

AN EXPLORATORY STUDY
OF THE SELF-CONCEPT
OF THE FEMALE ALCOHOLIC

by

Susan MacDonnell

A thesis submitted to the Faculty
of Graduate Studies in partial
fulfillment of the requirements
for the degree of Master of Arts

University of Manitoba
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ABSTRACT

This study is an investigation of the self-concept of the female alcoholic. Comparisons were made between the female alcoholic and both the non-alcoholic woman and the alcoholic man in order to determine if the female alcoholic gives evidence of a more disturbed self-conception. Self-concept was considered in terms of its evaluative component — self-esteem and self-derogation, its structural component — identity, and in terms of the clarity of the self-conception. A further attempt was made to determine if the female alcoholic gave evidence of a disturbed self-concept in the pre-alcoholic period. Two variables which have been shown to affect the development of the self-concept, the reaction-of-others and social participation, were used as indicators of a disturbed self-conception in the pre-alcoholic period.

The alcoholic sample was drawn from each consecutive admission to a number of alcohol treatment programs in the province of Manitoba between the months of November, 1976 and March, 1977. The data for the non-alcoholic sample was obtained from a group of Licensed Practical Nursing students enrolled at the Red River Community College.

The findings indicate quite clearly that the alcoholic woman has a more disturbed self-conception than the non-alcoholic woman. She gave evidence of lower self-esteem,

greater self-derogation, more limited self-identity and less self-clarity than the non-alcoholic woman. There was evidence to suggest that she may have had a more limited self-identity in the pre-alcoholic period, although the results did not provide much support for the contention that she had lower self-esteem in the pre-alcoholic period.

The findings relating to male-female differences indicated that in some areas the female alcoholic had a more disturbed self-conception than the male although in other areas the male gave evidence of greater disturbance. The female alcoholic had lower self-esteem and gave evidence of greater self-derogation than the male, but the male alcoholic had a more limited sense of identity. The female alcoholic displayed less self-clarity but the difference between the sexes was not clear-cut. There was little evidence to suggest that the female alcoholic had a more disturbed self-conception in the pre-alcoholic period than the male alcoholic.

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CHAPTER I

INTRODUCTION

The focus of this study is the female alcoholic. The decision to look specifically at female alcoholism was taken in light of a number of considerations. The first among these is that alcohol abuse is clearly a greater problem among women than it was previously thought to be. A commonly quoted ratio in the literature is 5 or 6 males to every 1 female alcoholic (Efron, Keller & Gurioli, 1974; Fox & Lyon, 1955; Karpman, 1956; Lisansky, 1958). These figures are based primarily on the numbers of men and women in alcohol treatment programs but relying on treatment statistics to estimate the prevalence of the problem among women overlooks one very important factor.

The principal limitation of an estimate of this kind is that few women will publicly acknowledge their drinking problem by seeking treatment. Lindbeck (1972) has suggested that this stems from the greater negative sanction directed towards female inebriation. The woman alcoholic, fearing condemnation and ostracism, is far more likely, as a consequence, to conceal her drinking. Associated with this is the tendency for family, spouse, etc. to hide from public view signs of the woman's alcoholism. Lindbeck points out

that the, "...hidden alcoholic remains hidden because the signs of her drinking are overlooked or denied by husbands, family, friends, physicians, social workers and employers" (Lindbeck, 1972, 5). In a similiar vein, Block (1965) places much of the responsibility for shrouding the phenomenon of alcohol abuse with physicians who avoid making a diagnosis of alcoholism with the intention of protecting their patients from social censure. These two factors then, the denial of the problem on the part of the significant others, and the social stigma attached to female inebriation have in the past mitigated against a woman's seeking treatment and subsequently on the picture we have of the incidence of female alcoholism.

In addition to the above facts, there is a growing concern that women may be resorting to alcohol to a much greater extent now than in the past. The rationale for this belief is based on what is seen as the inevitable outcome of the relaxation of drinking laws and, more generally, in the overall atmosphere of permissiveness (Lisansky, 1957; Riley and Marden, 1947). As well, the rapid entry of women into the work force in the past decade would seem likely to have increased the recourse to alcohol as a means of reducing tensions and anxieties.

The question remaining is what is the true ratio of male to female alcoholics. Terhune (1969), a private medical practitioner, has suggested that alcoholic men out-

number women by 5 to 1 among the poor but that among the upper classes the ratio is closer to 1 to 1. Two other physicians in private practice who specialize in the treatment of alcoholics have claimed that the number of male and female alcoholics in the population is equal (Block, 1965; Fox, 1956). Estimates such as these, based on private consultations, seem more likely to be accurate and suggest that the commonly accepted 6 to 1 ratio is a vast underestimation of the proportion of female alcoholics.

In view of the fact that alcohol abuse among women is now believed to be a prevalent social problem, one is immediately struck by the paucity of research on the subject. This omission appears to have resulted from the fact that female alcoholism was not considered to be a very extensive problem in the past and since fewer women entered treatment they were not so readily available for research purposes. When women were included in studies their numbers were generally small and as a result they were combined with men in the assumption that the etiology and process of the alcoholism were the same for both. Therefore, differences which may have been contained in the data were never investigated.

The studies on female alcoholism which do exist are primarily either case studies or summary statistical reports of women in treatment. Although these studies have

provided some very valuable information most are limited by the fact that they provide no measure of comparison. For example, there is very little information comparing the female alcoholic with the non-alcoholic woman.

With the interest in drug abuse of all kinds generated in the past few years we are seeing the beginnings of more intensive study of the problem of uncontrolled drinking among women. The effect of this has been the gradual bringing into focus of the female alcoholic, particularly in reference to male-female differences. The dissimilarity between the male and female alcoholic, for example, has been shown to be manifest in the pre-alcoholic phase, in the factors which precipitate excessive drinking and in the development of the alcoholism itself. A discussion of this is included in the literature review so suffice it to say, at this point that the female alcoholic is believed by many to be more severely "disturbed" than the alcoholic male, a fact that is supported by both the "before" picture we have of her life and by the poorer recovery records reported by alcohol treatment programs.

It is the intention of the present study to elucidate further the differences between the female alcoholic and her male counterpart and the non-alcoholic woman. This will be done by comparing the self-concept of the female alcoholic with both the male alcoholic and the non-alcoholic female.

More specifically, we are attempting to determine if the female alcoholic gives evidence of a more disturbed self-conception than either the male alcoholic or the non-alcoholic female. For the purposes of this study self-concept or self-conception is defined as the meanings which a particular individual has about him/herself which are derived from social interaction.

Obviously self-concept is not a uni-dimensional construct but may be broken down into numerous components (e.g. self-esteem, self-clarity, identity, etc.). For the sake of greater clarification, however, we will consider it in terms of two broad dimensions, the evaluative and the structural. The evaluative dimension reflects the estimation which the individual places on him/herself and is commonly denoted by such terms as self-esteem, self-acceptance, self-worth, or, when considering only the negative side of this factor, self-derogation. The structural component, on the other hand, reflects the individual's sense of identity, of who he believes himself to be. It is derived from the person's assumption of, and identification with, various societal roles, statuses and memberships and in that sense can be thought of as being more "objective" in nature. In our study, we will focus on both these aspects of the self-concept and will attempt to determine if the female alcoholic gives evidence of greater disturbance in each of these dimensions

than either the male alcoholic or the non-alcoholic female.

An ancillary aim of the study will be to determine if the female alcoholic gives evidence of a more disturbed self-conception in the pre-alcoholic period. This will be done by considering factors which have been shown to affect the development of a disturbed self-conception and by determining if they existed in the pre-adult period of the female alcoholic to a greater extent than in the pre-adult period of the alcoholic male or the non-alcoholic woman.

The decision to use the self-concept as a basis for making the comparisons was taken because poor self-concept is one of the few characteristics which has been consistently associated with alcoholism (see literature review). Past attempts to discover the alcoholic personality, a conglomeration of traits peculiar to the alcoholic or societal determinants of alcoholism have met with little success. A disturbed self-conception, however, is one factor which has been repeatedly associated with both the male and female alcoholic.

In spite of the numerous references made to the disturbed self-concept of the alcoholic, our knowledge regarding this phenomenon is relatively scant, particularly in the case of the woman. Although there have been a substantial number of studies of the self-concept of the male alcoholic and of the differences between the self-

image of alcoholic and non-alcoholic males there is almost no corresponding research in the area of female alcoholism. As well, there has been a common assumption among many persons working in the alcoholism field that the female alcoholic has a more disturbed self-image than the male alcoholic, however, no empirical data is available to confirm this belief. Our study is intended, then, to provide some data which may help to fill this gap in our knowledge of female alcoholism.

CHAPTER II

THEORETICAL BACKGROUND AND STATEMENT OF THE PROBLEM

The theoretical orientation used in this study is symbolic interactionism. This perspective has contributed much to our understanding of the self-concept and although we are not attempting a direct test of symbolic-interactionist theory we will use it in our study as a basis for interpreting the development of the self-concept. As the interactionist perspective is derived substantially from the writings of Cooley and Mead most of the following discussion will be based on their ideas.

The fundamental premise underlying symbolic interactionism is the notion of the inseparability of the individual and society. Contrary to most psychological and many sociological theories which view the individual and society as discrete and separate units the interactionist perspective looks upon the self and society as entirely interdependent. Accordingly, human behavior is understood not in terms of innate individual characteristics or drives alone but rather in terms of the exchange between social stimuli and individual meanings.

Similarly, it follows that the self arises not of its own accord or in response to psychological cues but out

of a process of social exchange with others and is, as a result, entirely a social product. Cooley recognized that while some primitive kind of self-feeling was present at birth, the self as we know it, develops overwhelmingly from social interaction. He writes that, "there is no sense of I ...without its correlative sense of you, or he or they" (Cooley, 1902, 182). Similarly, Mead states that the self, "...arises in a process of social experience and activity... and that it...[self]... develops in a given individual as a result of the relations to that process" (Mead, 1934, 135).

Central to the symbolic interactionist view of self-emergence is the belief that the process of social exchange involves an internal dimension of communication. This process is described by Blumer in terms of the following three propositions: first, "that human beings act toward things on the basis of the meanings things have for them; second, that these meanings are derived from or arise out of social interaction with one's fellows, and third, that these meanings are handled in, and modified through an interpretive process used by the person in dealing with the things he encounters" (Blumer, 1969, 2). Human behavior viewed in this way marks a very distinctive departure from the purely psychological and social behaviorist theories which interpret behavior strictly in terms of stimulus and response. From the interactionist perspective human behavior is understood primarily

in terms of the intermediary variable, interpretation; hence social exchange follows a pattern of stimulus, interpretation based on meanings, then response.

From these basic premises, two rather distinctive schools of symbolic interactionism have emerged. The first is known as the "Chicago school" and was formed largely under the influence of Herbert Blumer. The emphasis on the interpretive dimension has led them to view self-emergence almost exclusively in terms of the continuous process of internal communication. Since this process is seen as one in which individual meanings change from situation to situation the notion of a stable self-concept is de-emphasized. Further, the methodology deemed appropriate to study this phenomenon, namely the case study, is intended not for making generalizations about human behavior, but rather for understanding individual meanings, and in that sense, the particular.

Our own approach in this study, however, will follow more closely the direction taken by Manford Kuhn around whom the "Iowa school" of symbolic-interactionism formed. Kuhn does not deny the significance of the processual and interpretive nature of self-development, but the distinctiveness of his approach lies in his insistence that these covert aspects of the self can be operationally defined and measured and that based on these,

generalizations about human behavior can be made. In general, his approach is characterized on the basis of three assumptions: one, that there is a "core" self which reflects a relatively stable identity in spite of the continual process of interpretation; two, that an individual's behavior is to an extent determined by his/her self-definitions; and three, that the various elements or dimensions of the self can be operationally defined and measured using appropriate scientific procedures. With these assumptions in mind we will review the writings of Cooley and Mead in order to identify key variables associated with the emergence of the self.

As mentioned earlier, both theorists shared the common belief that society and self are interdependent and that the self is a social product. From this common premise, however, each was led to emphasize the development of a different dimension of the self. In Cooley's case this was the evaluative; the component which reflects the individual's feelings of self-worth and self-value. Cooley was concerned primarily with the beginnings of self-emergence so his focus is on the early learning experiences of the child and the influences present at this period which affect the development of the self.

In Cooley's view, the self arises from the reflection

of the ideas one has about oneself that is attributed to other minds. This reflection or "looking-glass self" has three principal elements: "The imagination of our appearance to the other person, the imagination of his judgement of that appearance, and some sort of self-feelings such as pride or mortification" (Cooley, 1902, 184). The source of our self-attitude according to this formulation, comes from the imagined judgement or reaction of others. This reaction, for instance, if perceived to be negative, would result in subsequent negative self-feelings. Cooley is quick to point out, however, that this is not the mechanical reflection of ourselves derived from other's reactions but that instead, "the thing that moves us to pride or shame...is...an imputed sentiment, the imagined effect of this reflection upon another's mind" (Cooley, 1902, 184).

The global self-feeling which develops out of this reflective process is commonly referred to as self-esteem. According to Cooley's formulation, it is built up from the perceived reaction of others and reflects the individual's estimation of his/her own sense of worth and value. Self-derogation represents the negative side of this component and, as such, reflects the person's feelings of worthlessness, self-hate, etc.

The impact of these perceived reactions are most

crucial, according to Cooley, in the face-to-face interaction within the primary group and particularly during the early learning experiences of the child in the family setting (Cooley, 1921). The importance of this early learning lies in the fact that the self, once established, is largely self-sustaining, forming a fairly stable and consistent self-feeling. McDavid and Harari explain the significance of this in the following way:

The self-concept tends to be self-sustaining. Once evolved, it tends to guide selectively the admission of new experiences or new information into this conceptual category. In other words, the existing self-concept at any point in time provides a frame of reference for interpreting new experience of oneself. ...As further experiences accumulate, items of information are added when they are congruent with the structure of the particular concept but turned aside if they are incongruent. For this reason, the early formation of the self-concept is especially crucial in that it guides or steers the subsequent development of the self-concept. (McDavid & Harari, 1968, 221)

One of the aims of our study will be to determine if the female alcoholic gives evidence of a disturbed self-concept in the pre-alcoholic period. Since the perceived reaction of others is one variable which affects the development of the self (in this case its evaluative component, self-esteem), we will use evidence of perceived negative reactions in the parent-child relations of the respondents in our study as an indication of low self-esteem in the pre-alcoholic period.

Mead's contribution to symbolic-interactionist theory lies in the greater clarification and elaboration he gives to Cooley's concept of the reflective origins of the self-concept (Mead, 1934). He does this by focusing on the self as object and tracing the process whereby objectification is made possible. This emphasis on the "objective" led him to conceptualize the self more in terms of structure than, as in the case of Cooley, its evaluative dimension. As a result, Mead deals more specifically with self-identity than self-esteem.

In Mead's view, the self becomes an object to itself through its ability to take the standpoint of the other individual members of the same group or the generalized standpoint of the social group as a whole to which the individual belongs. This ability, according to Mead, is facilitated by the process of role-taking, that is, placing oneself in the position of the other. He describes this process in terms of two stages of development. The first stage involves simply putting oneself in the place of significant others, thereby becoming an object to oneself. The second stage, and of greater importance in Mead's view, involves taking the role of the "generalized other" and considering the attitude of the entire group as a whole, not just to oneself but to the various aspects of the common social activity.

The self arises then, out of a process of increasing role-taking capabilities. Implicit in this idea is the notion that the social structure exists prior to and is essential for the development of a self. Mead writes that the "person is a personality because he belongs to a community...and...because he takes over the institutions of that community into his own conduct" (Mead, 1934, 162). Thus, the self or self-identity becomes a reflection of the social structure of which it is part. In Mead's words:

The unity and structure of the complete self reflects the unity and structure of the social process as a whole; and each of the elementary selves of which it is comprised reflects the unity and structure of one of the various aspects of that process in which the individual is implicated. In other words, the various elementary selves which constitute, or are organized into a complete self are the various aspects of the structure of that complete self answering to the various aspects of the structure of the social process as a whole; the structure of the complete self is thus a reflection of the complete social process. (Mead, 1934, 144)

It follows that the structural component of the self, self-identity, is dependent upon the nature and extent of our participation in the social structure. As such, the knowledge of who we are comes from our definition of the various roles we perform and these definitions in turn are derived from our assumption of the generalized attitude of the social group as a whole. This interpretive process results in what Kuhn and McPartland (1954) refer to as the

social-anchoring attitude or social anchorage, and reflects the extent to which the individual identifies him/herself in terms of roles, statuses, memberships, etc.

Because social isolation and limited social participation are thought to be characteristic consequences of alcoholic drinking, particularly in the case of the woman, we can expect then that this would be reflected in a limited sense of self-identity. Further, since we are also attempting to determine if she gave evidence of a disturbed self-conception in the pre-alcoholic period, we will use the extent of participation in the social structure prior to alcoholism as an indicator of poor self-identity.

The first stage of self-development, as postulated by Mead is similar to Cooley's conception of the reaction of others in that it focuses on the self-attitudes derived from immediate, significant others. At this point our self-feelings or self-esteem arises directly from the perceived judgement of those with whom we are in immediate contact. In the second stage, however, our self-feelings come not so much from interaction with specific individuals but, rather, are derived from the "generalized attitude of the other" which the individual adopts as a measure of his own behavior. In other words, the individual, at this stage of development, judges his own worth and value on the basis of generalized

group norms and attitudes, and it is in this way, according to Mead, that society exercises influence over human behavior.

Because excessive and uncontrolled drinking is generally condemned by society we would expect that these attitudes would be reflected in the self-feelings of the alcoholic drinker. In addition, we know that excessive drinking generally damages the individual's ability to function successfully in many key areas of the woman's life, particularly in the family and in her work. Since these represent major sources of self-esteem for the woman and because alcoholic drinking generally results in the woman's inability to meet the standards of role performance in these areas, we would expect that her level of self-esteem would be correspondingly lowered. On this basis, then, we can predict differences in self-esteem between the alcoholic and non-alcoholic woman.

With reference to male-female differences, we assume, based on evidence drawn from the literature, that the societal attitude taken toward female alcoholism is more negative and condemning than that directed toward male alcoholism (Lindbeck, 1972; Kent, 1967; Knupfer, 1963; Rathod and Thompson 1971). Accordingly, we would expect a somewhat lower level of self-esteem in the female alcoholic.

Implicit in Mead's discussion of the emergence of the self is the notion that the clarity of the self-conception is dependent upon the degree of perceived consensus expressed in the definitions of others with respect to the self. We are clear in our self-definitions only in so far as we receive consistent definitions from others as to the kind of person we are and the kind of role performance expected of us. Self-clarity then, rests upon the consistent and positive reaction of others and in the consistency of role definitions. A situation in which these reactions and definitions are ambiguous or conflicting results in a confused or unclear self-conception. Since we are hypothesizing that excessive and uncontrolled drinking creates disturbance both to the structural (identity) and evaluative (self-esteem) components of the self we would expect that this would then be reflected in the degree of self-clarity since the clarity of the self is derived from both these dimensions.

To summarize, our approach to the study of the self-concept of the female alcoholic will take three steps. First, we will attempt to determine if the woman alcoholic gives evidence of a more disturbed self-conception than the non-alcoholic woman. Disturbance will be considered in terms of her self-evaluation (self-esteem, self-derogation), her self-identity (social anchorage) and in the extent of clarity in the self-concept.

The rationale for predicting differences in the self-concept of the alcoholic and the non-alcoholic woman is based on the assumption that prolonged and excessive drinking creates disruption to the self-conception. This follows from the fact that uncontrolled drinking damages a person's ability to function both personally and socially and is seen in the increasing difficulty the individual experiences in maintaining smooth marital, family and employment relations. Since work and family represent two fundamental sources of identity and self-esteem we would expect these aspects of the self-concept to be correspondingly disrupted.

In addition, there is a sizeable body of research which provides evidence that the female alcoholic has experienced extreme parental deprivation during childhood, a fact that has led some researchers to believe that she develops a more disturbed self-conception as a consequence. This being the case we have further reason to expect a more disturbed self-image among women alcoholics than among non-alcoholic women.

In the second stage, we will attempt to determine if the female alcoholic has a more disturbed self-concept than the male alcoholic. Again, we will base our comparisons on the level of self-esteem, self-derogation, social anchorage and self-clarity. The rationale for predicting male-female

differences in the evaluative component of the self-concept rests on the assumption that society takes a more condemning stance toward female alcohol abuse. Because the self-feelings are determined to a large extent by these "generalized" social standards and attitudes we would expect that the female alcoholic would reflect this greater condemnation in her own self-feelings. As well, there is some suggestion that the extent of parental deprivation experienced by the female alcoholic was greater than that experienced by the male and, subsequently, that she developed a more negative self-regard as a consequence.

The rationale for predicting male-female differences in the structural component of the self-concept rests on the belief that the socially imposed isolation of the female alcoholic is greater than that imposed on the man. As a result, we might expect that her sense of identity would be more limited.

The final stage will investigate differences in the self-concept in the pre-alcoholic stage. On the basis of the theoretical considerations discussed in the preceding pages we can predict that alcoholism will create disturbance to the self-concept. There is also evidence, however, which suggests that a poor self-concept preceded the woman's alcoholism and that it may have been a contributing factor.

in the onset of excessive drinking in the first place. To investigate whether this, in fact, is the case we will look at two factors which have been shown to affect the development of the self-concept: the reaction of others and social participation. We will then attempt to determine if the female alcoholic gives evidence of greater disturbance in both these areas (a more negative reaction-of-others, less social participation in the social structure) in the pre-adult (pre-alcoholic) period than either the male alcoholic or the non-alcoholic female.

CHAPTER III

REVIEW OF THE LITERATURE

A. Overview of the female alcoholic

Most of what we know about the female alcoholic is drawn from summary reports of the social, psychological and demographic characteristics of women who have undergone some form of alcohol treatment. The data which has accumulated thus far suggests that the female alcoholic is different from both the male alcoholic and the non-alcoholic female. The following section will review briefly the most significant of these findings.

i) Predisposing factors

One factor which has received considerable attention in the literature is the incidence of alcoholism among the parents and siblings of the alcoholic. The assumption made regarding this phenomenon is that parental or sibling alcoholism provides a behavioral model which increases the risk of alcoholism in the other family members. A number of studies have provided evidence to confirm this. For instance, Wall (1937) reported that over half of his sample of 50 female alcoholics had at least one parent with a history of problem drinking. Similar findings are reported in a study by Wood and Duffy (1966). Fifty-one percent of their sample of

69 upper-income women alcoholics indicated the presence of an alcoholic parent.

An alcoholic, non-alcoholic comparison was made in a study conducted by Cramer & Blacker (1963). They found that one half of the problem drinking women in their sample had at least one alcoholic parent, more than twice the proportion found among the non-problem drinking women.

Sherfey (1955) made a male-female comparison and found that 68% of the women alcoholics in their sample reported alcoholism in their family backgrounds compared to 45% of the male alcoholic group. Similar male-female differences were reported in studies by Lisansky (1957) and Winokur and Clayton (1968).

A second factor which has been shown to be characteristic of the early life of the female alcoholic and one which is believed to predispose the woman to alcohol abuse is the extent of parental deprivation. This is evident, first, in the way the woman describes her relationship with her parents. Lisansky (1957) found that nearly one third of her sample of women alcoholics described their mothers as strict and controlling. Kinsey (1966) reports that the women inebriates in his study were, "exposed to rigid, perfectionistic, domineering mothers who were emotionally distant and incapable of giving the patient the necessary emotional support" (Kinsey, 1966, 1465).

Although these relationships between parent and child as reported by the women themselves provide a direct indication of deprivation, other factors such as broken homes, or loss of a parent through death or desertion serve to increase the picture of emotional disruption. Lisansky (1957) found that six out of every ten female alcoholics in her reformatory sample had come from broken homes. Forty percent of the out-patient women in her sample reported disruption in their parent's marriage. Mayer and Green (1967) and Rosenbaum (1958) report similar high incidences of broken homes in the backgrounds of the women in their respective studies.

The relationship between the alcoholic's parents also serve as an indication of the kind of emotional climate in which these women were reared. Wood and Duffy (1966) report that every woman in their study considered her parents' marriage to have been an unhappy one lacking in warmth. Lolli (1953), Lisansky (1957) and Rosenbaum (1958) report that the relationship between the parents of the women they studied were characterized by strain, conflict and an absence of affection.

ii) Precipitating factors

The onset of excessive drinking is frequently linked to some specific incident or event in the life of the woman more so than in the case of the man. Lisansky (1957)

found that women were twice as likely to cite some specific incident, such as divorce, separation, death of a parent or spouse as a precipitating factor in excessive drinking. Kinsey (1966) found that problem drinking among women was often related to marital and family problems. Wood and Duffy (1966) report that almost all the women in their sample named some specific experience as a precipitating factor in their uncontrolled drinking.

Rosenbaum (1958) investigated this problem directly by asking the 67 women in her sample to cite the primary and secondary causes which brought on drinking. For the most part, the incidents named were some form of role disruption such as divorce, death of a spouse, marital conflicts, problems with children, etc.

These findings make explicit what appears to be a very significant difference in the etiology of alcoholism for males and females. For females, problem drinking seems to be linked to disruption in the wife/mother role whereas for men, the literature cites occupational anxieties and apprehension about retirement as the more common precipitating factor.

iii) Course of the alcoholism

Women begin drinking later than men and the process of alcoholism is believed to be more rapid and "telescoped" in

their case (Curlee, 1970; Efron, Keller and Gurioli, 1974; Kinsey, 1966; Lisansky, 1958; Rathod and Thompson, 1971; Schlare, 1970; and Wanberg and Knapp, 1970). This is particularly true of women who begin drinking as a response to a role crisis. Alcohol abuse in this case seems to be motivated largely by psychological stress and has a definite escapist element to it.

In light of the fact that the woman alcoholic appears to be more "disturbed" than her male counterpart and that the course of the illness is more rapid we would expect that effective treatment might be more difficult in her case. Two studies have observed that, indeed, women are less responsive to the traditional kinds of alcohol treatment (Curlee, 1968; Mayer and Green, 1967). As well, there is substantial evidence that women have poorer recovery records than men (Pemberton, 1967; Sclare, 1970; Bateman and Petersen, 1972; Demone, 1963 and Glatt, 1955, 1961).

B. Alcoholic vs. non-alcoholic self-concept

All the empirical studies that have been done comparing the self-concept of alcoholics and non-alcoholics have used male subjects. In general, the findings show that the alcoholic describes himself differently from the non-

alcoholic, usually in more negative terms.

Conner's study (1961) appears to have been the first attempt to assess empirically, the difference in self-concept between the two groups. He used a modified version of Gough and Sarbin's Adjective Check List with 347 alcoholic males and 32 non-alcoholic males. Conner reported two major findings: the first, that the alcoholic displays a generalized lack of organization and integration of the self; and second, that he places pronounced emphasis on primary relationships when he describes himself. The latter was the more significant finding and Conner interpreted it as being the result of the socially imposed isolation that is placed upon the excessive drinker. In other words, Conner felt that the emphasis on primary relations is a result of alcoholism rather than something that existed prior to problem drinking. He stated that, "the early impact of excessive drinking will be almost completely in the area of primary relationships and will consist of the alienation or deterioration of primary group support and satisfaction from essential sources" (Conner, 1961, 467). The peculiarity of the self-image, then, is a direct result of the effect of alcoholism on the individual's interpersonal relations.

A number of studies point to the more negative self-concept of the alcoholic. Armstrong, Hambacher and Overley

(1962) administered the WAY test, an open-ended self-concept measure, to a group of alcoholic and non-alcoholic males. They found that the alcoholic group had significantly lower self-concept scores than the "normals". Berg (1971) administered the Adjective Check List and Chicago Q Sort, two structured self-concept measures, to forty male alcoholics and forty social drinkers. The results from the Q Sort showed that the two groups had similar ideal concepts but differed markedly in their actual self-concepts with the alcoholics expressing more derogatory self-definitions. The results of the Adjective Check List indicated that the alcoholics expressed greater feelings of inferiority through social impotence, guilt and self-criticism than did the controls. In a study using the Leary Interpersonal Checklist, alcoholic males were found to have greater self-ideal self-discrepancy scores than non-alcoholic males (Armstrong and Hoyt, 1963).

Quereshi and Soat (1976) used the Mitchill Adjective Rating Scale to assess the perception of self and significant others by alcoholics and non-alcoholics. Their sample consisted of 47 male alcoholics and 90 male college students. In general, they found that the alcoholic males saw themselves as well as their close relatives as generally less happy, less out-going and less productive and persistent than the

non-alcoholic men.

Rosen (1966) attempted to determine if the difference found between alcoholics and non-alcoholics was any different from that found between any group of "normal" and psychiatrically disturbed persons. He used a Q-Sort method with an alcoholic group, a non-alcoholic group and a group of psychiatrically disturbed individuals who were not alcoholic. He reports that definite distinctions were found between all three samples but that the difference between the alcoholic and psychiatrically disturbed patients was not clearly defined making the identification of an alcoholic type difficult.

Some evidence which conflicts with our notion of the poor self-concept of the alcoholic is found in the following two studies. Nocks and Bradley (1969) administered Rosenberg's scale of self-esteem to 61 hospitalized alcoholics. They found that the overall self-esteem of the sample clustered in the medium range of the 0 to 6 point scale, higher than would be expected from previous studies. The authors interpret these findings as evidence that the alcoholic will try to deny the effects of alcoholism by dwelling on the positive aspects of his/her life. In other words, they feel that alcoholics will project a more favourable self-image than what observation of them reveals. A particularly

interesting observation made in this study is that self-esteem seemed to decrease as the duration of problem drinking increased, with those persons who denied any problem whatsoever having higher self-esteem than all others. Also, the duration of awareness of the problem seemed to relate inversely to self-esteem. These findings suggest that the labeling factor may be a significant determinant of the level of self-esteem since once the person recognized he had a serious drinking problem there was a corresponding drop in the level of self-esteem.

A relatively positive self-image was projected by male alcoholics in a study carried out by Reinehr (1969). His sample consisted of 50 male in-patients from an Alcoholic Rehabilitation unit. He administered Gough's Adjective Check List first to the alcoholic sample and second to a group of therapists working in the treatment unit. The therapists were instructed to check adjectives which they felt were descriptive of the alcoholic population in general. The picture reported by the two groups was quite different. There was a heavy preponderance of favourable, self-accepting terms and no truly unfavourable adjectives checked as self-descriptive by the alcoholic population. On the other hand, the adjectives checked by the therapists consisted mainly of negative or critical

descriptions. As in the previous study, these findings are difficult to account for. The authors remain uncertain, in this case, as to whether it is the result of the alcoholics' tendency to project a favourable self-image or if it is actually a positive result of the treatment.

The reports discussed thus far suggest that, at least for men, the alcoholic self-concept is different from the non-alcoholic self-concept and in most cases can be described as more negative and self-critical. Although we have no corresponding studies for the alcoholic and non-alcoholic woman there are numerous references in the literature to the poor self-concept of the woman alcoholic (Curlee, 1968; Kinsey, 1966, 1968; Myerson, 1959; Winokur and Clayton, 1968; and Wood and Duffy, 1966) and these suggest that we might expect similar differences between the two groups of women.

C. Self-concept of female vs. male alcoholic

A number of researchers have suggested that the self-concept of the female alcoholic is more disturbed than that of her male counterpart (Blane, 1968; Curlee, 1968; Delint, 1964), however only two attempts have been made to determine this empirically.

The first was a study by Fitts, Arney and Patton, (1973) using the Tennessee Self-Concept Scale with patients

from a detoxification unit. They found no significant difference between the males and females; however, the female sample size was extremely small (9 persons) rendering these findings rather inconclusive.

The Q-Sort method was used by Clarke (1974) to measure self-esteem in a sample of male and female alcoholics. Again, no significant differences were found but, as in the previous study, the female sample size was small--in this case consisting of 20 persons. Because of the very limited number of women used in both these studies the results must be assessed with considerable caution.

Indirect evidence relating to the self-concept of male and female alcoholics is presented in a study by Winokur and Clayton (1968). Their sample consisted of 69 male and 45 female patients admitted to a psychiatric unit of a general hospital whose primary diagnosis was alcoholism. They did not measure self-concept directly but their findings provide some clues as to the nature of the self-feelings of the two groups. On the one hand the incidence of self-depreciation was the same for both the men and women but the frequency of suicidal thoughts was significantly greater among the women. As suicide represents the most extreme manifestation of self-destructive feelings, these findings appear somewhat contradictory. One would expect that persons with stronger suicidal tendencies would also

be more self-depreciating.

D. Self-concept prior to alcoholism

The foregoing sections have considered the existing evidence which suggests that poor self-concept is characteristic of the alcoholic. The question that is raised by these studies is whether the poor self-concept preceded the alcoholism or is primarily a product of it. Jellinek sampled some 2000 persons and concluded that loss of self-esteem was a consequence of alcoholism.. Although few people would argue that loss of self-esteem is a probable outcome of excessive drinking, many suggest that it existed prior to the alcoholism and was one of the factors that brought about excessive drinking in the first place.

Obviously, research in this area is problematic as we cannot measure self-concept directly in the pre-alcoholic period nor can we isolate individuals who will become alcoholic. One very valuable study dealing with this problem is the McCord and McCord study of the origins of alcoholism (1960). The authors studied the records of all those boys who took part in the Cambridge-Somerville Youth Project in order to identify variables which might distinguish those who later became alcoholic from those who did not. One of their findings was that confusion in the child's self-

image was particularly characteristic of the individuals who became alcoholic.

Disturbance in the self-concept was observed as well, in young problem drinkers in two studies using college students as subjects. These persons were selected for study in the belief that such persons are more apt to become alcoholic and consequently may provide clues as to the pre-alcoholic personality. The first study was done by Park (1958) with a group of male college students. He found that problem drinking among the students was associated with deviation from the occupational male role and with ambivalence in role orientation among males. Because of the close interplay between role and self, that is, because our understanding of self is drawn largely from the roles we occupy, Park concludes that these same persons would have somewhat confused self-identities. He assumed that since they experienced difficulty in fulfilling male roles they would also give evidence of rather low self-esteem.

A second study, conducted by Williams (1965), compared the self-concept of a male alcoholic group and a group of male college students. The student sample was divided into problem drinkers and non-problem drinkers. He found that the self-evaluations of the problem drinking students corresponded more closely to the alcoholics in

that both gave evidence of poor self-image. On this basis, Williams concludes that poor self-concept does precede alcoholism and that excessive drinking is a consequence of efforts to improve a negative self-image.

Results which conflict with the findings reported in the above two studies are found in a study by Segal, Rhenberg and Sterling (1975). Their sample consisted of female college students who were divided into a drug-use group, an alcohol-use group and a non-drug use group. They found that the alcohol user generally reported a fairly positive and stable self-concept, one which resembled the non-drug user. However, there was no attempt to differentiate between heavy or social drinkers so we do not know if any of the women represented potential alcoholics.

The evidence from the studies of McCord and McCord, Park and Williams suggest that, at least for men, poor self-concept does precede alcoholism. Although we have no empirical evidence to support this in the case of women, there remains a conviction among many researchers writing about female alcoholism that poor self-concept is one of the crucial factors which lead to problem drinking.

Kinsey (1966) reports this to have been the case with most of the women in his study. He writes that they "...defined themselves as inadequate and unattractive persons and valued alcohol primarily for its ability to modify these

undesirable attributes of personality" (Kinsey, 1966, 158). Wood and Duffy (1966) report similar findings in their study of 69 alcoholic women. They found that none of the women felt they had been raised in an atmosphere of warmth and acceptance and that all described their mothers as rigid and perfectionist and as emotionally distant. The authors write that, "our patients grew up submissive and resentful, always lacking self-confidence,...everyone developing feelings of worthlessness and inadequacy" (Wood and Duffy, 1966, 342).

Myerson (1955) links the poor self-concept not so much to emotional deprivation but rather to the instability of emotional support. He writes that the most traumatic factor in the childhood of the women in his study was the extreme fluctuation in parental affection that occurred before the depriving circumstances had become fixed and constant. The insecurity resulted, then, from the inconsistency of the parental response.

DeLint (1964) feels that this early disturbance in the woman's life is a major cause of excessive drinking. In his study of the clinical records of alcoholics he found more parental deprivation among the females than the males. He suggests that this is more damaging to the woman because, "...whereas the status of the male in our society is largely achieved in character, that of the female is to a large

extent ascribed...and...accordingly, early parental deprivation is apt to be more disturbing in the case of the female in so far as it occurs at the time when traditional female roles are being learned" (deLint, 1964, 1064).

Blane (1968) traces the feelings of inadequacy and ineptness common to the female alcoholic to the conflict she experiences within the wife-mother role. On the one hand, the woman is educated and taught to expect that she will actively partake in a career. Once she is married these promises and expectations are often frustrated and unfulfilled. She finds herself tied to a position in society which hasn't been accorded the status which she expects. The result, in Blane's view, are feelings of worthlessness and futility.

The studies referred to above have traced the poor self-image to the pre-problem drinking period and have assumed that the inadequate self-image played an important role in bringing on the uncontrolled drinking. Curlee (1968), on the other hand, contends that the loss of self-esteem in female alcoholics is largely the consequence of excessive drinking. She writes that:

For the married woman, a vicious circle is created: the home is the biosocial core for the woman far more than for the man; her drinking is likely to cause difficulties at the vital core from the beginning, thus undermining the basis for her identification and sense of value. The drinking, therefore, is doubly destructive. It is not only

destructive of the self-image in the same way as it is for the man, but it also destroys the more fundamental source of a woman's self-esteem. The woman's position, moulded as it is to the wife-mother role, stresses interpersonal relationships much more intensely than the husband-father role does. When alcoholism begins to break down these relationships the source of the woman's prestige and status may in turn lead to still more excessive drinking which destroys the very bedrock upon which the status rests. The chain reaction perhaps best explains the seriousness of alcoholism in woman, both to themselves and those around them. (Curlee, 1968, 18)

The literature pertaining to the pre-alcoholic self-concept offers considerable support for the notion that poor self-image existed prior to uncontrolled drinking although some researchers, such as Curlee, maintain that it is primarily a consequence of the drinking itself. Admittedly, this area of research is difficult as one can never get at the pre-alcoholic self-concept directly; however, the prevalence of emotional deprivation in the early life of the female alcoholic suggests that the development of a poor self-conception was very likely.

E. The female alcoholic and social participation

In the theoretical section we discussed the importance of participation in the social structure to the development of self-identity. A number of studies indicate that the degree of such participation in the case of the

alcoholic female is quite limited, suggesting one possible factor shaping the development of a poor self-concept.

Kinsey (1966), for instance, reports that nearly all the women in his study were restricted from normal peer group relations and that the majority were relatively inactive during adolescence in social activities.

Most of the women in a study conducted by Rosenbaum (1958) experienced difficulty in establishing interpersonal relationships. The author reports that the majority of their interests appear to have been solitary ones and the general impression obtained was of a socially isolated group of women. This is supported, as well, in a study by Jacob and Lavoie (1971). They studied 50 women patients hospitalized in a Quebec treatment center for alcoholics and found that the kinds of activities cultivated by these women were largely escapist and solitary. They conclude that social isolation is a very marked characteristic of the woman alcoholic.

Curran (1937) found that only one of the fifty alcoholic women in his study considered herself as popular with others. In adult life, few maintained close interpersonal relationships. Social insufficiency was very marked among the subjects and the author found in the hallucinatory experiences of the female alcoholics a struggle for social recognition. He concludes from this that their drinking

resulted from insufficient contact with others when the women were sober.

F. Summary

The studies reviewed in the preceding section suggest a number of points regarding the alcoholic self-concept. First, it seems fairly clear that excessive drinking has led to the development of a disturbed self-conception in the male alcoholic and the studies comparing the self-concept of the male alcoholic to the non-alcoholic male confirm this. Although there are no corresponding studies comparing the alcoholic and non-alcoholic female we would expect that the consequences of excessive drinking to the self-conception of the female alcoholic would be similar to those reported for the male. Further, although there is no empirical evidence to confirm the belief that the self-concept of the female alcoholic is more disturbed than that of the male alcoholic there are a number of suggestions that this is, in fact, the case. Finally, there is considerable evidence which suggests that the disturbed self-conception of the female alcoholic can be traced to the pre-alcoholic period. The basis for this belief comes from the fact that she experienced more parental deprivation and emotional instability in her early life and that she was more socially isolated than either the alcoholic male or the non-alcoholic woman.

CHAPTER IV

METHODOLOGY

A. Hypotheses

Assuming that the societal attitude taken toward female alcoholism is more condemning, and considering the findings discussed in the literature review which suggest that the woman alcoholic has a more negative self-concept than the male alcoholic, we propose the following hypotheses:

Hypothesis I: There will be a significant difference in the level of self-esteem between the male and female alcoholic.

Subhypothesis I: The female alcoholic will have lower self-esteem than the male alcoholic.

Hypothesis II: There will be a significant difference in the extent of self-derogation between the female and male alcoholic.

Subhypothesis II: The female alcoholic will be more self-derogatory than the male alcoholic.

Assuming that excessive and uncontrolled drinking causes disruption to the self-concept, and considering the findings reviewed in the previous section that suggest that poor self-concept is characteristic of the female alcoholic, we propose the following hypotheses:

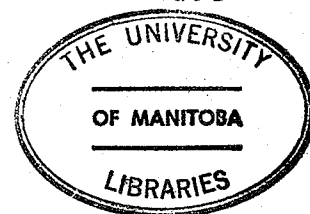
Hypothesis III: There will be a significant difference in the level of self-esteem between the alcoholic and the non-alcoholic female.

Subhypothesis III: The female alcoholic will have lower self-esteem than the non-alcoholic woman.

Hypothesis IV: There will be a significant difference in the extent of self-derogation between the alcoholic and non-alcoholic woman.

Subhypothesis IV: The female alcoholic will be more self-derogatory than the non-alcoholic female.

Assuming that social isolation and limited social participation are inevitable consequences of excessive drinking, particularly in the case of the woman, and because



self-identity is derived from the social roles that the person assumes and the statuses attached to these roles, we propose the following hypotheses:

Hypothesis V: There will be a significant difference in the extent of social anchorage between the male and female alcoholic.

Subhypothesis V: The female alcoholic will give evidence of less social anchorage than the male alcoholic.

Hypothesis VI: There will be a significant difference in the extent of social anchorage between the alcoholic and non-alcoholic woman.

Subhypothesis VI: The female alcoholic will give evidence of less social anchorage than the non-alcoholic female.

A factor which is derived from both the structural component (anchorage) and the evaluative (self-esteem - self-derogation) is the degree of self-clarity. As discussed earlier, it depends upon the consistent and positive reaction of others and the perceived degree of consensus as to what

our role expectations and demands are. Because we are hypothesizing that each of these dimensions suffer greater disruption in the case of the female alcoholic, we propose the following hypothesis:

Hypothesis VII: The female alcoholic will give evidence of less self-clarity than the male alcoholic.

Hypothesis VIII: The female alcoholic will give evidence of less self-clarity than the non-alcoholic female.

As stated earlier, an ancillary aim of the study will be to determine if the woman alcoholic had a disturbed self-concept in the pre-problem drinking period. The perceived reaction of others and social participation are two variables which have been shown to affect the development of the self-concept. To test this hypothesis, we will attempt to determine if the female alcoholic experienced more negative reaction of others and participated less in the pre-adult period of her life than did either the male alcoholic or the non-alcoholic female.

B. Data Analysis

To test for significant differences in self-clarity (hypothesis VII and VIII), level of self-derogation and the reaction of others, the chi square was computed. Chi square was selected as the most appropriate statistic as we were interested only in determining if the three samples differed from one another with respect to these variables and not in the strength of the relationship or the magnitude of difference.

For all other hypotheses and for social participation, significant differences between sample means were determined using the two-tailed T-test.

C. Sample Selection

Sample selection in a study of this nature clearly poses a problem in that we do not know who makes up the alcoholic population. Because of this, a truly random sample is impossible to obtain. Compounding this difficulty is the fact that a large proportion of the people entering treatment come from the lower end of the socio-economic scale. In order to obtain the closest approximation to a cross-section of the alcoholic population it was decided to use as wide a range of alcoholic treatment agencies as possible. These included: an urban in-patient alcoholism

center for women, two urban in-patient treatment programs for men, an alcohol treatment facility for women operated by the Salvation Army, two rural in-patient alcohol treatment programs, treatment programs run by two Winnipeg General Hospitals, and an urban out-patient and family counselling facility for persons with drinking problems. It was expected that persons of higher socio-economic status would be drawn from the urban out-patient centre and the two hospital programs.

It was anticipated, also, that in some instances a person might enter treatment whose problem was not primarily related to alcohol. The hospital programs, for instance, are designed for people suffering from all kinds of drug abuse. As well, these programs are set within the hospital's psychiatric units and persons may participate in the alcohol program even though drinking may represent only one facet of a much larger individual problem. Further, the Salvation Army program, although intended for persons with drinking problems, had recently been admitting women whose difficulties were not related to alcohol abuse. In cases such as these we relied on the professional judgement of the counselling staff to advise us of those persons whose primary diagnosis was not alcoholism and would not, therefore, be appropriate for inclusion in our study.

D. Data Collection

The data collection for the female alcoholic sample began November 1976 and continued until March 1977 when the target sample size of 100 was reached. Of the 100 women interviewed, 44 were receiving treatment at urban in-patient centres, 30 were receiving counselling from the urban out-patient clinic, 25 came from the rural in-patient programs and 1 came from the hospital program. As expected, we did not get many women from the hospital programs. Very few were participating in these programs during our interview period and of those that were all but one did not want to be involved in the study. The data collection for the male sample began in December 1977 and continued until mid-January when the target sample size of 50 was reached. The entire male sample was drawn from the two urban in-patient centers.

The data collection procedure involved interviewing each consecutive admission to treatment. The data were gathered as soon after entry into the program as possible. Prior studies of the self-concept have shown that there is a marked improvement in self-image after a person has been in treatment for some time and that this levels off after the client is released. By interviewing the client as soon as possible following admission we hoped to avoid this "heightening" effect.

A non-alcoholic sample of 40 women was drawn from a Licensed Practical Nursing class at an urban Community College. Although our original target sample size was 50, a number of the questionnaires returned had to be eliminated from the study because they were not completed fully. The nursing students were selected as a control sample because a great many of them were older women, most had limited educational backgrounds and nearly all were of low socio-economic status; characteristics which we found were typical of the alcoholic women.

A structured questionnaire was developed to gather the data and designed to be self-administered. In the case of the alcoholic samples, however, the questionnaires were administered by a staff member from each agency participating in the study. This approach was considered preferable in the case of the alcoholics because they were being asked to fill out the questionnaire very soon after coming into treatment and in many cases they were still too ill to handle the task on their own.

The questionnaire was divided into five sections. The first section contained an open-ended self-concept measure which asked the respondent to describe who he/she was. This was placed at the beginning in order to avoid any "contaminating" effects a later structured self-concept measure might have. The second section recorded demographic

data: age, ethnic status, marital status, etc., which were used for descriptive and control purposes. The third part dealt with the respondent's drinking history: his/her alcohol consumption patterns prior to treatment, the extent of disruption caused by alcohol, etc. The fourth section probed the extent of social participation and the reaction of others in the pre-alcoholic period. The final section contained a second self-concept measure.

E. Measurement

i) Tennessee Self-Concept Scale

To measure self-esteem, the Tennessee Self-Concept Scale (TSCS) developed by William Fitts (1965) was used. The scale consists of 100 self-descriptive statements which are designed to give an indication of how the individual views him/herself, that is, an indication of over-all self-esteem.

This particular instrument was selected over numerous others available on the basis of a number of considerations. First, it has been used frequently in previous studies of the alcoholic self-concept. Second, it is self-administered requiring only a minimum of instruction. Third, its wording is relatively uncomplicated and can be used with any subject over the age of 12. Finally, Fitts claims that its use is applicable to the whole range of

psychological adjustment ranging from the healthy, well-adjusted person to the psychotic.

An additional reason for selecting the TSCS was that it is a much more reliable instrument than any of the adjective checklists or word-lists that purport to measure the same thing. The test-retest reliability of the TSCS following a two week period ranged from a low of 0.61 to a high of 0.92, with a mean reliability of 0.80 (Fitts, 1965). The content validity of the test was determined by the consensus among seven clinical psychologists. Items were retained only if there was unanimous agreement that they were classified correctly.

The scale purports to measure some twenty-nine variables related to the self-concept. The most important of these is the "Total P Score" which is a summation of the entire test and gives an indication of over-all self-esteem. Of the remaining variables, eight will be of interest to us. These include: Identity Score - a measure of basic identity in terms of the statement "what am I"; Self-Satisfaction Score - a reflection of the level of self-satisfaction or self-acceptance; Behavior Score - a measure of the individual's perception of his own behavior or the way he functions; Physical Score - an indication of the individual's view of his body, his state of health, his physical appearance, skills and sexuality; Moral-Ethical Score - a measure of what an

individual judges his moral worth to be, whether he is a good or bad person; Personal Self Score - a measure of the sense of personal worth, adequacy as a person; Family Self Score - a reflection of one's feelings of adequacy, worth and value as a family member; and, Social Self Score - an indication of the person's sense of adequacy and worth in his social interaction with people in general.

The range and mean scores for the various self-dimensions are presented below. The mean scores are derived from a large scale survey of the general population in which the TSCS was administered to some 626 persons. (Fitts, 1965).

	<u>Range</u>	<u>Mean</u>
Total P. Score	180 - 450	345.57
Identity Score	30 - 150	127.10
Self-Satisfaction Score	30 - 150	103.67
Behavior Score	30 - 150	115.01
Physical Score	18 - 90	71.78
Moral-Ethical Score	18 - 90	70.33
Personal Self Score	18 - 90	64.55
Family Self-Score	18 - 90	70.83
Social Self-Score	18 - 90	68.14

ii) Twenty Statements Test

The second instrument used to operationalize components of the self-concept was the Twenty Statements Test (TST) developed by Kuhn and McPartland (1954). The TST is an unstructured measure which asks the individual to describe herself in her own words. Its format is open-ended and the self-descriptions are determined solely by the subject. The selection of this instrument was based on two considerations. First, as one of the major concerns in our study is determining the extent to which the individual identifies herself in terms of roles, statuses, etc., an instrument which would get directly at this dimension was needed. Most other self-concept measures are aimed more at individual attributes of the personality rather than at the sources of identification. The TST, however, is directed at that aspect of the self which is derived from social relationships and role identities and measures self-identification, where the individual locates him/herself in the social system, in terms of group memberships, roles, etc.

Secondly, the TST gives the respondent the opportunity to describe herself in her own words rather than in terms previously structured by the investigator. This is important not only in terms of self-identity but also as it relates to negative self-references. It is felt that negative self-descriptions volunteered in an open-ended format may

be more indicative of a disturbed self-image than when they occur as responses to structured criteria.

A content - analysis of the responses of each subject was made to elicit scores on three variables, self-derogation, social anchorage and self-clarity.

Self-derogation

Self-derogation, used as a test for hypotheses II and IV, reflects the negative element in the respondent's self-descriptions. It was considered, first, in terms of the proportion of statements which were self-derogatory.

Inclusion of statements was determined on the basis of the guidelines suggested by Spitzer, Stratton, Fitzgerald and Mach for their Index of Self-Derogation (n.d.).

As well as statements which are directly self-derogatory, they suggest that the following should be considered as indicative of self-derogation: statements which indicate the respondent's evaluation of other's definition of self is negative; statements of desire with reference to specific attributes; statements in which the respondent indicates a lack of certain traits; statements in which the respondent compares himself with others on a trait which is specified in the statement (e.g., more cruel, more nervous, etc.); statements which indicate jealousy or envy of some specified trait of one or more people; statements which indicate feel-

ings of insignificance; statements which indicate contradictory traits to the self; skill derogations and statements derogating valued social objects. In addition to the proportion of statements which were self-derogatory, the mean number of references of self-derogation for each sample was determined.

A third measure of this variable assigned each respondent to one of four levels of self-derogation. The assignment to a particular level was determined on the basis of the number of self-derogatory statements the respondent made. The classification was based on the following criteria:

- (1) Non self-derogatory - includes all respondents who made no self-derogatory statements.
- (2) Low self-derogation - includes all respondents who made 1 to 3 self-derogatory references.
- (3) Marked self-derogation - includes all respondents who made 4 to 6 self-derogatory statements.
- (4) Extreme self-derogation - includes all respondents who made 7 or more statements indicative of self-derogation.

A final measure of self-derogation was obtained using the Index of Self-Derogation referred to above. This provides further information in that it takes into consideration the magnitude of self-depreciation. Each self-derogatory reference was assigned a weight on the basis of whether or not

it was strongly or moderately negative and accounted for modifiers of intensity and frequency. A summation of these weights yielded the individual's self-derogation score. The assignment of weights was determined by the schema developed by Fitzgerald et al. (see next page)

Social Anchorage

A measure of the "self-anchoring attitude" was taken from the TST by separating from all the responses made only those which were indicative of the location of the self by conventional roles, social positions, and demographic characteristics (i.e., consensual). The guidelines for determining which statements would be considered consensual were drawn primarily from Kuhn and McPartland (1954). In general, all statements which located the individual in a conventional manner without any qualifying or evaluative adjectives were considered consensual. More simply, consensual statements were "objective" in nature, non-consensual statements were "subjective".

On the basis of the consensual statements made we considered, first, the proportion of such references of the total number of statements made and second, the mean number of consensual references made within each sample. A third measure, locus score, was also taken into account. This

Strength of Valence	Intensity Modifier	Frequency Modifier	Code
	None	None $\geq \frac{1}{2}$ time *** $< \frac{1}{2}$ time **** Total negation	3 3 2 Ignore
Strongly Negative	Extreme *	None $\geq \frac{1}{2}$ time *** $< \frac{1}{2}$ time **** Total negation	3 3 3 1
	Mild **	None $\geq \frac{1}{2}$ time *** $< \frac{1}{2}$ time **** Total negation	2 2 2 Ignore
Moderately Negative	None	None $\geq \frac{1}{2}$ time *** $< \frac{1}{2}$ time **** Total negation	2 2 2 Ignore
	Extreme *	None $\geq \frac{1}{2}$ time *** $< \frac{1}{2}$ time **** Total negation	3 3 2 1
	Mild **	None $\geq \frac{1}{2}$ time *** $< \frac{1}{2}$ time **** Total negation	2 2 Ignore Ignore

* Included modifiers such as very, pretty, especially, quite, really.

** Includes modifiers such as little bit, sort of, somewhat, fairly.

*** $\geq \frac{1}{2}$ time, e.g. most of the time, often frequently, etc.

**** $< \frac{1}{2}$ time, e.g. sometimes, once in while, not very often, occasionally.

differs from a mere count of the number of consensual statements in that it considers the saliency of the responses as well. Kuhn and McPartland report that self-statements which are readily expressed have more importance for the person expressing them than statements which are given only after prodding or questioning. The locus score then, accounts for both the number and saliency of responses. As a person tends to exhaust all the consensual categories before going on to non-consensual ones, the locus score represents, simply, a count of the number of consensual references made before the predominant type of response changes from one category to the next.

Clarity of Self

To obtain a measure of self-clarity the guidelines suggested by Hurlburt (1960) were used. She maintains that indicators of low self-clarity are statements which reflect uncertainties, inadequacies, or some sort of pressure for constant striving. Four indicators are given and include the following: one, that the individual be able to identify him/herself, and giving less than 5 out of 20 statements indicates a lack of this ability; two, that conflicting statements indicate a lack of conviction; three, that statements of self-derogation indicate a doubting, unclear

self-definition, indicative of a hiatus between the individual's ideal self and how he views his performance; and four, that repetitive statements of frustration are taken to indicate a lack of clarity and conviction of self-definition.

Using these guidelines we developed the following scale of self-clarity for our study:

- (1) Extremely low clarity: includes all respondents who met one of the following criteria:
 - a) Gave less than 3 statements
 - b) Gave 6 or more statements indicating a doubting, unclear or negative self-definition, and/or conflicting statements indicating a lack of clarity and/or statements of frustration.

- (2) Low clarity: includes all respondents who met one of the following criteria:
 - a) Gave 3 to 5 statements
 - b) Gave 3 to 5 statements indicating a doubting, unclear or negative self-definition, and/or conflicting statements indicating a lack of clarity and/or statements of frustration.

- (3) Moderate clarity: includes all respondents who

met one of the following criteria:

- a) Gave 6 to 10 statements
- b) Gave 1 to 2 statements indicating a doubting, unclear or negative self-definition, and/or conflicting statements indicating a lack of clarity, and/or statements of frustration.

(4) High clarity: includes all those who met all of the following criteria:

- a) Provided more than 10 self-definitions
- b) Gave no statements indicating a doubting, unclear or negative self-definition, no statements of frustration and no conflicting references.

iii) Pre-alcoholic self-concept

The variable, "reaction of others" was operationalized using a Likert-type scale. The scale was comprised of ten questions which probed the individual's perception of her parent's reaction to her during the early socialization period. The response categories ranged from strongly disagree to strongly agree. A weight was assigned each response and the weights corresponding to each response made by the individual were then summed to yield a "reaction of others"

score. On the basis of this score the individual was assigned to one of the following categories:

- (1) No negative reaction - persons included here gave positive answers to all questions.
- (2) Moderately negative reaction - includes all persons with scores between 1 and 20.
- (3) Marked negative reaction - includes all those scoring between 11 and 20.
- (4) Extreme negative reaction - includes all respondents scoring between 21 and 30.

To measure the extent of social participation in the pre-adult (pre-alcoholic) period a modified version of Chapin's Social Participation Scale (CSPS) was used. This scale was developed by Chapin to measure the extent of the individual's participation in community groups and institutions. Because we are concerned with participation not at the present time but in an earlier period of the respondent's life, instructions were attached pointing out the time frame upon which the person was to base her answers.

In the original version of the CSPS, five types of participation were included: membership, attendance, financial contribution, membership on committees and offices held. The third participation type, financial contributions,

was eliminated from our study as we felt this was not relevant to the kinds of groups and organizations in which young people participate.

The scoring procedure used was the same as the one proposed by Chapin. A weight of "1" was assigned for membership, "2" for attendance, "3" for membership on committees and "4" for having held an office. The summation of these weights yielded a social participation score.

iv) Control and Descriptive Variables

The literature pertaining to the alcoholic self-concept suggests a number of variables which may create disturbance to the self-conception. Among these are such things as the extent of consumption, the length of problem drinking, the extent of disruption caused by alcohol and whether or not the person believes he is alcoholic. For purposes of our study it is important to verify that any differences found between the self-concept of the male and female alcoholic are not simply the effects of these other factors.

Alcohol consumption was measured using a quantity-frequency index which expresses consumption in average ounces of ethanol (absolute alcohol) per day. The index is derived from the number of days on which beer, wine and hard liquor were drunk during the 30 day period prior to treatment

(frequency) and the amount of each beverage consumed on a typical day of drinking (quantity) in that same time period. The product of the quantity and frequency (coded to reflect alcohol content) was then summed across the three beverages to yield an average daily ethanol amount.

This measure was selected as the best available to us; however, it is probable that for a certain proportion of the respondents, consumption was lower than usual prior to entering treatment and that the average ethanol intake, therefore, was lower than normal. This underestimation is generally the result of the client having often been ill or even hospitalized prior to entering an alcohol treatment program. With this in mind then, the consumption index will serve only as an approximation of the drinking patterns prior to treatment and one which will, in all likelihood, underestimate the magnitude of the drinking problem.

Consumption measures alone are not sufficient to measure the magnitude of the drinking problem, however, as different levels of consumption have differing effects from one person to the next. For this reason an additional variable, severity of case, was included to tap the extent of disruption caused by alcohol to the functioning of the individual. Seven questions were used to determine both the behavioral and social impairment to the health, economic and personal

well-being of the individual. Inclusion of questions was guided by Keller and Efron's definition of alcoholism as a behavioral disorder manifested by "repeated drinking of alcoholic beverages in excess of dietary and social uses of the community and to an extent that interferes with the drinker's health or his social and economic functioning" (Keller and Efron, 348):

In addition to the questions pertaining to the person's drinking described above, each respondent was also asked to estimate the length of time that drinking had been a problem and whether or not she believed herself to be alcoholic.

A number of additional variables were included both for descriptive and control purposes. These included: age, marital status, ethnic status, educational status and employment status. The latter two variables were combined using Hollingshead's Two Factor Index of Social Position to yield a measure of social class.

CHAPTER V

RESEARCH FINDINGS

A. Sample Description

The women who made up the alcoholic female sample were primarily of low socio-economic status, were largely unmarried or were married but not living with their spouse and most had a low level of education. Their mean age was 33.4 years with approximately two-thirds falling within the 20 to 40 year age range. Few were married and living with their spouse at the time of the interview (26%) and a sizable number were either divorced, separated or widowed (42%). As mentioned above, the over-all educational level of these women was low with approximately two-thirds having less than a completed high school education. Of the women who had been working prior to coming into treatment most had been employed in low skill types of jobs. The majority of the women were Caucasian, although a significant proportion of them (one-third) were either Indian or Metis.

The male alcoholics came almost exclusively from the lower socio-economic classes. Like the women, few were married and living with their spouse and most had a limited educational background. They were slightly older than the women having a mean age of 40.3 years. Only 19.6% were

married and living with their spouse whereas 41% were either divorced, separated or widowed. Approximately three-quarters of the men had less than a completed high school education. Of those who had been working before entering treatment 82.7% were employed in the trades, semi-skilled or unskilled job categories. Almost all were Caucasian with persons of British origin making up the largest single ethnic group.

The non-alcoholic women came, as well, from the lower socio-economic strata, had low levels of education and were predominately Caucasian. The age distribution of this sample closely paralleled that of the female alcoholics with a mean age for the non-alcoholic women of 31.9 years. They displayed greater marital stability than either of the other two samples in that a much smaller percentage were divorced, separated or living common-law. Those women who had worked prior to enrolling in the nursing program were mainly employed in unskilled or semi-skilled jobs. The level of education, although higher than in the other two samples, was still rather low with more than half having less than a completed high school education.

Table I presents a summary of the socio-demographic characteristics of the respondents from the three samples.

TABLE I: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE FEMALE ALCOHOLIC, MALE ALCOHOLIC AND NON-ALCOHOLIC FEMALE SAMPLES.

	Female Alcoholic		Male Alcoholic		Non-Alcoholic Female	
	N	%	N	%	N	%
Age Distribution						
15 - 20 years	7	7.0	1	2.0	4	10.0
21 - 30 years	38	38.0	13	25.5	13	32.5
31 - 40 years	29	29.0	11	21.6	12	30.0
41 - 50 years	19	19.0	16	31.4	10	25.0
51 - 60 years	5	5.0	6	11.8	1	2.5
61 +	2	2.0	4	7.7	0	0.0
	(100)	(100.0)	(51)	(100.0)	(40)	(100.0)
Marital Status						
Married	26	26.0	10	19.7	22	55.0
Single	28	28.0	17	33.3	12	30.0
Separated	20	20.0	9	17.6	3	7.5
Divorced	17	17.0	9	17.6	3	7.5
Widowed	5	5.0	3	5.9	0	0.0
Common-law	4	4.0	3	5.9	0	0.0
	(100)	(100.0)	(51)	(100.0)	(40)	(100.0)
Ethnic Status						
British Isles	26	26.0	22	43.1	13	32.5
French	11	11.0	5	9.8	2	5.0
German	10	10.0	2	3.9	8	20.0
Indian, Metis	34	34.0	8	15.8	1	2.5
Scandinavian	1	1.0	5	9.8	4	10.0
Ukranian	13	13.0	4	7.8	6	15.0
Other	5	5.0	5	9.8	6	15.0
	(100)	(100.0)	(51)	(100.0)	(40)	(100.0)

TABLE I: cont'd

	Female Alcoholic		Male Alcoholic		Non-Alcoholic Female	
	N	%	N	%	N	%
Education						
Some College	18	18.0	5	9.8	4	10.0
High School	18	18.0	6	11.8	14	35.0
Some High School	25	25.0	17	33.3	19	47.5
Jr. High School	25	25.0	18	35.3	3	7.5
Less than 7 years.	14	14.0	5	9.8	0	0.0
	(100)	(100.0)	(51)	(100.0)	(40)	(100.0)
Social Class*						
Upper class	2	2.8	0	0.0	0	0.0
Upper middle	5	6.8	1	2.1	0	0.0
Middle class	9	12.3	2	4.3	1	4.4
Lower middle	20	27.4	17	36.2	11	47.8
Lower class	37	50.7	27	57.4	11	47.8
	(73)**	(100.0)	(47)**	(100.0)	(23)**	(100.0)

* Social class levels are based on Hollingshead's Two Factor Index for Social Position.

** Information needed to compute social class level was available for only 73 of the alcoholic women, 47 of the alcoholic men, and 23 of the non-alcoholic women.

B. Consumption profile

Table II presents a summary of the average daily amount of alcohol consumed by each respondent in the thirty day period prior to being interviewed. The problem or alcoholic drinkers are identified using the guidelines for hazardous drinking suggested by the Rand study of Alcoholism and Treatment¹ as drinking in excess of 3 oz. per day. Quite clearly, most of the persons from our alcoholic samples had been drinking heavily prior to being admitted into treatment.

One drawback of the consumption index is that it fails to identify the "binge" drinker. For instance, a person who drinks very large quantities of alcohol but only once or twice a month would have a low average consumption. As binge drinking of this nature is generally acknowledged to be equally disruptive to personal functioning and well-being as continuous drinking of more moderate amounts, these kinds of drinkers should be accounted for in profiling the drinking patterns of any sample of individuals.

¹The Rand Study of Alcoholism and Treatment (1976) is part of an ongoing study of alcoholism and treatment sponsored by the National Institute of Alcohol Abuse and Alcoholism in the U.S. The norms for hazardous drinking established by the authors of this report were based on a general population survey of drinking. They found that for men, the modal daily consumption was 0 to 1 ounces and the modal typical quantity 1 to 3 ounces. Although fairly large numbers had daily consumptions of 1 to 3 ounces and typical amounts of 3 to 5 ounces, these percentages dropped off rapidly for daily consumptions of more than 3 ounces and typical quantities exceeding 5 ounces. Based on these figures the upper limits for normal drinking were set at 3 oz/day for daily consumption and 5 ounces for typical quantities.

TABLE II: PERCENTAGE DISTRIBUTION OF AVERAGE DAILY ALCOHOL CONSUMPTION FOR THE FEMALE ALCOHOLIC, MALE ALCOHOLIC AND NON-ALCOHOLIC FEMALE SAMPLES

Daily Consumption Average	Female Alcoholic (%)	Male Alcoholic (%)	Non-Alcoholic Female (%)
0 - 0.99 oz.	12.0	15.7	92.5
1 - 2.99 oz.	18.0	15.7	7.5
3 - 4.99 oz.	18.0	5.9	-
5 - 6.99 oz.	13.0	9.8	-
7 - 8.99 oz.	13.0	11.8	-
9 - 11.99 oz.	6.0	5.9	-
12 +	20.0	35.2	-
Total (N)	(100.0) (100)	(100.0) (51)	(100.0) (40)

Using the guidelines established in the Rand study for binge drinking as consumption in excess of 5 ounces on a typical day of drinking, the binge drinkers can then be identified as those persons who have a daily consumption average of less than 3 ounces per day but with a typical consumption on any one day of more than 5 ounces. Applying this formula, we found that 13 of the female alcoholic sample, 10 of the male sample and 5 of the non-alcoholic female sample fell into the binge drinking category.

Of those persons who were not classified as hazardous or binge drinkers, 4 from the male group, 1 from the

female alcoholic group and 13 from the non-female alcoholic group were abstinent. In the case of the persons from the alcoholic samples, these were individuals who had been excessive drinkers in the past but who were seeking treatment at the time of our study in order to get help in maintaining their sobriety.

The remaining persons, who were neither abstinent, hazardous or binge drinkers might be classified as "social drinkers". We cannot assume, however, that drinking for all these individuals has not been disruptive. The amount of their drinking has placed them in the non-hazardous drinking categories but because it is fairly obvious that differing amounts of alcohol have substantially different effects from one person to the next some of these persons may be experiencing very damaging effects as a result of their drinking in spite of the relatively small quantities being consumed.

Table III presents the extent of disruption to the social, economic and physical well-being of those persons who were classified as social drinkers.

To summarize the drinking patterns of the three samples, Table IV presents a percentage breakdown of the respondents from all three samples in terms of the number of hazardous, binge, and social drinkers and the number of abstainers. It is quite clear that most persons from the male and female alcoholic samples had been drinking heavily

prior to entering treatment (83% of the alcoholic women, 88.3% of the men). None of the men and only one person from the female alcoholic sample fell into the social drinking without disruption category.

TABLE III: SEVERITY OF CASE OF SOCIAL DRINKERS

Severity of Case	Female Alcoholic		Male Alcoholic		Non-Alcoholic Female	
	N		N		N	
No disruption	1		-		12	
Moderate disruption	7		2		10	
Marked disruption	8		-		-	
Extreme disruption	-		-		-	
	(16)		(2)		(22)	

TABLE IV: DRINKING STATUS OF THE FEMALE ALCOHOLIC, MALE ALCOHOLIC AND NON-ALCOHOLIC FEMALE SAMPLE

Drinking Status	Female Alcoholic		Male Alcoholic		Non-Alcoholic Female	
	N	%	N	%	N	%
Abstinent	1	1.0	4	7.8	13	32.5
Social Drinking (no disruption)	1	1.0	-	-	12	30.0
Social Drinking (with disruption)	15	15.0	2	3.9	10	25.0
Binge Drinking	13	13.0	10	19.6	5	12.5
Hazardous drinking	70	70.0	35	68.7	-	-
	(100)	(100.0)	(51)	(100.0)	(40)	(100.0)

C. Alcoholic vs. non-alcoholic female

i) Self-esteem.

Hypothesis III: There will be a significant difference in the level of self-esteem between the alcoholic and non-alcoholic female.

Subhypothesis III: The female alcoholic will have lower self-esteem than the non-alcoholic female.

Table V presents the means and standard deviations of each TSCS self-dimension for the alcoholic and non-alcoholic female samples. The results clearly support both hypotheses. The difference between the mean self-esteem scores for the two groups is significant at the .001 level. The more negative self-appraisal of the female alcoholic was manifested by a greater lack of self-acceptance on her part, by a more limited sense of self-worth and value and by a greater lack of confidence.

In general terms, the female alcoholic reported a more negative identity than the non-alcoholic women, was less self-accepting and was much more critical of her own behavior. In terms of the Physical Self, the differences are marked and, as one might expect, these are most evident in the area of physical health. The female alcoholic, far more than the non-

TABLE V : MEANS AND STANDARD DEVIATIONS FOR ALL TSCS SCORES FOR THE ALCOHOLIC AND NON-ALCOHOLIC FEMALE SAMPLES

Self-dimension	Female Alcoholic		Non-Alcoholic Female		T Score
	Mean	SD	Mean	SD	
Self-esteem	268.04	52.53	330.27	33.09	6.95*
Identity	99.00	20.34	120.78	10.88	6.40*
Self-satisfaction	82.90	17.80	102.85	15.12	6.24*
Behavioral self	86.10	18.00	106.70	11.53	6.70*
Physical self	54.68	11.37	65.58	6.61	5.68*
Moral-ethical self	54.58	12.18	67.28	7.63	6.12*
Personal self	48.65	12.14	63.43	8.93	6.97*
Family self	54.11	12.54	67.35	9.63	6.00*
Social self	56.02	12.89	66.65	7.19	4.91*

* Significant at the .001 level

(Note: All tests were for independent samples, 138 df, and two-tailed)

alcoholic woman, saw herself as unhealthy, sickly and vulnerable to vague illnesses. As well, a much larger proportion judged themselves to be unattractive persons. Overall, the female alcoholic was much less satisfied with her state of health and physical appearance than the non-alcoholic woman.

With reference to the Moral-Ethical Self, approximately the same number of women from both groups described themselves as religious persons. Further, the degree of satisfaction with their religious behavior was the same in both samples. However, whereas the non-alcoholic woman judged

her moral worth and behavior in fairly positive terms, the alcoholic woman tended to see herself as dishonest and morally weak.

The Personal Identity of the two groups was quite dissimilar. The female alcoholics typically saw themselves as anxious and lacking in self-control. Approximately half said they were hateful persons and of no consequence. The majority expressed dissatisfaction with themselves and nearly all said that they could not solve their problems easily and that they habitually ran away from any personal difficulties. On the other hand, the non-alcoholic women gave quite positive answers in all these areas.

Less than half as many of the alcoholic women felt they were members of happy families, were important to their families or were trusted by them. They expressed less satisfaction with their family relationships and felt they should understand their families better and trust them more. As well, they reported taking less interest in their families than the non-alcoholic women and more reported family quarrels.

In terms of the Social Self, the alcoholic women described herself as being less friendly toward others and as being harder to be friendly with. Over half said they were not as sociable as they wanted to be and were ineffective in social situations. Twice as many alcoholic women said they

did not get along well with others and the majority of these said they felt uneasy with other people and found it hard to talk to strangers.

ii) Self-derogation, alcoholic vs. non-alcoholic

Hypothesis IV: There will be a significant difference in the extent of self-derogation between the alcoholic and non-alcoholic woman.

Subhypothesis IV: The alcoholic woman will be more self-derogatory than the non-alcoholic woman.

The data drawn from the TST provides substantial support for both these hypothesis. First, a larger proportion of the alcoholic women volunteered self-derogatory statements compared to the controls (.89 for the former, .63 for the latter.) The mean number of negative self-descriptions made by the alcoholics was 4.32 compared to 2.08 for the non-alcoholics, a difference that was significant at the .001 level.

Table VI presents the percentage distribution of the respondents in terms of the level of self-derogation. Quite clearly, the alcoholic women display greater self-derogation.

TABLE VI: PERCENTAGE BREAKDOWN BY EXTENT OF SELF-DEROGATION FOR ALCOHOLIC AND NON-ALCOHOLIC FEMALE SAMPLES

Level of Self-Derogation	Female Alcoholic		Non-Alcoholic Female	
	N	%	N	%
Non-Self-derogatory	11	11.0	16	40.0
Low self-derogation	38	38.0	16	40.0
Marked self-derogation	29	29.0	7	17.5
Extreme self-derogation	22	22.0	1	2.5
	(100)	(100.0)	(40)	(100.0)

(Chi square = 20.57, 3df, $p < .001$)

The self-derogatory index revealed similar alcoholic-non-alcoholic differences. The mean self-derogatory score for the alcoholic women was 11.76, for the non-alcoholic woman, 4.95, a difference significant at the .001 level. In sum, it is quite apparent that the woman alcoholic is much more negative and critical in her self-appraisal than the non-alcoholic woman.

iii) Social anchorage

Hypothesis VI:

There will be a significant difference in the extent of social anchorage as revealed in the TST self-descriptions between the alcoholic and non-alcoholic female.

Subhypothesis VI: The female alcoholic will give evidence of less social anchorage than the non-alcoholic female.

The data drawn from the TST provides evidence to support both these hypotheses. These findings suggest, then, that the female alcoholic has a more limited sense of identity than the non-alcoholic female.

Nearly all the non-alcoholic women made at least one consensual statement compared to 63% of the alcoholic women. The mean number of consensual references for the alcoholic group was 1.61 compared to 2.95 for the non-alcoholic group. The mean locus score for the alcoholic women was 1.42, for the non-alcoholic women, 2.48. Both these differences are significant at the .01 level.

Looking more closely at how the two groups identified themselves we found some marked differences. The non-alcoholic women, for instance, described themselves in terms of recreational, athletic or social interests to a much greater extent than the alcoholic women. The majority of the activities referred to involved some form of group participation, whereas the kinds of interests named by the alcoholic women were largely solitary ones.

There was a strong identification with the physical self among the non-alcoholic women, a phenomenon not observed

in the TST's completed by the alcoholic women. This included descriptions of the self in terms of hair colour, height, weight, eye colour, etc. When the alcoholic women did make reference to physical attributes they were frequently negative or critical.

The most frequent source of identification reported by both samples was with family-related roles. Approximately 73% of the non-alcoholic group and 61% of the alcoholic group made at least one reference to a family role or status. This finding is somewhat significant as there has been considerable interest in the idea that the female alcoholic is a person who rejects typical female roles and who suffers primarily from sex-role conflicts. Although some of the family references made by the women were negative the majority were not, suggesting that she does indeed identify quite strongly with the traditional wife-mother roles.

iv) Self-clarity

Hypothesis VIII: The Female alcoholic will give evidence of less self-clarity than the non-alcoholic female.

Table VII presents a percentage distribution of the two samples into the four levels of self-clarity. It is quite

apparent from these results that the female alcoholic exhibits less clarity in her self-concept than the non-alcoholic woman. This lack of clarity was manifest primarily in an inability to describe who she was and in a preponderance of negative self-descriptions. Conflicting statements and repetitive statements of frustration did not occur very frequently in the self-descriptions of either of the two groups, so, as a consequence, they did not play a very great role in the estimation of the clarity score.

TABLE VII: PERCENTAGE DISTRIBUTION BY LEVEL OF SELF-CLARITY FOR THE ALCOHOLIC AND NON-ALCOHOLIC FEMALE SAMPLES

Self-Clarity Level	Female Alcoholic		Non-Alcoholic Female	
	N	%	N	%
Extremely low clarity	32	32.0	5	12.5
Low clarity	54	54.0	10	25.0
Moderate clarity	13	13.0	19	47.5
High clarity	1	1.0	6	15.0
	(100)	(100.0)	(40)	(100.0)

(Chi square = 34.45, 3df, $p < .001$)

D. Female vs. male alcoholici) Self-esteem

Hypothesis I: There will be a significant difference in the level of self-esteem between the male and female alcoholic.

Subhypothesis I: The female alcoholic will have lower self-esteem than the male alcoholic.

Table VIII presents the mean scores and standard deviations for each dimension of the self-concept derived from the Tennessee Self Concept Scale. The results from the test provide support for both hypotheses.

TABLE VIII: MEANS AND STANDARD DEVIATIONS FOR ALL TSCS SCORES FOR THE FEMALE AND MALE ALCOHOLIC SAMPLES

Self Dimension	Female Alcoholic		Male Alcoholic		T Score
	Mean	SD	Mean	SD	
Self-esteem	268.04	52.53	289.67	46.94	2.48*
Identity	99.00	20.34	106.25	15.26	2.24*
Self-satisfaction	82.90	17.80	88.73	18.08	1.89
Behavioral-self	86.10	18.00	94.69	17.60	2.79**
Physical self	54.68	11.37	62.12	9.96	3.96**
Moral-ethical self	54.58	12.18	57.31	12.30	1.30
Personal self	48.65	12.14	52.86	12.38	2.00*
Family self	54.11	12.54	56.23	13.27	0.97
Social self	56.02	12.89	61.14	10.32	2.46*

* Significant at .05 level

** Significant at .01 level

(Note: All tests were for independent samples, 149 df and two-tailed)

The difference in self-esteem between the male and female alcoholics was significant at the .02 level. Although both groups can be described as having negative self-esteem² in general, the women liked themselves less, judged their value and worth less favourably, had less confidence in themselves and were more critical of their own behavior.

On each separate self dimension of the TSCS the mean score for the female group was less than that obtained by the men, although for the Self-Satisfaction score, the Moral-Ethical and the Family Self scores the differences were not statistically significant. The most striking difference is observed in the Physical Self score. This dimension focuses on three specific areas: physical health, physical attractiveness and to a lesser extent athletic ability. Almost twice as many women described themselves as unhealthy and subject to illness. In addition, they were less satisfied with their physical appearance, especially with such attributes as height and weight.

²The Tennessee Self Concept Scale Manual prepared by William Fitts includes the results of a large scale study in which the TSCS was administered to some 626 persons drawn from a broad spectrum of the U.S. population. The mean self-esteem score for this group was 345.57, well above the means obtained from the male and female alcoholics in our study. In fact, the female alcoholic mean fell just above the first percentile and the male mean fell exactly on the 5th percentile of the Fitts study.

The women expressed greater criticism of their own behavior (Behavioral score), a difference significant at the .01 level. The greatest discrepancies were found in the description of personal and social behavior. In general, the women saw themselves as more impulsive, less self-reliant, more escapist, less confident in social situations, particularly in the presence of strangers, and as less affiliating.

With reference to the Social Self, the women reported a lesser sense of adequacy and worth in social situations. They felt less at ease with other people, found it harder to talk to strangers, felt they did not get along with others as well as they should but felt, also, that they themselves were less friendly towards others.

The fact that the women did not score appreciably lower on the Family Self score than the men seems worthy of closer attention. As noted previously by Curlee (1968), the home and family is much more often the center of the woman's existence. Much of her self-esteem and sense of identity is drawn from her position in the wife-mother role. Since drinking is apt to disrupt her ability to function well in this position we would expect that she would be more critical of her performance in this area than the man. The data offers no support for this, however. Instead, the male and female respondents gave surprisingly similar answers to all questions

making up this factor.

One possible explanation for this has been suggested by informal talks with some of the women in the study. These women said that they had made concerted efforts to maintain fairly stable relationships within the family and to carry out their duties as much as possible to the expectations of the other family members. This does not negate the fact that this position was of primary importance but, rather it was because of this that the woman had placed special emphasis on trying to function as well as possible in spite of her drinking.

ii) Self-derogation, female vs. male alcoholic

Hypothesis II: There will be a significant difference in the extent of self-derogation between the female and male alcoholic.

Subhypothesis II: The female alcoholic will be more self-derogatory than the male alcoholic.

The data provided some evidence to suggest that there is a difference in the extent of self-derogation between the male and female alcoholics with the women being slightly more self-derogatory. However, the differences are not statistically significant. First, there was almost no

difference in the proportion of males and females who made negative self-descriptions on the TST. Eighty-nine percent of the women made one or more statements of self-derogation compared to 88.2% of the men. The number of such statements made by a single respondent ranged from 1 to 18 for the women and 1 to 14 for the men. The mean number of self-derogatory statements was slightly higher for the women (4.3 compared to 3.8 for the men) but this was not a significant difference.

Table IX presents a percentage breakdown of the respondents in terms of the extent of self-derogation. Although a greater number of women are concentrated in the extreme self-derogatory categories the difference between the two distributions, again, was not significant.

TABLE IX PERCENTAGE BREAKDOWN BY EXTENT OF SELF-DEROGATION FOR THE FEMALE AND MALE ALCOHOLIC SAMPLES

Level of Self-Derogation	Female Alcoholic		Male Alcoholic	
	N	%	N	%
Non self-derogatory	11	11.0	6	11.8
Low self-derogation	38	38.0	23	45.1
Marked self-derogation	29	29.0	12	23.5
Extreme self-derogation	22	22.0	10	19.6
	(100)	(100.0)	(51)	(100.0)

The measures considered so far have been in terms of the frequency of self-derogatory statements. The self-derogatory index, the measure which taps the magnitude of the "negativeness" in the self-descriptions, yielded similar results as well. The mean score for the women was 11.76 compared to 10.18 for the men. In general then, the women seem to be slightly more negative in their self-descriptions although, again, the difference is not significant.

Although the results from the TST have yielded no qualitative differences in the extent of self-derogation between the male and female samples a closer look at the kinds of negative statements made by the respondents in each group suggests that there is a difference there. This difference can best be described as an attitude of self-hatred on the part of the female alcoholic and self-pity on the part of male alcoholic. Words such as confused, mixed-up, sensitive, misunderstood, discouraged, rejected, moody, sad, insecure, remorseful, uncertain, inadequate, depressed, easily hurt, self-conscious, worried, weak-at-heart, shy, nervous and lonely were typical of the self-descriptions made by the male alcoholics. Although many of these feelings were also expressed by the women they did not appear with the same frequency.

What is immediately apparent when looking at the self-references made by the women is the frequency of self-

damning or self-hating terms. Words such as hypocritical, liar, dishonest, hateful, irresponsible, troublemaker, bitch, mean, disgraceful, untrustworthy, phoney, greedy, know-it-all, fool, coward, etc. are drawn from the self-descriptions of the women and create an impression of intense self-hatred.

There was also a middle category of adjectives which were self-derogatory but were not necessarily indicative of the kind of self-loathing suggested by the words just listed. Here too, a much larger proportion of the women used these terms as self-descriptive. Typical were such adjectives as lazy, selfish, impatient, stubborn, frustrated, mistrusting, inconsiderate, possessive, jealous, unreliable, domineering, impulsive, irresponsible, impatient, quick-tempered, restless, spoiled, demanding, argumentative, etc.

The index of self-derogation is a rather crude measurement instrument in the sense that it distinguishes only between strongly and moderately self-derogatory terms. What has happened in the present analysis is that most of the statements given by both the male and female alcoholics were judged strongly negative on the basis of the guidelines provided for use of this instrument. It is quite apparent, however, that further qualitative distinctions could have been made, and that based on these the woman alcoholic would have scored much higher than the male on the index of self-derogation.

iii) Social anchorage

Hypothesis V: There will be a significant difference in the extent of social anchorage as revealed by the TST self-descriptions between the male and female alcoholic.

Sybhypothesis V: The female alcoholic will give evidence of less social anchorage than the male alcoholic.

The data offers support for our first hypothesis, that there is a difference in the extent of social anchorage between the female and male alcoholic but, contrary to what was predicted, it is the male who identifies to a lesser extent with social roles, statuses and memberships. For instance, whereas 63% of the women made one or more consensual statements only 35% of the males made similar references. The mean number of consensual statements for the males was 0.96 compared to 1.61 for the females. The proportion of consensual references of the total number of statements made was .10 for the male group, .23 for the female group. Similarly, the locus score, which accounts for both the number of consensual statements and the salience of the responses was lower for the men than for the women. All these differences were significant at the .01 level. It appears

then, that the alcoholic male has a more limited sense of identity than the female alcoholic.

The explanation for these findings seems to lie in the fact that, over-all, the males represented a more socially isolated group. They were older than the women, had been drinking longer, few lived within a family setting, and most had an unstable employment background. Thus, the picture that emerges of the typical male alcoholic in our sample is one of a very "marginal" and isolated type of individual. These facts also suggest that the men represented later stage alcoholics. Since greater anomie and social isolation are associated with the more advanced stage alcoholic (Rankos, Mauss and Phillips, 1975) then the more limited social anchorage expressed in the self-definitions of these men seems to be one more consequence of the severely alcoholic individual.

The women on the other hand, maintained at least one source of identity - the family - (approximately two-thirds of the women made one or more references to a family role or status). This identification persisted even though a relatively small percentage were married and living with their spouse and can be accounted for on the basis of two facts. First, most of the women who were divorced or separated were still providing a home for their children, so in that sense were still very much a part of a family unit. Second, the women who were

unmarried were frequently living with parents, siblings or other relatives and as a consequence identified themselves in terms of family-related roles. The men, by contrast, were more often living alone whether married, divorced, separated or single.

We assumed that social isolation and limited participation in the social structure were typical consequences of excessive drinking. This being the case, we expected a gradual disruption to the individual's sense of identity. Further, since the societal condemnation of female alcohol abuse is believed to be greater we predicted that the socially imposed isolation on the female would be greater and that this in turn would be reflected in her own sense of identity. It appears, however, that this is not the case but rather, that it is the male alcoholic who suffers a greater loss of identity resulting from a gradual alienation from the social process. Although both groups can be described as having relatively limited social anchorage it seems that the female alcoholic avoided a complete loss of identity because, in most cases, she was still required to maintain an active familial role.

iv) Self-clarity

Hypothesis VII: The female alcoholic will give evidence of less self-clarity than the male alcoholic.

Table X presents a percentage distribution of the alcoholic male and female respondents into the four levels of self-clarity. The results provide some support for our hypothesis in that the women exhibited less self-clarity over-all; however, the results are not clear-cut making interpretation difficult. For example, a larger percentage of the males fell into the extremely low clarity level. The explanation for this appears to be linked with the greater loss of identity experienced by the males which we have already discussed in terms of the social anchorage component. As a result of this, a much larger proportion of the males were unable to make more than three self-descriptions (one of the requisites for inclusion into the extremely low clarity level) and consequently more fell into this clarity level.

TABLE X: PERCENTAGE DISTRIBUTION BY LEVEL OF SELF-CLARITY FOR THE FEMALE AND MALE ALCOHOLICS

Self-Clarity Level	Female Alcoholic		Male Alcoholic	
	N	%	N	%
Extremely low clarity	32	32.0	23	45.1
Low clarity	54	54.0	15	29.4
Moderate clarity	13	13.0	10	19.6
High clarity	1	1.0	3	5.9
	(100)	(100.0)	(51)	(100.0)

(Chi square = 10.07, 3df, $p < .01$)

E. Controls

Because the differences in the self-concept of the male and female alcoholics were significant only in the self-esteem dimension, controls were run with this factor only. The controls were run separately and included the following variables: severity of case, length of problem drinking, level of consumption, whether or not the individual felt he/she was alcoholic, marital status and education level. As well, we had originally planned to control for ethnic status and social class; however, because of the small numbers in each ethnic category and the insufficiency of data for measuring social class these two variables were not included as controls. The remainder of this section presents

our findings.

The data revealed a very definite inverse relationship between the severity of case or extent of disruption caused by alcohol to the respondent's life and the level of self-esteem. As the severity of case increased, there was a corresponding drop in self-esteem. At each level of disruption, however, the female alcoholic displayed lower self-esteem than the male alcoholic and for the most part these differences were statistically significant. On the basis of these findings, we can conclude that male-female differences exist independently of the extent of disruption.

The relationship between the level of consumption and self-esteem is not so clearly defined as the one discussed above although there is a general impression of an inverse relationship operating with levels of self-esteem decreasing as the level of consumption increases. For the most part, the male-female differences were maintained at each level of consumption.

Contrary to what we were led to expect from the literature, we found no relationship between the length of problem drinking and self-esteem and whether or not the individual believed he was alcoholic and the level of self-esteem.

Within the marital status category, the differences in self-esteem held, except in the widowed and common-law

statuses. There were very few persons in these two categories, however, so we cannot draw any conclusions from this.

The male-female differences were observed at all but one level of educational attainment (college). At the lowest two levels (junior high school and less than 7 years of schooling), the differences were not great, suggesting that the level of self-esteem may be similar for both males and females with limited educational backgrounds. With this exception, then, the difference in self-esteem between the male and female alcoholics appears to exist independently of these other factors.

Because a number of non-alcoholic women reported disruption caused by alcohol, this factor was held constant and a comparison of the level of self-esteem was made between the two groups. The results indicated that the alcoholic women have lower self-esteem than the non-alcoholic women regardless of the severity of the case.

Further comparisons were made based on the levels of self-esteem and the extent of self-derogation, this time controlling separately for marital status and education level. For the most part the differences were maintained within each subgroup of the two control variables suggesting that, as in the case of the male-female comparisons, alcoholic - non-alcoholic differences exist independently of these other factors.

F. Pre-alcoholic self-concept

i) Reaction of others

Table XI presents the percentage distribution of respondents from all three samples in terms of the perceived reaction of others. In general, the female alcoholic perceived her parents' reactions to her as being more negative than either the male or the non-alcoholic woman. She felt that she was of less importance to her family, less loved, given less support, sympathy and encouragement, was a less wanted child and was of less significance to her parents than her brothers and/or sisters. The differences observed were not highly significant, however.

TABLE XI: PERCENTAGE DISTRIBUTION OF RESPONDENTS FROM ALL THREE SAMPLES IN TERMS OF THE REACTION OF OTHERS

Reaction of others Level	Male Alcoholic		Female Alcoholic		Non-Alcoholic Female	
	N	%	N	%	N	%
No neg. reaction	7	13.7	11	11.0	10	25.0
Mod. neg. reaction	28	54.9	39	39.0	18	45.0
Mark. neg. reaction	10	19.6	34	34.0	10	25.0
Ext. neg. reaction	5	9.8	14	14.0	2	5.0
	(50)	(100.0)	(98)	(100.0)	(40)	(100.0)

(Chi square for male vs. female = 5.00, 3df, $p < .20$)

(Chi square for alcoholic vs. non-alcoholic women = 6.66, 3df, $p < .10$)

Keeping in mind the limitations of this measure, namely that at best it can serve only as an indication of the level of self-esteem in the pre-adult period, and that it relies on recall data from a very early phase of the individual's life, the results nonetheless suggest that a low level of self-esteem is not particularly characteristic of the female alcoholic at this state of her life any more than it is for the male alcoholic or the non-alcoholic woman. Although more alcoholic women report marked or extreme negative reactions, half said they experienced no negative reactions or only moderately negative reactions from their parents. As well, quite a sizable proportion of the other two groups reported marked or extreme reactions. We cannot conclude, as a result, that low self-esteem is a characteristic of the female alcoholic which sets her apart from her male counterpart or from the non-alcoholic woman.

ii) Social participation

The female alcoholics reported less social participation in the pre-adult period than either the male alcoholics or the non-alcoholic women. The mean social participation score for the alcoholic women was 2.99, for the alcoholic males, 5.24, and for the non-alcoholic women, 11.40. The differences were only significant for the alcoholic - non-alcoholic women.

The males participated in more social groups and organizations than the alcoholic females so as a consequence they had a somewhat higher social participation score. The kinds of activities named were generally sport-related. There was very little difference in the extent of involvement, however, between the two groups. A very small percentage of both the males and females indicated that they were committed beyond the membership level.

The difference between the alcoholic and non-alcoholic women was observed both in the number of groups and organizations to which they belonged and the extent of participation or commitment reported within the various social groups. On the basis of these findings it appears that the alcoholic female was typically much more socially isolated in the pre-adult period than the non-alcoholic woman. Although this measure suffers the same limitations as the reaction of others measure, we can nevertheless suggest that she probably had a more limited sense of identity at this stage, a finding which is consistent with Mead's statement that one's sense of identity is drawn largely from the multiplicity of roles that the individual performs.

CHAPTER VI

SUMMARY AND IMPLICATIONS

Our aim in this study was to determine if the female alcoholic had a more disturbed self-conception than either the male alcoholic or the non-alcoholic woman. We looked for evidence of greater disturbance in her evaluation of herself, in her sense of identity, and in the degree of clarity of her self-conception. An ancillary aim was to determine if the female alcoholic gave evidence of a disturbed self-conception in the pre-alcoholic period.

With reference to the alcoholic - non-alcoholic female comparisons the findings clearly support all our hypotheses. First, the female alcoholic evaluated herself in more critical and negative terms. She had significantly lower self-esteem and was much more self-derogatory in her descriptions of herself. We based our predictions of greater disturbance in this dimension on the premise that excessive drinking creates disruption in some of the fundamental sources of the woman's self-esteem. We found that, indeed, the level of self-esteem dropped with each level of disruption reported by the respondents. This finding verifies that our original premise was correct. There was not a great deal of support for the idea that poor self-esteem precedes the

woman's drinking. Although some women probably had a poor self-image in the pre-alcoholic period, this was not a characteristic upon which we could differentiate between the female alcoholic and the male alcoholic and the non-alcoholic woman. This suggests that the significantly greater disturbance in the evaluative dimension of the female alcoholic's self-conception was primarily, if not solely, the result of the drinking itself.

The female alcoholic displayed a more limited sense of identity than the non-alcoholic woman. This difference was predicted on the basis that excessive drinking results in the socially imposed isolation of the individual. This in turn we expected would be reflected in the degree of social anchorage of the female alcoholic. Although the female alcoholic did report significantly less social anchorage than the non-alcoholic woman, we found also that she was more socially isolated in the pre-adult period and subsequently, that the limited sense of identity may have been a characteristic of the pre-alcoholic period. One of the most commonly accepted notions regarding female alcoholism is that the onset of excessive drinking is linked to some form of disruption in the wife-mother role. Since our data suggest that the woman may have had a very meager sense of identity initially, the significance of disruption in this one very crucial source of identity and esteem becomes more apparent.

Finally, the female alcoholic displayed less clarity in her self-descriptions than the non-alcoholic woman. This lack of clarity was manifest primarily in an inability to describe who she was and in a preponderance of negative and derogatory self-references.

With reference to the male-female comparisons, the findings supported only some of our hypotheses. First, the results did verify our hypothesis of greater disturbance in the evaluative component of the self-concept of the female alcoholic. The female alcoholic had significantly lower self-esteem and, although the self-derogatory scores did not yield statistically significant differences, we felt that the content of the self-statements made by the women reflected a much greater negativeness than those made by the men. The data did not provide support for our prediction of greater disturbance in the self-evaluation of the female alcoholic in the pre-alcoholic period. This suggests that the male-female differences are to be accounted for on the basis of the drinking itself.

Contrary to what we predicted, it was the male alcoholic who gave evidence of greater disturbance in the identity component of the self-concept. We suggested that this resulted from the more complete social alienation experienced by the male alcoholic which in turn resulted from the more advanced stage of alcoholism. The woman,

although reporting disruption in the family-related roles, still maintained a relatively strong identification with the family.

The difference in the degree of clarity of the self-concept between the male and female alcoholic was not clear-cut, although in general the woman displayed less overall clarity. A larger proportion of the males had extremely low clarity and we suggested that this was linked to the greater disturbance in the identity component of the self-concept.

In conclusion, our study has shown that the female alcoholic has a more disturbed self-conception than the non-alcoholic female, a difference manifest in both the evaluative and structural components. In addition, our findings have shown that the female alcoholic displays a greater disturbance in the evaluative dimension of the self-concept than the male but that disturbance in the identity component is more characteristic of the male alcoholic.

The significance of these findings is particularly relevant to the treatment field of alcoholism. As was pointed out earlier, women alcoholics tend to be less responsive to the traditional types of treatment therapies and fewer make successful recoveries following treatment. One of the essential concomitants to successful rehabilitation is the establishment

of a positive and healthy self-image. The fact that the women alcoholics in our study had a very low level of self-esteem, lower even than the male alcoholics, suggests one possible factor which may make effective treatment more difficult and recovery less likely in the case of the women.

One direction which research in this area might take would be to investigate the relationship between self-esteem and remission. We found that the level of self-esteem dropped dramatically as the extent of disruption caused by alcohol to the individual's social, economic and personal functioning increased. It seems probable then, that successful recovery might be more likely if intervention occurs at an early point in the course of the alcoholism when only limited damage has been done to the self-image.

APPENDIX

SELF-CONCEPT QUESTIONNAIRE

DATE OF INTERVIEW:

NUMBER OF DAYS CLIENT
HAS BEEN IN PROGRAM:

Hello, my name is _____ and I am gathering information from all persons presently in treatment at _____. There is no request for your name or for any information which would make it possible for anyone to identify you as an individual. Your answers will be kept confidential.

1. The first thing I would like you to do is to, very briefly, describe who you are. There are twenty blank spaces below. Please make twenty different statements to the question, "Who am I?" Give the answers as if you were giving them to yourself, not to somebody else. Write fairly rapidly as the time is limited.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

2. Sex

 Male (1) Female (2)

3. When were you born?

Day _____ Month _____ Year _____

4. What is your marital status?

 Single (1) Married (2) Separated (3) Divorced (4) Widowed (5) Common-law (6)

5. What is your ethnic origin?

 British Isles (English, Irish, Scottish, Welsh) (1) French (2) German (3) Indian, Metis (4) Netherlands (5) Polish (6) Scandinavian (Danish, Icelandic, Norwegian, Swedish) (7) Ukrainian (8) Other (9)

6. What is the highest grade of regular school that you have completed?

 Post Graduate (1) College Degree (2) Some college (or associate degree) (3) High School (4) Some High School (5) Junior High School (6) Less than 7 years of school (7)

7. What is your current or most recent occupation? (Describe briefly, e.g., bookkeeper, sheetmetal worker, office manager, bulldozer operator, etc. If client is a homemaker, indicate spouse's occupation).
- _____

I would now like to ask you a few questions about your drinking.

8. How old were you when you took your first drink? _____
9. How old were you when you began drinking regularly? _____
10. At what age did you find your drinking was becoming a problem? _____
11. Before entering _____, did you believe you were an alcoholic?
- ____ Yes (1)
- ____ No (2)
12. In the thirty days prior to entering _____, how frequently did you drink beer?
- ____ Every day (1)
- ____ 5-6 days a week (2)
- ____ 3-4 days a week (3)
- ____ 1-2 days a week (4)
- ____ Weekends only (5)
- ____ Less often than weekly (6)
- ____ Never (7)
13. About how much beer did you consume on a typical day in which you drank?
- | | |
|-----------------------------|-----------------------------|
| ____ 18 bottles or more (1) | ____ 6-8 bottles (5) |
| ____ 15-17 bottles (2) | ____ 3-5 bottles (6) |
| ____ 12-14 bottles (3) | ____ 2 or three glasses (7) |
| ____ 9-11 bottles (4) | ____ None (8) |

14. In the 30 days prior to entering _____
how often did you drink wine?
- _____ Every day (1)
- _____ 5-6 days a week (2)
- _____ 3-4 days a week (3)
- _____ 1-2 days a week (4)
- _____ Weekends only (5)
- _____ Less often than weekly (6)
- _____ Never (7)
15. About how much wine did you drink on a typical day in which you drank?
- _____ 5 or more bottles (24 oz. each) (1)
- _____ 3-4 bottles (2)
- _____ 2 bottles (3)
- _____ 1 bottle (4)
- _____ 2-3 water glasses or 4-6 wine glasses (5)
- _____ 1 water glass or 1-2 wine glasses (6)
- _____ None (7)
16. In the 30 days prior to entering _____
how often did you drink hard liquor?
- _____ Every day (1)
- _____ 5-6 days a week (2)
- _____ 3-4 days a week (3)
- _____ 1-2 days a week (4)
- _____ Weekends only (5)
- _____ Less often than weekly (6)
- _____ Never (7)

17. About how much hard liquor did you drink on a typical day in which you drank?

 Approx. 2½ bottles (26 oz. each) (1)

 Approx. 2 bottles " (2)

 Approx. 1 bottle " (3)

 Approx. ½ bottle (16 oz.) (4)

 11-15 shots or drinks (5)

 7-10 shots or drinks (6)

 4-6 shots or drinks (7)

 1-3 shots or drinks (8)

 None (9)

18. In the thirty days prior to admission to _____, how many meals did you miss because of drinking?

 None (1)

 1-4 (2)

 5-10 (3)

 More than 10 (4)

19. How many times in the past 30 days have you been ill because of drinking?

 None (1)

 1-2 times (2)

 3-5 times (3)

 More than 5 times (4)

20. How many days of work did you miss or days of inactivity did you have in the 30 days prior to admission to _____?

 None (1)

 1-2 days (2)

 3-5 days (3)

 More than 5 (4)

21. How often did you drink on the job or during daily activities in this time period?
- None (1)
- 1-2 times (2)
- 3-5 times (3)
- More than 5 times (4)
22. How often did you fail to do some of the things you should have done, like keeping appointments, getting things done around the house, etc. in this time period?
- None (1)
- 1-2 times (2)
- 3-5 times (3)
- More than 5 times (4)
23. How often did you quarrel with others while drinking in the past 30 days?
- Never (1)
- 1-2 times (2)
- 3-5 times (3)
- More than 5 times (4)
24. How many times were you drunk in the 30 days prior to entering _____?
- None (1)
- 1-4 times (2)
- 5-10 times (3)
- More than 10 times (4)

25. The following question is directed at an earlier period of your life. I would like you to give me an indication of the extent of your participation in community activities during adolescence and early adulthood. More specifically, if you could list the names of all the organizations you participated in, between the ages of 15 and 21, whether or not you were part of committees within those organizations, and whether or not you held any offices (President, Treasurer, etc.).

An organization is a formal social group such as a club, (4-H club, debating clubs, singing clubs, etc.) a lodge (Shriners, Masons, Rebeccas, etc.), or any political, religious or educational organization.

Name of Organization	1. Member	2. Attendance Yes - No	3. Membership on Committees Yes - No	4. Offices held (President, Treasurer, etc.)
TOTAL				

The following section contains a number of statements which describe aspects of a parent-child relationship. Check the response that you feel best describes your own experience. If you feel that one of your parents was more dominant or had a greater influence on your early childhood experiences, answer the following questions with that person in mind.

25. I would say that my parent(s) felt I was an important member of the family.

____ Strongly disagree (1)

____ Disagree (2)

____ Neither agree or disagree (3)

____ Agree (4)

____ Strongly agree (5)

26. I seldom seemed to ^{do} ~~say~~ anything right as far as my parent(s) were concerned.

____ Strongly disagree (1)

____ Disagree (2)

____ Neither agree or disagree (3)

____ Agree (4)

____ Strongly agree (5)

27. My relationship with my parent(s) can be described as a loving one.

____ Strongly disagree (1)

____ Disagree (2)

____ Neither agree or disagree (3)

____ Agree (4)

____ Strongly agree (5)

28. Whenever I was in trouble, I could generally expect support from my family.

_____ Strongly disagree (1)

_____ Disagree (2)

_____ Neither agree or disagree (3)

_____ Agree (4)

_____ Strongly agree (5)

29. My parent(s) were generally willing to listen to me and sympathize with any problems I might have had.

_____ Strongly disagree (1)

_____ Disagree (2)

_____ Neither agree or disagree (3)

_____ Agree (4)

_____ Strongly agree (5)

30. My parent(s) generally expressed pleasure when I succeeded or did well in some activity.

_____ Strongly disagree (1)

_____ Disagree (2)

_____ Neither agree or disagree (3)

_____ Agree (4)

_____ Strongly agree (5)

31. For the most part, I was given encouragement in whatever activities I undertook.

_____ Strongly disagree (1)

_____ Disagree (2)

_____ Neither agree or disagree (3)

_____ Agree (4)

_____ Strongly agree (5)

32. As a child, I felt my parents never really wanted me.
- _____ Strongly disagree (1)
- _____ Disagree (2)
- _____ Neither agree or disagree (3)
- _____ Agree (4)
- _____ Strongly agree (5)
33. My parents were more attached to each other or to my brothers and/or sisters than they were to me.
- _____ Strongly disagree (1)
- _____ Disagree (2)
- _____ Neither agree of disagree (3)
- _____ Agree (4)
- _____ Strongly agree (5)
34. I believe that generally speaking, I was the kind of child my parent(s) wanted me to be.
- _____ Strongly disagree (1)
- _____ Disagree (2)
- _____ Neither agree or disagree (3)
- _____ Agree (4)
- _____ Strongly agree (5)

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