



1991

Self-Esteem in Black Alcoholic Women: A Review of the Literature

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LOYOLA UNIVERSITY OF CHICAGO

SELF-ESTEEM IN BLACK ALCOHOLIC WOMEN:

A REVIEW OF THE LITERATURE

A THESIS SUBMITTED TO
THE FACULTY OF THE DEPARTMENT OF
COUNSELING AND EDUCATIONAL PSYCHOLOGY
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS

BY

KATHLEEN ANN BEST

CHICAGO, ILLINOIS

MAY, 1991

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ACKNOWLEDGEMENTS

The author wishes to thank Dr. Marilyn Susman, Director, and Dr. Manuel Silverman, members of the thesis committee, for their direction and encouragement throughout the thesis.

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CHAPTER I

INTRODUCTION

Prior to the mid 1970s, researchers had neglected studying the female alcoholic, focusing largely on male alcoholics (Beckman, 1975; Blume, 1980; Sandmaier, 1980). Many of the early studies assumed that the etiological factors of alcoholism in women were quite similar to those factors involved in male alcoholism (Blume, 1980; Schuckit & Morrissey, 1976). More recently, researchers have indicated that male and female alcoholics differ in both psychological and physiological characteristics (Beckman 1981; Blume, 1980; Murray, 1989). Gomberg (1976) and Vannicelli (1984) claim that it is important to know and appreciate these differences if women alcoholics are to be helped. Studies on female alcoholic populations have increased in recent years (Blume, 1986). According to Schmidt, Klee, and Ames (1990), the focus on women's drinking is receiving greater attention than ever before and now gender differences are appreciated in the study of alcoholism.

The black female alcoholic, on the other hand, has not warranted the attention that female alcoholism in general has elicited (Foster, 1985; Harper, 1976; Kane, 1981). According to Gomberg (1980) and Youcha (1986), most of the research regarding female alcoholics has been

conducted on white, middle-class females, many of whom were college educated. When the black female alcoholic is included in studies, the focus is often on lower class black women. Subgroups of female alcoholics based on ethnicity, class and other factors are different and need to be given attention (Braiker, 1982; Schmidt et al., 1990). Needless to say, the black woman who is alcoholic is not widely understood.

Purpose of the Present Review

There has been a great deal of research which tries to identify the alcoholic personality. Efforts to do so, however, have not resulted in conclusive evidence (Barnes, 1979; Tyndel, 1974). In fact, analysis shows that alcoholism has different meanings and serves different purposes depending upon the personality structure of the individual (Mogar, Wilson, & Helm, 1970). Alcoholics are indeed a heterogenous group (Beckman, 1978b; MacAndrew, 1987). Yet some general themes concerning the personality of alcoholics do emerge. Generally, female alcoholics suffer from low self-esteem and inadequate self-concepts (Beckman, 1978a, 1980). The research community has yet to identify whether low self-esteem and poor self-concept are the cause or the result of heavy, uncontrolled drinking in females (Beckman, 1978a).

It was previously mentioned that in most cases, white female alcoholics were employed as the subjects in these

studies. It is agreed then, that a white, middle-class female alcoholic suffers from feelings of inadequacy and low self-worth. But are these factors related to the black female alcoholic as well? In other words, to what extent do the psychological themes of the general population of female alcoholics apply to this subgroup?

Before black women are studied sufficiently as a separate entity, it may be helpful to extract the ways they are similar to and different from male and female alcoholics in general. By comparing black alcoholic women to white alcoholic women and black alcoholic men, this thesis hopes to address the factors, particularly self-esteem, which may be involved in black female alcoholism.

Definition of Terms

Alcoholism

There is an increasing recognition that the present concepts of alcoholism are inadequate and perhaps misleading (Jacobsen, 1976; Shaffer & Burglass, 1981). But Anthenelli and Schuckit (1990-1991) and McGuire (1980) state that no clear definition of alcoholism exists. There may be no single definition of alcoholism that will ever be necessary and sufficient (Vaillant, 1982). Nevertheless, some working definition must be given to frame the analysis of self-esteem among black female alcoholics.

Jellinek (1960) has termed alcoholism to be "any use of alcoholic beverage that causes any damage to the

individual or society or both" (p. 35). The American Psychological Association (1980) is more specific in its definition. It gives five requisites for the diagnosis of alcoholism: (a) a pathological pattern of drinking, (b) a duration of disturbance for 30 days or more, (c) social or occupational malfunctioning, (d) a tolerance to the physiological effects of alcohol, and (e) the presence of withdrawal symptoms after cessation of drinking alcohol. Although far from perfect, this definition is current and specific. Therefore, it is the one that this study will employ.

Self-Esteem

Like the concept of alcoholism, there exists no comprehensive working definition of self-esteem (Callahan & Kidd, 1986; O'Brien, 1985). Generally, however, self-esteem refers to feelings of worthiness or satisfaction with oneself. Coopersmith (1967) offers the following definition: Self-esteem is...

the evaluation which the individual makes and customarily maintains with regard to himself. It expresses approval or disapproval and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. (p. 12)

Self-esteem is often confused with a related term, self-concept (Baumgardner, 1990). Beane and Lipka (1980) and Sanford and Donovan (1984) explain that self-concept refers

to the descriptive perception one holds about oneself. Self-esteem, on the other hand, is the value one places on these perceptions, the extent to which we like or approve of our self-concepts.

Significance of the Review

This thesis examines black female alcoholics. Its purpose is to investigate the issue of self-esteem in relation to alcoholism among this population. It is hoped that this review will lend value both to researchers and practitioners. First, the conclusions drawn from this work add to the paucity of research concerning black female alcoholics and their self-esteem. This thesis is also an encouragement for researchers to focus on specific populations and subgroups in examining the etiology of alcoholism.

It has been noted that researchers previously believed female alcoholics were quite similar to male alcoholics. Today, however, the research community understands the uniqueness of the female alcoholic as compared to the male alcoholic as well as the heterogeneity among women alcoholics themselves. Thus it follows that subgroups of women with regard to age, socioeconomic status, education, race, ethnicity, culture, marital status, etc. must also be quite unique. It is this researcher's hope that future studies will consider these variables, their impact on self-esteem, and their subsequent impact on women's

drinking practices.

Second, this thesis is also aimed at aiding counselors working with black female alcoholics. Practitioners must be able to identify and focus on the issues which are enmeshed in both black alcoholism and female alcoholism. As a result, it is hoped that the counselor will be better able to concentrate on the client's significant issues helping her to gain insight and abstinence.

Methodology

The aim of this thesis is to investigate self-esteem as it relates to black female alcoholics. In order to achieve this goal, a literature review was conducted. Empirical research, clinical observations, literary reviews, and other writings on the subjects of alcoholism, self-esteem, and alcoholism and self-esteem in relation to male alcoholics, female alcoholics, and black female alcoholics were reviewed. It is hoped that by comparing that which is known about white male and white female self-esteem and alcoholism to the black woman alcoholic, her self-esteem would be further understood.

Procedure

Initially, research articles and books for the dates including January 1983 to June 1990 were located through a computer generated search known as Silverplatter. Once these

articles were reviewed, their reference sections were scanned. Pertinent studies were chosen and gathered through the library system. This procedure continued with no effort to stop the search at any particular publication date. Rather, as much literature was gathered in order to obtain a clear understanding of all the target areas. Finally, a hand search was conducted among 33 journals which reappeared frequently in the reference sections of the literature. This search included solely articles from the past decade, 1980-1990 inclusive, in an effort to provide the most recent and updated information on the areas of interest.

Limitations of the Review

The most blatant limitation of this thesis is that it does not utilize an actual population in an effort to understand the relationship between black women's self-esteem and alcoholism. It relies merely on the work of those who have conducted primary research or literary reviews and reported the results of their efforts.

The second limitation is that a great deal of research does not exist on the black female drinker. What is generally available is descriptive and statistical information on this population rather than empirical studies examining etiological factors. As a result, that which is known about alcoholism and self-esteem in white males and white females is used to compare with black alcoholic women. Therefore, the conclusions drawn may appear general or

diluted. In researching a relatively unknown subject, however, it is often necessary to take such leaps before understanding the intricacies of the subject being studied.

A third limitation involves causality. Blume (1986) states that there is great uncertainty about the psychological factors which predispose a person to alcoholism and those which are a result of alcoholism. This study makes no claims as to whether self-esteem is a determinant of black female alcoholism or whether a change in self-esteem follows as a result of this condition in black females. Consequently, the conclusions drawn in this study may not apply to all black female alcoholics.

Just as there exist subgroups of female alcoholics, there exist subgroups of black female alcoholics. Gaines (1976) states that black women derive from a variety of different economic and educational backgrounds and there is no single type of black woman. Thus, the applicability of these findings to other situations is left to the judgement of the professionals working with their particular populations.

Organization of the Review

Chapter I has focused on a general overview of the subject and described the purpose and significance of the thesis. Included in this chapter is a list of the definition of terms used in this work. Methodology and limitations of the present work were also addressed.

The remainder of this thesis is organized in the following manner: Chapter II discusses a review of (a) research and theories concerning alcoholism, (b) research and theories concerning self-esteem, and (c) research and theories regarding self-esteem in connection with alcohol. Alcoholism and self-esteem are specifically related to women in Chapter III. The chapter concludes by examining self-esteem as a factor in female alcoholism. Chapter IV discusses black women and alcoholism as well as self-esteem in black women. These two topics are brought together in the last section of the chapter which explores black women's self-esteem in relation to alcoholism. The final chapter summarizes the literature, draws conclusions, and offers implications for treatment and recommendations for further research.

CHAPTER II

ALCOHOLISM AND SELF-ESTEEM

This chapter focuses on the concepts and theories of alcoholism, self-esteem, and alcohol in relation to self-esteem. The majority of previous alcohol studies solely employed white male subjects (Beckman, 1975; Blume, 1980; Sandmaier, 1980; Schuckit, 1972). Thus what researchers generally know about alcoholism is specific to white males. Thus, caution should be exercised in extending the information regarding alcoholism and alcoholism and self-esteem in this chapter to populations other than white males.

Alcoholism

Theories of Alcoholism

The factors which predispose people to alcoholism are a mystery (Bedi & Halikas, 1985; Blume, 1986). It appears that with every piece of information researchers gather, the subject becomes increasingly complex. Indeed, there is a great deal yet to be discovered about alcoholism (Fingarette, 1988-1989).

Some researchers suggest that a unidimensional theory of alcoholism is inadequate (Beckman, 1976; Harrison &

Belille, 1987; Martin & Casswell, 1988; Vaglum & Vaglum, 1987) and no one single factor can be attributed to the cause of alcoholism (Gomberg, 1977; Gomberg & Lisansky, 1984; Lester, 1988-1989). Similarly, Pattison, Sobell, and Sobell (1977) believe that alcoholism is not a single entity but a collection of various symptoms and behaviors that together comprise different types of syndromes. Some have concluded that the etiology of alcoholism involves a complex equation of psychological, cultural, and physiological factors (Braiker, 1982; Searles, 1988).

Studies have failed to distinguish the factors leading to alcoholism from the factors resulting from alcoholism (Blume, 1986). In addition, no one typical alcoholic personality exists (Barnes, 1980; MacAndrew, 1987; Mogar et al., 1970; Pattison et al., 1977; Tyndel, 1974). Rather, alcoholics are a heterogeneous group (Braiker, 1984). This section will concentrate on genetic and psychological theories that have been developed in an attempt to understand alcoholism.

Genetic Theories. One popular conception of alcoholism is that it is a disease which is genetically transmitted (Fillmore, 1987-1988). According to McCord (1988), the last two decades have accumulated evidence pointing to a genetic component in the development of alcoholism. Recently, studies have provided evidence of one form of inherited alcoholism in men (Buydens-Branchey,

Branchey, & Noumair, 1989; Cloninger, Bohman, & Sigvardson, 1981; Goodwin, 1976, 1979; Tarter, Alterman, & Edwards, 1985). Other researchers (Milan & Ketcham, 1983; Pearson & Shaw, 1983) have argued in favor of a biological conception of alcoholism as well.

Jellinek (1960) claims that alcoholism is a progressive and irreversible disease which may take several years to develop after first intoxication. This idea rests on the notion that alcoholics display a loss of control over their alcohol intake. Alcoholics exhibit the characteristics of a true physical addiction and will never be able to exercise control over their drinking once it is initiated (Jellinek, 1960).

A more recent formulation of the disease concept was put forth by Babor, Hesselbrock, Radouco-Thomas, Feguer, Ferrant, and Choquette (1986). They claim that alcoholism is based on a

...biological origin of a compulsion to use alcohol, strong cravings for alcohol while not drinking, cravings triggered by initial consumption, inability to control consumption once it begins, a progressive series of symptoms of deterioration, increasing alcohol centeredness, abstinence as the singular means of controlling the problem and, even with cessation of drinking, the alcoholic remains an alcoholic. (p. 99)

The genetic model is not without its critics. Some assert that this model oversimplifies the concept of alcoholism which is extremely complex and plagued with many uncertainties (Marlatt, 1978; McGuire, 1980; Peele, 1986). And in reviews of studies of genetic involvement in alcoholism, Murray, Clifford, and Gurling (1983) and Swinson (1983) assert that there is only weak evidence of genetic contribution in the etiology of alcoholism. But, despite the challenges to the disease model of alcoholism, it remains a popular notion in the United States (Roman, 1987-1988).

Psychological Theories. There are several theories emphasizing the psychological factors which lead to alcoholism. This section will focus on three which appear most frequently in the literature: (a) tension reduction theory, (b) dependency theory, and (c) power theory.

These theories are based on the notion that people expect alcohol to change them in some way (Critchlow, 1986). Alcoholics may drink in accordance with expectations about the positive effects that alcohol will induce (Bauman & Bryan, 1980; Bauman, Fisher, Bryan, & Chenoweth, 1985; Brown, Goldman, Inn, & Anderson, 1980; Connors, O'Farrell, Cutter, & Logan, 1987; Goldman, Brown, & Christianson, 1987). Marlatt and Rohsenow (1982) found that merely the belief that the alcoholic has consumed alcohol results in a loss of control and changes in anxiety and aggression. Escape drinkers may be getting more positive reinforcement

than non-escape drinkers because they expect more positive effects (Cahalan and Cisin, 1969; Sher & Levenson, 1982). These positive expectations offset the anticipation of any negative consequences in heavy drinkers (Rohsenow, 1983). That heavy drinkers report more pleasurable expectations related to drinking than light drinkers has been recorded by others (Collins, Lapp, Emmons, & Isaac, 1990; Brown et al., 1980; Leigh, 1987; Southwick, Steele, Marlatt, & Lindell, 1981).

1. Tension Reduction Theory. The tension reduction theory postulates that alcoholics try to reduce tension by blurring the thoughts which create tension through alcohol intake (Caddy, 1978; Conger, 1956; Hull, Jouriles, & Young, 1986). Kanas (1984) states that alcoholics lead stressful lives and they may show greater levels of anxiety and tension than nonalcoholics. These feelings may contribute to or result from heavy alcohol intake.

Self-reports by alcoholics claim the use of alcohol to relax, feel comfortable, and escape from everyday problems (Cahalan et al., 1969; Deardorff et al., 1975; Edwards, Hensman, & Peto, 1973). Empirical research for the tension reduction theory, however, is plagued with methodological problems and contradictory findings (Cappell, 1974; Cappell & Herman, 1972; Stockwell, Hodgson, & Rankin, 1982). Rohsenow (1982) purports that inconsistent results are due to the use of different definitions of anxiety. Some

researchers report that alcohol increases anxieties (Ewing & McCarty, 1983; Sutker, Allain, Brantley, & Randall, 1982). Others observed alcoholics while drinking to be depressed, anxious, and nervous (Nathan, Titler, Lowenstein, Solomon, & Rossi, 1970; Nathan & O'Brien, 1971; Partington, 1970). And some research results report a decrease in tensions as a result of alcohol consumption (Levenson, Sher, Grossman, Newman, & Newlin, 1980; Lipscomb, Nathan, Wilson, & Abrams, 1980). Mixed results have also been recorded. For example, Parades and Hopper (1984) report that as drinking increased, subjects became more depressed but less anxious and tense.

Some propose that alcohol indirectly reduces stress by impairing perceptions and cognitions (Steele, Southwick, & Pagano, 1986) or by providing a distraction so that the alcoholic does not realize feelings of anxiety (Banaji & Steele, 1989). Some research has found that alcohol consumption reduces self-awareness which may be painful (Hull, 1981; Hull et al., 1986). Mann, Sher, and Chassin (1987) found that expectations of tension reduction are associated with high risk drinking. Any relief produced by alcohol intoxication is a sufficient condition to encourage the drinker to keep drinking (Hull, 1981). And the more one drinks, the more likely the drinking is conducted for escape reasons (Deardorff, Megles, Hoyt, & Savage, 1975; Rankin, Stockwell, & Hodson, 1982). But other research efforts have found that alcohol does not reduce self-awareness

(Frankenstein & Wilson, 1985).

2. Dependency Theory. A second frequently cited theory focuses on the dependency needs of the alcoholic. This theory holds that drunkenness is related to unfilled dependency needs in infancy and childhood (Jones, 1968; Lisansky, 1972). Blum (1966) claims that alcoholism in men is associated with unnecessary dependency linked to developmental failures. The relationships of alcoholics are generally frustrating and disappointing, thus establishing a basis for their present dependency on alcohol (Blum, 1966). In an examination of alcoholics as boys, McCord and McCord (1960) found these subjects felt anxious, suffered conflict, and unconsciously desired dependent relationships. Externally, however, they displayed tough, self-reliant facades. Drinking to intoxicating levels allowed them to feel warm and comfortable without bringing these internal feelings to consciousness (McCord & McCord, 1960).

While Blane (1968) agrees that dependency needs are fundamental, he claims the crucial factor is the way in which the alcoholic solves the conflict over dependent wishes. McClelland (1972) claims that neither clinical experience nor research studies have supported the conclusions that alcoholics feel warmth and dependency while drinking. Others have discovered evidence which discounts this theory. In a longitudinal study, Vaillant (1983) found no dependency needs in adolescents who later became

alcoholics. Rather, they were self-confident and mentally healthy. And some researchers have found that excessive alcohol intake is a cause rather than a result of passive-dependent traits (Bean, 1981; Mack, 1981; Vaillant, 1981).

3. Power Theory. McClelland (1972) has formulated the power theory which claims men drink to increase their power fantasies. Alcoholics feel stronger, experience enhanced aggression, and feel more self-confident while drinking (Gustafson, 1986; McClelland, Davis, Kalin, & Wanner, 1972). In examining male alcoholics as boys, McClelland (1972) found that boys who were more active, aggressive, and assertive were more likely to become alcoholics in adulthood than those boys who did not exhibit these characteristics. But these results may be due to positive expectations of power enhancement. Brown et al. (1980) found that men expected to feel more power and aggression after drinking alcohol.

Self-Esteem

The Concept of Self-Esteem

It can be recalled that the self-concept or self-image is a belief set people hold to be true about themselves including all thoughts and emotions related to the self (Rosenberg, 1981). Self-esteem is one component of the self-concept (Greenwald, Belleza, & Banaji, 1988). It is the extent we approve of our self-concept, the extent we

reward ourselves for our actions (Coopersmith, 1967). This includes the need for self-acceptance, self-respect, self-confidence, self-trust, self-reliance, and self-worth (Simmernacher, 1980).

Researchers have claimed that an evaluation reflects the perception of one's real self-image in relation to one's ideal self-image (Sanford & Donovan, 1984). If there exists a large discrepancy between the real and ideal self, low self-esteem results. Conversely, close approximations between the real and ideal self-image result in higher self-esteem. In essence, then, self-esteem is merely the positive or negative attitude toward the self which is gathered through a variety of perceptions (Rosenberg, 1979). Few people are aware of these attitudes as they remain unconscious (Barksdale, 1972).

Fleming and Watts (1980) have found that self-esteem is a multidimensional construct. Generally, however, there are two forms of self-esteem. Specific self-esteem refers to self-evaluation that varies according to specific situations (Coopersmith, 1967; Rosenberg, 1979; Tesser & Campbell, 1983). People have different conceptions of the self and these conceptions may be evaluated differently over time (Gergen, 1971). Sanford and Donovan (1984) state that we may approve of certain parts of ourselves and disapprove of others. It is the valuative weight applied to the concepts of self which is the key to self-esteem (Gergen, 1971).

yet while specific aspects of self-esteem do vary, there exists a more global self-esteem that endures over a period of several years (Coopersmith, 1967; Sullivan & Guglielmo, 1985). This global self-esteem refers to an overall self-evaluation of many domains of the self (Epstein, 1980). It is this enduring form of self-esteem which is discussed in the following sections because it is this form which appears linked to alcoholism (Sullivan & Guglielmo, 1985).

Low Self-Esteem

Self-esteem is significantly related to depression (Battle, 1978; Brown & Harris, 1978; Yanish & Battle, 1985). Battle (1980) defines depression as a mood disturbance resulting in feelings of helplessness and worthlessness. Rosenberg (1979) found that boys with low self-esteem felt alone, unlovable, unable to defend themselves and too weak to change their situations. They focused on their inner problems which lead to depression and discouragement.

Billings and Moos (1982) hypothesize that low self-esteem indirectly influences depression. Because high self-esteem reduces stress, those with low self-esteem are not able to control stress in their environment resulting in feelings of helplessness and inadequacy (Griffith, 1986). Fleming and Watts (1980) confirm previous findings (Coopersmith, 1967; Rosenberg, 1979) that self-esteem is negatively correlated with anxiety. When under stress,

individuals with low self-esteem report more depression, anxiety, and anger (Makosky, 1982; Pearlin & Schooler, 1978; Zuckerman, 1989).

Those with low self-esteem are often concerned with self-protection (Baumeister, Tice, & Hutton, 1989). In order to maintain or protect self-esteem, individuals may engage in self-handicapping strategies (Jones & Berglas, 1978). Certain behaviors are used as excuses for failure so that individuals can attribute failure to external sources rather than the self. These devices not only protect self-esteem, but if successful, individuals can claim they surpassed these handicaps thus enhancing self-esteem (Bordini, Tucker, Vuchinich, & Rudd, 1986). Researchers, however, have found that those individuals with high self-esteem are more likely to use these devices than people with low self-esteem (Baumeister et al., 1989; Tice & Baumeister, 1990).

Determinants of Self-Esteem

Self-esteem is a learned phenomena which takes place in relationships with others (McCall & Simmons, 1978; Rosenberg, 1979; Sullivan & Guglielmo, 1985). In evaluating ourselves, we look to others to compare our perceptions of self to our perceptions of other's selves. We compare ourselves to similar others in a process of social comparison to evaluate our thoughts and actions (Festinger, 1954). We come to see ourselves as we think others see us (Rosenberg, 1981). But over time, we form internalized

standards of comparison. That is, through early socialization, education and training, we are taught certain standards which help us determine good from bad. We learn how others have treated us and what they have told us about ourselves (Sanford & Donovan, 1984). The more intense this learning, the less people are to compare themselves to others in a given situation. The selectivity to whom or to what we compare ourselves is an important aspect in maintaining self-esteem (Rosenberg, 1979).

Since a great deal of learning is conducted in one's early years, it would follow that self-esteem has its roots in early childhood (Barksdale, 1972; Sanford & Donovan, 1984). There seems to be a connection between 6 factors and the development of self-esteem in children. These include (a) parental love and acceptance, (b) competence, (c) sense of separateness, (d) realistic perceptions, (e) value judgements, and (f) role models.

The way parents raise their children is important to the child's self-concept development (Burns, 1979; Coopersmith, 1969). Parents verbally and nonverbally convey to children that they are important and loved unconditionally (Sanford & Donovan, 1984). If these conditions are met, children learn that they are valued for themselves and not for their actions (Coopersmith, 1967; Sanford & Donovan, 1984).

Empirical evidence supports the importance of

parental support in self-esteem development. Adolescents with high self-esteem often report greater family support than those adolescents with low self-esteem (Gecas & Schwalbe, 1986; Hoelter & Harper, 1987). Coopersmith (1969) reports that parents who were concerned and available to their sons raised boys with high self-esteem. Coopersmith (1967) also found that children with high self-esteem had closer relationships with their mothers than those children with lower self-esteem. Girls' self-esteem is affected more by parental support than the self-esteem of boys (Felson & Zielinski, 1989; Openshaw, Thomas, & Rollins, 1984). But lack of parental love and support may not necessarily cause low self-esteem. Rather, children with low self-esteem may act in defensive ways which prompt negative reactions from parents (Felson & Zielinski, 1989). This will further lower the child's self-esteem.

Competence is also a determinant of self-esteem. That is, children with high self-esteem learn that they can make changes in their world and that their behavior has impact on others (Sanford & Donovan, 1984). The history of one's successes adds to the perception of one's importance in the world. Rosenberg (1979) asserts that we not only judge ourselves in comparison with other people, but also according to individual standards we set for ourselves. In testing a sample of boys, Coopersmith (1969) discovered that boys with high self-esteem showed little anxiety, trusted

their judgements, and put confidence in their ability to attain success.

A third determinant of self-esteem development is a balance between separation and attachment to others. In order to have high self-esteem, children need to form an individual identity as well as an identity as a part of a larger community. As children, we need to feel significant and important in our own right (Sanford & Donovan, 1984).

The ability to view ourselves and others in a realistic manner is another factor in self-esteem. (Burns, 1979; Rosenberg, 1979). Being able to defend one's self-esteem rather than distort or suppress devaluations strengthens the self-esteem. Other factors impacting self-esteem are irrelevant if children are not able to perceive themselves and their world realistically. There needs to be a balance between seeing strengths and weaknesses within ourselves (Sanford & Donovan, 1984).

Fifth, children need to develop ideas of what is acceptable and unacceptable, good and bad, right and wrong if high self-esteem is to develop (Burns, 1979; Rosenberg, 1979). People have a tendency to shape their lives around their goals. Aspirations become a part of how we define ourselves. Holding strong values gives people confidence which leads to high self-esteem.

Lastly, self-esteem is developed by observing respected others (Gergen, 1971). It is likely that if a

parent displayed low self-esteem, the child would likewise suffer from low self-evaluations. The person chosen as the role model first depends on the availability of that person (Gergen, 1971). It also depends on the figure who provides warmth and love to the child. A third factor in choosing role models is the person who exercised the greatest power over the child. This is the person that the child continually tried to please as severe consequences for disobedience were expected (Gergen, 1971).

Alcoholism and Self-Esteem

This section reviews two types of studies regarding the relationship between self-esteem and alcoholism. One type compares levels of self-esteem in alcoholics to nonalcoholics. The second type of study reports levels of self-esteem before intoxication and during intoxication.

Alcoholics and Nonalcoholics

Self-esteem has been linked to alcohol use behaviors (Konovsky & Wilsnack, 1982). Sullivan and Guglielmo (1985) hypothesize that lower levels of global self-esteem lead to addictive behaviors. Constant feelings of low self-esteem become so unbearable that intoxication is a welcome relief from this pain. Losing control over alcoholic drinking results in perceptions of helplessness and weakness thus lowering self-esteem (Mack, 1981). Wiseman (1981) believes that alcoholics experience feelings of low self-esteem even

when they are sober.

Clinical observations and empirical studies confirm an inadequate self-concept, poor self-image, and a large discrepancy between one's real and ideal self in alcoholics as compared to nonalcoholics (Carroll, Klein, & Santo, 1978; Carroll, Malloy, Roscioli, Pindjak, & Clifford, 1982; Fitts, Arney, & Patton, 1973; Gross & Adler, 1970). Others report lower levels of self-esteem in alcoholics compared to nonalcoholics (Berg, 1971; Gross, 1971; Gross & Adler, 1970; Hoffman, 1970; McClelland et al., 1972). With a sample of alcoholic and nonalcoholic males and females, Yakichuck (1978) also found feelings of inadequacy and personal worth to be lower in both male and female alcoholics over nonalcoholics.

Likewise, Charalampous et al. (1976) found significantly lower self-esteem in alcoholics seeking treatment. Yet they caution that these results and others only used subjects seeking treatment. Typically, help-seekers maintain lower self-esteem than those who reject help (Charalampous et al., 1976). And according to Konovsky and Wilsnack (1982), many studies do not conclude whether lower levels of self-esteem occurred before, during, or after problems with alcohol began.

Before and During Intoxication

The second type of study conducted on alcoholism and self-esteem involves an examination of self before and

during intoxication. Gross (1971) observed that while intoxicated, a group of 60 alcoholic patients in treatment adopted a healthier and more positive self-view than while sober. Likewise, other studies report alcoholics displayed enhanced self-concept while intoxicated (Berg, 1971). Empirical data show similar results (McAndrew & Garfinkel, 1962; McGuire, Stein, & Mendelson, 1966). Tamerin and Mendelson (1969) also found four alcoholics while intoxicated to be more open, assertive, and affectionate than when sober.

Vanderpool (1969) discovered that changes in the self-concept do occur while alcoholics are drinking but the self-concept does not improve. Rather, alcoholics dwell on their inadequate sober self-concept producing feelings of low self-esteem. While drinking serves as an escape from everyday tensions and the alcoholic may appear outwardly more amiable when drinking, the alcoholic inwardly feels inadequate (Vanderpool, 1969). Similarly, Orford and Keddie (1985) report that in a study of males and females, overall self-esteem dropped in both sexes after excessive drinking. The conclusion that alcoholics feel depressed to a greater extent when intoxicated than while sober has also been recorded (McNamee, Mello, & Mendelson, 1968; Nathan et al., 1970).

Reed (1985) reports that drinking to improve self-esteem may be either a result or a cause of excessive

drinking. But Sessions (1967) holds that a low self-worth underlies an alcoholic's drinking behaviors. Konovsky and Wilsnack (1982) suggest that since alcoholics believe drinking will bring positive results, low self-esteem will prompt alcoholics to keep drinking which then may lower self-esteem. Thus, the problem may become circular.

Summary

Research has not allowed for a great deal of conclusions concerning the concepts and determinants of alcoholism. It is generally agreed that the alcoholic personality does not exist but alcoholics are a heterogeneous group. The determinants of alcoholism are probably due to a complex equation of biological, psychological, and sociocultural factors. This equation, remains a mystery. Psychological theories concerning the etiology of alcoholism include power needs, dependency needs, and tension reduction. The most popular conception is that alcoholism is a disease. To date, the research community remains uncertain whether this theory is valid or not.

Self-esteem is also a complex concept with no one determinant. The evaluation of the way we view ourselves appears to take shape in early childhood based on certain cues parents relay to us and we learn through socialization. Unconditional love, values, successes, responding to devaluations, boundaries, and role models are some key

factors in the formation of self-esteem.

People possess both an enduring and a situational self-esteem. Reports claim that it is the unchanging self-evaluation that is related to alcoholism. Alcoholics appear to experience lower self-esteem than nonalcoholics. Future studies need to further factor out intervening variables to be sure of this finding.

Data on changes in the alcoholic's self-esteem while intoxicated are inconclusive. Perhaps the alcoholic has a poor self-concept while sober and drinks to escape inadequate feelings. While overtly appearing jovial during an intoxicated state, covertly the alcoholic's drinking perpetuates an already poor self-concept.

Chapter II has reviewed the concepts and theories of alcoholism and self-esteem. It also has examined the relationships between self-esteem and alcoholism. As the majority of research on alcoholism uses white male subjects exclusively, what we know about alcoholism pertains to white male alcoholics and not necessarily other populations. Chapter III will explore the concepts and theories of alcoholism and self-esteem as they pertain to white females. It will then focus on the relation of self-esteem to alcoholism among white women.

CHAPTER III

ALCOHOLIC WOMEN AND SELF-ESTEEM

Like male alcoholics, female alcoholics are a heterogeneous group (Gomberg, 1977). Women differ not only in demographic characteristics but also in psychological, physiological, and cultural factors which may influence their alcoholism (Beckman, 1976, 1978b; Braiker, 1982; Gomberg, 1976; Schmidt et al., 1990). This chapter reviews how women may be unique in their alcohol problems. The first section will focus on the drinking patterns, family backgrounds, factors related to alcoholism, and theories of alcoholism in women. The following section pertains to self-esteem in females and the final section examines the self-esteem of alcoholic females.

As previously mentioned, much of the research literature regarding female alcoholics has used samples of white, middle-class women aged 30-50 (Gomberg, 1980). Beckman (1976) warns that these studies may not be well designed and may be using inadequate, biased, or unspecified sampling procedures or providing inadequate control groups. Thus caution should be taken in generalizing the results of the studies cited in this chapter to any other group besides white, middle-class, middle-aged females.

Alcoholism In Women

As was previously stated, a great deal of alcoholism research has been conducted with male subjects, either not including females or including them disproportionately with men. Thus what is known about female alcoholism is vague and less conclusive than alcoholism in men (Blume, 1980; Hesselbrock, Hesselbrock, & Workman-Daniels, 1981; Martin & Casswell, 1988; Mendelson & Mello, 1979; Piazza, Vrbka, & Yeager, 1989; Vaillant, 1983; Vanicelli, 1984; Wolin, 1980).

It is important to understand alcoholism in women as compared to men because alcoholism is clinically different in these two groups (Braiker, 1982; Wanberg & Horn, 1970, 1973). Females differ from males in psychological and physiological responses to alcohol intake (Blume, 1986; Beckman, 1981, 1978b). Schnur and MacDonald (1988) suggest that women do not drink for the same reasons as men. Fillmore (1984) asserts that women are less likely to be excessive drinkers and experience fewer problems related to their drinking than men.

Others have claimed that men and women alcoholics are not so different. Swain-Holcomb and Thorne (1984) found that male and female alcoholics share many of the same personality factors typically exhibited with alcoholism. Others claim that once far enough progressed, individual differences blur and the alcoholic syndrome is similar for men and women (Braiker, 1984; Eshbough, Tosi, & Hoyt, 1980;

Knupfer; 1982; Westermeyer, 1984). But according to Gomberg (1977), cultural expectations may cause differences in perceptions of the problem. Thus regardless of whether alcoholism is biologically or psychologically similar for males and females, women experience different consequences for their drinking (Gomberg, 1977).

Drinking Patterns

The results of recent studies indicate that more women are drinking than in the past (Blume, 1986; Heltzer, 1987; Hilton, 1988; Hilton & Clark, 1987; Homiller, 1980). But the increase in female drinkers may reflect more openness among females in reporting their drinking and seeking treatment rather than an increase in the actual number of drinking women (Braiker, 1984; Lester, 1982; Youcha, 1986). Specifically, it is middle-aged women (age 35-64) who are drinking more heavily than any other age group (Murray, 1989; Wilsnack, Wilsnack, & Klassen, 1984-1985). In fact, as women age, the amount of alcohol they consume increases (Harper, 1983). In addition, women aged 40-60 are more likely to have increased problems resulting from their alcoholism than women of any other age (Beckman, 1978b; Saunders, 1980; Wilsnack et al., 1984-1985). An increase in alcohol related problems in females has also been reported (Adelstein & White, 1976; Donnan & Haskey, 1977). But several researchers claim there is no evidence to support the notion of an increase in heavy drinking or in

related problems among the female population (Fillmore, 1984; Wilsnack, Wilsnack, & Klassen, 1984).

Alcoholic women tend to be less visible than alcoholic men (Farid, Elsherbin, Ogden, Lucas, & Williams, 1989). One reason is that women are more solitary drinkers than men (Beckman, 1975; Bromet & Moos, 1976; Gomberg, 1977; Gomberg & Schilit, 1985; Hollstedt & Dahlgren, 1987; Smart, 1979). Drinking among women is conducted in the home rather than in public places and frequently alone or with significant others (Beckman, 1975; Gomberg, 1981; Gomberg & Lisansky, 1984; Hollstedt & Dahlgren, 1987; Kagle, 1987; Sclare, 1970). Women tend to hide their drinking problems more than men (Sandmaier, 1980). But Harrison and Belille (1987) suggest that this drinking pattern may have been more prevalent when more women were housewives rather than career women or dual career women.

Women typically experience the onset of alcoholism later in life than males (Beckman, 1975; Blume, 1986; Carrigan, 1978; Harper, 1983; Hoffman & Estes, 1986; Homiller, 1980; Jacobsen, 1986; Parrela & Fillstead, 1988). Women also experience telescoping of the alcoholic process (Hoffman & Estes, 1986; Homiller, 1980; Sclare, 1970). That is, a shorter interval exists between early problem drinking and later stages of alcoholism (Beckman, 1976; Curlee, 1970; Dahlgren, 1975, 1978; Lindbeck, 1972; Jellinek, 1952; Plant, 1980). Thus dependency occurs sooner for women

than for men. Piazza et al. (1989) hypothesize that fewer years of heavy alcoholic drinking may mean that women have a better prognosis than men due to fewer years of alcohol addiction. But Schuckit and Morrissey (1976) warn that telescoping is usually seen in upper socioeconomic females and may not be true for alcoholic women in general.

Alcoholism in women usually develops as a result of a particular stressful life event (Beckman, 1975; Braiker, 1984; Bromet & Moos, 1976; Thomson & Wilsnack, 1984). Holubowycz (1983) specifies that it is the uncontrollable events which prompt heavy drinking in females. Stressors faced by middle-aged women may put them at increased risk to develop alcoholism (Allan and Cooke, 1986). Ferrence (1984) found that divorced and separated women are at an increased risk for alcoholism. Curlee (1969) studied the identity crisis of middle-aged women whose children have left home (empty nest syndrome). He found that women began excessive drinking due to changes in their roles as wives and mothers. These changes induced feelings of loss, emptiness, and helplessness (Curlee, 1969; Sandmaier, 1980). Similarly, Lundy (1987) found loss or alteration of a role is involved in female alcoholism.

There appears to be a more direct connection between stress and onset of alcoholism in women than men (Beckman, 1975; Curlee, 1968, 1969; Wanberg and Horn, 1970). Zuckerman (1989) discovered that women tend to experience more

depression and anxiety than males in reaction to stress factors. But Gorman and Peters (1990) suggest that research in this area has suffered from methodological difficulties. Their study concluded that both men and women alcoholics reported traumatic life events occurring within one year of alcoholism onset (Gorman & Peters, 1990).

Allan and Cooke (1985) claim that, while widely cited, there is little recent empirical data to support the stressful life events concept. Others have found that a stressful life event does not lead to female alcoholism (Cooke and Allan, 1984; Morrissey & Schuckit, 1978). And it may be that an accumulation of stressful life events rather than one specific event can lead to excessive drinking (Knupfer, 1982).

Family Background

The early life experiences of the alcoholic female are reported as more disruptive than those of male alcoholics (Beckman, Day, Bardsley, & Seeman, 1980; Carrigan, 1978; Gomberg, 1980; Rathod & Thomson, 1971; Smart, 1979). Similarly, when compared to nonalcoholic women, female alcoholics describe childhoods filled more with depression and lack of love (Gomberg, 1989). Corrigan (1980) reports that alcoholic women remember receiving less parental approval than their nonalcoholic sisters recall.

Women alcoholics report higher rates of alcoholism in parents than do male alcoholics (Beckman, 1975; Beckman et

al., 1980; Conley & Prioleau, 1983). And children whose parents were alcoholic are more likely to develop alcoholic problems later in life than children of nonalcoholics (Goodwin, 1985; Goodwin, Schulsinger, Hermansen, Guze, & Winokur, 1973; Vaillant 1983). The increased risk of becoming problem drinkers as adults may be due to an unstable early environment and inadequate parenting (Orford & Velleman, 1990). That is, poor parenting rather than alcoholism in one or more parent may lead to later alcoholism in adulthood. Quite often, children of alcoholics are exposed to disruptive, tense family environments (Gomberg & Lisansky, 1984; Smart, 1979; Stark, 1987; Tarter, McBride, Buonpane, & Schneider, 1977). As a result of a deprived early childhood, alcoholic women harbor feelings of anger and resentment which are unexpressed or expressed inadequately (Gomberg, 1974; Gomberg & Lisansky, 1984). They then turn to alcohol to escape or to express this anger.

The alcoholic woman is likely to repeat the patterns she experienced in her family of origin. She is more likely to have an alcoholic spouse or mate than alcoholic men (Bromet & Moos, 1976; Carrigan, 1978; Gomberg, 1976; Mulford, 1977; Penick, Powell, Bingham, & Liskow, 1987; Rathod & Thomson, 1971; Sclare, 1970). And in connection with their drinking, alcoholic women are more likely to experience family and marital problems than their male counterparts (Ames, 1978, 1985; Blume, 1986; Bourne & Light,

1979; Estep, 1986; Gomberg, 1986; Knupfer, 1982; Perodeau, 1984). Belfer and Shader (1971) and Haver (1986) claim an inadequate model of parenting exhibited to the alcoholic female by her parents may result in raising her children inadequately. She may feel guilty over estrangement from her children and failure as a mother thus prompting further drinking (Dahlgren, 1975).

Psychological Theories and Factors

There continues to be great uncertainty concerning the psychological factors which predispose a woman to alcoholism (Blume, 1986). No one factor can explain or predict female alcoholism (Mendelson & Mello, 1979) and evidence points to a multifactorial etiology of female alcoholism (Shaw, 1980). It is difficult to find common personality factors because women alcoholics are a heterogeneous group (Beckman, 1976, 1978b; Braiker, 1982; Gomberg, 1976; Schmidt et al., 1990; Schuckit & Morrissey, 1976). Conely and Prioleau (1983) conclude that there is no single personality type of female alcoholic.

This section discusses theories of alcoholism in women. It also reveals factors linked to female alcoholism including social stigma, depression, and mental health. Self-esteem as a factor involved in female alcoholism will be discussed in a later section of this chapter.

Tension Reduction Theory. The previous chapter described the tension reduction theory as a possible

explanation for alcoholic drinking among males. Likewise, female alcoholics report they drink to relax, forget worries, or escape from feelings of tension or nervousness (Martin & Casswell, 1988; Wilsnack, 1973). Beckman and Bardsley (1981) found that escape drinking was the most popular reason for women alcoholics to drink. When compared to male alcoholics, women alcoholics show more anxiety (Barnes, 1980). Beckman (1978a) found that women alcoholics experience unpleasant feelings and feelings of inadequacy stronger than men and thus are more likely to drink to escape. Corrigan (1980) hypothesizes that women alcoholics are more anxious about their excessive drinking than men thus prompting women to drink more to relieve these feelings.

There is some suggestion that men and women have different expectations regarding the effects of alcohol (George & McAfee, 1987). Specifically, Beckman (1980) found that women alcoholics as compared to their male counterparts, believed that alcohol would relieve anxiety, reduce loneliness, build self-confidence, and increase feelings of power and control. Lex, Mello, Mendelson, and Babor (1989) conclude that whether alcoholic drinking reduces tension or not, female alcoholics report they drink for this reason.

There may also be differences between alcoholic and nonalcoholic drinking among women. Beckman (1980) found that

while nonalcoholic drinking was conducted for social reasons, alcoholic women drank to escape from tension, depression, or feelings of inadequacy. Results of a study using a personality inventory report that alcoholic women scored lower on ability to deal effectively with stress factors than did nonalcoholic women (Krauthamer, 1979).

Dependency Theory. Dependency theory posits that alcoholics drink to fulfill dependency needs that have not been satisfied in other ways (McCord & McCord, 1960). It has been hypothesized that women are able to satisfy their dependency needs in socially acceptable ways unlike men (Schuckit & Morrissey, 1976). For example, the need to be cared for is encouraged in women and discouraged in men. Because these needs are satisfied through socially sanctioned means, women do not need to rely on alcohol for this purpose (Schuckit & Morrissey, 1976). Consequently, researchers claim that the dependency theory does not hold true for women (Beckman, 1975, 1978b; Curlee, 1968). But because the majority of dependency research was conducted on men, whether this theory is applicable to alcoholic women or not is only speculative (Beckman, 1978b).

Power Theory. In Chapter II, an explanation of the power theory was presented. According to this theory, alcoholics drink to feel powerful and fulfill power fantasies not realized in other ways (McClelland, 1972). Gustafson (1988) and Wilsnack (1973) believe that the power

theory does not hold for female alcoholics. That is, they do not drink to feel an increase in personal power. In support of this theory, Durand (1975) and Wilsnack (1974) found that desire for power decreases during female intoxication. Similarly, Scoufis and Walker (1982) discovered that power needs are generally lower in female alcoholics than male alcoholics.

Others have found the opposite results. Beckman (1980) and Beckman and Bardsley (1981) hold that alcoholic women are more likely than alcoholic men to report drinking or wanting to drink when feeling powerless or inadequate. This suggests that they perceive alcohol will increase their feelings of power. When compared to nonalcoholic women and alcoholic men, alcoholic women feel more powerless and inadequate before drinking (Beckman, 1980).

Sex-Role Conflict Theory. Many researchers have proposed that sex-role identity, that is one's sense of self as male or female (Wilsnack, 1976), is involved in the development of female alcoholism. While consciously feeling feminine, unconsciously alcoholic women doubt their adequacy as females (Beckman, 1975; Holubowycz, 1986; Wilsnack, 1973, 1974, 1976). Some researchers have further found that unconsciously, alcoholic women feel more masculine than nonalcoholic women (Parker, 1972; Wilsnack, 1973). Drinking may produce feelings of femininity in women thus lessening the conflict between unconscious and conscious sex-role

identity (Lundy, 1987; Wilsnack, 1974;). Therefore, women may drink to increase traditional femininity feelings.

Although this concept has been proposed frequently, it is generally agreed that identity conflict is not a significant factor in female alcoholism (Beckman, 1978a; Konovsky & Wilsnack, 1982; Kroft & Leichner, 1987; Lundy, 1987; Schuckit & Morrissey, 1976). MacAndrew (1982-1983) did not find that drinking increases feelings of traditional femininity. Even if sex-role issues play a role in female alcoholism, whether they are antecedent or consequent of alcohol problems is not known (Taylor & St. Pierre, 1986).

Social Stigma. It has been noted in the literature that societal attitudes about female intoxication and alcoholism are more negative compared to the perceptions of male alcoholism (Beckman & Amaro, 1986; Braiker, 1982; Gomberg, 1974, 1979, 1981, 1988; Klee & Ames, 1987; Knupfer, 1982; Plant, 1980; Rosenfield, 1982; Taylor & St. Piere, 1986). Women are strongly sanctioned for their intoxication (Marlatt & Rohsenow, 1980). Even alcoholic women may see their own drinking as unacceptable (Kinney & Leaton, 1978; Russo & Sobell, 1981; Stafford & Petway, 1977). And because society does not permit heavy drinking among women, alcoholic women are more likely to drink for escape reasons (Cahalan et al., 1969).

Any negative views of female alcoholics may be due to myths and stereotypes about female intoxication and women's

role in society (Ames, 1978,1985; Lester, 1982). Shame results from the perceptions a women has of herself as a bad wife and mother (Mandel & North, 1982). In interviews with 50 recovering alcoholic women, Sandmaier (1980) reports the subjects were striving to be similar to traditional conceptions of females. Russo and Sobell (1981) confirm that an alcoholic woman's perception of self is incongruent with sex-role stereotypes. The female's role in society will further be explained in the section on self-esteem and females.

Depression. Depression and alcohol abuse are highly correlated (Lippman, Manshadi, Christie, & Gultekin, 1987; Petty & Nasrallah, 1981; Schuckit, 1983) especially among women (Boothroyd, 1981; Corrigan, 1980). Compared to alcoholic men, depression is experienced to a greater extent by alcoholic females (Beckman, 1975; Bromet & Moos, 1976; Haver, 1986; Kroft & Leichner, 1987; Vaglum & Vaglum, 1985). Some have found women alcoholics exhibiting more depression, anger, and hostility than alcoholic men (Eshbough et al., 1980; Hoffman & Welfring, 1972).

When comparing alcoholic women to nonalcoholic women, alcoholics also report increased levels of depression (Jones, 1971). Birnbaum, Taylor, & Parker, (1983) found that with 93 women, drinking even at low levels over a 6 week period increased depression, anger, and confusion when subjects were sober. Using a sample of 66 convicted women

felons, Martin, Cloninger, and Guze (1985) found depressed subjects with alcoholic backgrounds experienced more depression than nonalcoholic felons during a follow-up.

Some researchers have differentiated primary alcoholism from secondary alcoholism (Pitts & Winokur, 1966; Schuckit, Pitts, Reich, & King, 1969). Primary alcoholism evolves without the presence of an affective disorder or other pre-existing psychiatric disorders. Secondary alcoholism, on the other hand, refers to alcoholism that evolves as a response to one's primary affective disorder. That is, some females drink to medicate the symptoms of affective disorders (Nunes, Quitkin, & Berman, 1988). Sclare (1970) found that approximately one quarter of the female alcoholic population under study suffered from primary depression. Others confirm that women alcoholics may suffer from primary affective disorders (Corrigan, 1980; Jacobsen, 1987; Schuckit, Rimmer, Reich, & Winokur, 1971; Schuckit & Morrissey, 1976) and use alcohol as a means of coping with these problems (Braiker, 1982).

But whether alcoholic drinking causes the onset of depression or depression causes a woman to become alcoholic is not clear. Fine, Richman, and Teichman (1980) claim women are more anxious and depressed about their feelings of inadequacy before alcoholism onset. After drinking, however, women alcoholics may feel guilty or depressed about their drinking and continue to drink to escape these feelings

(Lester, 1982). Wilsnack, Klassen, and Wilsnack (1986) found that depression is more likely to result from heavy drinking but they also present evidence that depression leads to the onset of excessive drinking.

Mental Illness. Historically, the female alcoholic is thought to be more deviant than the male alcoholic (Morgan, 1987). Some claim that alcoholic women experience greater pathology and are sicker than male alcoholics (Schuckit, 1973; Rathod & Thomson, 1971). Society's influence on women, previous psychiatric treatment, depression, suicide attempts, and early family life have all been used as evidence that female alcoholics are mentally ill.

Researchers have suggested that societal influence on the female alcoholic can lead to pathology (Fillmore & Curlee-Salisbury, 1980; Beckman, 1976; Curlee, 1970). Fillmore and Curlee-Salisbury (1980) suggest that societal stigmas place barriers on women's drinking and therefore women must exhibit greater pathology to drink against societal expectations. Morgan (1987) states that female drunks are viewed as more deviant than male drunks. In addition, the stigma related to female intoxication has a more negative impact on a woman's self-concept than a man's self-concept (Babcock & Connor, 1981).

Previous psychiatric treatment has also been used as evidence that alcoholic women are mentally ill. Curlee (1970) reports more alcoholic women than men in her sample

had prior psychiatric treatment. Belfer and Shader (1971) discovered that alcoholic women as compared to nonalcoholic women score more toward the pathological end of anxiety and depression scales. But women may appear to have more psychological problems because they more often report these types of problems (Carrigan, 1978) and seek treatment (Curlee, 1970) than men. Generally, women report more depression and anxiety over their mental health than do men (Hoffman & Welfring, 1972; Zuckerman, 1989).

Another frequently cited indication of pathology is the number of suicides alcoholic women attempt compared to alcoholic men (Beckman, 1975; Corrigan, 1980; Curlee, 1970; Rathod & Thomson, 1971; Rimmer, Pitts, Reich, & Winokur, 1971; Schuckit, 1972). And the pattern of her early family life has been used as an indicator of pathology (Gomberg, 1974). Since the alcoholic female is more likely to come from a disruptive and perhaps alcoholic home than the male alcoholic, she may suffer from the consequences of living in this environment unlike her male counterpart (Gomberg, 1974).

Self-Esteem in Women

Chapter II reviewed some general theories and concepts of self-esteem. It can be recalled that self-esteem affects much of what we think and do. In general, women report lower self-esteem than men (Blane, Hill, & Brown, 1969; Maccoby & Jacklin, 1974).

Women's Role in Society

According to Reed (1985), society views men and women differently. Women are seen as inferior to men and their stereotypic role behaviors are devalued in American culture (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Sanford & Donovan, 1984; Hall, 1990). The traditional view of women is one of humility and subordination (Sanford & Donovan, 1984). Smith and Stewart (1983) and Williams and Giles (1978) assert that women internalize the negative image created by society. Women who try to move away from traditional patterns are seen as deviant and are pressured to move back to more acceptable norms (Hall, 1990; Sandmaier, 1980; Wilsnack, 1976).

Even further, many women do not think that it matters whether they value themselves or not. Thus they may fight from achieving high levels of self-esteem for fear this will contradict society's expectations of the traditional woman (Sanford & Donovan, 1984). These perceptions impact negatively on self-esteem (Stromberg & Harkess, 1978; Williams & Giles, 1978).

Low Self-Esteem

A woman with low self-esteem will not be able to act on her own behalf resulting in helplessness (Sanford & Donovan, 1984). Women exhibiting low self-esteem look to others to define themselves. Their self-esteem fluctuates depending on the results of their comparisons to others.

When rating themselves unfavorably, self-esteem drops and when perceiving themselves more favorably than others, self-esteem rises (Sanford & Donovan, 1984).

Not only may a woman compare herself to others but she also may compare herself according to personal standards (Sanford & Donovan, 1984). Often, a woman with low self-esteem has extremely high expectations for herself and inevitably, she will fail to meet them (Barksdale, 1972). She concentrates on what goes unaccomplished rather than on her successful achievements. Or she may establish expectations of failure for herself. Thus everyday problems are blown into disasters which lower self-esteem.

Sanford and Donovan (1984) delineate some problems regarding low self-esteem among women. First, a woman may lack a sense of herself. Without adequate understanding of oneself, there is no self to like or accept. Some women concentrate on their flaws rather than focusing on their positive attributes. And while they may admit they possess good qualities, they downplay them (Sanford & Donovan, 1984).

Second, some women may experience self-concept dislocation. This refers to the alteration of the self-concept when one's life roles change. Thus when a life event forces a woman to change her roles, self-esteem also changes. For example, divorce, empty nest syndrome, spouse's death, etc. all force a woman to alter her roles. It takes

time to integrate and internalize the new pieces of the self with the old and time to admit to oneself that this new image is adequate. During this period of limbo, self-esteem plummets (Sanford & Donovan, 1984).

Alcoholism and Self-Esteem in Women

There is some agreement that many alcoholic women display a poor self-concept and low self-esteem (Beckman, 1975, 1978a; Braiker, 1982; Graham & Strenger, 1988; Knupfer, 1982; McLachan, Walderman, Birchmore, & Marsden, 1979; Turnbull & Gomberg, 1988). In a longitudinal study, Jones (1971) points to self-negating behaviors in female alcoholics. Compared to normal drinkers, women who drank excessively scored lower on self-esteem measures (Beckman & Bardsely, 1981).

Braiker (1982) and Reed (1985) state that drinking allows women increased feelings of competence and relief from low self-esteem and poor self-concept. Brown & Yalom (1977) found that female alcoholics possess high levels of fear and anxiety which they use alcohol to relieve. In a longitudinal study, Jones (1971) found teen and pre-teen girls with low self-esteem later became alcoholics in adulthood. They were also withdrawn, pessimistic and self-defeating as adolescents compared to girls who did not become alcoholic. But these results may be viewed with caution as only a small middle-class white sample was used. Beckman (1978a) suggests that women with low self-esteem are

more likely to drink excessively and in turn, misusing alcohol decreases self-esteem.

Self-esteem levels differ among male and female alcoholics. Konovsky and Wilsnack (1982) found that drinking reduced levels of self-esteem in women drinkers but has no effect on men. Hoar (1983) and Corrigan (1980) discovered that a discrepancy exists between the real and ideal self-image of female alcoholics as compared to male alcoholics. Murray (1989) reports that women's bleak self-image was not only lower than male alcoholics but female nonalcoholics as well. Others have found similar results involving lower self-esteem in female alcoholics over both male alcoholics and female controls (Beckman, 1976, 1978a; Beckman et al., 1980; Graham & Strenger, 1988).

But Clarke (1974) discovered no difference in the levels of self-esteem among men and women. McAndrew (1982-1983) found no evidence among 144 female alcoholics to support the hypothesis that alcoholics drink to reduce the discrepancy between the real and ideal self.

Alcohol may be used as a self-handicapping strategy to protect or maintain a woman's self-esteem. If unsure of their abilities, intoxication provides individuals a rationalization for failure. Attributing failure to alcohol rather than oneself protects self-esteem (Hull & Reilly, 1983; Tucker, Vuchinich, & Sobell, 1981). Studies have found that women in general employ these self-handicapping

strategies (Smith et al., 1982; Smith et al., 1983). But results by Bordini et al. (1986) failed to support this theory among female alcoholics.

Relation of Self-Esteem to Other Factors in Alcoholic Women

Reed (1985) asserts that low self-esteem in alcoholic women may be a consequence of many factors. Self-esteem is related to anxiety and depression in alcoholics (Beckman, 1978a). Billings and Moos (1982) hypothesize that low self-esteem in women may lead to greater depression. Knoblauch (1988) found that anxiety, depression, and low self-esteem were precursors of or concomitant to female alcoholism but not involved in male alcoholism.

Konovsky and Wilsnack (1982) suggest a link between social stigma, sex roles, and self-esteem. They propose that after drinking excessively, the alcoholic woman's self-esteem drops because she views herself as violating traditional sex-role behaviors. Thus the ideal image of a woman in society does not match the woman's perception of herself as an alcoholic (Stromberg & Harkess, 1978). If she has incorporated society's double standard, she will view herself negatively and her self-esteem will fall (Clarke, 1974; Reed, 1985).

According to Beckman (1978a), low self-esteem is associated with alienation and social isolation. There seems to be a negative relation between alienation and self-esteem (Blane et al., 1966). Gomberg and Schilit (1985)

report that women reduce their social contacts and become more isolated as their alcoholism progresses. And Schaefer (1982) theorizes that a decrease in size or satisfaction of the alcoholic's social network leads to increased problems with alcohol.

Summary

The preponderance of evidence suggests that the alcoholic woman is different from the male alcoholic. Her drinking is telescoped, thus she experiences a shorter time to become dependent on alcohol. She usually begins her alcoholic drinking as a result of a stressful life event which occurs later in life than males. But the alcoholic woman is less likely to be seen as she drinks alone or with a significant other, usually in the home.

As a child, the alcoholic women experienced a disruptive family life. One or both of her parents were alcoholic and thus presented inadequate parenting to their children. As an adult, the alcoholic woman is likely to continue some of the patterns of her family of origin. She is likely to marry an alcoholic spouse, experience an unhappy marriage, and be divorced.

The factors that lead to alcoholism in women are as unclear as the factors contributing to alcoholism in men. Alcoholic women claim they drink to relieve tensions and escape everyday worries. It has been hypothesized that women do not drink to fulfill dependency needs but at this point,

very little empirical evidence has been gathered to confirm this notion. Whether women drink to satisfy power needs has been met with mixed results. It is generally believed that sex-role identification problems are not a major determinant of alcoholism in women but may play some role in its development.

Whether depression is a cause or effect of alcoholism is not clear but it is often linked to alcoholism, especially in women. Primary alcoholism is differentiated from secondary alcoholism which follows the woman's primary affective disorder and may serve as a means to relieve these symptoms.

It is generally unacceptable in society for women to be intoxicated or alcoholic. This unacceptance along with higher rates of psychiatric problems and intervening factors in female alcoholics has led to the idea that alcoholic women are sicker than alcoholic men. Whether this is true or not is unclear. Self-esteem seems to be different in women than men because women face negative societal expectations. They incorporate these views into their own self-concept and feel helpless to change their positions. Generally, women exhibit lower self-esteem than men.

Likewise, the alcoholic woman displays a poor self-concept and low self-esteem. There seems to be a correlation among depression, alcoholism, self-esteem, and sex-roles. That is, women feel they do not meet societal expectations

resulting in depression and lowered self-evaluation between the real and ideal selves. This prompts a women to drink in an effort to relieve these symptoms. In her attempts, however, she exacerbates her condition leading to increased negative perceptions of self prompting greater depression and extremely low self-esteem.

Chapter III has reviewed the literature concerning alcoholism, self-esteem, and self-esteem in relation to alcoholism among women. Because the majority of studies regarding alcoholism in women concentrate on white, middle-aged women, this data may not generalize to other subgroups of women. The following chapter explores black women as one of these subgroups. It focuses on alcoholism and self-esteem in black women as well as self-esteem among black female alcoholics.

CHAPTER IV

BLACK ALCOHOLIC WOMEN AND SELF-ESTEEM

King (1982) claims that alcohol abuse among blacks is their single most crucial health problem. In general, little information is available on black drinking practices (Watts & Wright, 1987). Much of the research on alcohol and blacks has focused on specific subgroups and generalized the findings to the black community as a whole (Harper, 1976; Gaines, 1976). But blacks are a heterogeneous group (Gary & Gary, 1985-1986; Lonesome, 1985-1986). In addition, a great deal of this research is descriptive rather than empirical (Harper, 1976; Watts & Wright, 1987).

This chapter focuses on the black female. It examines the phenomena of alcoholism and self-esteem in black women. It also reviews literature on the self-esteem of black alcoholic women.

Alcoholism in Black Women

Not much is known about black alcoholic women because the few studies examining alcoholism among blacks have considered black lower class males (Harper, 1980). And studies concerning female alcoholics most likely focus on white middle-class women (Dawkins, 1980; Harper, 1976;

Leland, 1984; Lopez-Lee, 1979; Youcha, 1986). Those few studies that do utilize black female alcoholics as subjects are likely to employ only lower-class women (O'Leary, 1977). Corrigan and Rivera (1980) and Kane (1981) agree that data on alcohol abuse among black women is limited. Thus caution should be exercised in extending the data from this chapter to all black women alcoholics.

Drinking Patterns

Not only is the black alcoholic female distinct from the black alcoholic male but she also differs from the white alcoholic female (Gaines, 1976). Black women seem to begin drinking at an earlier age than white women (Dawkins & Harper, 1983) but there are no more heavy alcoholic drinkers among black women than white women (Clark & Midanik, 1982; Wilsnack et al., 1984). Similarly, Bradstock, Forman, Binkin, Gentry, Hogelin, Williamson, & Trowbridge (1988) found significantly more white women than black women who reported chronic alcohol use.

Others report that more black women abstain from alcohol than white women (Gomberg, 1980; Herd, 1988; Sandmaier, 1980; Wilsnack et al., 1984). In fact, the majority of black women do not drink (Singh & Williams, 1982) while a large proportion of those that do drink, do so heavily (Clark & Midanik, 1982; Corrigan & Rivera, 1980; Gomberg, 1981; Miller, Lescault, Heller, & Bernstein, 1980). Only a small proportion of black female drinkers occupy the

middle ranges of alcohol intake between these two extremes (Harper, 1976). The possible reasons why black females drink excessively or abstain from alcohol will be reviewed later in this section.

Dawkins and Harper (1983), with 38 blacks and 163 whites, found that in comparable terms, black females drank more in public and with friends while white women drank more alone and at home. Others have found that black women are more likely to drink in public places than their white counterparts (Benjamin, 1976; Harper, 1976; Lex, 1987). Not only do black women drink alone less but it follows that they tend to hide their drinking less than their white counterparts (Corrigan & Anderson, 1982). Dawkins and Harper (1983) report that black women are less likely than white females to drink heavily due to loneliness.

There may be group pressure to drink often and heavy (Harper, 1976). Fernandez-Pol et al. (1986) report that in a study of 183 black alcoholics, more black women reported drinking to make friends. They were also more likely to have a heavy drinking female friend (Corrigan & Anderson, 1982). But black women do drink with their spouses as well (Gomberg, 1980) and tend to encourage their spouses to drink (Corrigan & Anderson, 1982).

Psychological Factors and Theories

Like alcoholism among whites, alcoholism among blacks seems to be complex involving physiological, psychological,

and cultural factors (Watts & Wright, 1985). Herd (1988) states that black women report less personal and social problems related to alcoholic drinking than white women. Others refute that black and white drinking is different. For example, Wanberg, Lewis, and Foster (1978) claim alcoholism may have an equalizing effect on blacks and whites producing similar problems.

Tension Reduction. Stress has been indicated as a factor involved in black alcoholism (Lex, 1987; Harper, 1976). Black women do experience many stressful life events due to economic, racial, and sexist factors which alcoholic drinking may temporarily numb (Allen & Britt, 1983). Gomberg (1980) found that heavy drinking black women are more likely to drink for escape reasons than light drinking black women. But Corrigan and Anderson (1982) conclude that while white women drink to relax or escape, black women report social reasons for drinking such as others drinking around them. The stressors affecting black women will be discussed in the following sections.

Economic Factors. During the ages of 25-34, many white women drop out of the labor force to raise children. Black women, on the other hand, enter the labor force at this time in order to support their families (Lerner, 1972). Financial need may therefore require that black women go to work and head the household (Allen & Britt, 1983).

Black women may find it necessary to work for several

economic reasons. An uneven ratio of black men to black women in society is one reason. The uneven ratio is due to black men's shorter life expectancy, the number of black men incarcerated in prisons, and a greater likelihood that black men will be victims of homicides compared to black women (Allen & Britt, 1983). Second, black males often leave their mates alone or with children (Strayer, 1961). According to Smith and Smith (1986), the female, single parent family is growing at an increasing rate. Thirdly, black women have never been able to rely on black men for economic security due to the unstable employment of the black male in society (Reed, 1985). Black men have difficulty finding employment that will support their families (O'Leary, 1977). As a result, black men and women often exchange sex-roles to maintain the family's survival in times of economic difficulty (Brisbane & Womble, 1985).

The fact that men may not be available or may not be working to support their families suggests that there are increased pressures on black women to head the household, secure steady employment, and raise children. Leland (1984) and Harper (1976) and Cahalan et al., (1969) suggest that these factors may lead to alcohol abuse among black females. Corrigan and Anderson (1982) found that black women alcoholics were more likely than their white counterparts to be unemployed, living alone, and earning a lower income. Compared to moderate drinking black women, Sterne and

pittman (1972) found that heavy drinking black women were more likely to head the household. Conversely, poor non-white women who head households are at high risk for depression and alcoholism (Brown & Harris, 1978).

Cultural Factors. According to Watts and Wright (1987), racial, cultural, and environmental factors play a role in the etiology of black alcoholism. The values and attitudes towards drinking that exist in a community may influence ones's drinking (Gary & Gary, 1985-1986). Wanberg and Horn (1973) conclude that blacks report less shame, fear, and guilt about their drinking than whites do.

Caetano (1989) reports that more blacks than whites will accept the notion of alcoholism as a disease. But paradoxically, they are more likely to claim that alcoholics drink because they want to, are not able to control their drinking, and are morally weak. While Caetano (1984) claims attitudes towards drinking are more liberal in the black community than the white community but intoxication among women is less acceptable. Black women have fewer family constraints against them than white women (Gaines, 1976).

Schmidt et al. (1990) conclude that black women are likely to be raised either in an environment where female alcoholism is highly disapproved or where heavy drinking among women is easily tolerated. The environment in which they function then, has implications for the level of acceptance for their drinking behaviors and resulting

psychological outcomes. But, heavy drinking black women seem to be less concerned with supporting conventional norms regarding alcohol intake than light drinkers (Sterne & Pittman, 1972). Thus societal standards may have less influence on their drinking behaviors and resulting problems.

Self Esteem in Black Women

Theories of Black Self-Esteem

In the past, there has been a consensus that blacks have a lower self-esteem than whites (Rosenberg, 1979). Not much is known about self-esteem among black adults because most of the research on blacks and self-esteem has been conducted on children and adolescents (Allen & Britt, 1983). In addition, Crocker and Major (1989) claim that studies use different definitions of self-esteem to derive results. Specifically, those studies which measure global self-esteem have found higher self-esteem among blacks over whites whereas studies examining racial self-esteem have generally found low self-esteem among blacks. Racial self-esteem refers to the evaluations of the values of the racial group in which one belongs (Crocker & Major, 1989).

Hughes and Demo (1989) report three hypotheses which were previously thought to be true about black self-esteem. First self-esteem may be a reflection of how we perceive others to see us. If this is so, blacks would maintain a low

self-esteem as they occupy a lower status in society. second, blacks may try to fit in with the expectations of the dominant white society. Their inevitable failure due to racism, unequal opportunities, etc. would result in lowered self-esteem. Third, blacks may compare themselves to the majority group in an effort to define themselves. Their negative evaluation between their real and ideal self would threaten self-esteem. Because blacks do not compare favorably with whites on such factors as employment and education, when comparing themselves to whites, the self-esteem of the black person would plummet (Hughes & Demo, 1989).

These hypotheses are based on the assumption that blacks are using white groups to compare themselves. But, more recently, researchers have claimed and provided evidence that blacks may be using other blacks as their social comparison group rather than whites (Rosenberg, 1981). Relationships with family, friends, and community are related more to self-esteem among blacks (Hughes & Demo, 1989; O'Leary, 1977; Rosenberg, 1979, 1981) whereas social comparisons with whites hold little weight in the evaluation of the self (Hughes & Demo, 1989; Krause, 1983).

Lonesome (1985-1986) asserts that people are healthy when they develop a positive identity with their own group and evaluate themselves less by the majority standards. Group pride is an essential feature in black self-esteem

(Hughes & Demo, 1989; Porter & Washington, 1979). The relationship blacks have with their church is also an important source of self-esteem as the church serves a central function in the black community (Ortega, Crutchfield, & Rushing, 1983).

Regardless of social comparisons, some researchers suspect a self-image of worthlessness results from being the target of oppression (Pugh, 1972). Primm and Wesley (1985-1986) suggest that the history of racism in the United States places a psychological strain on the black woman's self-esteem. Hogg and Abrams (1988) and Crocker and Major (1989) state that members of the lower status group have a less positive self-identity and lower self-esteem because they internalize society's definition of them or reflect the negative appraisals of society. Or blacks may suffer low self-esteem because they are blocked in opportunities to be successful and interact with the environment (Crocker & Major, 1989).

Black Women and Society

Black women are neglected by our society (Allen & Britt, 1983). Financially, black women earn less than white men, white women, or black men (Allen & Britt, 1983; Braddock & McPartland, 1987). Amaro et al. (1987) also found that black women have lower incomes and are less likely to be employed than their equally educated white counterparts.

Sandmaier (1980) states that black women are oppressed

by virtue of their racial and ethnic backgrounds as well as their gender. Negative stereotypes about blacks (Brigham, 1974; Hartsough & Fontana, 1970) and women (Broverman, Vogel, Broverman, Clarkson, & Rosenkrantz, 1972; Heilbrun, 1976) do exist. Using an analysis of race x class stereotypes, Landrine (1985) found that black females were seen as more dirty and hostile than white females. They also seem to be more fearful and guarded than white women (Carroll et al., 1982).

The effects of both racism and sexism were in the past assumed to be worse than each in isolation (Allen & Britt, 1983; Beal, 1970; Bond & Perry, 1970; Jackson, 1972). This concept is known as double jeopardy. To support this theory, Smith and Stewart (1983) found that sexism and racism are not independent but related processes. But while black women may share the oppression of being both black and female (Gaines, 1976), whether these factors act together to compound the black woman's life is uncertain (Smith & Stewart, 1983). Regardless, from this set of circumstances, it would seem difficult for the black woman to form a positive sense of self (Jackson, 1972).

But despite discrimination and other factors which would appear to negatively influence self-esteem, many black women maintain a positive self-esteem (Allen & Britt, 1983). Racial discrimination in the larger society does not affect black women's self-esteem (Hughes & Demo, 1989). Some have

found that black women possess higher levels of self-esteem than white women (Epstein, 1972; Gurin & Epps, 1975; Harrison, 1977; Simmons, Brown, Bush, & Blyth, 1978; Taylor & Walsh, 1979).

Crocker and Major (1989) suggest two reasons why this may be the case. First, because self-esteem is formed early in life, discrimination occurring later in life may not affect it. Second, blacks may have developed self-handicapping methods which protect self-esteem. If black people are unsuccessful, they may attribute failure to the racist factors in society rather than personal inadequacies. Individuals are then able to feel competent about their abilities thus protecting self-esteem (Jones & Berglas, 1978).

In addition, disadvantaged people are more likely to compare themselves to similar others due to proximity and desire to avoid unpleasant social comparisons (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984). That is, because other blacks are more similar to them and surround them in their communities, blacks are more likely to compare themselves to other blacks. Social participation and social relationships help raise self-esteem (Mackie, 1983; Meddin, 1986; Pugliesi, 1989). Thus it seems plausible that black women are using different significant others to evaluate themselves than the majority of society (Crocker & Major, 1989).

Alcoholism and Self-Esteem in Black Women

Amaro et al. (1987) report that black women in alcoholism treatment hold a more positive sense of self than white women. In an examination of 25 black and 67 white alcoholic women, they found that black alcoholic women held a more positive sense of self than did their white counterparts (Amaro et al., 1987).

The conflict between a black woman's racial identity and societal standards may put her at greater risk to become alcoholic (Smith & Stewart, 1983). Carroll et al. (1982) in comparing self-concepts of black and white alcoholics and drug addicts, recorded more emotional distress and more confusion in self-descriptions of black females than white females.

Heavy drinkers are less likely than light drinkers to attend church (Gomberg, 1980). Since participation in one's community church may be a source of self-esteem, it may be that noninvolvement with the church can threaten self-esteem. Conversely, Brisbane and Womble (1985) suggest that black's affiliation with the church may help contribute to abstinence.

Summary

The black female alcoholic is a unique entity from the white female alcoholic and the white male alcoholic. While many black women abstain from alcohol, those who do drink, do so excessively. They generally are public drinkers

and like to drink with friends or spouses. Black women also begin drinking at earlier ages than white women.

The few studies that explore if black women drink for escape reasons have reported mixed results. Black women may be trying to relieve economic, sexist, or racial stressors which exist as a result of the subordination of the black female in society. Financial difficulties may cause stress that black women try to relieve through excessive alcohol intake. Because the black man is often unavailable or unable to support the family, black women are required to be independent, head the household, and support the family. While it is not the norm that women head the household in black communities, the number of black female single parent households is increasing. Black women may also begin drinking or continue drinking due to cultural factors. Black communities tend to either condemn female intoxication or support and encourage it.

In the past it was believed that blacks look to the majority group to define themselves. But recently, researchers have hypothesized that blacks use their communities, families, and friends as social comparisons. Because black women must suffer sexism and racism, their self-esteem was assumed to be fragile. It is not clear whether these factors act together to compound black women's problems yet they appear to be related processes. Regardless of hypotheses, studies have found black women's self-esteem

to be equal to or higher than that of white women's self-esteem.

Those black women who are alcoholic do, however, seem to suffer from some problems with low self-esteem. They may detach and isolate themselves from the black community which serves as a vital source of self-esteem. Even so, it does seem that black alcoholic women hold a higher self-evaluation than white alcoholic women.

CHAPTER V
CONCLUSIONS

Summary of the Review

The purpose of this thesis was to explore the relationship between self-esteem and alcoholism in black females. In order to do this, reviews of related concepts including alcoholism in males and females, self-esteem in males and females, and alcoholism in relation to self-esteem in males and females were completed. Alcoholic white males were used as a comparison group because there is a great deal more research conducted on this population than on female alcoholics. By comparing black alcoholic women to white alcoholic women and white alcoholic men, the thesis explored the factors unique to black women concerning alcoholism and self-esteem.

The procedure followed was a literature review using journal articles and books and focusing on literature published in the past decade. While this methodology has its limitations, it is worthwhile because such a scarcity of information is available on black female alcoholics. This chapter provides both a synthesis of previous work and hypotheses developed from this synthesis.

Alcoholism

It is generally believed that the etiological factors of alcoholism are multiple (Gomberg, 1977; Gomberg & Lisansky, 1984; Harrison & Belille, 1987; Lester, 1988-1989; Martin & Casswell, 1988; Vaglum & Vaglum, 1987). These include psychological, physiological, and cultural elements (Braiker, 1982; Searles, 1988). The equation of these factors remains a mystery. Black and white male and female alcoholics are a heterogeneous group (Braiker, 1984; Gary & Gary, 1985-1986; Gomberg, 1977; Lonesome, 1985-1986).

While it is popularly believed that alcoholism is a disease (Babor et al., 1986; Fillmore, 1987-1988; Jellinek, 1960; Roman, 1987-1988), empirical evidence to support this theory is lacking (Murray et al., 1983; Swinson, 1983). That alcoholics drink to reduce anxieties has been met with mixed results (Cappell, 1974; Cappell & Herman, 1972). Both black and white females as well as males in general report drinking to escape tensions and to relax (Beckman & Bardsely, 1981; Cahalan et al., 1969; Deardorff et al., 1975; Edwards et al., 1973; Lex et al., 1989; Martin & Casswell, 1988; Wilsnack, 1973). But while some empirical studies show that alcohol decreases thoughts of anxiety (Levenson et al., 1980; Lipscomb et al., 1980; Sher & Levenson, 1982), other studies refute this finding reporting an increase in tensions (Ewing & McCarty, 1983; Nathan et al., 1970; Nathan & O'Brien, 1971; Parades & Hopper, 1984;

partington, 1970; Sutker et al., 1982). While it is hypothesized that black women drink to escape the stress related to racism and sexism (Harper, 1976), this theory likewise has not been supported (Corrigan & Anderson, 1982).

Another popular theory claims that alcoholics drink to satisfy dependency needs not otherwise fulfilled (Blum, 1966; Jones, 1968; Lisansky, 1972; McCord & McCord, 1960). Evidence which links male and female alcoholism to dependency needs is lacking (McClelland, 1972). It is believed, however, that women do not drink to satisfy these needs (Beckman, 1975, 1978b; Curlee, 1968). Rather, they are able to satisfy these needs in socially acceptable ways, unlike men (Schuckit & Morrissey, 1976).

The power theory, that alcoholics drink to feel powerful (McClelland, 1972), has also been shown to be linked to male alcoholism (Gustafson, 1986; McClelland et al., 1972). The evidence for females, however, is mixed (Beckman, 1980; Beckman & Bardsley, 1981; Durand, 1975; Wilsnack, 1974). Some claim that feelings of helplessness over stressful life events prompt women to drink in order to feel powerful (Holubowycz, 1983). This review has not found studies regarding the power theory among black alcoholic females.

Cultural norms are linked to excessive alcohol intake among alcoholics (Greely & McReady, 1980). Society holds a negative perception of intoxication and alcoholism,

especially among women (Beckman & Amaro, 1986; Braiker, 1982; Gomberg, 1974,1979,1981; Klee & Ames, 1987; Knupfer, 1982; Plant, 1980; Rosenfield, 1982; Taylor & St. Pierre, 1986). Drinking goes against societal standards of women as good wives and mothers (Curlee, 1967,1968; Mandel & North, 1982). Shame may result from societal sanctions. Perhaps this prompts alcoholic women to drink in an effort to relieve these feelings. In the black community, alcoholism seems to be either highly unacceptable or supported and encouraged (Schmidt et al., 1990).

Table 1 on page 71 depicts how alcoholism theories relate to white males and females and black females based on empirical evidence. The table shows that there are many uncertainties and contradictory findings in what the research community knows about alcoholism among these populations.

Women alcoholics differ from male alcoholics in the problems that may lead to alcoholism and the problems that may result from it (Beckman, 1978b; Blume, 1986; Braiker, 1982; Wanberg & Horn, 1970,1973). They begin excessive drinking later in life (Beckman, 1975; Blume, 1986; Carrigan, 1978; Harper, 1983; Hoffman & Estes, 1986; Homiller, 1980; Jacobsen, 1986; Parrela & Fillstead, 1988) often as a result of a stressful life event (Braiker, 1984; Bromet & Moos, 1976; Thomson & Wilsnack, 1984). Alcoholic women tend to drink alone or with their spouses

TABLE 1
ALCOHOLISM THEORIES: EMPIRICAL FINDINGS

Theories	White Males	White Females	Black Females
Tension	subjects	subjects	_____
Reduction	report, results mixed	report, results mixed	
Dependency	no	_____	_____
Fulfillment	support		
Power	little	results	_____
Enhancement	support	mixed	
Cultural	some	some	some
Norms	support	support	support
Sex-role	_____	results	_____
Conflict		mixed	

Note. A dash indicates data is unavailable or unreported.

(Beckman, 1975; Gomberg, 1971,1981; Gomberg & Lisansky, 1984; Hollstedt & Dahlgren, 1987; Kagle, 1987; Sclare, 1970) and may hide their drinking from others (Farrid et al., 1989; Sandmaier, 1980).

The development of their alcoholism is telescoped which means they experience a shorter interval from the early stages of alcoholism to dependency than do men (Beckman, 1976; Curlee, 1970; Dahlgren, 1975,1978; Jellinek, 1952; Lindbeck, 1972; Plant, 1980). Today with more women working, female alcoholism may be more noticeable as it is more difficult to conceal in public (Braiker, 1984; Lester, 1982; Youcha, 1986).

Unlike white female alcoholics, black females begin drinking earlier (Dawkins & Harper, 1983). They are also less hidden and enjoy drinking with others often in public locations (Benjamin, 1976; Dawkins & Harper, 1983; Harper, 1976; Lex, 1987; Strayer, 1961). They may experience more stressful life events than their white counterparts due to economic and racial factors (Allen & Britt, 1983). This may prompt them to consume large amounts of alcohol to relieve this stress (Harper, 1976).

It has been hypothesized that female alcoholics experience greater pathology than male alcoholics (Morgan, 1987; Schuckit, 1973; Rathod & Thomson, 1971). This may be due to breaking societal standards and feeling rejected by their communities (Beckman, 1976; Cahalan et al., 1969;

Curlee, 1970; Fillmore & Curlee-Salisbury, 1980). Also used as evidence is the fact that women alcoholics experience greater depression than their male counterparts (Beckman, 1975; Bromet & Moos, 1976; Haver, 1986; Hill, 1980; Kroft & Leichner, 1987; Vaglum & Vaglum, 1985). It is not certain whether women drink to relieve affective disorders or whether alcoholism leads to depression (Fine et al., 1980; Lester, 1982; Wilsnack, Klassen & Wilsnack, 1986). Empirical studies have found evidence for both primary and secondary alcoholism in women (Pitts & Winokur, 1966; Schuckit et al., 1969).

Disruptive family backgrounds have been cited as evidence of pathology in alcoholic women (Gomberg, 1974). Their families of origin are more disruptive than those of male alcoholics (Beckman et al., 1980; Carrigan, 1978; Gomberg, 1980; Rathod & Thomson, 1971; Smart, 1979). This disruption may be linked to the higher rates of alcoholism among their parents as compared to male alcoholics (Beckman, 1975; Beckman et al., 1980; Conley & Prioleau, 1983).

Alcoholic women are more likely to marry an alcoholic spouse than are male alcoholics (Bromet & Moos, 1976; Carrigan, 1978; Gomberg, 1976; Mulford, 1977; Penick et al., 1987; Rathod & Thomson, 1971; Sclare, 1970). They report greater marital difficulties and seem to evidence greater inadequacy as parents (Ames, 1978, 1985; Belfer & Shader, 1971; Blume, 1986; Bourne & Light, 1979; Estep, 1986;

Gomberg, 1986; Haver, 1986; Knupfer, 1982; Perodeau, 1984).

Pathology of the alcoholic female has been linked to sex-role identity as well (Beckman, 1975; Holubowycz, 1986; Wilsnack, 1973,1974,1976). It is not clear whether or not women drink to increase their feelings of traditional femininity as a response to unconscious inadequacy as females (Beckman, 1978a; Konovsky & Wilsnack, 1982; Lundy, 1987; Schuckit & Morrissey, 1976).

Frequently cited factors related to alcoholism among white men and white and black women are displayed in Table 2 on page 75. This table reflects that status of empirical results of these factors. Three conclusions can be drawn from the data in this table. First, there is a great deal to be understood regarding the factors involved in alcoholism. Second, researchers are uncertain about cause and effect relationships between these factors and alcoholism. Third, black alcoholic women share some similarities with female alcoholics as well as male alcoholics but they are also unique in their alcoholism problems.

Self-Esteem

The evaluation we give to our self-concept is referred to as self-esteem (Coopersmith, 1967; Greenwald et al., 1988; Rosenberg, 1979; Simmermacher, 1980). It is a reflection of one's perception of differences between the real and ideal self (Sanford & Donovan, 1984). There are

TABLE 2
ALCOHOLISM FACTORS: EMPIRICAL FINDINGS

Factor	White	White	Black
	Male	Female	Female
	Alcoholics	Alcoholics	Alcoholics
Alcoholism Onset	young adult	middle age	young adult
Alcoholism Dependency	normal	telescoped	_____
Stressful Life Events	present	present	present
Drinking Patterns	public	hidden, alone	public
Early Family	_____	disruptive, alcoholic	_____
Depression	present	present	present
Self-Esteem	low	very low	low

Note. A dash indicates data is unavailable or unreported.

generally two forms of self-esteem, one situation-specific and one global and enduring (Coopersmith, 1967; Rosenberg, 1979; Sullivan & Guglielmo, 1985). We learn to form evaluations of the self through interactions with others (McCall & Simmons, 1978; Rosenberg, 1981) and over time, internalize standards of comparison (Sanford & Donovan, 1984). We tend to compare ourselves to similar others (Festinger, 1954). Children develop high self-esteem through parental love and acceptance (Burns, 1979; Coopersmith, 1969), feelings of competency, a sense of worth as an individual, realistic perceptions, their own value judgements (Sanford & Donovan, 1984), and role models (Gergen, 1971). Those with low self-esteem tend to feel isolated, alone, and depressed (Battle, 1978; Rosenberg, 1979; Yanish & Battle, 1985; Zuckerman, 1989). Individuals may use self-handicapping strategies to protect their self-esteem or enhance it (Jones & Berglas, 1978; Bordini et al., 1986). By attributing personal failures to external factors, self-esteem is maintained.

Women suffer from lower self-esteem than males (Blane et al., 1966; Maccoby & Jacklin, 1974). This may be due to pressure to meet social expectations (Sandmaier, 1980; Sanford & Donovan, 1984; Wilsnack, 1976). Since society subordinates females, women may internalize this view and devalue themselves (Smith & Stewart, 1983; William & Giles, 1978). They may fear high self-esteem as it is perceived as

contradicting societal norms of the tradition woman (Sanford & Donovan, 1984). Women with low self-esteem define themselves according to other's standards and focus on the negative aspects of themselves (Barksdale, 1972; Sanford & Donovan, 1984).

Not only do black women suffer from sexism like white women, but they also are faced with racism (Sandmaier, 1980). It is hypothesized that these factors compound the black women's problems (Allen & Britt, 1983; Beal, 1970; Bond & Perry, 1970; Jackson, 1972; Smith & Stewart, 1983). Yet while sexism and racism are related, it is not certain whether they act together or not (Smith & Stewart, 1983). Previously, it was believed that black women suffer from low self-esteem because they fail in comparison to whites, do not meet white expectations, and internalize society's negative perception of them (Hughes & Demo, 1989; Rosenberg, 1979). Yet empirical studies report that black women maintain high self-esteem (Allen & Britt, 1983; Epstein, 1972; Gurin & Epps, 1975; Harrison, 1977). Currently, it is believed that blacks use their communities as social comparisons, internalize the values of their own group, and strive to meet their own expectations (Crocker & Major, 1989; Hughes & Demo, 1989; O'Leary, 1977; Porter & Washington, 1979; Rosenberg, 1979, 1981). Blacks may have formed self-handicapping strategies which protect their self-esteem from discrimination (Crocker & Major, 1984).

Alcoholism and Self-Esteem

It is believed that alcoholism and global self-esteem are related (Sullivan & Guglielmo, 1985). Empirical evidence supports this finding in samples of alcoholic black and white females and males (Carroll et al., 1982; Carroll et al., 1978; Fitts et al., 1973; Gross & Adler, 1970; Yakichuck, 1978). Whether low self-esteem leads one to alcoholism or results from alcoholism is not clear (Konovsky & Wilsnack, 1982). Evidence is mixed whether alcohol improves or hinders evaluation of the self. It may be that while intoxicated, alcoholics appear self-confident and relaxed while inwardly maintaining a poor self-concept (Konovsky & Wilsnack, 1982; Vanderpool, 1969). Self-esteem in alcoholics is also correlated with depression (McNammee et al., 1968; Nathan et al., 1970), anxiety (Beckman, 1978a; Knoblauch, 1988; McLachan et al., 1979), isolation (Blane et al., 1966; Gomberg & Schilit, 1985) and related to sex-roles (Konovsky & Wilsnack, 1982).

Alcoholic women seem to suffer from lower self-esteem than both nonalcoholic women and alcoholic men (Beckman, 1976, 1978a; Beckman et al., 1980; Graham & Strenger, 1988; Murray, 1989). Whether women use alcohol to protect self-esteem has not been supported (Bordini et al., 1986). Compared to white alcoholic women, black alcoholic women seem to possess a more positive self-concept (Amaro et al., 1987). Yet, ironically, they tend to be socially isolated

from their communities in which involvement provides a tremendous source of self-esteem among blacks (Gomberg, 1980).

Discussion

In assessing any conclusions or implications from this study, it is important to restate its limitations. First, the fact that this study uses a review of the literature rather than experimental or descriptive research serves as a limitation. Any conclusions drawn will be hypotheses, some of which are not solidly backed by research results. Second, the fact that a scarcity of information exists on the black alcoholic woman is also a limitation. In order to understand this population, it was compared to white female and white male alcoholics because a great deal more is understood about these populations. Third, there exist many subgroups of black women alcoholics (Gary & Gary, 1985-1986; Lonesome, 1985-1986). As this review concentrated on black women alcoholics in general, the findings may not apply to specific subgroups. Lastly, claims made about the causality of self-esteem to alcoholism or the relationship of any other factors are speculative. The research community is not certain of cause-effect relations but is able to say that some factors are correlated (Bedi & Halikas, 1985; Blume, 1986).

Four hypotheses regarding black alcoholic women have been formulated from the literature review and will be

discussed in this section. It is hypothesized that black alcoholic women suffer from low self-esteem but not as low as that of white alcoholic women because (a) black alcoholic women employ self-handicapping strategies which protect their self-esteem, (b) black women maintain self-esteem through participation within their communities, (c) black women alcoholics appear to be more similar to white male alcoholics than white female alcoholics, (d) other factors confound the relationship between self-esteem and alcoholism in black women.

Self-Handicapping Strategies

It is agreed that, like other people, the black woman looks to similar others to form comparisons in the evaluation of the self (Crocker & Major, 1989; Festinger, 1954). She finds these similar others in her own black community (Hughes & Demo, 1989; O'Leary, 1977; Porter & Washington, 1979; Rosenberg, 1979, 1981) rather than looking to the greater society (Krause, 1983). Since the black woman sees herself as separate from the wider society, her global self-esteem is not drastically affected by racism or discrimination (Crocker & Major, 1989). It is hypothesized that when black women define themselves, they are able to block out these negative factors through self-handicapping strategies. Their ideal self is not represented by white society but is based on the black community. Thus when comparing her real to ideal self, a close match is found

resulting in high self-esteem.

It can be recalled that global self-esteem is thought to be related to alcoholism (Sullivan & Guglielmo, 1985). Because the black woman has developed self-handicapping strategies to protect the global self-esteem, it is hypothesized that when she loses control of her drinking, she keeps these strategies in place to some extent. Thus while her self-esteem does suffer in relation to her alcoholism (Carroll et al., 1982) she is prepared to maintain some level of self-esteem.

White women, on the other hand, do not compare themselves to stigmatized others in their own communities (Jones et al., 1984) but look to the larger white society to form comparisons. Thus when the white woman becomes dependent on alcohol, she may perceive a large gap between her real self-image and ideal self-image. This is because her ideal self is based on white societal standards which she fails to meet by her intoxication and alcoholism. It is hypothesized that her global self-esteem is threatened to a greater extent than the black woman's global self-esteem. In addition, because the white alcoholic woman has not been faced with the discrimination that the black female has endured, it is hypothesized that self-handicapping devices are not as resilient in white females. Therefore, self-esteem can not be protected from further threats. Researchers confirm a higher self-esteem among black female

alcoholics as compared to their white counterparts (Amaro et al., 1987).

Community Participation

It is hypothesized that the black community is an important source of self-esteem as well as a gateway or barrier to alcoholism. Black women find support within their communities (Brisbane & Womble, 1985; Gomberg, 1980) and self-esteem is raised through social participation (Mackie, 1983; Meddin, 1986; Pugliesi, 1989). Depending on the community in which a black alcoholic woman resides, she is faced with different stressors which will impact her alcoholic drinking and self-esteem.

In communities where alcoholic women are disgraced, the community may either estrange the woman or the woman separates herself from the community as a result of shame or guilt (Caetano, 1989). When the black alcoholic woman loses her comparison group, she has nothing on which to base her self-esteem except for internal judgements (Crocker & Major, 1989). These judgements may have developed during the formation of self-esteem in one's early years (Sanford & Donovan, 1984). But, if parents have not conveyed internal values or if the child has not developed these within herself, she is left without devices which will protect her self-esteem.

She may then engage in self-handicapping strategies (Hull & Reilly, 1983; Tucker et al., 1981). Through

excessive alcohol intake, it is believed that she is able to rationalize her failures and blame her problems on the alcohol rather than herself. Thus she temporarily salvages any self-esteem remaining while further estranging herself from the community. All the while, she progresses further into dependency passing through the stages of alcoholism. It is hypothesized that in these communities, abstinence levels are high due to social sanctions on female drinking, intoxication, and alcoholism.

Black communities that do support intoxication among females do not provide harsh sanctions for breaking societal standards (Caetano, 1984; Gaines, 1976). It may be in fact that encouragement from members of the community prompted her to begin drinking (Corrigan & Anderson, 1982; Dawkins & Harper, 1983; Strayer, 1961). These communities permit women to drink in public places with friends. It is hypothesized that the concentration of heavy black drinkers reside in these communities. Abstinence rates are probably low.

But in these areas, it is hypothesized that women may not suffer from as low self-esteem as the women in those areas with strict cultural norms. Because their comparison group, the community, is similar to them, the evaluation of the self is high. They are not pressured to change to conform to traditional feminine roles but are accepted regardless of their drinking practices.

A white female alcoholic does not relate as closely

to her community as a black woman but views herself more in relation to the wider society (Jones et al., 1984). Thus it is hypothesized that black women who derive from communities which highly sanction alcoholism, especially among females, share similar dilemmas with white female alcoholics. They both must face the negative attitudes and discrimination of the people to whom they compare themselves. The self-esteem of the woman in both these groups would suffer. This also provides an additional stressor which may further prompt excessive drinking. But based on the previous hypothesis that black women hold stronger, clearer self-handicapping strategies, the self-esteem of the white female alcoholic would suffer to a greater extent.

Similarities Between White Male and Black Female Alcoholics

Black alcoholic women may share more similarities with white male alcoholics than white female alcoholics. The black woman occupies a different role in the black community than the white woman does in her community. It can be recalled that white women are valued if they act in traditional stereotypic ways, assuming such roles as wife, mother, supporter, subordinate, etc. (Sanford & Donovan, 1984). The black woman, on the other hand, may not assume these roles in the black community. Rather, she may become the financial provider for the family or head of the household (Allen & Britt, 1983; Brisbane & Womble, 1985; Lerner, 1972). But whether or not they assume these roles,

black women are more assertive, independent, and resilient than white women (Allen & Britt, 1983; Jackson, 1972; McCray, 1980; Staples, 1981). Thus black women seem to assume characteristics or roles similar to those that white men assume in their communities.

Further, when a woman is intoxicated or labeled as an alcoholic, society views her negatively for breaking societal rules (Ames, 1978,1985; Lester, 1982). White women may experience shame for their drinking and ostracism from the community for breaking the social expectations of a stable wife and mother (Curlee, 1967,1968; Mandel & North, 1982). This threatens her self-esteem and may further her drinking (Clarke, 1974; Konovsky & Wilsnack, 1982; Reed, 1985). But because the black woman does not assume traditional white female roles, she does not suffer such severe ostracism and threats to self-esteem. Because she has assumed a role similar to the male role in white society, it is hypothesized that she encounters the problems that white males face rather than white females.

Related Factors

Understanding black women's drinking may not be as easy as these correlations suggest. Unexpected life events may confound a black women's problems no matter in which community she resides. Black women seem to experience more stressors than white men or women (Allen & Britt, 1983). They face racism, sexism (Sandmaier, 1980; Staples, 1973),

economic difficulty (Amaro et al., 1987), pressures of heading households (Allen & Britt, 1983; Brisbane & Womble, 1985; Lerner, 1972), etc. Black women may suffer from low self-esteem not only linked to their alcoholism but also linked to depression or anger over these stressors.

Sex-role confusion may also be a mitigating factor. The black woman entering menopause must cope with the loss of her role as a reproductive being as well as deal with erratic body changes (Allan & Cooke, 1986). If the black woman drinks in response to these problems, self-esteem will be affected by her alcoholism as well as her loss of role and changing self-concept (Lundy, 1987; Sandmaier, 1980).

Regardless of the woman's community, affective disorders may be linked to her alcoholism (Corrigan, 1980; Jacobsen, 1987; Schuckit et al., 1971; Sclare, 1970). And if her parents provided inadequate role models in a disruptive, alcoholic family, this may also give the black woman the message that it is acceptable to dilute problems with alcohol (Fernandez-Pol et al, 1986; Gomberg & Lisansky, 1984; Smart, 1979; Stark, 1987; Tarter et al., 1977).

Thus it is hypothesized that a number of factors are linked to her excessive drinking and loss of control. The black woman's tolerance to these factors and perhaps genetic predisposition determines whether she will seek alcohol as a means of conflict resolution. And perhaps it is a combination of these factors for some black women to reach

their threshold.

Recommendations

This study indicates that black women alcoholics are a unique group exhibiting a unique set of symptoms (Gaines, 1976) yet the group itself is heterogeneous (Gary & Gary, 1985-1986; Lonesome, 1985-1986). Treatment approaches for black women need to recognize the factors relating to black alcoholic women and arrange therapeutic goals to address them. While they may not suffer from as bleak a self-image as white alcoholic women (Amaro et al., 1987), self-esteem may be an issue among black alcoholic women as evidenced by their feelings of isolation and response to other factors linked to alcoholism. Also, for those women living in communities where abstinence is praised and alcoholism is sanctioned, the black female alcoholic's self-esteem may be in jeopardy. These considerations lead to the following recommendations:

1. Alcoholism treatment programs need to give specific focus to building self-esteem among black women. Beckman (1978b,1984) likewise have suggested that self-worth and self-evaluation need to be raised. This may include encouragement of positive relationships, assertiveness training, and sexual difficulty resolution (Amaro & Beckman, 1984) among other factors.

2. Practitioners need to understand and appreciate the issues faced by black women. They should not be enticed

to change the black woman to meet white standards under the guise that her self-concept will improve. Black women need to feel comfortable with themselves and their communities first. It is important for practitioners to understand the client's black community and its values.

3. The finding that black women may feel estranged from their communities implies that they need to form positive social relationships and form an alliance with their communities. As the church is often an important factor in black communities (Brisbane & Womble, 1985; Gomberg, 1980), black women should be encouraged to join their churches as active members. Peer counseling and self-help groups with other black females from their community may be effective. In these groups, women are able to find a common bond. This is especially helpful for those black alcoholic women in communities which gravely sanction women alcoholics.

4. Treatment should be designed to affect many areas of the black women's life (Hart, 1977,1978; Hart & Stueland, 1979; Maisto & Cooper, 1980). While it is still unknown what causes alcoholism (Bedi & Halikas, 1985; Blume, 1986), researchers are pointing to a complex configuration of multiple factors (Gomberg, 1977; Gomberg & Lisansky, 1984; Harrison & Belille, 1987; Lester, 1988-1989; Martin & Casswell, 1988; Vaglum & Vaglum, 1987). Therefore, treatment needs to account for many different factors which may lead

to or result from alcoholism. For example, Turnbull and Gomberg (1988) suggest that treatment needs to understand how depression impacts the individual female alcoholic. A variety of techniques may be necessary.

Implications for Future Research

A synthesis of the present study from a review of the literature suggests a need to give increased attention to several important areas of alcoholism research:

1. There needs to be a general commitment to the study of women and alcohol (Blume, 1980). Gomberg (1980) suggests that there needs to be an emphasis on including samples of females in studies on alcoholism. In addition, an emphasis on examining subgroups of women should also be stressed (Blume, 1986; Carrigan, 1978; Curlee, 1969; Gomberg, 1980; Schmidt et al., 1990). There seems to be too much research which focuses on one subgroup and carelessly generalizes these results to other subgroups of women. Populations and samples of these populations need to be clearly stated in methodology sections of research. While hypotheses can go beyond the data, the actual findings should not be generalized unless warranted.

2. There is a general need to include black women in alcoholism research (Harper & Dawkins, 1976). Black women should be included in samples along with white women and other races of females. Focus should also be placed on examining the black woman as a separate entity. Subgroups of

black women need to be explored accounting for such factors as education, class, age, occupation, marital status, etc. (Benjamin & Benjamin, 1981; Knupfer, 1982). Because subgroups are unique, Corrigan and Rivera (1980) suggest that research instruments be tailored to subgroups.

In addition, more emphasis needs to be placed on black women's role in society. King (1982) suggests that literature focus on ethnic and cultural factors rather than racial factors. Likewise, Herd (1987) and Beverly (1983) state that research needs to broaden its perspective on black drinking to include sociocultural factors and environmental factors which influence black drinking practices. The significance of the black community as opposed to the wider society needs to be accounted for in studies of alcoholic women (Dawkins, 1980).

3. A variety of research designs and statistical methods need to be explored (Harper, 1980). Too often, studies have relied on surveys, case studies, and descriptive analysis. Longitudinal research may be helpful in examining cause-effect relations between variables (Blume, 1980; Dawkins, 1976; Harper, 1980). Franks and Wiseman (1980) suggest that each new effect become the antecedent variable which produces a new effect. Specifically, time-ordered data is suggested to understand if alcoholism is a cause, effect, or cause and effect of such factors as depression, stressful life events, sex-role

identity, family environment, etc. (Schmidt et al., 1990; Wilsnack et al., 1986).

4. In general, studies need more control. Alcoholic women need to be compared to nonalcoholic women, female psychiatric patients, and alcoholic men (Blume, 1980; Schuckit & Morrissey, 1976). Thom (1984) suggests that comparisons between men and women alcoholics consider similarities and differences between groups of men and groups of women.

Experimental studies and literature need to provide consistent definitions and terminologies (Lex, 1987). If we are to understand alcoholism and self-esteem and how they interact in people of different races, genders, cultures, etc., then studies need to keep key concepts consistent.

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VITA

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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 the thesis is now given 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 Master of Arts.

4-17-91
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