MOTIVATION IN ALCOHOLISM

A Study of Role Network Pressure As a Motivating Factor Which Impels An Alcoholic To Seek Treatment For The Disease of Alcoholism

A Thesis

Submitted to the

MARITIME SCHOOL OF SOCIAL WORK

and

SAINT MARY'S UNIVERSITY

in Partial Fulfilment of the Requirements for a

Master's Degree in Social Work

by

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Halifax, Nova Scotia May, 1968

THE ABSTRACT

A STUDY OF ROLE NETWORK PRESSURE AS A MOTIVATING FACTOR WHICH IMPELS AN ALCOHOLIC TO SEEK TREATMENT FOR THE DISEASE OF ALCOHOLISM.

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This study was intended to investigate the effect of a threatened loss of family or employment on an alcoholic's motivation to seek treatment. It was the combined effort of two second year students at the Maritime School of Social Work, and fulfills, in part, the requirements for the Master's Degree in Social Work.

Data were tested to determine the effect of enduring role network pressure from the spouse or employer of the alcoholic on his motivation to seek treatment. This pressure was exerted in the form of threatened loss of family or of employment. 110 patients from the Alcoholism Unit at the Nova Scotia Hospital were tested. The sample was controlled according to age, sex, marital status and number of previous admissions. Certified or voluntary admission was taken as the criterion of motivation. The chi-square (X^2) test for two independent samples was used.

The theory was not supported by the data since the results of the test were not significant. Additional theory was postulated to clarify the hypothesis and limitations of the methodology, such as interpretation of medical records, were considered as possible reasons for the nonsignificance of the study. Recommendations for additional research were put forward. These stressed the great need in the area of treatment of alcoholics.

DEGREE OF MASTER OF SOCIAL WORK

MARITIME SCHOOL OF SOCIAL WORK

SAINT MARY'S UNIVERSITY

HALIFAX, 1968.

ACKNOWLEDGMENTS

The writer wishes to express sincere thanks to Dr. C. H. Bentley, Administrator of the Nova Scotia Hospital and to the staff of the Medical Records department for their assistance in obtaining the data relevant to this study.

Appreciation is extended to Professor L.T. Hancock, Director of the Maritime School of Social Work, for permission to write this thesis; to Mrs. Grace Veino, Thesis Advisor, for her guidance and encouragement in its preparation, and to Dr. James Wanklin for his assistance in analyzing the data.

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All Tables refer to 110 married male patients between the ages of 35 and 55 admitted to the Nova Scotia Hospital, Dartmouth, during the calendar year 1966.

CHAPTER I

INTRODUCTION

The disease process, termed alcoholism, appears to have various effects on all areas of life including social, emotional, and economic. An alcoholic may lose the opportunity to develop meaningful relationships with other individuals in his social environment. His work habits are interrupted by his need for alcohol and thus one of the main areas of society is closed to the alcoholic. The family, as the basic unit of society, is one of the areas most vulnerable to disruption by alcoholism. Relationships within the family itself are effected, and changes in the structure of the family frequently occur.

Areas to be considered in this study are related to the effect of alcoholism on the family and the family's functioning within society as well as the very important question of factors motivating the alcoholic to receive treatment. This study is attempting to show that an alcoholic's motivation to receive treatment is positively influenced by a threatened loss of his family or his employment.

Motivation of the alcoholic to seek treatment was chosen as the main focus of the study because it is an area which has concerned the helping professions for years. Until this problem is solved, treatment will remain at an unsatisfactory level for the greater number of alcoholics who perhaps would like to stop drinking, but do not have the inner strength to enable them to withstand the difficult withdrawal period and the anxieties and frustrations that they will have to face without the use of alcohol as a support.

The families of alcoholics also need support and guidance in order to develop an understanding of the patient's situation and, if possible, to help them refrain from adding to the discomfort of the patient by nagging him to stop drinking. Families must be helped to understand that something must be available to take the place of the alcohol as a source of satisfaction for the alcoholic.

There is a great deal of variation among the writers on alcoholism as to its exact definition. This variation is reflected in the statistical information available on the incidence of alcoholism.

Doctor E. M. Jellinek, who is recognized as the leading authority on alcoholism, has gathered information as to the extent of the problem of alcohol in the

United States in 1945. This will give some indication of the direction being taken at that time. In that year there were 750,000 chronic alcoholics in the United States, in addition to 3,750,000 inebriates. Jellinek defined chronic alcoholics as drinkers who develop definite physical and psychological changes because of the prolonged and excessive use of alcohol. Inebriates were defined as drinkers whose behavior is definitely affected by alcohol intoxication. There are approximately 175,000 persons absent from work each day because of "hang overs" and industry loses approximately 60,000,000 man days per year.[1/]

This study is the combined effort of two second year students at the Maritime School of Social Work and fulfills, in part, the requirements for the Master's Degree in Social Work.

The data were collected at the Nova Scotia Hospital which is the provincial psychiatric hospital for active treatment. Its facilities include an alcoholism unit of approximately 30 beds and a staff headed by a psychiatrist and two social workers.

1/ E.M. Jellinek, RECENT TRENDS IN ALCOHOLISM AND IN ALCOHOL CONSUMPTION; Hillhouse Press, New Haven, 1947; as quoted in HOSPITAL TREATMENT OF ALCOHOLISM, Robert S. Wallerstein (ed.), Basic Books, Inc., New York, 1957; p. 1.

Of the 233 files available from the year 1966, 110 files were chosen. These were the files of male, married, first admissions between the ages of 35 and 55. They were divided into two groups, voluntary and certified, which were established as criteria for motivation and non-motivation. These files were analyzed to determine the presence of role network pressure as well as other related variables such as residence and previous treatment.[1/]

There were several limitations in the study which was thought to have effected the outcome sufficiently that they should be specifically mentioned. First, a number of the files were not made available for administrative reasons. The exact number is not known, but it is felt that their absence may have influenced the statistical findings.

Originally it had been intended to carry out the study at an out patient treatment clinic for alcoholics. In this case the number of visits would have been taken as a measurement of motivation. This would have developed the study more in line with that done by Finlay in which he measured the motivating

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1/ See Appendix A.

factors in an alcoholic's approach to treatment.[1/] Not being able to collect the data from this agency, the Nova Scotia Hospital was the alternative. The criteria for motivation had to be changed to certified and voluntary admissions as the majority of patients remain the suggested twenty-one days.

Initially, the single men were to be tested as well,[2/] but this sample proved too small to test for statistical significance.

The married group was statistically tested by application of the chi-square (X^2) test for two independent samples and the .05 level of confidence was arbitrarily selected as the level at which the hypothesis could be accepted.

For the most part, the theory put forward in this study was not supported by the data. An analysis of the findings indicated that limitations inherent in both the theory and the methodology of the study may have influenced the outcome.

1/ Donald G. Finlay, "The Effect of Role Network Pressure on an Alcoholic's Approach to Treatment," in SOCIAL WORK; National Association of Social Workers, V. 11, 1966; p. 71.

2/ See Appendix A.

CHAPTER II

THE FAMILY AND MOTIVATION

Auguste Compte put forward the idea that:

> ...the family is the basic social group in the study of society. It is from this group that we get our first notion of the continuity of the generations gone by and later of the solidarity of the present. He pictured the family as the smallest society capable of spontaneous endurance.[1/]

The approaches taken to the study of the family have been summarized from Bernard Farber.[2/]

Zimmerman, Taylor and Loomis, rural sociologists, developed the idea that family organization varies as family composition changes and the children mature. The family life cycle thus became important as a focus for studying family life.

Another tradition in studying the family as a group emerged through a concern with problems in interpersonal relationships within the family. In 1917, Ernest W. Burgess gave impetus to this study when he reacted against the historical-institutional

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1/ Bernard Farber, FAMILY, ORGANIZATION AND INTERACTION; Chandler Publishing Company, San Francisco, 1964; p. 5.

2/ Ibid., pp. 18-21.

approach to the family. He dealt with the family from the symbolic interaction view in terms of a "unity of interacting personalities."

Continuing in his description of studies done on the family, Farber says that since World War II there have been a great number of studies done dealing with family problems and family interaction. In general, social scientists who emphasize group characteristics of families have focused upon variations in the organization of family life in different social situations. It is not consistent with the problem focus to hypothesize that forms of family organization persist because of their efficiency in satisfying certain requirements such as reproduction or socialization. By investigating variations in family organization, group-approach sociologists attempt to uncover these factors which explain the persistance of problems in family life and, by implication, the inefficiencies of family organization.

Dorothy Blitsten discusses at length the three types of family organization in his book THE WORLD OF THE FAMILY.1/

1/ Dorothy R. Blitsten, THE WORLD OF THE FAMILY; Random House, New York, 1965; passim.

She begins with the corporate family or dynasty which is primarily associated with farming societies where land is the main source of wealth and which is governed by the most wealthy. In societies such as are found in the Far and Middle East and in Eastern Europe, where the population is large and the development of political, economic and religious organizations is limited, corporate families fill in the gaps in the society-maintaining chain of organizations. Relationships in and outside of the family are hierarchical.

The bilateral extended family is the author's second type. In our modern society, examples are seen in the families who control large industrial concerns. Their nuclear units are autonomous and the benefits accrued from the pooling of resources and the guarantee of access of education or occupation, for example, are sufficient to keep individual members and nuclear families attached to extended families, even in industrial and urban social settings.

The third type, and the most modern, is the nuclear family which best lends itself to an analysis of interactions among family members. They are specialized family units in a highly specialized society. The nuclear family has little control over

the society and the material resources necessary for its maintenance, and its dependence on other organizations is one of the important sources of the relative instability of this type of family organization. The nuclear family provides greater freedom for personal development than do the other family types, but less security.

Very important in a discussion of the nuclear family is a description of the role patterns found in modern families. Blood defines a role as: "a collection of rights and duties expected of an incumbent of a particular position in a system of relationships."[1/] A man acts in his role as his conception of the role tells him. In our society, the wife's role includes specific responsibilities for housekeeping activities as well as for maintaining an appearance attractive enough to satisfy masculine sexual needs.

Blood portrays the role of the husband[2/] to be the support of his family financially and to give it a respectable position in the community. This he achieves partly through his inherited social status,

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1/ Robert O. Blood, MARRIAGE; The Free Press of Glencoe, 1962; p. 46.

2/ Ibid., p. 47.

but mostly through skill and effort; that is, by putting his education to work.

Morris Zelditch, Jr.[1/] refutes the idea that there is unlimited variation in the line between the husband and wife's activities. He feels that the roles of a husband and wife are defined by the two basic conditions of the existance of a social system, the fulfillment of instrumental and expressive needs. The husband is the instrumental leader, although some instrumental tasks such as bathing the children and washing floors are shared. However, the American husband is generally looked on as the provider. He is responsible for the support of his wife and family. His primary area of performance is the occupational role, and his primary function is to be the breadwinner. The American male who is without a job is frowned upon by society. The husband is also the main authority figure in the home. The female, on the other hand, is the focus of emotional support or the expressive leader.

Each society defines for itself the criteria for a good husband or wife, one of which, in the American society, is compatibility of roles. This

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1/ Ibid., p. 190.

"requires that a husband's conceptions about how he should behave should coincide with his wife's expectations of how he will behave, and vice versa."[1/] Role conflice in marriage arises when one of the partners acts in such a way as to violate the other's expectations, which leads to interpersonal conflict. According to Spiegel: "Ego and alter have conflicting or incompatible notions of how to play this reciprocal roles."[2/]

In the ensuing discussion of role conflict, Spiegel[3/] says that role conflicts are difficult to cope with because they are laden with value judgements. Since role expectations are "evaluative standards", a violation of the wife's expectations makes the husband appear to be infringing on his rights or shirking his duties. Because role expectations are acquired unconsciously in childhood, they bear an appearance of absolutism that they hardly deserve. However, this appearance is so convincing as to give role contenders a sense of self-righteousness and of

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1/ Blood, op. cit.; p. 46.

2/ John P. Spiegel, "The Resolution of Role Conflict Within the Family," in PSYCHIATRY, V. 20, 1957; p. 9.

3/ Ibid., p. 6.

moral indignation toward the spouse, which is infuriating since he holds the same attitude in return.

In the face of new experiences, the person's role concept changes. What originally began by being simply expedient in this difficult situation is legitimized by a process of rationalization. An example of this is the change of a couple's ideas about authority, which frequently become more egalitarian after the wife has gone to work.

Spiegel says:

> It is a part of the human condition that high levels of equilibrium, figured by precise complementarity of roles, are seldom maintained for long. Sooner or later disharmony enters the picture. Complementarity fails; the role systems characterizing the interpersonal relations move toward disequilibrium.... The failure of complementarity feeds back into the awareness of the participants in the form of tension, anxiety or hostility, and self-consciousness. 1/

Just as the individual has certain physical and psychological processes with which he maintains his integrity and his intactness, so also, the family has processes within it which maintain it as a whole. These also serve to keep it from falling apart, to govern and control conflict, and, in certain circumstances,

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1/ Ibid., p. 9.

also serve to produce disturbance or illness in one member of the family in order to maintain the stability of the whole.

There are several theories as to what would cause this homeostatic process to begin. The greater number of these theories tend toward the stimulus-response conception. This postulates an original state which is disturbed by an external or internal stimulus. This stimulus disorganizes the family and it must reorganize itself. One group who adhere to this theory define crisis as: "Any decisive change which creates a situation for which the habitual behavior patterns of a person or a group are inadequate."[1/]

Their list of crisis-provoking situations include conflict in role expectations, disgrace, economic reverses, and family disruption. They regard crises between husbands and wives as having two kinds of stimuli, "the shattering of illusory role conceptions and the development of divergent conceptions of role expectations."[2/]

Reuben Hill, another theorist on crises, states:

1/ Ernest W. Burgess, et al., THE FAMILY FROM INSTITUTION TO COMPANIONSHIP; American Book Company, New York, 1963; p. 415.

2/ Ibid., p. .

> ...an event will become a crisis (a) when it produces hardships and complicates the family situation; (b) when the resources of the family are such that it cannot cope with these hardships, and (c) when the family defines a particular event as the source of threat to its initial situation.[1]

In the same paper, Hill defines crisis stimuli as being "extrafamilial versus intrafamilial in origin, as provoking or not provoking change in status within the family, and as having to do with accession of new members or dismemberment."[2]

Hill's theory involves the concept of equilibrium. This seems to be a state of relative calm which is disturbed by the crisis, and toward which, the family will strive to return. He equates the amount of equilibrium in the family with the adequacy of the family's functioning.

Farber outlines the characteristics of the change process.[3] In family crises, there is a change in the coalition among family members brought about by

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1/ Reuben Hill, "Generic Features of Families Under Stress" in SOCIAL CASEWORK, V. 39, 1958; p. 139-150.

2/ Ibid., p. 142.

3/ Farber, op. cit., p. 402.

a shift in the organization of the family's values and the arrangement of their roles. Farber feels that the event which precipitates the crisis is important in that it triggers a change in roles and values, and cannot be controlled by merely erasing its effects and continuing life in the manner which had gone on before its occurence. Also, the potential distortion in interpersonal coalitions which takes place after the crisis has developed is considered undesirable, at least by the parents. In terms of the family as a set of mutually contingent careers, the end product of the crisis process is the freezing out of one or more members from the family.

In the same vein, the author outlines five steps in the handling of a crisis. The first is related to the handling of one deviant member in the family. An attempt is made to utilize existing family arrangements, that is, to deny and to explain the problem so as not to threaten the family's organization. It is only after this second step that the family regards the situation as being a problem; after its effect upon the initial husband and wife coalition which involved specific arrangements concerning authority,

obligation, and companionship, can no longer be ignored.

The third level of crisis handling is the revision of the coalition outside the family. Here, the deviant person goes to the extended family, doctors, or social workers.

The fourth stage is a rearrangement of age, sex, and generation roles under which a husband may be demoted from his role as head of the household, or a housekeeper may be employed to do the wife's tasks.

Finally, and most serious, is the freezing-out process wherein the deviant member is, permanently or temporarily, excluded from the family.

Motivation

Instinct, homeostasis, evolution and hedonism are a few of the main areas from which theorists on motivation have drawn their origins. All of these models attempt to explain conduct or behavior in terms of its causes and the factors which control it.

The study of instinct was begun by etiologists who were interested in the migratory and mating

pattern of birds. They perceived the two major factors of instinct as being "unlearned behavior and energy." They are presently attempting to discover what releases the energy needed for migration and mating, that is, the motivation.

Homeostasis is defined as: "the steady states attained at any moment by the physiological processes at work in living organisms"[1/] This concept has only been used for a relatively short time and mainly stems from evolutional and physiological theory. However, it is widely used as an end state toward which other behavioral theory and psychological theory tend.

Berelson and Steiner define a motive as: "An inner state that energizes, activates, or moves (hence motivation), and that directs or channels behavior toward goals. In short, a motive results in and hence can be inferred from purposive, means-end behavior."[2/]

They also define a goal as "the object, condition, or activity toward which the motive is

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1/ C.N. Cofer, MOTIVATION: THEORY AND RESEARCH; John Wiley and Sons, Inc., New York; p. 53.

2/ Bernard Berelson et al., HUMAN BEHAVIOR AN INVENTORY OF SCIENTIFIC FINDINGS; Harcourt, Brace and World Inc., 1964; p. 240.

directed, in short, that which will satisfy or reduce the striving.[1/]

Berelson and Steiner look on the individual as an integrated whole. Thus, the individual can react as a whole when faced with something of importance, or, in a segmented fashion, as in every day tasks. Occasionally, in the face of a great threat which the individual is not able to handle, he breaks down..

One important concept in the study of motivation which leads to the particular motivational theory to be presented in this chapter, is that of conflict. According to Berelson; "conflict is the feeling which arises from the perception of two or more equal but incompatible drives."[2/] He goes on to say that each of these tendencies precludes the other. Each choice and the following action implies the overcoming of alternatives and thus the resolving of conflicts.

However, not all situations involving competing response tendencies produce conflict. When

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1/ Ibid., p. 240.

2/ Ibid., p. 241.

the antagonistic tendencies are of unequal strength, when they occur in a time sequence rather than simultaneously, when they represent motives of unequal importance or when their goals are not equally available, one response may occur before, or to the exclusion of, the other. Also, if there is a third response possible, escape for instance, the individual may make this response which is considered neutral with respect to the original response. Even more rewarding than this is the situation where the third response includes aspects of the other two.

Within the roles of a husband and wife, conflict frequently arises when one partner finds himself in a position where he is performing certain functions which he perceives as belonging to his spouse. In this situation, his conflict centers on whether he should fulfill these functions, leave them unfulfilled by either himself or his wife, even though he considers them important, or finally, whether he should discuss his feelings with his wife in order to arrive at a mutual decision. The degree of conflict is lessened by having the third alternative, but poor communication between the

husband and wife could prevent this particular alternative from being chosen.

A development in motivational theory which began to reach major status in the 1950's, involves the notion that discrepancy is an important condition relevant to motivation. This discrepancy may lie in the relationship of expectation to outcome, in the relationship of one piece of knowledge to another, in one's evaluation of an object relative to someone else's evaluation of the same object, or between what one says and what one does.

Much of the work on discrepancy, such as the balance theory and the principle of congruence, has been concerned with problems of attitude and opinion change, and interpersonal perceptions. One discrepancy theory which has received considerable attention is Leon Festinger's theory of Cognitive Dissonance.[1/] Cofer calls this theory "explicitly motivational"[2/] and says that it encompasses many other theories.

1/ Leon Festinger, A THEORY OF COGNITIVE DISSONANCE. Stanford University Press, California, 1957; passim.

2/ C. N. Cofer, op. cit., p. 789.

Festinger postulates that cognitive dissonance is, or gives use to, a tension state which is motivational in character. It gives rise to activity oriented toward reducing or eliminating the dissonance. Successful reduction of dissonance is rewarding in the same sense that eating when one in hungry is rewarding.[1/]

Brehm and Cohen[2/] elaborate on Festinger's theory by first, postulating cognitive elements or pieces of information or items of knowledge that may be related to themselves, to others, or to the environment. It is important to determine whether or not these elements are consonant or dissonant in relation to one another. If they are consonant, there is no disparity, no inconsistancy between the two elements. In a consonant situation, one element psychologically implies the other, for example, standing in the rain and getting wet. If an individual was standing in the rain with no protection and did not get wet, a tension state would arise because the elements are dissonant.

1/ Ibid., p. 25.

2/ Jack W. Brehm and Arthur K. Cohen, EXPLORATIONS IN COGNITIVE DISSONANCE; John Wiley and Sons, Inc., New York, 1962; passim.

Festinger's analysis was applied primarily to post-decisional situations. A choice has been made between two alternatives of equal importance to the individual. However, the bad features of the chosen item and the good features of the rejected one remain after the decision has been made.

In other words, after an individual has made the decision to stop drinking, he is left with physical and psychological symptoms, severe enough in most advanced cases of alcoholism, to work against his positive motivation to stop drinking. On the other hand, his family and employer are praising him for his efforts, and he is thereby gaining satisfaction. In an attempt to reduce this dissonance or tension, the individual is motivated to maximize the good points of the chosen alternative and to minimize those of the rejected alternative. This would be reversed in relation to the bad characteristics of both. This reaction evokes thoughts of Freud's mechanism of rationalization, but this term is not used by Festinger.

An important concept in this theory is that of commitment. It is assumed that when an individual makes the choice of one of the alternatives, he is committed to this particular thing. Brehm and

Cohen point out that it is possible for an individual to be motivated to chose an alternative which is actually contrary to some of his previously held attitudes, if he is able to arouse in himself a strong enough committment to this position.[1] For an alcoholic who must chose between his family and continuing to drink, it is more difficult to stop drinking, because of the intrapersonal conflict that will result, than it is to continue having his needs met by alcohol.

In this situation, the alcoholic would have to emphasize greatly the desirable aspects of remaining sober and de-emphasize those of continuing to drink, in order to achieve a level of committment sufficient to motivate him to remain sober.

Most theories maintain that the stronger the prior attitude held by the individual, the more he will tend to act in accord with this attitude. However, dissonance theory maintains that a person who wishes to engage in activity which is contrary to a previously held attitude, usually commits himself

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1/ Brehm & Cohen, op. cit., p. 246.

so totally to this contrary attitude, in order to be able to accept it, that he finds himself holding this attitude much more strongly than he ever did his original attitude.[1] An alcoholic who sincerely wishes to remain sober may immerse himself completely in Alcoholics Anonymous work, helping others with the same problem.

1/ Ibid., p. 247.

CHAPTER III

ALCOHOLISM AND THE FAMILY

There are many definitions of alcoholism which may include one or more of the concepts of disease, compulsion, or allergy. However, on the whole, these definitions are not sufficiently broad with regard to the multiplicity of factors involved in alcoholism. The World Health Organization definition is used by most theorists. It states that alcoholism is:

> Any form of drinking which in its extent goes beyond the traditional and customary "dietary" uses or the ordinary compliance with the social drinking customs of the whole community concerned, irrespective also of the extent to which such etiological factors are dependent upon hereditary, constitution, or acquired physiopathological and metabolic influences.1/

In an article entitled; "Alcohol and Complex Society",2/ Sheldon Bacon looks at the problem of

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1/ Marvin A. Block, ALCOHOLISM--ITS FACETS AND PHASES; The John Day Co., New York, 1962; p. 22.

2/ Sheldon Bacon, "Alcohol and Complex Society" in SOCIETY, CULTURE AND DRINKING PATTERNS, David J. Pittman and Charles R. Snyder (ed); John Wiley and Sons, Inc., New York, 1962; pp. 88-94.

alcohol and discusses the concomitants of socialization which characterize our society-social stratification, interdependance on skills of others, money, and individualism. He postulates that there are no differences in the major needs of our society from those of earlier societies, rather there are differences in the means to attain them.

Bacon feels that these characteristics of society which add to its complexity all work to enhance the function of alcohol.

> ...Complexity results in a need for greater integrative functioning; lessening of tension, uncertainty and suspicion is necessary for this functioning; alcohol has been found useful in its accomplishment.1/

He goes on to talk about the need for ease of communication in business and pleasure, that is required by our society. Again, this is facilitated by alcohol which lessens competitive tensions and barriers between strangers.

Although this type of society presents great rewards to individuals, these rewards are balanced by two factors:

1/ Ibid., p. 88.

> ...(1) breakdown of any part is far more dangerous than in a simple society; (2) there must be a more exact fulfillment of functions than was previously necessary on the part of every sub-group and every individual. ...the need for imagination and perception, for control over responses, for timing and balance, is greatly increased by the complex culture...and the penalty for not getting things done has far greater social implications than in the simpler society.1/

In essence, the complexity of society has added new forces which motivate an increased use of alcohol, but society has diminished the power of agencies of control, which at one time were efficiently used.

At this point, it is important to discuss several of the major theories of the dynamics involved in alcoholism.

Otto Fenichel says: "the superego is that part of the mind that is soluble in alcohol."2/

He goes on to state:

> Therefore, alcohol has always been extolled for its power to banish care; obstacles appear smaller and wish

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1/ Ibid., p. 91.

2/ Otto Fenichel, M.D., THE PSYCHOANALYTIC THEORY OF NEUROSIS; W.W. Norton and Co., Inc., New York, 1945; p. 379.

> fulfillments nearer in some persons through the diminishing of inhibitions, in others through withdrawal from reality to pleasurable daydreams.[1]

Fenichel believes that the alcoholic is the individual who continues to drink when the original reason has passed, such as external frustration or internal inhibitions. He gives a general picture of the personalities of those who become alcoholics:

> They are characterized by their oral and narcissistic pre-morbid personalities. Knight showed that in chronic alcoholics difficult family constellations created specific oral frustrations in childhood. These frustrations give rise to oral fixations. ...In boys, the frustrations resulted also in a turning away from the frustrating mother to the father, that is, to more or less repressed homosexual tendencies.[2]

Dr. Charles Hofling says that rather than alcoholism being a disease in itself: "It is more a prominent manifestation of one of a number of psychopathological states, the commonest being some form of a personality disorder."[3]

This author had a very important point to make about the self-defeating cycle in which an

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1/ Ibid., p. 379.

2/ Ibid., p. 382.

3/ Charles K. Hofling, M.D., TEXTBOOK OF PSYCHIATRY FOR MEDICAL PRACTICE; J. B. Lippencott Co., Philadelphia, 1963; p. 407.

alcoholic finds himself. He pointed out that the alcoholic drinks because his situation is bad, yet it becomes increasingly worse after each bout of excessive drinking. His distress when he observes the chaos in his family and his job increases his need to drink in order to avoid this emotion.1/

An additional interesting point that is brought out by this author is that the alcoholic does not consider his drinking as a true symptom. Although he is able to perceive the results of his drinking on his family and job, for example, he actually looks upon alcohol as the only source of relief that he has from the overwhelming anxieties and the great frustrations with which he is constantly being faced.2/

Menninger, a psychoanalytically-oriented theorist on alcoholism, believes that an alcoholic's drinking is self-destructive. The child, who wishes to destroy his parents, yet fears losing them, achieves gratification and revenge in his adult years through drinking. He expresses his hostility through drunken acts yet has his guilt alleviated by the

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1/ Ibid., p. 410.

2/ Ibid., p. 412.

sobering-up period.[1]

Psychological theories are only partial answers since they do not weigh the physiological and sociocultural effects of the use of alcohol. Neither do they explain why people who experience similar emotional conflicts do not develop this problem.

The answer to the learning theorists generally involves a drive which activates certain responses, which is also influenced by cues from other stimuli not strong enough to be called drives.

Dollard and Miller pointed out:

> Alcohol results in a temporary reduction of fear and conflict. It is the attempt to adapt to fear and conflict by alcohol, followed by a state of misery at its withdrawal that produces the addiction cycle.[2]

The wide range of physiological theories merely reflects the difficulty of finding a single cause for such a complex problem. What they do show is that it is the effect of the alcohol that is sought by the alcoholic rather than the fulfillment

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1/ Alfred M. Freedom & Harold I. Kaplan (ed.), COMPREHENSIVE TEXTBOOK OF PSYCHIATRY; The Williams and Wilkins Co., Baltimore, 1967; p. 1020.

2/ Ibid., 1021.

of a structural deficiency state.[1]

Having looked at the needs of the alcoholic which predispose him to this type of a problem, the focus should turn to an analysis of what makes an alcoholic seek treatment. Donald Finlay presented the results of his study on this topic in an article entitled, "The Effect of Role Network Pressure on an Alcoholic's Approach to Treatment."[2] In this article, the author examines the effects of role network pressure on an alcoholic's motivation to seek treatment. He points out that the primary task of a therapist treating such a patient is to create and maintain this pressure, thereby, possibly creating personal concern within the patient himself.

For the purpose of his study, the author identified three factors which arouse the type of discomfort within an alcoholic that is liable to motivate him to go for treatment. He lists these factors as enduring role network pressure, his physical condition and concern about his own behavior.

1/ Ibid., p. 1022.

2/ Donald G. Finlay, "The Effect of Role Network Pressure on an Alcoholic's Approach to Treatment" in SOCIAL WORK; National Association of Social Workers, V. 11, 1966; p. 71.

Role network pressure is defined as:

> ...the varying amounts of pressure for change in behavior exerted by a wife, family, employer, friends, and the various community institutions with which an alcoholic comes in contact. Such pressure is considered enduring if it is expected to be maintained until the patient has made substantial efforts to deal with his uncontrolled drinking.1/

The study hypotheses compared the approach to treatment made by patients judged as seeking help primarily because of their discomfort due to one of the previously mentioned factors. It was felt that enduring role network pressure would be more of a motivating force than transitory role network pressure or the state of the individual's physical health.

In this particular study, the level of personal concern was the most influential factor in the motivation of the alcoholics. However, Finlay showed that enduring role network pressure in the form of separation from spouse or loss of employment was very valuable in determining an optimum approach to treatment.

The writer also pointed out the importance of the nature of the roles in which the alcoholic is

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1/ Ibid., p. 72.

involved in relation to his seeking help. He indicated that patients who seek help are more likely occupying roles which can not be maintained if functioning is impaired. He assumed that family roles permit greater flexability of behavior than do most occupational roles.

In most cases, the family operates in such a way that it assists the alcoholic in denying his problem. This is achieved by various members of the family taking on portions of the role of the husband or father in order to maintain equilibrium as long as possible.1/

However, fellow employees and employers are not willing to adapt their functioning for any length of time to accommodate an alcoholic who is not able to function efficiently on his won.

In his summary, Finlay suggests that the key to the effective treatment of the alcoholic is the creation of a high level of personal concern by the therapist. He continues by advocating working with the

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1/ Joan K. Jackson, "The Adjustment of the Family to Alcohol" in MARRIAGE AND FAMILY LIVING; V. 18, 1956; pp. 361-369.

family and employers of alcoholics, helping them to bring pressure to bear on the patient in order for the patient to achieve personal concern about his own situation, or at least to assist them to refrain from reacting pathologically to the situation set up by the alcoholic.[1]

In conclusion, treatment will be briefly considered by saying:

> Abstinence is not the only criterion, for successful treatment. Family adjustment, occupational effectiveness, social adequacy and intrapersonal contentment along with post-treatment reduction of drinking behavior may be more effective than merely imposing total abstinence on the patient with the result that he remains miserable and nonfunctioning.[2]

1/ Ibid., p. 78.

2/ Charles K. Hofling, op. cit., p. 1024.

CHAPTER IV

METHODOLOGY

The complexity of the North American society creates stresses which are severe enough to require extraordinary means of adaptation. For some, this adaptation takes a pathological form such as the development of alcoholism. This study is concerned with the factors which motivate an alcoholic to choose treatment in an attempt to regain his functioning in his roles as husband and father rather than continuing to drink.

For this reason, theory has been advanced on roles within the family, the meaning of conflict to a family group and the means chosen by the family and by the deviant member, to handle and resolve the conflict.

From the main concepts, the following proposition was developed: if an individual experiences dissonant cognitions produced by the presence of role network pressure in his life situation, he will be motivated to reduce this dissonance and

to achieve consonance.

A further narrowing down of this proposition leads to two hypotheses:

If a married alcoholic is faced with the threatened loss of his spouse due to his drinking problem, he will be more motivated to seek treatment for his alcoholism than if this threatened loss was not present.

If a married alcoholic is faced with the threatened loss of his job due to his drinking problem, he will be more motivated to seek treatment for his alcoholism than if this threatened loss was not present.

For the purpose of this study, an alcoholic is a patient who has been admitted to the Alcoholism Unit at the Nova Scotia Hospital with a primary diagnosis of acute or chronic alcoholism.

The entire 233 files of admissions for 1966 were studied according to a schedule[1/] which attempted to describe the population and to identify the presence

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1/ See Appendix A.

of role network pressure. In order to test the hypotheses, a sample was chosen of 110 male, mafried alcoholics, certified and voluntary first admissions, between the ages of thirty-five and fifty-five, admitted to the Nova Scotia Hospital during the year 1966. Voluntary admissions were taken as an indicator of motivation and certified admissions indicated no motivation.

The voluntary patients, who made up the motivated group, had been admitted to the hospital of their own free will, and are able to sign themselves out at any time.

The certified, or unmotivated, group were admitted by a relative and were accompanied by certificates from two physicians stating that they were mentally unbalanced. The hospital requires the signature of the admitting relative to release these patients if they are not discharged by the psychiatrist.

In considering the limitations of this thesis, the first one discussed should be the choice of the agency from which the data were to be collected. Originally, the study had been designed to collect

the data from an out patient center for the treatment of alcoholics. This would have made this study very similar to that carried out by Finlay.[1/] However, since the facilities of such a clinic were not available it was necessary to collect the data from the Alcoholism Unit at Nova Scotia Hospital in Dartmouth, Nova Scotia. This hospital is an active treatment psychiatric center with a unit devoted to alcoholics.

Due to the small numbers of female alcoholics admitted only male patients are treated on this unit. Thus the sample was only of male patients. Further, for previously stated reasons, an arbitrary decision was made that the certified patients were not motivated to seek treatment and that the voluntary patients were motivated to seek treatment.

The fact that this study was part of a joint project and that it required interpretation of material in the files to determine the presence of role network pressure, indicated that a test of reliability should be performed. This test was carried out by the researchers completing schedules

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1/ Donald G. Finlay, "The Effect of Role Network Pressure on an Alcholic's Approach to Treatment" in SOCIAL WORK; National Association of Social Workers, V. 11, 1966; p. 71.

on one set of twenty files. An analysis of the schedules showed them to be seventy-five per cent reliable and it was felt that this justified continuing in this manner.

This population was then studied to determine the presence of role network pressure as indicated by threatened loss of family or employment due to the patient's alcoholism. In order to obtain an accurate picture, the files were divided as to; actual threat in either of these areas, no threat, or unclassified.

This study attempted to identify the factors motivating two groups of alcoholics to seek treatment for their condition. The chi-square (X^2) test was used to test the sample. This test is used:

> ...to estimate the probability that observed distributions in a sample would be found in other samples drawn from the same population. From this probability, inferences are made of the probability that the distribution exists in the population itself.1/

Should the findings be significant, the implications for those psychiatrists, medical doctors,

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1/ H.K. Goldstein, RESEARCH STANDARDS AND METHODS FOR SOCIAL WORKERS; Hauser Press, Louisiana, 1963; p. 279.

and social workers who are concerned with the task of attempting to motivate an alcoholic client to seek treatment would be far-reaching. The findings would encourage such therapists to work with significant persons in the patient's life, in order to bring about this role network pressure which would seem to be a motivating factor.

On the other hand, insignificant results could indicate that role network pressure is not a motivating force toward treatment. However, it is more probable that insignificant results could be more related to the limitations surrounding the data, as well as the theory base of the study.

CHAPTER V

STATISTICAL ANALYSIS AND FINDINGS

This study was carried out on the files of the patients admitted to the Alcoholism Unit at the Nova Scotia Hospital during 1966. The sample was limited to male, first admissions between the ages of 35 and 55, married and single.

Although four hypotheses were originally postulated, two concerned with the married population and two with the single population, it was found to be necessary to eliminate the two concerned with the single population because of the size of the sample. Although the Fisher Exact Probability Test was used, several scores remained too small to analyze. The table indicating the sample of single patients is shown in Appendix A.

The hypotheses related to the married sample remained the same. However, a change was made in the size of this sample. Originally the samples had been divided into three categories: threat, no

threat, and unknown. The third group was composed of those files in which the patient gave no information about his family or employment. This group was found to include a number which was sufficiently large that it gave an unrealistic picture of the sample being tested. Therefore, the married group was reduced, for the purpose of testing the hypotheses, from 59 voluntary and 51 certified patients to 43 voluntary and 24 certified patients.

Applying the null hypothesis to the first hypothesis it read as follows:

There is no significant difference between the motivation of alcoholic patients faced with threatened loss of spouse and those without this threatened loss.

It was necessary, therefore, to count the number of patients with threatened loss of family and to compare the voluntary and certified groups.

To test the hypothesis statistically, the chi square test for two independent samples was applied to the data. The steps used in this test are

summarized by Siegel.[1/]

Table I illustrates the data that were used in testing the first hypothesis.

When the observed difference was tested for statistical significance, the resulting X^2 value (0.068) fell far short of the minimum requirement (3.84) for significance at the 0.05 level. Thus, since the results of the comparison could easily have been obtained purely by chance, they offered no convincing support for the hypothesis that alcoholics are motivated to seek treatment when faced with a threatened loss of family.

The second hypothesis was tested in the same manner and is illustrated in Table II.

The obtained value of X^2 was .0033 which is between .95 and .90 and was also not within the level of significance of .05. The level of confidence of X^2 was between .41 and .45 and indicated that the second null hypothesis must also be accepted. Thus, there does not appear to be any

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1/ Sydney Siegel, NONPARAMETRIC STATISTICS FOR THE BEHAVIORAL SCIENCES; McGraw-Hill Book Co. Inc., New York, 1956; p. 110.

TABLE I

DISTRIBUTION OF 110 MARRIED MALE PATIENTS FROM THE NOVA SCOTIA HOSPITAL, DARTMOUTH, NOVA SCOTIA, ADMITTED TO THE ALCOHOLISM UNIT IN THE CALENDAR YEAR 1966 BY HOSPITAL STATUS AND THREATENED LOSS OF SPOUSE.

THREATENED LOSS OF SPOUSE	HOSPITAL STATUS			
	Voluntary		Certified	
	N	%	N	%
Threat	13	46.4	14	40.0
No Threat	15	53.6	21	60.0
Total	28	100.0	35	100.0
(Unclassified)	(31)		(16)	

$X^2 = 0.065$, 1df, $0.70 < p < 0.80$ (NS)

MWO'N/dcm

TABLE II

DISTRIBUTION OF 110 MARRIED MALE PATIENTS FROM THE NOVA SCOTIA HOSPITAL, DARTMOUTH, NOVA SCOTIA, ADMITTED TO THE ALCOHOLISM UNIT IN THE CALENDAR YEAR 1966 BY HOSPITAL STATUS AND THREATENED LOSS OF EMPLOYMENT.

THREATENED LOSS OF EMPLOYMENT	HOSPITAL STATUS Voluntary		Certified	
	N	%	N	%
Threat	24	58.1	14	58.3
No Threat	19	41.9	10	41.7
TOTAL	43	100.0	24	100.0
(Unclassified)	(16)		(27)	

$X^2 = 0.003$, 1 df. 0.90 p 0.95 (NS)

MWO'N/dcm

difference in the motivation of alcoholics to receive treatment if faced with threatened loss of employment as compared with those who were not faced with this threatened loss.

The variables in the data were also examined to see if and how they differed among the certified and voluntary patients. The following tables illustrate the results of this investigation for which the original married sample of 110 patients was used.

In Table III, the voluntary and certified groups were examined to determine whether there was any difference in either group with regard to previous treatment received before their admission to the Unit. The voluntary group appeared to have a greater proportion who had received previous treatment, although the percentage remained less than half of the voluntary group.

Table IV considered the residence of the sample as to whether it was urban or rural. There was a definite trend toward urban living in both groups with slightly more voluntary patients in urban areas than there were certified patients in urban areas.

TABLE III

DISTRIBUTION OF 110 MARRIED MALE PATIENTS FROM THE NOVA SCOTIA HOSPITAL, DARTMOUTH, NOVA SCOTIA, ADMITTED TO THE ALCOHOLISM UNIT IN THE CALENDAR YEAR 1966 BY HOSPITAL STATUS AND PREVIOUS TREATMENT.

PREVIOUS TREATMENT	HOSPITAL STATUS			
	Voluntary		Certified	
	N	%	N	%
Previous Treatment	27	47.4	14	27.4
No Previous Treatment	32	52.6	37	72.6
TOTAL	59	100.0	51	100.0

MWO'N/dcm

TABLE IV

DISTRIBUTION OF 110 MARRIED MALE PATIENTS FROM THE NOVA SCOTIA HOSPITAL, DARTMOUTH, NOVA SCOTIA, ADMITTED TO THE ALCOHOLISM UNIT IN THE CALENDAR YEAR 1966 BY HOSPITAL STATUS AND RESIDENCE.

RESIDENCE	HOSPITAL STATUS			
	Voluntary		Certified	
	N	%	N	%
Urban	42	72.8	35	68.6
Rural	17	27.2	16	31.4
TOTAL	59	100.0	51	100.0

MWO'N/dcm

Table V indicates the type of employment held by the two groups. The criterion for skilled workers was that training and/or educational qualifications were demanded, with neither of these required for unskilled workers. Those records not containing the necessary information were not counted. A definite picture was obtained of a higher proportion of skilled workers among the voluntary group and an even higher proportion or percentage of unskilled workers in the certifiedgroup.

Finally, Table VI indicates the number of patients who had a psychiatric disorder along with a diagnosis of chronic or acute alcoholism. In both groups, the number with an additional diagnosis of a psychiatric disorder was very high. The significance of this will be discussed at length in the following chapter.

From the results of the test, it can be seen that the hypotheses of the study were not supported. The final chapter of this thesis will examine what this means by presenting conclusions and recommendations.

TABLE V

DISTRIBUTION OF 110 MARRIED MALE PATIENTS FROM THE NOVA SCOTIA HOSPITAL, DARTMOUTH, NOVA SCOTIA, ADMITTED TO THE ALCOHOLISM UNIT IN THE CALENDAR YEAR 1966 BY HOSPITAL STATUS AND TYPE OF EMPLOYMENT.

EMPLOYMENT	HOSPITAL STATUS			
	Voluntary		Certified	
	N	%	N	%
Skilled	34	57.6	13	25.4
Unskilled	23	42.4	28	74.6
TOTAL	57	100.0	41	100.0
(Unclassified)	(2)		(10)	

MWO'N/dcm

TABLE VI

DISTRIBUTION OF 110 MARRIED MALE PATIENTS FROM THE NOVA SCOTIA HOSPITAL, DARTMOUTH, NOVA SCOTIA, ADMITTED TO THE ALCOHOLISM UNIT IN THE CALENDAR YEAR 1966 BY HOSPITAL STATUS AND PSYCHIATRIC DIAGNOSIS OTHER THAN ALCOHOLISM.

PSYCHIATRIC DIAGNOSIS	HOSPITAL STATUS			
	Voluntary		Certified	
	N	%	N	%
Acute or Chronic Alcholism	10	16.9	10	19.6
Alcoholism + Psychiatric Diagnosis	49	83.1	41	80.4
TOTAL	59	100.0	51	100.0

MWO'N/dcm

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

Although the data in this study were found to be not significant, there are certain considerations which may have exerted undue influence on the data. Reference has been made to the limitations surrounding the study such as the choice of agency for data collection, the use of voluntary and certified as criteria for motivation, the number of files not available, and the fact that the interpretation of the files was carried out by two people.

Possible improvements in the methodology could be made by having the patients fill out questionnaires themselves which would be designed in such a way as to elicit "yes, no" responses. This would eliminate, to some degree, the problem of interpretation by two researchers.

In addition, controlling for additional psychiatric diagnoses[1/] may have eliminated, to some degree, the limitation of an inherent lack of ability

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1/ See Table VI, p. 51.

to maintain lasting relationships.

A limitation inherent in the theoretical formulation, which may have influenced the outcome of the study, is related to the theory of cognitive dissonance. For the purpose of this study, it was assumed that the presence of role network pressure caused dissonance to be aroused in the alcoholic. For this to have taken place, the alcoholic must have considered his family and his employment to be equally as necessary to his experiencing consonance as he did the pleasure derived from drinking. If this was not the situation, role network pressure would have had little or no effect on his motivation.

Also, with regard to the influence of pressure on the alcoholic from his family, it was assumed that he was capable of maintaining a close relationship and of appreciating its value.

However, the sample indicated a large proportion with additional psychiatric diagnoses.[1/]

1/ See Table VI, p. 51.

In all cases, these diagnoses were personality disorders or brain damage, conditions which affect the quality of relationships the patients are able to form. From this, it could be concluded that role network pressure may not have had the same effect on this group as it would have had on alcoholics who did not have an additional psychiatric disorder of this nature.

Primarily, this study was carried out on the basis of theory related to the average personality, not taking into account that an "alcoholic personality" may be involved.

In an attempt to search for this basic alcoholic pattern, McCord and McCord carried out a longitudinal study of the alcoholic personality.[1/] The prealcoholic group was found to be outwardly self-confident, undisturbed by normal fears, indifferent toward siblings and disapproving of their mothers.

1/ William McCord and Joan McCord, "A Longitudinal Study of the Personality of Alcoholics" in SOCIETY, CULTURE AND DRINKING PATTERNS, David J. Pittman and Charles R. Snyder (ed); John Wiley and Sons, Inc., New York, 1962; pp. 413-430.

Also, they more often evidenced unrestrained aggression, sadism, sexual anxiety, and activity rather than passivity.

These characteristics were found to differ considerably from those of the adult alcoholic who felt victimized by society, were highly dependent and avoided group activity.

The McCords interpreted these dependent feelings as being latent in the prealcoholic, and that their open manifestation in behavior was precipitated by the breakdown of the alcoholic's defenses after alcoholism has set in. The authors also state that the extremely masculine attitude of the prealcoholic boy may be covering up his feminine tendencies that are not accepted in our society.

Alcoholics were found to have been frequently raised in home environments that were conflict ridden and headed by antagonistic, erratic, unstable mothers. Such a situation often leads to dependency conflicts and a confused self image.

Similarly, with regard to the family attitudes of alcoholics, this study postulated that the

indifference of the prealcoholic toward his siblings and mother, anticipates the adult alcoholic's attitude toward his wife and sons.

In the conclusion of their study, McCord and McCord point out how alcohol itself enters the life situation of these people:

> At some point in adulthood, this type of person learns that alcohol may provide a compromise solution to his conscious or unconscious dilemma. Through heavy drinking, widely regarded as masculine behavior, he may come simultaneously to satisfy his dependency needs and maintain his precarious grip on a masculine self-image.[1]

The second hypothesis in this thesis had to do with role network pressure from the employer. In a study of alcoholism and role deviation,[2] Peter Park analyzed in depth the role structure of the average person and that of the alcoholic. In the introduction to his study, he states:

> ...the alcoholic can be regarded as a behavioral deviant in two senses:

1/ Ibid., p. 429.

2/ Peter Park, "Problem Drinking and Role Deviation: A Study in Incipient Alcoholism", in SOCIETY, CULTURE AND DRINKING PATTERNS, David J. Pittman and Charles R. Snyder (ed.); John Wiley and Sons, Inc., New York, 1962; pp. 431-435.

> first, he tends to be culturally deviant in that he cannot structure his role in accordance with cultural expectations; and second, he is predisposed to be socially deviant in that he is incapable of playing any role consistently, thus upsetting the stability of a social system.1/

In the present study as well as in that of Finlay, it was assumed that the alcoholic wanted to function normally in his role as head of the family and as provider, that that a threat of loss of either his family or his employment would motivate him to stop drinking.

However, in the studies by McCord and McCord, and Parks, it was brought out that the alcoholic desires a dependent position and is not able to carry out the normal male role. Therefore, the fact that these opposite viewpoints exist suggests that further study is needed in the area of the personality of the alcoholic and of the dynamics within their families before the theory upon which this thesis is based is rejected.

A review of the literature will clearly show that there is no definitive answer to the problem of

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1/ Ibid., p. 431.

alcoholism. Theorists disagree as to its basic causes as well as to what is the most effective treatment. However, most authors agree to the need for further research into the causes, effects and treatment of alcoholism.

Continuing with the implications of this study for further research, there would be a great deal of value in investigating the pattern of relationships in the family of an alcoholic, looking at the nature of the roles and the manner in which they are enacted. Included in the study of the family patterns of interaction should be a consideration of the personality of the alcoholic's wife. Margaret Bailey refutes the idea that only masochistic women marry alcoholics. She has found that a great percentage of the pathology evident in the wives of alcoholics is a reaction to their situation.

An additional area of research is the search for a more effective method of reaching alcoholics when their problem is in its early stages.[1/] Increased communication between all services to those afflicted

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1/ See Table III, p. 47.

with alcoholism and to their families. More preventive work could be done in the high schools and universities if a planning board were established with representatives of all agencies serving the alcoholic composing its membership. This would combine professional skill and the insight of the alcoholic themselves in much the same way as clients of welfare agencies are being invited to join planning boards. Services would then be geared to the problem as it exists, rather than an outsider's impression of the problem.

It has been shown by the data that role network pressure does exist in a great number of cases, although not to a significant degree. If pressure from the family is not a motivating factor, possibly the approach taken by Margaret Bailey[1/] is more effective. This is one method of treatment that is based on understanding the client or patient in terms of his illness and its effects, yet not protecting him from the consequences of his drinking. This approach suggests that the spouse save his or her energy for assisting the other member of the family to adapt to the new situation, rather than

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1/ Ibid., p. 375.

threatening the patient or trying to reform him, particularly when there are several young children involved.

In a situation such as this, it would be the therapist's task to help the family to identify the strengths and weaknesses in the situation in order to construct a workable plan.

The question of alcoholism is a many-faceted one, and one which is not rapidly being answered. An observation could be made that most alcoholics who are "cured" have done it themselves in that it had to be a goal they set for themselves. Where does the answer lie to the question of motivating this concern? Does it lie with the family or the employer? What is the therapist's role in arousing and maintaining this concern?

Although this study attempted to answer these questions, it has succeeded only in indicating the need for further research in this field and in raising even more questions.

APPENDIX

PSYCHIATRIC SURVEY

RESENTING COMPLAINT:- Do you agree or disagree with the above state-ent just read? Why did you come to hospital? What do you think of eing in hospital?

RINKING HISTORY:- When did you take your first drink? What was it? id you enjoy it or did you get sick? Did you drink continually after hat? When did you first notice you were having trouble? Did you have ny blackouts or convulsions? Did you have the D.T.'s; if so, what did ou see and how often? Were you frightened? Did you ever join A.A., if ot, why not and if so, did you find they helped you? Do you eat when you rink? Did you lost any jobs because of drinking or has your job been ffected? Did you ever drink rubbing alcohol, shaving lotion, vanilla, emon extract, bay rum, etc.? Were you ever arrested? Did you ever give t up for any length of time? Do you suffer from alcoholism?

AST ILLNESSES:- What other illnesses have you had? What operations? nuries? How were they treated and where?

AST HISTORY:- Where were you born? How many children were in the family nd where did you come? Were you happy as a child? Do you remember etting the bed or biting your nails? Do you remember being afraid of hings that other children your age were not frightened of, such as the ark?

CHOOL:- At what age did you start school? What grade did you complete? t what age? Why did you leave school? Did you have difficulty in school?

ORK:- What did you do when you first left school? Ask for a complete work istory from his first job to his present job. How long he stayed at each ob and the reason for leaving it. Are you presently employed?

EX:- If they are not married ask them why they have never married and if hey have a girlfriend. If they are married ask them at what age they arried and if their wife was pregnant at the time and if so, if he would ave married her anyway. How has your marriage been? Did she ever threaten o leave you? Has she ever been unfaithful? Did you ever accuse her of eing unfaithful when you were drinking? Were you unfaithful? (Sometimes r. Moore will ask them about their sex life in terms of intercourse hether or not they are married.) Has your drinking affected your arriage or the children?

AMILY HISTORY:- Take the father's side of the family in terms of trouble ith alcohol or mental illness and then his mother's side, then his own rothers, sisters, and cousins.

ELIGION:- What religion are you? Do you practice your religion?

ith what do you intend to replace alcohol when you leave hospital? What ave you learned from your stay in hospital? Do you ever think that some-ody or everybody is talking about you or trying to harm you? Do you feel hat way now? How is your memory? Do you feel depressed? Did you ever ish you were dead? Did you ever try to commit suicide or think about it? f depressed:- Do you sleep well? At what time of the day do you feel orse? Do you eat well?
id you ever think you heard somebody calling your name and look around nd there was nobody there?

DATA SCHEDULE

HOSPITAL NUMBER _____ CERTIFIED OR VOLUNTARY _____ DATE _____

1. Sex
2. Marital status
3. Age
4. Previous Admissions
5. Other Treatment
6. Diagnosis
7. Occupation
8. Religion
9. Residence
10. Presenting Complaint
11. Threatened Loss of Spouse or Family
12. Threatened Loss of Employment

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