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ALCOHOLISM: PUERTO RICAN MALE AND FEMALE

SOCIAL CONTEXT OF DRINKING PATTERNS

AND THEIR FAMILISTIC AMBIENCE

DISSERTATION

Presented in Partial Fulfillment of the Requirements for

the Degree Doctor of Philosophy in the Graduate

School of The Ohio State University

By

Sheila Archilla de Ortiz, B.A., M.S.W.

The Ohio State University

1981

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College of Social Work
Affectionately Dedicated to my husband:
   Dr. Luis E. Ortiz Medina
And children:
   Luis E. Ortiz Archilla
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"Tis not the drinking that is to be blamed, but the excess."

John Selden
1584-1654
Table Talk
CHAPTER I
INTRODUCTION

1. Positive and Negative Valuations of Alcohol Consumption

The concern of society with alcohol is an ancient one. From prehistoric man to the beginning of written history until the industrial era, there is ample evidence of the relation of man to alcoholic beverages. Alcoholic beverages can occur in nature without human intervention, and were presumably discovered rather than invented. Like fire, they are a natural phenomenon that man stumbled upon and gratefully bent to his use. As far as science can determine, the materials that they require -- water, plant sugars or starches, and yeast -- had all appeared naturally on earth.

The effect of alcohol on its discoverer can only be imagined, but considering the diffusion of its use ever since, it seems reasonable to infer that this effect was perceived as good. Men stopped relying on accident and proceeded to purposeful action and improvement of today's prosperous liquor industry.

Keller (1966:820), speaking about the uses of alcohol in different types of societies, has argued:

"In various primitive and more advanced cultures, the use of the fluid product of fermentation of fruit and grain acquired more or less regulation."
....In some primitive, still surviving populations, fermented beverages still constitute an important element of the health-preserving dietary, furnishing energy as well as vital nutrients. Unquestionably, in ancient and medieval times in many parts of the world, perhaps in some places today, the unsanitary conditions of the water supplies made fermented beverages the safer drink; the survival of some populations may have depended upon this discovery. Moreover, in quite ancient times, the practitioners of medicine who made records of their methods used alcoholic beverages in the treatment of a remarkable variety of disorders.... In one medical papyrus dated about 3,500 years ago, beer and wine were included in 39 prescriptions. Older by about 500 years than this Egyptian document is a Sumerian clay tablet found at Nippur containing a sophisticated pharmacopoeia in which the local brew makes a frequent appearance."

Ewing et al. (1978:20) have connected the use and abuse of alcohol to different lifestyles and preferences:

"Complex patterns of use as well as abuse have developed in different societies and cultures. Some of these are based on the actual physiological effects of alcohol. Others are symbolic. In one place an alcoholic beverage is the representative of the holiday spirit whereas in another it is part of one's daily food intake. If the objective is to get 'high' as possible, drinking tends to be done without food and in concentrated form. Some cultures have developed 'manliness' concepts whereby the capacity to hold large amounts of liquor and to get intoxicated are equated with masculine achievement.

....Alcohol specifically dissipates states of apprehension and overconcern. Its use to establish social relations and to promote good fellowship has thus become a significant part of man's culture and explains the integration of drinking behavior into societal patterns."
Cahalan (1976:1), addressing this issue in contemporary society, has stated:

"There is little debate on whether the misuse of alcohol constitutes a serious problem in most Western countries, but there is much confusion and uncertainty on what to do about it."

The great and extended use of alcoholic beverages from antiquity up to our modern industrial era is closely related to the positive valuations made on their consumption (Conger, 1951; Clinard, 1962; Jellinek, 1962; Trice, 1966; Keller, 1966; Pittman, 1967; Plaut, 1967; Lemert, 1972; Cahalan et al., 1969 and 1974; Roebuck et al., 1972; and Ewing et al., 1978).

Alcohol has generally been associated with and valued for its function as a behavior modifier, and for diminishing social distance and strengthening group bonds. In the former, mild consumption promotes the expression of individually and socially shared values such as relief and relaxation from fatigue, tension, apathy, and a sense of isolation. In the latter, it is expressed through ritual functions symbolizing status changes such as births, marriages, new jobs, coming of age, and bereavement (Lemert, 1967 and 1972).

This position has been emphasized by Roebuck et al. (1972: 13), when they acknowledged:
"Alcoholic beverages are used to celebrate holidays and other special events, to negotiate social and business encounters, and simply to entertain. In many homes and in many social situations one is expected to proffer drinks. To many people of varied age groups, having a 'good time' is synonymous with 'getting high.' Drinking behavior today is either more appropriate or more acceptable in a larger number of social situations than it has been in the past."

Alcoholic beverages are also valued for their physical properties: ease and cheapness in their preparation; availability; facility to be stocked at home; and for their effects on the human organism.

In small quantities, alcohol serves as a 'social lubricant.' This occurs because alcohol is a depressant drug whose reaction is related to its concentration in the blood where it is directly absorbed. Large amounts of alcohol intake lead to intoxication due to alcohol's depressant action on the brain and central nervous system. Physiological effects like motor uncoordination, slurred speech, blurred vision, confusion, and anesthesia can be experienced by the intoxicated person.

The rate at which alcohol is absorbed into the bloodstream and its effect on the human organism is affected by the following factors: speed of drinking; body weight; presence of food in the stomach; drinking history; body chemistry; and type of beverage (Leake et al., 1970).

Another positive valuation of alcohol is made at governmental levels where it is recognized for the ease with which revenues for state purposes can be raised through taxing alcohol production and distribution.
Finally, there is a set of sharply defined values attached to alcohol by those whose economic livelihood and occupational status rest upon the production and distribution of alcoholic beverages.

However, indulgence in alcohol consumption, while promoting the fulfillment of the previously mentioned values, does so at the expense of other important values. As Lemert (1972:105) clearly expressed:

"The values commonly sacrificed by drunkenness are respect for person, life, property, health, longevity, parental responsibility, regularity at work, and financial dependability."

Social, economic and political factors are closely related to the way a particular society deals with the legal and social regulations of alcoholic beverages.

Contemporary beliefs, feelings and responses toward drinking and the problems of alcohol include a survival of attitudes which developed during the eighteenth and nineteenth centuries.

In the United States, a social concern about male immigrant drinking behavior began to be expressed through the temperance movement, whose purpose was directed at excessive drinking of distilled spirits only. It condemned drunkenness on moral, medical and economic grounds, focusing on moderation. In the middle of the nineteenth century, a shift of emphasis was taken from moderation to abstinence and from distilled spirits to all alcoholic beverages. Legal enforcement substituted moral persuasion which culminated in the Prohibition Era (Gusfield, 1962; and Straus, 1966).
Due to the political relationship between Puerto Rico and the United States, the effects of the Prohibition period were felt in Puerto Rico. One direct consequence was the clandestine elaboration of a domestic rum called "pitorro," that had a high percentage of alcohol, which proliferated in different parts of the Island. However, it is important to point out that Puerto Rico contrasted significantly with the prohibitionist heritage and remnants of the wet-dry controversy experienced in the United States.

The Commonwealth of Puerto Rico has been very cautious about the enactment of laws restricting the availability of alcoholic beverages, the only exception being Law No. 143 of June, 1969, which prohibits selling alcoholic beverages to minors under 18 years of age. This governmental position is due to the fact that the liquor industry is one of the few native enterprises with a consistent and progressive growth which contributes to the improvement of the Puerto Rican economy. In the case of minors, there is a lenient attitude by public officials to the enforcement of the law, reflecting the cultural permissiveness of alcohol consumption.

Although the era of the Prohibition is over and attempts to reduce drunkenness have taken a more scientific and humanistic turn, attitudes toward problem drinking and societal norms for men and women remain a controversial issue.

In Puerto Rico, differential cultural attitudes are exhibited toward women with drinking problems in contrast to those displayed toward men.
Our Hispanic and Latin heritage ascribes to men's position a virile and masculine quality as it is manifested through male dominance, which is better known as "machismo" or "being a real man."

Avilés Roig (1974:8) has pointed out the relationship between heavy drinking and virility in Puerto Rico:

"Puerto Rican society is more open and by times sympathetic, amused by or pitying at a drunken male but norms are more rigid for a drunken female. In many ways women are perceived as the backbone of the family and as such, they are expected to be good mothers, wives, and housekeepers. If she works out of the house this responsibility is added to the former ones. Nevertheless, men retain the role of provider and head of the family. From women, a more passive and unresponsive attitude is expected."

Furthermore, in some families, it is preferable to accept that the mother is "highly nervous" and needs psychiatric help than to acknowledge her drinking problems. The latter requires that she visit an Alcoholism Treatment Program or another community-based service.

Augmenting the complexity of problem definition is the fact that women drinkers are by no means a homogeneous group. They belong to widely varying socio-economic levels, familial backgrounds, and lifestyles which produce different kinds of stresses that may trigger an alcohol problem. As a consequence, there are many kinds of antecedents to women alcoholism. Physiological, psychological, and sociological factors are the most significant aspects to be considered, although the equation is not yet known to yield accurate prediction, since these elements are interrelated. However, the
analyses of these interactive factors show that there are some common threads running through the development of alcoholism in women which are less significant in the development of male alcoholism.

2. Interactive Antecedents of Women Alcoholism

a. Physiological Factors

There is some evidence that women alcoholics are more prone to liver diseases and to a higher incidence of jaundice and ascites; that the same amount of alcohol affects women's blood alcohol level differently at distinct stages of the menstrual cycle; and that chronic alcoholism during pregnancy affects the development of the embryo and fetus, better known as the "fetal alcohol syndrome" (Gomberg, 1975 and 1979; Jones et al., 1973; Warner et al., 1975; Streissguth, 1976; and Smith, 1977).

Although almost every organ is affected by alcohol, the organ most often associated with alcoholism is the liver, the primary site of alcohol metabolism.

Tokuhata et al. (1970) evaluated factors related to cirrhosis of the liver in Pennsylvania and found that women develop cirrhotic problems and complications more readily than do men. Spain (1945) found a similar tendency in women's proneness to cirrhosis (i.e., jaundice and ascites) when he made 250 post-mortem examinations of male and female chronic alcoholics.
Viel et al. (1968) studied 1,079 male and 269 female Chilean alcoholics and found twice the rate of cirrhosis among women over 35 years of age (e.g., 29.4 percent) as in their male counterparts (11.3 percent).

Wilkinson et al. (1969) studied a population of 800 alcoholics in Melbourne, Australia which consisted of 663 men and 137 women. They found 77 cases of alcoholic cirrhosis of which 16 percent were women while 8 percent were men. These authors noted that the women with cirrhosis had drunk excessively for a significantly shorter period of time than the male cirrhotic patients (i.e., 13 years versus 20 years).

Krasner et al. (1977) examined 293 cases of alcoholic liver disease through liver biopsy in London, and found that significantly more females than males had central sclerosing hyaline necrosis (i.e., 11.5 percent versus 3.3 percent).

Roger et al. (1977) analyzed histological patterns of alcoholic liver injury in male and female alcoholics. They found that male alcoholics had a preponderance toward mild hepatic lesions in contrast to females who exhibited a markedly higher proportion of cirrhosis and superimposed alcoholic hepatitis. This pattern was observed in women aged 55, having its peak at age 45. However, younger women seem to be especially "at risk." They suggested that a possible explanation could be that the drinking patterns of men and women have been different, with women drinking steadily throughout the day while males may be more prone to sporadic bouts of heavy drinking. Another possibility is that the immunological factors related to the pathogenesis
of alcoholic hepatitis and cirrhosis are much more active in women than in men. Analysis of the death rates of alcoholic patients (i.e., abstainers - non-abstainers of both sexes) led these researchers to the tentative conclusion that not only are women particularly susceptible to the more severe forms of alcoholic liver injury but their prognosis is worse than for men, whether or not they abstain.

Hill (1980:49) explained sex differences in liver pathology by saying:

"It has been noted that women more often tend to be steady drinkers and are less likely to engage in binge drinking, and that steady drinking may be more destructive from the standpoint of liver pathology. This is apparently true in spite of the fact that women appear to develop cirrhosis at a lower level of alcohol intake and following a shorter duration of excessive drinking."

Hill (1980:50) concluded that the female alcoholic "appears to run a greater risk for developing liver disease at an earlier age, following a shorter duration of heavy drinking, and presumably in association with a lower level of consumption than males. Once the liver has sustained injury, women appear to have the added risk of increased mortality over that of their male counterparts."

Jones (1975) found that the same amount of alcohol given to laboratory volunteers affected the blood alcohol level of men and women somewhat differently. It appeared that women get higher blood alcohol peaks with the same amount of alcohol. This can be an explanation of the fact that women alcoholics begin drinking later than men, but the development of alcoholism is more
compressed in time than it is in the case of alcoholic men. That is, women require a shorter time to become alcoholics.

Jones et al. (1973: 1267) studied the offsprings of alcoholic mothers and wrote:

"Eight unrelated children of three ethnic groups, all born to mothers who were alcoholics, have a similar pattern of craniofacial, limb, and cardiovascular defects associated with prenatal onset, growth deficiency, and development delay."

This seems to be the first official reported association between maternal drinking and aberrant morphogenesis in the offspring.

b. Psychological Factors

Alcoholism in women appears more likely to be linked to psychological stress and to specific precipitating circumstances or situations than alcoholism in men.

Life circumstances produce particular dysfunctional ways of coping with stresses and social pressures associated with the initiation of women's drinking behavior.

Clinical evidence has suggested that as a group, women alcoholics differ from men. Lisansky (1957), for example, found that twice as many women as men related their alcoholism to an earlier disruptive life experience like death of a relative, divorce, marital problems, children growing older, and depression. This is consistent with Lollie's (1953 and 1975) finding when he compared the medical history of men and women and found that women were very moderate consumers of alcohol until overwhelmed by some sudden difficulty, which became the starting point of excessive and uncontrolled drinking. He observed more rapid and fulminant consequences in women than those usual in men.

Winokur et al. (1968) found that more women than men had a secondary diagnosis of depressive reaction and a significantly higher incidence of suicidal thoughts and delusions. Noel et al. (1980) also found a positive correlation between women's drinking and depression.

Similar results were also obtained by Curlee (1970) when she compared male and female alcoholic patients at the Hazelden treatment center in Minnesota. This same variable (i.e., the relationship of alcoholism to some particular life situation) was much more marked for women. Besides the motives found in previous studies, she found that women alcoholics mentioned disruption of the statuses of wife and mother as a precipitating stress for their uncontrolled drinking.

Lisansky (1958) and Curlee (1968) found that alcoholic women have a lower self-esteem than alcoholic men. This was one of the major problems
in treatment because it debilitated their ego-structure. In regard to this point, Curlee (1968:19) explained:

"... self-image is largely a social product and since society judges alcoholic women so harshly, the social attitude itself creates a major barrier to successful treatment. Any effort to counsel women alcoholics must include a realization of the low self esteem they are likely to have and the extent to which that attitude interferes with treatment and recovery."

Wood et al. (1966) and Sclare (1970) also reported that women alcoholics have a poorer, inadequate or distorted self-image; a lower self-esteem; and a poorer self concept or lack of confidence.

McLachlan et al. (1976) compared 100 women alcoholics with 100 non-alcoholic women on a social competence scale and found that the alcoholic women had lower estimates of themselves and were less satisfied with themselves.

c. **Sociological Factors**

The family is one of the major institutions devised by man to meet the many human needs for security and safety, mature love, self-esteem, and self-actualization. The impact of the family may be viewed in terms of its functional and structural properties. Characteristics such as membership composition, role relations, and consolidation of membership served to create joint functional and structural demands. These components are constantly in flux and represent multiple potential factors that might influence the person's development and his or her interaction processes with others.
When we examine women alcoholics, the family of origin (i.e., parents and siblings) and the nuclear family (i.e., husband and children) should be explored. Social pressures, family tensions, and social environmental models seem important in shaping women's drinking behavior.

In the study of alcoholics' familial backgrounds, there are data that suggest a pattern in the parental history of women alcoholics. Sherfey (1955) found a family history of alcoholism among 68 percent of women alcoholics compared to 45 percent in men. Lisansky (1957) noted that 54 percent of women compared to 34 percent of men had a parent who drank in excess. Rathod and Thomson (1966) compared 30 male and female alcoholics at Graylingwill Hospital in England, and found that 18 percent of the women and 12 percent of the men had alcoholic parents. When fathers and mothers were considered separately, the fathers of 14 of the women and of 10 of the men were alcoholics and the mothers of six and two, respectively.

Fink et al. (1962) studied 569 respondents' drinking behaviors and attitudes in relation to that of their parents. They found that parental drinking had much more effect on women than it had on men in regard to whether they drank and what they drank. Whenever parents were abstainers, the female children were more likely to abstain.

Garret et al. (1976) studied the familial backgrounds of 'skid rowers' aimed at identifying sex differentials in the etiology of homelessness and excessive drinking. They found that familial instability appeared more directly related to homelessness among alcoholic women than among men.
Winokur et al. (1968) investigated the family history backgrounds of male and female alcoholics. They found that both the mothers and fathers of female alcoholics were more likely to be unknown or psychiatrically ill than the parents of the men; alcoholism was more frequent in the women's mothers and fathers and affective disorders more frequent in the fathers of the women; and both affective disorder and alcoholism were seen more frequently in the women's sisters than in their brothers.

Another important factor is concealment versus visibility. If women remain at home, their drinking can be concealed longer, if not from the family, at least from society. The housewife role promotes concealment and solitary drinking practices in contrast with the gregarious and more visible activities observed in men (Bedell, 1973; Lester, 1975; and Sandamaier, 1977).

Catanzaro (1968:107) has supported this position by commenting:

"Because our culture condemns alcoholism in women more than in men, there are many hidden, lonely drinkers among women. Among working and professional women, as well as those in active social circles, women may drink quite openly with their male friends. Yet, in spite of their apparent freedom, they are ashamed of making a spectacle of themselves. Housewives may be able to hide their drinking from their husbands for quite some time. Not being subject to the discipline of fixed hours at an outside job, they may drink small amounts all day long. For a long time such a woman can continue with her household duties, her shopping, and the care of her children, all the while being just a little befuddled. Her drinking is usually a closely guarded secret, with the money for the alcohol taken from the household budget."
The emotional withdrawal from husband, children and friends may be so gradual that the husband does not suspect that her drinking is out of control. Although somewhat uneasy at the way the marriage seems to be slipping away, he may accept his wife's explanation that she is overworked or that the children are too much for her. It may be an enormous shock to him to come home one day and find her drunk, with the work undone, and the children afraid or running wild. 'The husband is usually disgusted, angry, bewildered and punitive.'

The outer-oriented drinking behavior of alcoholic men has been documented by Rimmer et al. (1971). They found that male alcoholics more frequently reported losing jobs and friends because of their drinking as well as having experienced more arrests by police.

3. **Cultural Factors Related to Puerto Rican Drinking Patterns**

Each culture evolves an ethos or attitudinal pattern to define the use and the role of alcoholic beverages within its social structure. People whose drinking patterns are well kept within the boundaries of social and cultural expectations about alcohol use are defined as non-problematic drinkers. However, those persons whose drinking practices begin to fall outside of expected cultural and/or subcultural norms are pointed out as deviant drinkers and labeled as "alcoholics."

From a cross-cultural perspective, Pittman (1967:5) has postulated that "theoretically it is possible to range all cultures on a continuum in reference to their attitudes about drinking." He has identified the following four cultural positions: (1) the Abstinent Culture; (2) the Ambivalent Culture; (3) the Permissive Culture; and (4) the Over-Permissive Culture.
The cultural attitude in the abstinent culture is negative and prohibitive toward any type of intake of alcoholic beverages.

Abstaining from alcoholic beverages as a cultural tenet is reflected in people living in Islam, Hindū and Ascetic Protestant traditions. Historically, the Islamic tradition has been antagonistic toward drinking in North Africa, the Middle East, and India (Azayem, 1956).

In the United States and in Great Britain, the total abstinence position captured the temperance movement.

Today, abstinent cultures are identified in large parts of Finland, Sweden, Norway, Great Britain, Canada and the United States, and in the religious groups of the Mormons, Adventists, Christian Scientists, and some Baptists and Methodists religious groups.

In ambivalent cultures, there is conflict between co-existing value structures about alcohol usage. The American society is singled out by Pittman as one example of the prototype of the ambivalent culture. The American cultural attitudes for alcohol ingestion are far from being uniform and are characterized by what Myerson (1940) has called "social ambivalence." The latter is reinforced by the conflict between the drinking and abstinent sentiments co-existing in many communities. Strains toward drinking are found in certain religious groups whose rituals include the use of alcohol (e.g., Jews), persons who have traditionally regarded the use of liquor as the appropriate means of expressing hospitality and sociability (e.g., Irish-Catholics), and, evidently, the liquor industry.
Permissive cultures are those in which the prevailing attitude is positive toward the use of alcoholic beverages but negative toward drunkenness and other drinking pathologies. Some examples of permissive cultures are found in Spain, Portugal, Italy, Japan and among New York's Chinese and in the Jewish religious groups. Among the Jews, permissiveness is also conditioned upon special rituals and drunkenness is negatively sanctioned, which explains their low rates of alcoholism.

Over-permissive cultures have a permissive attitude toward drinking, to behaviors which occur when intoxicated, and to drinking pathologies. According to Pittman, this is a polar type of cultural attitude which exists only in part, never in entirety. Partial examples of permissive cultures are to be found in the Japanese culture, in the Camba society located in Eastern Bolivia in South America, and in France.

The permissive and ambivalent cultural attitudes of Puerto Ricans toward alcohol consumption has been identified by García (1975:23):

"A culture like the Puerto Rican, among others, on one side do not accept the problems created by the addiction to alcohol, however, in one way or another, promotes its use through mass media advertisements and in phases of social interaction. It is common to celebrate people's significant events or to release from tensions or fatigue by drinking alcoholic beverages. The use of alcohol is permitted, and to offer alcoholic beverages in the homes is seen as a symbol of hospitality. Parties are not considered as such without the use of alcohol.

This society is very tolerant toward those who drink or use alcoholic beverages. On occasions and in certain social strata, as long as the individual uses alcohol, gets drunk, and does not threaten the public safety he is not considered to be creating problems."
Accordingly, some customs in regard to the consumption of alcoholic beverages that have been generalized to the population can be described in the following way:

- People prefer to drink distilled spirits with a high percentage of alcohol (i.e., rum, whisky, gin, vodka).
- People used to drink without eating and generally, drinking ends in intoxication.
- It is socially accepted to drink, but drunkenness is condemned when people don't act graciously.
- There is a tendency to drink at faster rates.
- Once people eat at a party, it is over because people don't drink after eating.
- Social Fridays are regular occasions for drinking.
- Parties are planned on weekends, when people don't have to work.
- Drinking is an adult and virile status symbol.
- Children's birthday parties have been transformed into adult drinking parties.
- Wines and beers are generally associated with women. Men drink rum or other distilled spirits.
- Having a bar at home is a social status symbol.
- Puerto Ricans are very proud of the elaboration of a world-wide, well-recognized rum.
Advertisement of alcoholic beverages is associated with sex, cultural identity and traditions, happiness, economic power, and glamour, thus reinforcing drinking behavior.

- There is a tendency to drink whenever persons are in stress or have some problem.

- Children are being exposed to observing their parents and relatives drink until intoxicated, but for them, drinking is prohibited (Avilés, 1974:8).

These socio-cultural patterns point out the contradictory and often confusing messages and feedback to our people -- particularly to children and women.

4. Trends in Alcohol Consumption in Puerto Rico

The Research Institute of the Department of Addiction Services is the unit responsible for carrying out scientific research aimed at providing reliable data on alcoholism incidence and prevalence. Preliminary analysis of the results obtained in the study, Magnitude and Patterns of Alcohol Consumption in Puerto Rico, shows the following trends in alcohol consumption.

About 1,474,227 Puerto Ricans aged 15 years and over are or have been consumers of alcoholic beverages. This implies that 73.7% of the population who are 15 years or over have consumed alcohol on some occasion. The total number of these people imbibing alcohol today is 956,874. Thus, one of every two persons 15 years or older consumes alcohol.
Accordingly, while about half or 50 percent of the Puerto Rican population are drinkers, this is lower than in the United States where about 70 percent of the adult population have been reported by Cahalan et al. (1969) to drink at least occasionally.

The distribution of sex points out that 583,828 of the alcohol drinking population in Puerto Rico are males while 373,046 are females. The proportion of females to males who used to drink is 2:3. It is observed that the male drinking population begins to taper off at age 50 in contrast to the female segment which does so at 40 years of age.

The classification of drinking types shows that more women (297,872) than men are categorized as occasional drinkers and had initiated their drinking behavior after the age of 17 years, while more men (258,568) than women are classified as heavy drinkers and began to drink at age 17 or earlier.

The heavy drinkers' category is composed of 289,802 persons, of whom 31,243 are females and the rest of them are males. However, these estimates are probably conservative due to the hidden nature of female heavy drinking.

The largest rate of male heavy drinkers belong to the 40-49 age bracket, while the majority of women labeled as heavy drinkers have an average age of 32.7 years (González, 1979).

Puerto Rican males surpass the female drinking rates (i.e., heavy drinking). However, the above-mentioned data point out an increase in
drinking behavior (i.e., occasional drinking among young women). Considering the double standards and the heavier stigmatization toward female drinking behavior, the identification of 31,234 women as heavy drinkers as a population at risk of further deviance should be a matter of concern to researchers and policy makers.

An analysis of indicators revealed that the total consumption of ethyl alcohol in Fiscal Year 1977-78 was of 5,303,400 or 2.40 gallons per person. During Fiscal Year 1978-79, the overall consumption of ethyl alcohol decreased to 5,148,957 or 2.30 gallons per person, but the consumption of distilled spirits was increased from 5,140,083 or 2.31 gallons per person, respectively. The decrease experienced in total absolute alcohol consumed from Fiscal Year 1977-78 to 1978-79 was due to a reduction in light drinks consumption (i.e., beer and wine), and a preference for distilled spirits (i.e., rum, whisky, gin, and vodka). This consumption pattern is a very significant one for an Island with an area of 100 miles in length by 35 miles in width with a total population of approximately 3.5 million. This represents a consumption pattern of 2.30 gallons per capita (Vital Statistics, 1979).

Puerto Rico falls in tenth position in total alcohol consumption when ranked with other countries. However, the Island ranks first in the world in per capita consumption of ethyl alcohol, followed by France and the United States (Combined Plan D.S.C.A., 1980-81:231).
In Fiscal Year 1979-80, there were a total of 27,402 businesses licensed to sell alcoholic beverages. Considering that Puerto Rico has 3,425 square miles, there was an average of eight businesses that sold alcoholic beverages per each square mile.

The Department of Treasury collected 144 million dollars in excise taxes on liquor during Fiscal Year 1980-81, and has estimated that 172 million dollars will be collected in Fiscal Year 1981-82 (El Mundo, March 6, 1981:2).

The relation between alcohol consumption and traffic fatalities has been documented in the study, The Problem Drinkers and Traffic Fatalities in Puerto Rico - 1976, conducted by Dr. Sidney Kaye. Among the findings of this study, the following were the most relevant.

(1) Males outnumbered females by 26:1 in auto-related fatalities;

(2) From 80 drivers tested for blood alcohol level, 44 of them yielded positive results;

(3) Weekend accidents (i.e., Saturday-Sunday) were proportionally higher (e.g., 2:1) than the other days of the week; and,

(4) Seventy-eight percent of people having accidents were above 0.10 gm/dl and 62 percent were above 0.15 gm/dl.

During the past eight years, traffic accidents related to alcohol have continued to be the tenth leading cause of death. In 1976, there were a total of 512 traffic deaths, and in 1979, the number increased to 549 deaths.
Furthermore, in Fiscal Year 1978-79, a total of 9,258 persons were arrested for driving in a state of drunkenness. However, distribution by sex of offender is unknown (Highway Safety Plan, 1979).


Puerto Rico's public policy on alcohol abuse and alcoholism have been formulated through federal and local legislation.

At the federal level, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 (P.L. 91-616) as amended through (P.L. 93-282 and P.L. 94-371) created the National Institute on Alcohol Abuse and Alcoholism (N.I.A.A.A.) as a separate component. At present, N.I.A.A.A. is the federal agency responsible for funding programs directed toward the prevention and treatment of alcohol abuse and alcoholism. It is operated under the direct supervision of the Department of Health and Human Services (H.S.S.).

This federal legislation also included a Section which authorized special grants to those states that adopted the Uniform Alcoholism and Intoxication Treatment Act of 1971 or substantially similar legislation as recommended by the National Conference on Uniform State Laws. This bill was intended to remove public drunkenness from the criminal code by placing it in the health domain where people with alcohol problems could receive treatment services. The decriminalization of alcoholic behavior and its rechanneling into treatment centers challenged traditional values of the
American society by introducing the view that alcoholics were sick people who needed help, rather than criminals (Reiger, 1979). A provision was made in the Act to protect the rights of alcoholics for not being discriminated against in admission procedures at hospitals. Federally-funded agencies are at risk of losing monies if it is proven that the institution has discriminated against alcoholics.

In spite of the fact that Puerto Rico did not adopt the Uniform Act as such, local government officials presented a plan to N.I.A.A.A. officials which documented that a substantially equivalent legislation existed on the Island with the approval of Law No. 60 of 1973. On this basis, benefits of the Uniform Act were extended to Puerto Rico, which additionally to other provisions authorized under (P.L. 94-371) have constituted the most important funding source for the planning and implementation of services for alcohol-related problems.

The other instigation force in the alcohol area is local legislation. With the enactment of Law No. 60 of May 1973, as amended, known as the Organic Law of the Department of Addiction Services, a government executive department was created. It is under the direct supervision of the Secretary of Addiction Services appointed by the Governor of Puerto Rico with the advice and consent of the Senate. Directed integration was mandated for drug and alcoholism services. As a consequence, these programs were transferred from the Mental Health Division of the Department of Public Health. Also the functions, facilities, powers and programs associated
with the drug and alcohol problems were removed from the Department of Education (preventive services); Department of Social Services (with the exception of the Program of Vocational Rehabilitation); and the Department of Justice.

The Department of Addiction Services is the legally designated Single State Agency with the overall responsibility and ultimate accountability for the planning of drug and alcoholism services for the Commonwealth of Puerto Rico. It is responsible for the administration of State Alcoholism and Federal formula grant funds.

The Commonwealth of Puerto Rico public policy on alcoholism, which guides the performance of the Department of Addiction Services, is directed to reduce the incidence and prevalence of alcohol abuse by means of developing effective prevention, treatment, and rehabilitation programs. Its effort is to promote, restore, and maintain the psychosocial well-being of the Puerto Rican society.

This major policy formulation is stated in Law No. 60 of May 30, 1973:3, which included:

"... prevention, care, relief and solution of the problems of addiction to narcotic drugs, dependence on depressant or stimulant drugs and alcohol is aimed to the promotion, conservation, and restoration of the psychosocial health of Puerto Ricans. The Department shall study these problems, design an action plan and programs for these prevention through interrelationships between the affected individuals, their families and the community, to diagnose, treat and rehabilitate the affected persons and for scientific research. Said action plan shall follow and respond to
the public policy that the person addicted to narcotics, dependent on depressant or stimulant drugs, or the alcoholic, is a sick person and must be offered treatment, rehabilitation, and orientation that enable him to become a useful citizen and prevent him from becoming a danger or threat to the public safety."

As a psychosocial problem, alcoholism is conceptualized as affecting the family and society in general. An alcoholic is defined in the Act as:

"every person who habitually or repeatedly consumes alcohol or intoxicating beverages more than usual, according to the social and dietetic use of the community and so endangers, intervenes or weakens his health, his personal interrelationships or self control regarding its use and consumption" (Article No. 24:30).

The Department of Addiction Services has classified alcohol misuse and abuse as a biopsychosocial health problem, and alcoholism as:

"a behavior disorder encompassing multiple etiological factors such as -- psychological, sociocultural, and physiological. It shows itself as a chronic behavior disorder. Due to the amount of alcohol use it is damaging to the individual's social functioning and to his physical and mental health. It is characterized by a loss of control, once the individual starts drinking alcoholic beverages (the individual starts to lose his capacity to decide the amount of intake once he starts drinking), by a progressive tendency and by its continuous relapses" (Annual Update, F.Y. 1977-78:224).

Although the preference has been to define alcoholism from a medical perspective, there is increased recognition to the inputs of the learning, labeling, and symbolic interactionist perspectives in giving a comprehensive view of the alcoholic individual and his or her family functioning.
6. Drinking and Family Relations

Parsons et al. (1955) have proposed as basic tasks of the nuclear family: (1) the nurturing and socialization of children, and (2) the stabilization of adult personalities.

Bell et al. (1968) have postulated that the nuclear family exists whenever a society explicitly recognizes the positions or statuses of mother, father, and children. The interaction of these statuses is the basis for family behavior. For these authors, the family as a social system develops internal and external patterns of relationships. In the former, interaction is directed among family structural components in dealing with functional problems such as: enactment of roles, family leadership, integrity and solidarity, and sustaining a value system to guide role performance. In the latter, the family exchanges mostly with four external social systems of the larger society: economy, polity, community, and value system. Because the family is in continuous interaction with itself as well as with other social systems, the individual is perceived as a product of his innate inheritance, his family influences, and society's measure of him and his family.

Each family has expectations, tacit or spoken, with regard to each member's role performance (Turner, 1970). A clear differentiation of one's roles in the family structure gives each person an anchorage point within the system, a sense of identity, and an understanding of their social functioning.
The social functioning as a concept refers to "those activities considered basic and essential for the performance of the several roles which each individual, by virtue of its membership in social groups, is called upon to carry out" (Boehm, 1958:8). The individual has roles in social groups related to such social systems as the family, the school, work, and neighborhood, among others. These roles are the enactment of the various statuses or positions occupied by the individual in society (i.e., father-mother; daughter-son; employee-employer; teacher-student).

Because role performance requires reciprocal activities, role performance falls short whenever interaction is shut down.

In a family, each member has particular tasks related to the status occupied by them and to the roles they perform for family functioning. In a family, the marital status is associated with the positions of husband and wife, and the task assigned is to love and support each other. The parental status is related to the father and mother roles, and the main task is child-rearing. The family status assigns the role of family member to each participant and its main task is to identify and promote the group harmony (Bredemeier et al., 1962).

When people live together for a period of time, they develop patterns of behavior toward each other. In our culture, the dyadic relation (husband-wife) plays an important role in shaping family functioning. When communication (verbal and affective) is established among the family members, each
of them can clearly define his or her position in the unit which facilitates their role performance. When the principal dyad (husband-wife) is impaired by the presence of alcoholism, a chain reaction is observed in family members.

Alcoholism as a persistent and pervasive force within and outside the family, interferes with the ability of the unit to fulfill its basic functions.

In the family with an alcoholic mother, the husband and children soon learn that they cannot expect the usual behavior from her, in terms of consistency of roles. This provokes different feelings among family members -- frustration, anger, and sadness. Also, the alcoholic mother is affected as she feels guilty after every drinking episode (Hornik, 1977).

In families where the mother is the alcoholic, it is more difficult for the husband to take over her responsibilities, as has been observed and studied in the wife of the alcoholic father (Jackson, 1962 and 1963).

In the presence of alcoholism, the couple experiences fewer opportunities for spontaneous sharing, since each is continually on guard toward the other (Gomberg, 1975). Marital relations are impaired and communication becomes ineffective, especially when drinking. The expression of negative feelings with highly judgmental overtones constitute unfruitful efforts to control the deviant drinking behavior.
Growing up with an alcoholic parent has many sociopsychological implications for children. Clinebell (1968:189) has identified four factors that may trigger emotional problems in children of alcoholics:

First, the shift or reversal of the parent role causes confusion and complicates the task of achieving a strong sense of sexual identity;

Second, an inconsistent, unpredictable relationship with the alcoholic parent is emotionally depriving;

Third, the non-alcoholic parent is disturbed and therefore inadequate in parental role; and,

Fourth, the family's increased social isolation interferes with peer relationships and other activities of the children related to their age and interests.

As a consequence, children in families with an alcoholic woman are sometimes prematurely forced into adult roles by having to take care of responsibilities not attuned with their age, interests, and emotional development. In addition, one of the most frequent problems experienced by children is emotional neglect in which their needs are perceived as of having little importance (Langone et al., 1980).

The failure of parents to provide a family atmosphere with less conflict makes children aware of the parent's inept attempts to deal constructively with disagreements.

Among factors pertaining to familial background and psychosocial characteristics in male and female alcoholics, studies have reported that
relatively more women than men alcoholics were reared in families in which problem drinking occurred or have had an alcoholic parent or relative (Sherfey, 1955; Lisansky, 1957; Rathod et al., 1966; Winokur et al., 1968; Curlee, 1970; and Gomberg, 1975). Alcoholism in women as compared to men appeared to be more likely to be linked to psychological stress or to a specific life circumstance (Lisansky, 1957; Fort et al., 1961; Curlee, 1970; Lolli, 1975; Beckman, 1975; and Gomberg, 1976). Also, women alcoholics have been reported as having a lower self-esteem (Lisansky, 1958; Wood et al., 1966; Curlee, 1968; Sclare, 1970; and McLachlan et al., 1976); experiencing more depressions (Noel et al., 1980); and having higher suicidal thoughts (Winokur et al., 1968).

Furthermore, research about the alcoholic family has been generally addressed to family constellations involving an alcoholic husband and a non-alcoholic wife (Jackson, 1954, 1962 and 1963; and Archilla et al., 1968).

Studies of marriages where the alcoholic is the woman are scant. Transferability of knowledge of the relationship of the alcoholic husband and non-alcoholic wife to the non-alcoholic husband and the alcoholic wife seems debatable.

Unfortunately, in Puerto Rico, treatment services for coping with alcohol problems are focused on the alcoholic male. As a consequence,

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1 The only exception is "Casa Girasol," a Women's Halfway House Program which provides a home and therapeutic environment for 15 female alcoholics from the Municipality of San Juan. This program operates with a federal grant under Women Alcoholism Program of the National Institute on Alcohol Abuse and Alcoholism, Department of Health and Human Services.
alcoholic women are underrepresented in treatment services. It is assumed that alcoholism will be functioning the same way for women as it does for men, ignoring their differences.

As anthropologist Margaret Mead (1977:6) noted:

"In the modern American world, women live under different frustrations and face very different pressures. It would be obvious then that the situations in which women become vulnerable to alcoholism are in large measure peculiar to women and that they have special needs that must be met if they are to find their way back to normal living."

Data about alcoholic women's drinking practices and their family social functioning is greatly needed to develop sound and effective programs, as well as to validate existing knowledge in the alcohol field.

7. **Purpose of Study**

The issues posed by this study were formulated into the following major question:

Is the social context of drinking pattern different for Puerto Rican male and female alcoholics, and how does it affect their family social functioning?

Accordingly, the major purpose of this study was to obtain quantitative and qualitative data in order to determine if there were significant differences between the social context of drinking patterns in male and female alcoholics and how did they affect their family social functioning in the following areas:
1. marital relations
2. parent-child relations
3. fraternal relations

Other specific purposes of this study were:

1. To determine and compare male and female alcoholics' demographic characteristics in terms of:
   - age
   - school completed
   - occupation
   - employment status
   - income

2. To determine and compare the social context of drinking patterns in male and female alcoholics considering the following factors:
   - type of beverage, frequency, and quantity of use.
   - age in which drinking was initiated
   - motive, place, occasions and circumstances for drinking
   - duration of its use
   - behavior when drinking (immediate consequences)
   - health
   - legal (arrest)
   - marital
   - economic
3. To determine and compare the family characteristics of male and female alcoholics in terms of:
   - number of children
   - place of residence
   - religion
   - recreational activities

4. To determine and compare the interaction of male and female alcoholics in the area of marital relations considering the following aspects:
   - antecedents of the marital relation (how they met, decision to get married, parental attitudes toward their marriage, residence at that time, separations and sexual relations)
   - actual functioning (temperament, source of disagreement, decision-making, relation of alcoholism to actual sexual behavior)

5. To determine and compare the family interaction of male and female alcoholics in the area of parent-child relations considering the following aspects:
   - type of relation of both parents with children
   - attitude of children toward each parent
   - functions of parents around children's needs
   - behavior exhibited by children
6. To determine and compare the family interactions of male and female alcoholics in the area of fraternal relations in terms of:
   - activities among children
   - social climate in children's relations

7. To compare the responses of male and female alcoholics to treatment services.

8. **Research Questions**

   The study raised some particular and very specific questions:

   1. Is the onset of women's drinking related to an earlier disruptive familiar experience?

   2. Are female alcoholics more likely than men to have relatives (i.e., parents and siblings) with drinking problems?

   3. Do women alcoholics initiate drinking later in life than male alcoholics? Do they feel more rejected than males for their drinking?

   4. Do women alcoholics exhibit more solitary drinking practices than males? Is women's role as housewife related to their solitary drinking practices?

   5. Do depressions encourage women more than men to resort to drinking?

   6. Do years of drinking, amount and frequency of alcohol consumption negatively affect sexual relations more in males than in female alcoholics?
7. Have men alcoholics been arrested by police more times than females?

8. Do men alcoholic families have more economic problems than families of female alcoholics?

9. Have female alcoholic families experienced more separations than male alcoholic families?

10. Are parent-child relations more negatively affected in female alcoholic families than in male alcoholic families?

11. Are there any differences in the relations among children in families where the alcoholic is the mother or where it is the father?

12. Are there any differences in the behavior exhibited by children of alcoholic males and females?

9. **Significance of the Research**

Drinking has been traditionally and culturally a prescribed and accepted male behavior.

Differential attitudes toward the drinking practices of women and men are quite old. The lawbooks of ancient Rome included a statute ordering the death penalty by stoning or starvation for women who drank alcohol and who were adulterous. The law clearly reflected certain societal attitudes about women and alcohol. For women, drinking and immorality went hand in hand. Female drinking was considered intolerable enough to be punished by death. This law was enforced throughout ancient Rome (McKinlay, 1959).
Laws and attitudes toward the drinking woman have been gradually changing. Contemporary society faces the issue of women and alcohol from a more humanitarian and sophisticated standpoint since civil liberties have attempted to protect women from open discrimination.

However, underlying attitudes are revealed through a common practice which assumes that alcoholism would affect women the same way as it does men. In the United States, several studies have invalidated this assumption (Lisansky, 1957 and 1958; Wood et al., 1966; Winokur et al., 1968; Curlee, 1968 and 1970; Wanberg et al., 1970; Sclare, 1970; Rimmer et al., 1971; Edwards et al., 1972; Beckman, 1975; James, 1975; Jones, 1975; Lester, 1975; Lolli, 1975; MacLachlan et al., 1976; Gomberg, 1978 and 1979; and Noel et al., 1980).

In Puerto Rico, there are no studies geared to the understanding of the social context of drinking and how it affects the family social functioning of alcoholic women as compared to men.

The linkage between women's drinking practices and their family social functioning is an important one because the Puerto Rican culture, by tradition, has ascribed centrality to the status 'mother' as a key factor in family interaction.

In the presence of an alcoholic mother, the family initially manages itself to deal with the first signs of her drinking behavior. As alcoholic drinking continues, there are physical reactions and conflictive behaviors
that increase family dissatisfaction and disturb the smooth functioning of the marital and children sub-systems as essential components of the family system.

Furthermore, social policies and existent service delivery structures and programs do not directly address the needs of the alcoholic woman and her family.

In our democratic way of living, we must assure to all human beings real opportunities to cope with their various needs and problems. Social work as well as other human service professions are committed to this same principle. We must face the fact that the Puerto Rican alcoholic woman and her family have been somewhat neglected by policy makers and researchers. Behind her, there are other human beings affected (i.e., husband, children, relatives).

It is expected that this study will contribute along the following lines:

1. To determine the particular legislation that is needed to deal more comprehensively and effectively with alcoholic women and their families.

2. To provide qualitative data about the family dynamics of married alcoholic females living with a non-alcoholic husband and non-alcoholic children, as compared to alcoholic males having these same variables. Data obtained in this study will be introduced in theoretical and practice teaching courses in the education of social workers and other human service professionals.
3. To provide information about how male and female alcoholics evaluate actual services as a baseline for making revisions at programmatic levels.
CHAPTER II

REVIEW OF LITERATURE

In this study, the drinking patterns and the family social functioning were selected as the two central variables to explain whether to social context of drinking patterns were different for male and female alcoholics, and how it affected their family social functioning.

An analysis of the literature in the alcohol field revealed that studies about drinking patterns have been focused along two dimensions: epidemiological research and clinical research.

Epidemiological research on alcohol has been basically concerned with determining the extent and distribution of drinking among different segments of the general population. In contrast, clinical research has been essentially interested in studying particular segments of the drinking population, who have been diagnosed as alcoholics at the institutional level.

On the other hand, the studies about family social functioning and alcohol related problems are clinically oriented, utilize diverse theoretical frameworks, and are directed toward institutionalized or diagnosed alcoholics. Furthermore, some of these studies address the family constellation while others circumscribe themselves to specific subsystems of the family system (i.e., alcoholic mother or father, spouses or children).
1. **Studies About Drinking Patterns**

Epidemiological studies of drinking patterns were initiated in the United States in the middle forties, gained impetus in the sixties, and became prominent in the last decade up to the present time.

In Puerto Rico there has been a paucity on epidemiological research. Only until recently has the Commonwealth of Puerto Rico, through the Department of Addiction Services, begun to determine the extent and the distribution of drinking practices among its population.

Of most importance to this study are the works of Riley and Marden (1946); Maxwell (1952); Mulford et al. (1960); Knupfer (1964); González (1979); Ullman (1953, 1957 and 1962); Cahalan et al. (1968, 1969 and 1970); and Fillmore (1974).

Among clinical research on drinking practices, the investigations conducted by Wall (1936 and 1937); Lisansky (1957); Bailey et al. (1965); Jones (1968 and 1971); Garret et al. (1973); James (1975); García (1975); Bromet et al. (1976); Waller et al. (1978); Beckman et al. (1980); Beckman (1979); and Corrigan (1980) are the most relevant ones to the purposes of this research.

The first national scientific investigation of the social patterning of alcoholic drinking in the United States was carried out by Riley and Marden in cooperation with the National Opinion Research Center in 1946.

Exploration of the drinking behavior and related attitudes among 2,677 respondents aged 21 years old and over revealed the following
drinking patterns: almost two out of every three adults or 65 percent drank alcoholic beverages; one out of every four drinkers or 17 percent consumed some alcoholic beverage at least three times a week being classified as 'regular drinkers', while 48 percent were occasional drinkers and 35 percent were abstainers; 37 percent drank distilled spirits either exclusively or intermittently with wine or beer; three-fourths of the male population drank compared with 56 percent of the female population; and three times as many men as women were 'regular drinkers'. More men than women (e.g., 90 percent versus 60 percent) began drinking between the ages of 21 to 25 years. Women attained the highest frequency in drinking behavior during the years from 26 to 35 and began to cut down slowly after 45 years, while men began to taper off after age fifty but slower than women.

Riley and Marden posited that the drinking motivation of the true alcoholic was in the nature of an irresistible compulsion as the compulsive desire to drink became the alcoholic's main motivation in life. However, the state of true alcoholism was believed to be preceded by many years of drinking.

Accordingly, the reasons for drinking given by 1,744 or 65 percent of the respondents who drank were categorized into two major divisions:

(1) social reasons, where respondents attributed their drinking mainly to the stimulus of the social situations in which their drinking took place (i.e., sociability, brought up with it, festive occasions), and (2) to individual
reasons, where respondents attributed the main reason to the pleasurable effects or consequences of their drinking (i.e., feel good, like to drink).

Analysis of social and individual reasons by sex groupings showed that women gave social reasons far more frequently (55 percent) than men (33 percent) while more men gave individual reasons for drinking more frequently than women. However, as age class groupings increased there was a tendency for women to give individual rather than social reasons for their drinking. Men consistently gave individual reasons for drinking throughout all age categories.

It was also found that as the frequency of drinking increased, the proportion of individual reasons was greater than the proportion of social reasons for drinking. Sixty-seven percent of occasional drinkers gave social reasons, while 20 percent of daily drinkers claimed to be socially motivated. Furthermore, among both men and women the more frequently the individual drank the greater was the tendency to drink for individual reasons or physical effect rather than for sociability. The relationship between frequency of drinking and motivation was found to be more pronounced among female respondents than among males. A sharp shift from social (51 percent) to individual reasons (70 percent) for drinking was observed in women whose drinking frequency was 3 to 5 times a week than for those women who identified themselves as daily drinkers.
Riley and Marden (1947:267) concluded that, "the increase in drinking among women stands out", as the drinking trend pointed out to a "greater proportional increase in the number of drinkers among women than among men". Accordingly, the analysis of the influence of social and cultural trends upon the incidence of drinking led them to suggest that "the rise in the relative proportion of female drinkers apparently reflects the increasing trend toward the emancipation of women which has been operative in American society throughout this century. Since this trend has not reached its peak, it should operate to increase still further the total proportion of drinkers" (1947:272).

Maxwell (1952), Mulford et al. (1960), and Knupfer et al. (1964) studied the prevalence rates of drinking among various segments of the adult male and female population aged 21 years and over in the states of Washington, Iowa, and California, respectively. Some consistent findings in these studies point to significant differences in drinking practices between the sexes:

1. Women have higher proportions of light drinkers and lower proportions of heavy drinkers than did men.

2. More men (e.g., 19.4 to 29 percent) than women (e.g., 3.2 to 13 percent) were classified as heavy drinkers.

3. The proportion of men typed as heavy drinkers was higher than women in the youngest age class (e.g., 21–25 age bracket), about the same in the 36–45 age class, and had a tendency to decline slowly with advancing age, except for the age category of 46–60 years.
(4) The number of women heavy drinkers reached a peak for the age class of 36-45 years, remained at the same level for the next age bracket, 56-60 years, but rapidly dropped down in the 61 years old and over age category.

(5) Finally, more women did their drinking in homes (i.e., their own homes or friends' homes) in contrast with men.

A commonality between the sexes found in these studies was that heavy drinking was more usual among Catholics than in any other religious denomination.

Mulford (1964), and Cahalan et al. (1968, 1969, 1970 and 1974) conducted a series of studies about American drinking practices. The basic purpose of these studies was to describe the drinking patterns and attitudes toward drinking in the national population and in different social segments representative of the adult household population aged 21 years and over.

Analyses of the drinking trends disclosed by these studies showed that drinking tended to be typical rather than unusual behavior for both men and women in the United States for a prevalence rate which ranged from 68 to 71 percent.

Consistent with Riley's et al. (1946), Maxwell's (1952), and Kupfer's (1964) findings, these studies also found that more men (13 to 21 percent) than women (3 to 5 percent) were classified as heavy drinkers.

Mulford and Cahalan et al. found that heavy drinkers had the tendency to be concentrated in the following population subgroups: males, college
educated, urban regions, Catholics and unspecified Protestants, all social levels, and among the single, divorced and separated persons.

Additionally, the Cahalan study revealed that those respondents whose fathers drank and were from Latin America or the Caribbean had a relatively high proportion of heavy drinking.

Going a step further in their analyses, Cahalan and his associates estimated that roughly about 6.7 million of Americans were considered to be heavy-escape drinkers or people who gave at least two reasons for drinking which implied a desire or effort to escape from problems of living (i.e., drink to relax, forget everything, forget worries, cheer me up, when in bad mood, or when tense or nervous).

Findings related to the escape drinker showed that heavy drinkers who drank for escape reasons were found to be different from other heavy drinkers in a number of ways: they were relatively older, more likely to be of lower ISP (Index of Social Position); held an occupational status as either operatives or semi-skilled workers and service workers, including domestics, and were more pessimistic and alienated in their outlook toward their lives and their futures. Thus, drinking seemed to serve different functions for people in lower and upper status groups as the lower status groups have a lower proportion of drinkers but relatively more heavy escape drinkers.

Ullman (1957, 1962) studied the first drinking experience of 401 men and 397 women college students in order to determine its relationship to the process of alcohol addiction.
Analyses of the data revealed that there were significant differences in the drinking experience in itself and in the feeling about the first drinking experiences between college men and women. Significantly more women recalled their first drinking as compared to men; more men students than women students became in some degree intoxicated at the time of their first drinking experience; and men were more deeply committed to the drinking experience than were female students. Drinking was seen more a part of the male than the female role. Although females succumbed to some pressures to drink, they tended to shrug off such pressures as time went on and became independent in their choice of whether or not to drink. Female students were given their first drink by their parents more often than male students were.

The greatest difference between the sexes was found in the nature of their introduction to alcohol. Women were ego-involved only to the extent of having a drink. Drinking any appreciable quantity of alcohol did not really concern them. For males, drinking was ego-involved to the extent of the intoxicating effects of alcohol. Thus, male drinking tended more to addictive motivation than the female drinking pattern.

Fillmore (1947) conducted an exploratory 20 year follow-up study about drinking in early adulthood as a predictor of problem drinking in middle age. She also intended to offer some insights about the nature of drinking
per se, as identified by quantity and frequency, and to illuminate findings of cross-sectional studies regarding sex differences in drinking patterns.

The findings of the study revealed the following drinking trends and patterns:

1. Early problem drinking was significantly related to later problem drinking over a 20-year span of time.
2. There was a real shift with age toward moderation in regard to quantity of drinking and problem drinking.
3. Quantity and frequency of drinking during middle age were more highly related to problem drinking than during late teens or early twenties.
4. There were differences between men and women in their drinking patterns. The proportion of problem drinkers among women was lower than among men; women on the whole drank less frequently and less in terms of quantity than did the men; and early quantity of drinking was significantly related to later quantity of drinking among men but not among women. According to Fillmore (1974:837) an explanation for this last finding was that, "men tend to 'establish' their drinking patterns early in life in the context of all-male drinking groups whereas women tend to 'establish' their drinking patterns in later life, usually after marriage."

In 1978 the Research Institute of the Department of Addiction Services began the first island-wide study about the magnitude and consumption patterns
of alcohol use in Puerto Rico. The purposes of the study were to determine what proportion of the Puerto Rican population were alcohol consumers, and to explore their drinking practices (i.e., type and frequency of beverage consumed, quantity per occasion, and the social context of drinking).

The data gathered revealed the following drinking patterns: for each Puerto Rican at least 15 years of age who had never consumed alcoholic beverages there were two who had; the largest rate of alcohol consumers (e.g., 581.9 per each 1,000 inhabitants) were between 20 to 29 years old; three out of every ten alcohol consumers were classified as heavy drinkers with the greatest rate in the 40 to 49 age bracket; and the majority of Puerto Ricans from both sexes preferred to drink beverages with high ethyl alcohol content, with the only exception being the 15 to 19 years old male category who preferred beverages with low alcohol content (i.e., beer and cider).

With regard to the social context of drinking it was found that younger people, 15 to 19 years old, from both sexes preferred to consume alcoholic beverages in first instance at their friends homes while their second choice was to drink at public places. However, analyses by sex revealed that the majority of men or 64.8 percent preferred to drink at public places in contrast to women from all age categories who used to drink at their homes or at the homes of some relatives.

The study concluded that the "consumption of alcoholic beverages in Puerto Rico is definitively a problem of great concern since three out of
every four Puerto Rican males and females consume alcohol. Accordingly, the problem of alcohol consumption attain greater relevance due to the fact that it is concentrated in young age categories. The evidence obtained shows that 30 percent of all alcohol consumers develop heavy drinking practices. Furthermore, the female heavy drinker is concentrated in a proportion of 6:1 in the age group between 15 to 39 years. During these years more demands are placed upon her as mother, wife, citizen, and worker" (González, 1979:4).

An overall assessment of the aforementioned epidemiological studies about American and Puerto Rican drinking practices point out that the proportion of women who drink is increasing.

On the clinical realm, Wall's (1936 and 1937) studies of drinking practices in both sexes constitute a breakthrough in the alcohol field. He studied the drinking patterns and psychosocial characteristics of 100 men and 50 women who were patients in the Bloomingdale Hospital in New York at different times between 1920 and 1933.

The findings of these studies revealed that the average age in which women began their drinking was 28 years, while for men it was 18 years. The average age on admission for the men was 38 years; for the women, 41 years. Among men, the average duration of the drinking habits previous to admission was 20 years; among the women, 13 years.

The familial background of these subjects showed that half of the women alcoholics had alcoholic individuals in the two preceding generations.
The parents were incompatible and contributed much toward an unwholesome environment. No unusual parental attachments were revealed in the women in contrast to the strong mother attachment found in 37 of the men.

Women who began to drink before the age of 20 used alcohol from the first as an escape from unpleasant feelings and situations. Their excessive drinking did not grow out of the ordinary type of social indulgence, but from a definite personal problem. On the other hand, the excessive drinking in those women who began in the third and fourth decades of life was found to be preceded by a period of moderate social type drinking.

Wall concluded that alcoholism in men and women presented a composite picture with a particular set of features. However, he found that both sexes have in common a narcissistic type of personality showing an increasing inability to adjust to reality and adult responsibility. Accordingly, "alcohol offers an escape to the blissful state of infantile omnipotence" (Wall, 1937:952).

Lisansky (1957) studied the sociopsychological background and drinking behavior of 46 alcoholic women and 55 alcoholic men who were voluntary patients at an outpatient clinic, and of 37 committed alcoholic women to the Connecticut Farm and Prison for Women.

Findings of this study indicated that: (1) alcoholism occurred more often in the families of women than men alcoholics; (2) alcoholic women had a shorter history of alcoholism; (3) drank alone; (4) preferred wine;
(5) fewer women had been arrested or hospitalized in a mental institution; and (6) women seemed to have a good degree of social integration.

Bailey et al. (1965) conducted a study of the sociocultural background data and the drinking practices of 1,058 members of Alcoholics Anonymous Fellowship in New York.

The sociocultural characteristics of the subjects showed the sex ratio was 2.2 men for each woman; women tended to be more concentrated in the 40 to 49 age bracket while there were somewhat more men over 50; and more than one-third of the women were housewives.

Subjects' early drinking history revealed that women began drinking later than men, but both sexes reported an average of 8.8 years of social drinking before they experienced any trouble with alcohol. Nervousness, loneliness and family problems were reported as the most frequent reasons for drinking.

Contrary to expectations, the prevalence of alcoholism symptoms (i.e., blackouts, hallucinations, shakes, convulsions) did not increase in relation to the duration of alcoholism, and in fact, showed a tendency to decrease. Bailey et al. (1965:17) commented that, "apparently if these symptoms are going to occur, they appear fairly early and a continuing course of active alcoholism does not increase their incidence. On the contrary, absence of these symptoms have played some role in deferring the search for help. Blackouts and 'the shakes' were each reported by approximately three-quarters
of the participants, hallucinations by a little less than one-quarter, and alcoholic convulsions by approximately one-tenth. Only cirrhosis of the liver showed an increase in prevalence related to the duration of active drinking."

Arrests for offenses related to drinking increased with the duration of alcoholism, although Bailey and her associates considered that this finding was probably a reflection of the low socio-economic status of the group with a long course of active alcoholism.

Jones (1968 and 1971), using a longitudinal sample, the Oakland Growth Study, explored the personality correlates and antecedents of adult male and female alcoholic-related behavior.

The study posited that although the pattern of alcohol-related behavior was presumably acquired in adulthood, it was quite likely that attitudes and motives associated with drinking and not drinking had their beginnings in the formative years. A sample of 100 boys and girls from age 10½ were studied up through until they reached 43 years of age.

Subjects' background data indicated that more women than men had their first taste of alcohol under approved circumstances, usually in the family setting. There was some evidence from case histories that the effect of parental drinking was greater on children of the opposite sex. Since more fathers than mothers were reported to have drinking problems, the father-daughter link was found more frequently.
Women problem drinkers were found to be self-defeating, having fewer interests, and were unable to relax. In contrast, male problem drinkers were impulsive, extrovertive, overconcerned with masculinity and the male role, overdependent, and very hostile.

Garret et al. (1973) studied the drinking patterns and histories of 199 homeless men and 52 homeless women alcoholics of the Skid Row subculture in the Bowery District of New York in 1969.

Findings revealed that demographically, homeless women differed from homeless men in many ways: they were somewhat younger (mean age 47.1 years) than men (mean age 54.0 years); although both groups at the time of data collection were maritally unattached, substantially more women (77%) than men (47%) had been married at least once; more men (53%) were reported as Catholics compared to women (35%); and in spite of the fact that both samples were heavily concentrated in low-income categories, more women (89%) reported an average monthly income less than $100.00 in the year preceding the study, compared with 43 percent of the men.

Contrary to expectations, men were more likely than women to underestimate the extent of their drinking pattern and to view it as being less deviant than it really was.

An analysis of the drinking context showed that 50 percent of the homeless women considered themselves as solitary drinkers compared to 36 percent of the men who said they were solitary drinkers. The majority
of the homeless men, or 54 percent, reported they drank primarily in the company of others. Furthermore, a separate analysis of heavy drinkers in the two samples disclosed that significantly more women than men, or 65 percent versus 26 percent, were found to be solitary drinkers. Thus the drinking patterns of the homeless men classified as heavy drinkers were normally more group oriented and their drinking patterns tended to promote social contacts with other men. Among homeless women, the opposite drinking pattern emerged: drinking was a solitary occasion, removing them further from group experiences and increasing their isolation.

With regard to the drinking history, it was found that most women took their first drink at the age of 19 or 20. The mean age for the women was 19.2 years, while the mean age among the women heavy drinkers was 21.9 years. Data on the age of first drinking experience were not obtained from homeless men, but information from other studies provide a basis for comparison. These studies locate the age of men's first drink in early and mid-adolescent years, while other studies of male excessive drinkers show a mean age which ranges from 15 to 17 years. Available evidence tends to indicate that women usually begin their drinking later than men. This may be due to men's exposure to drinking first because of a more receptive cultural pattern toward their drinking.

James (1975) studied the drinking history and symptoms of 89 alcoholic women members of Alcoholics Anonymous. The study sought to establish
symptoms of alcoholism in women and to arrange them into stages replicating Jellinek's alcoholism symptomatology and phaseology scheme for men.

Features of an averaged life pattern of these women revealed that they were, on the average, 45 years of age (range 27-73); had their first taste of alcohol at 14 (range 2-29); began social drinking at 20 (range 11-44); presented first problem because of alcohol at age 28 (range 13-47); had their first memory blackout at 30.5 years of age (range 13-25); and identified suspicion that alcoholism was the problem at age 31 (range 10-48).

In spite of recognizing alcohol problems, almost all of the subjects continued drinking, with some periods of abstinence and some efforts to control, for an average of 11 years until they reached an average age of 42 years (range 25-62).

The study revealed that several behaviors appeared to occur in different stages in women and men alcoholics. The most significant of these differences were that women alcoholics experienced memory blackouts later than men; found unexplained bodily bruises; were permissive with their children because of their guilty feelings; and carried liquor in their purses. In contrast, alcoholic men sneak ed and gulped drinks earlier than women; exhibited flashes of aggressiveness; experienced a decrease in sexual desire; had quit or lost their jobs; and exhibited alcoholic jealousy.

García (1975) conducted a study about the social characteristics of 79 alcoholic men and 18 alcoholic women who held their residence in the Area of Model City at the Municipality of San Juan, Puerto Rico.
The majority of the alcoholics studied had a mean age of 45 years; were legally married; with an average family composition of four members; their occupational status was of semi-skilled workers, but they were unemployed; and they identified themselves as Catholics, but did not practice their religion.

Subjects' drinking practices showed that 22 of them used to drink alcohol while they were in elementary school, thus initiating alcohol use very early in life.

An interesting finding of the study was that while parents approved habitual drinking patterns when subjects were 18 years and over, they rejected the subjects' initiation in alcohol use at early ages. This reflects the ritualistic function that alcohol serves in society as a rite of passage into adulthood.

Subjects ingested their first drink under the influence of their family or friends, at an average age of 19 years old, during a party or family celebration, and the most frequent beverage consumed was "pitorro," a homemade domestic rum with a high percentage of ethyl alcohol. As the majority of these subjects were older, there was a tendency to have friends who drank alcohol on some occasion (e.g., occasional drinkers). At the age of 22 years old, the majority of the subjects studied began to use alcohol in a regular usage, varying from one day weekly to every day. The principal reason or motive why they drank was for pleasure. However, the majority of them
held the opinion that people drank to forget or avoid problems, as well as to reduce tension and to feel free to express their hostility or annoyance. Subjects accepted that their drinking caused them and to their families problems, but recognized drinking helped them to relax, to feel more confident, and to forget problems. Some subjects felt that they solved family and/or personal problems by drinking, but most of them were induced to drink by their friends. Rum was the alcoholic beverage most preferred by respondents as they consumed a quarter liter daily in company of friends and at bars. Subjects also reported combining rum and whisky when they wanted to get drunk faster whenever they had family problems.

Children of alcoholics reacted with disgust, shame, nervousness or uneasiness toward their alcoholic parent, while the alcoholic parent reacted in a favorable way toward their children (i.e., kept quiet or went to bed).

Approximately half of the alcoholics studied had been charged with some offense, and the majority of them had committed more than two offenses.

The major methodological limitation of the study consisted of the fact that the data gathered was not representative of San Juan's alcoholic population. The data also was not analyzed by sex, but was lumped together, thus reflecting males' characteristics which were predominant in the sampled population.
Bromet et al. (1976) conducted a study to examine whether the characteristics differentiating male and female alcoholics represented genuine sex differences or belonged more directly to marital status.

Four groups of women and men alcoholics were compared (i.e., married and unmarried men, and married and unmarried women) and three dimensions were investigated: (1) personal background characteristics; (2) psychological symptoms; and (3) drinking patterns and medication use. Under these three dimensions, eight variables were grouped.

Analyses of personal background variables in the 392 subjects studied revealed there were significant sex differences on five of the eight variables surveyed. Compared with men alcoholics, women were significantly older when they first drank and when they first drank to get drunk; had fewer arrests; and a larger proportion reported that their mothers and husbands were or had been heavy drinkers.

No sex differences in psychological functioning were found.

Sex differences were obtained in five of the eight variables of the drinking patterns and medication use variable. Women alcoholics drank less distilled spirits, and less frequently reported drinking at work, with friends, or as part of a gang.

Marital status did not discriminate drinking patterns. Thus in this third dimension, sex was found to be more closely associated with differential drinking patterns than was marital status.
The study concluded that men and women alcoholics had unique personal background characteristics and drinking patterns, even when marital status was controlled. The basic explanation given by Bromet and her associates for these observed sex differences was that they reflect normal sex role socialization patterns.

Waller et al. (1978) compared 101 men and 36 women alcoholics on a crucial number of variables pertaining to: (1) first drinking experiences; (2) attitudes toward alcohol; (3) drinking patterns; (4) personality factors; (5) social relationships; and (6) consequences of drinking. The basic hypothesis of the study was that there would be statistically significant differences between the sexes in these six areas.

Findings revealed that approximately one-quarter of both sexes reported they usually drank alone, with men being slightly more likely than women to report this pattern. The largest group of men considered their wives to be the most important persons in their lives, while for women the children occupied this position.

Basic differences between the sexes were higher separations or divorce rates among women, and men alcoholics having more difficulties in breaking ties with their parents and in strengthening ties with other adults.

Although men and women alcoholics considered their drinking a problem for virtually the same reasons, men alcoholics faced a greater number
of social complications as a result of their alcohol abuse, such as failure to hold a job, and failure to meet family needs or other obligations. However, regardless of the number of social consequences, both sexes perceived the problematic nature of their drinking to be the negative influence it had on their self-esteem, self respect, and on their sense of identity.

Beckman et al. (1980) studied 'self-esteem' and 'sex-role conflict' as two main personality dimensions in 120 men and women alcoholics, and approximately the same number of treatment and normal control groups.

The study found that alcoholic women scored higher on alienation, neuroticism, and anxiety than normal women. Women alcoholics scored lower on self-esteem than men alcoholics, and were less sex-role traditional than were men alcoholics. Women alcoholics also showed a more disruptive home environment during childhood than non-alcoholic women, as evidenced by a greater likelihood of having at least one alcoholic parent.

Beckman (1979) studied whether drinking had different effects on the sexual desires, enjoyment, and practices of women and men alcoholics based on their perceptions and feelings of sexuality when drinking and not drinking.

A sample was drawn from four types of treatment facilities in Southern California which consisted of 120 women alcoholics, 120 men alcoholics, and 119 non-alcoholic women considered as "normal controls".

Beckman found that women alcoholics were more likely than normal and treatment controls to report that they desire intercourse most when
drinking, enjoyed it most when drinking, and were most likely to engage in intercourse when drinking. It seemed that the greater desire for, enjoyment of, and reported frequency of sexual relations after drinking were more characteristic of alcoholism than other types of psychopathology, and emotional and psychiatric disorders in women.

Comparison of the responses of men and women alcoholics tended to support these contentions since women and men did not differ significantly in the percentage who desired intercourse most when drinking, enjoyed it when drinking, or had intercourse most often when drinking. However, women alcoholics were more likely than men to express that they engaged in sexual behavior most when drinking heavily. This tendency was also observed when compared to non-alcoholic women.

Corrigan (1980) investigated the consequences of drinking for 150 urban and suburban women alcoholics.

The findings of the study revealed that the majority of the women interviewed were over the age of 30 years, with an average of 41 years, most of whom were high school graduates or have had graduate training. Most of the women had been married, and two-fifths of those who did marry were separated or divorced.

On the drinking related problems, the study showed that almost two-thirds of the women subjects reported imbibing an average of twelve drinks daily; three-fourths reported having blackouts; more than two-thirds reported that their hands shook; and two-fifths of them have had hallucinations.
It was found that women alcoholics started their drinking later in life than men, but there seemed to be a shortened period for the development of alcoholism. Throughout the literature and research in the alcohol field, this is a consistent finding (Lisansky, 1957; Curlee, 1970; Wanberg et al., 1970; Cahalan, 1970; Beckman, 1975; and Gomberg, 1979).

Women waited an average of six years before they sought treatment once they became aware of their drinking problem. A period of heavy drinking preceded women's seeking services as many of them have suffered injuries when drinking, as a result of falls which required hospitalization.

Finally, there were no differences between urban and suburban women, professional and non-professional women, nor according to marital status, race or religion. The only difference found was in regard to younger women. Those women under 30 years were more likely to seek help after a shorter period of time than those over 30 years.

2. **Studies Related to the Family Social Functioning and Alcohol Problems**

Studies geared to the understanding of the family social functioning of alcoholic women are very limited. The hidden nature of alcoholism in women and the harsher societal reaction to their alcohol problems, in contrast to that exhibited towards men, accounts for the scarcity of research. As a result, there has been a tendency to study alcoholic men and their families. However, a detailed search on available literature revealed that
in Puerto Rico, as well as in the United States, there have been some research efforts aimed to yield knowledge about the alcoholic woman and her family social functioning as a whole or in some of its subsystems (Archilla et al., 1968; Chafetz et al., 1971; Aldarondo et al., 1974; Cannela et al., 1976; and González et al., 1977).

Archilla et al. (1968) studied the sociodemographic characteristics and the family social functioning of 61 male and 9 female Puerto Rican alcoholics undergoing treatment in an Alcoholism Treatment Program at Rio Piedras. Seven areas of the family social functioning were explored by using the Social Functioning Scale of Geismar et al. (1959).

Although the study was more oriented toward men alcoholics, it is possible to extract points of comparison between the sexes from the data.

Findings revealed that the majority of women alcoholics were between the ages of 27 and 50 years old, in contrast with the men whose ages ranged from 27 to 68 years old. The most frequent occupation held by alcoholic men was related to the category of skilled worker, while the majority of women were housewives.

Women alcoholics reported a higher incidence of alcoholism among their fathers and male siblings. For men alcoholics, the familial incidence of alcoholism surpassed nuclear family relationship ties as to include the extended family network (i.e., grandfather, grandmother, aunt).
Analyses of social functioning variables showed that about half of the women alcoholics were negatively affected in their role as housewives, although they were still regarded responsible for the household tasks as it was the case of the wives of alcoholic men.

Marital relationships disclosed that families of alcoholic women have had more separations than the families of alcoholic men. The majority of the male subjects reported their excessive use of alcohol had negatively affected their sexual relationships (i.e., impotency, desire to sleep). The majority of the husbands of alcoholic women informed that they did not have sexual problems with their alcoholic wives. However, seven alcoholic women reported having problems in the area of sexual relations, but did not specify the type of problem.

Children of alcoholic men were negatively affected when the father came drunk to the house. No data was collected about how children of alcoholic mothers, most of whom were housewives, were affected. It was also found that fraternal relationships remained strong in the presence of an alcoholic parent.

Chafetz et al. (1971) conducted an exploratory study to compare the personal and familial characteristics of 100 children from families with or without an alcoholic parent seen in the Children Psychiatry Clinic of the Massachusetts General Hospital between 1959 and 1967. Upon pediatric examination, these children were considered to have a major emotional component as a complicating or primary aspect of their condition.
Eight indicators of structure and stability in the family were investigated: (1) presence of parent in the home; (2) relationship between parents; (3) source of income; (4) employment of the mother; (5) extended separation from parent; (6) the child's serious illness or accident; (7) school problems; and (8) problems with police or courts.

The study revealed that alcoholic families in contrast with non-alcoholic families exhibited higher marital instability, as indicated by separation and divorce; a significantly larger proportion reported poor relationships between parents; fewer of the fathers were the sole income source; and had a lower weekly income.

Children in families with an alcoholic parent were much more likely than children in families with a non-alcoholic parent to have experienced a prolonged separation from one of their parents by the time he or she reached mid-adolescence; to exhibit more serious illnesses or suffer accidents during infancy and childhood; and to report more school problems, as well as problems with police or courts at adolescence.

Analyses of the categorization of children's presenting complaints (i.e., aggression, school, bodily states, mental states, eliminative functions, sex, sleep, and food and eating) based on parental complaints lead Chafetz et al. (1971:695–656) to point out that children from non-alcoholic families tended to somatize their conflicts more often than children from families with an alcoholic parent, but that the latter tended to be more prone to externalization of conflict. These dissimilarities between the groups indicate
that there were distinct and deleterious social consequences to being a child of an alcoholic parent. The major dissimilarity was related to the effect parental alcoholism had on the functioning of the family as a social unit and on occurrences in the child's life which may represent obstacles to becoming a socialized adult.

Aldarondo et al. (1974) studied the personal, demographic, residential, and familial characteristics of 36 Puerto Rican alcoholic women who had received treatment services at Río Piedras Alcoholism Treatment Program on different occasions from a time period between January 1, 1971 through March 1, 1974.

Among the personal and demographic characteristics of these alcoholic women, the following pattern was detected: the majority did not have physical and/or mental incapacities; were between the ages of 30 to 44 years old; possessed a medium size height, body weight, and physical constitution; had a low educational level; a monthly income of 299 dollars or less; lived in the urban area; were legally married or held a consensual union; were housewives; and were Catholics.

Analyses of familial background characteristics revealed that the majority of alcoholic women had familial antecedents of alcoholism; were reared by both parents; held an intermediate position in the ordinal age distribution among their siblings; had their first intoxication between 16 to 20 years of age taking place most frequently at their homes, at parties or at their friends' homes; and they used to drink in their homes and alone.
Canela et al. (1976) conducted an exploratory study about the socio-economic characteristics of 70 Puerto Rican alcoholic women who were considered 'new cases' at the Río Piedras Alcoholism Treatment Program.

A sociodemographic profile of the alcoholic women surveyed showed that: half of the subjects were between 30 to 44 years old; fifty percent were legally married or held a consensual union; almost two-thirds lived in a nuclear family type (e.g., husband, children or with both); fifty-five of them had between 1 and 5 children; the majority had completed between 1 and 12 years of school; most held their residence in the metropolitan area; and were housewives.

Antecedents of familial alcoholism revealed that from 36 female alcoholic subjects, where information was available from records, twenty-eight of them had some relative (i.e., husband or father) with alcoholism while eighteen of them did not. Alcoholic women's husbands were found to be the most frequent alcoholic member, followed by the women's father. However, this finding has to be interpreted in light of the fact that the population sampled in the study was possibly biased toward the alcoholic marriage which acted as an intervening variable since the study did not control for sampling alcoholic women with non-alcoholic husbands.

Drinking patterns among these women disclosed that the majority of them began to drink in excess between the ages of 25 to 34 years or over, with the highest frequency being observed in the 34 years or over category.
Finally, the study found that the alcoholic woman's interpersonal relationships with children and husbands were most affected.

González et al. (1977) studied the influences of alcoholism on the perceptions held by non-alcoholic spouses about the social functions of 119 male and 4 female Puerto Rican alcoholics undergoing services at Caguas Alcoholism Treatment Program.

Eight variables were explored in regard with the social functioning of alcoholics: (1) concern with children; (2) status of provider; (3) marital relationship; (4) authority position; (5) communication patterns; (6) expected variations by type of family (i.e., predominantly of female members, predominantly of male members, and of equal size sex members); (7) age of partners; and (8) familial occupational status.

A major drawback of the study was "the impossibility of comparing the perceptions based on sex due to the small population of alcoholic women under treatment in the Alcoholism Treatment Program at Caguas" (González et al., 1977:64).

In spite of this limitation, the findings of the study brought up relevant data about family behavior in the presence of alcoholism.

Analyses of the variables studied showed the following pattern: the majority of alcoholic parents held a positive dialogue with their children, but most of the children did not share their problems with their parents; the alcoholic parent was found to lost his or her authority in the family
since it was the non-alcoholic parent whom children recognized as the authority figure; the median family size consisted of an average of 4.5 members; the median age of the marital couple was 44.3 years and that of children, 13.4 years; only twenty-five families were employed; the occupational status of the majority was that of unskilled or semi-skilled workers; the average family lived in a house of their own, and received a monthly income of 400 dollars. In the majority of these couples, the marital relationship was satisfactory before the onset of alcoholism, but unsatisfactory once one of the marital pair became an alcoholic. Sexual relations were also impaired in the majority of the couples with the exception of three of them for whom the sex of the alcoholic was not reported. The majority of the wives of alcoholic men revealed that their sexual relations were negatively affected due to their husband's lack of sexual potency (i.e., lack of penile erection, and premature or late ejaculation). The majority of these wives also felt more desire to have sexual relations with their alcoholic husbands when they did not drink.

In the majority of families studied, communication patterns between the couple were deficient and the amount of time they shared in activities was low. Furthermore, the study showed that the use of alcohol negatively affected the tolerance of the non-alcoholic partner regardless of her occupational tendency. However, families with an occupational tendency of salesman, service worker, and semi-skilled worker markedly increased their marital quarrels after the excessive drinking of the alcoholic partner.
Families composed of both males and females reported having inadequate relationships before the onset of alcoholism, in contrast with the predominantly female member type of family where inadequate relationships were higher once the partner had developed alcoholism.

In synthesis, a common threat running through all of these studies about the family social functioning of alcoholics is the entropic nature of alcoholism in the overall family system and/or in some of its components.

3. Theoretical Underpinnings Relevant to Research Questions

In explaining the two basic variables considered in this study, the social biography of drinking patterns and the family social functioning based on sex differentials, several theories were examined.

The leading psycho-dynamic theory for many years has been the dependency theory. It states that excessive drinking represents a reaction formation against underlying unmet dependency needs. Heavy drinking is thought to serve a two-fold psychological function: promotes an outward facade of independence and self-reliance, while simultaneously satisfies dependency needs by providing feelings of warmth and comfort (Williams, 1976). McCord et al. (1960), in their longitudinal study at the Cambridge Sommerville Youth Study summer sessions, recorded observations of 255 boys for a five-year period. Then, a follow-up study was made of some of these boys later in adult life, with a contrast group of non-alcoholics. They
found data to support that alcoholics as children exhibited very masculine and aggressive behaviors. But these were only a facade to cover up "feminine dependent" tendencies not acceptable in boys; as children, alcoholics were subjected to experience lack of maternal care. The resolution of potential alcoholics' inner conflicts through masculine behavior did not resolve their dependency needs. As an adult, the alcoholic man had to satisfy others' dependency needs, and the cultural expectations of himself as provider and head of family, so he dooms himself to continuous repression. The reason for repressing his feelings is that the price of nurturing his dependency needs is too high: he has to relinquish not only his cultural obligations, but his masculine self-image which has been built up through intense efforts. One way out of this situation is that alcohol provides a compromise solution to his conscious-unconscious dilemma. Through heavy drinking, regarded as masculine behavior, he can simultaneously satisfy his dependency needs and maintain his masculine-conflictive self image.

As the argument goes on, alcoholism is more frequent among men because women are more able to be dependent in our society. Women are encouraged to be dependent, are less restricted in their dependency needs, and are less motivated to seek artificial feelings of dependency through the use of alcohol. Then, those women who become alcoholics have extremely intense dependency needs and conflicts.
In contrast to the dependency theory, an emerging theory is related to the need for power (McClelland et al., 1972). It indicates that men drink to feel stronger and powerful. Thus men who feel that personal power is important would exhibit a marked tendency to drink more heavily.

Curlee (1968) has suggested that women who drink heavily are, to some extent, assuming a masculine role. Since women are under less pressure to drink than men, especially during adolescence, those who drink heavily are assuming a masculine role. Young men often feel that drinking is a way to show they are adults. Women feel that drinking is a way of competing or demonstrating that they can do anything men do. When women assume the traditional masculine role, in social or other environmental activities, they often receive severe disapproval. Accordingly, women who drink heavily feel more guilt and shame than men.

Opposite to the theory that women drink to feel and act like men, Wilsnack (1973) has posited that women drink to feel more womanly. She found evidence to support that alcoholic women consciously have strong self doubts and ambivalence toward their femininity. Studying a group of alcoholic women, she found that 65 percent described their mothers as strong, active or domineering, in contrast to 35 percent of them who described their fathers in such terms. She concluded that alcoholic women appeared to have adopted the assertive masculine styles of their mothers, rather than the less active, and unmasculine style of their fathers. In terms of their conscious
attitudes and values, women alcoholics were typically feminine and their
development from traditional feminine behavior patterns may have aroused in-
security about their own adequacy as women. Thus, the alcoholic woman
does not necessarily have an unconscious wish to be a man. In fact, a basic
wish of the female alcoholic may be to be a more adequate woman.

Focusing on environmental contingencies, social learning theory has
postulated that behavior is learned from social environmental models and
situations (Bandura, 1969). Accordingly, the observational learning para-
digm is governed by four main processes:

(1) Attention -- means that repeated contiguous stimulation alone
does not always result in response acquisition. Stimulus contiguity must be
accompanied by discriminant observation. Associative patterns are impor-
tant to this process. The people and the group with which the person inter-
acts will determine the type of behavior that is going to be repeatly observed.
Family interactions are basic to shape children's responses for future action.

(2) Retention -- implies that the modeled behavior has to be remem-
ered. Human unique capacity to use symbols permit that, during exposure
to stimulus sequences, the individual can code, classify, and reorganize in-
formation in an easy way to be recalled for future use.

(3) Motor Reproduction -- involves converting symbolic representa-
tion into action.

(4) Motivational Process -- consists of the observations and assess-
ments people make on the behaviors of others and their effects.
Sherfey (1955), Lisansky (1957) and Rathod et al. (1966) have found evidence which supports the high frequency of parental alcoholism among women alcoholics. The observational learning paradigm offers an explanation of this finding, as it considers that parents are the most influential models in shaping children's behavior during the socialization process. This is particularly relevant during childhood when the child's interactional field is circumscribed to parents and/or other primary caretakers.

System theory (Bredemeier et al., 1962; Bowen, 1974) has been a useful framework to conceptualize and to explain the transactional processes among the family as a unit and/or in its subsystem.

The family is the first natural and primary group to receive and to prepare the child in order for him or her to incorporate and to participate in the mainstream of society. The family is viewed as a social integrated system. It is characterized by face to face communications, by non-verbal expressions and emotional interactions, and by the sharing of beliefs, attitudes, values, and traditions. The family provides care, status, incentives, and sanctions to its members. Within the family, subsystems are formed; for example, wife and husband, male siblings, older siblings, female siblings, and younger siblings.

The family, as an open system, always seeks to achieve a steady state. When there is an alcoholic parent, entropy enters into the system and a degree of disorganization is initiated. Sometimes the family can manage
the initial family crisis triggered by the presence of an alcoholic member. However, as drinking behavior continues and increases for a prolonged period of time, it brings higher levels of entropy into the familial system. As a response, the system utilizes all of its energy searching to restore its steady state in order to perpetuate the family unit. On the other hand, the system's inability to neutralize this negative energy can lead to temporal splits of the family system, as observed in frequent marital separations or in some instances, lead to its disintegration as in the case of divorce or death precipitated by parental alcoholism.

Stress (Seyle, 1956; Babcock, 1963) and crisis (Parad, 1965; Golan, 1974) theories are helpful to illustrate the tendency observed in women alcoholics in which their drinking is associated with cumulative psychological stressful situations. Alcoholic women, more readily than men, can identify a specific circumstance or situation that precipitates them to engage in heavy drinking (Lisansky, 1957; Curlee, 1970; Lolli, 1975; and Beckman, 1975).

Role theory (Biddle et al., 1966) studies real life behavior as it is displayed in genuine ongoing social situations. It ascribes much, but rarely all, of the variance of real life behaviors to the operation of immediate and past external influences.

"A status is a position within a division of labor, a set of cultural definitions that specify how a person is supposed to perceive and respond to
objects and people when he is in a particular relationship with them" (Brede-
meier et al., 1962:30). The parental status "mother", for example, con-
sists of a way a woman is supposed to cognize and to evaluate other people
and things. A mother in the Puerto Rican culture is expected to take care
of the children and husband; of the household tasks; and is partly responsible
for enacting disciplinary methods in rearing the children. Disciplinary activ-
ities acquire greater relevance if the woman doesn't work outside of the
house, so she assumes more responsibility and control over the children.
Regularly, the unemployed woman is economically dependent on her husband.

The Puerto Rican father is expected to be a good provider; to be
sensitive to the various and emerging needs of family members; and to be
responsible for the security and overall well-being of the family unit.

An adequate social functioning presupposes the effective and inter-
lock interaction among family members. When the alcoholic member in the
family is the mother, and as a result of continuous drinking episodes, im-
portant functions related to the management of the house, as well as care
and emotional affectiveness toward the children and husband are impaired.
It is more difficult for a husband to take over the overall responsibilities
and roles that have been culturally prescribed for his wife. If there is an
older daughter in the family, the father may encourage her to take over the
responsibilities of the mother and/or the daughter may assume the initiative
to cover up her mother's deviant drinking from other family members or from
outsiders, such as relatives, neighbors, and friends.
The position faced by the alcoholic married woman has been succinctly described by Curlee (1968:17):

"For a married woman a vicious circle is created; The home is the biosocial core for the woman far more than for a man; her drinking is likely to cause difficulties at this vital core from the beginning, thus undermining the basis of her identification and sense of value. The drinking, therefore, is double destructive. It not only is destructive of the self-image in the same way as for men, but it also destroys a more fundamental source of a 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 women's prestige and status crumbles. This loss of prestige and status may, in turn, lead to still more extensive drinking, which destroys the very bedrock on which the status rests. This chain reaction perhaps explains the seriousness of alcoholism in women, both to themselves and to those around them."
CHAPTER III

SOME PERSPECTIVES ON ALCOHOLISM

There is no general agreement on the definition of alcoholism due to the multidimensional factors that it encompasses -- physiological, psychological, sociological, pharmacological, legal, and economic.

A tendency has been to view alcoholism from a disease or illness perspective, as well as from a psychodynamic perspective. Analogous to both of these approaches is to consider the cause of the problem as residing within the individual at the expense of analyzing interactional variables. Accordingly, the alcoholic is regarded as a sick individual and the societal response is to cure him or her by offering medical and/or psychodynamically-oriented treatment services.

The disease model of alcoholism has the late E. M. Jellinek (1960) as one of its most ardent proponents. His main contribution to the alcohol field has been the typology and the progression hypotheses of alcoholism.

The typology hypothesis consists of five types of drinking behaviors based on the Greek alphabet, namely, Alpha, Beta, Gamma, Delta, and Epsilon.
Alpha alcoholism was associated with psychological dependence.
Gamma and Delta types included increased tissue tolerance and physiological dependence, but in Gamma alcoholism, it was postulated that loss of control over drinking has occurred. The Epsilon type was used to describe the periodic drinker who did not drink daily, but after weeks or months of abstinence, returned to drink for long periods. Beta alcoholism was connected by Jellinek with nutritional deficiency, a disease related to alcohol drinking.

The progression hypothesis refers to Jellinek’s view of alcoholism as a single disease entity characterized by an identifiable and successive pattern of symptoms organized into phases. It was based on the assumption that there were two categories of alcoholics: alcohol addicts and habitual symptomatic excessive drinkers (e.g., non-addicts). The crucial differential factor was loss of control after drinking has begun. Symptoms were patterned into four progressive phases: (1) Prealcoholic, marked by an intensification of social drinking where signs of psychological dependence begin to show up; (2) Early Alcoholic or Prodromal, characterized by increased alcohol tolerance and inability to resist its compulsive desire; (3) Crucial, evidenced by physiological dependence and loss of control over drinking; and (4) Chronic, defined by the appearance of physical symptoms (i.e., cirrhosis, pancreatitis, oral cancer) and emotional signs (i.e., paranoid episodes, hallucinations, severe depression, hopelessness) (Jellinek, 1952).
Today, the precise nature of the progression hypothesis is being questioned (Cahalan et al., 1969; Albrecht, 1973; and Polich et al., 1979 and 1980).

In contrast to the disease model of alcoholism, the learning, labeling, symbolic interactionist, and sociocultural perspectives posited their attention in other sets of variables. As a result, they have opened the parameters to study those factors residing outside the individual by focusing on the social processes as well as on cultural messages.

The learning approach postulates that alcoholism represents a learned pattern of behavior rather than a manifestation of a particular underlying pathology (Bandura, 1969). It is posited that drinking behavior is learned both in non-social situations that are reinforcing and discriminative, and through social interaction where social rewards or reinforcements are available to the drinker. Thus behavior that is positively reinforced will tend to be repeated while behavior that is negatively reinforced will tend to be extinguished.

There are some learning variables necessary for a person to initiate drinking behavior up to a point that it can be considered problematic.

First, alcohol must be available to the individual. Compared to other drugs, alcohol is generally accessible to the user. Second, the drinker must learn and apply either a positive or neutralizing definition to its use. The family, peer, working, and other social groups provide the individual
with cultural definitions in which rewards and social sanctions about drinking behavior are present. Radio, television, and other mass media alcohol advertisements also act as reinforcing agents in shaping and maintaining drinking behavior due to its multiplicative effects. It is well known that public drinking places, taverns and "cafetines", play important functions in society. Within their institutional features, they provide a climate of acceptance and more flexible norms and attitudes toward heavy drinkers which tend to reinforce drinking behavior (Clinard, 1962). However, each group varies in the extent to which drinking is permitted and to the degree of available neutralizing definitions by which individuals are positively or negatively reinforced in their approach-avoidance drinking behavior (Skolnich, 1960; Fort et al., 1961; and Akers, 1973).

The third learning variable establishes that successive drinking will depend on the intrinsic or conditioned reinforcement of recognizable effects and/or differential social rewards for drinking (Akers, 1973).

The pharmacological effects of alcohol (i.e., stress or anxiety reducing) under certain conditions makes it a powerful positive reinforcer. At first, drinking behavior is acquired under non-stress conditions, but as the social drinker habituates to alcoholic beverages, he will experience anxiety or stress reduction in many occasions (Conger, 1955; Bandura, 1969; and Cahalan, 1970). Once alcohol intake is intermittently reinforced,
it will be readily elicited under aversive conditions (i.e., to avoid problems, to allay withdrawal symptoms, to prevent their occurrence).

In sum, from a learning perspective, alcoholics are people who have acquired, through differential reinforcement and modeling experiences, alcohol consumption as a widely generalized dominant response to aversive stimulation (Bandura, 1969).

Although the learning perspective considers environmental contingencies, it has not focused as intensively as the labeling approach on the social processes that give rise to the particular definition of maladaptive or deviant drinking behavior. In contrast, the major focus of the labeling perspective is centered around the definitional process by which a person is labeled "alcoholic".

One pivotal premise in which the labeling perspective is anchored consists of that deviance is not a quality of the person or created by his acts in itself, but rather it is the final outcome of an interactional process between the person who commits the act and the responses of others to it (Becker, 1973).

Rules governing the consumption of alcoholic beverages in the United States have a long history of public and political debate, the effects of which were felt in Puerto Rico during the 'wet and dry' controversy that culminated in the Prohibition experiment. As a result, what is considered normal drinking behavior, who should drink, and what kinds of drinking behavior should not
be permitted have not been uniformly defined. Although a norm not general-
ly agreed upon by all, there is a tendency toward permissive but responsible
drinking in adults. Informal and formal rule enforcement functions are car-
rried out by primary or intimate groups and/or by official agencies of social
control. However, the application of rules varies according to the particu-
lar characteristics of the norm violator and of the group who is making the
judgment. As a consequence, similar infractions may receive different
sanctions, depending upon who is breaking the rule and who the rule enforcers
are.

The process by which a drinker is labeled an 'alcoholic' can be de-
scribed as follows.

An individual begins to drink in his or her most intimate groups.
Drinking effects on the individual, behavioral and physical, are observed
by the drinker's social group. At first, sporadic intoxication and loss of
control in alcohol intake is justified and rationalized by others. If drinking
is controlled at this period, it is considered mainly a primary deviation
which involves some rule-breaking without bringing significant consequences
to the drinker. However, if uncontrolled heavy drinking continues and beha-
vioral effects (i.e., vulgarity, physical aggression or sexual advances) and/or
physical effects (i.e., vomiting, motor incoordination or speech incoherence)
are observed, group members' tolerance decreases, leading to sanctions
against the drinker. Others begin categorizing the individual as 'alcoholic'.

Some consequences for the person being labeled may include rejection, isolation or a feeling that something ought to be done about him or her. Relatives and friends begin to exert pressure on the individual in order to assure that he or she receives treatment.

Another way in which labeling can occur is through formal or official channels when the drinker may be arrested by the police for public intoxication, drunk driving or breach of peace; the spouse may publicly separate or sue for divorce; and/or the person is diagnosed as an alcoholic in a public hospital (Hawkins et al., 1975).

From the labeling perspective, the case of alcoholic consumption is a very peculiar one since it combines the lack of alternative definitions of roles for the alcoholic person and also involves physiological overt signs which increase the visibility of the actor toward informal and formal agents of social control or reactors.

As a consequence, whenever the societal reaction is very intense, the individual will reorganize his self or identity around the alcoholic role and toward behavior patterns associated with alcoholism. Drinking then serves to reinforce the negative societal reaction, but at the same time is instrumental to the individual as it brings immediate satisfaction and mitigates stigmatization, although it does so at the expense of further physiological adverse effects. By this time, the alcoholic enters into secondary deviation (Lemert, 1975).
Accepting the focus on the social processes as postulated by the labeling perspective, the interactionist school emphasizes socio-psychological variables as a guide to understand human interaction.

The symbolic interactionist perspective posits that the self and society are interdependent; that reality is socially constructed; that interaction with others is the process by which the rules and roles of society are learned; and that what we generically label "the process of socialization" is not one but a series of processes (Berger et al., 1964; Bengtson et al., 1977; and Rose, 1979).

Human nature is not something existing separately in the individual, but is a group nature or a primary phase of society, a relatively simple and general condition of the social mind. Human interaction is mediated by the use of symbols, by interpretation or by ascertaining the meanings of another's action. The self is social and it arises in childhood through symbolic interaction with significant others (Cooley, 1971 and 1975). Not only does a self arise in interaction with others, but, like all other social objects, it is defined and redefined in interaction. Significant others and reference groups provide perspectives and/or standards which are used by the individual in the judgment of self. As a consequence, all individuals are social actors and as such, occupy various statuses and carry out different roles in the social system. Thus the interactional context and process (i.e., the environment, the persons, and the encounters in it) will significantly affect the individual's self definition.
The symbolic interactionist perspective focuses on alcoholism from the viewpoint of communications, interactions, and transactions within the social system. The problem for solution is conceptualized in interactional terms and the target for change becomes not simply the alcoholic but the interactional system in which he or she is involved. Excessive drinking is recognized as one facet of a life-style which is actively reinforced by the interactional style of others, that is, the style is permitted to become fixed and thus more habitual because significant others do not constantly and effectively challenge or disrupt the alcoholic's way of life (Gorad et al., 1971; and Finlay, 1974).

Acknowledging the labeling perspective's focus on social processes and the interactionist's school emphasis on sociopsychological variables, the sociocultural orientation seeks to explain the rates of alcoholism for different groups or cultures by adding sociological and anthropological variables.

The sociocultural orientation postulates that the universal occurrence of drinking corresponds to the utilitarian function of alcohol use in society.

Horton (1943 and 1959) has hypothesized that the primary function of alcoholic beverages in all societies is the reduction of anxiety or fear among the individual members. Two sources of such anxiety or tensions are acculturation and subsistence. Drinking is considered to be accompanied by release of sexual and aggressive impulses. Drunkenness, however, can be inhibited as well as produced by anxiety. Consequently, the level of drunkenness in a
society is a resultant of a complex interaction of anxiety-reduction and
anxiety-induction. The strength of the drinking response varies inversely
with the strength of the counter-anxiety elicited by painful experiences dur-
ing and after drinking. Thus, the greater the level of anxiety and insecurity
in a society, the greater the alcohol consumption.

Expanding Horton's propositions, Bales (1946 and 1953) contended
that attitudes toward drinking were important in understanding all types of
drinking behavior. He identified three general ways or factors in which the
culture and social organization influenced rates of alcoholism:

(1) The degree to which the culture operates to bring about acute
needs for adjustment of inner tension in its members (i.e., culturally in-
duced anxiety, guilt, conflict, suppressed aggression, and sexual tensions
of various sorts).

(2) The sort of attitudes toward drinking which the culture pro-
duces in its members.

(3) The degree to which the culture provides substitute means
of satisfaction.

Bales singled out four types of cultural attitudes toward drinking that
influence rates of alcoholism in conjunction with the culturally induced ten-
sion and availability of substitute means of satisfaction: (1) Complete Abl-
stinence; (2) the Ritual Attitude toward drinking, which requires that
certain types of alcoholic beverages be used in the performance of religious
festivals; (3) the Convivial Attitude toward drinking, which consists of a mixed type involving ritualistic and utilitarian attitudes expressed on such occasions as births, marriages, or a consummation of a business deal; and (4) the Utilitarian Attitude, which is basically personal and self-interested rather than social (i.e., drinking to relieve a hangover or to forget about personal problems). The Utilitarian Attitude toward drinking, if commonly held, is the one most likely to lead to compulsive or addictive drinking (Bales, 1946:482).

In summary, the sociocultural orientation posits that culturally induced tensions provide the psychic state which alcohol can relieve. The amount of tension is determined by the social structure and conditions. The choice of alcohol to relieve these tensions is determined by the attitudes toward alcohol and the availability to substitute means of satisfaction or tension release. Once drinking is accepted as a means of dealing with the tension, the pattern of drinking behavior is influenced by changes in tension levels, the availability of alternate means of satisfaction, and by the drinker's attitude. Other factors which must be considered are the availability of alcohol and the extent to which drinking behavior is controlled formally or informally by others.
CHAPTER IV
METHODOLOGY

This study is about the drinking practices of alcoholic women and their impact on their family social functioning as contrasted with alcoholic men. It is intended to yield quantitative and qualitative data with regard to the social context of drinking and how it affects the family functioning.

In this research it has been assumed that the social context of drinking practices among alcoholic men and women, as well as the impact on their family social functioning will exhibit some differences.

In line with this reasoning, twelve research questions were formulated which sought to explain sex differences in drinking patterns and family behavior.

Accordingly, we were interested in determining: (1) if the onset of women's drinking was related to an earlier disruptive familiar experience; (2) if female alcoholics were more likely than men to have relatives (i.e., parents and siblings) with drinking problems; (3) if women alcoholics have initiated drinking behavior later than men and if they felt more rejected than males for their drinking; (4) if women alcoholics exhibited more solitary drinking practices than males and if women's role as housewives was related
to their solitary drinking practices; (5) if depression encouraged more women than men to resort to drinking; (6) if years of drinking, amount and frequency of alcohol consumption negatively affected sexual relations more in males than in female alcoholics; (7) if male alcoholics had been arrested by police more times than females; (8) if male alcoholics' families had more economic problems than families of female alcoholics; (9) if female alcoholics' families had experienced more separations than male alcoholics' families; (10) if parent-child relations were more negatively affected in female alcoholics' families than in male alcoholics' families; (11) if there were any differences in the relations among children in families where the alcoholic was the mother or whether it was the father; and (12) if there were any differences in the behavior exhibited by children of alcoholic males and females.

1. **Research Design**

The research design used to carry out the above mentioned purpose was an explanatory cross-sectional survey with one time only observation (Behling, 1976:29 and 1979:47). (See Appendix A.)

The social context of drinking patterns and the family social functioning in the marital, parent-child, and fraternal relationships were selected as the two central variables of this study. Comparisons between equal size-paired samples of female and male alcoholics will allow us to explain how both variables are manifested between the sexes.
2. **Brief Description of the Historical Background and Actual Characteristics of the Setting Where the Study Took Place**

The first State Alcoholism Program in Puerto Rico was established by Law #128 approved on June, 1958. It was located at the Río Piedras Medical Center. The Program was under the jurisdiction of the Secretary of the Department of Health. By that time it was the only effort in the Island for delivering services to alcoholics and their families.

Gradually other units emerged at strategic points in Puerto Rico. However, the majority of the clientele actually undergoing treatment services for alcohol-related problems is concentrated in the Northeastern region of the Metropolitan Area where also the largest number of the Island population is located.

On May 30, 1973 the Puerto Rican Legislature passed Law #60, thus creating the Department of Addiction Services. The integration of drug and alcoholism State services was mandated so as to "join the scattered efforts for the adequate utilization of the Island's resources". P.L. 60, May (1973:2).

Since then, State Alcoholism Programs have been administered by the Secretary of Addiction Services and are under the direct supervision of an Auxiliar Secretary for Alcoholism.

The Assistant Secretariat for Alcoholism is responsible for the supervision and technical assistance of eight ambulatory Alcoholism Programs geared to delivering treatment services to alcoholics and their families.
These programs are located at Río Piedras, Caguas, Cataño, Arecibo, Manati, Naranjito, Mayaguez, and Ponce.

The Northeastern Region is the only one which has a hospitalization unit for alcoholics and intermediate home (halfway house) services. Referrals are made from the Programs to these services under very specific eligibility criteria.

The geographical dimensions of Alcoholism Programs in Puerto Rico can be observed in Figure 1.

The staffing pattern in Alcoholism Programs consists of interdisciplinary teams where several human service professions are represented: Social Work, Psychiatry, Nursing, Psychology, and General Physician. Professionals from these disciplines with the assistance of social technicians are the ones responsible for delivering treatment services to alcoholics.

Regular services are offered on a voluntary basis, except in the case of drunk drivers, which are mediated by a police arrest and a referral from the Court System upon conviction of problem drinking. Treatment services are mostly delivered at each Program's treatment facilities in a working hour schedule from 8:00 A.M. to 12:00 M., and from 1:00 P.M. to 4:30 P.M.

Among the services offered to the Programs' clientele, the basic ones are:

1) Outpatient Clinic Services
Figure 1. Alcoholism Treatment Programs in Puerto Rico
2) Emergency Services and Ambulatory and Detoxification
3) Day Care Motivation Services
4) Hospitalization
5) Intermediate Home Services

The last two services have to be referred to Río Piedras.

3. Sampling Design and Procedures

The unit of study was 40 alcoholic women and 40 alcoholic men undergoing treatment services at Alcoholism Programs, Department of Addiction Services of the Commonwealth of Puerto Rico.

Samples were drawn from the alcoholic population receiving regular treatment during Fiscal Year 1979-80 who fitted the following requisites:

1) Treatment Status - active in regular treatment services at the Alcoholism Treatment Programs (i.e., Caguas, Río Piedras, Cataño, Manatí and Arecibo) during Fiscal Year 1979-80. Clients convicted of drunk driving were not included in the sample to rule out the intervening effects of a police arrest (e.g., legal variable) such as a distinct diagnosis as problem drinkers; a shorter treatment modality; and particular sociodemographic characteristics associated with drunk drivers.

2) Civil Status - legally married and/or living in a consensual relationship. This requisite was included into the sampling criteria following Bromet's et al. (1976) recommendation that meaningful comparisons between men and women alcoholics can only be made when marital status is controlled.
3) Family Membership Composition - marital pair or dyad with at least one child.

4) Dimension of the Alcohol Problem Within the Family Membership Composition - alcoholics living with non-alcoholic spouses and children.

5) Place of Residence - living in the Northeastern Region of Puerto Rico.

The total population of people diagnosed as alcoholics and under treatment during Fiscal Year 1979-80 was 8,316. From these, 458 were women and 7,858 were men. Of the female population, 45 satisfied the above mentioned requisites thus were the potential subjects of the study.

The distribution of female potential subjects by Alcoholism Programs is shown in Table 1.

<table>
<thead>
<tr>
<th>Alcoholism Treatment Programs</th>
<th>Number of Alcoholic Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>45</td>
</tr>
<tr>
<td>Caguas</td>
<td>10</td>
</tr>
<tr>
<td>Río Piedras</td>
<td>31</td>
</tr>
<tr>
<td>Cataño</td>
<td>1</td>
</tr>
<tr>
<td>Manati</td>
<td>3</td>
</tr>
<tr>
<td>Arecibo</td>
<td>-</td>
</tr>
</tbody>
</table>
Then, the female sample was stratified according to the number of children into two groups: 1-4 and 5 or more children living in the home.

The distribution of the children of female subjects once stratified is illustrated in Table 2:

**TABLE 2**

**DISTRIBUTION OF CHILDREN OF FEMALE ALCOHOLIC SUBJECTS BY ALCOHOLISM TREATMENT PROGRAMS IN THE NORTHEASTERN REGION OF PUERTO RICO**

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Caguas</th>
<th>R. Piedras</th>
<th>Catano</th>
<th>Manati</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total 45</td>
<td>10</td>
<td>31</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>1 - 4</td>
<td>7</td>
<td>26</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5 or more</td>
<td>3</td>
<td>5</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

From the 45 subjects five of them could not be interviewed due to these particular reasons: one subject died a month before data was collected; two subjects moved to the United States; and two subjects moved to other parts of the Island but did not leave their new addresses either at the Program or with their neighbors. As a result, the sample consisted of 40 alcoholic women, active in treatment during Fiscal Year 1979-80, legally married or holding a consensual union, living with their non-alcoholic spouses and children, and residing in the Northeastern Region of Puerto Rico.
The male sample was matched in size according to the characteristics of the female sample, as well as stratified in terms of the number of children in the same proportions of the female sample. Once potential male subjects were detected, their final selection was made randomly for each stratified category by Program.

4. **Data Collection Instruments and Procedures**

The instruments utilized for the collection of data consisted of two interview schedules. (See Appendixes B and C.)

The Social Biography of Drinking Pattern Schedule (Form A) included a set of structured and unstructured questions geared to gather information about several variables: demographic; the social biography of drinking patterns (i.e., initial, problematic and present); health; legal; marital problems (e.g., separations); economic; and opinion about agency services.

The Family Social Functioning Schedule (Form B) was prepared based on the Family Functioning Scale in the Area of Family Relationship of Geismar (1971). It also included a series of closed and open-ended questions directed to obtain data about the following variables: composition of the family unit, place of residence, religion and family participation in recreational activities; marital relationship: history (i.e., decision to get married, parents' reaction, type of drinking problem, level of sexual relations, child planning) and present functioning (i.e., sexual relations, typical temperament, major source of
disagreement, household task performance); parent-child relationships; fraternal relationships; and family climate.

Form A and Form B schedules were pre-tested with a group of male and female alcoholics who did not meet all the requisite requirements to be selected in the sample.

Data was collected between April 15 and July 15, 1981, a three month period.

Both instruments were administered to 40 alcoholic women and to 40 alcoholic men through a personal interview conducted by the author of the study. These personal interviews were in first instance held at the Alcoholism Programs (i.e., Caguas, Río Piedras, Catano and Manatí). However, to ensure a high level of response interviews were also held in the subject's home after previous contact with the subject either by letter or by telephone. A home interview was mostly used with women alcoholics, which reflects the hidden nature of their alcoholism, their low disposition to visit the agency, and the fear to become much more visible due to the higher stigmatization of their alcohol problem.

In all cases the interview was conducted in private since no other family members were allowed to be present.

Finally, both instruments took about 75 minutes to administer.
5. Data Processing and Data Analysis Procedures

Coding instructions were prepared for the Social Biography of Drinking Pattern Schedule (Form A) and for the Family Social Functioning Schedule (Form B).

Frequency tables with mean, median, mode, standard deviation, and percentages were obtained. The Chi Square Test and Cramer's V, as well as the 'T Test' and Pearson Correlation Coefficient were computed to test for significant association-relationship and differences respectively, where appropriate methodologically.

The first part of the data analysis consisted of comparative profiles of the general characteristics found in female and male alcoholic subjects and in their families.

The second aspect of the analysis included comparative data associated with the two main explanatory variables: the social context of drinking patterns and the family social functioning of female and male alcoholics and their derivative questions.

The third and last part consisted of an analysis of the evaluation about the services received in Alcoholism Treatment Programs and the subjects' recommendations to improve these services.

6. Validity and Reliability

The Social Biography of Drinking Patterns Schedule consists of hard data which is supposed to be reliable and valid (Behling, 1976). However, a
critical issue in studies of drinking behavior is to what extent a respondent can be relied upon not to rationalize or suppress from memory some things in his/her past which he/she might forget.

Subjects' records were used to test for the consistency and truthfulness of self-reports about drinking history, alcoholic symptomatology, police arrests, and marital problems.

This test showed that both sexes tended to report about the same answers in both measures (i.e., record and personal interview). However, some variation was found between the sexes in the extent of consistent responses. Thirty-eight out of 40 women alcoholics compared to thirty-five out of 40 men alcoholics were found to report consistently.

An analysis of the two women and five men alcoholics whose responses were inconsistent showed that all the men tended to underreport the extent of their drinking problem, while only one woman did so. Moreover, the other woman who showed inconsistency tended to overestimate her drinking behavior.

Factors affecting inconsistency in men's responses could be that the interviewer was a woman, these men were actually drinking or that they, although not actually drinking, have had previous relapses, thus, being more defensive (e.g., minimizing their alcohol problem through denial).

The case of the woman who underreported was due to denial as a defense mechanism, but for the purpose of maintaining the woman's self-esteem. On the other hand, the woman who tended to overestimate her drinking had been sober for about six months and felt so happy about her
newly gained status that exaggerating former drinking practices was a way of self-reinforcing her actual sober status.

These findings are consistent with other studies that have found high levels of agreement between the subjects' self reports and those from other sources (Guze et al., 1963; Gerard et al., 1966; Robins, 1966; Knupfer et al., 1966; Sobell et al., 1974, 1975, and 1978; and Freedberg et al., 1980).

Moreover, the tendency detected in five alcoholic men and one woman follows the pattern of respondents to understate their drinking problems as found by Parry et al., 1950; Fisher, 1962; Casey et al., 1967; Cahalan, 1970; Garret et al., 1973; and Cahalan et al., 1974.

The Family Social Functioning Schedule (Form B) was elaborated based on Geismar's (1971) Family Functioning Scale in the Area of Family Relationship. The Family Functioning Scale has been used to measure the family social functioning of multiproblem families, as it is the case of families with an alcoholic parent. The Scale has met several tests of validation, for example, the Gutman and Hunt-Kogan Scales.

In 95 percent of the cases surveyed, there was a correspondence between the family functioning data obtained from subjects in the personal interview with one reported by subjects along their alcoholism treatment at the Programs.
7. **Definition of the Most Important Terms and Concepts**

For the purpose of this study the following terms and concepts were defined:

a. **Alcoholism** - is a complex psychosocial problem brought up as result of excessive uncontrolled alcohol intake which has physical, psychological, and social consequences for the user as it impinges on his/her social functioning and also affects his/her family social functioning.

b. **Alcoholic** - a person who has a complex psychosocial problem brought up as a result of excessive uncontrolled alcohol intake which has physical, psychological, and social consequences for the user as it impinges on his/her social functioning and also affects his/her family social functioning. As a result, the person comes to a clinic for alcoholics to receive treatment services.

c. **Drinking Problems** - whenever anyone drinks to such an excess that he/she loses ability to control his/her actions and/or maintain a socially acceptable life.

d. **Social Context of Drinking Patterns** - refers not only to quantity, type, frequency, and regularity but to other social concomitants related to the specific way alcohol is consumed in its relation to dependency and personal control factors.

e. **Dependency** - is determined by quantity, frequency and type of liquor used.
f. Lack of Control - occurs when two or three drinks are sufficient for alcoholic compulsive behavior (Keaton, 1962).

g. Alcoholic Beverages - are classified into two types:
1) light liquor or those with low alcohol content such as wine, beer, vermouth and anisette; and
2) hard liquor (e.g., distilled spirits) or those with high alcohol content such as rum, whisky, vodka, gin and brandy.

h. Types of Drinkers - The quantity-frequency-variability classification used in this study is the one formulated by Cahalan et al. (1969:14) when studying American drinking practices. The underlying principle of this drinking typology is that "those who drink larger amounts of alcoholic beverages per occasion should get a heavier drinking classification than those who consume about the same volume through drinking small quantities over a period of time". Accordingly, three types of drinkers are identified:

1) Light drinker - at least once a month, typically with no more than one or two drinks at any occasion.

2) Moderate drinker - at least once a month, typically several times a month with no more than three or four drinks on any occasion.

3) Heavy drinker - typically nearly every day with five or more drinks at a sitting, at least once in a while or at least weekly with usually five or more drinks on most occasions.
i. Initial Drinking Pattern – term used to describe the first drinking experience with intoxicating effects; the continuous but yet controlled drinking behavior; type, frequency, amount, and source of alcoholic beverage; drinking place and company; and reason for drinking, as well as parents' reactions toward drinking.

j. Problematic Drinking Pattern – refers to compulsive drinking when the individual begins to feel an uncontrollable and unproportionable craving for beverage alcohol, and ingests it in larger quantities and under daily basis. It also includes type, frequency, amount of alcoholic beverage; drinking place and company, motive and reason for drinking; feeling before, during and after drinking; familial antecedents of compulsive drinking; reaction of others to the individual's drinking behavior; and age at which compulsive drinking began, as well as years of compulsive drinking.

k. Family Relations – addresses three principal areas: marital, parent-child and fraternal relationships.

l. Married Person – couples with a legal union who are living together and/or couples who are not legally united, but are living together.

m. Family Social Functioning – concept used to pinpoint the different roles and activities of family members in the area of marital, parent-child and fraternal relationships.

n. Role Performance – activities carried out by a family member related to his/her position(s) in the family group.
o. Family Disruptive Situations - concept used to describe particular events that affect individual and/or family functioning such as quarrels, separations, death or other negative life experiences within the nuclear type family membership composition and/or relatives of extended family bonds.

p. Separations - include both outside of the house and in the home splits between the marital pair which affects customary marital and sexual relationships.

q. Sexual Relations - focused on sexual intercourse between the marital dyad (e.g., husband and wife).

r. Marital Relations - include mate selection process and history, as well as actual interchange between the couple.

s. Active in Treatment - term used to identify those persons who asked for and received regular alcoholism treatment services during Fiscal Year 1979-80.

t. Northeast Region - include the Alcoholism Programs of Caguas, Río Piedras, Cataño, Manatí, and Arecibo which are under the Department of Addiction Services of the Commonwealth of Puerto Rico.

u. Relatives - refers to persons with whom the subject have near blood ties (i.e., father, mother, brother, sister).

v. Other Relatives - refers to persons with whom the subject have more distant blood ties (i.e., grandmother, grandfather, aunt, uncle, cousin).
8. **Limitations of the Study**

The study confronted some limitations:

First, fraternal relationships could not be measured in two cases where the marital pair had only one child.

Second, the study is only representative of the Puerto Rican married alcoholic women, living with non-alcoholic spouses and children in the North-eastern Region of Puerto Rico, and who received regular treatment services for alcoholism in State Alcoholism Programs of this Region.

Third, the study is not representative of the Puerto Rican male alcoholic population since males were matched in size and characteristics to the female sample for comparison purposes.
CHAPTER V
FINDINGS RELATED TO THE GENERAL CHARACTERISTICS
OF THE STUDY POPULATION

The data obtained in this research have been organized into comparative profiles of the general characteristics found in women and men alcoholics and in their families. First, the sociodemographic data about the subjects will be presented; then, this will be followed by the general characteristics found in the families of women and men alcoholics.

1. Demographic Characteristics of Women and Men Alcoholic Subjects

a. Age and Sex of Subjects

The age and sex of the subjects are shown in Table 3. Analyses of subjects' age revealed that women have a mean age of 43 years, while for men, the mean age was 39 years. A higher proportion of men was found in younger (i.e., less than 30 and 31-34) age groups, while a higher proportion of women belonged to the 43-46 and 47-50 age groups. Women alcoholics were significantly older than men ($t = -2.10$, df = 78, $p < .039$).

b. Years of School Completed by Subjects

The years of school completed by the subjects are shown in Table 4.
**TABLE 3**

ALCOHOLIC SUBJECTS BY SEX AND AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Both Sexes</th>
<th>Percent of Total Sample</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Women (N) Percent</td>
</tr>
<tr>
<td>&lt;30</td>
<td>8</td>
<td>10.0</td>
<td>3 7.5 5 12.5</td>
</tr>
<tr>
<td>31-34</td>
<td>9</td>
<td>11.2</td>
<td>1 2.5 8 20.0</td>
</tr>
<tr>
<td>35-38</td>
<td>9</td>
<td>11.2</td>
<td>5 12.5 4 10.0</td>
</tr>
<tr>
<td>39-42</td>
<td>20</td>
<td>25.0</td>
<td>8 20.0 12 30.0</td>
</tr>
<tr>
<td>43-46</td>
<td>17</td>
<td>21.2</td>
<td>12 30.0 5 12.5</td>
</tr>
<tr>
<td>47-50</td>
<td>5</td>
<td>6.3</td>
<td>4 10.0 1 2.5</td>
</tr>
<tr>
<td>51-54</td>
<td>6</td>
<td>7.5</td>
<td>3 7.5 3 7.5</td>
</tr>
<tr>
<td>55-58</td>
<td>5</td>
<td>6.3</td>
<td>3 7.5 2 5.0</td>
</tr>
<tr>
<td>59+</td>
<td>1</td>
<td>1.2</td>
<td>1 2.5</td>
</tr>
<tr>
<td>Total N</td>
<td>80</td>
<td>100.0</td>
<td>40 100.0 40 100.0</td>
</tr>
</tbody>
</table>

**TABLE 4**

WOMEN AND MEN ALCOHOLICS BY YEARS OF SCHOOL COMPLETED

<table>
<thead>
<tr>
<th>Years of School Completed</th>
<th>Both Sexes</th>
<th>Percent of Total Sample</th>
<th>Women (N) Percent</th>
<th>Men (N) Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>2</td>
<td>2.5</td>
<td>1 2.5</td>
<td>1 2.5</td>
</tr>
<tr>
<td>1-5</td>
<td>12</td>
<td>15.0</td>
<td>7 17.5</td>
<td>5 12.5</td>
</tr>
<tr>
<td>6-7</td>
<td>12</td>
<td>15.0</td>
<td>7 17.5</td>
<td>5 12.5</td>
</tr>
<tr>
<td>8-9</td>
<td>12</td>
<td>15.0</td>
<td>6 15.0</td>
<td>6 15.0</td>
</tr>
<tr>
<td>10-11</td>
<td>16</td>
<td>20.0</td>
<td>13 32.5</td>
<td>3 7.5</td>
</tr>
<tr>
<td>12 (High School)</td>
<td>17</td>
<td>21.2</td>
<td>3 7.5</td>
<td>14 35.0</td>
</tr>
<tr>
<td>13-15</td>
<td>9</td>
<td>11.2</td>
<td>3 7.5</td>
<td>6 15.0</td>
</tr>
<tr>
<td>Total N</td>
<td>80</td>
<td>100.0</td>
<td>40 100.0</td>
<td>40 100.0</td>
</tr>
</tbody>
</table>

Mean = 3.10  Mode = 4.00  Median = 3.33
Mean = 3.77  Mode = 5.00  Median = 4.50
Women more readily than men exhibited slightly higher frequencies in completing primary and intermediate school grades. However, as years of school increase, more men than women achieved beyond high school grades by a proportion of 2:1.

In spite of this tendency, no significant differences were found between the sexes in years of school completed (p > .05).

c. Occupational Status of Women and Men Alcoholic Subjects

Analyses of the subjects' occupational status revealed that 69.2 percent of women alcoholics while men were spread throughout the occupations: 15 percent semi-professional; 17.5 percent salesman or craftsman; 25 percent operators; and 32.5 percent service workers. Thus, female subjects were more likely to be housewives in contrast with male subjects who were more likely to be in an occupation. This differential pattern is shown in Table 5.

A statistical association ($X^2 = 56.20$, df = 8, $p < .001$ and Cramer's $V = .843$) was found between sex and the type of occupation held by the subjects.

Data regarding the subjects' working status disclosed that 47.5 percent of the male population, compared with 23.7 percent of the female population, were actually working. This difference between the sexes and their present working status was significant ($X^2 = 3.824$, df = 1, $p < .05$, Phi Coefficient = .248).
TABLE 5

WOMEN AND MEN ALCOHOLIC SUBJECTS
BY THEIR OCCUPATIONAL STATUS

<table>
<thead>
<tr>
<th>Occupational Status</th>
<th>Both Sexes</th>
<th>Percent of Total Sample</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(N) Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager</td>
<td>2</td>
<td>2.5</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Semi-Professional or Technical</td>
<td>8</td>
<td>10.0</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Salesperson or Craftsperson</td>
<td>9</td>
<td>11.2</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Operator</td>
<td>11</td>
<td>13.7</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Farmer</td>
<td>2</td>
<td>2.5</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Service Worker</td>
<td>15</td>
<td>18.8</td>
<td>2</td>
<td>13</td>
</tr>
<tr>
<td>Domestic Worker</td>
<td>3</td>
<td>3.7</td>
<td>3</td>
<td>13</td>
</tr>
<tr>
<td>Housewife</td>
<td>27</td>
<td>33.7</td>
<td>27</td>
<td>69</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3.7</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>Total N</td>
<td>79</td>
<td>100.0</td>
<td>39 a</td>
<td>40</td>
</tr>
</tbody>
</table>

^a Missing Observations = 1.
d. **Income and Income Source of Women and Men Alcoholic Subjects**

The gross monthly income of the subjects is presented in Table 6. The majority of the women alcoholics did not have a gross monthly income. Of those who did have a monthly income, the majority or 32.5 percent were classified in the lowest income bracket, in contrast to only five men or 12.5 percent who were categorized at that level. Furthermore, the T test revealed that women alcoholics earned significantly less money when compared to men \((t = 3.01, \text{ df } = 78, \ p < .004)\).

Although not statistically significant \((p > .05)\), some differences between the sexes were detected with regard to their source of income. Forty percent of the men were salaried compared to 13.2 percent of the women; about the same percentages of women and men owned their own businesses; and more women than men alcoholics were receiving food stamps. The relationship between the source of income by sex of subjects is shown in Table 7.

2. **Membership Composition and Other Demographic Characteristics of the Families of Women and Men Alcoholic Subjects**

a. **Children of Women and Men Alcoholics**

The number of children and their ordinal positions in the families of male and female alcoholics are presented in Table 8.

Women and men alcoholics had about the same number of children. This finding is a result of the sampling technique where children of alcoholic men were matched to the size of the families of the women’s sample. In spite of
### TABLE 6

**WOMEN AND MEN ALCOHOLIC SUBJECTS**  
**BY GROSS MONTHLY INCOME**

<table>
<thead>
<tr>
<th>Income</th>
<th>Both Sexes</th>
<th>Percent of Total Sample</th>
<th>Sex</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Women (N) Percent</td>
<td>Men (N)</td>
<td>Percent</td>
</tr>
<tr>
<td>None</td>
<td>38</td>
<td>47.5</td>
<td>21  52.5</td>
<td>17</td>
<td>42.5</td>
</tr>
<tr>
<td>Under $600</td>
<td>18</td>
<td>22.5</td>
<td>13  32.5</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>$601-700</td>
<td>8</td>
<td>10.0</td>
<td>4   10.0</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>$701-800</td>
<td>10</td>
<td>12.5</td>
<td>2   5.0</td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td>$801-900</td>
<td>6</td>
<td>7.5</td>
<td></td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td>80</td>
<td>100.0</td>
<td>40  100.0</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 7

**WOMEN AND MEN ALCOHOLIC SUBJECTS**  
**BY INCOME SOURCE**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Both Sexes</th>
<th>Percent of Total Sample</th>
<th>Sex</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>21</td>
<td>26.9</td>
<td>5   13.2</td>
<td>16</td>
<td>40.0</td>
</tr>
<tr>
<td>Social Security</td>
<td>1</td>
<td>1.3</td>
<td>1   2.6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Own Business</td>
<td>5</td>
<td>6.4</td>
<td>2   5.3</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>13</td>
<td>16.7</td>
<td>9   23.7</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Economic Assistance</td>
<td>1</td>
<td>1.3</td>
<td>1   2.6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total N</strong></td>
<td>41</td>
<td>52.6</td>
<td>18  47.4</td>
<td>23</td>
<td>57.5</td>
</tr>
</tbody>
</table>

*Missing Observations = 2.*
## TABLE 8

**CHILDREN OF ALCOHOLIC SUBJECTS**
**BY SEX AND ORDINAL POSITION**

<table>
<thead>
<tr>
<th>Ordinal Position</th>
<th>Women Alcoholics</th>
<th>Men Alcoholics</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male Children</td>
<td>Female Children</td>
<td></td>
<td>Male Children</td>
<td>Female Children</td>
</tr>
<tr>
<td></td>
<td>(N) Percent</td>
<td>(N) Percent</td>
<td></td>
<td>(N) Percent</td>
<td>(N) Percent</td>
</tr>
<tr>
<td>1st</td>
<td>20  50.0</td>
<td>20  50.0</td>
<td>12  30.0</td>
<td>28  70.0</td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td>14  35.0</td>
<td>22  55.0</td>
<td>22  55.0</td>
<td>16  40.0</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td>8   20.0</td>
<td>14  35.0</td>
<td>13  32.5</td>
<td>14  35.0</td>
<td></td>
</tr>
<tr>
<td>4th</td>
<td>6   15.0</td>
<td>9   22.5</td>
<td>11  27.5</td>
<td>4   10.0</td>
<td></td>
</tr>
<tr>
<td>5th</td>
<td>3   7.5</td>
<td>7   17.5</td>
<td>5   12.5</td>
<td>5   12.5</td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td>2   5.0</td>
<td>1   2.5</td>
<td></td>
<td></td>
<td>1   2.5</td>
</tr>
<tr>
<td>7th</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total N</td>
<td>53  53</td>
<td>73  73</td>
<td>63  63</td>
<td>68  68</td>
<td></td>
</tr>
</tbody>
</table>

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this fact, women subjects had a slightly higher number of same-sexed children and a proportionally lower number of opposite sex, or male children, compared to the men subjects.

No significant differences \((p > .05)\) were found between the children of women and men alcoholics with regard to age, years of school completed, and occupation. Accordingly, the majority of children of alcoholic subjects were between the ages of 14 to 24 years, their occupational status was student, and they did not have any income. However, children of men alcoholics exhibited a higher frequency in completing from 7 to 9 years of school, while the children of women alcoholics obtained their highest frequency from 4 to 6 years, for a lower school completion rate. Furthermore, of those children of alcoholic subjects who were working, a slightly higher number of them were the children of women alcoholics \((e.g., n = 12 \text{ or } 30 \text{ percent})\), compared to \(n = 8 \text{ or } 20 \text{ percent}\) of the children of men alcoholics who were working. Both groups of children were preferably employed as service workers, followed by semi-professional or technical, professional, and farmer worker positions. Additionally, this group of children derived their major source of income from being salaried and the majority of them earned no more than $600 monthly.

There was another group of children in the families of five women and four men alcoholics who, in spite of the fact that their occupational status was that of student, were receiving a scholarship \((e.g., \text{B.E.O.G.})\).
b. **Spouses of Women and Men Alcoholic Subjects**

Husbands of women alcoholics were older (e.g., 47-50 age bracket and over) than the wives of alcoholic men (e.g., 35-38 age category). This difference was statistically significant ($t = -4.81$, $df = 77$, $p < .001$).

The distribution in years of school completed by husbands of alcoholic women was bimodal. Twenty-five percent of the husbands had completed under 5 years of school, while the same percentage had completed from 10 to 11 years of school. Only five husbands of women alcoholics had completed college or done some kind of graduate work. The majority of the husbands (e.g., $n = 24$ or 60 percent) held an occupational status either as service worker, salesperson-craftsperson, or farmer worker; were actually employed; their gross monthly income ranged from under $600 to a maximum of $900, with the highest frequency located in the $800-900 income bracket; and their source of income was received mostly from being salaried and to a lesser extent, from their own businesses.

Wives of alcoholic men had completed from 10 to 12 years of school, but differed from husbands of alcoholic women; none of them had completed any graduate or undergraduate work. The majority of the wives of men alcoholics (e.g., $n = 23$ or 57.5 percent) held an occupational status as housewives, followed by the position of service worker (e.g., $n = 7$ or 17.5 percent). The non-working wives of alcoholic men received some type of income. Their most frequent source of income was obtained from either food stamps, economic
assistance, or economic aid from parents. The working wives of alcoholic men earned lower salaries (e.g., the majority or 55 percent were concentrated in the under $600 income bracket) than the husbands of women alcoholics. This observed difference was significant at a level of .05 or less.

Variables associated with the age, years of school completed, occupational status, gross monthly income, and income source for the spouses of men and women alcoholics are shown in Table 9.

c. **Place of Residence, Religion and Recreational Activities in Families of Women and Men Alcoholics**

More women alcoholics (e.g., n = 24 or 60 percent) had their residence in the urban area, while more men alcoholics (e.g., n = 21 or 52.5 percent) lived in the rural area. Of those alcoholic subjects from both sexes who held their residence in the urban area, men alcoholics doubled women by living in a public zone, while women alcoholics almost doubled men by living in a residential zone.

No significant differences (p > .05) were found in religious affiliation as the majority of subjects of both sexes identified themselves and their families as Catholics.

The recreational activities carried out by the families of women and men alcoholics, as related to level of participation, is illustrated in Table 10.
TABLE 9
SPouses OF WOMEN AND MEN ALCOHOLIC SUBJECTS BY AGE, YEARS OF SCHOOL COMPLETED, OCCUPATIONAL STATUS, GROSS MONTHLY INCOME, AND INCOME SOURCE

<table>
<thead>
<tr>
<th>Age</th>
<th>WOMEN ALCOHOLICS</th>
<th>MEN ALCOHOLICS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>Under 30</strong></td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>31-34</strong></td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>35-38</strong></td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>39-42</strong></td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>43-46</strong></td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td><strong>47-50</strong></td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td><strong>51-54</strong></td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>55-58</strong></td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td><strong>Over 58</strong></td>
<td>8^a</td>
<td>20.0</td>
</tr>
</tbody>
</table>

^a Missing Observations = 1
Mean = 3.40, Mode = 3.00, and Median = 3.08

<table>
<thead>
<tr>
<th>Years of School Completed</th>
<th>WOMEN ALCOHOLICS</th>
<th>MEN ALCOHOLICS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Under 5</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>6-7</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>8-9</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>10-11</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>12 (High School)</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>13-15</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>16 (College)</td>
<td>1^a</td>
<td>2.5</td>
</tr>
<tr>
<td>17-19 (Graduate Work)</td>
<td>2^a</td>
<td>5.0</td>
</tr>
</tbody>
</table>

^a Missing Observations = 1
Mean = 5.51, Mode = 6.00, Median = 5.62

^a Missing Observations = 1
Mean = 3.48, Mode = 5.00, Median = 3.29
Table 9 (continued)

<table>
<thead>
<tr>
<th>Occupational Status</th>
<th>WOMEN ALCOHOLICS</th>
<th></th>
<th>MEN ALCOHOLICS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>Manager</td>
<td>4</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Professional</td>
<td>2</td>
<td>5.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Semi-professional or Technical</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Salesperson or Crafts-person</td>
<td>7</td>
<td>17.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Operator</td>
<td>4</td>
<td>10.0</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Farmer</td>
<td>6</td>
<td>15.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Service Worker</td>
<td>11</td>
<td>27.5</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Housewife</td>
<td>-</td>
<td>-</td>
<td>23</td>
<td>57.5</td>
</tr>
<tr>
<td>Pensionary</td>
<td>4a</td>
<td>10.0</td>
<td>1a</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*M Missing Observations = 1
Mean = 4.46, Mode = 7.00, and Median = 4.87

<table>
<thead>
<tr>
<th>Monthly Gross Income</th>
<th>WOMEN ALCOHOLICS</th>
<th></th>
<th>MEN ALCOHOLICS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>Under $600</td>
<td>9</td>
<td>22.5</td>
<td>22</td>
<td>55.0</td>
</tr>
<tr>
<td>$601-700</td>
<td>2</td>
<td>5.0</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>$701-800</td>
<td>7</td>
<td>17.5</td>
<td>1a</td>
<td>2.5</td>
</tr>
<tr>
<td>$801-900</td>
<td>13</td>
<td>32.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$901-1000</td>
<td>4</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Over $1001</td>
<td>4a</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*M Missing Observations = 1
Mean = 3.33, Mode = 4.00, and Median = 3.61

<table>
<thead>
<tr>
<th>Income Source</th>
<th>WOMEN ALCOHOLICS</th>
<th></th>
<th>MEN ALCOHOLICS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>Salary</td>
<td>28</td>
<td>70.0</td>
<td>14</td>
<td>35.0</td>
</tr>
<tr>
<td>Social Security</td>
<td>4</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Own Business</td>
<td>7a</td>
<td>17.5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>Economic Assistance</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Economic Aid from Spouse's Parents</td>
<td>-</td>
<td>-</td>
<td>2a</td>
<td>-</td>
</tr>
</tbody>
</table>

*M Missing Observations = 1
Mean = 1.46, Mode = 1.00, and Median = 1.19

*Missing Observations = 2
Mean = 3.71, Mode = 1.00, and Median = 3.86
## TABLE 10

**FEMALE AND MALE FAMILIES OF ALCOHOLICS BY THEIR LEVEL OF PARTICIPATION IN RECREATIONAL ACTIVITIES**

<table>
<thead>
<tr>
<th>Recreational Activities</th>
<th>All Members</th>
<th>Father and Children</th>
<th>Mother and Children</th>
<th>Father Alone</th>
<th>Mother Alone</th>
<th>Children Alone</th>
<th>Nobody</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Visits</strong></td>
<td>18</td>
<td>1</td>
<td>2</td>
<td>--</td>
<td>2</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Neighbor Visits</td>
<td>3</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>4</td>
<td>26</td>
<td>7</td>
</tr>
<tr>
<td>Rides</td>
<td>11</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Picnics</td>
<td>7</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>Baseball-Basketball Games</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Play Cards</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>2</td>
<td>--</td>
<td>37</td>
</tr>
<tr>
<td>Parties, Dances</td>
<td>--</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>26</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td>5</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Watch Television</td>
<td>38</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>2</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Movies</td>
<td>4</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>10</td>
<td>26</td>
</tr>
<tr>
<td>Funerals</td>
<td>3</td>
<td>21</td>
<td>1</td>
<td>--</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recreational Activities</th>
<th>All Members</th>
<th>Father and Children</th>
<th>Mother and Children</th>
<th>Father Alone</th>
<th>Mother Alone</th>
<th>Children Alone</th>
<th>Nobody</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Visits</strong></td>
<td>19</td>
<td>--</td>
<td>--</td>
<td>12</td>
<td>3</td>
<td>3</td>
<td>--</td>
</tr>
<tr>
<td>Neighbor Visits</td>
<td>5</td>
<td>--</td>
<td>--</td>
<td>3</td>
<td>--</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Rides</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>3</td>
<td>--</td>
<td>8</td>
<td>30</td>
</tr>
<tr>
<td>Picnics</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>12</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Baseball-Basketball Games</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>11</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Play Cards</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>9</td>
<td>--</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>Parties, Dances</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>18</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td>15</td>
<td>--</td>
<td>--</td>
<td>15</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Watch Television</td>
<td>39</td>
<td>--</td>
<td>--</td>
<td>4</td>
<td>--</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Funerals</td>
<td>--</td>
<td>31</td>
<td>--</td>
<td>1</td>
<td>5</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

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No significant differences (p > .05) were found in the level of family membership participation with regard to baseball – basketball; playing cards; parties – dances; watching television; and going to funerals. However, moderate to weak (p = .05 or less) significant associations were obtained in the rest of the recreational activities, with the exception of the category 'others' to which only one subject responded.

Accordingly, a significant, moderate strength relationship ($X^2 = 20.817$, df = 7, $p < .001$ and Cramer's $V = .513$) was detected in family visits. In the families of alcoholic men, the "mother and children" used to visit, compared to "nobody" or 'mother alone' in families of alcoholic women.

A significant, weak to moderate association ($X^2 = 13.230$, df = 4, $p < .01$ and Cramer's $V = .409$) was found with regard to neighbor visits as in the families of alcoholic men, neighbor visits were associated with the category 'nobody' while in families of alcoholic women, they were related with the category 'children alone.'

A significant but weak association ($X^2 = 12.544$, df = 3, $p < .02$ Cramer's $V = .398$) was identified in the recreational activities of rides ($X^2 = 12.544$, df = 3, $p < .01$ and Cramer's $V = .398$) and of picnics ($X^2 = 9.316$, df = 2, $p < .01$ and Cramer's $V = .343$). The level of participation in families of men alcoholics was 'nobody' while in the families of women alcoholics, the category 'all members' was the most frequent one.
A significant, moderate to strong association ($X^2 = 32.457$, df = 5, $p < .001$ and Cramer's $V = .653$) was found in the level of participation in church activities. In families of men alcoholics, 'all members' and 'mother and children' categories received the highest number of participants involved, while in the families of women alcoholics, the categories 'children alone' or 'nobody' were identified as participants.

Finally, a significant but weak association ($X^2 = 10.544$, df = 4, $p = .03$ and Cramer's $V = .365$) was found in the activity 'movies'. In families of female alcoholics, 'nobody' was the category most frequently observed while in families of male alcoholics, the category 'children alone' was more common.
CHAPTER VI

FINDINGS RELATED TO RESEARCH QUESTIONS

Attuned with the purposes of this study, the major research question under investigation was composite in its nature. The study attempted to obtain quantitative and qualitative data in order to determine if the social context of drinking patterns was different for Puerto Rican women and men alcoholics, and how alcoholism impinges on their family social functioning (i.e., marital, parent-child, and fraternal relationships).

This broad focus was narrowed down into twelve research questions associated with: (1) the onset of women's drinking; (2) parental and sibling alcoholism; (3) initiation in drinking and rejection from others; (4) solitary drinking practices among women facilitated by their housewife role; (5) depression as a precipitating factor in women's drinking; (6) alcohol and its differential effects on subjects' sexual relations; (7) sex differentials in the frequency of arrests; (8) sex differentials in the frequency of economic family problems; (9) sex differentials in the number of marital separations; (10) differential impact of parental alcoholism on parent-child relationships; (11) differences in fraternal relationships in the families of women and men alcoholics; and (12) differences in behaviors exhibited by children of women and men alcoholics.
Accordingly, in this chapter the findings related to the social biography of drinking patterns and to the family social functioning with their derivative questions will be presented. The latter portion of the chapter will be an analysis of the evaluation about the services received in Alcoholism Treatment Programs, as well as the subjects' recommendations to improve these services.

1. The Social Biography of Drinking Patterns in Women and Men Alcoholic Subjects

   a. Initial Drinking Patterns

   The majority of women alcoholics (n = 24 or 60 percent) had their first drink with intoxicating effects as adolescents, from 13 to 17 years of age. In contrast, the majority of men alcoholics (n = 35 or 87.5 percent) had their first intoxication at the age of 12 or younger.

   Sixty-eight percent of the men (n = 27) consumed rum as their first drink; 30 percent (n = 12) first consumed beer. Only one male consumed wine as the first drink. The women were almost equally divided in their beer-rum preference (n = 17 and n = 16, respectively) during the first drinking experience. Thus, a significant weak to moderate strength association ($X^2 = 8.342$, df = 3, $p < .02$ and Cramer's $V = .332$) was found between the sexes as females showed higher frequencies in beer and wine, while males were associated more with rum.

   A significant strong association ($X^2 = 29.695$, df = 4, $p < .001$ and Cramer's $V = .609$) was detected in terms of the source of the alcoholic
beverage. The majority of men alcoholics associated the initial source of the drink to a friend (n = 35 or 87.5 percent), while women alcoholics linked the source to their fathers (n = 22 or 55 percent).

During the beginning years of drinking, more men (n = 39 or 97.5 percent) than women (n = 29 or 72.5 percent) drank with their friends. This was a significant, weak to moderate strength association ($X^2 = 10.803$, df = 4, $p < .02$ and Cramer's $V = .367$).

No significant differences ($p > .05$) were found in the principal motive given by women and men subjects for their initial drinking. For both sexes, 'having fun' was considered to be the basic motive for drinking followed by the category 'to relax'. However, more women than men (n = 5 or 12.5 percent and n = 2 or 5.0 percent, respectively) considered 'to establish social relationships' as another motive for drinking.

A significant, weak to moderate association ($X^2 = 11.352$, df = 4, $p < .02$ and Cramer's $V = .376$) was found between the sexes with regard to parents' approval of subjects' initial drinking behavior. In the majority of male subjects (n = 37 or 92.5 percent) neither parent approved of their drinking compared to 25 cases of female subjects or 62.5 percent where both parents approved. This finding is consistent with Ullman's (1957 and 1962) where women were given their first drink by their parents, and under a much more positive set of circumstances.
The drinking frequency of women and men subjects in their initial pattern of drinking is shown in Table 11.

A significant, strong relationship \(X^2 = 59.599, \text{ df} = 5, p < .001\) and Cramer's \(V = .850\) was observed in the initial drinking frequencies of women and men subjects.

Males were associated with higher frequencies in the 'every day' and '2 - 3 days' categories, while females were more likely to drink 'only on weekends'.

The distribution of type and quantity of alcoholic beverage consumed by subjects is illustrated in Table 12.

No statistically significant differences \(p > .05\) were found between the sexes in quantity of hard and light liquor consumed in their initial drinking patterns. However, percentage distribution of type and quantity of beverage consumed point to some differences between the sexes. Men drank almost twice the quantity of 1/2 bottle of hard liquor compared to women, while women drank slightly more beer than men in the beginning of their drinking pattern history.

The variable, 'preferable way of preparing drinks' during subjects' initial drinking pattern revealed that women \(n = 19\) or 47.5 percent) slightly more than men \(n = 16\) or 40.0 percent) preferred to drink hard liquor in an undiluted way; men preferred to mix the drink with soda \(n = 15\), 37.5 percent) more so than women \(n = 8\), 20.0 percent).
**TABLE 11**

**FREQUENCY DISTRIBUTION OF INITIAL DRINKING PATTERNS IN WOMEN AND MEN SUBJECTS**

<table>
<thead>
<tr>
<th>Initial Drinking Pattern</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every Day</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>2 to 3 Days a Week</td>
<td>-</td>
<td>-</td>
<td>29</td>
<td>72.5</td>
</tr>
<tr>
<td>Only on Weekends</td>
<td>34</td>
<td>85.0</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Once a Month</td>
<td>3</td>
<td>7.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Several Times a Month</td>
<td>2</td>
<td>5.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Several Times a Year</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40</td>
<td>100.0</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**Mean = 2.02**

**Mode = 2.00**

**Median = 2.01**

**Mean = 3.25**

**Mode = 3.00**

**Median = 3.08**
# TABLE 12

**DISTRIBUTION OF INITIAL TYPE OF BEVERAGE CONSUMED AND TYPICAL QUANTITY BY SEX OF SUBJECTS**

<table>
<thead>
<tr>
<th>Type of Beverage Consumed</th>
<th>Women</th>
<th>Men</th>
<th>Typical Quantity</th>
<th>Per-Cent (N)</th>
<th>Per-Cent (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>5 or more drinks</td>
<td>1/4 liter</td>
<td>1/2 liter</td>
</tr>
<tr>
<td>Hard Liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rum</td>
<td>65.0</td>
<td>26</td>
<td>5</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Vodka</td>
<td>2.5</td>
<td>1</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Whisky</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light Liquor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td>32.5</td>
<td>13</td>
<td>9</td>
<td>12</td>
<td>18</td>
</tr>
<tr>
<td>Wine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>40</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
</tbody>
</table>

Mean = 3.10
Mode = 4.00, and
Median = 3.30

Mean = 3.52
Mode = 4.00, and
Median = 3.89
Subjects' preferences in drinking places in the beginning years are shown in Table 13.

A statistically significant association ($X^2 = 60.799$, df = 3, $p < .001$ and Cramer's V = .871) was found between the subjects' sex and their preferred place of drinking during initial pattern. Sixty percent of the women expressed their preference for drinking at parties compared to only 15 percent of the men. In contrast, 72.5 percent of the men showed preference for drinking at bars while none of the women drank at bars. Instead, women's second preference in drinking place was the home (n = 16 or 40.0 percent). None of the men expressed preference for drinking at home, but rather in the neighborhood (n = 5 or 12.5 percent).

b. **Problematic Drinking Patterns**

Women and men subjects exhibited differences with regard to the age in which they began to drink in a compulsive or problematic way. A statistically significant difference ($t = -6.70$, df = 78, $p < .001$) was obtained as women began to drink compulsively at an older age (highest frequency in the 33-37 age bracket) than men (highest frequency in the 18-22 age group). This relationship can be observed in Table 14.

Analyses of the motive and the reason given by women and men subjects for their compulsive drinking were found to be statistically different ($X^2 = 51.928$, df = 5, $p < .001$ and Cramer's V = .810).
### TABLE 13

**FREQUENCY DISTRIBUTION OF PREFERENCES IN DRINKING PLACES IN WOMEN AND MEN SUBJECTS IN THEIR INITIAL DRINKING PATTERN**

<table>
<thead>
<tr>
<th>Preferred Drinking Place</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>16</td>
<td>40.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bar</td>
<td>-</td>
<td>-</td>
<td>29</td>
<td>72.5</td>
</tr>
<tr>
<td>Parties</td>
<td>24</td>
<td>60.0</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Neighborhood</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40</td>
<td>100.0</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### TABLE 14

**FREQUENCY DISTRIBUTION OF AGE OF COMPULSIVE DRINKING IN WOMEN AND MEN SUBJECTS WHEN DRINKING WAS PROBLEMATIC**

<table>
<thead>
<tr>
<th>Age of Compulsive Drinking</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 17</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>18-22</td>
<td>1</td>
<td>2.5</td>
<td>18</td>
<td>45.0</td>
</tr>
<tr>
<td>23-27</td>
<td>7</td>
<td>17.5</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>28-32</td>
<td>7</td>
<td>17.5</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>33-37</td>
<td>16</td>
<td>40.0</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>38-43</td>
<td>7</td>
<td>17.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Over 43</td>
<td>2</td>
<td>5.0</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40</td>
<td>100.0</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Mean = 4.67
Mode = 5.00
Median = 4.81
Mean = 2.85
Mode = 2.00
Median = 2.50
The motive identified by male subjects (n = 28 or 70.0 percent) for their compulsive drinking was 'to imitate friends', while for women, it was either 'difficulties with spouse' (n = 18 or 46.2 percent) or to 'cope with daily stresses' (n = 14 or 35.9 percent).

The reasons for compulsive drinking expressed by women and men subjects also followed a different pattern. Male responses (n = 31 or 79.5 percent) were strongly associated with the category 'because I developed a drinking habit' while women's responses were strongly linked (n = 34 or 87.2 percent) to the response 'lack self confidence'. This relationship was statistically significant ($X^2 = 60.564$, df = 5, $p < .001$ and Cramer's $V = .881$).

Furthermore, the other reasons mentioned by women were associated with an earlier disruptive familiar experience, as shown in Table 15.

One of the research questions raised by this study was whether the onset of women's drinking was related to an earlier disruptive familiar experience.

The above-cited findings showed that the onset of women's drinking is much more associated with marital conflicts and difficulties in coping with daily living stresses. In contrast, in men subjects, the onset of drinking is more social in nature and comes about as a result of group bonding and of convivial drinking. Moreover, crisis-prone events are more linked to women subjects when compared to men.
TABLE 15

WOMEN AND MEN SUBJECTS BY MOTIVE AND REASON FOR COMPULSIVE DRINKING

<table>
<thead>
<tr>
<th>Principal Motive for Compulsive Drinking</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties with Children</td>
<td>4</td>
<td>10.0</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Difficulties with Spouse</td>
<td>18&lt;sup&gt;d&lt;/sup&gt;</td>
<td>46.2</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Solve a Problem</td>
<td>3</td>
<td>7.7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Imitate Relatives</td>
<td>-</td>
<td>-</td>
<td>3&lt;sup&gt;d&lt;/sup&gt;</td>
<td>7.5</td>
</tr>
<tr>
<td>Imitate Friends</td>
<td>-</td>
<td>-</td>
<td>28&lt;sup&gt;d&lt;/sup&gt;</td>
<td>70.0</td>
</tr>
<tr>
<td>Cope with Daily Living Stresses</td>
<td>14&lt;sup&gt;d&lt;/sup&gt;</td>
<td>35.9</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Predominant Reason for Compulsive Drinking</th>
<th>Women (N)&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Percent</th>
<th>Men (N)&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a Drinking Habit</td>
<td>-</td>
<td>-</td>
<td>31</td>
<td>79.5</td>
</tr>
<tr>
<td>Sexual Difficulties with Spouse</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>2</td>
<td>5.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Father's Death</td>
<td>1</td>
<td>2.6</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sibling's Death</td>
<td>2</td>
<td>5.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lack Self-Confidence</td>
<td>34</td>
<td>87.2</td>
<td>5</td>
<td>12.8</td>
</tr>
</tbody>
</table>

<sup>a,b,c</sup> Missing Observations = 1.
<sup>d</sup> Represents statistical significant differences between the sexes at $p < .001$ level.
Significant differences \( (p = .05 \text{ or less}) \) were found in the familial antecedents of alcoholism in women and men alcoholic subjects. Women subjects identified their fathers and their brothers as compulsive drinkers or alcoholics, while men subjects considered other relatives as such.

No significant association was found between the sexes with regard to alcoholism in the mother \( (p > .05) \). However, a significant but weak relationship \( (p < .01) \) was found between women subjects’ positive responses in acknowledging a sister who drank compulsively and men subjects’ negative responses.

Differential patterns in familial antecedents of alcoholism in women and men subjects are shown in Table 16.

The high frequencies of drinking problems found in fathers and siblings of women alcoholics are in the predicted direction posed by the research question of whether female alcoholics were more likely than men to have relatives (i.e., parents and siblings) with drinking problems.

A strong significant relationship \( (X^2 = 47.200, df = 1, p < .001, \text{ Phi Coefficient}= .798) \) was found between the sexes and their feelings of rejection. Women alcoholics felt much more rejected than men alcoholics. Women alcoholics most frequently felt rejected by their spouses, followed by other relatives, friends, neighbors, and children. In contrast to the thirty-four or 87.2 percent of the women who felt rejected, thirty-seven or 92.5 percent of the men reported not to have felt rejected by anyone. The different patterning of subjects’ responses are shown in Table 17.
TABLE 16

WOMEN AND MEN SUBJECTS BY THEIR FAMILIAL ANTECEDENTS OF ALCOHOLISM

<table>
<thead>
<tr>
<th>Family Member Who Drank Compulsively</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>37</td>
<td>92.5</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Mother</td>
<td>3</td>
<td>7.5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Brother</td>
<td>37</td>
<td>92.5</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Sister</td>
<td>8</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>1</td>
<td>2.5</td>
<td>37</td>
<td>92.5</td>
</tr>
<tr>
<td>No One</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>5.0</td>
</tr>
</tbody>
</table>

\(^a\) Missing Observations = 1.

\(^b\) Alcoholism in the fathers of women alcoholic compared to the low rates exhibited by fathers of men alcoholic was statistically significant \((X^2 = 56.862, df = 1, p < .001, \text{Phi Coefficient} = .873)\).

\(^c\) The relationship of high frequencies of alcoholism in the brothers of women alcoholic in contrast with men alcoholic was statistically significant \((X^2 = 50.260, df = 1, p < .001, \text{Phi Coefficient} = .822)\).

\(^d\) The relationship of high frequencies of alcoholism in the sisters of alcoholic women in contrast with alcoholic men was statistically significant \((X^2 = 6.62, df = 1, p < .01, \text{Phi Coefficient} = .331)\).

\(^e\) The association of men alcoholic to the presence of alcoholism in other relatives as different from women alcoholic was significant at \(p = .001\) \((X^2 = 66.636, 1 \text{ df}, \text{Phi Coefficient} = .949)\).
TABLE 17

FREQUENCY DISTRIBUTION OF REJECTION FEELING
BY SOURCE AND SEX OF SUBJECTS

<table>
<thead>
<tr>
<th>Level of Rejection</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>(N)</td>
</tr>
<tr>
<td>Felt Rejected by Others</td>
<td>34&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Didn't Feel Rejected by Others</td>
<td>5</td>
</tr>
<tr>
<td>Mean</td>
<td>1.12</td>
</tr>
<tr>
<td>Mode</td>
<td>1.00</td>
</tr>
<tr>
<td>Median</td>
<td>1.07</td>
</tr>
</tbody>
</table>

| Source                             | (N)          | Percent       |
|------------------------------------|--------------|
| Son                                | 1            | 2.5           |
| Daughter                           | 1            | 2.5           |
| Spouse                             | 20<sup>d</sup>| 50.0          |
| Other Relatives                    | 5            | 12.5          |
| Neighbors                          | 3            | 7.5           |
| Friends                            | 5            | 12.5          |
| No One                             | 5            | 12.5          |
| Mean                               | 4.52         | 7.84          |
| Mode                               | 3.00         | 8.00          |
| Median                             | 3.40         | 7.97          |

<sup>a</sup> Missing Observations = 1  
<sup>b</sup> Missing Observations = 1  
<sup>c</sup>, <sup>d</sup> Represent statistical significant differences between women and men alcoholics at p < .001.
Another question in this research was whether women alcoholics initiated their drinking later in life than male alcoholics and whether they felt more rejected than men for their drinking.

The aforementioned findings of this study strongly suggest that women begin to drink about four years later than men, and that they feel much more rejected than males. In essence, women more readily than men feel rejected by significant others.

A strong significant association ($X^2 = 64.064$, df = 6, $p < .001$ and Cramer's $V = .900$) was found between the sexes in their responses as to whom they felt their compulsive way of drinking had created a major problem. Women and men alcoholics felt their compulsive drinking brought about more problems with their spouses (husbands and wives, respectively) with the women having a slightly higher frequency ($n = 28$ or 71.8 percent) than men ($n = 27$ or 67.5 percent). In both sexes, the family was identified as another area in which their drinking had created major problems ($n = 8$ or 20.0 percent). However, some women subjects ($n = 4$ or 10.3 percent), in contrast with none of the men, mentioned their children as the area in which their drinking caused them problems. Four men considered their employers or relatives as the ones to whom their drinking had created problems with.

Analyses of the social context of problematic drinking revealed that women more readily than men preferred to drink in their homes rather than at bars, as do men. Subjects' preferences in drinking places are shown in
Table 18. Additionally, the preference during problematic drinking for company disclosed significant differences between the sexes. Table 19 shows the subjects' preferences for drinking alone or with others.

**TABLE 18**

**FREQUENCY DISTRIBUTION OF PREFERENCES IN DRINKING PLACES IN WOMEN AND MEN ALCOHOLICS IN THEIR PROBLEMATIC DRINKING PATTERN.**

<table>
<thead>
<tr>
<th>Preferred Drinking Place</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>Home</td>
<td>37 b</td>
<td>92.5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Bar</td>
<td>1</td>
<td>2.5</td>
<td>35 b</td>
<td>87.5</td>
</tr>
<tr>
<td>Parties</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Neighborhood</td>
<td>1</td>
<td>2.5</td>
<td>4</td>
<td>10.0</td>
</tr>
</tbody>
</table>

*Missing Observations = 1*

b. The association of women subjects' drinking at home and men subjects' drinking at bars was statistically significant ($X^2 = 68.014, p < .001$ and Cramer's $V = .927$).

**TABLE 19**

**FREQUENCY DISTRIBUTION OF DRINKING ALONE OR ACCOMPANIED IN WOMEN AND MEN ALCOHOLICS IN THEIR PROBLEMATIC DRINKING PATTERN**

<table>
<thead>
<tr>
<th>Way of Drinking</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N) a</td>
<td>Percent</td>
<td>(N) b</td>
<td>Percent</td>
</tr>
<tr>
<td>Alone</td>
<td>38</td>
<td>97.4</td>
<td>2</td>
<td>5.1</td>
</tr>
<tr>
<td>Accompanied</td>
<td>1</td>
<td>2.6</td>
<td>37</td>
<td>94.9</td>
</tr>
</tbody>
</table>

*Missing Observations = 1.*
This observed difference between the male and female preferences in drinking alone or accompanied was statistically significant ($X^2 = 62.861$, df = 1, $p < .001$, Phi Coefficient = .923).

The drinking patterns of women and men subjects as to when they began to drink in a compulsive or uncontrolled way are shown in Table 20.

A statistically significant difference ($t = 6.10$, df = 78, $p < .001$) between males and females was found in the length of compulsive drinking. Men drank compulsively longer (mean = 4.5 years) than women (mean = 2.8 years). Thus, connecting this finding to the age at which the sexes began to drink compulsively (men younger and women older), it seems that it took women less time to develop alcohol problems as compared to men.

No significant differences ($p > .05$) were found between the sexes with regard to type, quantity, and frequency of beverage consumed, as well as with regard to their control over drinking once it had begun and to their preferred ways of imbibing hard liquor (undiluted, mixed with soda, or mixed with water). However, the frequency distribution of typical quantity of hard liquor (rum) and whisky) showed that slightly more women than men ($n = 20$ versus $n = 15$, respectively) consumed $1\frac{1}{2}$ liters of rum. Moreover, in beer consumption, one woman consumed more than 24 cans, while none of the men consumed any beer.

Significant differences at a confidence level of .05 or less were obtained for women and men about their feelings before, when, and after drinking.
<table>
<thead>
<tr>
<th>Length of Compulsive Drinking in Years</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2</td>
<td>6</td>
<td>15.0</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>2 to 4</td>
<td>10</td>
<td>25.0</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>5 to 7</td>
<td>14</td>
<td>35.0</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>8 to 10</td>
<td>7</td>
<td>17.5</td>
<td>9</td>
<td>22.5</td>
</tr>
<tr>
<td>11 to 13</td>
<td>2</td>
<td>5.0</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td>11+</td>
<td>1</td>
<td>2.5</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Beverage Consumed</th>
<th>Typical Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard Liquor</td>
<td></td>
</tr>
<tr>
<td>Rum</td>
<td>92.5</td>
</tr>
<tr>
<td>Whisky</td>
<td>2.5</td>
</tr>
<tr>
<td>Typical Quantity</td>
<td></td>
</tr>
<tr>
<td>1/2 liter</td>
<td>37</td>
</tr>
<tr>
<td>1 liter</td>
<td>10</td>
</tr>
<tr>
<td>1 1/2 liters</td>
<td>20</td>
</tr>
<tr>
<td>2 liters</td>
<td>6</td>
</tr>
<tr>
<td>2 + 2 liters</td>
<td>1</td>
</tr>
<tr>
<td>1 1/2 liter</td>
<td>9</td>
</tr>
<tr>
<td>2 liters</td>
<td>15</td>
</tr>
<tr>
<td>2 + 2 liters</td>
<td>13</td>
</tr>
<tr>
<td>(N)</td>
<td>38</td>
</tr>
<tr>
<td>Percent</td>
<td>95.0</td>
</tr>
<tr>
<td>Light Liquor</td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td>5.0</td>
</tr>
<tr>
<td>Typical Quantity</td>
<td></td>
</tr>
<tr>
<td>24 cans</td>
<td>2</td>
</tr>
<tr>
<td>24 more than</td>
<td>1</td>
</tr>
<tr>
<td>24 cans</td>
<td>24</td>
</tr>
<tr>
<td>24 more than</td>
<td>24</td>
</tr>
<tr>
<td>(N)</td>
<td>1</td>
</tr>
<tr>
<td>Percent</td>
<td>2.5</td>
</tr>
<tr>
<td>Beer</td>
<td></td>
</tr>
<tr>
<td>Typical Quantity</td>
<td></td>
</tr>
<tr>
<td>1 1/2 liter</td>
<td>1</td>
</tr>
<tr>
<td>1 liter</td>
<td>1</td>
</tr>
<tr>
<td>1 1/2 liter</td>
<td>1</td>
</tr>
<tr>
<td>(N)</td>
<td>1</td>
</tr>
<tr>
<td>Percent</td>
<td>2.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drinking Frequency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyday</td>
<td></td>
</tr>
<tr>
<td>(N)</td>
<td>40</td>
</tr>
<tr>
<td>Percent</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stop Drinking Once Began</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>(N)</td>
<td>40</td>
</tr>
<tr>
<td>Percent</td>
<td>100.0</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(N)</td>
<td>38</td>
</tr>
<tr>
<td>Percent</td>
<td>95.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Way of Preparing Drinks</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Undiluted</td>
<td>36</td>
</tr>
<tr>
<td>With Soda</td>
<td>1</td>
</tr>
<tr>
<td>With Water</td>
<td>1</td>
</tr>
<tr>
<td>Doesn't Apply</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Percent</td>
<td>100.0</td>
</tr>
</tbody>
</table>

---

* Refers only to the way in which hard liquor is imbibed.
Subjects' different feelings during the three-stage drinking process are shown in Table 21.

Two distinct patterns of feelings during the drinking process emerged between the sexes. For women, anger or aggression projected toward others before drinking; joyfulness when drinking; and feeling more womanly, feminine, and assertive after drinking were their typical emotional expressions. In contrast, for men, nervousness before drinking; being relaxed when drinking; and feeling manly, virile, and assertive after drinking constituted a defined pattern of affective expressions throughout the drinking process.

Furthermore, men compared to women showed higher frequencies in feeling sad and depressed before the drinking act, as well as feeling more communicative and affectionate after drinking. This finding is counter to the research question as to whether depression encouraged women more than men to resort to drinking. Dynamically, anger as such is an acting out behavior, while nervousness is an inward manifestation of discomfort. Once alcohol depressive effects are experienced by the human organism, women more readily responded with a state of joyfulness, while men responded with relaxation.

A weak to moderate significant association ($X^2 = 10.385$, df = 3, $p = .03$ and Cramer's $V = .360$) was found between the sexes in their behavior after drinking. Women were more associated with the category 'sleep' while men were more linked to the category 'fight'.
TABLE 21
DISTRIBUTION OF WOMEN AND MEN TYPICAL FEELINGS
BEFORE, WHEN, AND AFTER DRINKING
DURING PROBLEMATIC DRINKING PATTERN

<table>
<thead>
<tr>
<th>Typical Feeling</th>
<th>Women (N)</th>
<th>Women Percent</th>
<th>Men (N)</th>
<th>Men Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before Drinking</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anger</td>
<td>31</td>
<td>77.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tense</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Nervous</td>
<td>5</td>
<td>12.5</td>
<td>29</td>
<td>74.4</td>
</tr>
<tr>
<td>Sad</td>
<td>2</td>
<td>5.0</td>
<td>6</td>
<td>15.4</td>
</tr>
<tr>
<td>Depressed</td>
<td>2</td>
<td>5.0</td>
<td>3</td>
<td>7.7</td>
</tr>
<tr>
<td><strong>When Drinking</strong></td>
<td>(N)b</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>Relaxed</td>
<td>3</td>
<td>7.5</td>
<td>36</td>
<td>90.0</td>
</tr>
<tr>
<td>Aggressive</td>
<td>1</td>
<td>2.5</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Rejected</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Joyful</td>
<td>33d</td>
<td>82.5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>After Drinking</strong></td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>More Womanly, Feminine</td>
<td>34e</td>
<td>85.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>and Assertive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Manly, Virile,</td>
<td>-</td>
<td>-</td>
<td>25</td>
<td>62.5</td>
</tr>
<tr>
<td>and Assertive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Communicative</td>
<td>2</td>
<td>5.0</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>and Affectionate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Sexually Free to</td>
<td>1</td>
<td>2.5</td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td>Express Myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More Assertive</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>More Guilty</td>
<td>2</td>
<td>5.0</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

- Missing Observations = 1
- Missing Observations = 2
- Anger in women and nervousness in men was statistically associated \( (x^2 = 51.136, df=4, p < .001 \) and Cramer's \( V = .804 \)).
- Joyfulness in women and relaxation in men was statistically associated \( (x^2 = 60.028, df=3, p < .001 \) and Cramer's \( V = .877 \)).
- Difference between the sexes was statistically associated \( (x^2 = 67.777, df=5, p < .001 \) and Cramer's \( V = .920 \)).
c. **Present Drinking Patterns**

The drinking patterns exhibited by subjects at the time they were interviewed are shown in Table 22.

No significant differences (p > .05) were found between the sexes in their actual active drinking status. However, it was noticed that more men alcoholics than women alcoholics were presently drinking.

A weak to moderate significant association ($X^2 = 8.500$, df = 3, $p = .03$ and Cramer's $V = .325$) was found between the sexes in terms of their frequency of present drinking. More males than females were active in drinking, as 65 percent of the women were not drinking compared to 55 percent of the men.

Slightly more women than men were drinking every day; however, there was a group of men (n = 7 or 17 percent) whose drinking frequency was two to three days a week.

No statistically significant differences (p > .05) were found between the sexes with regard to type and quantity of beverage consumed, as well as in the ways the subjects preferred to imbibe hard liquor (undiluted, mixed with soda, or mixed with water). However, more women than men had imbibed hard liquor in the maximum quantity measures (i.e., n = 3 or 7.5 percent in 1½ liter and n = 2 or 5.0 percent in 2 liters). None of the men were actually consuming two liters. Furthermore, women exhibited more variability than men in light liquor consumption, such as beer.

A moderate strength significant association ($X^2 = 33.191$, df = 6, $p < .001$ and Cramer's $V = .644$) was found between the sexes in their
TABLE 22
DISTRIBUTION OF SUBJECTS' PRESENT DRINKING PATTERNS
BY SEX, DRINKING STATUS AND OTHER RELATED VARIABLES

<table>
<thead>
<tr>
<th>Present Drinking Status</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking</td>
<td>14</td>
<td>35.0</td>
<td>18</td>
<td>45.0</td>
</tr>
<tr>
<td>Not Drinking</td>
<td>26</td>
<td>65.0</td>
<td>22</td>
<td>55.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency in Present Drinking Pattern</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>13</td>
<td>32.5</td>
<td>11</td>
<td>27.5</td>
</tr>
<tr>
<td>2 to 3 Days a Week</td>
<td>--</td>
<td>--</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Several Times a Year</td>
<td>1</td>
<td>2.5</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>35.0</td>
<td>18</td>
<td>45.0</td>
</tr>
</tbody>
</table>

\(^a\) Differences between the sexes were not significant (p > .05).

\(^b\) Statistically significant differences were observed between the sexes (p < .05).
TABLE 22 continued

<table>
<thead>
<tr>
<th>Sex</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Typical Quantity</td>
<td></td>
</tr>
<tr>
<td>Type of Beverage Consumed</td>
<td>Percent (N)</td>
<td>1/2 liter</td>
</tr>
<tr>
<td>Hard Liquor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rum</td>
<td>25.0</td>
<td>11</td>
</tr>
<tr>
<td>Whisky</td>
<td>2.5</td>
<td>1</td>
</tr>
<tr>
<td>Light Liquor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td>7.5</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>35.0</td>
<td>14</td>
</tr>
</tbody>
</table>

*Differences between the sexes were not significant (p > .05).*
TABLE 22 continued

<table>
<thead>
<tr>
<th>Preferred Way of Preparing Drinks</th>
<th>Women</th>
<th></th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
</tr>
<tr>
<td>Undiluted</td>
<td>11</td>
<td>25.0</td>
<td>17</td>
</tr>
<tr>
<td>Drinking Place</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home</td>
<td>13</td>
<td>32.5</td>
<td>--</td>
</tr>
<tr>
<td>Bar</td>
<td>--</td>
<td>--</td>
<td>5</td>
</tr>
<tr>
<td>Parties</td>
<td>1</td>
<td>2.5</td>
<td>--</td>
</tr>
<tr>
<td>Neighborhood</td>
<td>--</td>
<td>--</td>
<td>12</td>
</tr>
<tr>
<td>Workplace</td>
<td>--</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>45.0</td>
<td>18</td>
</tr>
</tbody>
</table>

*d* Refers only to the way in which hard liquor is imbibed.

* Differences between the sexes were not significant (p > .05).

*f* Statistically significant differences were observed between the sexes (p < .05).
preferences of drinking places. Almost all of the women drank in their homes, while the majority of men drank in the neighborhood (i.e., "small grocery stores," "corners," or "near the road") and another group of men drank at bars.

Subjects' preference in drinking alone or with others is illustrated in Table 23.

**TABLE 23**

**FREQUENCY DISTRIBUTION OF DRINKING ALONE OR ACCOMPANIED IN WOMEN AND MEN ALCOHOLICS IN THEIR PRESENT DRINKING PATTERN**

<table>
<thead>
<tr>
<th>Way of Drinking</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>13</td>
<td>32.5</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Accompanied</td>
<td>1</td>
<td>2.5</td>
<td>17</td>
<td>42.5</td>
</tr>
</tbody>
</table>

A moderate significant association ($X^2 = 24.841$, df = 2, $p < .001$ and Cramer's $V = .557$) was observed as women alcoholics drank alone, while men alcoholics drank with others, presumably in small groups.

One of the questions of this study posited whether women alcoholics exhibited more solitary drinking practices than men, and if their role as housewives was associated with their solitary drinking practices.

Analyses of the findings related to the social biography of drinking patterns in women and men alcoholic subjects evidenced that as women's drinking became problematic, significantly ($p = .05$ or less) more of them tended to
drink in their own homes and alone. In contrast, the men's pattern is significantly different ($p = .05$ or less). As drinking becomes problematic, men used to drink at bars, and then in the neighborhood and with others (e.g., in groups).

Because 69.2 percent of the women alcoholic subjects held occupational statuses as housewives, we can link this status with their solitary and concealed drinking practices (i.e., drinking in their homes and alone).

For both sexes, their present drinking created problems (i.e., for women, $n = 13$ or 32.5 percent; for men, $n = 15$ or 39.5 percent). Three men, or 7.5 percent, compared to one woman, or 2.5 percent, reported that their active drinking status did not create any kind of problem for them.

The relationship of those subjects whose drinking causes problems to others is shown in Table 24.

**TABLE 24**

FREQUENCY DISTRIBUTION OF WITH WHOM SUBJECTS' ACTIVE DRINKING STATUS HAVE CREATED MOST PROBLEMS

<table>
<thead>
<tr>
<th>Person With Whom Drinking Has Created Major Problems</th>
<th>Women</th>
<th>Men</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>(N)</td>
<td></td>
</tr>
<tr>
<td>Husband</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Wife</td>
<td>-</td>
<td>10</td>
<td>25.0</td>
</tr>
<tr>
<td>Family</td>
<td>4</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Employer</td>
<td>-</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>13</td>
<td>18</td>
<td>45.0</td>
</tr>
</tbody>
</table>

$^a$ The three men subjects whose drinking didn't cause problems for them accepted the fact that their active drinking status brought problems with other persons.
A moderate significant association ($X^2 = 24.333$, df = 5, $p < .001$ and Cramer's $V = .551$) was found between the sexes and to whom they felt drinking had caused problems. There was a mutual recognition of the spouse as the person to whom the subjects' drinking had created most problems. The family was mentioned with the same frequency by women and men alcoholics as the second area in which alcohol caused problems. However, in contrast with women, men alcoholics mentioned the employer as a source of possible problems.

2. Adverse Consequences of Drinking Experienced by Women and Men Alcoholic Subjects

   a. Health Related Consequences

   Health-related consequences were measured in terms of several symptoms and diseases which have been previously identified as occurring more frequently in persons diagnosed with alcoholism.

   Analyses of symptoms exhibited by subjects revealed that no variability was found between the sexes in several symptoms. Women and men alcoholics reported the same frequencies in experiencing compulsion to drink, amnesia, ascites, and kidney infections. Compulsion to drink was highly related ($p < .05$) to the inability of women and men subjects to stop drinking once they had begun.

   No significant association ($p > .05$) was detected between the sexes in the occurrence of gastritis, diabetes, anemia, heart disease - failure, headaches, and arthritis - rheumatism.
Although diabetes and anemia did not show a significant difference in their manifestation between the sexes (p > .05), more men than women reported their occurrence (n = 9 or 22.5 percent versus n = 4 or 10.0 percent for diabetes, and n = 10 or 25 percent versus n = 3 or 7.5 percent for anemia).

Strong significant relationships were found between the sexes (p = .05 or less) in their differential patterning of certain diseases or symptoms. Significantly ($X^2 = 51.232$, df = 1, p < .001, Phi Coefficient = .825) more women than men alcoholics reported having experienced hepatitis or yellow jaundice, delirium tremens, hallucinations, pancreatitis, cirrhosis of the liver, dysmenorrhea, and constipation.

Men, significantly (p < .05) more than women alcoholics, experienced shakes, blackouts, and high blood pressure.

The distribution of health-related consequences experienced by women and men alcoholics are shown in Table 25.

No variability was shown between the sexes with regard to whether they received treatment services to cope with alcoholism symptoms or diseases. Both women and men alcoholics received treatment services to arrest health-related consequences. The length of treatment received by women and men alcoholics revealed some differences, but these were not significant at the .05 level. Women alcoholics six times more frequently than men received less than one week of treatment services, while twice as many men alcoholics as women received treatment services for one week. The frequency distribution in length of treatment by sex is shown in Table 26.
### TABLE 25

**DISTRIBUTION OF HEALTH RELATED CONSEQUENCES IN WOMEN AND MEN ALCOHOLICS BY SYMPTOMS AND DISEASES**

<table>
<thead>
<tr>
<th>Symptoms or Diseases</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compulsion to drink</td>
<td>40(^a)</td>
<td>100.0</td>
<td>40(^a)</td>
<td>100.0</td>
</tr>
<tr>
<td>Amnesia</td>
<td>40(^a)</td>
<td>100.0</td>
<td>40(^a)</td>
<td>100.0</td>
</tr>
<tr>
<td>Gastritis</td>
<td>39(^b)</td>
<td>99.5</td>
<td>40(^b)</td>
<td>100.0</td>
</tr>
<tr>
<td>Anemia</td>
<td>3(^b)</td>
<td>7.5</td>
<td>10(^b)</td>
<td>40.0</td>
</tr>
<tr>
<td>Shakes</td>
<td>10(^d)</td>
<td>25.0</td>
<td>40(^d)</td>
<td>100.0</td>
</tr>
<tr>
<td>Ascites</td>
<td>16(^a)</td>
<td>40.0</td>
<td>16(^a)</td>
<td>40.0</td>
</tr>
<tr>
<td>Hepatitis or Yellow Jaundice</td>
<td>36(^c)</td>
<td>90.0</td>
<td>3(^c)</td>
<td>7.5</td>
</tr>
<tr>
<td>Blackouts</td>
<td>3(^d)</td>
<td>7.5</td>
<td>39(^d)</td>
<td>97.5</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>25(^d)</td>
<td>62.5</td>
<td>37(^d)</td>
<td>92.5</td>
</tr>
<tr>
<td>Delirium tremens</td>
<td>37(^c)</td>
<td>92.5</td>
<td>17(^c)</td>
<td>42.5</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>35(^c)</td>
<td>87.5</td>
<td>19(^c)</td>
<td>47.5</td>
</tr>
<tr>
<td>Pancreatitis</td>
<td>9(^c)</td>
<td>22.5</td>
<td>1(^c)</td>
<td>2.5</td>
</tr>
<tr>
<td>Cirrhosis of the Liver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease - Failure, Heart Attack or Chest Pain</td>
<td>2(^b)</td>
<td>5.0</td>
<td>4(^b)</td>
<td>10.0</td>
</tr>
<tr>
<td>Headaches</td>
<td>30(^b)</td>
<td>75.0</td>
<td>34(^b)</td>
<td>85.0</td>
</tr>
<tr>
<td>Arthritis, Rheumatism</td>
<td>1(^b)</td>
<td>2.5</td>
<td>-(^b)</td>
<td>-</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>20(^c)</td>
<td>50.0</td>
<td>-(^c)</td>
<td>-</td>
</tr>
<tr>
<td>Constipation</td>
<td>37(^c,(^g)</td>
<td>92.5</td>
<td>20(^c)</td>
<td>50.0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4(^b)</td>
<td>10.0</td>
<td>9(^b)</td>
<td>22.5</td>
</tr>
<tr>
<td>Kidney Infection</td>
<td>1(^a)</td>
<td>2.5</td>
<td>1(^a)</td>
<td>2.5</td>
</tr>
</tbody>
</table>

\(^a\)No variability was observed between the sexes.

\(^b\)No significant differences (p > .05) were observed between the sexes.

\(^c\)Significant differences at p < .001 were found between the sexes.

\(^d\)Men were significantly different in experiencing more shakes (X\(^2\) = 44.853, df = 1, p < .001, Phi Coefficient = .774), blackouts (X\(^2\) = 61.403, df = 1, p < .001, Phi Coefficient = .901), and high blood pressure (X\(^2\) = 8.673, df = 1, p < .01 and Phi Coefficient = .359).

\(^e,\(^f,\(^g\)Missing Observations = 4, 1 and 1, respectively.
TABLE 26

FREQUENCY DISTRIBUTION OF LENGTH OF TREATMENT SERVICES
BY SEX OF SUBJECTS

<table>
<thead>
<tr>
<th>Length of Treatment</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>(N)</td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Less than 1 Week</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>17.5</td>
<td>2.5</td>
</tr>
<tr>
<td>One Week</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>12.5</td>
<td>25.0</td>
</tr>
<tr>
<td>Two Weeks</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>50.0</td>
<td>57.5</td>
</tr>
<tr>
<td>Less than 1 Month</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>20.0</td>
<td>15.0</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

b. Legal Consequences

A strong significant difference ($X^2 = 48.535$, df = 1, $p < .001$, Phi Coefficient = .804) was found between the sexes and police arrest. Significantly more men than women subjects reported having been arrested by police. The distribution of the frequency, reason, and place of arrests are shown in Table 27.

Furthermore, significant differences at a confidence level of .05 or less were found in women's and men's reasons and places of their first arrest. Men alcoholics were strongly associated with the reason 'fight at bar' and with 'street' and 'bar' as the most frequent places where the arrest took place. In contrast with men, each of the only two women alcoholics who were arrested once gave a different reason for their arrest (i.e., $n = 1$ fight at bar, and $n = 1$ quarrel in the home).
TABLE 27

DISTRIBUTION OF THE FREQUENCY, REASON, AND PLACE OF POLICE ARRESTS BY SEX OF SUBJECTS

<table>
<thead>
<tr>
<th>Police Arrest</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrested</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Not Arrested</td>
<td>50.0</td>
<td>50.0</td>
<td>50.0</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Frequency

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 Times</td>
<td>5.0</td>
<td></td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>3-4 Times</td>
<td>12.5</td>
<td></td>
<td>17.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>20.0</td>
<td></td>
<td>30.0</td>
<td></td>
</tr>
</tbody>
</table>

Reason for the Arrest

<table>
<thead>
<tr>
<th>Reason</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fight at Bar</td>
<td>2.5</td>
<td></td>
<td>8.5</td>
<td></td>
</tr>
<tr>
<td>Quarrel in Home</td>
<td>2.5</td>
<td></td>
<td>7.5</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5.0</td>
<td></td>
<td>16.0</td>
<td></td>
</tr>
</tbody>
</table>

Place of the Arrest

<table>
<thead>
<tr>
<th>Place</th>
<th>Women</th>
<th></th>
<th>Men</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>2.5</td>
<td></td>
<td>17.5</td>
<td></td>
</tr>
<tr>
<td>Bar</td>
<td>22.5</td>
<td></td>
<td>42.5</td>
<td></td>
</tr>
<tr>
<td>Street</td>
<td>22.5</td>
<td></td>
<td>22.5</td>
<td></td>
</tr>
<tr>
<td>Neighborhood</td>
<td>22.5</td>
<td></td>
<td>22.5</td>
<td></td>
</tr>
</tbody>
</table>

*The higher frequency in men's arrests in contrast to lower frequency in women's was statistically significant (p < .001).

The difference in number of arrests between the sexes was statistically significant (x² = 21.942, df = 2, p < .001 and Cramer's V = .574).

Fight at bars as men's major reason for first arrest was significantly associated (x² = 55.109, df = 1, p < .001 and Cramer's V = .83) to the category 'none' arrest in women.

Quarrel in the home and fight at bars as men's basic reason for second arrest was significantly different (x² = 26.119, df = 2, p < .001 and Cramer's V = .574) from women's response of 'none' arrest.

There was no significant difference between the sexes on this question (x² = 25.994, df = 3, p > .05).

The observed differences between the sexes were not statistically significant (x² = 21.994, df = 2, p > .05 and Cramer's V = .574).

Differences between the sexes were statistically significant (x² = 26.119, df = 2, p < .001 and Cramer's V = .574).

No significant differences between the sexes were observed on this question (x² = 25.994, df = 3, p > .05).
Additionally, a positive relationship was found between men's successive arrests and an increase in 'quarrel in the home' as the principal reason for the arrest. However, the tendency observed in men alcoholics, of being arrested more frequently in public places (i.e., street, bar, neighborhood), was basically maintained.

A positive answer to the research question whether men alcoholics were arrested by police more times than women was documented by the above-cited findings regarding the legal consequences of subjects' drinking.

c. Marital Problems (Separations)

No significant differences (p > .05) were found between the sexes and the number of quarrels with spouses. Women and men alcoholics reported about the same frequencies in quarreling three or more times when drinking compulsively. However, women and men subjects exhibited a statistically significant difference in the frequency of separations ($X^2 = 48.049$, df = 1, $p < .001$, Phi Coefficient = .800). Table 28 shows the level of marital separations by sex of subjects.

TABLE 28

LEVEL OF MARITAL SEPARATIONS BY SEX OF SUBJECT

<table>
<thead>
<tr>
<th>Marital Separations</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women (N)</td>
</tr>
<tr>
<td>Separated</td>
<td>36</td>
</tr>
<tr>
<td>Not Separated</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
</tr>
</tbody>
</table>
Women alcoholics have been separated from their non-alcoholic husbands eight times more than did men alcoholics from their non-alcoholic wives. Accordingly, the question whether female alcoholic families have experienced more marital separations than those of males is positively answered.

A strong significant difference ($X^2 = 51.002$, df = 3, $p < .001$ and Cramer's $V = .803$) was found between women and men alcoholics and the frequency of marital separations. The majority of women alcoholics (e.g., $n = 25$ or 65.0 percent) have been separated from their husbands in a frequency of three times or more, while only two, or 5.0 percent, of the four men alcoholics who have ever been separated from their wives showed this frequency.

Furthermore, women alcoholics not only have experienced more marital separations than men, but they have been separated for longer periods of time. The greater length of time per separation exhibited by women alcoholics was significant (i.e., first separation, $X^2 = 51.754$, df = 3, $p < .001$ and Cramer's $V = .804$; second separation, $X^2 = 39.226$, df = 3, $p < .001$ and Cramer's $V = .700$; third separation, $X^2 = 33.985$, df = 3, $p < .001$ and Cramer's $V = .651$; and fourth separation, $X^2 = 10.140$, df = 3, $p < .01$ and Cramer's $V = .356$). In Table 29 is shown the predominant reason for marital separation given by women and men alcoholics.

Women alcoholics more readily than men identified marital problems and physical aggression of husbands as other reasons besides their own alcohol problems.
TABLE 29

WOMEN AND MEN ALCOHOLICS BY PREDOMINANT REASON
OF MARITAL SEPARATION

<table>
<thead>
<tr>
<th>Predominant Reason for Marital Separation</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>N</strong></td>
<td><strong>Percent</strong></td>
</tr>
<tr>
<td>Alcohol Problems</td>
<td>29</td>
<td>72.5</td>
</tr>
<tr>
<td>Marital Problems</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Problems Due to Physical Aggression of Partner on Subject</td>
<td>3</td>
<td>7.5</td>
</tr>
</tbody>
</table>

d. Economic Problems

Economic problems were assessed by using the present time frame (e.g., at the moment of the interview).

No statistically significant differences \( p > .05 \) were found between the sexes and the presence of present economic problems. However, more males responded that their economic problems were due to the 'impact of high cost of living,' while more females responded with 'children demands' and 'partner buys superfluous or unnecessary things.' The same percent of males and females alcoholics responded 'many loans' as their major economic problem at present.

This finding offers partly an answer to the question whether men alcoholic families have more economic problems than those of women alcoholics. Approaching this question from a present time frame, no significant differences \( p > .05 \) were observed, but we will notice forwardly that when subjects were
asked about "how does alcoholism affect their family functioning," male answers were significantly (p = .05 or less) associated with economic and job-related consequences.

The frequency distribution of subjects' responses when assessing their actual economic situation is illustrated in Table 30.

TABLE 30
FREQUENCY DISTRIBUTION OF WOMEN AND MEN ALCOHOLICS BY ASSESSMENT OF THEIR ACTUAL ECONOMIC PROBLEMS

<table>
<thead>
<tr>
<th>Actual Economic Problem</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Many Loans</td>
<td>15</td>
<td>37.5</td>
<td>14</td>
<td>35.9</td>
</tr>
<tr>
<td>Partner Buys Superfluous or Unnecessary Things</td>
<td>3</td>
<td>7.5</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Children Demand Many Things</td>
<td>7</td>
<td>17.5</td>
<td>5</td>
<td>12.8</td>
</tr>
<tr>
<td>Impact of High Cost of Living</td>
<td>15</td>
<td>37.5</td>
<td>19</td>
<td>48.7</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100.0</td>
<td>39</td>
<td>100.0</td>
</tr>
</tbody>
</table>

a Missing Observations = 1.

A moderate to strong significant relationship \(X^2 = 29.599, \text{df} = 3, p < .001\) and Cramer's \(V = .612\) was found between the sexes and the person who usually managed the money in the house. Ninety-five percent of the male alcoholics reported that their spouse managed the money, compared to thirty-six percent of the women who responded in this way.
Furthermore, 35 percent of the women alcoholics responded that 'both' (e.g., she and her husband) usually administered the money, while none of the male alcoholics responded in this way.

Additionally, more women alcoholics (n = 7 or 17.5 percent) than men (n = 1 or 2.5 percent) reported that in their families, 'each one managed their own money.'

3. The Family Social Functioning of Women and Men Alcoholic Subjects
   a. Marital Relationship

Marital relationships in women and men alcoholics were assessed by analyzing their history, as well as their present functioning.

Analyses of marital history background data of women and men alcoholic subjects revealed there were no significant differences (p > .05) between the sexes with regard to formal engagement; reason to marry; subject's and spouse's parents' feelings about the marriage; place where the couple lived during the first years of marriage; frequency and level of sexual satisfaction during the first years of marriage; and child planning. However, some differences were observed between the sexes when examining the frequency distribution of their responses.

Male alcoholics (n = 36 or 90.0 percent) more frequently than female alcoholics (n = 32 or 82.1 percent) held a formal engagement before marrying.
Women alcoholics (n = 4 or 10.3 percent) mentioned 'family problems' as the reason to marry, while more men (n = 7 or 17.5 percent) alluded pregnancy as the basic reason for the marriage.

More male subjects' parents (n = 36 or 90.0 percent) felt happy about their sons' wedding, while more of the women subjects' parents (n = 6 or 15.0 percent) felt angry about their daughters' wedding.

In more men (n = 11 or 27.5 percent) than women alcoholics (n = 7 or 17.5 percent), the spouse's parents' feeling toward the marriage was anger, while in more women alcoholics (n = 6 or 15.0 percent) than men (n = 2 or 5.0 percent), the spouse's parents felt indifferent toward the wedding.

More women (n = 14 or 35.0 percent) than men alcoholics lived in their own house when they got married, while more men (n = 26 or 65.0 percent) lived in a rented house.

A moderate significant relationship (X² = 19.806, df = 4, p < .001 and Cramer's V = .500) was found between the sexes and the place where the couple met for the first time. Men alcoholics reported meeting their future wives more frequently either 'at a dance' (n = 16 or 40.0 percent) or in a 'neighbor's house' (n = 12 or 30 percent), while women met their future husbands at their 'parents' house'.

Twice as many women alcoholics (n = 4 or 10.0 percent) as men reported having sexual relations with their spouses in a frequency of three times a week during the first years of marriage. However, regardless of the frequency of
sexual relations, no variability between the sexes was obtained in their level
of sexual satisfaction during this period. Women and men alcoholics reported
their sexual relations were satisfactory for them.

A significant, moderate association ($X^2 = 15.815$, df = 1, $p < .001$, Phi Coefficient = .472) was found between the sexes and their acceptance of a
drinking problem in the beginning years of marriage. This relationship is shown
in Table 31.

**TABLE 31**

**FREQUENCY DISTRIBUTION OF SUBJECTS' DRINKING STATUS**
**DURING THEIR FIRST YEARS OF MARRIAGE**

<table>
<thead>
<tr>
<th>Presence of Drinking Problems</th>
<th>Sex</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have Drinking Problems</td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>8</td>
<td>20.0</td>
<td>67.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Have Drinking Problems</td>
<td>31$^a$</td>
<td>77.5</td>
<td>13</td>
<td>32.5</td>
</tr>
</tbody>
</table>

$^a$Missing Observations = 1.

Almost two and a half times more men than women subjects identified
the presence of drinking problems during their first years of marriage.

Males and females also differed in the spouse's typical reaction to sub-
jects' drinking during the beginning years of marriage. A significant, moderate
association ($X^2 = 28.420$, df = 2, $p < .001$ and Cramer's $V = .599$) was detected
in spouses' typical reaction to male and female subjects' drinking behavior.
This relationship is illustrated in Table 32.
TABLE 32.

DISTRIBUTION OF SPOUSE TYPICAL REACTIONS TO THE DRINKING OF WOMEN AND MEN SUBJECTS DURING THE FIRST YEARS OF MARRIAGE

<table>
<thead>
<tr>
<th>Spouse Typical Reaction</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger</td>
<td>4</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Tolerance</td>
<td>4</td>
<td>10.0</td>
<td>27</td>
<td>67.5</td>
</tr>
<tr>
<td>Doesn't Apply</td>
<td>31</td>
<td>77.5</td>
<td>13</td>
<td>32.5</td>
</tr>
</tbody>
</table>

*a Missing Observations = 1.

The husbands of the women subjects who were experiencing drinking problems reacted in a much more negative way than the wives of the drinking men. This reflects society's double standards in evaluating harshly women's drinking behavior as a result of sex-role socialization processes.

No significant association (p > .05) was found between the sexes and child planning. However, more men subjects (n = 14 or 35.0 percent) reported planning their children compared to only six women, or 15.0 percent, who responded in a positive way.

Significant differences (p < .05) were found in women and men alcoholics' present marital functioning.

A significant, weak to moderate association ($X^2 = 14.767$, df = 4, p < .01 and Cramer's $V = .432$) was observed in the variable 'usual way in which the couple functions.' Men alcoholics were almost evenly linked to their 'frequent quarrels' or 'respect each other.' In contrast, women alcoholics considered
'indifference toward each other' or the category 'in spite that we don't share the same interests and opinions, we get along well.' Table 33 shows this relationship.

**TABLE 33**

WOMEN AND MEN ALCOHOLIC SUBJECTS BY USUAL WAY IN WHICH THE COUPLE FUNCTIONS

<table>
<thead>
<tr>
<th>Usual Way in Which the Couple Functions</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent Quarrels</td>
<td>9</td>
<td>22.5</td>
<td>14</td>
<td>35.0</td>
</tr>
<tr>
<td>Indifference Toward Each Other</td>
<td>5</td>
<td>12.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Share the Same Interests and Opinions</td>
<td>2</td>
<td>5.0</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>In Spite that We Don't Share the Same Interests and Opinions, We Get Along Well</td>
<td>17</td>
<td>42.5</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Respect Each Other</td>
<td>6</td>
<td>15.0</td>
<td>15</td>
<td>37.5</td>
</tr>
</tbody>
</table>

\(^a\) Missing Observations = 1.

A significant, weak to moderate association \((X^2 = 8.624, df = 2, p < .01 \text{ and Cramer's V } = .330)\) was found in the typical temperament of the spouses of women and men alcoholics. Accordingly, men alcoholics \((n = 32 \text{ or } 80.0 \text{ percent})\) considered their non-alcoholic wives' typical temperament as aggressive, while women alcoholics categorized their non-alcoholic husbands' usual temperament as passive \((n = 17 \text{ or } 42.5 \text{ percent})\). Although not statistically significant \((p > .05)\), men alcoholics \((n = 25 \text{ or } 62.5 \text{ percent})\) considered their own temperament as passive, while women alcoholics identified themselves as having an aggressive temperament \((n = 16 \text{ or } 40.0 \text{ percent})\).
No significant association \((p > .05)\) was found between the sexes with regard to the major source of disagreement in their marriages. However, men alcoholics more frequently than women mentioned either 'alcohol' or 'money' as the major source of difference. Women alcoholics identified the category 'children' as the major source of disagreement. The distribution of subjects' major source of disagreement is shown in Table 34.

**TABLE 34**

**FREQUENCY DISTRIBUTION OF MAJOR SOURCE OF DISAGREEMENT IN THE MARITAL RELATIONS OF WOMEN AND MEN ALCOHOLICS**

<table>
<thead>
<tr>
<th>Major Source of Disagreement</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbors</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Friends</td>
<td>3</td>
<td>7.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Children</td>
<td>8</td>
<td>20.0</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Relatives</td>
<td>3</td>
<td>7.5</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Money</td>
<td>7</td>
<td>17.5</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Alcohol</td>
<td>14</td>
<td>35.0</td>
<td>19</td>
<td>47.5</td>
</tr>
<tr>
<td>Sex</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Work</td>
<td>2</td>
<td>5.0</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

\(^a\)Missing Observations = 1.

A strong, significant difference \((X^2 = 49.700, df = 2, p < .001\) and Cramer's \(V = .819\) was detected in women and men alcoholics and the person who made the most important family decisions. Male alcoholics mentioned their wives \((n = 34\) or 89.5 percent) as the person who made the most important decisions affecting the family. In contrast, women alcoholics identified either
their husbands (n = 22 or 55 percent) or the category 'both' (n = 11 or 27.5 percent) as the one responsible for the family decision-making process.

Women and men alcoholics revealed significant differences (p < .001) in frequency of actual sexual relations; level of sexual satisfaction; principal reason affecting sexual relations; usual motive to refuse sexual relations; and in the impact of alcoholism on their sexual relations.

Women alcoholics held sexual relations with their non-alcoholic husbands twice a week, while men mentioned having sexual relationships with their non-alcoholic wives once a month.

Not only did women alcoholics engage in much more sexual relationships with their husbands, but also they considered their sexual relations as satisfactory.

Men were more associated with unsatisfactory sexual relations. This was a significant, moderate to strong strength relationship at a significance level of p < .001. The frequency and the level of sexual relations in women and men alcoholic subjects are shown in Table 35.

Significantly (X^2 = 27.986, df = 1, p < .001 and Phi Coefficient = .620) more women alcoholics than men considered their alcoholism as not affecting their sexual relationships. Subjects' responses are shown in Table 36.

The principal reason alluded by those subjects who responded that their alcoholism negatively affected their sexual relations is shown in Table 37.
TABLE 35

**DISTRIBUTION OF FREQUENCY AND LEVEL OF SEXUAL RELATIONS IN WOMEN AND MEN ALCOHOLICS AND THEIR NON-ALCOHOLIC SPOUSES**

<table>
<thead>
<tr>
<th>Frequency of Sexual Relations</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Twice a Week</td>
<td>20</td>
<td>50.0</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Three times a Week</td>
<td>4</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Once a Week</td>
<td>10</td>
<td>25.0</td>
<td>13</td>
<td>32.5</td>
</tr>
<tr>
<td>Once a Month</td>
<td>3</td>
<td>7.5</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>None</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.5</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Level of Sexual Relations</td>
<td>(N)</td>
<td>Percent</td>
<td>(N)</td>
<td>Percent</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>36</td>
<td>92.5</td>
<td>17</td>
<td>42.5</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>3</td>
<td>7.5</td>
<td>23</td>
<td>57.5</td>
</tr>
</tbody>
</table>

a, b Missing Number of Observations = 1.

c Differences in frequency of sexual relations between women and men alcoholics was statistically significant ($X^2 = 32.782$, df = 6, $p < .001$ and Cramer's $V = .664$).

d Differences in level of sexual relations between the sexes were statistically significant ($X^2 = 19.988$, df = 1, $p < .001$, Phi Coefficient = .529).

TABLE 36

**FREQUENCY DISTRIBUTION OF SUBJECTS' RESPONSES ABOUT THE IMPACT OF ALCOHOLISM IN THEIR SEXUAL FUNCTIONING**

<table>
<thead>
<tr>
<th>Alcoholism Impact on Sexual Relations</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negatively Affected</td>
<td>7</td>
<td>17.5</td>
<td>32</td>
<td>80.0</td>
</tr>
<tr>
<td>Not Affected</td>
<td>32</td>
<td>80.0</td>
<td>8</td>
<td>20.0</td>
</tr>
</tbody>
</table>

a Missing Observations = 1.
TABLE 37

DISTRIBUTION OF PRINCIPAL REASON AFFECTING
SUBJECTS' SEXUAL RELATIONS

<table>
<thead>
<tr>
<th>Principal Reason Affecting Sexual Relations</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife Rejected Me and Had Extramarital Sexual Relations</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Spouse Irregular Working Hour Schedule</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Poor Personal Hygiene When Drunk for Which Spouse Rejected Having Sex</td>
<td>2</td>
<td>5.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Drinking Was My Only Interest</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Spouse Didn't Want to Have Sexual Relations When I Was Drunk</td>
<td>2</td>
<td>5.0</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Impotency and/or Lack of Sexual Vigor</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>40.0</td>
</tr>
<tr>
<td>Low or None Penile Erection</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Late Ejaculation and Wife Gets Disgusted</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Physically Wanted to Have Sexual Relations but Not Emotionally Due to Husband's Infidelity</td>
<td>2</td>
<td>5.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

a Missing Observations = 1.
Men alcoholics were significantly related \( (X^2 = 48.892, \text{df} = 10, p < .001) \) and Cramer's \( V = .796 \) to the category 'impotency and/or lack of sexual vigor' while women were clustered in the 'doesn't apply' category.

This finding was as expected by the research question which attempted to answer whether years of drinking, amount and frequency of alcohol consumption negatively affected sexual relations more in males than in females.

A strong significant relationship \( (X^2 = 45.428, \text{df} = 4, p < .001) \) and Cramer's \( V = .758 \) was found between the sexes and their usual motive for refusing to have sexual relations with their spouses. The different patterning of subjects' typical motive for refusing sexual relations with their spouses are shown in Table 38.

<table>
<thead>
<tr>
<th>Usual Motive to Refuse Sexual Relations</th>
<th>Women (N) ( ^a )</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Interest From Both of Us</td>
<td>31</td>
<td>77.5</td>
<td>7</td>
<td>17.5</td>
</tr>
<tr>
<td>Spouse Rejects My Smell of Alcohol</td>
<td>3</td>
<td>7.5</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Don't Feel Desire</td>
<td>1</td>
<td>2.5</td>
<td>29</td>
<td>72.5</td>
</tr>
<tr>
<td>Spouse Infidelity</td>
<td>3</td>
<td>7.5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Don't Feel Sexual Attraction Toward Husband</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

\(^a\) Missing Observations = 1.
For the majority of women alcoholics, the motive for refusing sexual relations (e.g., lack of interest from both of us) involved an interaction of the spouse into the behavioral decision of not having sex. However, male alcoholics not desiring sexual relationships was a personal matter of the alcoholic subject.

Finally, no variability was found between the sexes and the negative impact of alcoholism on marital relationships. Women and men alcoholics recognized that alcoholism negatively affected their marital relations, but what differed was the way in which the marital relations were affected in each case.

b. Parent-Child Relationships

A weak but significant (p < .05) was found between the sexes and the type of relation subjects and their spouses maintained with their children.

Eighty-five percent of the male alcoholics considered their relationships with their children to be good, while 72 percent of the women subjects classified the relationship in this way. For 15 percent of the women alcoholics, the relationship with their children was considered one of mutual trust.

All the men alcoholics appraised their spouses' relationship with their children as good, compared to 85 percent of the women. Fifteen percent of the women alcoholics considered their spouse's relations with the children as one of mutual trust, and two women classified them as trust.

A weak but significant association (p < .05) was found in the extent to which children of alcoholic subjects asked permission for going out.
of the house. All of the children of male alcoholics asked permission, while only 85 percent of the children of women alcoholics asked. Thus, 15 percent of the children of women alcoholics acted more independently.

Significant differences ($p < .001$) were found between women and men alcoholic subjects with regard to whom children tell their problems and to whom they asked permission when going out of the house. Consistently, men alcoholics reported it was their wives with whom children shared their problems and asked permission (100 percent and 97.5 percent, respectively). In contrast, children of women alcoholics tell their problems either to their fathers, older sisters or brothers, and grandfathers or grandmothers. Furthermore, the distribution of to whom children of women alcoholics asked permission was more spread out (59 percent spouse or woman alcoholic, 26 percent spouse or father, and 15 percent no one).

No significant differences ($p > .05$) were found between the sexes and the way children behaved toward their alcoholic and non-alcoholic parents.

Children of men and women alcoholics behave in an affectionate way toward their alcoholic and non-alcoholic parents. However, children of women alcoholics presented slightly higher frequencies in the aggressive and indifferent categories in their behaviors toward both parents (alcoholic mother and non-alcoholic father).

A moderate to strong significant association ($X^2 = 33.328, df = 1, p < .001$, Phi Coefficient $= .695$) was found between the sexes and who
disciplined the children. All the men alcoholics identified their wives as the person who disciplined the children, compared to 65 percent of the women subjects. Additionally, 35 percent of the women alcoholics mentioned their husbands as the ones responsible for enacting disciplinary methods with their children.

The distribution of parent's tasks or functions to procure the well-being of their children is shown in Table 39.

Significant, moderate strength relationships ($p < .05$) were found between the subjects' sex and the tasks of counseling about school problems, visiting the school, and sitting down to talk.

In counseling about school problems, almost the entire male population answered 'the mother,' while only half of the female population answered 'mother.' Females exhibited a higher frequency in the category 'father.' School visits were linked to the category 'mother' in men alcoholics, while in women alcoholics, the distribution was divided among the categories 'mother,' 'father' or 'no one.' Additionally, men alcoholics identified the category 'mother,' while women alcoholics considered the 'father' as the person who sat to talk with their children.

The tasks of counseling about friends, counseling about sex, and letting children bring friends home showed significant weak to moderate association ($p < .05$) between the sexes.

Men alcoholics identified the category 'mother' as the one who usually counseled their children about friends and sex matters, as well as allowed
TABLE 39

FREQUENCY DISTRIBUTION OF PARENTS' FUNCTIONS IN BEHALF OF THEIR CHILDREN BY SEX OF SUBJECT

<table>
<thead>
<tr>
<th>Tasks of Functions in Behalf of the Children</th>
<th>Women</th>
<th></th>
<th></th>
<th></th>
<th>Men</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother (N)</td>
<td>Father (N)</td>
<td>No One (N)</td>
<td>Percent</td>
<td>Mother (N)</td>
<td>Father (N)</td>
<td>No One (N)</td>
<td>Percent</td>
</tr>
<tr>
<td>Give Counsel About School Problem</td>
<td>21</td>
<td>52.5</td>
<td>15</td>
<td>37.5</td>
<td>4</td>
<td>10.0</td>
<td>37</td>
<td>92.5</td>
</tr>
<tr>
<td>Friends</td>
<td>18</td>
<td>45.0</td>
<td>18</td>
<td>45.0</td>
<td>4</td>
<td>10.0</td>
<td>33</td>
<td>82.5</td>
</tr>
<tr>
<td>Physical Appearance</td>
<td>21</td>
<td>52.5</td>
<td>15</td>
<td>37.5</td>
<td>4</td>
<td>10.0</td>
<td>29</td>
<td>72.5</td>
</tr>
<tr>
<td>Wearing Apparel</td>
<td>24</td>
<td>60.0</td>
<td>12</td>
<td>30.0</td>
<td>4</td>
<td>10.0</td>
<td>29</td>
<td>72.5</td>
</tr>
<tr>
<td>Sex</td>
<td>21</td>
<td>52.5</td>
<td>15</td>
<td>37.5</td>
<td>4</td>
<td>10.0</td>
<td>35</td>
<td>87.5</td>
</tr>
<tr>
<td>Drugs (Including Alcohol)</td>
<td>14</td>
<td>35.0</td>
<td>24</td>
<td>60.0</td>
<td>2</td>
<td>5.0</td>
<td>38</td>
<td>95.0</td>
</tr>
<tr>
<td>Visit the School</td>
<td>15</td>
<td>37.5</td>
<td>14</td>
<td>35.0</td>
<td>11</td>
<td>27.5</td>
<td>30</td>
<td>90.0</td>
</tr>
<tr>
<td>Study With Children</td>
<td>9</td>
<td>22.5</td>
<td>12</td>
<td>30.0</td>
<td>19</td>
<td>47.5</td>
<td>38</td>
<td>95.0</td>
</tr>
<tr>
<td>Sit Down to Talk</td>
<td>23</td>
<td>57.5</td>
<td>15</td>
<td>37.5</td>
<td>2</td>
<td>5.0</td>
<td>39</td>
<td>97.5</td>
</tr>
<tr>
<td>Play and Take Children for a Ride</td>
<td>11</td>
<td>27.5</td>
<td>20</td>
<td>50.0</td>
<td>9</td>
<td>22.5</td>
<td>38</td>
<td>95.0</td>
</tr>
<tr>
<td>Let Children Bring Their Friends to the House</td>
<td>29</td>
<td>72.5</td>
<td>9</td>
<td>22.5</td>
<td>2</td>
<td>5.0</td>
<td>39</td>
<td>97.5</td>
</tr>
</tbody>
</table>
their children to bring friends to the house, while women alcoholics considered
the category 'father.' Furthermore, in sex counseling, the fathers (husbands
of women alcoholics) more frequently than mothers (wives of men alcoholics)
performed this function.

Counseling about drugs, and playing and taking children for a ride
showed a significantly moderate strong relationship ($p < .001$) between the
sexes.

In drug counseling, women alcoholics mentioned the category 'father'
while men alcoholics considered the category 'mother'. However, mothers
(wives of men alcoholics) were involved in this function to a greater extent
(95 percent) than the fathers (husbands of women alcoholics) whose participation
was 62 percent.

The function 'studies with children' revealed a strong significant rela-
tionship ($X^2 = 42.421$, $df = 2$, $p < .001$ and Cramer's $V = .732$) between the sexes.
Male subjects associated this task with the category 'mother' while female alco-
holics selected the category 'no one' in first place, 'father' in second place,
and themselves (e.g., alcoholic mother) last.

No significant association ($p > .05$) was found in women and men alco-
holics with regard to the functions 'counseling children about physical appearance'
and about 'wearing apparel.' Both sexes considered the category 'mother' as
responsible for carrying out this function. However, in the task 'counseling
children about physical appearance' the father in the families of women alcohol-
ics exhibited a slightly higher frequency over the mothers in the families of
men alcoholics. Furthermore, women alcoholics exhibited a slightly higher frequency in the category 'no one' for the functions of counseling about physical appearance and wearing apparel.

No significant differences ($p > .05$) were observed between subjects' sex and whether the children complained about their alcohol problem, as both groups of children regularly complained about the subjects' drinking. However, a strong significant relationship ($X^2 = 48.942$, $df = 5$, $p < .001$ and Cramer's $V = .787$) was found between subjects' sex and children's typical feelings about alcohol problems in a parent.

The pattern detected in children's typical feelings is shown in Table 40.

TABLE 40

**FREQUENCY DISTRIBUTION OF CHILDREN'S MOST TYPICAL FEELING TOWARD THE SUBJECT'S ALCOHOL PROBLEM**

<table>
<thead>
<tr>
<th>Feeling Toward Alcoholic Parent</th>
<th>Sex</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(N)</td>
<td>(N)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
<td>N</td>
</tr>
<tr>
<td>Anger</td>
<td>29</td>
<td>72.5</td>
<td>1</td>
</tr>
<tr>
<td>Sadness</td>
<td>4</td>
<td>10.0</td>
<td>5</td>
</tr>
<tr>
<td>Happiness</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1</td>
<td>2.5</td>
<td>-</td>
</tr>
<tr>
<td>Nervousness</td>
<td>5</td>
<td>12.5</td>
<td>32</td>
</tr>
<tr>
<td>Guilt</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

a Missing Observations = 1.

Women alcoholics considered their children's typical feeling toward their alcohol problem as anger, while men alcoholics assessed their children's emotional reaction as nervousness. Thus children of women alcoholics were
characterized by exhibiting an 'outer-oriented behavior,' while children of men alcoholics tended toward a state of apprehension and bodily expression of tension. This pattern is consistent with the one found in women and men subjects before drinking, as women were significantly associated ($p < .001$) with anger, compared to nervousness in men.

The above-mentioned findings point out to about the same positive and negative impact of parental alcoholism on parent-child relationships, the only exception being twelve children of women alcoholics who, according to the own subject, felt rejected by them as mothers. At the emotional level, parent-child relations in both sexes were found to be positive and strong. However, at the behavioral level, significant differences ($p < .05$) between the sexes were noticed. In families of women alcoholics, the generalized pattern was the diffused nature of the parent-child relationship as more persons intervened in activities such as to whom children used to tell their problems, asked permission for going out of the house, who disciplined the children, and in the performance of parental functions on behalf of the children. On the other hand, families of men alcoholics showed a generalized pattern where parent-child relations were centered around the mother. Furthermore, the diffused-centered pattern also brought a differential impact on parent-child relationships as evidenced by the qualitative data about how alcoholism has affected family functioning. Accordingly, the question of whether parent-child relationships were more negatively affected in the families of women alcoholics than in those of
men has to be tempered by saying that they are almost equally negatively affected but in different ways. Significant differences (p = .05 or less) were found between the sexes and children's most typical behavioral reactions, as shown in Table 41.

In line with the question whether there were any differences in the behaviors exhibited by children of women and men alcoholics, some differences were found. Children of women alcoholics were strongly associated (p < .001) to the behaviors 'fights at school,' 'try to excuse mother's drinking,' and 'feel jealous toward each other.' Additionally, a moderate strength significant association (p = .05 or less) was found between women alcoholics and children's behaviors of truancy, bedwetting, temper tantrums, school failure, and nightmares. Furthermore, children of women alcoholics felt much more rejected by their mothers than the cases of children of alcoholic fathers. This relationship was significant at p < .01.

However, some similarities between both groups of children were also detected. No significant association (p > .05) was found between subjects' sex and the typical behavioral reaction of their children with regard to the categories 'fight with siblings,' 'try to excuse father's drinking,' or 'exhibit other behaviors.'

c. Fraternal Relationships

Statistical analyses of the variables pertaining to fraternal relationships in children of alcoholic subjects showed a strong significant association
### TABLE 41

**DISTRIBUTION OF CHILDREN'S MOST TYPICAL SOCIOBEHAVIORAL REACTIONS BY SEX OF ALCOHOLIC SUBJECT**

<table>
<thead>
<tr>
<th>Children's Typical Socio-Behavioral Reactions</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>(N)&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Percent</td>
</tr>
<tr>
<td>Truancy</td>
<td>38.5&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Bedwetting</td>
<td>92.3&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>Temper Tantrums</td>
<td>94.9&lt;sup&gt;e&lt;/sup&gt;</td>
</tr>
<tr>
<td>School Failure</td>
<td>82.1&lt;sup&gt;f&lt;/sup&gt;</td>
</tr>
<tr>
<td>Nightmares</td>
<td>92.3&lt;sup&gt;g&lt;/sup&gt;</td>
</tr>
<tr>
<td>Fights at School</td>
<td>89.7&lt;sup&gt;h&lt;/sup&gt;</td>
</tr>
<tr>
<td>Fights with Siblings</td>
<td>92.3&lt;sup&gt;i&lt;/sup&gt;</td>
</tr>
<tr>
<td>Try to Excuse Father's Drinking</td>
<td>-&lt;sup&gt;j&lt;/sup&gt;</td>
</tr>
<tr>
<td>Try to Excuse Mother's Drinking</td>
<td>84.6&lt;sup&gt;k&lt;/sup&gt;</td>
</tr>
<tr>
<td>Feel Jealous Toward Each Other</td>
<td>89.7&lt;sup&gt;l&lt;/sup&gt;</td>
</tr>
<tr>
<td>Feel Rejected by the Mother</td>
<td>8.7&lt;sup&gt;m&lt;/sup&gt;</td>
</tr>
<tr>
<td>Feel Rejected by the Father</td>
<td>2.5&lt;sup&gt;n&lt;/sup&gt;</td>
</tr>
<tr>
<td>Other Behaviors</td>
<td>2.5&lt;sup&gt;o&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<sup>a</sup>,<sup>b</sup>Missing Observations = 1 in each.

<sup>c</sup>Difference between the sexes was statistically significant ($X^2 = 13.663$, $df = 1$, $p < .001$, Phi Coefficient = .447).

<sup>d</sup>Difference was statistically significant ($X^2 = 16.686$, $df = 1$, $p < .001$, Phi Coefficient = .487).

<sup>e</sup>Significant at $X^2 = 5.653$, $df = 1$, $p < .05$, Phi Coefficient = .301.

<sup>f</sup>Significant at $X^2 = 23.572$, $df = 1$, $p < .001$, Phi Coefficient = .571.

<sup>g</sup>Significant at $X^2 = 34.064$, $df = 1$, $p < .001$, Phi Coefficient = .682.

<sup>i</sup>,<sup>j</sup>No significant association ($p > .05$)

<sup>k</sup>,<sup;l</sup>Strong significant associations ($X^2 = 51.015$, $df = 1$, $p < .001$, Phi Coefficient = .829 and $X^2 = 33.511$, $df = 1$, $p < .001$, Phi Coefficient = .676, respectively.

<sup>m</sup>Weak to moderate significant association ($X^2 = 9.514$, $df = 1$, $p < .01$, Phi Coefficient = .381).

<sup>n</sup>,<sup>o</sup>No significant association ($p > .05$).
(p < .001) between the sex of the subject and children's discussions and hitting
of each other. Fraternal relationships in children of women alcoholics compared
to children of men were characterized significantly by a higher frequency of
children's discussions and physical aggression.

A significant, moderate strength association (p < .001) was detected in
the relationship among the children of alcoholic women in the categories 'children
quarrel and don't speak to each other' and in 'children make mutual warn-
ings or threats.'

No significant association (p > .05) was found in the fraternal relation-
ships of children of male and female alcoholic subjects as both groups answered
about the same in the categories 'children play together,' 'children share
their toys,' 'children share their friends,' 'children share their money,'
'children are indifferent toward each other,' and 'children guard each other
from outsiders.'

Table 42 illustrates these relationships.

Although not statistically significant (p > .05), children of women alco-
holics exhibited lower frequencies in the positive categories of 'play together,'
'share their toys,' 'share their friends,' 'share their money,' and 'guard
each other from outsiders.' Likewise, these children showed a higher
frequency in the negative category of 'indifferent toward each other.'
**TABLE 42**

FREQUENCY DISTRIBUTION OF BEHAVIORAL REACTIONS AMONG CHILDREN OF WOMEN AND MEN ALCOHOLIC SUBJECTS

<table>
<thead>
<tr>
<th>Behavioral Reactions Among Children</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discuss and Sometimes Hit Each Other</strong></td>
<td>34b</td>
<td>87.2</td>
<td>6b</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>Play Together</strong></td>
<td>35c</td>
<td>89.7</td>
<td>38c</td>
<td>95.0</td>
</tr>
<tr>
<td><strong>Quarrel and Don't Speak to Each Other</strong></td>
<td>35d</td>
<td>89.7</td>
<td>22d</td>
<td>55.0</td>
</tr>
<tr>
<td><strong>Make Mutual Threats or Warnings</strong></td>
<td>36e</td>
<td>92.3</td>
<td>20e</td>
<td>50.0</td>
</tr>
<tr>
<td><strong>Share Their Toys</strong></td>
<td>35f</td>
<td>89.7</td>
<td>38f</td>
<td>95.0</td>
</tr>
<tr>
<td><strong>Share Their Friends</strong></td>
<td>35g</td>
<td>89.7</td>
<td>38g</td>
<td>95.0</td>
</tr>
<tr>
<td><strong>Share Their Money</strong></td>
<td>35h</td>
<td>89.7</td>
<td>38h</td>
<td>95.0</td>
</tr>
<tr>
<td><strong>Indifferent Toward Each Other</strong></td>
<td>2i</td>
<td>5.0</td>
<td>-i</td>
<td>-</td>
</tr>
<tr>
<td><strong>Guard Each Other From Outsiders</strong></td>
<td>36j</td>
<td>92.3</td>
<td>38j</td>
<td>95.0</td>
</tr>
</tbody>
</table>

---

\(^{a}\) Missing Observations = 1.

\(^{b}\) Difference between the sexes was significant at \(X^2 = 46.265\), df = 2, \(p < .001\), and Cramer's \(V = .765\).

\(^{c}\) No significant association between the sexes (\(p > .05\)).

\(^{d}\) Significant, moderate strength association between the sexes (\(X^2 = 16.390\), df = 2, \(p < .001\), and Cramer's \(V = .455\)).

\(^{e}\) Significant at \(X^2 = 22.762\), df = 2, \(p < .001\) and Cramer's \(V = .536\).

\(^{f}\) No significant relationship (\(p > .05\)).

\(^{g}\) No significant relationship (\(p > .05\)).

\(^{h}\) No significant association (\(p > .05\)).

\(^{i}\) Although a higher frequency in children of women, there was no significant association (\(p > .05\)).

\(^{j}\) No association (\(p > .05\)).
The typical feeling subjects observed in the general climate of children's relationships among each other is shown in Table 43.

**TABLE 43**

**FREQUENCY DISTRIBUTION OF TYPICAL FEELING IN FRATERNAL RELATIONSHIP BY SEX OF SUBJECTS**

<table>
<thead>
<tr>
<th>Typical Feeling</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect</td>
<td>3</td>
<td>7.5</td>
<td>33</td>
<td>82.5b</td>
</tr>
<tr>
<td>Trust</td>
<td>32</td>
<td>80.0b</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Rivalry</td>
<td>3</td>
<td>7.5</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

*a* Missing Observations = 2, families with only one child.

*b* Differences between the sexes was significant at *p* < .001.

A significant, strong association (*X*² = 47.977, df = 3, *p* < .001, and Cramer's *V* = .784) can be observed in Table 43, as men alcoholics were more likely than women to consider the typical feeling guiding their children's relationships as 'affect,' while women more likely appraised fraternal relationships in terms of a feeling of 'trust.'

Thus, fraternal relationships in children of women alcoholics were, to some extent, different from the children of men alcoholics. The relations among children in families of women alcoholics were characterized by higher frequencies in discussions, physical aggression, quarrels and by children making threats or warnings against each other. Qualitatively, fraternal relationships in children
of women subjects were considered to be of 'trust,' while among children of men alcoholics, they were described as being of 'affect.' Probably this difference is due to the subject's own bias, as women pondered more positively the category 'trust' while men do the same with the category 'affect.'

The above-mentioned findings are in line with the research question whether there were any differences in the relationships among children in families where the alcoholic is the mother or where it is the father.

d. Household Task Performance

Statistical significant differences (p = .05 or less) were obtained between the sex of subjects and the level of family membership participation in household task performance. These relationships are shown in Table 44.

Strong significant relationships (p = .01 or less) were obtained for the following household tasks: buy food; pay the bills; buy medicines; buy electric appliances; buy furniture; and take children to school.

Except for the task 'take the children to school,' in the families of women alcoholics, the husband usually did the above-mentioned tasks, while in the families of men alcoholics, the wife was responsible for performing these tasks.

Moderate strength significant relationships (p = .05 or less) were found between the sexes and the tasks of buy clothes; wash the car; make appointments with doctor; take children to the doctor; repair the house; and take care of small children.
TABLE 44

FREQUENCY DISTRIBUTION OF HOUSEHOLD TASKS PERFORMANCE IN FAMILIES OF WOMEN AND MEN ALCOHOLICS BY LEVEL OF FAMILY MEMBERSHIP PARTICIPATION

<table>
<thead>
<tr>
<th>Level of Family Membership Participation</th>
<th>Husband</th>
<th>Wife</th>
<th>Sons</th>
<th>Daughters</th>
<th>Nobody</th>
<th>Each One Does His Own</th>
<th>Husband</th>
<th>Wife</th>
<th>Sons</th>
<th>Daughters</th>
<th>Nobody</th>
<th>Each One Does His Own</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean the House</td>
<td>1.5</td>
<td>21</td>
<td>52.5</td>
<td>9</td>
<td>42.5</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Buy Food</td>
<td>70.0</td>
<td>11</td>
<td>27.5</td>
<td>4</td>
<td>10.0</td>
<td>26</td>
<td>65.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
</tr>
<tr>
<td>Prepare Food</td>
<td>2.5</td>
<td>24</td>
<td>50.0</td>
<td>26</td>
<td>65.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Buy Clothes</td>
<td>22</td>
<td>25</td>
<td>50.0</td>
<td>17</td>
<td>40.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Wash Clothes</td>
<td>24</td>
<td>20</td>
<td>50.0</td>
<td>9</td>
<td>22.5</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Clean Garden</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Pay Bills</td>
<td>1.5</td>
<td>21</td>
<td>52.5</td>
<td>9</td>
<td>42.5</td>
<td>2</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Buy Clothes</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Take Children to Doctor</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Buy Medicines</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Buy Electric Appliances</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Buy Furniture</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Take Children to School</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Repair House</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
<tr>
<td>Take Care of Small Children</td>
<td>25</td>
<td>30</td>
<td>75.0</td>
<td>6</td>
<td>15.0</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
<td>28</td>
<td>100.0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Missing Observations = 1**

**From task 'clean the garden' through task 'take care of small children' there is one observation missing.

**Significant differences (X^2 = 41.402, df = 1, p < .001, Phi Coefficient = .750).

**Strong significant differences (X^2 = 42.947, df = 1, p < .001, Phi Coefficient = .850).

**Strong significant differences (X^2 = 53.071, df = 1, p < .001, Phi Coefficient = .923).

**Statistically significant differences (X^2 = 62.860, df = 1, p < .001, Phi Coefficient = .923).

**Statistically significant differences (X^2 = 49.899, df = 1, p < .001, Phi Coefficient = .923).

**Statistically significant differences (X^2 = 39.907, df = 1, p < .001, Phi Coefficient = .923).

**Significant difference (X^2 = 37.237, df = 1, p < .001, Phi Coefficient = .923).

**Significant difference (X^2 = 33.171, df = 1, p < .001, Phi Coefficient = .923).

**Significant difference (X^2 = 20.306, df = 1, p < .001, Phi Coefficient = .923).

**Significant difference (X^2 = 17.664, df = 1, p < .001, Phi Coefficient = .923).

**Significant difference (X^2 = 18.864, df = 1, p < .001, Phi Coefficient = .923).
Except for the tasks 'wash the car' and 'repair the house,' almost all the male alcoholics considered their wives as responsible for the performance of the previously-mentioned tasks. However, a different pattern emerged in the families of women alcoholics. In these homes, the husbands assumed almost all responsibility for washing the car and for repairing the house. Furthermore, in the tasks of making appointments with doctor and taking children to the doctor, the distribution in the families of women alcoholics was spread out as to include the husband, wife (e.g., alcoholic woman), or the category 'each one does his own.' Additionally, in the families of women alcoholics, each one bought his own clothes and no one took care of small children.

A significant moderate to strong relationship \( p = .01 \) or less was found between the sexes and the level of family membership participation in performing the task of cleaning the house. Almost all the men alcoholics reported their wives as responsible for cleaning the house, while women alcoholics considered themselves and their daughters as the persons in charge of this task.

A weak, but significant relationship \( p < .05 \) was found between the sexes and the task of washing the clothes. All the men alcoholics reported their wives were the ones who assumed this responsibility for the family, while in the families of women alcoholics, the daughters (13 percent) shared this responsibility with the mother (the alcoholic woman).

No significant differences \( p > .05 \) were found between the sexes and the tasks of preparing the food, cleaning the garden, and receiving friends at home.
e. **Family Climate**

No statistical association at a .05 level was found between the sexes and a satisfactory or unsatisfactory general family climate at present. However, more women subjects (n = 25 or 44.1 percent) considered their actual family climate to be satisfactory. It was noticeable that the same number of women alcoholics (n = 14 or 35.9 percent) who qualified their present family climate as unsatisfactory also informed that they were presently drinking (n = 13 were daily drinkers, while n = 1 was an infrequent drinker or drank several times a year). More male alcoholics categorized their present family climate as unsatisfactory (n = 23 or 57.5 percent) and also, more men were presently drinking (n = 11 daily drinkers and n = 7 heavy drinkers who drank two to three days a week).

Moreover, no significant associations (p > .05) were found between the sexes and the reason for considering their family climate as unsatisfactory. For both sexes, alcohol problems were related to their present dissatisfaction.

A significant difference (p < .001) was detected between women and men alcoholics and the most positive characteristic they considered their family to possess. This relationship is shown in Table 45.

For men alcoholics, loyalty was the most positively valued family characteristic, while for women alcoholics, it was cooperation. Both characteristics are qualitatively different, as loyalty seeks to maintain family integrity through emotional bonds based on faithfulness, while in cooperation, emphasis is given to
<table>
<thead>
<tr>
<th>Family's Most Positive Characteristic</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loyal</td>
<td>20</td>
<td>52.5</td>
<td>35</td>
<td>87.5(^b)</td>
</tr>
<tr>
<td>Cooperative</td>
<td>18</td>
<td>45.0</td>
<td>4</td>
<td>10.0</td>
</tr>
<tr>
<td>Communicative</td>
<td>1</td>
<td>2.5</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>

\(^a\) Missing Observations = 1.

\(^b\) Differences between the sexes was statistically significant \((X^2 = 16.109, df = 2, p < .001, \text{ and Cramer's } V = .451)\).
the behavioral performance of certain tasks on behalf of the family and/or some of its members.

No significant association (p > .05) was found between the sexes and the most negative characteristic subjects observed in their families. Women and men alcoholics responded almost the same way as they selected the category 'uncommunicative' to point out what they considered to be the most negative characteristic of their families. The family being competitive or disloyal were the other most frequent responses in both sexes.

No significant association (p > .05) was found between the sexes and their recognition that alcoholism has affected their family functioning. Women and men alcoholics agreed that their alcoholism has had a negative impact on their family life.

Subjects' responses to the open-ended question "How has your alcoholism problem affected your family functioning?" were structured into three broad classifications (e.g., Economic and Job-Related Consequences, Subject's Reactions to Spouse and Children, and Spouse and Children's Reactions to Subject), and then into the following six categories: (1) subject's behavioral and emotional reaction toward spouse and children; (2) family (i.e., spouse and children) behavioral and emotional reactions associated with subject's drinking; (3) subject's perceived economic consequences and emotional behavior towards spouse and family; (4) economic consequences and family behavioral reactions toward subject; (5) subject's emotional reaction to family (e.g., spouse and
children) and family (e.g., spouse and children) emotional reactions to subject; and (6) economic consequences and subject's reaction to family (e.g., spouse and children) and family (e.g., spouse and children) reaction to subject.

In spite of the fact that both sexes recognized that their alcoholism has negatively affected their family functioning, the way it affected both was significantly different.

A strong, significant difference ($X^2 = 62.109, df = 5, p < .001$ and Cramer's $V = .886$) was found between women and men alcoholic subjects and the ways they considered alcoholism impinging upon their family social functioning. Subjects' responses of how their alcoholism has negatively impacted their family social functioning are shown in Table 46.

**TABLE 46**

**PATTERNING OF RESPONSES ABOUT THE IMPACT OF ALCOHOLISM ON THE FAMILY SOCIAL FUNCTIONING OF WOMEN AND MEN ALCOHOLIC SUBJECTS**

<table>
<thead>
<tr>
<th>Responses</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(N)</td>
<td>(N)</td>
</tr>
<tr>
<td>Subject's behavioral + emotional reactions</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Family behavioral + emotional reactions</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Subject's economic + emotional + behavioral reactions</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Economic &amp; family behavioral reactions</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Subject &amp; family emotional reactions</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Economic + Subject's + family's reactions</td>
<td>1</td>
<td>19</td>
</tr>
</tbody>
</table>

$^a$Missing Observations = 1.

$^b$Differences between the sexes were statistically significant at $p < .001$ level.
For families of women alcoholics, the impact of alcoholism was much more in terms of family (i.e., spouse and children) reactions associated with subjects' drinking (25.6 percent) and in the category, 'subject's reaction to spouse and children, and spouse and children's reactions toward subject' (69.2 percent). In contrast, families of men alcoholics were mostly affected by the combination of economic and job-related consequences and spouse and children's reactions toward subjects (40 percent), as well as to economic, subject's reaction to spouse and children (family) and spouse and children's reaction to subject's drinking (e.g., 48 percent).

Accordingly, a basic significant difference ($p < .001$) between the sexes was associated with economic and job-related consequences of alcoholism in the family social functioning of men alcoholics in contrast with women.

Moreover, the responses in these categories pointed to qualitative differences about how alcoholism impinges on the family life of women and men alcoholic subjects.

In families of women alcoholics, the most frequent responses associated with family behavioral and emotional reactions were: "When I drank, children and husband used to hide my liquor bottles; children went outside the house for not seeing me drunk; children and husband didn't bring anyone to the house because of my drinking; husband was afraid that something bad happen to me or to the children (i.e., kill myself, burn the house, or beat the children); daughters have to do the household tasks; husband have to do the household tasks; husband
was worried about my health; husband threatened to leave; husband used to
get angry and/or quarrel whenever he found me drunk; and husband beat me
up to stop drinking, because for him a drunk woman was something immoral."

The most frequent responses of women subjects toward their husbands
and children were: "When I drank, I could hardly take well care of my chil-
dren's needs and supervise them; I turn away from my children; I isolate my-
self from others; I could barely do the household tasks when I drank heavily; I
used to get mad at the children; I fell down, got bruises and did not remember
the other day how it happened; I used to fight with children and husband when I
cannot remember what happened in the house; and I used to beat my children if
they did not go to the store to buy me more liquor."

In contrast, in families of men alcoholics, the responses most frequent-
ly included in the economic and job-related category were: "lose too much money
in alcoholic beverages; lose my job; I was at the risk of losing my job; my
wife complained about not being a good economic provider; and I have economic
problems because of my drinking."

Family responses toward men subjects were mostly in terms of the fol-
lowing reactions: "wife used to quarrel whenever I came drunk to the house;
children got sad; children got nervous; my wife have to assume responsibility
for everything (i.e., bills, children); wife didn't want to have sexual relations
with me; daughter wanted to drop school if I continue drinking; and children
were afraid of me when I came drunk to the house."
Moreover, male responses to the family were most frequently stated as: "came drunk to the house and quarrel with my wife; came drunk to the house and if wife began to quarrel, I went again to the street and continued to drink; I fight with my wife and we hit each other; I fight with my wife up to a point that I beat her to stop all the talking; and I spent most time drinking outside of the house."

4. Opinion About Agency Services Held By Women and Men Alcoholic Subjects

No significant differences (p > .05) were found between the sexes and the following variables: whether alcoholism services were helpful; if subjects would recommend alcoholism treatment services to other persons with drinking problems; their experiences when visiting Alcoholism Programs; if they have jointed a therapeutic group at the Program; reason for not joining a therapeutic group; if subjects favored the creation of alcoholism treatment programs exclusively for men; if subjects favored the creation of treatment programs exclusively for women; and if professionals from Alcoholism Programs visited their homes.

Accordingly, the majority of women and men alcoholics (n = 33 and n = 32, respectively) considered that the alcoholism treatment services received at the Programs have been helpful and that they would recommend to other people with alcohol problems (n = 34 for both sexes). Thus one woman and two men alcoholics assumed the position of recommending the services to other persons even when they said services were not helpful for them.
The majority of all subjects (n = 28 men and n = 26 females) described their experience at Alcoholism Programs was one where professional services were adequate. However, seven men and women alcoholic subjects, or 35 percent, reported having to wait a lot to receive services, while three men and seven women subjects, or 25.0 percent, considered appointments sporadic.

The majority of women and men alcoholics did not join a therapeutic group. The reason most frequently given by female subjects for not joining a therapeutic group was being "ashamed to talk in groups," while for male alcoholics, the most predominant reason was "not invited to participate in group."

The majority of the total sample (n = 37 of the men and n = 39 of the women) favored the creation of alcoholism treatment services exclusively for men. However, all the women alcoholics (n = 40 or 100 percent) and the majority of the men (n = 38 or 95 percent) favored the creation of alcoholism treatment programs exclusively for women.

The majority of the women (n = 35 or 88 percent) and men alcoholic subjects (n = 35 or 88 percent) reported that professionals from the Programs did not visit their homes. In only five cases of women and men alcoholics, or 12.5 percent were there professional visits to the subject's home.

Significant differences (p = .05 or less) were found between the sexes and the variables 'preferred place for you to receive alcoholism treatment services' and 'like to make some specific recommendation to the Alcoholism Program.'
Twenty-three percent, or nine of the women alcoholics expressed their preference for receiving treatment services at their own house compared to 30.0 percent or n = 12 of the men who preferred services to be delivered at a community facility.

Women alcoholics (n = 20 or 51.3 percent) were more likely to make recommendations to improve Alcoholism Programs compared to the majority of men alcoholics who did not make any suggestion (n = 29 or 72.5 percent).

The frequency distribution of subjects' recommendations are shown in Table 47.

No significant differences (p > .05) were found between the sexes and their suggestions for the betterment of Alcoholism Programs with the exception of recommendations "to organize therapeutic groups for women only," "rehabilitated alcoholic women should help to rehabilitate other women alcoholics," and to "increase rehabilitation - vocational services to fit in free time."

Statistically significant differences (p = .05 or less) were obtained in these three recommendations as women strongly endorsed therapeutic groups for women only, rehabilitated alcoholic women helping the woman alcoholic, and structuring of free time in such productive activities as sewing, flower planting, or pottery lessons.
<table>
<thead>
<tr>
<th>Subjects Recommendations to Alcoholism Programs</th>
<th>Women (N)</th>
<th>Percent</th>
<th>Men (N)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Pharmacotherapy</td>
<td>8</td>
<td>20.0</td>
<td>8</td>
<td>20.0</td>
</tr>
<tr>
<td>More Government Support for Day Care Alcoholism Motivation Services</td>
<td>3</td>
<td>7.5</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Increase Services for Alcoholics</td>
<td>3</td>
<td>7.5</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>More Discipline to Help Clients Stop Drinking Group Therapists Should Remain Leading the Group For at Least 6 Months</td>
<td>2</td>
<td>5.0</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Contract More Social Workers and Psychologists</td>
<td>5</td>
<td>12.5</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Change the Name of the Department of Addiction Services for One More Positive</td>
<td>3</td>
<td>7.5</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Continue Helping Other People Government Should Offer Recreational Activities To Alcoholics Until Their Recovery</td>
<td>2</td>
<td>5.0</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td>Organize Therapeutic Groups for Women Only More Home Visits to Clients</td>
<td>10</td>
<td>25.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Clients Should be Called By Their Record Numbers and Not By Their Names</td>
<td>6</td>
<td>15.0</td>
<td>6</td>
<td>15.0</td>
</tr>
<tr>
<td>Divide the Clientele Most Affected from the Least Affected Rehabilitated Alcoholic Women Should Help to Rehabilitate Other Women Alcoholics</td>
<td>3</td>
<td>7.5</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Increase Rehabilitation-Vocational Services to Fit In Free Time</td>
<td>8</td>
<td>20.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>25.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
CHAPTER VII
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This study has investigated the drinking practices of women alcoholics and the impact on their family social functioning as contrasted with men alcoholics. Its main purpose was to obtain quantitative and qualitative data in order to explain significant differences in the social context of drinking patterns between the sexes and how it affected their family social functioning in the following areas: (1) marital; (2) parent-child; and (3) fraternal relations.

A fundamental assumption set forth in this research was that the social context of drinking practices of women and men alcoholics, as well as the impact on their family social functioning will exhibit some differences.

Attuned with this reasoning, twelve research questions were formulated which sought to explain sex differences in drinking patterns and family behavior.

An explanatory cross-sectional survey with one time only observation was selected for carrying out the above-mentioned purpose.

The unit of study consisted of 40 married women alcoholics living in the Northeastern Region of Puerto Rico with their non-alcoholic husbands and at least one child. A male sample was matched in size and characteristics to the female sample for comparison purposes. Both samples were drawn from
the population diagnosed as alcoholics undergoing regular treatment services in Alcoholism Programs in Puerto Rico during Fiscal Year 1979-80.

The Social Biography of Drinking Patterns Schedule (Form A) and The Family Social Functioning Schedule (Form B) were administered to the subjects through a personal interview. Data were collected between April 15 and July 15, 1981.

Alcoholism is a multifaceted and complex behavior which encompasses the interrelation of physiological, psychological and sociological factors. The results of this study have provided evidence to support that significant differences (p = .05 or less) exist in the drinking patterns of women and men alcoholics as well as in the ways in which alcoholism affects their family dynamics.

In this chapter, we will present relevant findings associated with the two main explanatory variables: the social context of drinking patterns and the family social functioning of female and male alcoholics. This presentation will be followed by our conclusions in terms of the research questions, theoretical interpretation, generalizability of results, and by the implications of the findings for practice, curriculum development, research, and social policy.

1. **The Social Context of Drinking Patterns**

The social context of drinking patterns was measured by developing a social biography of subject's drinking in three phases: initial, problematic, and present drinking practices.
During the initial drinking pattern, women alcoholics have their first drink with intoxicating effects later than men; drink more beer and wine compared to men who drink more rum; and women's source of first beverage was from their fathers, while men's source was from their friends. These findings are consistent with the ones obtained by Wall (1936 and 1937); Riley and Marden (1947); Lisansky (1957); Bailey (1965); Jones (1968 and 1971); Cahalan et al. (1969); and Garret et al. (1973). Additionally, in the beginning, women drink either with friends, brothers, sisters, relatives or other persons, but men drink almost solely with friends. Most parents of female subjects approved their daughter's initial drinking, but in male subjects, neither parent approved. Men drink more frequently and consume more alcohol than women; and women drink either at parties or at their homes, while the majority of the men preferred to drink at bars and to a less extent at parties. Maxwell (1952); Lisansky (1957); Mulford et al. (1960); Ullman (1962); Pemberton (1967); Wanberg and Knapp (1970); Rimmer et al. (1971 and 1972); Garret et al. (1973); Wanberg and Horn (1973); Aldarondo et al. (1974) and González (1979) found similar results.

Both sexes began to drink for the same reason (e.g., to have fun). This finding is compatible with Riley's (1947); Plaut's (1967); Cahalan's et al. (1969); and Kilty's (1980) position that drinking is a "normal" or regular activity and that people began to drink for positive reasons. Alcohol helps people mix socially, and has been considered a "social lubricant" for this reason.
Significant differences (p = .05 or less) were found between the sexes in the time that they began to drink in a problematic way (e.g., uncontrolled or compulsive drinking). Accordingly, women began to drink in a problematic way at an older age (e.g., mean age = 43.2) than men (e.g., mean age = 39.9), and men drink compulsively for a longer time (e.g., mean = 4.5 years) than women (e.g., mean = 2.8 years). Men's motive and reason for uncontrolled drinking was more socially determined (i.e., imitate friends and develop a drinking habit, respectively), while for women the motive and the reason was more personal (i.e., lack of self confidence, difficulties with significant others and disruptive familiar experiences).

The shortened period of time needed by women to develop an uncontrolled drinking pattern, and the personal-disruptive motive and reason for the onset of their alcohol problem have been supported in several studies. (Lisansky, 1957; Fort et al., 1961; Glatt, 1961; Wood and Duffy, 1966; Curlee, 1970; Wanberg and Knapp, 1970; Cahalan, 1970; Sclare, 1970; Elder, 1973; Wilsnack, 1973; Lolli, 1975; Mc Lachlan et al., 1976; Bromet et al., 1976; Morrissey et al., 1978; Beckman, 1975, 1980, and 1981; Gomberg, 1979; and Corrigan, 1980).

Women more readily than men preferred to drink in their homes and alone. Men drank at bars and accompanied by others. This finding accounts for the solitary and concealed drinking practices among this group of women alcoholics whose occupational status was mainly housewives, which helped to hide their alcohol problems. Women alcoholics were much more sensitive
to the social disapproval associated with drinking in public. This societal reaction reinforces their solitary drinking as evidenced in other research works and clinical literature (Lisansky, 1957; Wood and Duffy, 1966; Pember- ton, 1967; Catanzaro, 1968; Wanberg and Knapp, 1970; Rimmer et al., 1971; Wanberg and Horn, 1973; Bedell, 1973; Garret et al., 1973; Lester, 1975; Bromet et al., 1976; Sandamaier, 1977; Clark, 1977; Gomberg, 1979; González, 1979; Corrigan, 1980; and Beckman, 1981).

No significant differences (p > .05) were found between the sexes with regard to type, quantity, and frequency of beverage consumed. It seemed that once uncontrolled drinking became part of the individual, alcohol dependence operates independently of the drinker's sex.

Findings of subjects' present drinking patterns indicate that more men than women were active in drinking, but that more women than men were drinking every day. No significant differences (p > .05) were found between the sexes in terms of type and quantity of beverage consumed, but women revealed higher frequencies of hard liquor consumption in the maximum typical quantity measures and greater variability than men in light liquor consumption (e.g., beer). The solitary and at home concealed drinking pattern was maintained by the women, while men continued to drink outside the house and with others, presumably in small groups.
2. **Subjects' Typical Feelings Before, During, and After Drinking.**

Significant differences (p = .05 or less) were obtained between the sexes and their typical feeling throughout the drinking act. Women's typical patterning of feelings was anger before drinking; joyfulness when drinking; and womanly, feminine, and assertive after drinking. For men, nervousness before drinking; being relaxed when drinking; and manly, virile, and assertive after drinking constituted their basic pattern of affective expressions.

Several studies have supported our findings of the alcoholic woman's feelings during the drinking process. Bedell (1973) found that women's most frequent self-reported reason for drinking was to cope with feelings of anger because of the strain of conforming to traditional sex-role expectations as housewives. Wilsnak (1973, 1974, 1976, and 1980) has found that women drink to feel more womanly. Rigid cultural sex-role definitions and expectations for a woman to perform traditional feminine behavior restrict her adaptability and self expression to flexibly combine masculine and feminine behaviors depending on the demands of a given situation. Accordingly, women alcoholics have difficulty in being androgynous or unable to freely combine masculine and feminine personality characteristics. Drinking makes them feel more womanly. (Lisansky, 1957; Kinsey, 1966; Belfer et al., 1971; Parker, 1972; Scida et al., 1974; Bem, 1975; Colman, 1975; and Beckman, 1977 and 1981).
3. **Familial Antecedents of Alcoholism**

Significant differences \((p = .05\) or less) were found in the familial antecedents of alcoholism in women and men alcoholic subjects. Women alcoholics identified their fathers and their brothers as compulsive drinkers or alcoholics, while men alcoholics considered other relatives in this dimension. Furthermore, women alcoholics more readily than men \((p < .01)\) singled out a sister as a compulsive drinker. This finding is supported in several research and clinical literature (Sherfey, 1955; Lisansky, 1957; Fink et al., 1962; Cramer et al., 1963; Kinsey, 1968; Winokur et al., 1968; Rathod et al., 1971; Driscoll et al., 1972; Gomberg, 1979; Cotton, 1980; and Beckman, 1981). This suggests the importance of cross-sex modeling and genetic determinants in the development of alcoholism in women.

Environmental or modeling determinants can be explained using Zucker's (1976) heuristic model for outlining the pathways by which parental influence systematically produces differences in children's drinking practices. The model assumes a multilevel process of parental effects. In the first level, socioeconomic and sociocultural influences are considered as family influences insofar as culture, status in the community, and the presence or absence of a religious ideology are transmitted through the behavior, values, and ideology of the parents. The norms of drinking, the availability of alcohol, and the circumstances of drinking vary with social class and with ethnic and religious identity. Children's early exposure to a drinking or non-drinking style is set early in the life cycle by observing parents, through the family's reference
groups and community ties. The second level of influence involves family interaction around its own drinking patterns, extent of parent agreement or conflict in other areas of behavior, and parents' interaction effects regarding the concern of family structural characteristics such as family size, discipline, and economic affairs. The third level examines individual parental behaviors where the belief structure in drinking, drinking patterns, personality factors, and child rearing behavior practices of each parent acquire significance. As parents interact, they create a climate of emotional tension or harmony that may, in turn, make them more or less salient socialization models or teachers. If parents disagree about what constitutes an appropriate drinking style for each other (abstention versus heavy drinking), they may prematurely make their child's choices about drinking more emotionally laden, more polarized, and harder to change. The fourth and fifth levels, peer effects and the child's personality, respectively, are both dependent and independent variables. In the former, it is well documented the important and independent contribution of peer group influences and in the latter, of the child's own personality need system in determining the drinking behavior pattern eventually developed. The sixth and last level refers to the child's drinking behavior as a result of cumulative influences with strong bonds between peer behavior patterns and the child's needs.

Support to the effects of parental modeling in shaping children's drinking practices is offered by Cahalan et al. (1969); Akers (1973); and Bandura (1979). Evidence to support genetic determinants has been obtained from male
alcoholic samples (Goodwin et al., 1973) thus making generalizability of results to women alcoholics very uncertain.

4. **Adverse Health, Legal, Marital and Economic Consequences**

Compulsion to drink in both sexes was highly related \((p = .05 \text{ or less})\) to the subject's inability to stop drinking once he/she had begun. This finding is supported by Polich et al. (1980:49) position that "alcohol dependence is a more serious condition than mere high consumption".

Significant differences \((p = .05 \text{ or less})\) were found between the sexes and some symptoms. Women experienced more hepatitis or yellow jaundice, delirium tremens, hallucinations, pancreatitis, cirrhosis of the liver, dysmenorrhea, and constipation. However, more men reported having experienced shakes, blackouts, and high blood pressure.

Comparative studies and clinical literature between the sexes have supported women's greater risk for developing liver-related diseases at an earlier age and in a shorter span of time (Spain, 1945; Hallen et al., 1963 and 1970; Viel et al., 1968; Kramer et al., 1969; Wilkinson et al., 1969; Kuller et al., 1969; Tokuhata et al., 1970; Horn et al., 1971; Galambos, 1972; Lelbach, 1974; Warner et al., 1975; Rankin et al., 1975; Gomberg, 1975 and 1979; Williams et al., 1976; Krasner, 1977; Roger et al., 1977; and Hill, 1980).

The higher incidence of dysmenorrhea in women alcoholics has been documented by Wall (1937); Van Amberg (1943); Lisansky (1957); Belfer et al. (1971);
Driscoll et al. (1972); Browne-Mayers et al. (1972); Wilsnack (1976); and Jones et al. (1976 and 1977).

Horn et al. (1971) found higher incidence of delirium tremens in women, alcoholics and higher frequencies of blackouts in men. However, conflictive evidence exists in these and other symptom differences. Wall (1936 and 1937) detected more cases of delirium tremens in women but higher cases of hallucinations in men; Bailey (1965) found more blackouts and shakes in men; Rimmer et al. (1971) reported more history of delirium tremens and blackouts in men; and Gomberg (1980) considered that memory blackouts appeared very early in both sexes but tremors as a late stage symptoms, while James considered that blackouts appeared later in women than in men alcoholics.

An explanation in partial support of our findings about differences in symptoms may be due to the existence of different subtypes of alcoholics between the sexes.

Significantly (p < .001) more men confronted legal consequences because of their drinking. This was evidenced by the higher rates and frequency of police arrests in men in contrast to women. Higher legal consequences in men are supported by Lisansky (1957); Bailey et al. (1965); Wanberg et al. (1970); Rimmer et al. (1971); Horn et al. (1973); Waller et al. (1974); Pastor (1975); García (1975); Gomberg (1980); and Beckman (1981).

Women alcoholics have been maritally separated significantly (p = .05 or less) more times than men and for longer periods of time. This finding is supported by different studies and clinical literature in the alcohol field (Wall,
1937; Glatt, 1955 and 1961; Fox, 1956 and 1972; Lisansky, 1957; Winokur et al., 1968; Archilla et al., 1968; Curlee, 1970; Rathod et al., 1971; Shuckit, 1972; Pemberton, 1972; Hoffman et al., 1972; Tamerin et al., 1975; Beckman, 1975; Canela et al., 1976; Corrigan, 1977; Paolino et al., 1978; Gomberg, 1979; Clemmons, 1979; and Burtle, 1979).

No significant differences (p > .05) were found between the sexes when economic problems were measured in the present time frame when the majority of the subjects have stopped drinking. However, when subjects were asked "how their alcoholism has affected their family functioning," men's answers were significantly (p < .001) associated with economic and job-related consequences. This is consistent with research findings and alcohol literature which have considered that the consequences for men alcoholics occurred more frequently at the institutional level (Fox, 1963; Jackson, 1968; Cahalan, 1970; Rimmer et al., 1971; Horn et al, 1973; Corrigan, 1974; Gomberg, 1979; Polich et al., 1980; and Beckman, 1981).

5. The Family Social Functioning

The family social functioning of women and men alcoholics was assessed in terms of marital, parent-child, and fraternal relationships.

During the beginning years of marriage, significant associations (p = .05 or less) were found with women subjects meeting their future husbands at their parents' house, while for the men subjects, the place was either at a dance or at a neighbor's house; for the presence of drinking problems in men
subjects; and for wives of men alcoholics reacting more positively to their husbands' alcohol problems in contrast to the negative reactions of the husbands of women alcoholics.

The earlier onset of alcohol problems in men in contrast to women is documented through several studies and literature in the alcohol field (Cahalan et al., 1969; Rimmer et al., 1971; Elder, 1973; Greenblatt et al., 1976; and Wolin, 1980).

Husbands' negative reactions toward alcohol problems in their wives is also consistent with clinical investigations and available literature (Fox, 1956 and 1972; Pemberton, 1967; Beckman, 1975; Hornik, 1977; Estes et al., 1978; Clemmons, 1979; and Burtle, 1979).

Significant differences (p < .01) were found between the sexes and the spouse's typical temperament. The non-alcoholic wives of men alcoholics were regarded as having an aggressive temperament, while husbands of women alcoholics were considered as passive. The aggressive temperament found in the wives of men alcoholics has been supported by clinical research (Price, 1945; Jackson, 1954 and 1967; Mitchell, 1959; and Fox, 1967). Although husbands of women alcoholics have not been greatly studied, their passivity is proposed by clinical observations (Fox, 1972; and Estes et al., 1978).

In line with differences in spouses' typical temperament, significantly (p < .001) more men alcoholics mentioned their wives as the person who did the most important family decisions, while in the families of women alcoholics, the decision-making process was more spread out (i.e., husband or both spouses).
Significant differences at a .001 level were found between women and men alcoholics and the variables 'frequency of actual sexual relations'; 'level of sexual satisfaction'; 'principal reason affecting sexual relations'; 'usual motive to refuse sexual relations'; and in the 'impact of alcoholism on subjects' sexual relations'.

Women alcoholics held sexual relations with their non-alcoholic husbands twice a week, while men alcoholics had sexual sexual relations with their non-alcoholic wives once a month. For women, sexual relations were considered to be satisfactory and their alcoholism did not affect their sexual relations, but for men, sexual relations were regarded as unsatisfactory and alcoholism did affect their sexual relations.

Females and males also differed in the principal reason why sexual relations were affected. Male responses were associated (p < .001) with the category 'impotency and/or lack sexual vigor', while women were linked to the 'don't apply' category. This finding challenges traditional sex-role stereotypes which have ascribed more sexual difficulties to the alcoholic woman, as well as portraying women as more frigid and experiencing more sexual problems.

(Karpman, 1948; Sherfey, 1955; Kinsey, 1968; Rathod et al., 1971; Schukit, 1972; Browne-Mayers et al., 1976; and Potter, 1979). Our results are consistent with Masters and Johnson (1966 and 1970:216) research on female sexuality, and their finding that "women's . . . physiological capacity for sexual response infinitely surpasses that of man". Women have three different sexual response patterns compared to only one sexual pattern identified in men. As a result,
women more readily than men have the response potential of multiple orgasm under effective stimulation. While women can experience another orgasm from any point of the three resolution phases, men have to wait longer and beyond the resolution period, namely the refractory period, in order to experience another orgasm.

The high level of sexual satisfaction found in women alcoholics is supported by Lemere et al. (1973; Estes et al. (1978) and Beckman (1979) research findings. In contrast, the low level of sexual satisfaction found in men alcoholics due to impotency, lack of sexual vigor, and premature or late ejaculation is consistent with Archilla et al. (1968); and González et al. (1977) research findings.

Furthermore, the sexes differed in a significant way (p < .001) in their usual motive to refuse having sexual relations with their spouses. For the majority of women alcoholics, the motive to refuse sex (e.g., 'lack of interest from both of us') involved an interaction of spouses as both agreed not to have sex. However, for men alcoholics not having sexual relations was a personal matter (e.g., 'don't feel desire'). Connecting men's impotency problems with their lack of desire to have sexual relations, it seemed like this group of men were rationalizing their sexual problems which touched deeply into the virility and masculinity conceptions much more strongly held in the Puerto Rican culture by the time they were socialized.
No variability was found between the sexes and the negative impact of alcoholism on their marital relationships. Women and men alcoholics recognized that alcoholism affected their marital relations, but what differed was the way in which marital relations were affected in each case.

Parent-child relationships showed significant differences \( (p = .05 \text{ or less}) \) between the sexes.

In the families of male alcoholic subjects, the mother assumed the overall responsibility for the supervision of children's activities, of enacting disciplinary methods, and in the performance of tasks or functions in behalf of their children. Contrary to this mother-centered pattern, families of female alcoholics exhibited a more diffused pattern as more people intervened in these processes (i.e., mother, father, brother, sister, grandmother).

A significant difference \( (p < .001) \) was found between subjects' sex and children's typical feeling toward the alcoholic parent. Children of women alcoholics reacted with anger, while the usual feeling in the children of male alcoholics was nervousness.

The outer-oriented or aggressive behavior detected in children of female alcoholics is supported by Fox (1963) and Chafetz et al. (1971) and the nervousness of children of alcoholic men by García (1975).

Significant differences \( (p = .05 \text{ or less}) \) were obtained between the sexes and children's most typical behavioral reactions. Children of female alcoholics presented higher frequencies of truancy, fights at school, bedwetting, temper tantrums, nightmares, and jealousy toward each other than children
of men alcoholics. The problematic nature of the behaviors exhibited by children of alcoholics have been documented through some research and clinical literature. (Fox, 1963; Mac Kay et al., 1963; Haberman, 1966; Clinebell, 1968; Jackson, 1967; and Chafetz et al., 1971). However, available studies on children of alcoholics often only provide general conclusions because methodological flaws (Jacob et al., 1978), while comparative studies of children of female and male alcoholics are rarely done. Future research should address the need of comparative studies in this direction.

Fraternal relations in children of female alcoholics were significantly (p < .001) associated with discussions, physical aggression, quarrels, and mutual warnings and threats when compared with children of male alcoholics.

Both groups of children showed about the same frequencies in activities such as playing together; sharing their toys, friends, and money; not being indifferent toward each other; and guarding each other from outsiders. Qualitatively, fraternal relations in children of women alcoholics were considered to be of 'trust', while among children of men alcoholics fraternal relations were regarded as being of 'affect'. This difference was probably due to subject's own bias about the emotional connotation of these affective categories.

Although some differences were observed in the fraternal relationships of children of women and men alcoholics, fraternal relations for both groups remained strong at the presence of an alcoholic parent. This is consistent with Archilla et al. (1968) research findings.
6. **Household Task Performance**

Significant differences ($p = .05$ or less) were found in families of women and men alcoholics with regard to household task performance. Families of male and female alcoholics exhibited about the same centered-diffused pattern, respectively, as detected in parent-child relationships. Accordingly, the wives of male alcoholics took the leadership for overall household tasks, but for husbands of female alcoholics, it was much more difficult to take over the roles culturally prescribed for their wives. As a result, household tasks in families of female alcoholics were much more spread, as more persons intervened in their performance. This finding is supported by several studies and clinical literature: Jackson (1964 and 1967); Hornik (1977); Gomberg (1978); Estes et al. (1978); and Langone et al. (1980).

7. **Alcoholism and Family Functioning**

Women and men alcoholics significantly differed ($p < .001$) in what they considered to be the most positive characteristic held by their family (i.e., cooperation vs. loyalty, respectively). Both characteristics are qualitatively different as loyalty seeks to maintain family integrity through emotional bonds based on faithfulness, while cooperation emphasizes the behavioral performance of certain tasks in behalf of the family or some of its members.

Both men and women recognized that alcoholism has negatively affected their family functioning, but a strong significant difference ($X^2 = 62.109$, df = 5,
p < .001 and Cramer's $V = .886$) was found in the ways women and men alcoholics considered the impact of alcoholism on their family social functioning.

The impact of alcoholism on the families of women subjects were significantly ($p < .001$) associated with categories 'family behavioral emotional reactions toward subject's drinking' and 'subject's emotional reaction towards family'. In contrast, families of male alcoholics were significantly ($p < .001$) linked to the combination of 'economic-job related consequences, and family emotional reactions toward subject's drinking' and to 'economic consequences and subject's reactions toward the family, and the family's reactions toward him'.

Accordingly, a basic significant difference ($p < .001$) between the sexes was associated with the higher indication of economic and job related consequences of alcoholism in the family social functioning of men alcoholics in contrast to women. This finding is supported by several studies and clinical literature in the alcohol field (Cahalan, 1970; Rimmer et al., 1971; Horn et al., 1973; Corrigan, 1974; Gomberg, 1978 and 1979; Burtle, 1979; Polich et al., 1980; Langone et al., 1980; and Beckman, 1981).

Furthermore, the responses of female and male alcoholics within each category point to qualitative differences in how alcoholism affects their family interaction.
In families of female alcoholics, the family unit reacted by children going out of the house most of the time; husband and children not bringing anyone to the house (e.g., a protective mechanism to hide the woman's alcohol problem); husband threatening to leave; daughters and/or husband taking over the household tasks; wife beating; and husband worried and/or negatively sanctioning his wife's alcohol problem. Women alcoholics reacted by isolating themselves from children; beating the children if they did not buy more liquor at the store; barely doing the household tasks or supervising the children; and getting unexplained bruises due to falls.

Families of male alcoholics frequently complained of the man spending too much money in buying liquor; economic problems due to drinking; being at risk of, or losing the job; wife quarrels; children getting nervous and/or afraid; and wife having to assume the overall responsibility for the children and the house. Male alcoholics reacted by going back to the street and continuing to drink whenever the wife quarreled when he came to the house drunk; hit each other; or beat the wife to stop her from talking too much.

8. Conclusions Relevant to Research Questions

In terms of the twelve research questions raised in this study the following conclusions are reached:

1. The onset of women's drinking is more associated with disruptive familiar experiences (i.e., marital conflicts, difficulties in coping with daily living stresses, pregnancy, father's death or sibling death) than it is for men.
The onset of men's drinking is much more related to male group bonding and convivial drinking which combine themselves into an habitual pattern.

2. Women alcoholics have significantly more fathers and siblings with alcohol problems. Accordingly, familial antecedents of alcoholism in women showed a more direct blood tie relationship, while in men familial antecedents were associated with other relatives or a distant blood relationship (i.e., grandfather, grandmother, uncle, aunt, cousin).

3. Women alcoholics initiated drinking later than men and felt much more rejected than men for their drinking. Furthermore, women alcoholics felt rejected by different segments of significant others.

4. As drinking became problematic, significantly more women than men tended to drink in their own homes and alone. Women's solitary drinking practices are linked to their occupational status as housewives, which operates to increase their invisibility and concealment.

5. Depression encouraged more men than women alcoholics to resort to drinking.

6. Years of drinking, amount, and frequency of alcohol consumption have negatively affected in a significant way the sexual relations of men alcoholics. Women alcoholics held more satisfactory sexual relations with their non-alcoholic husbands.

7. Men alcoholics faced more legal consequences than women because of their drinking. Significantly more men alcoholics were arrested by police and much more frequently than women.
8. The families of male alcoholics have experienced more economic and job related consequences due to the subject's excessive drinking. However, present economic problems in both groups of families were about the same. Women and men alcoholics complained of having many loans and of the high cost of living.

9. Families of women alcoholics significantly had experienced more marital separations and for longer periods of time than the families of men alcoholics.

10. Parent-child relationships among male and female alcoholics had about the same positive and negative impact in the family; the only exception being twelve children of women alcoholics who felt rejected by their mothers. At the emotional level, parent-child relations for both sexes were positive and strong, but behaviorally significant differences ($p = .05$ or less) were detected in both groups of families. Parent-child relationships in the families of women alcoholics were molded into a diffused pattern as many persons mediated these relations (i.e., mother, father, sister, brother, grandmother, grandfather). However, in families of male alcoholics the generalized pattern was the centeredness of parent-child relations around the mother. The diffused-centered patterns also brought different impacts on parent-child relationships as evidenced by the qualitative data obtained when subjects were asked how their alcoholism had affected their family social functioning. Thus, we concluded that parent-child relations instead of being more negatively affected
in families of women alcoholics were almost equally negatively affected in
the families of both women and men alcoholics, but in different ways.

11. There were some significant differences in the relations among children
in the families of women alcoholics compared to children in the families of
alcoholic men. Accordingly, fraternal relationships in children of women
alcoholics were characterized by significantly higher frequencies of discussions,
physical aggressions, quarrels, and mutual threats or warnings. The relation
among children of women and men alcoholics were similar in that both groups
of children played together; shared their toys, friends, and money; were not
indifferent toward each other; and guarded each other from outsiders.

12. There were some significant differences in the behaviors exhibited by
children of women alcoholics compared to those behaviors displayed by
children of men alcoholics. Children of women alcoholics showed significantly
higher frequencies of fights at school, excusing their mother's drinking; feeling
jealous toward each other; truancy; bedwetting; temper tantrums; school
failure; and nightmares. However, children of women and men alcoholics
showed about the same frequencies in the behavioral reactions of fights with
siblings and also trying to excuse the father's drinking.

9. **Theoretical Interpretation of Findings**

The results obtained in this study suggest the appropriateness of an
eclectic theoretical base for understanding alcoholism in women.
Symbolic interactionist theory explains how as drinking becomes problematic; the woman's self-concept becomes defined and redefined through her interactions with significant others. This was evidenced by women's heightened feelings of rejection and by the fact that motives and reasons for uncontrolled or compulsive drinking were more personal among women.

The solitary and concealed drinking practices among this group of alcoholic married women can be understood through the societal reaction proposition that is propounded by labeling theorists. According to this deviancy theory, society condemns deviant drinking in women more than in men. Alcoholism in a married woman with children is considered disgraceful, thus bringing higher stigmatization to the woman, as well as to her immediate family.

The proposition that women drink to feel more womanly is supported by our finding of women's typical patterning of feelings after drinking. This challenges the power theory which posited that women drink to overcome feelings of powerlessness or to assume a masculine role.

Both men and women alcoholics satisfied their dependency needs through drinking as evidenced by their feelings of being relaxed and joyful, respectively, when drinking. In spite of the qualitative difference in their expression of feelings when drinking, the dependency theory is not a useful construct for explaining drinking differences between the sexes.

The importance of cross-sex modeling in the familial antecedents of alcoholism in women is supported by social learning theory and its
observational learning paradigm. Parents and siblings are significant role models in shaping children's behavioral repertoire. In our findings, the father of the alcoholic woman was the person who introduced her to drinking. Fathers of women alcoholics were compulsive drinkers or alcoholics. Presumably, drinking behavior was continuously modeled. The fact that women alcoholics also have brothers and sisters who were alcoholics gives some support to the propositions that parents are influential socializing agents and that parental drinking has multiplicative effects on children.

The compulsion to drink found in both men and women alcoholics, associated with their inability to stop drinking once they have begun, lends support to the typology hypothesis and to the Gamma alcoholism type postulated by the disease model of alcoholism. However, analysis of our findings of symptom differences between the sexes brings into question the progression hypothesis of the traditional conception or disease model of alcoholism. Women and men alcoholics exhibited differences in the patterning of some symptoms. Women alcoholics reported higher frequencies of hepatitis or yellow jaundice, delirium tremens, hallucinations, pancreatitis, cirrhosis of the liver, dysmenorrhea, and constipation. On the other hand, more male alcoholics reported having experienced shakes, blackouts, and high blood pressure. Conflictive evidence still exists in the alcohol field with regard to symptom differences between the sexes. Longitudinal research in the emergence, stability, and remission of symptoms in female and male alcoholics is needed to shed more light on this issue.
Stress theory is a helpful theoretical construct to illustrate our finding that the onset of women's drinking is more associated with disruptive familiar experiences. Accordingly, marital conflicts, difficulties in coping with daily living stresses, pregnancy, and father's death or sibling death acted as stressors or precipitant factors which induced women to resort to drinking.

Finally, the family social functioning of women alcoholics can be better understood through system theory and role theory.

System theory is a useful framework as far as it provides a perspective to analyze family transactions and to establish the boundaries of these interactions. As a consequence, the interactional processes in the families of women alcoholics were highly multidirectional bringing diffusiveness to the family unit. Certain tasks or functions in behalf of the family or of some of its components were spread out. This pattern differed from the one found in families of male alcoholics where transactions were more clearly defined and centered around the non-alcoholic member (e.g., the wife of the alcoholic man).

Furthermore, the higher frequencies of marital separations for longer periods of time displayed by families of women alcoholics lend some support to the proposition of greater instability in their family dynamics.

Role theory is a powerful theoretical construct which facilitates the study of real life behavior as it is unfolded in ongoing social situations. Our findings support the centrality of the status "mother" in this group of Puerto Rican married alcoholic women whose occupational status was typically that
of housewife. Alcoholism in women impinges on activities associated with their statuses of "mother", "wife", and "housewife". Role positions also influenced the different ways in which alcoholism in one parent negatively affected their family social functioning.

10. Generalizability of Results

In Puerto Rico as well as in the United States there are double cultural standards for evaluating women's alcohol problems. As a consequence, professional practice geared to address alcohol problems has traditionally been male oriented. A commonality between Puerto Rican and American women alcoholics is the harsher societal reaction which brings invisibility to their drinking.

The situation of Puerto Rican women alcoholics living in the United States is further complicated since, besides being affected by this double standard, they are also affected by the new lifestyle and culture (i.e., language barriers, job opportunities, and sociocultural bias).

Our results for Puerto Rican married women alcoholics with children may be applicable to American women, to Puerto Rican women living in the United States, and to other Hispanic women, having these characteristics, as far as the alcohol problem and double cultural sex standards are concerned. As a matter of fact, most of our findings have been validated through research and clinical literature in the alcohol field; most of which has been done with American women alcoholics.
11. **Implications of this Study**

The findings of this study have implications for practice, curriculum development, research, and social policy activities of social workers and other human service professionals.

a. **Implications for Practice**

Just until recently, federal legislation has brought into focus women's alcohol problems. Congress has mandated that the National Institute on Alcohol Abuse and Alcoholism (N.I.A.A.A.) create programs for women alcoholics, and that a service component for women alcoholics be added to existing State level Alcoholism Programs funded by N.I.A.A.A.

Although Alcoholism Programs in Puerto Rico have initiated some types of service components for women, they are not as strong as they should be.

Analyses of the clientele undergoing regular treatment for alcoholism at State level Alcoholism Programs in Puerto Rico during Fiscal Year 1979-80 revealed that 7,858 were men, while only 458 were women. Thus actual service delivery strategies are not as adequate to reach women with alcohol problems.

Basic differences obtained in this study about the social context of drinking practices and family social functioning of women and men alcoholics can be utilized as baseline data to revise actual alcohol-related services in Puerto Rico.

Our finding that women begin to drink on weekends makes necessary educational campaigns to alert women to this practice and to motivate them
to seek help early. In order to achieve the latter purpose, an Information and Referral Center should be created with a 24 hour hot-line service. This mechanism will assure anonymity attracting women to share their alcohol problems with a helping person.

Our findings that (1) women begin to drink in a problematic or uncontrolled way in the 33-37 age bracket; (b) their motives and reasons for drinking were more personal and involved a disruptive familiar experience; and (c) their solitary drinking practices call our attention to the need of strong outreach programs for women. These programs can be organized for working women through occupational programming, and for housewives and retired women through community based approaches. Women can also be reached through professional organizations, religious groups, social groups, parents and teachers association groups, civic groups, and political groups.

Data about the impact of parental drinking on children's drinking practices suggests that intervention is necessary at the family level in order to raise family awareness of drinking rituals as a means of altering them.

Our findings that women alcoholics felt rejected by significant others documents the above-mentioned need for intervention at the family system level, as well as the importance of organizing assertiveness training for women alcoholics.

The marital instability evidenced in our results of higher frequencies of marital separation, and the negative ways in which husbands of women
alcoholics reacted toward their spouses' drinking indicated the need for maritally-oriented services for the alcoholic woman and her non-alcoholic husband.

The aggressive behavior exhibited by children of women alcoholics toward their mothers' drinking, and the higher frequencies of truancy, fights at school, bedwetting, temper tantrums, nightmares, and jealousy in this group of children points to the urgency for creating programs for children of women alcoholics. These programs should be coordinated with both public and private school systems.

In addition, our results about the negative impact of female alcoholism on family social functioning documents the need for intervention with family treatment approaches. That is, further practice efforts should seek to influence family interactional processes as the unit of study rather than to be mostly focused on individually based treatment approaches.

b. Implications for Curriculum Development

The findings of this study have illustrated the urgency of developing curriculum options for training different types of human service professionals (i.e., alcoholism counselors, social workers, health educators, psychologists, psychiatrists, physicians, vocational-rehabilitation counselors, and nurses) who are committed to reducing the incidence and prevalence of alcohol abuse and alcoholism among female sectors of the Puerto Rican population.
The theoretical component of this alcohol-related curriculum focused on women should be elaborated within an eclectic framework for trainees to become sensitized and acquainted with the following aspects:

1. Cultural double standards in evaluating alcohol problems among women which fosters their invisibility;
2. Physiological, psychological, and sociological factors as interactive antecedents to alcoholism among women;
3. Myths and stereotypes about the sexuality of women alcoholics;
4. Adverse consequences of alcoholism for women, such as marital separations, health impairment, solitary drinking, and rejection from significant others;
5. Impact of alcoholism in women on their family social functioning (i.e., marital, parent-child, and fraternal relationships);
6. Theories, perspectives, and models to understand female alcoholism and the impact on family dynamics.

At the practice level, curriculum content should emphasize the development of trainee skills to intervene effectively with the needs and/or problems presented by the alcoholic woman and her family. Accordingly, some of the skills that have to be developed in trainees are:

1. Communication - interviewing skills with special focus on those skills geared to overcome resistance and denial in the alcoholic woman.
2. Outreach skills for developing innovative approaches to reach women with alcohol problems.
3. Supportive and assertive modes of intervention to increase the alcoholic woman's self-esteem as a basic element in the helping process.

4. Diagnostic skills at the family level for assessing sensitive or conflicting areas of family interaction as well as family strengths.

5. Problem solving skills for the management of family conflicts.

6. Practice skills for intervening effectively at the family level using models such as family therapy, problem solving, crisis intervention, transactional analysis, and other alcohol-related models (i.e., Spiegel's et al., 1974 family systems model for prevention; Zucker's, 1976 heuristic model; and Steinglass' 1976 life history or interactional model of alcoholism).

7. Evaluative skills to test the impact of the services delivered to women alcoholics.

c. Implications for Research

The experience gained in this survey suggests many fruitful avenues for further research. The drinking patterns of Puerto Rican women from different socioeconomic backgrounds and age group categories have to be studied in order to identify different drinking subtypes among women. For example, studies about the social context of drinking practices of university women students, of working and/or professional women, and of retired women should be undertaken.

Longitudinal research about symptom differences between the sexes is needed for developing sound preventive and treatment strategies. Our findings that some symptoms were sex specific (e.g., dysmenorrhea) or that
they were more frequent in women than in men alcoholics (i.e., hepatitis, delirium tremens, hallucinations, pancreatitis, cirrhosis of the liver, and constipation), as well as that alcoholism in women was telescoped, in that it took fewer years for women to lose control over drinking, raised some questions for investigation. Further research should provide some answers to the following questions:

1. Is the progression of alcoholism sex specific?
2. Is the shortened period of time needed by women to develop an uncontrolled drinking pattern associated with a different patterning of symptoms from those of men alcoholics?

Comparative studies of family interaction processes during periods of active and inactive paternal and maternal drinking should be pursued.

We have only scratched the surface on the acting out behaviors exhibited by children of women alcoholics. Further studies should seek to explain how maternal alcoholism contributes to children's antisocial behaviors.

Furthermore, the behavioral and emotional reactions, as well as the attitudes displayed by husbands of women alcoholics deserve to be addressed in future research projects.

d. Implications for Policy

The Commonwealth of Puerto Rico has not yet enacted policies geared to deal directly with the needs presented by women alcoholics. Several reasons are responsible for this position. First, alcohol problems in the Island were not officially recognized until the late fifties, and the first alcohol
program was fully implemented only in the early sixties. The fact that more men than women showed up for services was a variable that defined alcoholism as a male problem. Second, the liquor industry is one of the few native enterprises with a continuous growth and the government has been reluctant to intervene in its regulation. Tax revenues for alcohol consumption constitute an important funding source for the Treasury of Puerto Rico. Third, there is cultural permissiveness for drinking. Alcoholic beverages are available at almost every store, and at any time of day and day of the week. Fourth, alcohol-related programs have been administratively integrated with addiction to narcotic drugs programs. The Puerto Rican Legislature (and probably its constituency) has considered addiction to narcotic drugs a much more serious problem than alcoholism. The former is linked to criminal acts, while the latter, directly or indirectly, touches almost every Puerto Rican. In several past elections, addiction to narcotic drugs has been an issue for political parties seeking reelection.

All of these factors have influenced governmental disinterest in women's alcohol programs. As a result, it is interesting to observe that women's alcohol problems have been defined in the Island through Federal efforts. Accordingly, the only Program for women alcoholics in Puerto Rico is "Casa Girasol," a 15-bed Halfway House which is federally funded.

The findings of this study have documented the hidden nature of alcoholism in women, and their solitary drinking practices, the negative impact of female alcoholism on family social functioning, and women's low accessibility
to actual service delivery programs. This social reality calls our attention to the enactment of social policies geared toward meeting the needs of women alcoholics. Suggested policy measures should cover the following areas:

1. Primary prevention strategies to design educational campaigns and information centers to alert women about the overall consequences of excessive drinking.

2. Secondary prevention strategies to identify high-risk groups (i.e., single women; middle and old age married housewives; working women; the widow; children of alcoholic women).

3. Tertiary prevention strategies to develop comprehensive community-based outreach treatment service components focused on the alcoholic woman and her family (i.e., children, husbands, and significant others).

This social policy three-level framework, oriented within the public health model of prevention, will only be significant if it uses innovative approaches and its effectiveness is measured through impact evaluation.

The viability of such policies will strongly depend on legislative advocacy in favor of women alcoholics if we, as human service professionals, expect to offer hope and a better life to Puerto Rican women with drinking problems, their families, and society.
BIBLIOGRAPHY


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79. Comprehensive Alcohol Abuse and Alcoholism, Preventive, Treatment and Rehabilitation Act of 1970 (P.L. 91-616).

80. __________________________,(P.L. 93-283 as amended in 1973.)

81. __________________________, (P.L. 93-282 as amended in 1974.)

82. __________________________, (P.L. 94-371 as amended in 1976.)


84. __________________________, Law No. 35 approved on June 4, 1975.


103. __________, "Female Alcoholism is Reaching a Crisis Level," The Journal, 5 (8), 1976.


146. González Cruz, Edna. Preliminary Analysis of the Study of Magnitude and Alcohol Consumption in Puerto Rico. Research Institute, Department of Addiction Services, San Juan, Puerto Rico, April, 1979.


171. Interview with Ivonne Cordero, Assistant Secretary, Addiction Service Department, Río Piedras, Puerto Rico, October, 1980.


173. Interview with social work staff at Alcoholism Program at Río Piedras, Puerto Rico, October and November, 1977 and October, 1980.

174. Interviews with women alcoholics participating in "Casa Girasol" Program.


APPENDIX A

Alcoholics in Tx = 8,316

| Female Population = 458 | Male Population = 7,858 |

Classified by:

1. Tx Status - active in regular alcoholism Tx services
2. Civil Status - legally married or consensual union
3. Family Membership Composition - marital pair with at least one child
4. Dimension of the Alcohol Problem Within Family Members - women alcoholics living with non-alcoholic husband and children
5. Place of Residence - living in the Northeastern Region of Puerto Rico

N = 40

Sample Stratified by the Number of Children

1 - 4 (N = 32)
5 or more (N = 8)

Selected Universe in Each Children Category

Social Context of Drinking Patterns
- Family Social Functioning
  - Marital
  - Parent-Child
  - Fraternal

Individual Sampling Technique
Random Selection Within Each Children Category

Before Only Explanatory Survey

Figure 2. Schematic Drawing of Research Design

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Appendix B

SOCIAL BIOGRAPHY OF DRINKING PATTERN

SCHEDULE (FORM A)

I. Demographic Variables

1. Sex
   ___ male
   ___ female

2. Age reached in last birthday _______

3. Number of years of school completed _______

4. Occupation
   ___ professional
   ___ manager
   ___ semi-professional (Technical)
   ___ salesman-craftsman
   ___ operator
   ___ farm worker
   ___ service worker
   ___ domestic worker
   ___ other (specify) _______________________

   a. Are you working now?
      ___ yes
      ___ no

5. Income (gross and monthly)
   ___ under 600
   ___ 601-700
   ___ 701-800
   ___ 801-900
   ___ 910-1,000
   ___ 1,001 +
   ___ none

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6. Source of Income
   ___ salary
   ___ social security
   ___ own business
   ___ foodstamps
   ___ economic assistance (Social Services)
   ___ none
   ___ other (specify) ____________________

II. Social Biography of Drinking Patterns Variables

A. Initial Drinking Patterns

7. At what age did you have your first drink?
   ___ under 12
   ___ 13-17 years
   ___ 18-22 years
   ___ 23-27 years
   ___ 28-32 years
   ___ after 32 years

8. What type of beverage did you drink for first time?
   ___ beer
   ___ wine
   ___ brandy
   ___ rum
   ___ vodka
   ___ gin
   ___ whisky
   ___ other (specify) ____________________

9. Can you identify the source where the alcoholic beverage came from when you had your first drink?
   ___ mother
   ___ father
   ___ brother
   ___ sister
   ___ relative
   ___ friend
   ___ other (specify) ____________________

10. With whom did you use to drink during that time?
    ___ mother
    ___ father
    ___ brother
    ___ sister
11. Can you mention the principal motive for which you began to drink?
   ___ to relax
   ___ to have fun
   ___ to establish social relationships
   ___ to explore how one feels after drinking (curiosity)
   ___ to get high or drunk
   ___ other (specify) ________________________________

12. Did your parents approve your drinking?
    ___ both parents approved
    ___ only mother approved
    ___ only father approved
    ___ both parents disapproved
    ___ don't know

13. How frequent did you use to drink in the beginning?
    ___ every day
    ___ 2 to 3 days a week
    ___ only on weekends
    ___ once a month
    ___ several times a month
    ___ several times a year

14. What type of beverage did you prefer to drink in the beginning years?
    ___ beer
    ___ wine
    ___ brandy
    ___ rum
    ___ vodka
    ___ gin
    ___ whisky
    ___ other (specify) ________________________________
15. How much did you use to drink?

<table>
<thead>
<tr>
<th>Hard Liquor or Distilled Spirits</th>
<th>Wine</th>
<th>Beer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 drinks</td>
<td>1 to 3 glasses</td>
<td>1 to 3 cans</td>
</tr>
<tr>
<td>3 to 4 drinks</td>
<td>3 to 4 glasses</td>
<td>4 to 6 cans</td>
</tr>
<tr>
<td>5 or more drinks</td>
<td>5 or more glasses</td>
<td>9 cans</td>
</tr>
<tr>
<td>1/4 liter (1 1/2 caneca)</td>
<td>1/4 bottle</td>
<td>12 cans</td>
</tr>
<tr>
<td>1/2 liter</td>
<td>1/2 bottle</td>
<td>15 cans</td>
</tr>
<tr>
<td>1 liter</td>
<td>1 bottle</td>
<td>18 cans</td>
</tr>
<tr>
<td>1 1/2 liter</td>
<td>1 1/2 bottle</td>
<td>21 cans</td>
</tr>
<tr>
<td>2 liters</td>
<td>2 bottles</td>
<td>24 cans</td>
</tr>
<tr>
<td>more than 2 liters</td>
<td>more than 2 bottles</td>
<td>more than 24 cans</td>
</tr>
</tbody>
</table>

16. In case that you did use hard liquor, as for example, whisky, vodka, or rum, among others, what was the way you most preferred to prepare your drinks?

- undiluted
- mixed with soda
- mixed with water
- do not apply
- other (specify) ______________________________

17. Where did you most prefer to drink during the first years of drinking?

- at home
- in the bar
- at parties
- at school
- in the neighborhood
- at workplace
- other (specify) ______________________________

B. Problematic Drinking

18. At what age did you begin to drink in a compulsive way? 1/

- under 17
- 18-22 years

1/ Subjects will be informed that at this point of the interview it is of interest to know when he or she began to feel uncontrollable desires to drink and began to ingest a larger quantity of alcoholic beverages.
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23-27 years
28-32 years
33-37 years
38-43 years
after 43 years

19. Can you mention the principal motive for which you began to drink compulsively?
   ___ difficulties with children
   ___ difficulties with spouse
   ___ solve a problem
   ___ imitate my father
   ___ imitate my mother
   ___ imitate relatives
   ___ imitate friends
   ___ cope with daily living stresses
   ___ other (specify) _____________________________

20. Which of the following situations best describes the reason why you began to drink compulsively?
   ___ because I developed a drinking habit
   ___ sexual difficulties with spouse
   ___ pregnancy
   ___ mother death
   ___ father death
   ___ sibling death
   ___ lack self-confidence
   ___ other (specify) _____________________________

21. Can you tell whose persons in your family used to drink compulsively?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>brother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>sister</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other relatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>no one</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Have you felt rejected by other because of your drinking?
   ___ yes
   ___ no

23. If your answer to the above question is positive, by whom have you mostly felt rejected?
   son
   ___ daughter
24. With whom your compulsive drinking has created a major problem for you?

- spouse
- parents
- other relatives
- neighbors
- friends
- no one
- other (specify) ______________________________

25. Where did you prefer to drink?

- at home
- in the bar
- at parties
- at school
- in the neighborhood
- at workplace
- other (specify) ______________________________

26. Did you prefer to drink alone or accompanied?

- alone
- accompanied

27. How long have you been drinking in a compulsive way?

- less than 2 years
- 2 to 4 years
- 5 to 7 years
- 8 to 10 years
- 11 to 13 years
- more than 13 years

28. What type of beverage did you prefer to drink?

- beer
- wine
- brandy
- rum
- vodka
- gin
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___ whisky
___ others (specify) _______________________________________

29. How frequent did you use to drink?
   ___ every day
   ___ 2 to 3 days a week
   ___ only on weekends
   ___ once a month
   ___ several times a month
   ___ several times a year

30. How much did you use to drink?

<table>
<thead>
<tr>
<th>Hard Liquor</th>
<th>Distilled Spirits</th>
<th>Wine</th>
<th>Beer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 drinks</td>
<td>1 to 2 glasses</td>
<td>1 to 3 cans</td>
<td></td>
</tr>
<tr>
<td>3 to 4 drinks</td>
<td>3 to 4 glasses</td>
<td>4 to 6 cans</td>
<td></td>
</tr>
<tr>
<td>5 or more drinks</td>
<td>5 or more glasses</td>
<td>9 cans</td>
<td></td>
</tr>
<tr>
<td>1/4 liter</td>
<td>1/4 bottle</td>
<td>12 cans</td>
<td></td>
</tr>
<tr>
<td>1/2 liter</td>
<td>1/2 bottle</td>
<td>15 cans</td>
<td></td>
</tr>
<tr>
<td>1 liter</td>
<td>1 bottle</td>
<td>18 cans</td>
<td></td>
</tr>
<tr>
<td>1 1/2 liter</td>
<td>1 1/2 bottles</td>
<td>21 cans</td>
<td></td>
</tr>
<tr>
<td>2 liters</td>
<td>2 bottles</td>
<td>24 cans</td>
<td></td>
</tr>
<tr>
<td>more than 2 liters</td>
<td>more than 2 bottles</td>
<td>more than 24 cans</td>
<td></td>
</tr>
</tbody>
</table>

31. In case that you did use hard liquor as for example: whisky, vodka, or rum, among others, what was the way you most preferred to prepare your drinks?
   ___ undiluted
   ___ mixed with soda
   ___ mixed with water
   ___ do not apply
   ___ other (specify) _______________________________________

32. Which of the following is the predominant way you feel before drinking?
   ___ angry
   ___ tense
   ___ nervous
   ___ sad
   ___ depress
   ___ don't know
33. Can you stop drinking once you have began?
   ___ yes
   ___ no

34. Which of the following is the predominant way you feel when drinking?
   ___ relax
   ___ aggressive
   ___ timid
   ___ ashamed
   ___ reject by other
   ___ helpless
   ___ joyful
   ___ guilty
   ___ other (specify) ________________________________

35. Which of the following describes the predominant way you feel after drinking?
   ___ more womanly, feminine, and assertive
   ___ more manly, virile, and assertive
   ___ more communicative and affectionate
   ___ more sexually free to express myself
   ___ more assertive
   ___ more guilty
   ___ other (specify) ________________________________

36. What do you usually do after you have been drinking?
   ___ sleep
   ___ eat
   ___ cry
   ___ fight
   ___ demonstrate love to others
   ___ other (specify) ______________________________

C. Present Drinking Patterns (at the moment of the interview).

37. Are your drinking now?
   ___ yes
   ___ no

38. If your answer to the above mentioned question is positive, how frequently are you drinking now?
   ___ every day
   ___ 2 to 3 days a week
   ___ only on weekends
   ___ once a month
39. What type of beverage do you actually prefer to drink?
   ___ beer
   ___ wine
   ___ brandy
   ___ rum
   ___ vodka
   ___ gin
   ___ whisky
   ___ none
   ___ other (specify) ________________________________

40. How much are you drinking now?

<table>
<thead>
<tr>
<th></th>
<th>Wine</th>
<th>Beer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 2 drinks</td>
<td>1 to 2 glasses</td>
<td>1 to 3 cans</td>
</tr>
<tr>
<td>3 to 4 drinks</td>
<td>3 to 4 glasses</td>
<td>4 to 6 cans</td>
</tr>
<tr>
<td>5 or more drinks</td>
<td>5 or more glasses</td>
<td>9 cans</td>
</tr>
<tr>
<td>1/4 liter (1 1/2 caneca)</td>
<td>1/4 bottle</td>
<td>12 cans</td>
</tr>
<tr>
<td>1/2 liter</td>
<td>1/2 bottle</td>
<td>15 cans</td>
</tr>
<tr>
<td>1 liter</td>
<td>1 bottle</td>
<td>18 cans</td>
</tr>
<tr>
<td>1 1/2 liter</td>
<td>1 1/2 bottle</td>
<td>21 cans</td>
</tr>
<tr>
<td>2 liters</td>
<td>2 bottles</td>
<td>24 cans</td>
</tr>
<tr>
<td>more than 2 liters</td>
<td>more than 2 bottles</td>
<td>more than 24 cans</td>
</tr>
<tr>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
</tbody>
</table>

41. In case that you use hard liquor as for example: whisky, vodka, or rum, among others; what is the way you most prefer to prepare your drinks?
   ___ undiluted
   ___ mixed with soda
   ___ mixed with water
   ___ don't apply
   ___ none
   ___ other (specify) ________________________________

42. Where do you actually prefer to drink?
   ___ at home
   ___ in a bar
   ___ at parties
3. Do you prefer to drink alone or accompanied?
   ___ alone
   ___ accompanied
   ___ don't apply

4. Has your actual drinking create any problems for you?
   ___ yes
   ___ no

5. If your answer to the above question is positive, with whom does your actual drinking created most problems?
   ___ husband
   ___ wife
   ___ family
   ___ children
   ___ employer
   ___ friends
   ___ relatives
   ___ nobody
   ___ don't apply

III Health

46. Have you ever experienced any of the following symptoms?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>compulsion to drink</td>
<td></td>
<td></td>
</tr>
<tr>
<td>amnesia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gastritis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>anemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>shakes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ascites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hepatitis or yellow jaundice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>blackout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>high blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>delirium tremens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pancreatitis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>cirrhosis of the liver</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Symptom

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>heart disease - heart failure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>heart attack of chest pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>headaches</td>
<td></td>
<td></td>
</tr>
<tr>
<td>arthritis, rehumatism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dysmenorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>kidney infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

47. Did you receive treatment for these symptoms?
   ___ yes
   ___ no
   ___ don't know

48. If your answer to the above mentioned question is positive, how long have you been in treatment?
   ___ less than 1 week
   ___ 1 week
   ___ less than 1 month
   ___ don't know
   ___ none
   ___ other (specify) _______________________________

IV Legal

49. Have you been arrested by police?
   ___ yes
   ___ no

50. If your answer to the above mentioned question is positive, give the frequency (number of times) you have been arrested.
   ___ 1-2 times
   ___ 3-4 times
   ___ 5 or more times
   ___ none

51. For which of the following reasons were you arrested?

<table>
<thead>
<tr>
<th>Reason</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. fight in bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. driving after drinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. quarrel in the house</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. none</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
52. Where did the arrest took place?

<table>
<thead>
<tr>
<th>Place</th>
<th>Time Frame</th>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
<th>4th</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. at home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. in a bar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. on a street</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. neighbor's house</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. none</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

V Marital Problems (Separations)

53. Drinking can cause problems with your spouse or other family members. Can you mention which of the following problem(s) have you experienced because of your drinking?

<table>
<thead>
<tr>
<th>Problems</th>
<th>Frequency</th>
<th>None</th>
<th>Only Once</th>
<th>Twice</th>
<th>Three or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. quarrel with spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. indifference of children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. rejection from parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. rejection from neighbors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. other problems (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

54. Have you ever been separated from your spouse?

___ yes
___ no

55. If your answer to the above mentioned question (#54) is positive, how many times have you been separated?

___ only once
___ twice
___ three times or more
___ don't apply

56. If your answer to the above mentioned question (#55) is positive, how long have you been separated?

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 week</td>
<td></td>
</tr>
<tr>
<td>2 to 4 weeks</td>
<td></td>
</tr>
<tr>
<td>more than 1 month</td>
<td></td>
</tr>
</tbody>
</table>
Duration 
<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>more than 6 months</td>
</tr>
<tr>
<td>less than 6 months</td>
</tr>
<tr>
<td>don't apply</td>
</tr>
</tbody>
</table>

57. If your answer to the above mentioned question (#56) is positive, what was the predominant reason for the separation?

____ alcohol problems
____ economic problems
____ sexual problems with spouse
____ marital problems (no physical aggression)
____ problems with children
____ problems due to physical aggression of partner on me
____ don't apply
____ other (specify) ______________________________

VI Economic

58. In some homes the other partner complains about economic problems for reasons not only due to low income but to the way in which the money is managed. What economic problem do you think is present in your home?

____ many loans
____ partner buys superfluous or unnecessary things
____ children demand many things
____ the impact of the high living cost
____ none
____ others (specify) ______________________________

59. Who manages the money in your house?

____ you (interviewee)
____ your spouse
____ both
____ each one manages his own money

VII Opinion About Agency Services

60. Do you think that the alcoholism treatment services offered to you by the Alcoholism Program have been helpful?

____ yes
____ no
61. Would you recommend these alcohol treatment services to other persons with drinking problems?
   ___ yes
   ___ no

62. Which of the following statements best describes your experience in the Alcoholism Program?
   ___ do not have to wait long
   ___ appointments are frequent
   ___ professional service is adequate
   ___ have to wait a lot
   ___ appointments are sporadic
   ___ professional service is inadequate

63. Did you join a therapeutic group at the Program?
   ___ yes
   ___ no

64. If your answer to the above question (#63) is negative, what reason did you have for not joining a therapeutic group?
   ___ too many males in the group
   ___ too many females in the group
   ___ ashamed to talk in group
   ___ was not invited to participate in group
   ___ don't know
   ___ don't apply
   ___ other (specify) ______________________________

65. Would you favor the creation of alcoholism treatment programs exclusively for men?
   ___ yes
   ___ no

66. Would you favor the creation of alcoholism treatment programs exclusively for women?
   ___ yes
   ___ no

67. Did professionals from the agency visit your home?
   ___ yes
   ___ no

68. Where do you prefer to receive alcoholism treatment services?
   ___ agency
   ___ my house
   ___ community facility
   ___ other (specify) ______________________________
69. Would you like to make some specific recommendations to the Alcoholism Program?
   ___ yes
   ___ no

70. If your answer to the above mentioned question(#69) is positive, state your recommendations:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Appendix C

FAMILY SOCIAL FUNCTIONING SCHEDULE (FORM B) 1/

I. Composition of the Family Unit

1. Identification of the family group (include all persons who live in the house except the subject).

<table>
<thead>
<tr>
<th>Sex</th>
<th>Age 2/</th>
<th>Relationship</th>
<th>School Completed</th>
<th>Occupation</th>
<th>Income Gross &amp; Monthly Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Specify the sex of alcoholic subject.
   - male
   - female

3. Place of residence
   a. Urban Zone

---

1/ This schedule was prepared based on the Family Functioning Scale in the area of Family Relationship of Geismar (1971).

2/ Data regarding the age of children will be collected following their birth order: from the first born child to the last born child.
b. Rural Zone
- own farm
- others farm
- parcel ground lot

4. Religion
- catholic
- evangelical
- protestant
- adventist
- none
- other (specify)

5. Recreation

What are the most typical recreational activities and who participates?

<table>
<thead>
<tr>
<th>Recreational Activities</th>
<th>Who Participate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Members</td>
</tr>
<tr>
<td>Family Visits</td>
<td></td>
</tr>
<tr>
<td>Neighbor Visits</td>
<td></td>
</tr>
<tr>
<td>Rides</td>
<td></td>
</tr>
<tr>
<td>Picnics</td>
<td></td>
</tr>
<tr>
<td>Baseball, and Basketball games</td>
<td></td>
</tr>
<tr>
<td>Play Cards or Dominos</td>
<td></td>
</tr>
<tr>
<td>Parties, Dances</td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td></td>
</tr>
<tr>
<td>Watch Television</td>
<td></td>
</tr>
<tr>
<td>Movies</td>
<td></td>
</tr>
<tr>
<td>Funerals</td>
<td></td>
</tr>
<tr>
<td>Others (Specify)</td>
<td></td>
</tr>
</tbody>
</table>
II. Marital Relationship

A. History

6. Where did you meet each other?
   ___ at a dance
   ___ at the school
   ___ my parents house
   ___ spouse parents house
   ___ house of relative
   ___ house of neighbor
   ___ other (specify) ________________________________

7. Was there a formal engagement?
   ___ yes
   ___ no

8. What made you to decide to get married?
   ___ love each other
   ___ pregnancy
   ___ family problems
   ___ other (specify) ________________________________

9. How did your parents feel about the marriage?
   ___ happy
   ___ indifferent
   ___ angry

10. How did the parents of your spouse feel about the marriage?
    ___ happy
    ___ indifferent
    ___ angry

11. Where did the couple live during the first years of marriage?
    ___ own house
    ___ rent house
    ___ my parents house
    ___ spouse parents house
    ___ house of relative
    ___ house of neighbor
    ___ other (specify) ________________________________

12. Did you have drinking problems by that time?
    ___ yes
    ___ no
13. If your answer to the above mentioned question (#12) is positive, what was the most typical reaction of your spouse with regard to your drinking problem?
   ___ anger
   ___ rejection
   ___ indifference
   ___ tolerance
   ___ acceptance
   ___ don't apply
   ___ other (specify) _______________________________

14. How frequently did you have sexual relations with your spouse during the first years of marriage?
   ___ daily
   ___ twice a week
   ___ three times a week
   ___ once a week
   ___ once a month
   ___ none
   ___ other (specify) _______________________________

15. How would you describe were your sexual relations by that time?
   ___ satisfactory
   ___ unsatisfactory

16. Were your children planned?
   ___ yes
   ___ no

B. Present Functioning

17. How would you describe the usual way in which you and your spouse generally function at present?
   ___ frequent quarrels
   ___ indifferent toward each other
   ___ share the same interests and opinions
   ___ in spite that we don't share the same interests and opinions we get along well.
   ___ respect each other

18. How would you describe your typical temperament?
   ___ passive
   ___ timid
   ___ aggressive

19. How would you describe your spouse typical temperament?
   ___ passive
   ___ timid
20. What is the major source of disagreement in your marriage?
- neighbors
- friends
- children
- relatives
- money
- alcohol
- sex
- work
- none

21. Who makes the most important decisions in this family?
- husband
- wife
- both
- other (specify) ___________________________

22. How frequently do you and your spouse actually have sexual relations?
- daily
- twice a week
- three times a week
- once a week
- once a month
- none
- other (specify) _______________________________

23. How would you describe your actual sexual relations?
- satisfactory
- unsatisfactory

24. Do you consider that your alcoholism problem affects the sexual relations between both of you? 1/
- yes
- no

25. If your answer to the above mentioned question (23) is positive, can you tell the principal reason by which the sexual relations are affected?

1/ In the case of subjects who have stopped drinking, questions 24 and 25 will be made in reference to when they were problematic drinkers.
26. Sometimes one of the spouses do not want to have sexual relations. In each case there is a particular motive. When this occurs to you, what is the most usual motive to refuse having sexual relations?

- lack of interest from both of us
- spouse reject(ed) my smell of alcohol
- don't feel desire of having sexual relations with my spouse
- don't know
- other (specify) _________________________________

27. Who usually perform the following tasks in your house?

<table>
<thead>
<tr>
<th>Tasks</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Husband</td>
</tr>
<tr>
<td>Clean the house</td>
<td></td>
</tr>
<tr>
<td>Buy food</td>
<td></td>
</tr>
<tr>
<td>Prepare food</td>
<td></td>
</tr>
<tr>
<td>Buy clothes</td>
<td></td>
</tr>
<tr>
<td>Wash clothes</td>
<td></td>
</tr>
<tr>
<td>Clean garden</td>
<td></td>
</tr>
<tr>
<td>Wash car</td>
<td></td>
</tr>
<tr>
<td>Receive friends at house</td>
<td></td>
</tr>
<tr>
<td>Pay bills</td>
<td></td>
</tr>
<tr>
<td>Make Appointments with doctor</td>
<td></td>
</tr>
<tr>
<td>Take children to doctor</td>
<td></td>
</tr>
<tr>
<td>Buy medicines</td>
<td></td>
</tr>
<tr>
<td>Buy electric appliances</td>
<td></td>
</tr>
<tr>
<td>Buy furniture</td>
<td></td>
</tr>
<tr>
<td>Take children to school</td>
<td></td>
</tr>
<tr>
<td>Repair the house</td>
<td></td>
</tr>
<tr>
<td>Repair the house</td>
<td></td>
</tr>
<tr>
<td>Take care of small children</td>
<td></td>
</tr>
</tbody>
</table>

28. Do you consider that your alcoholism problem had negatively affected your marital relationships?

- yes
- no
III. Parent-Child Relationships

29. How do you consider are your relations with your children?
   ___ good
   ___ tense
   ___ bad
   ___ mutual trust

30. How do you consider are your spouse relations with the children?
   ___ good
   ___ tense
   ___ bad
   ___ mutual trust

31. To whom your children tell their problems?
   ___ you (interviewee)
   ___ spouse
   ___ older brother or sister
   ___ grandmother or grandfather
   ___ friends
   ___ nobody
   ___ other (specify) _______________________________

32. Do your children ask permission for going out of the house?
   ___ yes
   ___ no

33. If your answer to the above mentioned question (#32) is positive, to whom your children regularly ask permission for going out of the house?
   ___ you (interviewee)
   ___ spouse
   ___ older brother or sister
   ___ grandmother or grandfather
   ___ friends
   ___ don't apply
   ___ other (specify) _______________________________

34. How your children behave toward you?
   ___ indifferent
   ___ affectionate
   ___ aggressive
   ___ comprehensive
   ___ communicative
35. How your children behave toward your spouse?
   ___ indifferent
   ___ affectionate
   ___ aggressive
   ___ comprehensive
   ___ communicative

36. Who disciplines your children?
   ___ you (interviewee)
   ___ spouse
   ___ nobody

37. Which parent regularly takes care of the following functions or tasks?

<table>
<thead>
<tr>
<th>Functions or Tasks</th>
<th>Which Parent Takes Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mother</td>
</tr>
<tr>
<td>a. Give counsel about:</td>
<td></td>
</tr>
<tr>
<td>school problem</td>
<td></td>
</tr>
<tr>
<td>friends</td>
<td></td>
</tr>
<tr>
<td>physical appearance</td>
<td></td>
</tr>
<tr>
<td>wearing apparel</td>
<td></td>
</tr>
<tr>
<td>sex</td>
<td></td>
</tr>
<tr>
<td>drug (including alcohol)</td>
<td></td>
</tr>
<tr>
<td>b. Visit the school</td>
<td></td>
</tr>
<tr>
<td>c. Study with children</td>
<td></td>
</tr>
<tr>
<td>d. Sit down to talk</td>
<td></td>
</tr>
<tr>
<td>e. Play and take children for ride</td>
<td></td>
</tr>
<tr>
<td>f. Let the children bring their friends to the house</td>
<td></td>
</tr>
</tbody>
</table>

38. Did your children complain about your alcohol problem?
   ___ yes
   ___ no

39. What do you think is your children most typical feeling toward your alcohol problem? (Check only one)
   ___ anger
   ___ sadness
   ___ happiness
anxiety
nervousness
guilt

40. What are the most typical reactions exhibited by your children with regard to the following behaviors?

<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Yes</th>
<th>No</th>
<th>Don't Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. truancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. bedwetting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. temper tantrums</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. school failure</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. nightmares</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. fights at school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. fights with siblings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. try to excuse father's drinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. try to excuse mother's drinking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. feel jealous toward each other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. feel neglected by the mother</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. feel neglected by the father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. Fraternal Relationships

41. How your children behave toward each other?

<table>
<thead>
<tr>
<th>Behavioral Reactions</th>
<th>Yes</th>
<th>No</th>
<th>Don't Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. discuss and sometimes hit each other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. play together</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. quarrel and don't speak to each other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. make mutual threats or warnings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. share their:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>toys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>friends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>money</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. indifferent toward each other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. guard each other from outsiders</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
42. Which of the following feelings best describes the general climate you observe in your children relationships among them?

- affect
- trust
- rivalry
- indifference
- aggression
- don't apply

V Family Climate

43. How would you describe the general climate that exists in your family at present?

- satisfactory
- unsatisfactory

44. If your answer to the above mentioned question (44) is category 'unsatisfactory', which would you say is the most important factor affecting the family climate at present?

- economic situation
- management of children
- my alcoholism problem
- marital relationships
- sexual relationships with spouse
- don't apply
- other (specify) _________________________________

45. Which of the following do you consider to be the most positive characteristic held by your family? (Spouse, subject and children)

- loyal
- cooperative
- communicative
- other (specify) _________________________________

46. Which of the following do you consider to be the most negative characteristic held by your family? (Spouse, subject, and children)

- disloyal
- competitive
- uncommunicative
- other (specify) _________________________________

47. Do you consider that your alcoholism problem have affected the functioning of your family?

- yes
- no
48. If your answer to the above mentioned question (#47) is positive, tell how your alcoholism problem has affected your family functioning?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________