as a recreational therapist at the Nebraska Psychiatric Institute. He also served an eight month externship at the Institute. He graduated from Creighton in May, 1978 with a Bachelor of Arts degree in psychology.

Presently, Mr. Kagan is in the final stages of obtaining a Masters of Arts Degree from the School of Education, Department of Guidance and Counseling, Loyola University of Chicago. His graduate work experience included a ten month Graduate Internship at the Family Service Agency of North Lake County, Illinois where his duties included individual and family counseling and public relations work with businesses and schools in the area.

At present, Mr. Kagan is a member of the faculty of Boylan Central Catholic High School in Rockford, Illinois where he serves as

a counselor in the Department of Guidance and Counseling. In addition, he is also a psychological consultant for the Rockford Diocesan Marriage Tribunal.

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## CHAPTER I

### PERSPECTIVES

#### Introduction

Alcoholism is one of the most comprehensively destructive processes in an individual's life. It systematically eats away physically, emotionally, and spiritually as well as interpersonally. Alcoholism is spreading through the American population at an alarming rate. Researchers have provided information that is quite depressing. More and more people every year are being labeled alcohol abusers and the trend is continuing. One statistic that has sharply increased over the past five or ten years and has shown no sign of declining is the number of American families who have admitted that they have serious personal problems stemming from alcoholism.

A brief review of some of the most pertinent data on alcoholism is important to understand the significance of the problem and the importance of this work: 1) as of 1979 according to the federal government, at least 10 to 15 million Americans were active alcoholics; 2) alcoholism is a family disease--95 to 97% of all alcoholics have families who are affected by their drinking; 3) a 1977 Gallup poll showed that the number of American families concerned about the adverse effect alcohol has on their living increased by 50% over the last decade; 4) there were more than 1 million divorces in the United States in 1975 and researchers have shown that even though alcoholics do not marry less, they divorce more.

According to the Al-Anon Family Group (1973), compulsive drinking affects the drinker and it affects the drinker's relationships, friendships, employment, childhood, parenthood, love affairs and marriages. All suffer from the effects of alcoholism. Those special relationships in which a person is really close to an alcoholic are affected the most, and the people who care are the most caught up in the behavior of another person. They react to an alcoholic's behavior. They see that the drinking is out of hand and they try to control it. They are ashamed of the public scenes but in private they attempt to handle them. It is not long before they feel they are to blame and take on the hurts, the fears, and the guilt of an alcoholic. They become sick, also. This sickness is manifested in their interpersonal interaction. The way the family interacts is somehow changed. Martin (1978) believes that the alcoholic has a psychological block that prevents him from admitting that he has a problem. The people around him can see the deterioration occurring, but he cannot. The family usually cannot understand why this is so, and their intolerant attitude at times reveal this.

Two of the most popular points of view for which researchers and experts on alcoholism study the alcoholic marriage are: the alcoholic himself as the primary instigator of interpersonal problems; and the nonalcoholic wife as the primary instigator. Clineball (1956); Jackson (1962); Fox (1962); Hanson, Sands and Sheldon (1968); and Dorris (1968); adherents of the former, see the alcoholic as basically emotionally and interpersonally unstable, and unable to maintain any type of healthy relationship. Behavioral studies: Orford, Guthrie,

Nicholls, Oppenheimer, Egert and Hensman (1975) and Ward and Faillace (1970) seem to point to the wife and/or family members as having a major role, often unconscious, in creating and prolonging drinking problems. Some researchers, though, like Mitchell (1959); Bullock and Mudd (1959); Hore (1971); Kellerman (1975); and Miller and Hersen (1975) place the responsibility for causing problems equally on both spouses.

### Purpose and Problem

There are myriad explanations for the dynamics of alcoholic interaction in the marital dyad. As feasible and sound as many explanations might appear, not all provide adequately for what occurs in this relationship. It is essential for anyone interested in the field of marriage and family counseling, to have a clear frame of reference for viewing the alcoholic marriage. Specifically, this paper presents and evaluates three theoretical models (The Deprived Personality - Decomensation Hypothesis; the Sociological Stress Theory; or the Systems Theory) for viewing the alcoholic marital problem.

A comprehensive model from which to view the alcoholic marital couple should include the following factors:

- 1) Each spouse's intrapsychic make-up;
- 2) The quality of the interpersonal relationships each spouse has with his/her mate, and the important others in their lives; an awareness of how the group of people with whom they live affect their behavior;
- 3) The effect that environmental, cultural and sociological has on each spouse's behavior.

- 4) Sound theoretical concepts that may be utilized in the creation of a treatment model;
- 5) Applications for treatment that can be utilized successfully to counsel and rehabilitate the couple.

These five guidelines were proposed by the author after an extensive review of the literature. They reflect, in his opinion, the primary elements of a successful and well rounded theoretical model for dealing with alcoholic marital problems.

The sources for these guidelines represent a cross section of the most highly respected professionals in the area of alcoholism and marital relationships. They are: Gaertner (1939); Jackson (1954, 1956, 1959, 1962); MacDonald (1956); Lemert (1960); Haberman (1964); Rae and Forbes (1966); Bailey (1967); Steiner (1969, 1971); Meeks and Kelly (1970); Steinglass, Weiner and Mendelson (1971); Al-Anon Family Groups (1973, 1979); Bowen (1974); Finlay (1974); Kellerman (1975); Dodson (1977); Paolino, McCrady and Kogan (1978).

Jackson, Steinglass, et.al., Bowen, Kellerman, Steiner, Meeks and Kelly, Bailey, Haberman, Paolino, et.al., and Dodson stressed the importance of including interpersonal and environmental factors in the creation of a theoretical perspective. Gaertner, MacDonald, Ray and Forbes, and Lemert emphasized the significance of intrapsychic factors. The research of Finlay and the philosophy of Al-Anon Family groups punctuated the need for a strong, theoretical model that would have practical applications in therapeutic situations.

Each model will be assessed as to how well or poorly it incorporates these factors. It is hoped that they will provide a viable

tool for researchers to use in studying and assessing the dynamics of alcoholic marital problems.

### Procedures

The information and data presented in this thesis was compiled by reviewing the most pertinent research material in the area of alcoholism and marital problems. Three theoretical models for viewing the alcoholic marriage (Psychoanalytic, Sociological and Systems) were described and evaluated. The compilation process entailed the use of as many original sources as possible in order to increase the base of knowledge of the professional clinician and researcher.

The format consists of a brief history of each model; a review of the basic premise(s); a description of the model; a review of the most significant research evidence; and an evaluation of the current status of each model. A final comparative evaluation will be presented at the end of the paper.

### Limitations

Like all works presented in a research based manner this thesis cannot cover all possible theoretical models for dealing with alcoholic marital problems. Author bias which is presented in every such work dictates that only certain aspects of a problem can be investigated. This author chose what he considered to be three of the most significant and representative theories in the area of alcoholism and marital relationships. There are others which also may be as significant but the limits of time and space prevent them from being examined at this time.

The second limitation of this thesis is that it is not intended

to describe or evaluate treatment paradigms, nor to recommend what the best treatment paradigm would be in a given therapeutic situation. Its primary goal is to describe and evaluate theoretical models. A thorough assessment of their success or failure as treatment models will be left to the devices of other researchers.

The third limitation of this work is that it is not designed to present a cure for alcoholism. It is intended simply as a research effort and point of reference which professionals might use in organizing their data and in developing their own perspectives of the alcoholic marriage.

The fourth limitation of this paper is that it only focuses on the marital relationship in which the husband is the alcoholic. At the present time there is a limited amount of published research on the wife as the alcoholic and, therefore, it would be neither feasible nor fair to attempt an investigation in this area. The alcoholic wife though, is a serious and growing problem in American society and it is hoped that an increase in published matter will encourage further scrutinization.

#### Plan of Study

Following the introductory chapter, Chapters 2, 3 and 4 will present three theoretical models for dealing with alcoholic marital problems. Each of which have found adherents among the research cited in this review. Chapter 5 will provide comparative evaluation of the models and a discussion of the pertinent information from the three previous chapters. Chapter 6, the final section of the thesis, offers a general summary of the paper, the conclusions and recommendations of

the author and the possible implications of this work.

## CHAPTER II

### PSYCHOANALYTICAL MODEL:

#### DISTURBED PERSONALITY AND DECOMPENSATION HYPOTHESES

##### Historical Perspective

Psychoanalytic theory and concepts are based on the work of Sigmund Freud (1856-1939). It has been one of the most influential psychological perspectives in the field for the past one hundred years. The Disturbed Personality and Decompensation hypotheses are outgrowths of psychoanalytic thought. They, however, did not begin to fully develop until around the time of Freud's death. The late 1930's and the 1940's produced the first scientific attempts by researchers to provide a theoretical frame of reference from which to examine the alcoholic marriage. The D.P.H. was the first to emerge (1939) and was followed a few years later by Decompensation. This approach did not apply psychoanalytic theory as a whole to dealing with alcoholic marital problems but rather just certain aspects of it--id, ego and superego. Some of the earliest research endeavors were performed by Gaertner (1939); Baker (1945); Price (1945); and Baldwin (1947).

Gaertner was the first investigator to write a paper of major proportions about wives of alcoholics. He proposed that both marital partners were "abnormal" individuals who had suffered pathological childhood experiences. Later work by Whalen (1953); Ewing and Fox



(1968); and Loescher (1970) helped to refine and develop these hypotheses.

Boggs (1944) and Futterman (1953) were two of the earliest researchers to propose that the wife purposely attempted to get the recovering alcoholic to begin drinking again. They called it compensation and viewed it as a logical extension of the D.P.H. The 1950's produced the largest number of investigations in this area with MacDonald (1956) conducting the most extensive and objective one. Other prominent but less objective studies which followed MacDonald were Gleidman (1957); Kalashian (1959) and Brown and Adler (1959). The 1960's and 1970's produced several other non-empirical papers and studies but no expansion or refinement of the original hypothesis.

#### Premises

Garfield (1974) provides a lucid summary of the basic premises of psychoanalytic theory. Man's behavior is a result of psychic determinism. (Nothing occurs by chance. There is a reason by everything.) We (man) are impelled to action by unconscious driving forces or motives. These motives are called the id, the ego, and the superego. The id represents one's instinctual forces and the ego (defense mechanism) and superego one's anti-instinctual forces. These motives form what Freud calls the "structural perspective of the mind." At times these motives are in conflict with each other and cause one's feelings to be repressed instead of released. In adulthood this is manifested in the expression of neurotic systems.

An additional source of internalized conflict occurs as an individual passes through the various psychosexual stages of development (oral, anal, phallic, and latency) during early childhood. If a

disturbing experience somehow blocks or impairs one from passing through a stage, then he is fixated at that stage or regresses to a lower one where he may remain long into adulthood. Personality and adult adjustment problems result from an inability to pass through these stages successfully.

To summarize psychoanalytical thinking then, the genesis of adult personality problems lies in the early life history of an individual. A successful analyst, therefore, must probe the unconscious mind and childhood experiences of a client if he is to find a solution to his problems.

The central focus of the Disturbed Personality (D.P.H.) and Decompensation hypotheses is on the structural perspective of the mind (id, ego, and superego). They contend, according to Paolino and McCrady (1977), that to a greater or lesser extent, the spouse of an alcoholic is a "barely compensated, interpersonally restricted, insecure, outwardly dominant, but deeply dependent, excessively anxious, sexually inadequate, guilt ridden and abnormally angry woman with pathogenic experiences" (p. 3). In other words, these hypotheses view the nonalcoholic wife as the primary source of conflict in the alcoholic marriage because of unresolved intrapsychic tension. Additionally, Decompensation proponents believe that the wife directly takes steps to encourage alcohol abuse whenever there is a decrease in or cessation of drinking.

#### Model

In explaining the relationship between the id and the D.P.H., Paolino and McCrady (1977) say that the wife of the alcoholic is seen

as incurring a bad experience(s) in childhood and developing a fixation at one of the psychosexual stages from which she never recovers. Proponents, therefore, claim that the nonalcoholic's choice to marry an alcoholic or potential alcoholic is based on the nonalcoholic's intrapsychic psychopathology which precedes marriage.

In relation to the D.P.H., Paolino and McCrady say that the ego uses defense mechanisms to prevent unacceptable unconscious mental phenomena within the nonalcoholic spouse from reaching painful awareness. An example is offered: being angry at a sadistic alcoholic husband is one way for the wife to keep unconscious her irrational anger at all men and to defend herself against the anxiety of becoming aware of this irrational anger.

According to Paolino and McCrady there are at least three broad categories of superego functioning that are related to the D.P.H. The first is internalization and identification. Proponents believe that wives choose to marry alcoholics because of processes of identification and internalization of their parents' value system as well as their own childhood system.

The second category related to the D.P.H. is the role that guilt and masochism play in the life of nonalcoholic wives. Gaertner (1939) and Whalen (1953) say that wives of alcoholics suffer guilt that precedes marriage and creates masochistic needs that are only satisfied by abusive, violent alcoholic husbands.

The third area of relevance between the superego and the D.P.H. involves the issues of sexual distinctions and dependency. One of the functions of the superego in women is to diminish productive energy and

constructive adventurousness as a result of society's restrictive morals on females. They are considered to be the weaker and more inferior of the species and should, therefore, be dependent on the male. In many alcoholic marriages the wife is considered dominant, however, and according to D.P.H. supporters "abnormal and neurotic".

There are several proponents of the D.P.H. and they all basically adhere to the model just presented. The most influential of these researchers and the year in which their work was published are as follows: Gaertner (1939); Price (1945); Baker (1945); Baldwin (1947); Whalen (1953); Lewis (1954); Igersheimer (1959); Kalashian (1959); Clifford (1960); Karlen (1965); Ewing and Fox (1968); and Loescher (1970).

The second hypothesis operating out of the psychoanalytic model is the Decompensation Hypothesis.

Boggs (1944) says that the Decompensation hypothesis explains the alcoholic's excessive drinking as being necessary to preserve the marital relationship. The alcoholic's excessive drinking somehow satisfies an unconscious need of the nonalcoholic wife and thereby functions to keep the psychic apparatus of the nonalcoholic spouse in psychological equilibrium. In summarizing his clinical impressions Boggs says that the wife: "...knocks the prop from under him at all turns, seemingly needing to keep him ineffectual so that she feels relatively strong and has external justification for hostile feelings. Thus, she keeps the lid on her own inadequacies and conflicts..." (p. 562).

Futterman (1953) adds that:

In many instances the wife of an alcoholic ... seems to encourage the husband's alcoholism in order to satisfy her own psychological needs... she chooses as her foil a dependent, weak male with whom she can unconsciously contrast herself and upon whom she can project her own weaknesses, thereby denying their existence in herself. When this symbiotic relationship is disturbed by an improvement on the part of the husband, the wife decompensates (pp. 40-41).

Clinebell (1956) provides some insight into these psychological needs when he says that wives of alcoholics often placate, coddle and protect the alcoholic because they tend to have strong masochistic drives which make it difficult for them to relinquish the martyr's role. The presence of a mother figure in his immediate interpersonal world is one of the most common characteristics of the alcoholic picture. Since the wife derives certain neurotic pleasures from her mothering role, she may have conflicting feelings about the alcoholic getting sober. She has an externally domineering and internally dependent personality that reinforces the alcoholism.

#### Research Evidence - Positive

Studies supporting the Disturbed Personality hypothesis will be the first to be examined in this section and will then be followed by those supporting the Decompensation hypothesis. In the case of the D.P.H. the nonempirical studies of four proponents will be described initially. This will be followed by a review of the major empirical research in this area. The four nonempirical studies are: Price (1945); Whalen (1953); Lewis (1954); and Clifford (1960).

Price (1945) interviewed 29 wives and formulated the subjective impressions that the wife of an alcoholic is an insecure, anxious, hostile and basically dependent woman who accepts no responsibility

for her husband's drinking and who feels, "unloved, resentful, and aggressive" (p. 623) toward her husband because the alcohol precludes satisfaction of her abnormal dependency needs. Price also reported the wife's interference with her husband's treatment: "unconsciously and perhaps even consciously, she fought treatment of her spouse as one more way she could keep him inadequate" (p. 623).

Whalen (1953) reported that "certain types of women are attracted to the alcoholic man and marry him hoping to find an answer to deep, unconscious needs of her own" (p. 641). Based on subjective impressions of women over many years in alcoholic treatment centers, Whalen described four categories of wives of alcoholics:

1. "Suffering Susan"
2. "Controlling Catherine"
3. "Wavering Winifred"
4. "Punitive Polly"

Interpretations such as Whalen's demonstrate how D.P.H. proponents view the wife's communication as a manifestation of defense mechanisms. For example, "Punitive Polly" excessively uses the defense mechanisms of denial and rationalization. Whalen adds that the wish to be punitive is consciously very unacceptable to "Polly" so she utilizes denial of the wish and supports the denial by marrying the alcoholic who will abuse her, so that she can rationalize whatever awareness or potential awareness she might have of her punitive needs.

Lewis (1954) described wives of alcoholics as insecure women who are confused about their sexual identity. Lewis said that they choose an alcoholic husband who will not only be dependent on them, but also

will behave in a way that will enable the wives to use the defense mechanism of rationalization in order to cope with their strong need to be punishing. In reference to her professional experience with 50 nonalcoholic wives, Lewis gave a summary of guilt and the implied function of the superego. She stated that there was a remarkable consistency in both the background experiences and personality patterns reflected difficulties in two primary areas--dependency and sexual immaturity.

Clifford (1960) conducted a subjective study in support of the D.P.H. at the State University Alcohol Clinic in Brooklyn, New York where he compared 50 closely matched cases of nonalcoholic wives and their alcoholic husbands.

Clifford and associates suggested that there are patterns of wifely behaviors which render unlikely the rehabilitation of the male alcoholic. The patterns are: the wife remains indifferent to, or unaware of, the psychological effects of the family dilemma on her children; she is unaware of any responsibility for her husband's problem; she is resistant to or has distaste for curative measures of any kind; she expresses complacent cynicism about the prospects of change in the alcoholic's behavior.

Empirically based measures most frequently utilized to test the D.P.H. have been general indicators of psychopathology, primarily the Minnesota Multiphasic Personality Inventory (MMPI). The MMPI has been utilized to study both the alcoholic (Button, 1956; Rosen, 1960) and his wife (Kogan, Fordyce, and Jackson, 1963; Rae and Forbes, 1966; and Kreuger, 1971).

Kogan, et.al. (1963) conducted one of the more intensive pro-D.P.H. investigations. The MMPI scores of 50 wives of actively drinking alcoholics were compared to 50 wives of nonalcoholics and were matched for age and socio-economic variables. Five quantitative MMPI measures were calculated: 1) Welsh's Anxiety Index (AI) (Welsh, 1952); 2) Gough's Psychotic Triad (Gough, 1947) which are the Paranoid, Psychastenic, and Schizophrenic scores on the MMPI with greater than 69 as severe, 60-69 as mild, 56-59 as questionable, and less than 56 as normal; and 3) Modlin's three measures of personality impairment (Modlin, 1947).

Kogan, et.al. then conducted a median test of the distribution of AI scores for the two groups and demonstrated that wives of alcoholics had higher scores than their counterparts in the other group. Also two out of the three Modlin scales (AV and T scores greater than 70) and the Psychotic Triad scores were more abnormal in the spouse of the alcoholic.

Kogan and Jackson (1964) followed up on their study from the previous year by attempting to gauge the wife's perception of her alcoholic husband. Kogan and Jackson (1964) concluded that the wives of alcoholics saw themselves as having emotional difficulties regardless of whether the husbands were drunk or sober.

This observation was supported by Gliedman, Nash and Webb (1956) whose subjective impression was that, "the wives tended to be dissatisfied with themselves as persons regardless of whether the husbands were sober or intoxicated" (p. 91).

Rae and Forbes (1966) reported another empirical study which favors the D.P.H. The two investigators administered the MMPI to



25 wives of alcoholics. They reported that 11 out of the 25 wives had, "abnormal (above 60) Psychopathic Deviate subscale scores representing a fundamental personality trait" (p. 199).

Paige, Lapointe, and Kreuger (1971) administered the MMPI to 25 alcoholics and their wives. They concluded that, "the neurotic tendencies in each (alcoholic and spouse) make the discordance in their marriage. That is, they are not responsible (do not have the capacity) to satisfy each other's needs in an adaptive way" (p. 71).

Studies supporting the Decompensation Hypothesis are quite similar in structure and content to those supporting the D.P.H. Gliedman (1957) asked 45 alcoholics and their nonalcoholic wives if they would like to take part in an alcoholism treatment program. Only nine couples took up his offer, but a major reason for their affirmative response was the wife's insistence that her husband receive treatment for his drinking. Gliedman was quite surprised with this fact since he found that after experiencing therapy, two of the nine wives still, "experienced a nervous breakdown when their husbands stopped drinking" (p. 419).

MacDonald (1956) studied women admitted to a state mental hospital in North Carolina and selected 18 wives of alcoholics who suffered from various mental disorders in order to observe them. In 11 of the 18 cases he noted that acute decompensation was associated with a decrease in the husband's drinking. In only one case did the decompensation occur after her husband increased his drinking. In three cases the onset of severe emotional illness coincided almost exactly with cessation of alcoholic drinking and in four cases only a few weeks passed before onset. (Five of the women had been married twice, both

times to alcoholics and five were daughters of alcoholics.) The 11 women had been diagnosed as having personality disorders, but nevertheless they had not decompensated during stressful periods of active drinking, only after.

Kohl (1962) found basically the same characteristic when he observed four spouses of alcoholics in psychiatric hospitals. He was studying psychiatric in-patients in general and found that 35 spouses of nonalcoholic in-patients also decompensated after the patients improved.

Deniker, deSaugy, Ropert (1964) observed 100 alcoholics and their spouses and compared their findings to a control group of "normal" spouses. Deniker, et.al. concluded that the wife of the alcoholic, "maintains her husband's alcoholism and ... the rigidity of her defense system makes it very difficult for her to modify her behavior" (p. 381). The instruments used were "extensive questionnaires" (p. 376).

#### Research Evidence - Negative

The initial and possibly greatest drawback to the psychoanalytic model is that the very studies which lend credence to the D.P.H. and Decompensation Hypothesis contain numerous methodological flaws and contradictions which cast doubt on its efficacy as a theoretical perspective.

Paige, LaPointe and Kreuger (1971) in their MMPI assessment of 25 alcoholics and their nonalcoholic wives concluded that because of "neurotic tendencies" in each spouse neither person was able to meet the other's needs. The methodology of these researchers, though, seems

to have some questionable aspects to it. First of all, there may be some selection bias in the way they choose their subjects. The 25 wives selected were taken from a group of 325 wives whose alcoholic husbands were getting treatment. Also, only wives who had volunteered and were married and living with their husbands were tested. Two other interesting factors about this study are that originally 55 wives were chosen for testing but 25 refused, and there were no control groups utilized. The reasons for this were never sufficiently explained and thus the credibility of this study is severely damaged.

After administering the MMPI to 25 wives of alcoholics, Rae and Forbes (1966) found that the Psychopathic Deviate T scores of 11 of the wives was above 60 or, in other words, abnormal. After examining their data, however, it was noted that the mean T score for the 11 as well as for the total sample was well within the "normal" range. This discrepancy, then, would lead one to question the validity of their conclusions.

Kogan, Fordyce and Jackson (1963) had calculated in their study that on four of five MMPI quantitative measures (Welsh's Anxiety Index, Gough's Psychotic Triad, the mean score for eight MMPI subscales, and all T scores over 70) that the wives of alcoholics had more abnormal scores. However, the T score range for the Anxiety Index showed that the experimental group (wives of alcoholics) was lower (26-29) than the control group (wives of nonalcoholics - 21-118). Also, over one-half of the wives tested normal on the Psychotic Triad.

Kogan and Jackson (1963) conducted another study on the alcoholic marriage (in Review of the Literature) in which they attempted to

gauge the wife's perception of the alcoholic and her own self-perception. One of their conclusions was that the wife of an alcoholic viewed herself as playing the stereotypic feminine role of being passive and submissive as opposed to control wives who did not view themselves in this manner. From a psychoanalytic point of view these are traits of a deeply dependent personality. However, after scrutinizing their results more closely they stated that in comparison to the control wives, the wives of alcoholics "failed to reveal patterns of personality functioning occurring either with high frequency or with significantly greater frequency" (p. 232).

As the previous few paragraphs have indicated, there are numerous discrepancies and contradictions in the pro D.P.H. literature. The one study, though, that probably most typifies the problems inherent in the D.P.H. is Mitchell's study of interpersonal perception, sensitivity, and communication within the alcoholic marriage. His conclusions appear to both validate and invalidate the hypothesis.

Mitchell (1959) administered the Marriage Adjustment Schedule No. 1A to 28 couples in which the husband was the alcoholic. They focused specifically on the section where the spouse was asked to make an appraisal of his own personality and one for his partner. The paired responses were compared to those of a control group of 28 couples with serious marital problems other than drinking, thereby holding constant the experience of a stressful marriage. He concludes from his data that wives of alcoholics are dominant, nagging, aggressive, demanding and dependent.

These conclusions are viewed with skepticism because Mitchell

also provides information that seems to attack the validity of the D.P.H. at the same time. Mitchell compared the relative magnitude of three marital interpersonal aspects: 1) Sensitivity to Partner - the degree to which the mate's description of their partner is the same as the partner's self-description; 2) Assumed Similarity - the degree to which a spouse projects his/her own personality traits on the marital partner; 3) Partner Likeness - the degree to which marital partners are alike.

By comparing the answers of both groups, Mitchell found a significant similarity between them in the magnitude of sensitivity to partner and in assumed similarity. These findings seem to indicate that the spouses of alcoholics are not that appreciably different from so called "normal" spouses of nonalcoholics.

In a study similar to Mitchell's, Ballard (1959) administered the MMPI to the same experimental and control subjects utilized by Mitchell. Ballard found that the alcoholic husbands were significantly more disturbed than the control husbands, but that the wives showed no more psychopathology than the wives of the nonalcoholics. There was even some indication that the experimental wives were better adjusted than the control wives in spite of the burden of having to cope with a problem drinker. Ballard also reported no distinguishing symptoms between the two groups.

Corder, Hendricks and Corder (1964) administered the MMPI to 34 wives of alcoholics and 30 wives of nonalcoholics matched for age, income and educational level. Their results seem to indicate a lack of psychopathology among wives of alcoholics. The mean value for each

MMPI was within the normal range for both groups.

Rae and Drewery (1972) emphasized the extreme importance of carefully studying each group of spouses (experimental and control) before making any generalizations or drawing any conclusions, like many of their colleagues (themselves included) had done.

The two researchers studied 33 male alcoholics and their wives by giving Drewery's (1969) interpersonal perception test. As a means of comparison they also administered it to 51 nonpsychiatric control couples. After both groups were tested, Rae and Forbes added a new dimension to their study. Unlike some of their colleagues who had conducted similar experiments, they divided the alcoholic couples into a psychopathic (Pd) group and a nonpsychopathic (NPd) group. What they found was that the NPd alcoholic couples involving a NPd wife were very similar to the control couples in their scores on the interpersonal perception test, whereas the Pd couples involving a Pd wife were "grossly deviant." It also concluded that there was significant confusion in the "social sexual roles" and "dependence - independence" areas within the Pd couples, whereas the NPd group was very similar to the nonalcoholic control group.

Paolino, McCrady, Diamond and Longbaugh (1976) administered the Psychological Screening Inventory (Lanyon, 1970, 1973) to 40 spouses of hospitalized alcoholics. They found that the spouses' scores were well within the "normal" range.

In addition to these studies on inter and intrapersonal perception and behavior that strongly attack the D.P.H. in general, there are some investigators who challenge the specific D.P.H. concept of a dependency -

dominance relationship which exists in the alcoholic dyad.

Lemert (1960), in attempting to evaluate the quality and quantity of dependence problems, divided 141 wives into two groups: 76 wives whose husbands' alcoholism preceded marriage (Group 1); and 55 wives whose husbands developed drinking problems after marriage (Group 2). The results were that 36% of Group 1 were considered to be dominant wives as compared to only 15% of Group 2. Lemert points out the importance of defining the personality traits that the research is attempting to evaluate. Some researchers like Kogan and Jackson (1963) do not adhere to this method.

Other professionals such as (Olson and Rabunsky, 1972; Turk and Bell, 1972; and Orford, 1975) believe it is extremely difficult to label the alcoholic and his wife either dependent or dominant because family task performance and decision making are extremely complicated behaviors in all families, but most especially in alcoholic ones. They may change from moment to moment. In one situation, one family member might be responsible for deciding an action whereas, a second member might appoint the person who is to perform the task, while the third might choose the time for the action to take place.

Orford, Oppenheimer, Egert, Hensman and Guthrie (1976) in their study of 100 male alcoholics and their wives seem to support this belief by reporting that the husbands were slightly overinvolved in social and sexual decision making in the family, but underinvolved in family tasks. Thus, they feel it can be very difficult and confusing to make general or definitive statements concerning an assessment of "dominance", "dependency", "assertion", and/or "aggression".

Basically, the Decompensation Hypothesis suffers from the same (or similar) drawbacks as its psychoanalytic counterpart the D.P.H. The two most glaring problems are numerous methodological weaknesses in the studies which support it, and numerous studies which attack its validity. In fact, many professionals in the field of alcohol counseling and research have totally disavowed the Decompensation Hypothesis as a viable means of explaining alcoholic marital problems.

The investigation supporting the Decompensation Hypothesis are probably less sound than those supporting the D.P.H. In only a paltry few studies has there been any attempt to objectively assess the validity of this theory.

MacDonald (1956) attempted to be objective in his study of women patients who were wives of alcoholics, but he still fell far short of conducting a sound investigation. For instance, he utilized no control group from which to compare his experimental group. Also, he states that the onset of decompensation (in three cases) coincided "almost exactly" with the decrease of drinking, but he does not define the specific time periods between decrease of drinking and decompensation. Additionally, in two other cases, the husbands' decrease in drinking was reported to have taken place at least two years before their wives were admitted to the hospital. His choice of only 18 women from the mental hospital is also a rather small sample.

Gliedman (1957) who treated and observed nine couples of alcoholic marriages stated that two of the nine women involved had nervous breakdowns after their husbands had stopped drinking. Although these two wives could have very well been decompensating, this study



in no way proves the Decompensation Hypothesis or even supports it sufficiently because seven of the nine wives showed no signs of decompensation whatsoever.

The drawbacks to Kohl's (1962) study in which he observed psychiatric inpatients at a psychiatric clinic and reported the decompensation of 39 of their wives were also numerous. First of all, only four of the wives were spouses of alcoholics. Secondly, his data was totally subjective in nature. Finally, he utilized no control group nor listed the number of patients observed whose wives did not decompensate.

Deniker, deSaigy and Ropert (1964), who like MacDonald, attempted to conduct an objective test of decompensation left out some important information. They concluded that the wife of an alcoholic maintains her husband's alcoholism and her own defense mechanisms. However, they did not provide either the content of the questionnaires or the validity or reliability of them.

Joan Jackson is one of the major opponent of the Decompensation Hypothesis as well as a pioneer in Stress theory. Jackson (1962) commenting on decompensation said that, "only one of the wives seen by the writer over an eight year period showed an increase in disturbance of more than a temporary nature when the husband's alcoholism became inactive and apparently permanently so. On the contrary, the wives' adjustment typically appears to have improved in most respects" (p. 481).

Burton and Kaplan (1968) studied 47 couples where one member was an alcoholic. There was no evidence supporting the Decompensation Hypothesis, but Burton and Kaplan (1968) seemed to show that, "improvement

in the area of marital conflict is associated with improvement in drinking behavior" (p. 169).

Haberman (1964) administered the Index of Psychophysiological Disturbance to 156 wives of alcoholics. The author found that 85% of the wives demonstrated fewer symptoms during the husband's abstinent period.

In addition to the investigations previously reviewed there are numerous other studies which present findings that are in direct contradiction to decompensation. A few of them are: Gerard and Saenger, 1966; Finlay, 1966; Smith, 1969; Gallant, Rich, Bey, and Terranova, 1970; Cohen and Krause, 1971; Emrick, 1974; and Orford, Oppenheimer, Egert, Hensman and Guthrie, 1976. Also, there are a number of researchers who proposed that the wife's divorce threats and nagging the alcoholic to receive treatment are helpful in reducing the drinking and alcoholic behavior. Finlay (1972), for one, found that crisis-level anxiety is often effective in mobilizing the alcoholic to seek treatment. The implication is that the alcoholic becomes omnipotent and lethargic to signs of alcoholism and may be scared out of it by his spouse and/or children.

#### Current Status and Evaluation

The five factors, proposed by the author, for determining a successful theoretical perspective from which to examine alcoholic marital problems are:

1. Each spouse's intrapsychic make-up;
2. The quality of the interpersonal relationships each spouse has with his/her mate, and the important others in their

lives; an awareness of how the group of people with whom they live affect their behavior;

3. The effect that environmental, cultural and sociological influences has on each spouse's behavior;
4. Sound theoretical concepts that may be utilized in the creation of a theoretical model;
5. Applications for treatment that can be utilized successfully to counsel and rehabilitate the couple.

In terms of these five factors, the psychoanalytic model (D.P.H. and Decompensation Hypotheses) only incorporates the first factor, intrapsychic motivations, into its schema. Its one-dimensional, totally mentalistic approach does not consider the interpersonal effects (relationships or cultural and social influences) on the marital dyad as being significant. It is only interested in probing the unconscious mind of the wife who is handed the onus of responsibility for precipitating and maintaining the alcoholism of her husband. Although psychoanalytic concepts appear to be sound when standing alone, attempting to apply them to a general situation like the alcoholic marriage prove to be unacceptable. Munroe (1955) calls this process reductionism. The lack of solid empirical evidence and treatment studies on the D.P.H. and Decompensation Hypotheses seem to bear this out.

Psychoanalytic concepts have been applied to counseling emotionally disturbed individuals in clinical settings for many years, and this approach has often been successful in instigating improvement in these people. There have been numerous studies examining the treatment success of psychoanalysis. In terms of its relationship to the D.P.H.

and Decompensation Hypothesis, there are few, if any, studies on treatment application. All of the information on these two hypotheses gathered for this paper has been based on clinical observations and test results only. An oddity, considering that there are treatment studies available on the other two models being examined. Either proponents have not applied their concepts to treating the alcoholic and his wife, or they have not formulated treatment into well controlled studies. The latter claim appears to be more likely than the former because when hypotheses are as flawed as the D.P.H. and Decompensation Hypotheses appear to be, it is extremely difficult to create a successful treatment study.

An added drawback to this model is that the majority of influential research on the two hypotheses was compiled prior to 1960. There has been relatively little work done in this area in the past ten to fifteen years.

## CHAPTER III

### SOCIOLOGICAL STRESS MODEL

#### Historical Perspective

The Sociological Stress theory was developed specifically to examine the relationships among family members in alcoholic marriage. The earliest known research to investigate the alcoholic marriage as an interplay of two individual personalities was Mowrer (1940). As opposed to psychoanalytic proponents, Mowrer concentrated on the effect that environmental stress had on the family and marital dyad rather than the unconscious motivations of the nonalcoholic wife. Her findings seemed to indicate that the wives of alcoholics were not appreciably different from wives of nonalcoholics. Although her work was considered a major breakthrough in the area of alcoholic marital problems, its validity was questioned because of the fact that her conclusions were not explicitly stated and she never conducted any follow-up studies.

The first extensive and well organized investigations in this area were not initiated until about the mid-1950's when Joan Jackson (1954, 1956, 1959) wrote a series of papers on the effect that external factors (cultural, sociological, interpersonal) had on the wife and family of the alcoholic. Prior to her work a Freudian approach was predominant, Jackson formulated seven critical stages that she felt families go through in reaction to the husband's alcoholism. They are:

1) Denial; 2) Attempts to eliminate the problem; 3) Disorganization, 4) Reorganization while the problem is still present; 5) Escaping the problem; 6) Reorganization; 7) Reorganization and recovery when the alcoholic achieves sobriety.

In the 1960's Jackson continued her work in this area and other professionals such as Bailey (1962); Haberman (1964); Kogan and Jackson (1965); and Lemert (1960) have expanded upon it. A few researchers like James and Goldman (1971) and Orford and Guthrie (1975) supported her general theory but questioned the structure of her stage concept. They devised their own sequencing of spouse and family behaviors into five patterns: withdrawal, protection, attack, safeguard, and act out.

#### Premises

The Sociological Stress theory is interpersonal or interactive in nature rather than psychoanalytic. In other words, it contends that marital and familial communication is motivated more by cultural and environmental factors than intrapsychic. Stress theory does not deny the existence of psychopathological behaviors in the nonalcoholic spouse, but neither does it limit itself to this one dimensional point of view. (However, it considers intrapsychic motivations to have a minimal effect on alcoholic behavior.)

According to Jackson (1962) and other proponents, the sociological approach, in contrast to the psychoanalytic perspective, focuses on the structure, process and functions of the alcoholic marriage and family unit. Sociologists concentrate on institutionalized regulations which control families and ways in which marriage partners behave in their cultural roles. They attempt to clarify the interrelationships of

social groups presupposing that any group of people is undoubtedly something more than the sum of the people who belong to it.

Paolino and McCrady (1977) add that the sociological approach is more concerned with how the marital pair react under certain social conditions and transition states. As opposed to the psychoanalytic model, if a group of nonalcoholic wives exhibit some common psychopathology, symptoms, other neurotic personality traits, or communication patterns, the sociologist would look for similar experiences of environmental stress instead of intrapsychic conflicts and childhood problems. They believe that the stress of living with an alcoholic can cause many abnormal behaviors in the spouse.

An explanation and defense for the Sociological Stress theory was put forth by Orford (1975) in a paper arguing against treating the alcoholic marriage as unique and separate from other marriages under stress. He emphasizes that:

Alcoholism in one partner is, however, only one amongst a number of circumstances which have been construed as crises to which marriage must adjust... Whatever the specific factors involved, it is therefore possible to begin to see alcoholism in marriage not as a unique set of circumstances, but as a set of circumstances which can be placed within a spectrum of events associated with marriage. Marriages complicated by alcoholism are exposed to a potentially crisis producing series of events. But many of the reactions which take place are shared by members of families exposed to other different sets of stressful events (pp. 4 and 6).

### Model

Although Jackson's stage concept has been heavily scrutinized by some of her colleagues, her extensive studies and papers (1954, 1956, 1959, 1962) still stand as the definitive work in the area of the stress perspective. Therefore, her stage approach will be presented

as the model for the Sociological theory.

Stage 1: Attempts to Deny the Problem - the alcoholic drinks "inappropriately", either socially or alone, which leads to rationalizations on the part of self, family and friends.

Stage 2: Attempts to Eliminate the Problem - the alcoholic's drinking increases, there are fewer interactions with outside sources (friends and acquaintances) and as social isolation increases, so does marital conflict.

Stage 3: Disorganization - since the drinking gets worse and the alcoholic does not respond to her remedies, the wife begins to lose all hope. This stage is characterized by chaos, anger and fear.

Stage 4: Attempts to Reorganize in Spite of the Problem - the drinking becomes almost unbearable as this stage begins. If the wife does not leave now, she no longer puts up with his abuse. She does not cover up for him and focuses her main affections and interests on the children.

Stage 5: Efforts to Escape the Problem - this stage might occur instead of stage 4 if the wife can no longer cope with the drinking. She has enough confidence in herself to go on without having to be dependent on her husband. She may remain in the household, but usually leaves the home to begin a career of her own.

Stage 6: Reorganization of the Family Without the Alcoholic - frequently the wife begins to have recurring feelings of guilt over leaving the alcoholic, but continues the rebuilding process for the sake of the children and/or herself.

Stage 7: Recovery and Reorganization of the Home and Family with

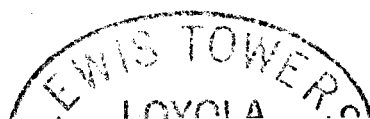


the Recovered Alcoholic - the wife and alcoholic must readjust to living together again as a married couple and family. This is often the most difficult stage of the crisis because of the husband's reestablishment as head of the household. Having overcome the societal and cultural pressures that frown on women being the most influential force in the family, the wife is resentful of the fact that she is now expected to share her hard earned position with the recovered alcoholic. There are often numerous arguments among family members, especially between the spouses, but Jackson does not view these run ins as decompensating behavior. Rather, she sees them as natural reactions to the stressful experience of having to reorganize their lives in the real world.

#### Research Evidence - Positive

Jackson's landmark papers (1934, 1956, 1959, 1962) on stress theory were based on her experiences with Al-Anon wives and their children. Her impressions were subjective in nature and based on interviews and observations of wives of alcoholics in the low to middle income bracket over a period of five to six years. She accumulated most of her information from a core of 75 women. The rest of her information came from relatives of hospitalized alcoholics. Of the wives interviewed: one-fifth of their alcoholic husbands were AA members who were sober; one-fifth of the husbands were just starting AA; and three-fifths were either on-again-off-again AA members or had not yet contacted AA.

From her research Jackson formulated the seven crisis stages that she claims the wife and/or family go through in response to the



alcoholic. Jackson believes that her observations over such a long period of time support her stage concept.

The critics of Jackson and the stress theory in general claim that they did not quantify their impressions and observations on the alcoholic marriage. However, there have been a number of subsequent studies since Jackson's initial paper (1954) that seem to lend credence to the sociological model by attacking the validity of the psycho-analytic Decompensation Hypothesis.

Bailey, Haberman, Alksne (1962) used the 22-item Index of Psychophysiological Disturbance (I.P.D.) in their study of four groups of wives of alcoholics. The four groups were: 1) 23 wives who were living with their alcoholic and actively drinking husbands and who had never been separated; 2) 23 wives who were living with their alcoholic husbands, but the husbands had been abstinent for six months or more; 3) 23 wives of alcoholics who had been separated or divorced for more than six months; 4) 537 women in a representative community sample who were married to nonalcoholics.

Groups 1, 2, and 3 were matched in age and length of marriage. Some striking findings of this study are that 65% of Group 1 had a high level of psychophysiological and psychoneurotic symptoms compared to 55% of Group 3, 43% in Group 2 and 35% of Group 4. Also, the incidence and frequency of these symptoms decreased markedly as the husband's drinking decreased. For example, 82% of Group 2 reported that in retrospect, they experienced marked psychophysiological and psychoneurotic symptoms when their husbands were drinking compared to 43% at the time of the study when their husbands were sober.

Haberman (1964) administered the I.P.D. to 156 wives of alcoholics in an effort to discredit the psychoanalytically based Decompensation Hypothesis. The Index of 22 questions is associated with psychoanalytical disturbance. This questionnaire was developed from the Midtown Community Mental Health Survey and has been shown to be a valid and reliable instrument. The wives were selected from a large sample because they could contrast by recall the difference between periods of abstinence and periods of heavy drinking. The results were that 85% of the wives showed fewer symptoms during the husband's abstinence.

Kogan and Jackson (1965) support the results of Bailey, et.al. (1962). They administered the MMPI to three groups of women very similar in make-up to the subjects in Bailey's research. They stated that, "the findings were most consistent with the psychosocial hypothesis which takes into account both personality and situational variables" (p. 494).

Bailey (1967) using the same 22-item questionnaire that he used in 1962, analyzed the symptom scores of 262 wives of alcoholics. The scores were compared to periods of the husband's drinking and sobriety, the wives of sober alcoholics were statistically less symptomatic than the wives of actively drinking alcoholics and no different from a representative sample of control wives of nonalcoholics.

Paolino, McCrady and Kogan (1978) empirically assessed the alcoholic marriage by testing 14 spouses of nonpsychotic hospitalized alcoholics for psychopathology. Their conclusions strongly supported the stress theory.

The authors of the studies just cited in this section are hesitant

to make any generalizations, but their results do seem to support the general ideas of the sociological stress model.

#### Research Evidence - Negative

A minor drawback to the Sociological Stress theory at this time appears to be the lack of general support for Jackson's stage concept. Although strong adherents of the Sociological model, Lemert (1960) and James and Goldman (1971) could find no evidence to support the seven crisis stages put forth by Jackson.

Lemert (1960) reported that his inability to duplicate Jackson's findings was because her seven stages were very specific to the kinds of wives who become active in Al-Anon and that they are not indicative of the general population. In addition to looking at the dependence-independence question in the alcoholic marriage, Lemert itemized 11 events that were associated with the family's adjustment to the stress of alcoholism and asked each family member about the sequencing of those items. After analyzing this data, he suggested that coping events tended to group together into early and late adjustment phases very similar to Jackson's. However, he also noticed a significant variety of stages and different sequencing patterns. He, therefore, felt that it would be inappropriate to say that there are certain set stages of coping that every spouse goes through regardless of the situation.

Bailey (1965), like Lemert, believed that Jackson's subjects (Al-Anon wives) were not representative of the overall population. He compared 166 Al-Anon wives to 126 non Al-Anon wives of alcoholics. He found that Al-Anon wives were better educated, of higher social

status, less moralistic, drank less, and were more likely to see their husband's drinking as both a mental and physical problem rather than just physical.

James and Goldman (1971) found that the wives in their study used a myriad of coping styles at different times and that during the alcoholic's periods of improvement, or at the point where he achieves sobriety, they most often withdraw within the marriage setting. This is opposed to Jackson who sees this period of time for the alcoholic and wife to reorganize the family and get back to normal.

#### Current Status and Evaluation

The five factors, proposed by the author, for determining a successful theoretical perspective from which to examine alcoholic marital problems are:

1. Each spouse's intrapsychic make-up;
2. The quality of the interpersonal relationships each spouse has with his/her mate, and the important others in their lives; an awareness of how the group of people with whom they live affect their behavior;
3. The effect that environmental, cultural and sociological influences has on each spouse's behavior;
4. Sound theoretical concepts that may be utilized in the creation of a theoretical model;
5. Applications for treatment that can be utilized successfully to counsel and rehabilitate the couple.

The Sociological Stress theory appears to be a well rounded perspective based on the fact that it incorporates four of the five factors

for a successful model. It is a multi-dimensional approach that examines the effects of external factors (interpersonal, cultural, environmental) on the relationships of the marital dyad. A growing number of researchers and clinicians have utilized this perspective in the last ten years in their work with alcoholics and their families. The primary strength of this model is that its basic premise (stress as the precipitant in alcoholic marital problems) has never been challenged or refuted. At present there are a number of empirical and nonempirical studies which not only support the stress model, but also cast doubt on the validity of the Decompensation Hypothesis.

A minor drawback appears to be the weak support that Joan Jackson is getting for her seven crisis stages. A secondary weakness is that although proponents recognize the existence of intrapsychic motivations in the wife of an alcoholic, they consider its effect on individual behavior to be inconsequential.

The application of stress theory as a treatment model appears to be successful at least on a general level. Studies available on treatment application recognize the significance of the entire family in the understanding and treating of alcoholism. They utilize an interactional rather than a psychoanalytic approach and are, therefore, regarded as supporting the model. In studies conducted by Burton and Kaplan (1968); Gallant, Rich, Bey and Terranova (1970); Cohen and Krause (1971); and Finlay (1974) interactional or group counseling was found to be more successful than individual or psychoanalytic counseling.

## CHAPTER IV

### SYSTEMS MODEL

#### Historical Perspective

Systems theory is a relatively new psychological perspective that has only become an influential force in the therapeutic field within the last 10 to 15 years. Prior to the late 1950's there was practically no formal research done in this area.

The dynamics of the family system began to be seriously investigated by professionals such as Ackerman (1958); Bell (1961); and Bowen. The theory continued to coalesce in the 1960's and 1970's and two of the major influences on it were Salvador Minuchin and Virginia Satir. These early systems theorists developed much of their philosophy from psychotherapeutic trend setters like Fritz Perls (1893-1970) and Eric Berne, who rejected the one-dimensional, purely mentalistic psychoanalytic point of view. Published articles on the marital system did not begin to appear until the early 1960's, but this number tripled between 1964 and 1972. The system in relationship to the alcoholic marriage was initially investigated by Bullock, Mudd and Mitchell in 1959 but not followed up until the late 1960's and early 1970's by Gorad, Mendelson, McCourt, Steinglass, Weiner and Steiner. The bulk of the research evidence on the alcoholic system, though, has only been accumulated within the last ten years.

## Premises

Systems theory is in many ways quite similar to Stress theory in that it is an interpersonal rather than an intrapsychic approach. They both consider the marital couple and family unit to be a functioning system. However, whereas the Stress theory concentrates on the effect of environmental and sociological factors on the dyad, the Systems theory focuses most heavily on the effect that the system as a whole has on individual behavior. In other words, one examines alcoholic behavior in terms of the marital couple's relationship to external factors and the other examines more closely the effect each individual within the dyad has on each other.

According to Bowen (1974), "Systems theory assumes that all important people in the family members function in relation to each other and in the way the alcoholic symptoms finally erupts. The part that each person plays comes about by each 'being himself'" (p. 115).

Experts in the field like Dodson (1977) believes that in order to understand individual behavior, it is essential to understand the significant group in which a person lives, his relationships within that group and the importance of any particular individual's behavior to maintaining the group system. Therefore, any change that is brought about either positively or negatively occurs within the whole system, not just within the individual. Whereas a traditional therapist (such as a psychoanalyst) would label a person seeking help as the one and only patient, a systems therapist or theorist would view him only as the identified patient in order to demonstrate that the whole system and not simply the individual is the real patient. Dodson adds that a



systems therapist must always be aware of the observable facts (characteristics) of the system.

### Model

There are basic characteristics which make up the family system and Dodson (1977) and Paolino (1977) list them as: roles, rules, homeostatis and symptoms. Each one of these act to effect the behavior of each individual in the system.

Steiner (1971) and Paolino and McCrady (1977) describe the concept of roles. Each family member, they say, plays specified roles. There are sociological roles like parent, homemaker, and breadwinner and emotional roles such as unexpressive task-oriented male and expressive, emotionally-oriented female. There are also roles such as "troublemaker", "denier", "decision maker", or "sick patient". Every member has to have a role in order to keep the family functioning right. In the alcoholic marriage the alcoholic would be identified as the sick patient. According to systems theory, this role would be necessary so as to allow the wife (or children) to assume the role of caretaker, knowing parent, or angry accuser. They would explain the decompensation of the spouse following the alcoholic's sobriety, not as an expression of her intrapsychic need for the alcoholic to remain an alcoholic, but rather as an expression of the system's need to include the role of a sick member. If and when the alcoholic was no longer "sick" someone else would take his role.

Steiner (1971) explains the systems concept of roles in the alcoholic marriage through Berne's Transactional Analysis (T.A.). T.A. is Berne applying family needs, roles, rules, and interaction to

Freud's concepts and creating his own language for explaining what occurs in the marital dyad. It is Steiner's belief that alcoholics engage in recognizable and repetitive interpersonal sequences involving alcohol which have the primary purpose of producing a specific interpersonal payoff. Alcoholism is the end result of the alcoholic "game" which is a set of rules and interactional sequences.

According to Steiner (1969, 1971) there are at least two alcoholic "games" that are readily visible in the marital relationship. One is the "Drunk and Proud of It" game and the other is the "Lush" game. In "Drunk and Proud of It" the alcoholic player demonstrates that others are no good by getting them so angry that they show their ineffectiveness and foolishness as human beings. For example, a "Drunk and Proud" alcoholic might stay out late at night or lose large amounts of money playing cards which results in his wife reproaching him (persecutor role) the morning after. The alcoholic might then apologize, thus placing the wife in the position of either continuing to be the persecutor or accepting his apology. The wife is definitely in a Catch-22 situation. If she accepts the apology she will be putting their relationship in further jeopardy because she will be taking on the role of the "Patsy".

In the "Lush" game the spouse of an alcoholic is seen as either persecuting the alcoholic for his drinking, attempting to rescue the alcoholic by taking care of him, or playing the role of the fool by forgiving him for inappropriate behavior. The interaction between alcoholic and spouse is initiated primarily because of the alcoholic's need to confirm his own inadequacy and to explore the inadequacies of

others.

All aspects of the Systems theory are somehow closely related to one another. According to Jackson (1965) there are certain basic rules that can describe the behavior patterns of the family. The rules make it possible for the couple to take on certain roles. As Jackson says, a rule of the system might be that the wife is allowed to work outside of the home when the alcoholic is drinking, hospitalized, or otherwise severely disabled from drinking. At times when the alcoholic is functioning in a relatively less disruptive manner, the wife would be required to give up her job and return home. These rules are not often discussed and deliberately decided upon, but instead evolve from the needs of the system.

Another key concept in Systems theory is homeostasis. Meeks and Kelly (1970) say that systems theory suggests that all family systems operate to maintain a certain level of equilibrium which is intended to "minimize the threats of disruption and pain" (p. 400). They intimate that maintaining homeostasis is so important to the alcoholic marriage that if a therapist decreased or eliminated the problem in any way, the family would somehow look for a way to get the alcoholic to start drinking again. Dodson (1977) supports this idea by adding that equilibrium is established in order to maintain the family unit. Therefore, any attempts to introduce change into the system will lead to resistance or compensatory changes within the system.

In Systems framework, as it is in the D.P.H., symptoms have a significant function. They are considered to be protective for the maintenance and functioning of the family system even though it may

cause emotional pain for the alcoholic family.

Haley (1963) believes that a symptom has two primary characteristics. One, it has an extreme influence on other persons. Two, it demonstrates that in some way the alcoholic cannot help his behavior. The combination of these two characteristics leads to powerful control over the marital relationship. For example, if an alcoholic is drunk and expresses offensive verbal and nonverbal communication, and at the same time makes it clear that he is drunk, it puts the spouse in a very precarious position. She is in a thrust into a role very similar to the "Persecutor" or "Patsy" of the "Drunk and Proud of It" game. She cannot stop his behavior, but she cannot ignore it either. If she does something to stop it she feels guilty, and if she does not she keeps it inside and it builds up into an uncontrollable rage. The alcoholic does not take responsibility for his actions and, thus, forces the spouse to do it for him.

To briefly summarize Systems theory, interpersonal communication and behavior in the marital relationship are used to reinforce the alcoholic symptoms which in turn help the alcoholic and his spouse to maintain rules and roles. If utilized properly, they keep the alcoholic system in equilibrium.

#### Research Evidence - Positive

Steinglass, Weiner, and Mendelson (1971) and Weiner, Tamerin, Steinglass and Mendelson (1971) initially focused their research on father-son and brother-brother interactions and applied their findings to the study of the marital dyad at a later date.

Weiner, et.al. (1971) over a period of time studied the behavior

of a father and son who were both alcoholics. It was observed during their drinking periods that the father and son not only took on roles but exchanged them as well. When one of the pair would be drunk and childlike, the other would be sober and caretaking. This pattern would then be reversed after a certain amount of time. During post-drinking periods, though, it was observed that the subjects quickly reverted to their predrinking interactional patterns. In interpreting these observations, Weiner, et.al. suggested that the drinking and behaviors associated with it were alcoholic symptoms that acted as signals of stress in the system. It also appeared as if the switching of roles was accomplished for the purpose of maintaining the equilibrium of the system when members were drinking. The authors, though, do not discount the psychoanalytic interpretation of their observations and admit that "alcohol may be used as a stabilizing factor, helping to satisfy unconscious intrapsychic needs" (p. 1650).

When Steinglass, Weiner, and Mendelson (1971a, b) conducted their studies on the alcoholic family, they decided to focus their attention on the interactional systems of two pairs of alcoholic brothers. They suggested that a system was initially established in which each partner selected and manipulated the other and adjusted his behavioral roles so that there was a complementary relationships in terms of needs, strengths and so forth. In systems like this, drinking and its accompanying behaviors are used to maintain the system, serving as a signal to stress or strain, or as an integral part of the workings of the system. From these observations, they implied that the alcoholic marriage was an operational working system.

In their second study, Steinglass, et.al. (1971b) noted that in all three of the alcoholic pairs observed (the two pairs of alcoholic brothers and the father-son in Weiner, et.al., 1971), all of the subjects discontinued regular or normal interaction after the study ended. They cited this as proof of the system needing to maintain homeostasis. They suggested that the alcoholic systems in each pair were actually very rigid and brittle and had few mechanisms by which to maintain equilibrium in response to pressure to change except to flee from this pressure.

The results of Weiner, Steinglass, et.al. were supported by Davis, Berenson, Steinglass, and Davis (1974) in a theoretical nonempirical article. They also introduced the possibility that learning concepts may play a part in maintaining a systems homeostasis. They feel that alcohol abuse can have adaptive consequences that can reinforce and maintain the system.

Meeks and Kelly (1970) studied and treated five families in which the husband was the alcoholic in four cases and the wife in the fifth. Their treatment attempted to focus on helping families to communicate openly and to understand their interactional patterns. They clinically (and nonempirically) observed during the course of the treatment that various nonalcoholic family members deliberately tried to undermine the therapy. They viewed this as a need on the part of the families to maintain equilibrium.

Steinglass, David and Berenson (1975) conducted a nonempirical study of alcoholics and their wives that lends support to the systems theory. It is an important study because it focused on identified,

specific interactive systems which alcoholic couples exhibited. In this study, the authors observed ten couples who had been admitted to a self-contained living unit within a hospital. Observations of the couples revealed that drinking was heavy in the first to four days, and then decreased to almost nothing the rest of the time. All of the alcoholics apparently reproduced drinking outside of the hospital; solitary drinkers being solitary drinkers on the ward and tavern or social drinkers being social drinkers on the ward. By the third or fourth day, the observers were able to identify "repetitive and predictable patterns of alcohol consumption and intoxicated role behavior from couple to couple" (p. 5). These specific patterns varied and were recognizable and different from their sober interactions.

Gorad (1971) used communication concepts to examine the interpersonal effects of drinking and drunkenness. Gorad maintained that the alcoholic initiates responsibility avoiding behaviors indirectly in order to take control of the relationship with his spouse. He tested this hypothesis in an experiment that assessed decision making, cooperation and competition. He compared 20 alcoholics and their wives to 20 control couples. The procedure that was utilized is rather complicated and for brevity sake will not be described at this time.

The results of this study support the hypothesis that alcoholics use a responsibility - avoiding, competitive style of communication, whereas their wives use a responsibility - accepting style more often. Besides supporting the symptomatic concept of systems theory, Gorad's study provides some insight into how member's roles are created and maintained in the alcoholic marriage.

When systems theory was described in detail in the previous section of this paper, Steiner's (1969, 1971) TA approach for explaining individual's roles in the alcoholic marriage was highlighted. Steinglass, et.al. (1971a, b) and Weiner, et.al. (1971) have written papers and conducted studies in support of the role concept, but they did not test the applicability of TA characteristics to the role concept.

Griffith, Martin, Crowder and Edwards (1968) attempted to test the applicability of TA concepts to the concept of roles. Their study appears in Paolino and McCrady (1977). They suggested that a clear test of the accuracy of the TA - System roles point of view would be to develop a substitute "game" for alcoholic couples that did not have the destructive nature of the typical alcoholic "game". If this were possible and if the alcoholic was able to function without alcohol, it would suggest that the "game" analysis was correct and that the playing of prescribed roles was a major part of the game.

After one year, 76% of the alcoholics were abstainers. Griffith, et.al. suggested that intense destructive "game" behavior continued only in couples where the alcoholic was still drinking. To summarize then, Griffith, et.al. by changing the rules and roles of the alcoholic marital relationships from destructive to growth enhancing, they felt they proved that there are certain prescribed roles in the alcoholic marriage that might exist when drinking occurs.

In considering the TA concept of roles, Griffith, et.al. (1968) provides some insight into the part that rules play in the alcoholic marital dyad. However, they did not clearly define what the old rules



were, so it is difficult to assess exactly how influential were the new rules. Other than Griffith, et.al., no study has directly attempted to define the rule concept of the alcoholic system. It does seem, however, that in order for roles, symptoms, and homeostasis to be maintained in the system that some set of rules or guidelines for interaction among members must exist and be carried out.

Most of the studies presented this far in support of the Systems theory have supported more than one of its basic concepts. As a result, it might be difficult for the reader to clearly formulate in his mind which supported which concept. Therefore, in order to dispell any confusion, the authors of the studies will be categorized according to the concept they endorse.

Roles	- Steinglass, et.al., (1971a, b) Weiner, et.al., (1971) Griffith, et.al., (1968)
Homeostasis	- Meeks and Kelly (1970) Steinglass, et.al., (1971a, b) Davis, et.al., (1974)
Symptoms	- Gorad (1971) Weiner, et.al., (1971) Steinglass, et.al., (1975)
Rules	- No direct studies of this concept but indirectly all of the above studies seem to lend credence to it.

#### Research Evidence - Negative

Like the stress theory there are few, if any, empirical studies which directly attack the validity of the Systems theory. Yet, its major drawback as a model is that there appears to be very little empirical evidence to validate it either. All of the investigations have been basically subjective in nature and without control groups.

Weiner, Tamerin, Steinglass and Mendelson (1971) attempted to assess how alcoholic symptoms and interpersonal roles can effect the alcoholic system, but they used no control groups or empirical instruments to test their results. The same problem holds true for Meeks and Kelly (1970) whose study supported homeostasis; Gorad (1971) whose study supported symptoms; and Steinglass, Weiner and Mendelson (1971) who also supported the concepts of roles and homeostasis. Davis, Berenson, Steinglass and Davis (1974) expressed some very plausible ideas on system homeostasis, but their work was in the form of a nonempirical theoretical article. Griffith (1968) attempted to create an empirical instrument with which to test the Transactional Analysis conception of a systems roles, but he too used no control group.

An additional but significant drawback to the Systems theory is that the individuals chosen as subjects in two of the studies (Weiner, et.al., 1971; and Steinglass, et.al., 1971) were not marital couples. One study examined a father-son relationship and the other a brother-brother relationship. Although the authors did use the results of these studies to build a theory of alcoholic marital interaction, it does not appear that this theory can be validated from their studies and papers. No matter how similar the relationships between a father and his son, or a man and his brother might be to that of a husband and wife, they just are not the same.

The final drawback to the Systems theory, but one that might be remedied in time is that the research in this area is still for the most part in its infant stages. Prior to 1970, there were few, if any, studies of alcoholic couples or families based on systems

concepts. As additional investigators become interested in testing this theory and more information becomes available on it, more empirical studies will be attempted.

### Current Status and Evaluation

The five factors, proposed by the author, for determining a successful theoretical perspective from which to examine marital problems are:

1. Each spouse's intrapsychic make-up;
2. The quality of the interpersonal relationships each spouse has with his/her mate, and the important others in their lives; an awareness of how the group of people with whom they live affect their behavior;
3. The effect that environmental, cultural and sociological influences has on each spouse's behavior;
4. Sound theoretical concepts that may be utilized in the creation of a theoretical model;
5. Applications for treatment that can be utilized successfully to counsel and rehabilitate the couple.

Systems theory appears to be a multi-dimensional approach that is based on logical ideas and concepts. Its belief that behavioral problems in alcoholic marriages are caused by multiple factors (intrapsychic, interpersonal, cultural, environmental) makes it an appealing perspective to professionals. This is evidenced by the fact that there is a great deal of subjective support for it in published literature. By considering the marital couple and family to be interacting systems who exhibit roles, rules and symptoms, this theory provides researchers

with a broad interpersonal base with which to assess treatment effectiveness. Like the Stress theory, Systems theory, in general, seems to be supported in the literature on treatment effectiveness. In other words, interpersonal treatment methods (group or couple counseling) were found to be more successful in treating alcoholic marital problems than intrapsychic (psychoanalytic) methods. However, there are no treatment studies available that assess the validity of a specific systems technique (such as changing roles or rules to curb behavior problems).

As open minded and appealing as Systems theory is, it still does not have the empirical data necessary to make it a valid model. There is substantial support for roles and symptoms and indirect support for rules, but it all comes in the form of theoretical papers or uncontrolled studies.

This is a dynamic perspective that definitely demands serious consideration as an explanation for alcoholic marital problems. However, additional treatment studies assessing the success of specific systems techniques as well as empirical research directly focusing on the husband-wife relationship are needed to strengthen its credibility. The potential is there, because the bulk of the literature in this area has only been published within the last ten years. So, it appears as if there are numerous facets of Systems theory still uninvestigated.

## CHAPTER V

### EVALUATION AND DISCUSSION

#### Decompensation and Disturbed Personality Hypotheses

The evidence supporting the Disturbed Personality and Decompensation Hypotheses lies primarily in subjective assessments. The non-empirical data is basically strong and consists of numerous interviews and observations. The list of supporters is long (Gaertner, 1939; Price, 1945; Whalen, 1953; Lewis, 1954; Clifford, 1960; and Loescher, 1970, just to name a few). There is a great deal of information available, but there is also a great deal of generalization about a relatively small sample of the population and little objective support to substantiate it.

The literature supporting the Decompensation Hypothesis is probably weaker than that supporting the D.P.H. For the most part, it consists of either uncontrolled treatment studies (Gliedman, 1957 and deSaugy, 1962), or uncontrolled empirical studies (Kalashian, 1959; Browne and Adler, 1959; Kohl, 1962). The few studies which attempt to be objective fall far short because of numerous methodological weaknesses, oversights and contradictions (MacDonald, 1956; Kohl, 1962; Deniker, deSaugy and Ropert, 1965). These studies suffered from the following problems: 1) strong selection bias and non-specific time sequences between the cessation of drinking by the alcoholic and the

beginning of decompensation (MacDonald); 2) no control group and omitting the number of patients who did not decompensate (Kohl); 3) no indication of the content and validity of the questionnaires (Deniker, et.al.). Additionally, studies like Boggs (1944) and Futterman (1953) attempt to make too many unsubstantiated generalizations about the spouse's unconscious need to be married to an alcoholic and to prolong his drinking. Such conclusions would seem impossible to make until it could be proven that the spouse knew how to cure the alcoholic, but deliberately chose not to.

Empirical evidence supporting the psychoanalytic model is extremely weak. All of the research cited in defense of the D.P.H. is subject to numerous weaknesses and contradictions (contradicting T-scores, lack of control groups and so forth). There are no studies available that gave more strengths than weaknesses. Mitchell (1959) especially typifies the plight of the D.P.H. He drew two conclusions that absolutely contradict each other. One favors the D.P.H., but the second discredits the same. Another significant problem with the empirical research is that the results of tests like the MMPI, Interpersonal Checklist and the Marriage Adjustment Schedule, were provided as support for the D.P.H., even though they were not designed to provide important data on the roles of the id, ego, or superego at their conscious or unconscious levels or how they effect the wife's behavior.

In addition, the methodological weaknesses notwithstanding, there is a plethora of studies that directly attack and seemingly invalidate the D.P.H. These investigations are methodologically sound, and offer less conflicting data than the supportive studies. Most

importantly though, they contradict the notion that the wives of alcoholics are a more disturbed group than the wives of nonalcoholics. A few of the more significant investigations attacking the D.P.H. are: Ballard, 1959; Lemert, 1960; Corder, Hendricks and Corder, 1964; Rae and Drewery, 1972; Paolino, McCrady, Diamond and Longabaugh, 1976.

There is really no empirical evidence supporting the Decompensation Hypothesis. All of the evidence is either subjective or semi-objective but invalid and unreliable. The evidence against the hypothesis is as imposing as it is for the D.P.H. Joan Jackson (1954, 1956, 1959, 1962), in her many years of studying wives of alcoholics, never noticed any decompensating tendencies and treatment studies like Burton and Kaplan (1968) revealed increments of improvement in the wife as drinking ceased. In fact, there were some researchers who found that even those behaviors that could be construed to be decompensating (nagging, threat of divorce, physical or mental illness) eventually became therapeutic because they either initiated a cut-back in drinking or forced the alcoholic into therapy (Clifford, 1960; Finaly, 1966; Cohen and Krause, 1971; James and Goldman, 1971). In summary, then, the Decompensation Hypothesis is a rigid, one dimensional perspective and, like the D.P.H., it seems impossible to substantiate its validity.

### Sociological Stress Theory

The Sociological Stress theory offers less information than the D.P.H. but, has more support from researchers and clinicians. Most of the subjective literature is generated from two particular researchers, Mowrer (1940) and Joan Jackson (1954, 1956, 1959, 1962). Mowrer was the first individual to really propose the possibility that alcoholic

wives were as normal as nonalcoholic wives, emphasizing the effect that the stress of the surrounding environment has on behavior. The primary drawback to Mowrer's work is that she did not expand on her initial ideas or conduct any further objective or subjective studies.

Jackson's landmark papers were based on observations and interviews she had with Al-Anon wives over a period of approximately eight years. From her subjective impressions she concluded that all wives of alcoholics react abnormally to the stress of living with an alcoholic by going through seven unique stages: 1) Denial; 2) Attempts to Eliminate the problem; 3) Disorganization; 4) Attempts to Reorganize; 5) Efforts to Escape; 6) Reorganization of Family Without the Alcoholic; 7) Recovery and Reorganization with Recovered Alcoholic. Her basic premise that stress does indeed effect behavior was not challenged by her peers, but rather they were skeptical of the seven stage theory. They claimed that the stress stages Jackson's wives went through did not necessarily reflect the behavioral process that all women go through. Bailey (1967), Lemert (1960) and James and Goldman (1971), observed certain sequences of behavior in wives of alcoholics, but not all of them were the same as Jackson's or in the same order.

The evidence supporting the Sociological theory is really designed to challenge and disprove the psychoanalytic idea that the nonalcoholic wife is behaviorally unique and suffers from deep unconscious problems. A brief review of stress theory indicates that the wife's abnormal behavior is a reaction to the stress of living with an alcoholic, and once the stressful situation is alleviated, so too will the dysfunctional behavior. Therefore, defenders of stress theory such as Bailey,



Haberman and Alksne (1962); Haberman (1964); Kogan and Jackson (1965); Bailey (1967) and Paolino, McCrady and Kogan (1978), attempt to disprove the Decompensation Hypothesis. They administered various screening inventories and the results showed that the wives of alcoholics were neither more disturbed than wives of nonalcoholics nor exhibited more psychoneurotic symptoms after the alcoholic decreased or discontinued drinking. None of these researchers were able to unequivocally conclude from their studies that stress theory is absolutely sound and without weakness, but they seem to at least discredit the Decompensation Hypothesis and cast doubt upon the basic premise of the D.P.H.

### Systems Theory

Evidence supporting the Systems theory like the D.P.H. and Decompensation Hypothesis, is all basically nonobjective. It consists of either theoretical papers (Davis, Bérenson, Steinglass and Davis, 1974) or subjective impressions of uncontrolled studies (Steinglass, Weiner and Mendelson, 1971a, b; Weiner, Tamerin, Steinglass and Mendelson, 1971; Steinglass, Davis and Berenson, 1975; Meeks and Kelly, 1970; and Griffith, Martin, Crowder and Edwards, 1968). Gorad (1971) who was one of the few systems proponents to inject some objectivity into his investigations, utilized an experimental (couples where the husband was an alcoholic) and no control group (nonalcoholic "normal" couples). He still left many problems unsolved. For instance, even though his results seemed to point to responsibility-avoiding communication on the part of the alcoholic, and responsibility-accepting communication on the parts of his spouse and the nonalcoholic couples, he provided no valid proof that behaviors in his experimental environment

would exist in real life alcoholic relationships.

Another significant drawback to evidence supporting the Systems model lies in the fact that two of its major proponents, (Steinglass, et.al. and Weiner, et.al., 1971) in their initial research, focused on relationships other than the marital couple (alcoholic father-son; and alcoholic brothers). They then used this information as a basis from which to hypothesize about the behavior of alcoholic couples in later papers and studies. Although many of the behaviors of these other relationships are similar to those in the marital dyad, it is still not as efficacious to study them as it would be to examine the alcoholic and his spouse directly.

On the positive side of the Systems theory, there was no research available which directly attacked or invalidated systems concepts. It leaves room for further investigations which are methodologically sound and can strengthen its validity. It also indicates that its general philosophy is strong. Additionally, although there are not studies at the present time to directly defend the concept of rules in systems theory, it does seem logical that they should exist. The existence of roles, symptoms and homeostasis in an alcoholic marital system leads to the conclusion that some type of rule structure has been created.

### Summary

The general philosophy and theory of the psychoanalytic model (D.P.H. - Decompensation) in relation to alcoholic marital problems appears to be incompatible. Attempting to reduce the significance and legitimacy of Freudian concepts and philosophy by associating them with unstable hypotheses is unsound. There has been no solid proof

presented to support the evolution of the D.P.H. and Decompensation Hypotheses using psychoanalytic terms. An evident drawback of both theories, in the words of Munroe (1955) is reductionism. These theories, while feasible as theories, are proved to be invalid in the concrete. The inflexibility relative to other behavioral causes is also a major flaw that damages their validity.

The general philosophy and concepts of the Sociological theory is inflexible and open to numerous factors that could affect marital behavior, especially cultural and environmental. It incorporates elements beyond the subconscious to determine how individuals in the alcoholic marriage or family affect each other and are affected by societal and environmental norms. The sociological model seems to be a viable explanation since it does not deny that the wife can exhibit abnormal psychopathological behaviors, and does not restrict itself to focusing on one area alone.

The Systems model, like the Sociological model, is open and flexible. It seems to be a practical approach for explaining alcoholic marital behavior. It sees the couple or family as a functioning, interacting unit or system that helps maintain alcoholic behavior. It is a multidimensional perspective that is appealing to both the clinician and researcher. One of its basic premises that every alcoholic system has roles and rules that help maintain a certain equilibrium or homeostasis seems quite rational.

Assessment of the treatment applicability of the psychoanalytic model is virtually impossible simply because there were no treatment studies available. The reasons for this are not clear, although the

the model's inherent weaknesses might have made it difficult for proponents to treat the alcoholic couple under well controlled conditions.

The treatment applicability of the other two models can be assessed somewhat easier than the psychoanalytic model, but there are still no available studies that apply specific counseling techniques of either model to treating the couple. Instead, various therapists (Burton and Kaplan, 1968a; Gallant, Rich, Bey and Terranova, 1970; Cohen and Krause, 1971; Finaly, 1974; and Paolino and McCrady, 1976), believe in the interpersonal nature of alcoholic marital problems and therefore, imply an interactive rather than individualistic philosophy. In other words, they counsel couples in groups, rather than counseling each partner individually, like psychoanalysts would.

The results of research all seem to point to the fact that couples group therapy is more successful than individual therapy. This seems to be a positive sign that these models are not only theoretically sound but practically sound as well. However, it might be more efficacious if there were treatment studies that utilized a specific stress relieving technique or systems technique (such as role change or subsystem affiliation) in their therapy.

## CHAPTER VI

### SUMMARY, CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS

Three theoretical perspectives for dealing with alcoholic marital problems have been presented with the purpose of providing researchers and clinicians with information that will increase their base of knowledge and strengthen their conceptual framework. The initial chapter examined the impact that alcoholics had on the family. Following this perspective, Chapter 1 concluded by defining the purpose, procedure, limitations and plan of study of the thesis.

Following the introductory chapter, Chapters 2, 3 and 4 presented three theoretical models for dealing with alcoholic marital problems, each of which have found adherents among the research cited in this review. Chapter 5 provided comparative evaluation of the models and a discussion of the pertinent information from the three previous chapters. Chapter 6, the final section of the thesis, offers a general summary of the paper, the conclusions and recommendations of the author and the possible implications of this work.

#### Summary and Conclusion

The family system in America has had a great impact on the values and moral make-up of its people since the early days of the nation. It defined roles and values and paved the way for the family of today. It evolved from a strict patriarchical system designed for self-survival to a more egalitarian system based on interpersonal relationships.

As individual needs and interpersonal growth became as important as physical growth, new pressures and challenges were created with which the family had to cope. The parents especially needed to strive for a more affluent way of life in order to give their children more of the intellectual advantages required for this type of growth. This was the birth of the middle class and its distinct philosophy of upward social mobility. This philosophy did engender many psychological pressures which needed a socially acceptable outlet. Alcohol became such an outlet. However, as the industrial society grew, so did the pressures and alcohol use developed into alcohol abuse. Recent statistics have revealed that more and more families are being adversely affected by alcoholism.

Of the numerous relationships in the family, the marital dyad is probably the most influential and the one which most often contains the alcoholic. Therefore, this is the relationship which deserves the closest scrutiny.

The psychoanalytic model consists of two hypotheses for explaining interpersonal behavior in the alcoholic marriage: the Disturbed Personality Hypothesis and the Decompensation Hypothesis. They both utilize Freudian principles to explain the nonalcoholic wife's unconscious or intrapsychic motivations. They view her as a much deprived, disturbed person who experienced severe emotional deprivation as a child. As a result, she seeks an alcoholic or someone with an alcoholic personality to marry in order to fulfill some unconscious need, such as guilt, masochism, or even love. Proponents consider all of her communicative behavior as a means to manipulate or control the alcoholic in

some way. The Decompensation Hypothesis is considered to be an extension of the D.P.H. and maintains that when there is abstinence or a decrease in drinking by the alcoholic, the wife purposely tries to sabotage the improvement or, in other words, decompensates. They leave no room for interpersonal factors and do not consider the alcoholic's effect on his nonalcoholic spouse.

The second model, sociological in nature, utilizes the sociological stress theory to explain marital behavior. Sociological stress is an interpersonal approach that considers more than intrapsychic factors. It considers the interpersonal, cultural and environmental effects on behavior. Proponents see the spouse's behavior as a reaction to the stress of living with an alcoholic. Its major proponent, Joan Jackson, formulated seven critical stages which the wife and family members experience in response to the stress.

The third model, described as the systems theory, is similar to the stress theory in that it focuses primarily on the interpersonal behavior of the couple. It does, however, leave room for the possibility of intrapsychic factors having an influence on the spouse's behavior.

The D.P.H. has a wide field of nonempirical support ranging from Gaertner (1939) to Loescher (1970) that is based on subjective impressions of case histories. Four of the most representative papers were briefly reviewed. Price (1945), after studying and interviewing numerous wives of alcoholics concluded that they were hostile, dependent and unloved women who unconsciously or consciously, tried to sabotage their husbands' treatment. Whalen (1953), described four types of non-alcoholic wives who look for an alcoholic or someone with an alcoholic

personality to marry in order to satisfy deep and unconscious needs of their own. Lewis (1954) and Clifford (1960) came to similar conclusions.

The empirical data supporting the D.P.H. is based mostly on the results of the MMPI which various researchers have administered to wives of alcoholics.

Only a few subjectively based studies and papers supporting the Decompensation Hypothesis have been published. The most significant were: Gleidman (1957); MacDonald (1956); Kohl (1962); and Deniker, deSaury and Ropert (1964). All investigators concluded that the wife either actively tried to sabotage the alcoholic's treatment or came down with an illness (mental or physical) in order to try to force the husband back to the bottle. There is no empirical support for this hypothesis.

Subjective support for the Sociological model (Sociological Stress Theory) is generated from the subjective impressions of Jackson (1954, 1956, 1959, 1962) over an eight year period, working with Al-Anon wives. Through observations and interviews with the Al-Anon wives, she formulated seven critical stages which she claimed all wives and family members go through in response to the stress of living with an alcoholic.

The empirical support for the stress theory does not directly test stress concepts, but rather attempts to invalidate the psychoanalytic ideas in the D.P.H. and Decompensation Hypothesis. Thus, the proponents try to show that the wives react to the stress of the alcoholic situation and, once it has passed, resume their normal



behavior.

Support for the Systems model (Systems theory) arises from the work of a few researchers at the National Institute of Mental Health at Georgetown University. Steinglass, et.al. (1971) and Weiner, et.al. (1971), among others, are the leaders in this area. The studies, conducted in a subjective and uncontrolled manner, revealed direct support for the systems concepts of Rules, Homeostasis and Symptoms, and indirect support for Rules.

Criticism of the D.P.H. seems to abound. (The Problem with the nonempirical support for the D.P.H. is that all of the research by Paige, et.al., (1971) and the other investigators is subject to severe methodological weaknesses and contradictions such as sample bias, no control groups and conflicting scores for the same measure).

Another problem with the D.P.H. is that there is a plethora of uncontrolled studies which attack and invalidate its ideas (Ballard, 1959; Mitchell, 1959; Lemert, 1960; Corder, Hendricks and Corder, 1964; Paolino, McCrady, Diamond and Longbaugh, 1976; Orford, et.al., 1976).

There is even less support for the Decompensation hypothesis than for the D.P.H. All of the supportive studies are unreliable due to no control group, no attempt to use reliable instruments or to demonstrate their validity (Deniker, et.al., 1964). Most of the research, like Gliedman and Kohl, left out significant information such as how many subjects did not decompensate and why some subjects refused to take part in the study.

The evidence against decompensation, which stems from sound

research, is also very strong. Burton and Kaplan (1968) demonstrated that, as counseling helped decrease the alcoholic's drinking, the wife's psychological condition improved. Haberman (1964) tested 156 wives of alcoholics during drinking and abstinent periods and found that 85% showed fewer symptoms when the husband was abstinent. Jackson (1954, 1956, 1959, 1964), Gallant, Rich, Bey and Terranova (1970), Finlay (1972) and others found an improvement in the wives following abstinence.

The main criticism of the sociological model (Stress theory) is not directed at its basic philosophy, but rather at Jackson's seven critical stages. Almost everyone agrees with the general idea of stress factor affecting the wives and family's behavior, but some researchers like Lemert (1960), Bailey (1965), and James and Goldman (1971), have found no evidence supporting a universal stage theory. They found various sequences of spouse behavior not necessarily in the same order as Jackson did.

The principle drawback to the Systems model (systems theory) is similar to that for the D.P.H. - Decompensation hypotheses. Evidence in support tends to be subjective with no control groups. Two of the studies (Steinglass, et.al., 1971; and Weiner, et.al., 1971) treated other familial relationships - father-son and brother-brother - and then used these conclusions as support for explaining alcoholic marital behavior.

Another drawback to systems research is that there is relatively little information before 1970. It is still in its infant stages as a theory.

Well controlled research on the treatment applicability of the psychoanalytic model (D.P.H. - Decompensation Hypotheses) is not available for assessment, although one of the treatment studies dealing with the sociological and systems models does compare interpersonal couple counseling to individual counseling. The particular individual treatment approach utilized in that study, however, was not defined.

The treatment studies used to support the sociological and systems models do not derive their approaches directly from the two models, but they do adhere to the general idea that the interactive behavior of both marriage partners is as important to treating the problem as cultural, environmental or unconscious psychological factors. Burton and Kaplan (1968), Gallant, Rich, Bey, and Terranova (1970), Cohen and Krause (1971) and Finlay (1974) have conducted some of the most extensive treatment studies in this area.

To summarize, then, the work on treatment applicability, it could be suggested that couples therapy or couples group therapy were alcoholism is a problem may lead to successful treatment outcome in greater than or equal to 45% of the cases treated.

In terms of the five factors for a successful theoretical model, the D.P.H. and Decompensation Hypothesis of the psychoanalytic model appear to take into account only the first factor - each spouse's intrapsychic make-up. The rigid and purely mentalistic perspective does not take into account the effect that external factors or interpersonal factors have on marital relationships. The lack of solid

empirical data also casts doubt on the legitimacy of the hypothesis. Additionally, there are no treatment studies available to assess the success of these hypotheses and the definitive studies in this area were, for the most part, compiled prior to 1960. Therefore, it would be unfair to recommend the psychoanalytic model as a valid perspective from which to view the alcoholic marriage. This recommendation in no way invalidates basic psychoanalytic concepts such as id, ego or super-ego. Psychoanalytic theory in and of itself is respected and has proven useful and successful in therapy. This is not being challenged. However, its relationship with the D.P.H. and Decom-pensation Hypothesis seems to be incompatible.

The Systems Model in terms of the five factors is a more conducive perspective from which to view alcoholic marital problems. It is flexible and open to numerous explanations for alcoholic and nonalcoholic behavior and has a treatment approach that appears to be successful or, at least, potentially successful. It does not appear to have the strong empirical data needed to defend its theoretical concepts. Lack of support is the most significant weakness. Theoretically, it appears to be sound and, therefore, holds a great deal of potential as a model. However, without firm support, its use as a theoretical perspective should be carefully monitored.

Of the three models discussed in this study, the Sociological Stress theory comes closest to including all five of the factors in its explanation of alcoholic marital problems. Its theoretical concepts and philosophy are reasonably sound and have enough empirical support to substantiate them. Its treatment application ability, like

the Systems approach, appears to be successful on a general level. Also, its philosophy considers the effect of all external and interpersonal influences on the marital relationship.

On the negative side, however, it is not as open to intrapsychic explanations of behavior as the Systems model, and additional research in the area of Jackson's stage theory is needed to shed more light on the sequencing of the nonalcoholic spouse's behavior. At this point in time Jackson's generalizations about seven unique stages that all women go through in response to living with an alcoholic are presumptuous. They are not defended in research.

These drawbacks aside, the Sociological model still seems to offer the most valid theoretical perspective of the alcoholic marriage. This recommendation does not mean to imply that it offers the best perspective or would be the most successful treatment model, but of the three models highlighted in this study, it appears to be the most philosophically and empirically sound at this time.

#### Recommendations and Implications

Alcoholism in American society is a growing problem and the problems resulting from it are ever increasing. Marriages and families that are affected by alcoholism are in grave danger of being destroyed. The need for proper guidance and counseling seems mandatory. Means of coping with the problem have to be available to all individuals involved. The importance of the present study is that it provides vital information to the professional practitioner and researcher that may help in the formulation of approaches for dealing with the problem and a frame of reference from which to conduct investigations.

It raises a series of possibilities for the practitioner to suggest some practical intervention strategies and provide him with some insight into the psychodynamics of his clients' interpersonal behavior. It helps the professional to better understand how and why marital alcoholic couples communicate.

Many of the interpersonal behaviors and difficulties that accent the alcoholic marriage are also present in problem marriages not affected by alcoholism. An additional, but, nonetheless, significant contribution made by this work is that it can offer professionals in the various branches of the social sciences insight into why so many marriages dissolve when faced with crisis situations and help them to understand what might be needed to prevent this dissolution in future generations. Moreover, it might assist them to more intelligently question the purpose of maintaining the institutions of marriage and the family in their present state at all.

Also presented were implications for study in other societal institutions and classes. So many of the behavioral and interpersonal characteristics of marriage are similar to other groups in American society, that any knowledge of communication problems in this study could be applied to helping solve similar difficulties in business organizations, school systems and school boards, or any group where close interpersonal interactions is a requirement for stability and growth.

The interpersonal problems that are created in marriages affected by alcoholism can be similar to struggles in various minority classes. In fact, Jackson and Yarrow (1962), see a parallel between

couples' behavior in Jackson's second critical stage (Attempts to Eliminate the Problem) and minority group behavior in relation to majority groups.

Behavioral problems present in alcoholic marriage are also often present in marriages not affected by alcoholism. Jackson (1962) says that families involved in the crisis of alcoholism are in many ways behaviorally similar to families in other crisis situations. The sociological stress theory has been applied to studying marriages and families affected by economic depression and unemployment (Angell, 1936); mental illness (Clausen and Yarrow, 1955 and Merrill, 1969); war, separation, and reunion (Hill, 1949); and bereavement (Eliot, 1948). According to Hansen and Hill (1969), each crisis situation, like Jackson's seven stages, has its own unique characteristics of onset, degrees of impairment, and tendencies to engender externalization and internalization of blame. Jackson herself noted the marked similarity between the crisis of alcoholism and that of unemployment of the father during the depression. She noted that the husband's status tended to decline, the wife's tended to increase and the family closed ranks against the husband. Masculine and feminine roles became blurred, the family was disorganized and no one took immediate responsibility for the welfare of the members. Jackson noticed that it took quite some time for the wife and mother to become adjusted to her new role(s) before taking control of the situation. Another interesting characteristic in the economically depressed marriage and family was that when the husband did become re-employed, it brought on a similar reaction from the family as when the alcoholic sobers up:

an unwillingness to revert back to their subordinate roles in the family structure.

This study may also have some definite implications concerning transition states in the life cycle in all families and marriages in crisis. Glass (1957) believes that emotional disturbance in significant life change situations is not only normal, but it is good and is needed for successful transfer from one transition state to another. Transition states were present in families punctuated by natural disasters, retirement and migration. A good understanding of the psychodynamics in alcoholic relationships might very well increase one's understanding of the effect that these other crises have on interpersonal communication.

Information gathered on alcoholic marital behavior may also be of great significance to the understanding of physical violence and the link between frustration and aggression. Clausen and Yarrow (1955) in their investigations into the determinants of violence in the family, said that there is little evidence to support a direct link between alcoholism and violence. However, alcoholism, they state, is of great practical importance because of the frequency with which it is associated with violence in our society.

Violence is a form of aggression and, according to Clausen and Yarrow, the marriage is a likely setting for aggression because it is the location of many frustrating events. In fact, marriage and family, by virtue of their structure and function, can be viewed as inherently frustrating for its members.

In light of what Jackson (1954, 1956, 1959, 1962), Clausen and



Yarrow (1955) and others have revealed about the similarity of interpersonal behaviors in alcoholic marriages to those afflicted by unemployment, depression (economic), mental illness, separation and other negative influences, it might be interesting to compare the frustration and aggression levels among these different crisis relationships as well. Is a marriage afflicted by alcoholism more frustrating and, therefore, potentially more violent than other problem marriages? If so, then which of the three therapeutic models described in this paper or others is most successful at decreasing this violence? If there is a particularly successful model or models, could it be utilized to deal with potential violence in these other troubled marriages?

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

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Masters of Arts.

Date

12-3-81

Director's Signature

