

Effects of Partner Alcohol Abuse  
on a Canadian Female Sample

by

Terrence MacArthur Perkins

A thesis  
presented to the University of Manitoba  
in fulfillment of the  
thesis requirement for the degree of  
Master of Science  
in  
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EFFECTS OF PARTNER ALCOHOL ABUSE  
ON A CANADIAN FEMALE SAMPLE

BY

TERRENCE MACARTHUR PERKINS

**A Thesis submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of**

MASTER OF SCIENCE

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## Abstract

Little is known about the effects of having a problem drinking partner upon females as shown by literature reviewed in this thesis. Issues of life stress, marital conflict and/or violence, spousal drinking behavior, spousal drug use, and social interaction seemed to be important in predicting female reactions. These variables were examined, using secondary analysis of the 1989 Canadian "National Alcohol and Drugs Survey." Females (N=259) who reported their partners had a current drinking problem were compared to a matched control group.

Results showed women with problem drinking partners used prescription drugs more frequently than the control group, reported less social support from family and friends, and reported a greater frequency of family problems such as arguments, insults, assaults, and financial troubles. Partial testing of the Double ABCX model of stress (McCubbin & Patterson, 1983) showed that it was appropriate and that it performed well in explaining the effects of having an alcohol abusing partner on females. Relationships of these findings to other alcohol and drug research is discussed.



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Effects of Partner Alcohol Abuse on  
a Canadian Female Sample.

Introduction

According to Statistics Canada, the federal and provincial revenues received from alcoholic beverage sales for the period 1985 to 1986 were in excess of 3.75 billion dollars (Eliany, 1989). The costs involved in dealing with alcohol abuse in Canada during the same period of time were approximately 5.25 billion dollars. A 1979 Gallop poll in the United States found that roughly 25% of Americans reported alcohol as being a major cause of trouble in their families (Gallup, 1979). Some research done on alcohol abuse and the family however, suggests that alcoholism alters family behavior to accommodate the alcoholic and thus becomes an organizing and stabilizing component for family life rather than a pitfall (Davis, Berenson, Steinglass, & Davis, 1974; Gomberg, 1979; Steinglass, Tislenko, & Reiss, 1985; Steinglass, Bennett, Wolin, & Reiss, 1987).

Boss (1988) proposed that a family's perception of a stressful event/situation is important in explaining why some families adapt and others go into crisis. Individuals in the family may have varying degrees of success in coping with various role stresses; however, different individuals have unequal

success when attempting to deal with the same kinds of life problems (Pearlin & Schooler, 1978). If all family members share the same perceptions, they have congruent perceptions and endeavour to cope in the same ways. Unfortunately, these family systems may be dysfunctional, are quite flimsy and must change sooner or later because people age and mature (Boss, 1988).

In this thesis the prevalence and possible adverse effects of having an alcohol abusing partner was examined in a large general population sample, using secondary analysis. The data from "The National Alcohol and Drug Survey "(1989), a Canada-wide telephone survey, were made available on machine readable tape to researchers for further analysis.

A total of 11,634 individuals, randomly selected to include similar response rates relative to each of the Canadian provinces, participated in the study. The sample for this thesis was drawn from that study.

There are some limitations of this kind of research which should be mentioned. One problem common to secondary analysis is that the original group of subjects cannot be approached for follow-up studies because that information about individuals is not accessible for reasons of ethics and confidentiality. Researchers must therefore rely

solely on the questions asked in the original interview to provide them with answers to the specific questions pertinent their own research. Many variables which are of interest to the secondary researcher may not have been utilized in the original research.

There are many alternatives available which allow researchers to utilize the data set and conduct studies with specific objectives in mind. The specific objectives in this research were to 1) determine the frequency with which partners report spouses with alcohol problems, 2) examine the consequences of having an alcohol abusing partner, 3) examine possible demographic factors associated with better adaptation to having an alcohol abusing partner, and 4) test the "Double ABCX Model" of family stress (McCubbin and Patterson, 1983).

#### Alcohol and Family Problems

Alcoholism may affect a number of areas of family life including stress, family/marital conflict, social interaction, and alcohol and drug consumption by other family members. The specific goal of this thesis was to study the effects of having a problem drinking partner on the spouse and the manner in which various coping strategies were utilized to deal with resulting situations.

### Life Stress

Research suggests that alcohol abuse in the family may contribute to life stress in a variety of ways. Wiseman (1980, 1991) found that women with male problem drinking partners assumed "dual roles." Not only did women have to control their own drinking, but they also had to attempt to control their husband's drinking as well. In order to deal with the alcohol problem, partners of alcoholics assumed the role of amateur therapist as well as spouse. Having to live with the failures of her direct approach attempts at being a therapist proved to be difficult for the wife since there was often no one to relieve her of this position, prior to seeking treatment outside the home. These roles often proved to be contradictory, producing emotional stress and alienation for both partners (Wiseman, 1980, 1991).

Wiseman (1991) suggested that, in the spouse's attempts at home treatment for alcohol abusing partners, wives resort to a number of methods of persuasion to discourage their partner from drinking. The direct approach mentioned earlier is usually first, including such ploys as being an amateur therapist, nagging, emotional pleading in an attempt to induce a reaction to her tears, followed by threats to leave the problem drinker. These final



threats often fail because either the problem drinker calls her bluff, or the wife does not have the economic means or courage to take an extreme measure such as leaving. Other direct approach methods include throwing away the alcohol, breaking bottles of liquor, hiding the bottle, and even contacting drinking establishments or vendors to ask them not to serve the problem drinker (Wiseman, 1991).

Wiseman also proposed that a number of indirect approaches are used by spouses of problem drinkers. One approach involves a spouse acting "natural" in an attempt to get the drinking spouse to exhibit the same behavior. Some women have stated that they reach a point where they no longer feel great strain in doing this and eventually habituate to their own particular form of acting, both reducing the stress of the situation and making it easier to cope. They do realize however, that they are putting on an act and may have to continue to do so for a long time. Her work supports the research of others (Davis, et al., 1974; Gomberg, 1979; Steinglass, et al., 1985; Steinglass, et al., 1987) that changes can be made in the family to allow the relationship to proceed.

Women with alcohol abusing partners stated that their marital relationship suffered as a result of the reduction of role responsibilities and

performance by the alcohol abusing partner (Parades, 1983). An indirect approach outlined by Wiseman (1991) is that of the wife "taking over" any number of duties and assuming responsibilities for home management which the problem drinking husband is no longer able to perform, in the hope that the amicable home atmosphere will lessen the partner's need for alcohol. It is also hoped that the wife can, by being in this position of authority, find activities for the problem drinker to do which will decrease the amount of time available to him for drinking.

The family is affected both economically and socially by the alcoholism, and loss of status for the spouse adds to the source of stress. Another indirect approach to dealing with an alcohol abusing partner, as outlined by Wiseman (1991) is "money manipulation." This method of coping involves the wife controlling the amount of funds available to her spouse for the purchase of alcohol. Many women have access to the family finances. Wiseman states that money manipulation proves difficult since drinking partners still find the necessary funds for liquor just the same. Wives may even spend as much money as they can so there is little left for alcohol. Husbands still partake, using either borrowed money

or by establishing credit at their local drinking places.

Drinking with the husband is another indirect method of home treatment; however, wives most often find that they get sick or develop serious drinking problems themselves. This method of dealing with a problem drinking partner is often the result of the speculation by the wife that if she can get her husband to drink at home, he will drink less. These wives found, however, that they could not keep up with their partners' drinking behaviors (Wiseman, 1991). Several other indirect approaches to curbing a spouse's drinking might include withholding sexual favours, rescheduling meal times to alter pre-dinner drinking behavior, feeding the problem drinker more food in an attempt to reduce his alcohol consumption, not washing the partner's clothing so he would have no clean clothes to wear if he wanted to go out, hiding house and/or car keys in an effort to keep him at home, and finally, not doing anything at all, labelled the "hands-off" approach (Wiseman, 1991). This final method may lead more quickly to mental and/or physical separation between the marital partners as a result of the pile-up of frustration accompanying this practice. Following attempts to resolve problems with all of these measures, both

direct and indirect, wives more readily turn to professional help (Wiseman, 1991).

#### Family/Marital Conflict

Families experience conflict as a result of the partner's drinking. Moderate intoxication in the alcohol abusing partner is associated with an increase in number of disagreements with the non-alcoholic spouse and is also associated with an increase in the degree of negative affect between partners (Frankenstein, Hay, & Nathan, 1985; Jacob, Ritchey, Cvitkovic, & Blane, 1981; Wiseman, 1991). The family, when experiencing conflicting situations, may often have some difficulty trying to solve problems. The family is needed to sustain emotional and intimate involvement yet often does not have the capacity to deal with conflicts that may result from the intense emotional investments made by members. These conflicts can be in the form of both verbal and physical aggression (Brinkerhoff & Lupri, 1988). These researchers suggested that strong verbal assaults by one partner can produce emotional damage upon the spouse and can also escalate to physical abuse. The authors stated that domestic violence is not specific to any particular social class.

Marital violence has, in the past, been condoned by society, although this is quickly changing as

attitudes and policies change. Frieze and Schafer (1984) found that higher levels of violence by both spouses were found in families where the husband, not the wife, had the drinking problem. They also suggested that the home is where the woman is more likely to be assaulted by her spouse. Hamilton and Collins (1981) asked about violent family incidents and found 60% of those experienced by women took place in their home, and of those, 51.4% were brought about by their husbands. Research suggests that alcohol related spouse abuse may be the result of alcohol acting as a catalyst rather than a cause of violence (Barnes, Greenwood, & Sommer, 1991; Shapiro, 1982). This is supported by Frieze and Schafer (1984), who stated that the majority of families indicating alcohol problems also had violence problems associated with them. Such problems can have devastating effects on social aspects of the non-drinking partner's life as well.

The prevalence of women as victims of spouse abuse during the course of a relationship, based on data collected in studies throughout the United States and Canada, ranges between 11% and 60% (Brinkerhoff & Lupri, 1988; Gelles, 1974; Kennedy & Dutton, 1989; Nisonoff & Bitman, 1979; Smith, 1987; Straus, 1978; Straus & Gelles, 1986; Walker, 1979). The

overwhelming choice of measuring instrument employed to gather this information was the "Conflict Tactics Scale (CTS)" (Straus, 1979). Possible explanations for the different percentage rates are reports of more instances of severe violence in United States society, as well as differences in sampling and in methodology. Another interpretation of the discrepancy in rates is that some violent acts against spouses are not considered to be criminal by the victims; hence, they are less likely to report them to either police or interviewers (Kennedy & Dutton, 1989).

Weapons regulations and restrictions are less stringent in the United States than in Canada. This has relevance to the question in the "Conflict Tactics Scale" concerning methods of assault. Guns and knives, more commonly held by citizens in the United States, would then lead respondents to show more violent tactics than Canadians.

Women in these studies reported being abused at least once in their relationship. Many of these episodes of violence within the home have serious outcomes; in fact, Federal Bureau of Investigation statistics showed 13% of homicides in the United States were due to husband-wife killings (Ohrenstein, 1977; Van Hasselt, Morrison, & Bellack, 1985). The

most recent statistics available with respect to the Canadian population suggest that approximately 48% of homicides and 52% of assaults against women in 1991 were committed by either husbands or ex-husbands (Statistics Canada, 1991). In cases where less severe forms of violence occur, there is evidence of detrimental psychological effects such as depression in battered women (Van Hasselt, et al., 1985).

Research done in the late 1970's found that 60% to 72% of physically abused women reported that their husbands abused alcohol (Fojtik, 1977-78; Labell, 1979). Between 7% and 10% of battered women from the same studies reported personal levels of alcohol consumption. An important note should be made that these findings do not confirm the relationship between drinking behavior and marital violence. In fact, studies by Rounsaville (1978) revealed infrequent alcohol use in men during actual episodic periods of violent behavior. Research by Star (1978) found that non-battering husbands drank more than battering husbands. More recent studies have attempted to uncover additional information on alcohol abuse and violence in the family by analyzing data provided by a broad sampling base, including those experiencing conflict and/or alcohol abuse problems as well as satisfactorily married couples.

Van Hasselt, et al. (1985) did an evaluation of alcohol abuse and adjustment in batterers and their spouses. Three different groups were tested, including couples who were physically abusive, couples who experienced conflict but were not abusive, and couples who were satisfactorily married. Measures used to collect data were the Physical Abuse Questionnaire (PAQ), the Michigan Alcohol Screening Test (MAST), the Quantity-Frequency Index (QFI), and the Impairment Index (II). The initial analysis of the data revealed no difference among groups on demographic variables of age, education and length of marriage. Some quite strong correlations were obtained between the husbands' MAST scores and the wives' MAST scores ( $r = .56, p < .001$ ) and wives' rating of their husbands on the MAST ( $r = .88, p < .001$ ).

Correlations between husbands' QFI scores and their wives reports of husbands' drinking on the QFI and II were also significant ( $r = .41, p < .01$ ), ( $r = .26, p < .001$ ) respectively. Significant correlations were found between frequency of assault (PAQ scores) and the wives' II rating of partner drinking behavior ( $r = .41, p < .001$ ) as well (Van Hasselt, et al., 1985). This study showed higher MAST scores for physically abusive males than for



their comparison groups. It supported studies which found evidence of alcohol problems in physically abusive men based on the reports of their wives (Fojtik, 1977-78; Labell, 1979).

The lack of social participation, lack of a sense of community belonging, and perceived loneliness all contribute to overall poor mental health in spouses with alcohol abusing partners (D'Arcy & Sibbique, 1985). The financial resources available to the family become strained when the alcohol abusing partner uses his cheque to purchase alcohol, often leaving little money left to provide the necessities for the family's survival (Parades, 1983).

Another area associated with the alcohol abusing partner's drinking problem that affects the non-drinking spouse is the extent to which he drinks and then drives a motor vehicle. An overview report of the National Survey on Drinking and Driving (1988) indicates that women are more likely to state that they have driven with their problem drinking husbands than are males with problem drinking wives (16% vs. 2%). This can be stress-inducing and create marital discord in the relationship.

### Partner and Own Alcohol Abuse

The available literature regarding the effects of alcohol on the spouses of problem drinkers is still minimal. Some researchers have argued that heavy alcohol consumption by one's partner increases the risk for alcohol abuse. Moos, Finney, and Gamble (1982) compared spouses of alcoholics with a matched control sample and found that spouses of the alcoholic group exhibited more alcohol consumption than the controls. Wiseman (1980, 1991) suggested that the spouse may resort to drinking with the partner as a coping mechanism when other steps to alleviate the drinking problem have failed. Kaufman (1985) concurred that the spouse may drink with the alcohol abusing partner simply as a way of tolerating the latter's behavior. Most studies have focused on the wives of drinking husbands. In one study, women said that marital instability and family problems were reasons to resort to drinking themselves and/or seeking treatment (Williams & Klerman, 1984). Gomberg (1979) proposed that some women use alcohol to cope with life stresses such as depression, abandonment, frustration and decreased self-esteem. She suggested also that having an alcoholic partner proves to be a significant stress precipitator and this occurs more often when looking at the history of

female alcoholics than male alcoholics. Alcoholism in women develops more readily when they drink with their alcohol abusing partners. The same does not apply to men who drink with their alcohol abusing spouses (Gomberg, 1979). Recovery from alcohol abuse for women who drink with their alcohol abusing partners becomes extremely difficult. Each partner deals with his/her own alcohol-related problems and they lack the support of each other. Women's most frequent responses giving reasons for their own alcoholic episodes were marital conflict, anger, resentment, depression, problems with their children, and loneliness (McCrary, 1982).

Not all studies have reported a positive association between having an alcoholic partner and one's own alcohol consumption. Jung (1986) reported that spouses of alcohol abusing partners were more likely to report lighter and less frequent drinking than their partners. The research by Labell (1979), Star (1978), and Van Hasselt, et al. (1985), also supported findings of less frequent alcohol use/abuse by battered women. In their analysis of a large U.S. national data set, Wilsnack, Wilsnack, and Klassen (1984) reported that female drinkers with frequent drinking husbands reported more alcohol use and alcohol consumption than women whose husbands were

not frequent drinkers. When the women described their husbands as problem drinkers, however, the wives drank less than if their husbands were frequent drinkers. Wilsnack et al. (1984) concluded that living with a problem drinker might sensitize a woman to avoid heavy consumption.

### Social Interaction

Physiological and psychological effects of alcoholism in the family can alter the rules that govern social interaction and change the way individuals behave (Hamilton & Collins, 1981). Isolation from the larger community is not uncommon for spouses and their alcohol abusing partners, due in part to the rigidity of the family's boundaries that result from the alcohol problem (Phillips, Martin, and Martin, 1987). Phillips et al. (1987) suggested that while a partner's drinking may not interfere with his ability to maintain a job, the effects on the non-drinking spouse can be devastating in terms of marital and social life. Kelly (1975) suggested that a family's "leisure career" is dependent upon the stability of the marital roles. If there is any disintegration taking place in these roles as a result of alcohol abuse, the quantity and quality of leisure activities enjoyed by the couple is diminished. This onset of reduced leisure time

together becomes a serious loss. Joint studies in the United States and Finland found that less than 5% of wives of alcoholics said they had many occasions of recreation or social interaction together with their husbands. In a matched control sample of women, 80% stated that they enjoyed numerous joint activities with their spouses (Wiseman, 1991).

Social support theory suggests that circumstances which might leave a person less socially integrated, such as in a family which has experienced divorce, or in a family where the male may not provide the only source of income, have a negative influence on health (Cafferata, Kasper, and Bernstein, 1983). These authors also suggested that women may be affected by lower support levels and more stressful family situations. This is substantiated by stress theory, which suggests that specific life events may be important enough to cause stress and lessen an individual's ability to maintain relatively good health (Cafferata, et al., 1983).

Ackerman (1989) described three types of disengagement within the framework of an alcoholic family including 1) social disengagement, 2) physical disengagement, and 3) emotional disengagement. Social disengagement implies withdrawing from interaction with supports outside the home. The

family feels it has to protect itself, that it has been embarrassed, and that any time it is away from home with the alcohol abusing partner, chance meetings with people such as neighbors could be devastating. The only appropriate alternative is to withdraw and avoid outside contacts. Physical disengagement refers to cessation of attendance at social functions. Spouses will even hide formal invitations from their alcohol abusing partners to avoid attending. The family also stops inviting guests to their home and people who previously visited no longer do so in order to avoid stressful situations caused by the alcoholic. Emotional disengagement refers to the reduction of positive emotional relationships within the family. The non-alcoholic spouse attempts to insulate herself from negative emotions (Ackerman & Pickering, 1989; Kelly, 1975; Wiseman, 1991).

Spouses with alcohol abusing partners exhibit more negative life events, more reports of depression, less social and recreational/leisure activities, more medical conditions, less cohesiveness in the family, and more job changes than matched control samples (Moos et al., 1982). The reduced social activity available to spouses with alcoholic partners could have adverse effects on psychological well-being. In

a Manitoba study (Guse, Morier, & Ludwig, 1976), which examined the relationship between women's activities outside the home and the use of psychotropic drugs, a significant inverse relationship was found to exist between social events (such as visiting friends outside the home, involvement in sports activities, and participation in social clubs) and psychotropic drug use.

#### Tranquilizers and Anti-depressants

Drug consumption rates are indicators of the prevalence of drug abuse problems, and the use of any drug for therapeutic or recreational reasons increases the likelihood of abuse. Two Canadian surveys were analyzed by Lamarche and Rootman (1988). Their findings showed support for increased drug usage among Canadians. Comparison between the "1985 Health Promotion Survey" and the "1987 Ontario Survey," on the question of drug use by subjects in the past year, revealed consumption rates of 8% (sleeping pills) and 6% (tranquilizers) in the former study, and 9% (sleeping pills) and 7% (tranquilizers) in the latter study. Results from the "1985 Health Promotion Survey" suggested that the majority of drug users found their lives stressful. Of the tranquilizer users, 75% found their lives stressful, and of the sleeping pill users, 57% found their lives

stressful (Eliany, 1990; Lamarche et al., 1988). They speculated that these stresses may be related to life events such as marital conflict and/or breakup, death of a spouse, or retirement. The authors stated that occupational status was significantly related to tranquilizer use and those most affected were housewives, unemployed persons, students, and retired persons.

Tranquilizer use was not related to income or education in the 1985 Health Promotion Survey; however, the inverse was found in the 1987 Ontario Survey with respect to low socio-economic status, low education, and increased incidence of tranquilizer use (Eliany, 1990; Lamarche et al., 1988). The different patterns of alcohol and drug use between males and females were attributed to differences in the perceived social norms associated with such substances and accepted norms regarding their continued use (Biener, 1987).

While the use of alcohol among men continues to far outweigh the use of alcohol among women (Wilsnack, et al., 1984), Canadian studies show an overwhelming percentage of all psychotropic drug prescriptions going to women (Cooperstock, 1981; D'Arcy & Siddique, 1985; Eliany, 1990). Cooperstock (1981) suggested that the peak use period for women



is during the middle years, and Eliany (1990) stated that older women receive more than one-half of all benzodiazepine prescriptions each year. Data suggest that 23% of women, age 65 and older, used sleeping pills, and, approximately 1 in 12 women used tranquilizers compared to 1 in 20 males (Eliany, 1990). Eliany found that the 25 to 44 year old age group of women were prescribed significantly more tranquilizers than any of the male groups analyzed in the National Alcohol and Drugs Survey (Eliany, 1990).

Cooperstock (1981) concluded that women are more likely to attempt to discuss their problems with their intimate relatives, seek physicians' advice and request drugs to ease their distress. More women than men were described as anxious by medical staff attending them and were prescribed drugs in the treatment of their problem. Doctors are more likely to prescribe tranquilizers to women as well. Eliany (1990) found that three out of four individuals who used tranquilizers considered their lives stressful. There are undoubtedly short term benefits for women who use drugs to alleviate their stress, but long-term complications may also develop. Studies suggest that people used benzodiazepines for therapeutic reasons but continued their use for extended periods beyond the prescribed time-frame outlined by

physicians, and they used benzodiazepines for getting high and abusing the drugs along with other drugs (Eliany, 1990; Busto, Sellers, Naranjo, Cappell, Sanchez-Craig, and Simpkins, 1986).

Diazepam, more commonly referred to as Valium, has detrimental effects on an individual's cognitive and psychomotor performance, not only impairing concentration but also affecting one's alertness, learning, and memory (Berner, 1982; Eliany, 1990; Mann, Nicholls, Naranjo, Mueller, and Cappell, 1984; and Petursson & Lader, 1984,). Benzodiazepines represent approximately one-half of all psychoactive drugs consumed, and Diazepam is the largest seller in the world (Berner, 1982).

The use of tranquilizers may decrease a person's ability to tackle problems. The underlying factors, such as anxiety, which might lead women to seek prescriptions may not be handled properly. Women may begin to feel a sense of having less self-esteem and competence (Cooperstock, 1981). Female addictions often work to diminish a woman's impulses, reinforce the sense of powerlessness, and reduce one's capacity to express true feelings (Bepko, 1989). If women having an alcohol abusing partner find that their lives eventually become stressed, then it is quite possible that this stress can in turn lead to the use

of tranquillizers and anti-depressants in efforts to cope.

#### Review of Family Stress Theory

The concept of stress has been viewed by numerous researchers from different theoretical orientations. Stress has been defined relative to a medical model as "the state manifested by a specific syndrome which consists of all the nonspecifically-induced changes within a biologic system" (Selye, 1978, p.64). Selye (1978) suggested that the degree of stress one might experience is the result of life events or situations that have the potential to cause change. The basic idea with respect to stress is that life experiences and transitions can and often do foreshadow a development of both illness and maladaptive behavior, if one does not adapt to the changes that are brought on by these events. The direct link between life stressor events and illness is comparatively modest however (Shiffman & Wills, 1985).

From another perspective, relative to a systems theory approach, Boss (1988) added to the Burgess (1926, 1968) definition of family as a "unity of interacting personalities," suggesting that the family was "a continuing system of interacting personalities bound together by shared rituals and rules even more than by biology" (Boss, p. 12). She

suggested that when stress was experienced, the stress level of the family as a whole was qualitatively different from the sum total of the individual stress levels of separate family members (Boss, 1988).

If stress is caused by a specific situation which persists over time, it is labelled a "chronic stressor," as opposed to a one-time event which may be short-lived and thus referred to as an "acute stressor" (Boss, 1988). Families may be better equipped to face acute stressor events because, by their nature, these events are usually more predictable and have a shorter duration. In contrast, a chronic stressor, being of longer duration, may have an effect upon normal developmental transitions in both individuals as well as the entire family, and contribute to a pile-up of stress associated with other events (Boss, 1988).

Hill (1949), during his studies of stress on families who experienced war separation and reunion, created a two-part theoretical model of families experiencing stress, which employed a descriptive and an explanatory component. The first part proposed that families are in a homeostatic state until a stressor event occurs and creates a state of disorganization. The second element identified

factors relating to crisis severity. This model was eventually labelled "The ABCX Model of Family Stress" by Hill (1949) and was later modified by McCubbin and Patterson (1983) to include a pre-crisis and post-crisis phase, forming "The Double ABCX Model," to better examine the family's responses to stress over varying periods of time (Walker, 1985).

#### ABCX and Double ABCX Model of Family Adaptation

The original ABCX model (Hill, 1949) has four basic structural components. The first element is known as the stressor event ('A'). The second element is the availability of resources to deal with stress ('B'). The third component is the perception of the problem ('C'). The final part of the model is the crisis event ('X'). This model helped to provide a substantial base for scientific inquiry of family stress (Boss, 1988; Bristol, 1987). The model used in guiding this thesis research was the "Double ABCX Model of Family Stress" or "Family Adjustment and Adaptation (FAAR)" Model (Lavee, McCubbin, & Patterson, 1985; McCubbin & Patterson, 1983). See Figure 1. The post-crisis phase of the Double ABCX Model (see Figure 2) was employed in this thesis research. It was an appropriate model to use in this research as it allows a researcher to explain adaptation to chronic stressors.

McCubbin and Patterson (1983) modified the original model to include the pile-up over time of family stresses ('aA') which make adaptation more difficult. Psychological and social resources ('bB'), family perception of events ('cC') used in the management of potential crisis situations, and the range of possible positive and negative outcomes ('xX') make up the remainder of the model. The 'xX' segment of the adapted model contains a continuum which indicates levels of high and/or low adaptation to stressors (Bristol, 1987; McCubbin & Patterson, 1983).

The Double ABCX Model has been incorporated by researchers from different disciplines who have found the need to begin research in the area of stress and coping. The Double ABCX Model was chosen because it addresses post-crisis adjustment, it recognizes both the social and contextual nature of adaptation over time, it allows for the assessment of active coping and passive support, and it also accepts the possibility that family responses to stress may be adaptive rather than dysfunctional, as suggested in the introduction.

#### Review of Studies using the Double ABCX Model

Various studies employing the Double ABCX Model of Family Stress (McCubbin & Patterson, 1983) are

discussed in the following section and demonstrate the capacity of the model to serve in a variety of environs dealing with family stress. The application of different research techniques and measuring instruments, depending upon the specific nature of the problem within each study, help to illustrate the suitability of the Double ABCX Model to stress research.

Orr, Cameron, and Day (1991) employed the technique of path analysis to make statements about patterns of causation among the variables used in the Double ABCX model while examining parental stress and coping with children suffering from mental retardation. They found a strong positive relation between the stressor event and the amount of stress experienced by the family ( $B = .46$ ) which represented the direct effect of stressor on stress. This implied that the more severe a child's problems, the greater the degree of stress experienced by the family. Results of path analysis also revealed significant but small paths from stressor ('A') to resources ('B'),  $p = -.22$ , and from stressor ('A') to perception ('C'),  $p = -.28$ , both at  $p < .05$ . A significant path between resources ('B') and stress ('X') ( $p = -.46$ ,  $p < .001$ ) suggests a relation between available resources and stress, that is, the

greater the number of available resources, the less stress. The authors found that the use of resources was directly related to stress but perception was not.

A study by Hamon and Thiessen (1991) used the Double ABCX model to examine the effects of adult children's divorce on their aging parents. This research used qualitative assessment and did not provide any statistical analyses. The authors employed family stress theory to more clearly understand the stress experienced by elderly parents resulting from their children's divorce. The results were based on self-reports of subjects. With reference to the Double ABCX Model's post crisis phase (see Figure 2), the pile-up of stressors included characteristics of the child's divorce, concern for the grandchildren and children, emotional states, physiological symptoms, role changes and ambiguity, strains on own marriage and resources, geographical proximity and prior unrelated strains. Emotional responses of self-blame, guilt, sadness, powerlessness, confusion, disappointment, and bitterness all contributed to the experiencing of stress among subjects. Physiological symptoms included depression, sleeplessness, nervousness, and incessant crying. Individual resources such as



financial stability and good health, religious beliefs, tolerance, acceptance, flexibility, and knowing when to be helpful or when to not interfere all proved to help facilitate parents' coping with the situation. Other resources such as having a strong relationship and good communication with one's partner, and having strong community support groups proved beneficial as well (Hamon & Thiessen, 1991). If parents became aware of alcoholism, spouse abuse, or infidelity in their children's marriage they were more likely to accept the decision to divorce.

Research by Easley and Epstein (1991), utilizing the Double ABCX Model, studied the degree to which current alcohol abuse and psychopathology in adult children of alcoholics (COA) were associated with the COAs' reports of family disruption, coping, and individual child coping while the child lived with the parents. They hypothesized that lower levels of alcohol abuse and psychopathology as adult COAs would result from positive uses of social support, community resources, and perceptual reframing to deal with an alcoholic parent. They also hypothesized that the more families used passive appraisal (perceived stresses to be beyond their control) of the stress of living with an alcoholic parent, the

greater the adult COAs' alcohol abuse and psychopathology would be (Easley & Epstein, 1991).

Easley and Epstein (1991) used several instruments to collect data including a demographics questionnaire, the Children of Alcoholics Screening Test (CAST) (Pilat & Jones, 1984-1985), the Family Crisis-Oriented Personal Evaluation Scales (F-COPES) (McCubbin, Larsen, & Olson, 1982), the 50 item Ways of Coping Scale (Folkman, Lazarus, Dunkel-Schetter, DeLongis & Gruen, 1986), the Michigan Alcoholism Screening Test (MAST) (Selzer, 1971), and the SCL-90 (Derogatis, Lipman, & Covi, 1973). The multivariate analyses used in the study identified individual escape-avoidance and family passive appraisal/self-blame as the most powerful predictors of adult psychopathology. There were few significant effects for family and individual use of social support. This may have been due to the family's low rates of using the aforementioned coping strategies. Burk and Sher (1988) suggested that this finding is not uncommon, since many families experiencing problems with an alcoholic do not seek outside social support and deny their need for assistance from community agencies in order to shield themselves from public stigmatization. The correlational results of Easley and Epstein's (1991) study do not necessarily

indicate causality, but they are consistent with the Double ABCX Model's main thesis that family resources and perceptions of stressors mediate the impact of the stressors on the family.

The Double ABCX Model of Family Stress was employed by Tschann, Johnston, and Wallerstein (1989) to examine the crisis of divorce, using a longitudinal study format. The model was used to predict adjustment after divorce, employing predictors that were consistent with the theoretical model but drawn from divorce research. Path analysis was the measure used to illustrate adjustment for both women and men after divorce. Women with better post-divorce adjustment were observed to have had better pre-divorce general functioning, had smaller decreases in income, experienced less conflict with ex-spouses, and were less attached both positively and negatively to their ex-partners. The researchers found that a large portion of the variance was accounted for in the womens' model ( $R^2 = .66$ ), which was only slightly less than the variance for the entire model ( $R^2 = .67$ ). The final model accounted for 53% of the variance of the mens' post-divorce adjustment. The largest indirect effects observed were those of conflict with ex-spouses, and social

involvement, for both men and women (Tschann, Johnston, & Wallerstein, 1989).

Mothers of children with autism or communication disorders were studied by Bristol (1987) to analyze the effectiveness of the Double ABCX Model in predicting successful adaptation by the family. The study was designed to "empirically test the magnitude of the contribution of severity of handicap to healthy family adaptation in the context of the family's other stresses and the resources and beliefs the family brings to the adaptation process" (Bristol, p. 471). Bristol hypothesized that 1) the Double ABCX Model would predict overall healthy adaptation by the family, 2) healthy adaptation would be positively predicted by more family cohesion, improved coping patterns, and better formal/informal support with regard to the handicapped child, 3) healthy adaptation would be negatively predicted by pile-up of other stresses, parental self-blame, and maternal definition of the handicap as a family catastrophe, and 4) pile-up of stressors, resources, beliefs and coping patterns would account for more of the variance in healthy family adaptation than the severity of the child's handicap (Bristol, 1987).

Bristol (1987) employed a number of scales and questionnaires to collect data, which were then

analyzed using statistical techniques including canonical correlation and multiple regression. With respect to the first hypothesis, a canonical correlation of .67 [ $F(16,70) = 3.07, p < .01$ ] indicated that the Double ABCX model predicted good adaptation in families. The Double ABCX model accounted for 55% of the variance in the rating for parenting, 33% in depressive symptoms, and 53% in marital adjustment. The second hypothesis was partially supported. Quality of parenting was positively predicted by greater detected sufficiency of informal supports and more effective coping patterns. Formal support was not a significant predictor for successful adaptation. Referring to the third and fourth hypotheses, families with other stresses reported more depression and less happiness in their marriages, but severity of the child's handicap was not a predictor of maternal depression, or quality of parenting. Bristol (1987), in her discussion of the findings, suggested that the Double ABCX Model was a useful tool, effectively designed to illustrate family stress theory. An interesting point was made in her discussion. She illustrated in the bonadaptation/maladaptation component of the model in some situations greater family cohesion could be associated with less, rather than more,

healthy adaptation. This was supported by Olson and McCubbin's (1982) finding that excessive cohesion might result in enmeshment and interfere with healthy family adaptation.

Jurich and Russell (1987) studied farm families experiencing stress resulting from decreasing prices for livestock and land. The authors suggested that without help in gaining a better perception of the farm crisis and having improved access to professional assistance and resources, farm families tended to fall toward the maladaptation end of the coping continuum (see Figure 2). Increased stress in the family led to more emotional, social, and physical symptoms. Heffernan and Heffernan (1986) found that 12% to 18% of farm families who were disenfranchised reported increased alcohol use. Bosc (1985) found that 49% of farm families reported becoming more physically violent than the sample of urban families observed in the same study.

Jurich and Russell (1987), in their research at Kansas State University, utilized the therapeutic intervention technique of "reframing." The procedure incorporated in this strategy was based on the premise that the therapist who worked with the farm family would reconceptualize a symptom or viewpoint and alter the perception element of the crisis by

using the Double ABCX model to redefine the situation in a more useful and less destructive way. The family was then able to stop blaming each other and work together to cope with farm stress. The outcome of this study was that rural families showed reduced stress levels and felt more well-being after therapy. However, farm stress was so overpowering that despite the family's new perceptions and resources, it continued to have direct effects on life satisfaction and devastated the family.

#### Operationalization of the Double ABCX Model.

In order to adapt the Double ABCX model for this study, its various component parts need to be defined based on questions asked in the 1989 National Alcohol and Drugs Survey. The various elements in the post-crisis phase of the Double ABCX model (see Figure 2), as they pertain to this particular study, are specified in the following manner. The "aA" component, related to the pile-up of stress caused by living with an alcohol abusing partner and labelled "problem drinking partner" (see Figure 1) was defined by questions from the survey which referred to a problem drinking partner. The "bB" component of the model, entitled "adaptive resources," was operationalized by questions relating to the various types of social/financial supports available to

spouses with problem drinking partners. The "cC" component, designated as "problem perception," was defined by responses to questions which deal with perceptions of family problems resulting from having a problem drinker in the home, such as build-up of stress, marital conflicts, insults, assaults, and loss of friendship networks. The final component in the structure of the Double ABCX Model, is the "xX" factor, or bonadaptation and/or maladaptation. Indicators of bonadaptation and maladaptation analyzed in this study included the respondents' global stress report and the respondents' own reported use of alcohol, barbituates and depressants.

An attempt was made to illustrate both positive and negative relationships between each of the previously listed components in the Double ABCX Crisis model. For instance, how having a problem drinking partner ('aA') affected an individual's resources ('bB') in terms of social supports from family and friends and the creation or dissolution of family problems ('cC') was studied. In turn, how a spouse adapted to these effects by high/low stress and substance abuse was analyzed and diagrammed to show the direction and strength of the various components upon each other.



### Hypotheses and Model Testing

The hypotheses drawn from the above literature are as follows:

1) Females with a problem drinking partner will report more life stress than females with non-problem drinking partners.

2) Females with a problem drinking partner will report more family problems than females with non-problem drinking partners.

3) Females with a problem drinking partner will report more alcohol consumption than females with non-problem drinking partners.

4) Females with a problem drinking partner will report more use of prescription drugs including sleeping pills, anti-depressants, and tranquilizers than females with non-problem drinking partners.

5) Females with a problem drinking partner will report less social support than females with non-problem drinking partners.

In addition to the hypotheses described above, multivariate analysis was done, using the technique of path analysis to test a version of the Double ABCX Model. This allowed examination of both direct and indirect effects on maladaptation from having an alcohol abusing partner.

### Method

Secondary analyses were conducted machine readable data tape containing the "National Alcohol and Drugs Survey", supplied by Statistics Canada (Statistics Canada, 1989). This survey asked specific questions about the partner's use of alcohol, including whether the partner was judged to have a current "drinking problem." This selected respondents with a partner perceived as having a drinking problem during the last year.

After some preliminary analyses, the "National Alcohol and Drugs Survey" provided a total sample of 3,281 females who indicated that they were married at the time of the survey. A total of 259 females reported that their partners had a drinking problem at some point in their lives. Of this total, 97 females reported that their partners had a drinking problem within the past year. The information provided by these initial analyses found that the number of males who indicated that their spouses had a drinking problem were not large enough to justify further study (n = 31).

An additional 24 males and 45 females reported that their partners had a drug abuse problem at some point in their lives, and 22 females reported that their partners abused both alcohol and drugs. For

this thesis, it was determined that the number of responses by females and males concerning both drug abuse problems and mixed alcohol/drug problems among spouses were not frequent enough to conduct analyses. For the same reason it was decided that this research would only be limited to female subjects with male alcohol abusing partners.

Since the effects of alcohol abusing partners on family stress are likely to apply more significantly when the person is currently alcoholic, the majority of analyses conducted in this paper focused on reports by female respondents with current problem drinking partners. These were compared with a matched sample of females with partners not having a current drinking problem. As mentioned previously, there were 97 females who reported having a partner who currently abused alcohol. A control group matched by age, sex, marital status, income, and occupational status was selected from the sample of respondents who reported that their partners did not have any alcohol abuse problems.

### Measures

The questions utilized by Statistics Canada and the Addiction Research Foundation for the "National Alcohol and Drugs Survey" were based on standard questionnaires which have previously been used in

various research projects to collect information on smoking and drinking in general.

#### Demographic Variables

Questions were included to measure the following demographic characteristics: (1) education, (2) employment status, (3) marital status, (4) income, and (5) age. Past research has suggested that socioeconomic status, educational level and occupational level may play an important part in contributing to the occurrence of marital conflict in the home (Hotaling & Sugarman, 1986; Kantor & Kantor, 1987).

#### Partner Drinking Variables

In order to measure what effects an alcohol abusing partner has on the spouse, questions from the 1989 National Alcohol and Drugs Survey were included to measure the following: spouse/partner drinking problems designated by questions 49, 50, and 54 (see Appendix).

#### Dependent Variables

The measure of life stress was assessed by subject responses to the question concerning their reported level of stress (question 3), thus providing a 'global life stress' indicator. Their reported experiences with other people's drinking problems (question 53) provided another life stress variable.

which was then used to create a scale to measure marital conflict. The survey data were analyzed by utilizing the "yes" responses from question 53 to create a "problem indicator" scale, which proved to be useful when comparing responses of women with problem drinking partners to those of the matched sample of women regarding conflict in their marital relationships. The degree of social support available to the women of this study was measured by responses to the question of family and friends' supportiveness (question 4) and compared with the matched sample.

#### Procedures

The strategy for data analysis was based on using analysis of variance, cross tabulations, and Chi-square procedures to observe differences between the group with problem-drinking partners and their demographically matched comparison group in terms of spousal reports of 1) life-stress [including a global life stress rating and marital problems, conflict and abuse, financial problems, and motor vehicle accidents], 2) social life, and 3) own use of alcohol and/or drugs. Regression analyses were conducted to examine possible moderating influences of demographic variables on life stress, social activity, drinking and drug use.

In order to test the Double ABCX Model of stress adaptation using regression analysis, the sample was expanded to include all married females who indicated that their partner was alcoholic at some point (n = 259), not necessarily within the previous 12 months, and the matched comparison group of women (n = 259). The reason for using the larger sample size for this portion of the analysis was to attempt to provide more statistical power in order to help present a more accurate diagnosis of the adaptation and/or maladaptation which women experience. The purpose in this study was to employ the variable of partner drinking, as a predictor, along with the mediating variables, to observe any significant effects on spousal stress.

To meet the assumptions of path analysis, the measure of partner drinking employed was the variable on the frequency of spouse/partner drinking. Social support was measured by the perceived helpfulness of family and friends item. Family problems were measured by a 7 item scale which was tested for reliability. The scale was based on the following problems: 1) insulted by drinker, 2) argued with drinker, 3) family troubles, 4) financial problems, 5) assaulted by drinker, 6) driving with drinker, and 7) in motor vehicle accident due to drinking and

driving. The scale was tested for reliability. Note that these questions were asked of everyone in the survey and were not specific just to spouses with problem drinking partners; however, since the sampling procedure selected only those females who indicated that they have had or presently have a problem drinking partner, the variables chosen for the scale were applicable.

For the bonadaptation and maladaptation measures, the self-reported rating of womens' perceived stress level in the past 12 months was employed as one measure, and a prescription drug use scale based on the total use of anti-depressants, tranquilizers, and sleeping pills was the other.

## Results

### Reliability of partner drinking classifications

In order to determine how reliable the measure of partner problem drinking is likely to be, a comparison was made on drinking frequencies reported for partners with and without a current alcohol problem. These results are presented in Table 1. Results showed that the frequency of alcohol consumption reported for problem drinking partners was much higher (mean = 4.31) than the frequency of drinking reported for the non-problem drinking partner group (mean = 2.31). The significance of F

( $p < .001$ ) associated with the findings in Table 1 suggests that the probability of these results occurring by chance are approximately 1 in 1000.

Several subjects in the no abuse group (8.2%), however, reported that their partner drank four times a week or more and 6.2% of the respondents in the problem drinking partner group reported that their partners drank less than once a month. Although these results were not perfect, they did illustrate significant differences between the two groups.

Table 1

Partner Drinking Variable by Frequency of Use(%)

How often partner drank	Abuse (n=97)		No Abuse (n=97)	
	%	(n)	%	(n)
never (drank ever)	2.1	( 2)	13.5	(13)
less than once/month	4.1	( 4)	24.7	(24)
1 - 3 times/month	10.3	(10)	16.5	(16)
once per week	10.3	(10)	19.6	(19)
2 - 3 times per week	20.6	(20)	17.5	(17)
4 - 6 times per week	22.7	(22)	4.1	( 4)
Everyday	29.9	(29)	4.1	( 4)

	Mean	SD	F-Ratio	sign.F
Abuse group:	4.3093	1.6031	73.7574	$p < .001$
Non-Abuse group:	2.3196	1.6237		



Life stress

In order to assess the relationship between partner alcohol abuse and life stress, comparisons were made between the abuse and non-abuse group using a global life stress item from the survey. Results presented in Table 2 showed that life stress reported in the alcohol abusing partner group was greater than in the non-alcohol abusing control group. The results supported the first hypothesis and were statistically significant ( $p < .001$ ).

Table 2

Global Stress Variable by Female Group

Comparisons(%)

Reported Stress of Life	Abuse (n=97)		No Abuse (n=97)	
	%	(n)	%	(n)
Very stressful(4)	23.7	(23)	13.3	(13)
Fairly stressful(3)	46.4	(45)	39.2	(38)
Not very stressful(2)	26.8	(26)	28.9	(28)
Unstressful(1)	3.1	( 3)	18.6	(18)

	Mean	SD	F-Ratio	sign.F
Abuse group:	2.91	.791	11.93	p < .001
No Abuse group:	2.47	.947		

Additional analyses were conducted to determine which group of women with problem drinking partners might be most affected by this situation. Three demographic characteristics, age, income, and education were regressed against life stress in the abuse group using simple regression procedures. Results showed that none of these demographic characteristics were significant predictors of life stress.

#### Family problems

Comparisons between the alcohol abuse and non-abuse groups on several family problems are presented in Table 3. The questions asked on the "National Alcohol and Drug Survey" pertaining to family problems were not directed specifically toward people who were married, it should be noted. This researcher, however, did select a sample of respondents and their matched controls who satisfied the parameters outlined with respect to marital status and other demographic variables before examining responses to specific questions.

Several family problems occurred with greater frequency in the families with alcohol abusing husbands than in those families not having a problem drinker among them.

Table 3

Life Stress Variable by Female Group Comparisons(%)

Variable	Abuse	No Abuse	$\chi^2$	
	(n=97) Yes	(n=97) Yes		
Insulted by drinker	90.7	57.7	25.89	***
Argued due to drinker	85.6	37.1	45.99	***
Family problems	85.6	27.8	63.51	***
Financial trouble	37.1	03.1	32.86	***
Assaulted by drinker	44.3	18.6	13.77	***
Passenger with drunk driver	66.0	37.1	15.04	***
Accident due to drinker	04.1	08.2	.79	

\*\*\* = p &lt; .001

In the alcohol abuse households, the women reported more insults, arguments, family problems, financial trouble, assaults, and more frequently indicated riding with a drunk driver. A "conflict" scale was developed to measure the total number of these problems occurring (see Table 4). The responses to the items in Table 3 were recoded and a 7 item scale was formed to illustrate women's "yes" responses to each of the items. If a subject was experiencing more conflict due to insults, arguments, family problems, financial troubles, assaults, being a passenger with a drunk driver, and being in an accident due to a drunk driver, this was indicated by the "yes" responses in each item category and scoring on the scale of conflict items was higher. If a subject responded "yes" to 3 of 7 items from Table 3, she was placed in item category 3 in Table 4. This scale was moderately reliable (Alpha = .70). Scores on this scale were higher in the abuse group with a mean of 4 problems being reported in comparison with a mean of only 1.89 problems being reported in the comparison group (see Table 4). The findings supported the second hypothesis and were unlikely to be due to chance ( $p < .001$ ).

Table 4

Conflict Indicator Variable by Female Group  
Comparisons(%)

"Yes" response to Conflict	# of Items	Abuse (n=97)		No Abuse (n=97)	
		%	(n)	%	(n)
	0	0		30.9	(30)
	1	1.1	( 1)	20.6	(20)
	2	14.5	(14)	9.3	( 9)
	3	17.5	(17)	13.4	(13)
	4	21.6	(21)	18.6	(18)
	5	27.8	(27)	7.2	( 7)
	6	17.5	(17)	0	
	7	0		0	

ALPHA =.7307      Standardized Item      ALPHA =.70

	Mean	SD	F-Ratio	F-Prob.
Abuse group:	4.13	1.35	100.82	p < .001
Non-Abuse group:	1.89	1.72		

NOTE: Number of 'yes' responses to any or all 7 items from Table 3 indicated to which of the categories in the 7 item conflict scale subjects were placed.

Additional analyses were conducted once again within the abuse group only to look for possible moderating influences on the effect of having a problem drinking partner. Results of these analyses (see Table 5) suggested that family problems were associated with less education and being younger in age.

#### Alcohol consumption

The alcohol abuse and non-abuse groups were compared on a variety of alcohol consumption measures (see Table 6). Very few significant differences in alcohol consumption behavior were found between the two groups. A difference was found in the mean number of drinks consumed during the previous week, but it was minimal. The two groups were also compared on a variety of "own alcohol use" problem items, and there were no significant differences that emerged.

Because no differences in drinking behaviors were found between abuse and non-abuse groups no efforts were made to use demographic predictors to explain alcohol use and problems in the abuse group. The results did not support the hypothesis in this case.

Table 5

Conflict Variable by Demographic Predictors for  
Abuse Group

Predictors	r	Simple Regression	
		Beta	R <sup>2</sup>
Income level	-.0256	.03	
Education level	-.1234	-.17 *	
Age	-.1794	-.21 *	
Equation			.06

$F(3,190) = 3.82, R = .24, \text{adj.}R^2 = .042$

\*  $p < .05$

Table 6

Alcohol Consumption Variable by Own Drinking  
Frequency in Female Groups

Variable	Abuse (n=97) mean	No Abuse (n=97) mean	F-ratio
# drinks in past 12 months	125.57	103.30	.281
Total drinks over last week	1.91	1.57	.255
# days drank last week	.69	.65	.043 *
Avg.# drinks per day in last week	.24	.19	.170

NOTE: \*  $p < .05$



Prescription drug use

Comparisons between the alcohol abusing partner group and comparison group in the use of prescription drugs are provided in Table 7. These results showed significant differences in the use of Valium and anti-depressants, with no significant difference in the use of sleeping pills.

A total of 10.3% of the women with problem drinking partners reported using Valium while no use of Valium was reported in the matched control group. Anti-depressants were used by 5.2% of the women with problem drinking partners and no anti-depressant use was found in the comparison group. The difference in the reported use of sleeping pills between the two groups was in the same direction but not significant. The use of these drugs was too infrequent to allow examination of the relationship between demographic characteristics and drug use in the abuse group.

The results showed support for the hypothesis suggesting more use of drugs in the abuse group than in the control group. The findings were unlikely to be due to chance ( $p < .01$ ) and ( $p < .05$ ) for Valium and anti-depressants respectively.

Table 7

Drug Consumption Variable by Female Comparison  
Groups (%)

Variable	Abuse (n=97) (yes)	No Abuse (n=97) (yes)	MS.F	Sig.of F
Valium	10.3	0	11.03	<.01
Anti-depressants	5.2	0	5.22	<.05
Sleeping pills	6.2	2.1	2.08	ns.

### Social support

Several items in the National Alcohol and Other Drugs Survey assessed aspects of social support. One general item asked how helpful family and friends were perceived as being. Two other items addressed the issue of visiting with friends. The abuse and non-abuse groups were compared on their scores on these three items. Results showed that there were significant differences on the perceived helpfulness of family/friends (see table 8). Respondents with problem drinking partners reported a lower score on the helpfulness of family and friends than did the

matched sample of controls. The hypothesis was supported by the findings.

There were, however, no significant differences between the two groups on visiting someone else's home or having visitors in the home. Regression analyses conducted to examine the possible moderating influences of age, education, and income on the perceived helpfulness item, within the alcohol abusing partner group, did not yield any significant predictors.

Table 8

Helpfulness Variable by Females with Problem Drinking Partners versus Controls(%)

Helpfulness	Abuse (n=96)		No Abuse (n=91)	
	%	(n)	%	(n)
Very helpful (4)	53.1	(51)	65.9	(60)
Fairly helpful (3)	24.0	(23)	28.6	(26)
Somewhat helpful (2)	14.6	(14)	3.3	( 3)
Not helpful (1)	8.3	( 8)	2.2	( 2)

	Mean	SD	F-Ratio	sign.F
Abuse group:	3.218	.986	8.62	p < .01
No Abuse group:	3.582	.668		

### Testing the Double ABCX model

The technique of path analysis was used to test the Double ABCX model of adaptation (Figure 1). Results of this analysis are presented in Figure 3. Limited support for the model was provided by this analysis. Maladaptation was predicted directly and indirectly from having a problem drinking partner. Stress was greatest when family problems were high, when partner drinking was high, and when social support was low. Prescription drug use was at its highest when family problems were high and social support was low. Partner drinking was not directly related to drug use, but it seemed to predict drug use indirectly by being associated with higher family conflict and lower social support. The three predictor variables used in this analysis were successful in explaining 10% of the variance in stress and 4% of the variance in drug use.

### Discussion

The first hypothesis examined in this research suggested that women with a problem drinking partner would be experiencing more life stress than a matched control group. The data supported this hypothesis. Women with problem drinking partners reported having a higher level of life stress than the matched control group. This seemed to be a fairly general

effect. In other words, the higher stress levels were not predicted by possible moderating factors such as age, level of education, or income. The elevated stress levels were significantly associated with reports of family problems outlined in the following paragraph. The data did not provide support nor did it refute Steinglass et al.(1985, 1987) statements that problem drinking in the family may have a benign effect or even be adaptive in terms of helping the family cope.

The second hypothesis in this study stated that having a problem drinking partner would be associated with more family problems. Support for this hypothesis was found. Having a problem drinking partner was found to be associated with a variety of family problems including more insults, arguments, family problems, financial trouble, assaults and riding with a drunk driver. On the conflict scale of family problems that was constructed, results indicated that women with a problem drinking partner averaged four problems compared with the average of less than two problems in the comparison group. These results showed support for the research by Brinkerhoff and Lupri (1988) suggesting that having a problem drinker in the family is associated with

family problems, including both verbal and physical aggression.

The effects of having a problem drinking partner on family problems seemed to be the greatest for women who were younger and less educated. There are at least two possible explanations for the association between age and family problems. Perhaps older women have learned to cope with their circumstances better through experience. It is possible that being younger and generally having more young children at home might place women in a more vulnerable position. Younger women may have younger husbands who might still be in the more serious phase of alcohol consumption, going to bars and drinking with friends. Biener (1987) suggested that different patterns of alcohol and drug use between males and females were due to differences in the observed social norms related to alcohol and the accepted norms regarding their prolonged use. It is possible that women burn out earlier than men and thus change their pattern of use.

Low education could increase vulnerability to problems associated with partner drinking in a number of ways. Women with low education are more likely to have husbands with less education and less secure employment. In a recent study testing the "drunken

bum" hypothesis (Kantor & Straus, 1987), it was reported that low socio-economic status, heavy alcohol consuming males were more abusive toward their partners than other groups tested.

Hypothesis three stated that having a problem drinking partner would be associated with more drinking by the woman. No support was found for this hypothesis. Women with alcohol abusing partners did not score higher on any measures of alcohol consumption than women without an alcohol abusing partner. These findings are in contrast to those of Moos, et al. (1982) and Wilsnack, et al. (1984) who found that spouses did indeed exhibit more alcohol consumption than the control group. The hypothesis that women with a problem drinking partner might be at higher risk for heavier alcohol consumption was partly based on the two notions that having an alcohol abusing partner would be stressful and that women might respond to this stress by drinking more alcohol in efforts to cope, as suggested by Wiseman (1980, 1991). Women with problem drinking partner did experience stress. Women also seem to have different ways of coping with stress than men. In this study women attempted to cope with their stress by resorting to the use of tranquilizers and anti-depressants rather than increasing their alcohol use.

The fourth hypothesis in this study expressed that having a problem drinking partner would be associated with greater use of prescription drugs. Support for this hypothesis was found. Women with problem drinking partners reported a higher incidence of tranquilizer and anti-depressant drug use than women who did not have a problem drinking partner. These observations showed support for the findings by Eliany (1990) that 75% of individuals using tranquilizers in his research thought of their lives as stressful and also agrees with the first hypothesis in this thesis regarding life stress. Health and Welfare Canada (1990) researchers analyzed data from the "National Alcohol and Drug Survey (1989)." The overall percentage of all females in the study (n = 6,343) who reported tranquilizer use was 4.3%, compared with 10.3% for the abuse group females in this study. The percent use for anti-depressants was 2.4% in the national study, compared to 5.2% for the abuse group females in this study. Sleeping pill use by women was 4.6% for the national study; however, the findings in this study were not significant. This study did not find any significant differences between abuse and non-abuse groups with respect to sleeping pill use. The results of this study suggested that the effects of having an alcohol



abusing partner may be quite extreme for some women. Use of sleeping pills in this study contrasted with results from the national sample as well as the Lamarche and Rootman (1988) reports on the "1985 Health Promotion Survey" and the "1987 Ontario Survey," all of which found higher rates of sleeping pill consumption than tranquilizer consumption. Future research in this area, with more well-defined parameters specific to the study of drug abuse by women with alcohol abusing partners, might provide better samples and allow for more in-depth analysis of the effects of demographic variables on the individuals.

Hypothesis number five in this study suggested that women with a problem drinking partner would report lower levels of social support. This hypothesis was partially supported. Women with problem drinking partners reported that family and friends were generally less helpful than did women not having a problem drinking partner. There were no differences reported in visiting friends or having people come to visit as a result of having a problem drinking partner. These latter findings were in contrast to those presented by Moos, et al., (1982) who stated that spouses with alcohol abusing partners experienced less social and recreational activities

than controls. Social support is currently recognized as being an important factor in both physical and mental health with the effects on depression being particularly important (Cohen & Wills, 1985). The lower levels of social support for women with problem drinking partners places them at greater risk. This greater risk is confirmed in the present thesis by results suggesting that women who reported lower levels of social support also reported higher stress levels and more use of prescription drugs (see Figure 3). There is evidence to support these findings from Orr, et al., (1991) who found significant relationships between available resources and stress. Their research suggested that the greater the number of resources available, the less stress was experienced.

The use of the Double ABCX Model of family stress enables me to illustrate the association between the various components in the model. In the version of the Double ABCX Model used for this thesis, the pile-up of stress ('aA') produces the effects of stress on the woman. Social support ('bB') provides the basis for available resources. Prolonged drinking by the partner affected the support of the family and friends available to the spouse, and lower levels of support contributed to the ways the spouse coped with

the problem drinker. The 'cC' component, entitled "problem perception" focuses on family problems. Results suggested that as drinking continues, more conflict and problems arise. The 'xX' factor or "crisis" portion of the model incorporated the adaptability-maladaptability continuum into it. The data showed that at the maladaptation end, higher stress and higher incidence of drug use were found.

In the case of spousal stress, lower supports as well as increased family problems and prolonged partner's drinking contributed directly to higher stress levels. The research by Orr, et al., (1991) on parental coping with autistic children helped to illustrate the effectiveness of the "Double ABCX Model" and lent support to the findings. Drug use was directly affected by family problems and lower support from family and friends and indirectly affected by the partner's drinking through both social support and family problems variables.

The Double ABCX Model was shown to be a valuable tool even when used in secondary analysis. Although the measures used were not specifically designed to test the Double ABCX Model of stress, the data still supported it. In future research, employing measures that are more specifically designed to test the model, it is likely that the model would be supported

with greater amounts of variance in maladaptation being explained.

From this research, it has been illustrated that the Double ABCX Model of stress seemed appropriate and performed well in explaining the effects of having an alcohol abusing partner on a non-alcohol abusing spouse. Future research should be directed toward longitudinal study whereby the entire version of the "Double ABCX Model" could be incorporated into the research process, thus allowing researchers to study different coping strategies useful to families and individuals in their efforts to adapt successfully to family stress. We need to realize that "much of our coping functions only to help us endure that which we cannot avoid . . . coping failures therefore, do not necessarily reflect the shortcomings of individuals; in a real sense they may represent the failure of social systems in which the individuals are enmeshed" (Pearlin & Schooler, p.18).

There are certainly some strengths of the "National Alcohol and Drug Survey" that should be acknowledged. This data set is very large (N = 11,634), available upon request, and provides researchers with the potential for a large variety of studies. It could also help to generate more research

papers about women in Canada, about whom there is little published to date.

There are also limitations with respect to this type of research that must be considered. This study did not allow for any sort of longitudinally-based follow-up of interviews with subjects, and therefore provided a one-point-in-time type of study with no control over parameters because they had already been defined. It also did not allow for the employment of other scientific measuring techniques used by researchers such as the F-COPES, MAST, CTS, or the Ways of Coping Scale, all of which could assist in providing even more significant results. Future research in this area of alcohol abuse and the family may uncover even more significant findings by targeting sample populations through treatment facilities and crisis centres. The results of this particular thesis suggest that there are indeed families in the general population of Canada who have indicated problems with alcohol. This should certainly serve to encourage and motivate scientists and students to propose new projects directed toward increased research with respect to the family.

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## Appendix

NOTE: Questions about sex and age were asked by the interviewer and were not indicated on the questionnaire; they were however, recorded in the codebook, supplied by Statistics Canada and the Addiction Research Foundation (ARF), along with the data tape.

Survey Question # (codebook #).

(AGE7HL) "Age groups".

3. (STRESS3). During the past 12 months would you describe your life as . . .
  1. very stressful?
  2. fairly stressful?
  3. not very stressful?
  4. not at all stressful?
  
4. (DEM4). Over the past 12 months when you needed help or had a problem, how supportive or helpful were your family or friends? Were they . . .
  1. very helpful?
  2. helpful?
  3. somewhat helpful?
  4. not helpful?
  5. N/A, do not need family or friends.
  
5. (MARITAL4). What is your current marital status?  
Are you . . .
  1. legally married ( and not separated)?
  2. separated?
  3. divorced?
  4. widowed?
  5. never married?

19. (ALCFQ19). During the past 12 months how often on average did you drink alcoholic beverages? Was it . . .

1. everyday?
2. 4-6 times a week?
3. 2-3 times a week?
4. once a week?
5. 1-3 times a month?
6. less than once a month?

36. (ALC36). Was there ever a time that you felt your alcohol use had a harmful effect on . . .

- a. your friendships or social life?
- b. your physical health?
- c. your outlook on life(happiness)?
- d. your home life or marriage?
- e. your work, studies, or employment opportunities?
- f. your financial position?

49. (ALC49). Thinking about the past 12 months, how often has your spouse/partner had a drink? Was it . . .

1. everyday?
2. 4-6 times a week?
3. 2-3 times a week?
4. once a week?
5. 1-3 times a month?
6. less than once a month?
7. don't know?
8. never?

50. (ALCV50). On the days when he/she drank, how many drinks did he/she usually have?

\_\_\_\_\_ number of drinks.

53. (ALC53A to J). Have you ever . . .
- a. been insulted or humiliated by someone who had been drinking?
  - b. had serious arguments or quarrels as a result of someone else's drinking?
  - c. had friendships break up as a result of someone else's drinking?
  - d. had family problems or marriage difficulties due to someone else's drinking?
  - e. been a passenger with a driver who had too much to drink?
  - f. been in a motor vehicle accident because of someone else's drinking?
  - g. had your property vandalized by someone who had been drinking?
  - h. been pushed, hit, or assaulted by someone who had been drinking?
  - j. had financial trouble because of someone else's drinking?

YES/NO

Was this during the last 12 months?

YES/NO

- 54a. (ALC54A). Has your spouse/partner ever had a drinking problem?

YES/NO

Was this in the past 12 months?

YES/NO

- 58A. (DRUG58). In the past 30 days did you take any of the following medications?

- a. aspirin or similar pain reliever
- b. tranquilizers such as valium
- d. anti-depressants
- k. sleeping pills

YES/NO

- 58B. Was this with a doctor's order or prescription?

YES/NO

- 58C. Did you consume any alcoholic beverages while using this medication?

YES/NO

- 68a. (DRUG68A). Has your spouse/partner ever had a drug problem?

YES/NO

83. (EDUC4). What is the highest level of education you have ever completed?
1. no schooling
  2. elementary
  3. some . . . secondary
  4. completed . . . secondary
  5. some . . . community college, technical college, CEGEP, nurse's training
  6. completed . . . community college, technical college, CEGEP, nurse's training
  7. some . . . university or teacher's college
  8. completed . . . university or teacher's college
  9. other education or training
84. (OCCUP8HL). Which of the following best describes your main activity during the past 12 months? Were you mainly . . .
1. working at a job or business
  2. looking for work
  3. a student
  4. retired
  5. keeping house
  6. other
94. (INCOME5). What was your household's total income from all sources before taxes and deductions for 1988? Was it . . .
1. less than \$5,000
  2. \$5,000 or more
  3. less than \$10,000
  4. \$10,000 or more
  5. less than \$15,000
  6. \$15,000 or more
  7. less than \$20,000
  8. \$20,000 or more
  9. less than \$30,000
  10. \$30,000 or more
  11. less than \$40,000
  12. \$40,000 or more
  13. less than \$60,000
  14. \$60,000 or more
  15. no income
  16. don't know

FIGURE 1: THE DOUBLE ABCX CRISIS MODEL (post crisis) adapted from McCubbin & Patterson, 1983

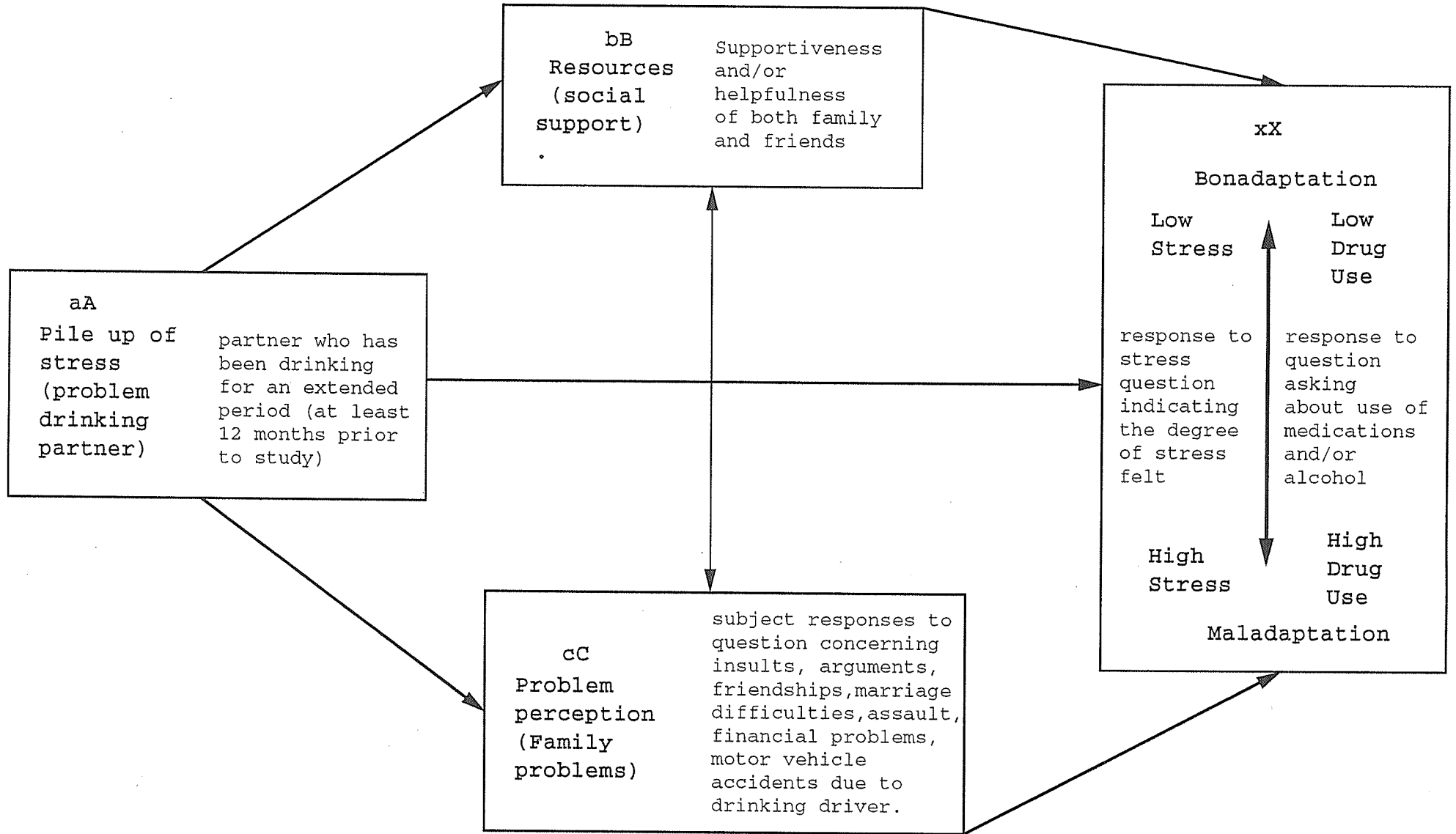
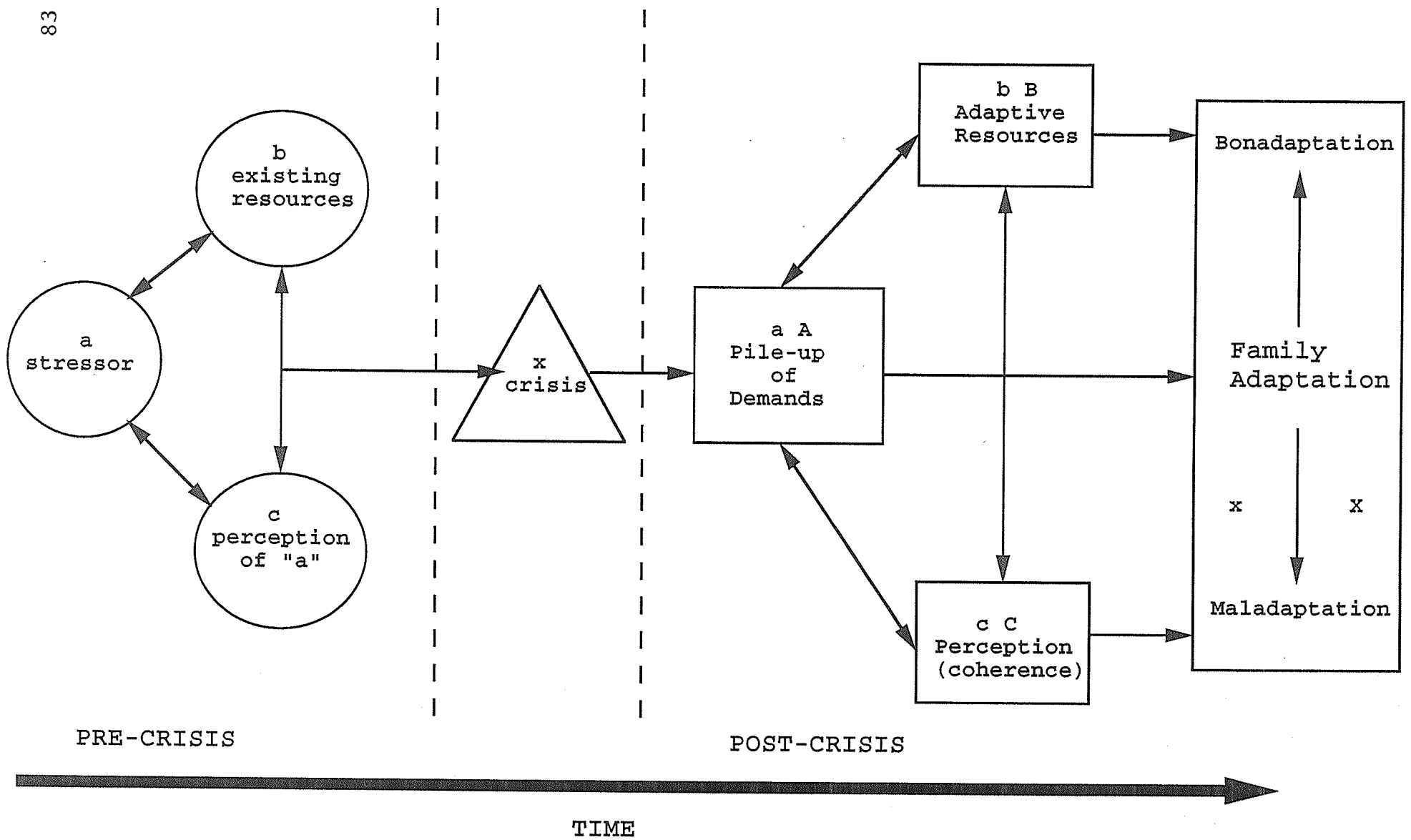
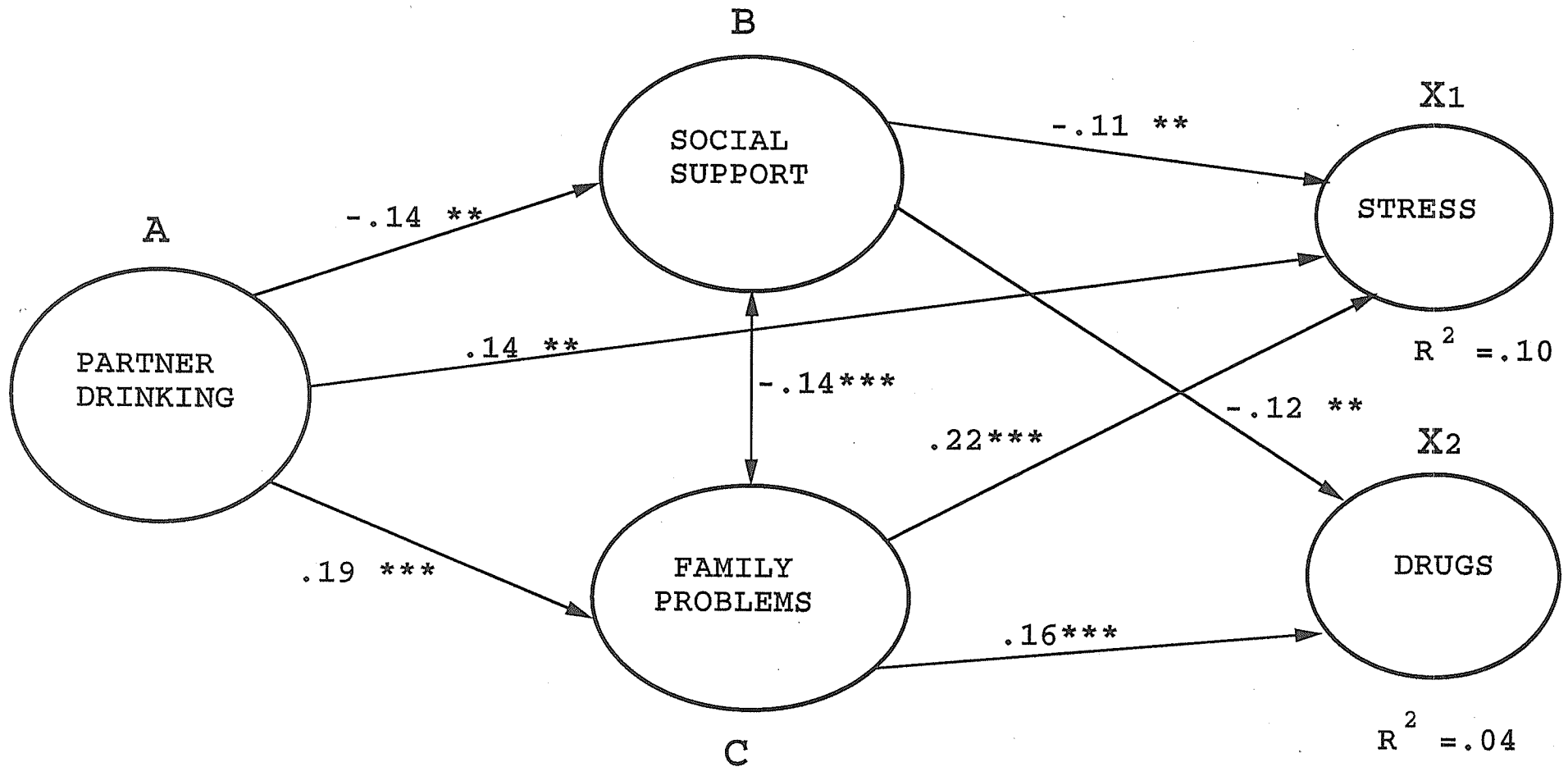


FIGURE 2: THE DOUBLE ABCX MODEL ( McCubbin and Patterson, 1983)



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FIGURE 3: PATH ANALYSIS OF ADAPTATION TO PARTNER DRINKING.



NOTE: \*\* =  $P < .01$ , \*\*\* =  $P < .001$   
 Statistic used = Beta



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1/27/93

Dear Sir/Madam,

The purpose of this letter is to issue a request for your permission to use some information which has been printed in one of your company's copyrighted publications. Specifically, it is a diagram of the "Double ABCX Model of Family Stress" and was used in a publication in 1983 by McCubbin and Patterson. The reference for the publication is as follows:

McCubbin, H.I., & Patterson, J.M. (1983). The family stress process: The Double ABCX Model of family adjustment and adaptation. In H. McCubbin, H. Sussman, and J. Patterson (Eds.), Advances and developments in family stress theory and research. New York: Haworth Press.

The reason for my request is that I have employed the "Double ABCX Model" in my Masters Degree thesis research entitled "Effects of Partner Alcohol Abuse on a Canadian Female Sample." This model has proven to be very useful in helping to explain and illustrate the findings in my research.

I sincerely hope that this request conforms to the proper procedures for acquiring permission to use copyrighted information and assure you that I will not be utilizing the model in the future without the necessary authorization. If you would, please let me know your decision as soon as you can, since I must send my thesis for binding at the University of Manitoba very soon. Please feel free to contact me if you have any problems or concerns regarding my request. Until then I remain.

Yours truly,

Terrence MacArthur Perkins  
2-138 Regis Drive,  
Winnipeg, Manitoba  
Canada R2W1K3 phone: 1-204-254-5854

FEBRUARY 2, 1993

DEAR MR. PERKINS,

PLEASE EXCUSE THIS INFORMAL REPLY. PERMISSION IS GRANTED FOR THE ABOVE USE IN YOUR THESIS.

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WANDA LATOUR / PERMISSIONS COORDINATOR