FEMALE ALCOHOL DEPENDENCE: PSYCHOSOCIAL BACKGROUND, DRINKING HISTORY, AND BARRIERS TO TREATMENT

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

TOMMYE WILHITE, R.N., B.S.N.

DENTON, TEXAS

DECEMBER 1986

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

Date Nov. 6, 1986

To the Provost of the Graduate School:

I am submitting herewith a thesis written by Tommye Wilhite, R.N., B.S.N., entitled "Female Alcohol Dependence: Psychosocial Background, Drinking History, and Barriers to Treatment." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science with a major in nursing.

Shirley Ziegler
Dr. Shirley Ziegler, Major Professor

We have read this thesis and recommend its acceptance:

Rose M. Nieswiadomy

Lois Hough

Accepted

Leslie M. Thompson
Provost of the Graduate School

ACKNOWLEDGMENTS

A special thank you to my husband, Jim, without whose loving support and nagging, I would never have finished this project. My appreciation is extended to Dr. Ziegler, Dr. Nieswiadomy, and Dr. Hough for their kind guidance and consideration.

FEMALE ALCOHOL DEPENDENCE, PSYCHOSOCIAL BACKGROUND, DRINKING HISTORY, AND BARRIERS TO TREATMENT

ABSTRACT

TOMMYE WILHITE, R.N., B.S.N.

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DECEMBER 1986

The problem of this nonexperimental, descriptive survey was to describe the psychosocial background factors, the drinking history, and the barriers to treatment of females attending Alcoholics Anonymous. Data were collected from a convenience sample of 32 females attending Alcoholics Anonymous meetings.

The major findings of the study were that alcohol dependent females were likely to have experienced sexual, mental, and/or physical abuse; early life family disruptions; and alcohol/drug abuse and psychiatric illnesses in their families of origin. Also, alcohol was likely to be consumed on a daily basis and in conjunction with other drugs.

Factors which prevented alcohol treatment entry were a lack of financial and social resources and the possibility of job loss. Psychosocial characteristics, drinking patterns, and barriers to treatment of alcohol dependent

females were identified which may be used to plan more specific prevention and treatment strategies.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER I

INTRODUCTION

Alcoholism is one of the most serious health and social problems in the United States (Nemiah & Lipton, 1985). Alcohol abuse exists at every socioeconomic level and in every subculture of American society causing personal, economic, and social upheaval both for afflicted individuals and for those close to them (Nemiah & Lipton, 1985). The U.S. Department of Health and Human Services (1983) reported that 10 million adults and 3 million children and adolescents abuse alcohol. In addition, 30-40 million people are affected because of family ties with an alcoholic or with someone killed or injured by an individual under the influence of alcohol. The U.S. Department of Health and Human Services (1981) has also estimated that at least 10% of Americans who drink are alcohol dependent. Alcohol abuse is a major impediment to physical and mental health and social functioning.

From the perspective of social costs, alcoholism is associated with suicide, loss of productivity, divorce, child and spouse abuse, crime, and injury and death due to driving while intoxicated (Estes, Smith-Dijulio, & Heinemann, 1980). According to Nemiah and Lipton (1985),

alcoholism ranks as the third greatest health problem in this country and constitutes a major health care cost. Approximately 30% of the admissions to state and county mental hospitals are diagnosed as "alcohol dependent." In addition, 15% of the beds in general hospitals are filled with persons with alcohol-related health problems, such as liver disease or gastritis (Estes et al., 1980).

The cause of alcoholism remains unknown, but alcoholism is believed to be a complex phenomenon which occurs in a progressive manner due to an interaction of psychological, physiological, and sociological factors. Although many questions about treating alcoholics remain unanswered, alcoholism is believed to be a treatable illness and research has steadily increased in the last decade (Estes et al., 1980).

Historically, researchers studying the effects of alcohol on human behavior have focused on the male drinker and assumed that whatever was learned could be generalized to women. As a result, treatment and prevention strategies have been based on data specific to males. Current research has challenged this assumption (Wilsnack & Beckman, 1984).

An estimated 2 million women are alcohol abusers or alcoholics and many more experience alcohol-related

problems. The proportion of women who drink alcohol has steadily increased in recent decades with concomitant heavier drinking patterns than in the past (Estes et al., 1980). Several studies (Beckman, 1976; Caghan, 1981; Hoar, 1983) have suggested that the magnitude of women's alcohol problems has been masked by male researchers concentrating primarily on the male drinker. Thus, a lack of awareness exists concerning the specific issues affecting alcoholic women. A negative social stigma is associated with female intoxication, and greater social and psychological barriers to entering treatment exists for women alcoholics than for men (Beckman, 1984a; Caghan, 1981; Wilsnack & Beckman, 1984).

Despite the scale of the problem, only in the last decade has empirical research been done on female alcoholism. Recent studies have indicated that there are differences in drinking patterns and social and psychological factors between males and females who are alcohol dependent (Richman, Teichman, & Fine, 1979; U.S. Department of Health and Human Services, 1980; Wilsnack & Beckman, 1984). Due to limited research specific to female alcoholism, many questions about prevention and effective treatment remain unanswered. The study of the psychosocial background, drinking history, and possible

barriers to treatment of female alcoholics may provide an awareness of issues specific to women making it possible to design more rational and effective prevention and intervention strategies.

Problem Statement

The problem of this research was to describe the psychosocial background, the drinking history, and the barriers to treatment of females who are attending Alcoholics Anonymous.

Justification of Problem

Alcohol dependence is a pervasive illness which is detrimental to the psychological, sociological, and biological health of the afflicted individual as well as those whose lives are intertwined with the alcoholic person (Nemiah & Lipton, 1985). Due to the broad spectrum of health and psychosocial problems, nurses will have frequent and often initial contact with persons who experience alcohol-related problems, regardless of their area of practice. To be effective educators, planners, and directors of care for alcoholic clients, nurses must increase their understanding of alcoholism and its manifestations.

Although research data exists concerning alcohol dependence, alcoholics, and alcoholism treatment, it remains unknown whether the data are generalizable to different segments of the population (U.S. Department of Health and Human Services, 1983). Of concern are female alcoholics whose alcohol problems have either been ignored or seen as congruent with those of male alcoholics. It is important that issues specific to females be distinguished from those of males, to not only sharpen future research questions about alcoholism but also to increase the specificity of prevention and treatment interventions.

Although research on female alcoholism is limited, studies suggest that women do have unique alcohol-related problems. Certain types of women seem to be more at risk for developing alcoholism than others. The associated social stigma, lack of research, and denial of women's alcohol problems pose specific barriers to the prevention and effective treatment of alcohol dependent females (Wilsnack & Beckman, 1984).

Psychosocial research is needed to supply information about the incidence, use patterns, associated behavioral changes, and long-term mental and behavioral effects of alcoholism. Such data are vital to program designers for treatment and educational efforts. These data will also

provide a means of determining when during the life course females are most at risk of initiating alcohol use; thus, targeted preventive interventions can be initiated (Nemiah & Lipton, 1985).

Several studies (Beckman, 1976; U.S. Department of Health and Human Services, 1974, 1979, 1980, 1982-83; Wilsnack & Beckman, 1984) have suggested that the drinking patterns of women are different than those of male drinkers. These studies have indicated that: (a) women are more likely to drink than ever before in history; (b) the increase in women's alcohol consumption appears to occur at moderate, rather than heavier drinking levels; (c) women become problem drinkers at a later age than men and develop problems more rapidly than men; (d) once heavy drinking begins, alcoholism tends to be more severe and rapid in females; and (e) women are developing heavier drinking patterns than in the past, similar to the drinking patterns of men.

The drinking patterns of female alcoholics may be a valuable indicator of drinking problems among women. As such, this information will assist health care workers to identify potential problem drinkers before the advanced symptoms of alcoholism are entrenched. More research is

needed to substantiate female drinking patterns so that more specific and rational interventions may be initiated.

Barriers to reaching and treating women alcoholics are well documented in the literature (Beckman, 1984a; Beckman & Amaro, 1984-1985; Caghan, 1981; Vannicelli, 1984). The assumption that there are fewer female alcohol abusers than males has been made by past researchers on the basis that approximately 5 times as many men as women seek help for alcohol dependence. This assumption has been challenged by some studies which report that female alcoholics may outnumber males (Beckman, 1984b; Beckman & Kocel, 1982; Kalant, 1980). The indication is that females may not be utilizing treatment centers because of greater barriers to entering treatment. The most often cited barriers are the stigma which results from a moral definition of alcoholism and the double standard toward intoxication and alcoholism by society (Caghan, 1981; Vannicelli, 1984).

For alcoholism prevention and treatment to be effective, the unique needs of women must be considered. Due to the sexual imbalance in alcoholism studies, many questions about female alcoholism remain unanswered. Current findings are often conflicting and not adequately substantiated by empirical research.

Developing a knowledge base about female alcoholism is imperative if advances in preventing and curing alcoholism are to be made. Existing interventions are not curative, as evidenced by documented relapse rates (Nemiah & Lipton, 1985). Prevention and treatment strategies cannot be successful until more is learned about the nature of women's alcohol problems and a means of identifying alcohol dependence in female populations is developed.

A study of the psychosocial background, drinking history, and barriers to treatment of alcoholic women was needed to assist in delineating a scientific base of knowledge for nursing practice. As nurses expand their role in the community, hospital, and private practice settings, they will have more responsibility in primary prevention, assessment, nursing diagnosis, and care of the alcohol dependent client. Knowledge gained from this study provides a basis for further study in the areas of health promotion, prevention of illness, cost-effective health care, and the development of strategies that provide effective nursing care to high-risk groups.

Assumptions

This study was based on the following assumptions:

1. The participants gave truthful answers on the inventory.

2. Information solicited by the inventory described the psychosocial background of the participants.

3. Information solicited by the inventory described the drinking history of the participants.

4. Information solicited by the inventory described the barriers to treatment of the participants.

5. Alcohol dependence is a treatable health problem.

Research Questions

Research questions developed for this study were:

1. What are the prevalent psychosocial factors of females who are attending Alcoholics Anonymous?

2. What is the drinking history of females who are attending Alcoholics Anonymous?

3. What are the barriers to treatment of females who are attending Alcoholics Anonymous?

Definition of Terms

For the purposes of this study the following definitions are provided:

1. Prevalent psychosocial factors--pertaining to the psychological and social history of an individual, ascertained by items 1-35 on the Wilhite Inventory which consists of 60 items (Appendix A).

2. Drinking-history--the pattern of alcohol consumption an individual has engaged in from the time of the first drink to the present, ascertained by items 36-53 on the Wilhite Inventory which consists of 60 items (Appendix A).

3. Barriers to treatment--a psychological, societal, or physical obstacle which prevents an individual access to treatment for alcohol dependence, ascertained by items 54-60 on the Wilhite Inventory which consists of 60 items (Appendix A).

4. Females attending Alcoholics Anonymous--any female 17 years of age or over presently attending Alcoholics Anonymous meetings.

5. Alcoholics Anonymous--a voluntary anonymous self-help group consisting of persons who have been alcohol dependent.

Limitations

The following limitations apply to the findings of this study:

1. There are no data available to support the reliability of the Wilhite Inventory administered to participants.

2. Individuals with limited ability to read may have had difficulty answering questions presented on the inventory.

3. A nonrandom sample was utilized, possibly limiting the generalizabilty of the results.

4. Participants may have been given different information when questions were clarified by the researcher.

Summary

The problem of this study was to describe the psychosocial background, drinking history, and barriers to treatment of females attending Alcoholics Anonymous. This study may provide an increased awareness of the unique problems associated with female alcoholism and substantiate past research. In addition, the information collected may lead to the formulation of hypotheses that could be tested more formally in subsequent research providing a basis for more effective assessment, prevention, and treatment of the female who is alcohol dependent.

CHAPTER II

REVIEW OF LITERATURE

The focus of this chapter is a review of the literature. Until recently, the literature on alcohol-related problems paid little attention to females. Most studies on alcoholism were confined to men or neglected to specify the sex of the subjects. Apparently, it was assumed that there were few, if any, important differences between men and women. However, literature published in the past 15 years has reflected a public awareness and concern about the increasing number of alcohol dependent females and alcohol problems specific to women (Wilsnack & Beckman, 1984).

Empirical research on female alcoholism has lagged behind public concern. As late as 1975, alcohol and drug abuse in women was defined as a nonfield with little specialized literature (Kalant, 1980). Although the number of studies specific to females remains small compared to the number of studies on males, the number has increased since the 1970s (Wilsnack & Beckman, 1984).

This review is comprised of four sections. The first section contains an examination of literature pertinent to the psychological background of females who are alcohol

dependent. The second section presents literature relevant to the drinking history of alcohol dependent females. Studies which have investigated the barriers to treatment of alcohol dependent females will be discussed in the third section. The fourth section contains a summary.

Psychosocial Background Factors of Alcohol Dependent Females

Several authors (Beckman, 1976, 1984b; Curlee, 1970; Estes et al., 1980; Hindman, 1979; Hoar, 1983; Richman et al., 1979; Vannicelli, 1984) have focused on the psychosocial background of alcohol dependent females and reported the following differences between males and females who are alcohol dependent: (a) female alcoholics are more widely noted than males to have low self-esteem and feel more guilt about their drinking; (b) alcoholism occurs more often in a parent (particularly the father), sibling, or spouse of women alcoholics; (c) they are more often divorced than men; (d) they have experienced more traumatic and disruptive events in childhood than male alcoholics (events such as losing a parent through divorce, death, or desertion, psychiatric illness in the family of origin, and sexual, physical or mental abuse); (e) women are more likely to be multidrug users

(especially prescribed tranquilizers and barbituates) than male alcoholics; (f) they are more likely to have depressive disorders, whereas males are more likely to be sociopathic; (g) the rate of completed suicides and suicide attempts among female alcoholics is higher than rates among male alcoholics; (h) women are more likely to cite a specific psychological stress as a precipitating factor for heavy drinking; (i) women are more likely to be unskilled, unemployed, and have dependent children; and (j) women are more likely to report tenseness or nervousness as a precipitating factor for periods of heavy drinking.

Blane (1968) suggested that preoccupation with being inadequate and inept, and a sense of futility about being able to make do for oneself are the central features of alcoholism in women. He stated that women start heavy drinking later than men do because their lack of self-realization and feelings of personal inadequacy lead to an awareness that the promise of youth will not be fulfilled. No corroborating data were presented by Blane. However, several studies suggest that female alcoholics have an inadequate or distorted self-image, low self-esteem, or poor self-concept (Kinsey, 1966, 1968; Wood & Duffy, 1966). They also suggest that female

alcohol abuse frequently begins at the time of a middle-age crisis precipitated by some situational event.

Other studies have provided indirect evidence regarding the low self-esteem of female alcoholics. Jessor, Carman, and Grossman (1968) have shown that among college students, the lower the expectation of need satisfaction in relation to achievement and affiliation, the greater the recourse to alcohol abuse, especially among women. These data may be related to level of self-esteem in that the higher the expectation of need satisfaction, the higher the self-esteem.

Although past research suggests that male alcoholics have poorer self-concepts than nonalcoholic males (Armstrong & Hoyt, 1963; Berg, 1971; Vanderpool, 1969), there is also evidence that female alcoholics may have lower self-esteem than male alcoholics (Blane, Hill, & Brown, 1968). One study completed by Clarke (1974), using Q-sort techniques with a small sample, reported no significant differences in self-concept or self-esteem between men and women alcoholics. However, most authors (Beckman, 1984b; Estes et al., 1980; Wilsnack & Beckman, 1984; Wood & Duffy, 1966) support the hypothesis that female alcoholics have a lower self-esteem and a poorer self-concept than males.

In a study completed by Hoar (1983), 37 alcoholic and 37 nonalcoholic women matched on race, age, occupation, and education completed the Embedded Figures Test, Loevinger Sentence Test of Ego Development, and an Inventory of Feminine Values. Subjects were female alcoholic inpatients and outpatients, plus matched comparison subjects. All were over 18 years of age and participated on a voluntary basis. The purposes of the study were to determine the relative degree of field dependence in a group of alcoholic women compared to a nonalcoholic group, to assess levels of ego development, and to evaluate perceptions of sex role between the two groups.

The mental health status of the nonalcoholic comparison group was appraised by: (a) their having no psychiatric hospitalization in their history, (b) their going about their life's tasks, and (c) their obtaining a negative score on the Self-Administered Short Michigan Alcoholism Screening Test. The assessment instruments included a questionnaire designed to elicit the demographic information necessary for matching each alcoholic subject to a comparison subject as well as the three instruments mentioned above. These instruments evaluated relative degrees of field dependence and/or

independence, level of ego development, and each subject's perception of self, their own ideal woman, and their version of man's ideal woman (Hoar, 1983).

Analysis of the three independent variables was done using t-tests for paired data. The statistics were computed on the differences between paired scores on the Embedded Figures Test, the Total Protocol Ratings of Loevinger's Sentence Completion Test, and Inventory of Feminine Values. The alcohol dependent group members were significantly more field dependent than nonalcoholics. The alcoholic group and the nonalcoholic group members were similar in levels of ego development. The discrepancy between "self" and "own ideal" measured by the Inventory of Feminine Values was significantly greater for the alcoholic group subjects. The subjects in both groups perceived "man's ideal woman" as traditionally oriented, while the nonalcoholic group member perceived "man's ideal" as significantly more family oriented than did members of the alcoholic group. The alcoholic group members indicated a significantly closer agreement between their "own ideal" and "man's ideal woman." Data from both groups indicated a conflict over feminine roles (Hoar, 1983).

Hoar's (1983) study was the only one reviewed which considered alcohol dependent women from a normal developmental perspective comparing alcoholic females with nonalcoholic females. Earlier researchers have investigated women's pathology and compared female with male alcoholics.

Several researchers have reported that women alcoholics are more likely than nonalcoholic women to have parents, especially fathers, who are alcoholics (Fortin & Evans, 1983; Winokur & Clayton, 1968; Wood & Duffy, 1966). There also appears to be some agreement in the literature that alcoholism exists more often in a parent, particularly the father, sibling, or spouse of female alcoholics than male alcoholics (Hoar, 1983; Jones, 1972; U.S. Department of Health and Human Services, 1982-83; Winokur & Clayton, 1968).

A study by Richman et al. (1979) did not support the contention that alcoholism occurs more frequently in the family of origin of female alcoholics than male alcoholics. This study compared psychological characteristics in male and female alcoholics at an inpatient treatment program of an urban general hospital. The study was also designed to determine whether there was an association between depression and female alcoholism.

The sample was composed of 28 consecutive female and 48 consecutive male admissions to an alcoholism inpatient unit. The Beck Depression Inventory (BDI) and the State-Trait Anxiety Inventory (STAI) were used to measure depression and anxiety. A social history was gathered by a standardized interview conducted by a trained alcoholism counselor 48 to 72 hours after admission. The BDI and the STAI were administered during the interview.

Findings related to background characteristics were reported as no significant differences in the mean age, years of drinking, and number of previous alcohol-related hospitalizations for males and females. Seventy-five percent of the males and 74% of the females reported histories of alcoholism in the family in which there was either sibling and/or parental alcohol dependency. Of the females, 76.2% had contact with some form of psychiatric treatment as compared with 35.7% of the males. Half of the females (49.6%) identified traumatic life experiences, i.e., divorce, death, severe illness, which they related to increased alcohol consumption and alcoholism; whereas 60% of the males believed their alcoholism to be a gradual process unaffected by traumatic events. Both males and females had unstable marriages, with females reporting more dysfunctional marital relationships. Only 10.5% of

the females were married and all for the second or third time, compared to 35.7% of the males. Thirty-one percent of the females were separated compared with 21.4% of the males, and 15.8% of the females were widowed compared to 7.1% of the males. Contrary to other studies reviewed, fewer females were divorced (15.8%) than males (28.6%).

There were no significant differences found between male and female alcoholics on the Beck Depression Inventory or the State-Trait Anxiety Inventory. However, the females tended to score higher on the Depression and A-Trait inventories. The depression and anxiety scores demonstrated higher levels of anxiety and depression in alcoholics of both sexes than the general population. Richman et al.'s (1979) study results support the contention that alcoholism is manifested differently in males and females.

In 1981, 40 of the 45 program directors of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) (cited in U.S. Department of Health and Human Services, 1982-83) funded women's alcohol treatment programs met in Minneapolis, Minnesota. The purpose of the forum was to examine the similarities and differences between research findings and experiential knowledge gained from their experiences in treating women with alcohol problems.

There were 38 women's programs represented at the conference. These programs varied in terms of urban/rural geographical setting, subpopulations of clients served, type of treatment, and administrative structure. The programs were located in the northwest, west, southeast, central, and northeast areas. They were in urban, suburban, rural, and reservation communities. They served, white, black, Hispanic, and native American women. The majority of clients were low- and middle-income women. The treatment settings included outpatient, halfway house, residential, hospital, and clinic. Some facilities were coed, but most were exclusively women's programs. Interestingly, data presented at the conference parallels much of the empirical data reported by researchers in the past 10 years, supporting the contention that an understanding of the etiology and treatment of female alcoholism must come both from data gathered in clinical research and the experiential knowledge of therapists and recovering alcoholics.

The program directors reported a high incidence of alcoholism in the relatives of their clients and early life disruptions (separation from parents due to divorce or death and parental psychiatric disorders). Emotional

and physical problems resulting from incest and rape were frequently reported. Directors reporting clinical data of sexual abuse indicated as many as 45% to 70% of their clients had been victimized. One participant reported a 90% sexual abuse rate. These figures appear high when compared to available data, but participants believed this might be due to the hesitancy of subjects to reveal or researchers to ask about sexual abuse. They suggested that future research explore a hypothesis about the significance of early sexual abuse in the development of drinking problems.

Program directors reported that while many women speak of stressful precipitating events associated with the onset of heavy drinking, abusive drinking often predated the specific event(s) identified. They reported that as counselor-client rapport increases, the client's need to speak of a precipitating event decreases, suggesting a decreased need to justify abusive drinking. The directors suggested that researchers need to shift from an emphasis on specific traumatic precipitating events to epidemiological, lifespan research that studies stress points in people's lives (U.S. Department of Human Services, 1982-83). In opposition to this view, several researchers (Curlee, 1970; Kinsey, 1966, 1968; Wilsnack &

Beckman, 1984) suggested that there is an association between heavy drinking and stressful events such as divorce, separation, early life deprivation, and emotional trauma.

Participants at the conference reported that depression should be an accepted fact of alcoholism for both men and women. Most of the female clients were clinically evaluated as being alcoholic with accompanying depressive symptoms. They indicated that as the women became sober, the depressive symptoms diminished.

Issues of self-esteem and self-concept were seen as crucial to the understanding and treatment of women's alcoholism. Poor self-concept, low self-esteem, and dependency were seen as highly characteristic of women in treatment. Poor psychosocial adjustment, feelings of inadequacy, learned helplessness, and passivity were also seen as characteristic of the women in these treatment programs (U.S. Department of Human Services, 1982-83).

Although the data reported at the conference were not collected in a scientifically rigorous manner but were based on the clinical experiences of the participants attending the conference, it does provide pertinent information about the psychosocial issues of females who are alcohol dependent. One might also surmise that

clinicians and researchers are examining similar issues related to female alcoholism.

Curlee (1970) contended that a major difference between male and female alcoholics was their use of medications. In his study, sedatives and minor tranquilizers were commonly used and abused by female patients (43%) at a rate more than twice that of male patients (20%).

Mulford (1977) identified women alcoholics as being at higher risk for regular drug use and for psychological dependence on drugs. Twenty-four percent of the females in his sample of new admissions to alcohol treatment facilities were regular drug users (compared to 9% of men) and 14% (compared to 4% of men) were considered drug dependent. Tranquilizers and barbituates were the drugs abused almost exclusively.

In a study by Ferrence and Whitehead (1980), male alcoholics were more likely to abuse illicit drugs such as narcotics, hallucinogens, and inhalants while females more frequently abused prescription sedative, stimulants, and tranquilizers. Nemiah and Lipton (1985) listed drug abuse and/or alcoholism as frequent precursors to suicide among both sexes. However, data reviewed on the rate of completed suicides and suicide attempts among female

alcoholics and male alcoholics were mixed. Gomberg (1976) and Hill (1980) reported that there were more suicides and suicide attempts in female than male alcoholics. Curlee (1970) and Beckman (1976) have cited depression as being especially common in female alcoholics, the contention being that those female suicides and attempts may be the result of depression rather than alcoholism.

Winokur and Clayton (1968) reported that female alcoholics are more likely to have affective disorders while male alcoholics are more likely to exhibit sociopathic behavior. They suggested that the higher incidence of suicide attempts among women alcoholics may be primarily due to the high incidence of affective disorders among female alcoholics.

Estes et al. (1980) reported the rate of completed suicides among female alcoholics to be 23 times the rate for females in the general population and 22 times the population rate among males. Estes et al. (1980) stressed the importance of correctly assessing the female alcoholic to determine if alcoholism is a primary condition or secondary to depression for subsequent adequate care planning.

Whether the high rate of attempted and completed suicides among female alcoholics is a result of alcoholism

secondary to depression or vice versa awaits further definitive investigation. The literature reviewed did agree that female alcoholics are more likely to have affective disorders, especially depression, and that they have higher rates of suicide attempts than male alcoholics (Homiller, 1980; Wanberg & Horn, 1970; Winokur & Clayton, 1968).

Several authors (Beckman & Kocel, 1982; Estes et al., 1980; Lemay, 1980; Vannicelli, 1984; Wilsnack & Beckman, 1984) reported that there are differences in patterns of illness and psychosocial characteristics between men and women alcoholics that are of major importance in the assessment and planning of effective treatment methods for females who are alcohol dependent. The drinking history of female alcoholics is explored in the next section of the review.

Drinking History of Alcohol Dependent Females

Literature reviewed revealed that female alcoholics report different drinking histories than male alcoholics (Beckman, 1984a; Beckman & Kocel, 1982; Sandmaier, 1980; Winokur & Clayton, 1968). These differences may have implications for identification and treatment of female alcoholics.

The following female drinking patterns were recorded repeatedly in the literature (Beckman, 1984b; Beckman & Kocel, 1982; Estes et al., 1980; Kalant, 1980; Mulford, 1977; Richman et al., 1979; Sandmaier, 1980; Winokur & Clayton, 1968). Women appear likely: (a) to conceal their drinking; (b) to drink alone; (c) to also abuse prescription drugs; (d) to experience a shorter, more telescoped developmental period of alcoholism, evidenced by a shorter time between early problem drinking and late-stage symptoms; (e) are likely to be bout or binge drinkers; (f) to become problem drinkers at a later age than men; (g) to consume more moderate amounts of alcohol than males; (h) to report feeling depressed, tense, or nervous preceding periods of heavy drinking; and (i) to report fewer arrests and alcohol-related hospitalizations due to alcohol consumption than males.

Several authors (Beckman, 1984b; Beckman & Kocel, 1982; Wanberg & Horn, 1970) have reported that women alcoholics more often drink alone or in the privacy of their homes than men. Garrett and Bahr (1973) reported that even women on "Skid Row" exhibit more solitary drinking patterns than men, possibly because of the greater social disapproval associated with female public drinking.

The literature reviewed (Beckman & Kocel, 1982; U.S. Department of Health and Human Services, 1981; Wilsnack & Beckman, 1984; Wren, 1984) indicates that females begin drinking at a later age than males but appear for treatment at the same average age. These reports suggest a telescoping effect in women's alcoholism as evidenced by a shorter duration of excessive drinking before entering treatment. The U.S. Department of Health and Human Services (1981) conference participants reported that although research findings have shown that most females seeking treatment are in their late 30s and 40s or between 40 and 50 years of age, females are entering treatment at a younger age. One reason cited for the declining average age (one program reported an average age of 28) was the recent focus of some treatment facilities on the specific needs of females. However, several researchers mentioned not only the lack of research specific to female alcoholism but the scarcity of treatment facilities available for females (Beckman, 1984a; Hoar, 1983; Wilsnack & Beckman, 1984).

A prospective study by Barr and Cohen (1979) investigated the occurrence of alcohol abuse in drug addicts and its effect on treatment and rehabilitation. The drug addict's drinking history before treatment entry,

the drinking pattern at the time of admission to treatment, and its course during and after treatment was examined. Each of the 866 subjects was taken into the study shortly after admission for treatment and followed for 1 year. The subjects were drawn from 10 outpatient methadone maintenance programs and an inpatient alcohol and drug rehabilitation center. In addition, intake interviews were obtained from a sample of 243 alcoholics admitted for inpatient treatment to establish criteria for the definition of alcohol abuse in the drug addicts and to examine the drug abuse histories of the alcoholics.

The sample was heterogeneous in sex, age, and race. Twenty-seven percent were women; the median age was 26 years with a range from 17 to 60 years. The major sources of support were welfare (50%), selling drugs (33%), other illegal sources (37%), family and friends (33%), and employment (20%). Most subjects cited more than one source of support. Eighty-seven percent had been arrested, half the sample six or more times. Only 47% were raised by both parents until age 12. The average time since first use of any substance of abuse was 13 years. Alcohol was the substance used and abused first. Seventy-three percent used more than one substance, including alcohol, and the mean number of different

substances used was 3.1. The largest source of data was derived from interviews at intake and a 12 month follow-up interview. In addition, urine testing for drug and alcohol use during treatment and at the 12 month follow-up interview was conducted. Subjects were paid $10 per interview. Ninety percent of the subjects were followed to completion of the study.

Barr and Cohen (1979) reported the following conclusions: (a) a high incidence of problem drinking in the histories of subjects whose presenting problem was identified as drug abuse; (b) current heavy drinkers used greater numbers of drug types than other subjects; (c) a history of problems associated with drinking before treatment was associated with poorer treatment outcomes in regard to drug-related problems, and upon 12 month follow-up, the prevalence of alcohol abuse was the same as before treatment; (d) alcohol abuse can be a highly useful indicator of pervasive problems and special treatment needs of drug clients; and (e) a thorough assessment of individual drinking histories should be undertaken before a treatment plan is established.

Barr and Cohen (1979) suggested that a wider choice of treatment modalities should be considered for multidrug

users. This study supports the contention that alcoholics of both sexes are likely to be multidrug users.

Much of the literature reviewed relative to drinking histories failed to describe the methodology and report study results statistically. The next section of the literature review will consist of studies which have investigated the barriers to treatment of alcohol dependent females.

Barriers to Treatment of Alcohol/ Dependent Females

Barriers to treatment of females who are alcohol dependent are frequently cited in recent literature (Beckman, 1984a; Beckman & Amaro, 1984-85; Beckman & Kocel, 1982; Caghan, 1981; Vannicelli, 1984). For the purposes of this review, barriers will be discussed first in the context of personal situational factors which may serve as barriers to treatment. Second, social systems or environmental factors which may post barriers to reaching and treating female alcoholics will be presented.

Personal Situational Factors

Many studies (Beckman, 1984a; Estes et al., 1980; Richman et al., 1979; Wilsnack & Beckman, 1984; Wren, 1984) reviewed indicated that a major barrier affecting female utilization of treatment services is the stigma

attached to female alcoholism. This stigma is accompanied by a double standard for males and females that serves to keep women alcoholics hidden.

Beckman (1984a) stated that less than 20% of all clients in publicly funded alcoholism treatment on the national level and less than 18% of clients in alcohol treatment facilities in California are composed of females. Yet, researchers have contended that females may actually comprise a higher percentage of the total alcohol dependent population (Homiller, 1980; Sandmaier, 1980). According to Beckman (1984a), males are 2 1/2 times more likely to use alcoholism services in California than females. Research suggests that this is true even when utilization rates are adjusted for the lower prevalence of alcohol abuse in females shown in survey studies (Beckman, 1984a). Discrepancies in the literature between estimates of the prevalence of alcohol problems in females and their utilization rates of treatment services suggest that many females in need of services may not be receiving treatment.

Two studies described by Beckman (1984a) collected data from male and female alcoholics on factors which motivated them to seek treatment and factors which posed barriers to treatment entry. In the first study, 54 male and 104 female alcoholics who had entered treatment were

interviewed. The second study was composed of over 600 Caucasian alcoholics who were either in-treatment or not in-treatment when they were interviewed. Although neither methodology nor statistical analysis were described, Beckman (1984a) listed the following findings: (a) family and friends of female alcoholics were more likely to oppose their entry into treatment than were the families and friends of male alcoholics; (b) one-fourth of the females reported opposition; male alcoholics rarely reported objection; (c) of those urged to enter treatment, each gender reported that the encouragement came from different family members; (d) females were more likely to be encouraged to enter treatment by their children and parents; and (e) males were more likely to be encouraged by their spouses (there were no reported differences in marital status between the sexes).

Beckman (1984a) also stated that females reported a greater number of negative consequences associated with treatment entry than males. These included: (a) feelings of loneliness and discomfort, (b) disruptions in family relations, (c) avoidance by friends and co-workers, (d) loss of friends, (e) loss of job, (f) lack of money, and (g) anger of spouse. Beckman (1984a) suggested that the results of these two studies may provide the first

evidence that women are subjected to greater social stigma because of their drinking problems than men.

The lower financial resources of women was frequently listed in the literature as a barrier to treatment due to the cost of treatment (Beckman & Amaro, 1984-85; Beckman & Kocel, 1982; Wilsnack & Beckman,1984). An interrelationship was often suggested between lower income of females, the higher rate of divorce, lack of employment, and greater social stigma (Estes et al., 1980; Richman et al., 1979; U.S. Department of Health and Human Services, 1980). These suggestions were not accompanied by descriptions of supportive research studies.

Some studies have concluded that female alcoholics are more likely to be divorced than male alcoholics (Curlee, 1970; Mulford, 1977). Beckman (1984b) reported no differences in marital status between the sexes.

Beckman and Kocel (1982) described factors affecting women's use of alcohol treatment services, utilizing components of the Health Belief Model (Anderson & Newman, 197; Becker, 1974; Rosenstock, 1966) as a theoretical framework for their study. They reported characteristics of female alcoholics and the treatment delivery system may serve as barriers to treatment. Barriers were divided into three categories. These categories included personal

enabling traits, social enabling factors, and structural features of the treatment services. The two data sets were collected from Caucasian clients in alcohol treatment facilities and from directors or assistant directors of alcohol treatment centers in two counties. The client data were collected in personal interviews with 67 women and 54 men in 46 different alcoholism treatment facilities. Forty-six percent of the women were inpatients, 34% were outpatients, and 20% were in detoxification programs. The figures for men were 48%, 22%, and 30%, respectively.

Clients were questioned about their beliefs and perceptions related to alcoholism and barriers to treatment, drinking histories, and past contacts with alcoholism and mental health treatment facilities. They were also questioned about their social situations and background characteristics including number of children, job status, income, and marital status. They were asked to complete a self-administered questionnaire that measured personal efficacy, self-esteem, social isolation, health beliefs, and health locus of control. The hypotheses for the investigation of the personal and social characteristics of female alcoholics which may serve as barriers to treatment were listed as: (a) the

personal costs of initially entering treatment, specifically the stigma of being an alcoholic and the burden of family-related problems were perceived as greater by women than by men; (b) both men and women perceived men to be more susceptible to alcoholism; (c) women evidenced greater concern about health matters, more favorable opinions regarding health services and providers, and greater perceived symptom severity than men; (d) women scored lower on the personal enabling traits of personal efficacy and self-esteem than male alcoholics; (e) women received less environmental support for a decision to enter treatment from both their families and friends than men; and (f) a familial event was more likely to elicit treatment-seeking action by women, while job-related or legal events were more likely to elicit treatment-seeking action by men.

The following results were reported. Women had somewhat lower educational and income levels than men, although levels were not significant. Among those who had been employed (all except one female), women were less likely than men (27% vs. 47%) to be currently employed. Men and women did not differ on marital status. Women (92%) were more optimistic than men (87%) regarding successful treatment for alcoholism. Women reported

having a serious drinking problem for fewer years than men. Women did not report any greater concern about health or more favorable attitudes about seeking medical care than men on the Health Perceptions and Beliefs Scale. Men did not have significantly higher scores on health worry and concern nor more favorable attitudes toward seeking care than women. Forty-eight percent of the women reported one or more problems as a result of entering treatment; less than 20% of the men reported problems. Women were more likely to report family problems, money problems, and problems with friends due to treatment entry than males.

Seventy-two percent of the women and 63% of the men believed family problems would have occurred if treatment had not been obtained. Seventy-four percent of the men reported employment-related problems as costs of not obtaining treatment vs. 60% of the women. Women (60%) perceived more social problems, such as loss of friends, would have occurred if treatment had not been entered. Only 48% of the males perceived that social problems would have occurred had they not entered treatment. Of those who reported a family member or friend suggested treatment, parents were more likely to have suggested treatment for women (41% vs. 18% for men). Spouses were

more likely to urge treatment for men (46% vs. 12% for women). Friends were more likely to urge treatment for men (33%) than for women (25%). A greater percentage of women (23% vs. 2% for the men) reported opposition to treatment entry from family and friends. Twenty-seven percent of the women reported opposition from spouses, 40% reported opposition from other family members, and 40% reported opposition from friends. Only one male reported opposition which came from a drinking companion. Nineteen percent of the women and 7% of the men reported that the police or courts recommended they seek treatment. Therapists had recommended 20% of the men seek treatment versus 5% of the women. There was no significant difference in scores on generalized expectancy for personal success on the Fibel and Hale Generalized Expectancy of Success Scale, self-esteem on the Rosenberg Self-Esteem Scale, nor the Wallston and Wallston Multidimensional Health Locus of Control Scale.

Social System/Environmental Factors

The second data set of Beckman and Kocel's (1982) study was used to examine the structural characteristics of 53 alcoholism treatment facilities in two counties on female use rates. The sample of 53 agencies consisted of all the formal alcohol treatment agencies in the two

counties. Data on structural characteristics of agencies were collected through personal interviews with directors or assistant directors of each facility. Demographic characteristics and number of clients admitted over a 12-month period were determined from agency records. A client was defined as a person who entered and stayed in the treatment program for more than 2 days as an inpatient or more than two visits as an outpatient. Structural characteristics examined included: type of agency (public vs. private), attitudes of treatment providers, types of outreach efforts, types of support services offered, and percentage and types of female staff members. The unit of analysis was the 53 treatment agencies.

The following results were reported. Alcoholic women were not more likely to use private facilities than they were to use public facilities. It was expected that because of the higher prevalence of prescription drug abuse among women, they would be more likely to use the agencies that treat both drug and alcohol abuse rather than alcohol alone. Although small, the difference in the proportion who used the two agency types was in the predicted direction. Agencies that provided aftercare services and treatment for children served more women than those that did not provide these services. The number of

client support services offered and the availability of child care services were reported as positively related to percentage of women clients, although not significantly. The attitudes of treatment providers were not found to be associated with women's use rates in these facilities. No significant relationship was found between outreach efforts and percentage of women clients. There was a significant relationship between referral sources used and percentage of women clients.

The suggested interpretation of this finding was that those agencies serving more women had less money to conduct outreach activities. It was suggested that family, friends, advertisements, and word-of-mouth are the sources that motivate women to enter treatment. A higher proportion of clients was female in agencies that had a higher percentage of females on the treatment staff, more professionally trained staff, and fewer minority staff. The percentage of women clients and of minority clients correlated negatively, suggesting that facilities that treat minorities tend to treat fewer women. Support services not related to the percentage of female clients included transportation services, vocational counseling, and legal aid. Beckman and Kocel (1982) suggested that these services probably take on secondary importance

compared to child-related services. Their study provides support for the contentions that female alcoholics are more likely to utilize facilities that provide treatment for children, after-care services, and hire more female professionals. Beckman and Kocel's (1982) study of individual, personal, social, and structural barriers to treatment appears particularly relevant to the present study, in terms of possible substantiation of some of the unique problems associated with female alcoholism.

A study by Vannicelli (1984) based on a clinical field experiment, a statistical compilation of studies spanning a 19-year period, and the author's clinical experience, described three barriers to treatment of alcoholic women. Vannicelli reported that the negative perception by treatment professionals and communities that female alcoholics are harder to treat and have a poorer prognosis than male alcoholics provides a barrier to treatment entry and effective treatment. A review of literature by Vannicelli (1984) which consisted of 259 studies between 1972 and 1980 regarding treatment outcome concluded that there is no scientific basis for the belief that women have a poorer prognosis than men. She cited stereotyped sex-role expectancies and the consequent expectations by treatment providers as a serious barrier

to effective treatment. The final barrier she reported was the paucity of research data on female alcoholism. Vannicelli stated that the lack of research and resultant knowledge gap leaves questions as to specific treatment needs unanswered. She also suggested that females are not utilizing treatment services because their needs are unknown and unmet.

Beckman (1984b) reported that opposition to treatment by significant others should be a major consideration in outreach attempts to bring alcoholic women into treatment. She also cited a lack of support services such as women's groups and treatment for family members as barriers to treatment.

Summary

The review of literature has focused on studies relevant to the psychosocial background, drinking history, and barriers to treatments of females who are alcohol dependent. Most studies reviewed identified the lack of empirical research regarding female alcoholism and the concomitant knowledge gap as major problems that must be attended it effective outreach and treatment modalities are to be developed. The literature is in agreement that females exhibit patterns of abuse and psychosocial characteristics different from those of male alcohol

abusers. A better understanding of these patterns and characteristics may help close the knowledge gap. This literature examination revealed a number of reports of studies which failed to describe methodology, sex of subjects, or statistical results but simply listed findings. This suggests that the phenomena of female alcoholism has been poorly addressed. In the absence of data, contradictory opinions have been published. The intent of this study was to increase the awareness of issues specific to females by examining the psychosocial background, drinking history, and barriers to treatment of females who were alcohol dependent.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

In this study the psychosocial background, drinking history, and barriers to treatment of females attending Alcoholics Anonymous were investigated. A descriptive survey research design was employed because of the inherent lack of manipulative control of the independent variables by the researcher. The intent of this study was to describe the variables independently rather than to describe a relationship between them (Polit & Hungler, 1983).

This chapter contains information regarding the setting, population, and protection of human subjects. The instrument utilized for data collection is described. Information pertinent to the data collection method and statistical treatment of data are also included.

Setting

The setting for this study was a city-owned building located in a large metropolitan city in the southwestern United States used exclusively for Alcoholics Anonymous meetings. The Wilhite Inventory was administered to the participants, as a group, in a 20 ft. x 30 ft. room.

Population and Sample

The population consisted of females, 17 years of age or over, who were attending Alcoholics Anonymous meetings. The method of sample selection was convenience sampling and consisted of 32 females attending Alcoholics Anonymous meetings who were oriented to time, place, and person; spoke and read English; and consented to participate in the study.

Protection of Human Rights

Permission to conduct this study was obtained from Texas Woman's University (Appendix B) and the agency from which data were collected (Appendix C). Because this study involved alcohol abuse, it qualified as Category II research. Therefore, the study was reviewed by the Human Subjects' Review Committee of Texas Woman's University (Appendix D). Protection of all participants' rights was assured in the following manner:

1. A cover letter (Appendix E) accompanied the Wilhite Inventory with instructions for participating in the study, manner of consent, procedure for completing the study, the following assurances, and salient points of the investigation.

2. Each participant's participation was voluntary.

3. Participants were informed that their consent to participate in the study would be signified by completion and return of the inventory to the investigator.

4. The participants were requested not to place their names on the inventories in order to insure participant anonymity.

5. Participants were informed that all findings would be reported as group results and would be available through the researcher upon request.

6. Participants were assured that all data collected would be maintained in a secure manner by the investigator.

Instrument

One instrument, developed by the researcher, was used in this study. The Wilhite Inventory (Appendix A) was designed to elicit the psychosocial background, drinking history, and barriers to treatment of individual subjects participating in the study. The inventories were self-administered by the respondents and took approximately 30 minutes to complete. The researcher was present when the inventories were completed.

The inventory is composed of 60 fixed-alternative, multiple-choice questions from which respondents may check the response that most closely approximates the correct

answer. Some questions include the response option phrase, "Other--please specify or describe." Questions 1-35 were designed to elicit the psychosocial background, questions 36-53 to elicit the drinking history, and questions 54-60 to elicit possible barriers to treatment. Current literature on female alcohol dependence was utilized as a basis for the formulation of the inventory. The reliability of this instrument has not been established.

To establish the content validity of the instrument, a panel of experts knowledgeable in the field of alcohol dependence was selected to critique the inventory. Each panel member was contacted, the procedure for the critique explained, and commitment for participation as a panel member requested (Appendix F).

An inventory and inventory worksheets with instructions for their review were sent to each of the panel members (Appendix G). The panelists were requested to evaluate the inventory items for clarity and conciseness as well as appropriateness for inclusion.

The inventory worksheets were designed so that each research question and its corresponding inventory items were listed together for review. Space was allocated to the left and right of each worksheet page to provide panel

members with an area to answer yes or no the criteria developed to critique the instrument. The first question located to the left of the worksheet page was, "Is the research item clear and concise?" The second question located to the right of the worksheet page was, "Will the item obtain the information needed to answer the research question?" No revision of the inventory was necessary because there was a two-thirds agreement by the panel members for approval of each item.

Data Collection

Inventories were completed by 32 females attending Alcoholics Anonymous meetings in a city-owned building in a large metropolitan city in the southwestern United States, who met the criteria for participation in the study, and consented to participate. The potential subjects were identified in the following manner. Alcoholics Anonymous meetings which anyone may attend are held 4 times a week. These meetings are open to the public and anyone who wishes to speak may do so. The investigator requested that all females attending the open meetings in the month of June participate in the study. Each group of females was requested to participate and complete an inventory according to the procedure and instructions read by the researcher from a prepared

script. The inventories were self-administered as a group in a 20 ft. x 30 ft. room with the researcher present. Questions as to meaning of terms were answered by the researcher. Data were collected during a 3-week period of time between the hours of 8:00 p.m. and 10:00 p.m. in the summer of 1986.

Treatment of Data

The data obtained from the inventories were analyzed and presented using descriptive statistics. Tallies of frequencies provided quantification of the data collected by the inventories. Presentation of the data is facilitated by tables which are sequentially numbered and titled for identification. This study determined the psychosocial background, the drinking history, and the barriers to treatment of females who were attending Alcoholics Anonymous meetings.

CHAPTER IV

ANALYSIS OF DATA

To determine the psychosocial background, the drinking history, and the barriers to treatment of female alcoholics, a descriptive survey was conducted. A 60-item original inventory was developed to answer each of three research questions. The self-administered inventory provided responses to answer the research questions. This chapter is comprised of five sections. The first section contains a description of the sample. The second section presents findings relevant to research question 1. The third and fourth sections present findings relevant to research questions 2 and 3, respectively. The fifth section contains a summary of findings.

Description of the Sample

The convenience sample consisted of 32 females who were attending Alcoholics Anonymous meetings, met the criteria for participation in the study, and consented to participate. The subjects ranged in age from 21 to 60 years. The mean age was 36.6 years. The majority (44%) of the subjects had completed 1 to 3 years of college, and 10 (31%) were college graduates. Approximately one-third (34%) of the subjects were divorced. Fifty-nine percent

of the subjects had children. The majority (47%) had children between the ages of 7 and 18 years. The majority (84%) of the subjects was white. Table 1 displays the demographic characteristics of the subjects. Data collection took place during a 3-week period of time in the month of June 1986.

Findings

Findings for the study are categorized according to the research questions.

Research Question 1

Twenty-eight inventory items were designed to answer the first research question: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous? The findings are reported under the following sections: Living arrangements and frequency of alcohol consumption; church attendance and leisure time; psychological characteristics; characteristics of subject's family of origin; and physical, sexual, and mental abuse.

Living Arrangements and Frequency of Alcohol Consumption

Inventory items 8, 9, and 10 asked about living quarters, living arrangements, and alcohol consumption by significant others living with the subjects. The majority

Table 1

Sample Demographics and Categories by Frequency and Percentage

Variable	Categories	Frequency	Percentage
Age (in years)	21-25	2	6
	26-30	7	22
	31-35	8	25
	36-40	5	16
	41-50	5	16
	51-55	2	6
	56-60	3	9
Education	9-11 grade	3	9
	High school graduate	5	16
	1-3 years college	14	44
	College graduate	10	31
Marital status	Single	9	28
	Married	9	28
	Divorced	11	34
	Separated	1	3
	Widowed	2	6
Ethnicity	Black	2	6
	Hispanic	2	6
	White	27	84
	American Indian	1	3

(table continues)

Variable	Categories	Frequency	Percentage
Total number of children	0	13	41
	1	3	9
	2	9	28
	3	4	13
	4	3	9
Ages of children (in years)	Birth-6	6	32
	7-18	9	47
	Over 18	4	21

Note. Percentages may not necessarily add up to 100% because of rounded figures.

N = 32.

(n = 18, 56%) indicated they lived in a house. Thirteen (41%) lived in an apartment, and (3%) lived in a room. Fifteen (47%) lived alone, 9 (28%) lived with friends, and 2 (6%) lived with their parents. Of those who did not live alone, 8 (47%) reported that their companions did not consume alcohol, 4 (24%) stated their companions consumed alcohol daily, 2 reported (12%) monthly consumption, and 3 reported (18%) yearly consumption. Table 2 presents the living quarters, living arrangements, and consumption of alcohol by those living with the subjects.

Church Attendance and Leisure Time

The next two inventory items asked about church attendance and how leisure time was spent when subjects were drinking. Thirteen (41%) indicated they did not attend church at all. Eight (25%) attended every week, 3 (9%) once a month, 2 (6%) only on holidays, and 6 (19%) once a year. The majority (n = 21, 66%) indicated that they spent their leisure time drinking alone or drinking with friends (n = 17, 47%). Table 3 displays church attendance and leisure time.

Psychological Characteristics

The next four inventory items (13, 14, 15, 16) pertained to feelings of depression, anger, nervousness,

Table 2

Living Arrangements and Frequency of Alcohol Consumption by Those Who Live With Subject by Frequency and Percentage

Variable	Categories	Frequency	Percentage
Living quarters	House	18	56
	Apartment	13	42
	A room	1	3
Living arrangements	Lives alone	15	47
	With husband	9	28
	With parents	2	6
	With friends	6	19
Frequency of alcohol consumption by those who live with subject	Not at all	8	47
	Daily	4	24
	Monthly	2	12
	Yearly	3	18

Note. Percentages may not necessarily add up to 100% because of rounded figures.

N = 32.

Table 3

Church Attendance and Leisure Time of Subjects by Frequency and Percentage

Variable	Categories	Frequency	Percentage
Attends church	Not at all	13	41
	Every week	8	25
	Once a month	3	9
	On holidays only	2	6
	Once a year	6	19
Leisure time	With friends	11	34
	Watching T.V.	10	31
	Reading	2	6
	Playing sports	3	9
	Drinking alone	21	66
	Drinking with friends	15	47

Note. Percentages may not necessarily add up to 100% because of multiple responses.

N = 32.

and loneliness when drinking. Sixteen (50%) felt depressed most of the time while drinking, 12 (38%) felt depressed sometimes, and 4 (13%) never felt depressed. Seven (22%) felt angry most of the time, 14 (44%) felt angry sometimes, and 11 (34%) never felt angry. Sixteen (50%) felt nervous most of the time, 14 (44%) sometimes, and 2 (6%) never felt nervous. Fifteen (47%) felt lonely most of the time, 12 (38%) sometimes, and 5 (16%) never felt lonely.

Inventory items 17, 18, 19, and 20 asked about feelings of being avoided by others, suicidal/homicidal ideation, and suicide attempts. The majority (n = 17, 53%) of the subjects indicated that they felt others avoided them sometimes, 4 (13%) felt others avoided them most of the time, and 11 (34%) felt they were never avoided by others.

The majority (n = 23, 72%) of the subjects indicated they had experienced suicidal thoughts. Of those, 17 (53%) indicated they sometimes had suicidal thoughts while 6 (19%) had suicidal thoughts most of the time. Nine (28%) never had suicidal thoughts. Twenty (63%) had attempted suicide. Four (13%) had attempted suicide once, 7 (22%) twice, 6 (19%) three times, and 3 (9%) more than 4 times. Twelve (38%) had never attempted suicide.

Seventeen (55%) had never experienced homicidal thoughts, 10 (32%) sometimes had homicidal thoughts, and 4 (13%) frequently had homicidal thoughts. One did not respond to the question.

Inventory item 21 asked if subjects had ever received treatment for mental or emotional problems. The majority (n = 22, 69%) indicated they had received treatment. Inventory item 22 asked what was the disorder for which they received psychiatric treatment. The four responses for item 22 included: (a) being down or depressed, (b) being nervous, (c) being too active, and (d) other, please describe. The sample was instructed to indicate more than one response when applicable. The majority (n = 18, 82%) indicated responses 1 and 2. Four (13%) indicated response 3. None indicated response 4.

Inventory items 23 and 24 asked if medications prescribed by a physician for a mental disorder had been taken and, if so, the name(s) of medications that were taken. Eighteen (56%) indicated they had not taken medication for a mental disorder. Four (13%) had taken one medication, 6 (19%) had taken two medications, and 4 (13%) had taken three medications. Valium was listed by 12 (86%) of the 14 respondents as one of the medications prescribed by a physician. Librium was listed by 5 (36%)

of the respondents. Elavil was listed by 2 (14%), Sinequan by 4 (28%), Thorazine by 3 (21%), and Dalmane by 2 (14%) as the medications taken for a mental disorder. The psychological characteristics of the subjects are presented in Table 4.

Characteristics of Subject's Family of Origin

Inventory item 25 asked if anyone in the respondent's family of origin had been treated for mental or emotional problems. The sample was instructed to indicate more than one response when applicable. Sixteen (50%) indicated that none had received treatment. Six (19%) indicated their mothers had received treatment, 5 (16%) indicated their fathers had received treatment, 1 (3%) indicated her sister was treated, and 4 (13%) indicated their brothers had received treatment for a mental or emotional disorder.

Inventory item 26 instructed the sample to describe the mental or emotional problem for which members of their family of origin had been treated. Three (19%) of the sample indicated the disorder was unknown. Eight (50%) indicated family members were treated for depression. Four (25%) indicated a bipolar disorder was treated, and one (6%) stated that schizophrenia was treated.

Sixteen (50%) of the sample reported that they were separated from one of their parents between the time of

Table 4

Subject Psychological Characteristics by Frequency and Percentage

Characteristic	Categories	Frequency	Percentage
Feels depressed	Never	4	13
	Sometimes	12	38
	Most of the time	16	50
Feels angry	Never	11	34
	Sometimes	14	44
	Most of the time	7	22
Feels nervous	Never	2	6
	Sometimes	14	44
	Most of the time	16	50
Feels lonely	Never	5	16
	Sometimes	12	38
	Most of the time	15	47
Feels others avoid her	Never	11	34
	Sometimes	17	53
	Most of the time	4	13
Has suicidal thoughts	Never	9	28
	Sometimes	27	53
	Frequently	6	19

(table continues)

Characteristic	Categories	Frequency	Percentage
Has homicidal thoughts	Never	17	55
	Sometimes	10	32
	Frequently	4	13
	No response	1	3
Has attempted suicide	Never	12	38
	Once	4	13
	Twice	7	22
	Three times	6	19
	More than four times	3	9
Has received psychiatric treatment (multiple responses)	Depression	12	38
	Nervousness	6	19
	Hyperactivity	4	13
	None	10	30
Have taken medication prescribed by a physician for a mental disorder	None	18	56
	1 medication	4	13
	2 medications	6	19
	3 medications	4	13

Note. Percentages may add up to more than 100% because of multiple responses.

N = 32.

birth and age 18 years for 6 months or more. Of those 16 subjects, 4 (25%) were separated by death, 7 (44%) by divorce, 2 (13%) by military duty, and 3 (19%) by a hospitalized parent.

The incidence of alcohol abuse in the family of origin was reported by the majority (n = 25, 78%) of the sample. Eleven (34%) indicated that their fathers abused alcohol and 3 (9%) indicated their mothers abused alcohol. Eleven (34%) reported their siblings as alcohol abusers.

Drug abuse in the family of origin was reported by 20 (63%) of the sample. A large number (n = 15, 46%), indicated their siblings abused drugs, followed by 3 (9%) who indicated their mothers abused drugs, and 2 (6%) who indicated their fathers abused drugs.

Inventory item 32 asked what respondents learned about alcohol during childhood. The sample was instructed to indicate more than one response when applicable. The four responses for inventory item 32 included: (a) that it was bad for you, (b) that it helped you relax, (c) that it made you seem more grown up, and (d) other, please describe. Fourteen (44%) indicated response 1, 9 (28%) indicated response 2, 13 (40%) indicated response 3, and 1 (3%) indicated she learned nothing about alcohol during

childhood. The subject's family of origin characteristics are presented in Table 5.

Physical, Sexual, and Mental Abuse

The final items (33, 34, 35) included in the psychosocial survey portion of the inventory asked if the participants had experienced physical, sexual, or mental abuse. The sample was instructed to describe the incidence(s) of abuse. Ten (31%) reported physical abuse. Three of the responses were eliminated because two indicated no answer and one listed an incongruent answer. In this last case, the respondent indicated physical abuse by "demons in her head." The final sample size for this item, therefore, was 29. the majority of the sample descriptions of physical abuse included beatings by the husband, boyfriend, father, and/or mother.

Incidences of sexual abuse were reported by 11 (34%) of the sample. Again, three responses were eliminated for the reasons listed above. The final sample consisted of 29. Descriptions listed in order of greatest frequency to least frequent included: (a) rape by strangers, (b) rape by boyfriends, (c) sexual abuse by fathers, (d) sexual abuse by brothers, (e) sexual abuse by relatives outside the family of origin, and (f) sexual abuse by husbands.

Table 5

Subject's Family of Origin Characteristics by Frequency and Percentage

Characteristic	Categories	Frequency	Percentage
Number of brothers	0	9	28
	1	9	28
	2	7	22
	3	3	9
	4	4	13
Number of sisters	0	13	41
	1	7	22
	2	6	19
	3	4	13
	4	2	6
Family of origin treated for a psychiatric disorder	None	16	50
	Mother	6	19
	Father	5	16
	Sister(s)	1	3
	Brother(s)	4	13
Name of mental disorder treated in family of origin	Unknown	3	9
	Depression	8	25
	Bipolar disorder	4	13
	Schizophrenia	1	3
	None	16	50

(table continues)

Characteristic	Categories	Frequency	Percentage
Separated from father or mother between time of birth and age 18	Death	4	13
	Divorce	7	22
	Military duty	2	6
	A hospitalized patient	3	9
	None	16	50
Alcohol abuse in family of origin	None	7	22
	Father	11	34
	Mother	3	9
	Sister(s)	5	16
	Brother(s)	6	19
Drug abuse in family of origin	None	12	38
	Father	2	6
	Mother	3	9
	Sister(s)	6	19
	Brother(s)	9	28
Learned about alcohol during childhood (multiple responses)	That it is bad for you	14	44
	That it helped you relax	9	28
	That it made you seem more grown up	13	41
	Nothing	1	3

Note. Percentages may not necessarily add up to 100% because of rounded figures and multiple responses.

N = 32.

Mental abuse was reported by 14 (43%) of the sample. Two of the responses were eliminated because of no answer. The final sample was 30. The descriptions in order of frequency included: (a) neglect by parents; (b) being called names by parents and/or husbands such as "stupid," "whore," "worthless"; (c) neglect by husbands; and (d) being locked in a closet for punishment. Physical, sexual, and mental abuse incidences are displayed in Table 6.

Research Question 2

Eighteen inventory items were designed to answer research question 2: What is the drinking history of females attending Alcoholics Anonymous? Inventory items 36 through 53 pertained to the drinking history of the sample. The largest number (n = 11, 34%) of the subjects indicated that drinking began between the ages of 11 to 15 years. The next greatest age group reported initiation of alcohol consumption in the 16 to 20 year range (n = 8, 25%). The age in years when the amount of alcohol consumption increased was listed by 9 (28%) as the 16 to 20 year range. Seven (22%) listed 21 to 25 years as the period when alcohol consumption increased. In the remainder of the sample, frequency of increased amounts of alcohol consumption decreased as age increased. Only one

Table 6

Physical, Sexual, and Mental Abuse of Subjects by Frequency and Percentage

Characteristic	Categories	Frequency	Percentage
Have experienced physical abuse	None	19	59
	Yes	10	31
	No response	3	9
Have experienced sexual abuse	None	18	56
	Yes	11	34
	No response	3	9
Have experienced mental abuse	None	16	50
	Yes	14	43
	No response	2	6

Note. Percentages may not necessarily add up to 100% because of rounded figures.

N = 32.

subject (3%) listed 41 to 45 as the age when consumption increased.

Beer, wine, vodka, and bourbon were reported most frequently (47%, 41%, 34%, 34%, respectively) as the alcohol of preference. However, some indicated that all seven possible responses were equally preferred. The majority (n = 18, 56%) of the sample reported daily alcohol consumption. Eight (25%) reported binge drinking, 3 (9%) reported hourly consumption, and 3 (9%) reported weekend drinking.

Fifteen (47%) of the sample reported daily consumption of a six-pack or more of beer daily, as well as varying amounts of other forms of alcohol. For instance, 4 (13%) reported drinking eight shots as well as a six-pack or more of beer a day. Two (6%) reported drinking a bottle of wine or more, as well as 12 shots a day.

The majority (n = 22, 69%) of the sample reported alcohol was consumed alone and/or with friends (n = 19, 59%). Most consumed alcohol at home (n = 21, 66%) and/or in a bar (n = 18, 56%). Seven (22%) indicated they consumed alcohol at work. Four (13%) stated alcohol was consumed at home, in bars, and at work.

The majority (n = 19, 59%) of the sample stated heavy alcohol consumption was most likely to occur when they felt depressed. Twelve (38%) reported heavier consumption when they felt lonely, and 11 (34%) when they felt angry. Ten (31%) indicated heavy alcohol consumption was more likely to occur when they felt nervous, and 10 (31%) reported when they thought about things that had happened to them in the past. Length of time since last consumption of alcohol ranged from 1 week to 1 or more years.

Seventeen (53%) of the sample had been arrested due to alcohol consumption. Of those arrested, 9 (53%) had been imprisoned or jailed. Eighteen (56%) of the sample reported no previous treatment for alcohol problems. Fifteen (47%) reported past hospitalizations for physical illnesses due to alcohol consumption.

Fourteen (44%) of the sample reported that they took prescribed drugs while drinking. Fifteen (47%) reported they took street drugs while drinking, and 7 (22%) stated they took over-the-counter drugs while drinking. Eight (25%) reported they took both prescriptions and street drugs. Nonprescription drugs were reported ingested by mouth (n = 15, 47%), by vein (n = 4, 13%), and by sniffing (n = 11, 34%). The types of street drugs used by the

sample and listed in order of frequency of use were: (a) minor tranquilizers (n = 14, 44%), (b) amphetamines (n = 12, 38%), (c) barbituates (n = 11, 34%), and (d) major tranquilizers (n = 7, 22%). The drinking history of subjects is displayed in Table 7.

Research Question 3

Seven inventory items were designed to answer research question 3: What are the barriers to treatment of females attending Alcoholics Anonymous? Inventory items 54 through 60 are related to possible barriers to treatment and are displayed in Table 8.

The major mode of transportation listed by the sample was car or truck (n = 25, 78%). Six (19%) listed the city bus service as their mode of transportation. Only 1 (3%) indicated walking as her mode of transportation.

The majority (n = 20, 63%) was employed and listed their job as their source of income (n = 20, 63%). Other sources of income listed in order of frequency were: (a) family (n 11, 34%), (b) child support (n = 8, 25%), (c) welfare (n = 2, 6%), (d) social security (n = 2, 6%), and (e) disability (n = 1, 3%). Yearly income ranged from under $5,000 to $25,000 or over. Eight (29%) reported an income of $20,000 to $24,999. Four of the sample failed

Table 7

Drinking History of Subjects by Frequency and Percentage

Variable	Categories	Frequency	Percentage
Age (in years) when alcohol consumption began	11-15	11	34
	16-20	8	25
	21-25	4	13
	26-30	6	19
	31-35	3	9
Age (in years) when amount of alcohol consumption increased	16-20	9	28
	21-25	7	22
	26-30	5	16
	31-35	7	22
	36-40	3	9
	41-45	1	3
Alcohol preference (multiple responses)	Beer	15	47
	Bourbon	11	34
	Wine	13	41
	Scotch	6	19
	Gin	7	22
	Vodka	11	34
	Tequila	4	13
Frequency of alcohol consumption	Hourly	3	9
	Daily	18	56
	Weekends	3	9
	Binge drinking	8	25

(table continues)

Variable	Categories	Frequency	Percentage
Daily consumption (multiple responses)	4 shots	1	3
	8 shots	4	13
	12 shots	3	9
	1 pint	9	28
	1 fifth	6	19
	6-pack or more of beer	15	47
	Bottle of wine or more	5	16
Alcohol is consumed (multiple responses)	Alone	22	69
	With family	10	31
	With friends	19	59
Place of consumption (multiple responses)	At home	21	66
	In a bar	18	56
	At work	7	22
Heavy alcohol consumption is most likely to occur when subject (multiple responses)	Feels nervous	10	31
	Feels lonely	12	38
	Feels angry	11	34
	Feels depressed	19	59
	Thinks about the past	10	31
Time of last drink	Last week	7	22
	6 months-1 year	11	34
	1 or more years	14	44

(table continues)

Variable	Categories	Frequency	Percentage
Arrests due to alcohol consumption	None	15	47
	Driving while drunk	7	22
	Public drunkenness	8	25
	Fights	2	6
Imprisonment or jail due to alcohol consumption	0	23	72
	1	4	13
	2	3	9
	3	2	6
Have had past treatment for alcohol problems	Yes	14	44
	No	18	56
Have been hospitalized for physical illnesses due to alcohol consumption	Yes	15	47
	No	17	53
Subjects who takes drugs (multiple responses)	Prescribed drugs	14	44
	Over-the-counter drugs	7	22
	Street drugs	15	47
Nonprescription drugs are ingested by (multiple responses)	Mouth	15	47
	Vein	4	13
	Sniffing	11	34

(table continues)

Variable	Categories	Frequency	Percentage
Types of drugs ingested (multiple responses)	Amphetamines	12	38
	Minor tranquilizers	14	44
	Major tranquilizers	7	22
	Barbituates	11	34

Note. Percentages may add up to more than 100% because of multiple responses.

N = 32.

Table 8

Potential Barriers to Treatment by Frequency and Percentage

Variable	Categories	Frequency	Percentage
Type of Transportation	Bus	6	19
	Car/truck	25	78
	Walk	1	3
Employed		20	63
Unemployed		12	37
Source of income (multiple responses)	Job	20	63
	Family	11	34
	Social Security	2	6
	Disability	1	3
	Welfare	2	6
	Child support	8	25
Yearly income	Under $5,000	1	4
	$5,000-$9,000	3	11
	$10,000-$14,999	7	25
	$15,000-$19,000	6	21
	$20,000-$24,999	8	29
	$25,000 or over	3	11
	No response	4	9

(table continues)

Variable	Categories	Frequency	Percentage
Consequences on employment if an alcohol treatment program is entered	Not applicable	12	38
	Will be fired	7	22
	Boss may think me unfit for job	8	25
	Boss will be glad I am receiving treatment	3	9
	My job will not be affected	2	6
Factors most likely to help subject enter a treatment program (multiple responses)	Inpatient treatment with follow-up outpatient treatment	24	75
	Group and individual therapy	19	59
	Education about alcoholism	18	56
	Female counselors	18	56
	A care center for children	17	53
	Family involvement	13	41
	Group therapy with females only	12	38

(table continues)

Variable	Categories	Frequency	Percentage
	Individual therapy	11	34
	Vocational training	11	34
	Male counselors	9	28
	Group therapy with females only	8	25
	Inpatient treatment	8	25
Factors that may prohibit treatment (multiple responses)	Lack of financial resources	18	56
	Family responsibilities	17	53
	Possible job loss	14	44
	Lack of family support	12	38
	Geographic proximity of treatment facility	3	9
	Lack of transportation	1	3

Note. Percentages may add up to more than 100% due to multiple responses.

N = 32.

to respond to the question; therefore, the final sample size providing the data for this item was 28.

Inventory item 58 asked what the participants believed the consequences on their employment would be if an alcohol treatment program was entered. Of the 20 employed participants, the majority (n = 15, 75%) believed they would either be fired or their boss would think they were unfit for the job.

Inventory item 59 asked for information regarding factors most likely to encourage entry into an alcohol treatment program. Twelve responses were designed for this item.

The sample was instructed to choose more than one response when applicable. The majority indicated that a care center for children (n = 17, 53%), education about alcoholism (n = 18, 56%), female counselors (n = 18, 56%), group and individual therapy (n = 19, 59%), and inpatient treatment with follow-up outpatient treatment (n = 24, 75%) would be the factors most likely to encourage treatment entry. The next group of responses chosen most frequently was family involvement (n = 13, 41%), group therapy with females only (n = 12, 38%), individual therapy (n = 11, 34%), and vocational training (n = 11, 34%). The factors chosen least often were male counselors

(n = 9, 28%), group therapy with males and females (n = 8, 25%), and inpatient treatment (n = 8, 25%). The responses are displayed in Table 8 in rank order.

The final inventory item asked the participants to describe factors that might prevent alcohol treatment entry. The majority listed lack of financial resources (n = 18, 56%), family responsibilities (n = 17, 53%), and possible loss of job (n = 14, 44%) as deterrents to treatment entry. Responses are presented in Table 8 in rank order.

Summary of Findings

The sample consisted of 32 females who were attending Alcoholics Anonymous meetings. Their ages ranged from 21 to 60 years and the majority was single. Most of the sample was employed and had college level educational backgrounds. The majority of the sample had children and lived in a house. Most spent their leisure time drinking alone or drinking with friends. The majority of the sample felt depressed and nervous while drinking, had attempted suicide at least once, and had previously received treatment for a mental disorder. The majority was treated for depression and nervousness with Valium or Librium as the drugs of choice. Additionally, many of the parents of the sample had received treatment for a mental

disorder. Drug and alcohol abuse was prevalent in the majority of the families of origin.

One-half of the sample was separated from one parent for at least 6 months during childhood. The majority of the sample had a history of physical, sexual, and/or mental abuse.

The majority of the sample began alcohol consumption between the ages of 11 and 20 years, with consumption amounts increasing between the ages of 16 and 25 years. Most consumed a variety of types of alcohol on a daily basis. Heavy drinking was most likely to occur at home or in a bar in conjunction with feelings of depression and loneliness.

Street drug use was prevalent in the sample, as well as arrests due to alcohol consumption. However, frequency of imprisonment was low compared to the number of arrests. Approximately one-half of the sample had been hospitalized for physical illnesses related to alcohol consumption, yet less than half had received previous treatment for alcoholism.

The major mode of transportation for the sample was a car or truck and the major source of income was employment. The majority of the sample had a yearly income between $15,000 and $25,000 or over.

The majority of the sample believed they would be fired and/or their bosses would think them unfit for the job if an alcohol treatment program was entered. Most cited lack of financial resources, possible job loss, and family responsibilities as factors that would prevent alcohol treatment entry. Factors identified by the sample as most likely to facilitate alcohol treatment entry were: (a) a care center for children, (b) education about alcoholism, (c) female counselors, (d) group and individual therapy, and (e) inpatient treatment with follow-up outpatient therapy.

CHAPTER V

SUMMARY OF THE STUDY

This chapter initially presents a summary of the study. Next, a discussion of the findings of the study is presented followed by conclusions and implications which are based upon the findings of the study. Finally, recommendations for further study are suggested.

Summary

The problem of this study was to describe the psychosocial background factors, the drinking history, and the barriers to treatment of females attending Alcoholics Anonymous. A self-administered, 60-ltem inventory provided the data by which to examine the three corresponding research questions. A convenience sample of 32 females attending Alcoholics Anonymous meetings served as subjects in this nonexperimental, descriptive survey.

The sample consisted of mostly white, employed females, approximately 36 years of age. Most were single, had children between the ages of 7 and 18 years, and had 1 to 3 years of college education. Most subjects lived in a house, rarely attended church, and spent leisure time drinking alcohol alone or with friends. The majority of

the subjects felt depressed, angry, nervous, and lonely when drinking.

The majority of the subjects had attempted suicide more than once and had experienced homicidal thoughts. The majority had received psychiatric treatment for depression and/or nervousness. Most of those were treated with Valium or Librium. A few were treated with Valium and an antidepressant.

Half of the subjects indicated that a member of their family of origin had been treated for a mental disorder and the majority reported alcohol and/or drug abuse in their family members. Half of the sample reported they were separated from one parent between birth and age 18 for 6 months or more. The majority of the subjects reported incidences of physical, sexual, and/or mental abuse.

The majority of the subjects reported that drinking began between the ages of 11 to 15 years. The next largest age group reported that alcohol consumption began between 16 to 20 years of age. Subsequent increased alcohol consumption was reported to have occurred in the 16 to 20 year age range and the 21 to 25 year range, respectively. The majority of the subjects reported daily consumption of a combination of types of alcohol. Beer,

wine, vodka, and bourbon were listed most frequently as the alcohol of preference. Most reported alcohol was consumed alone at home. The next largest group indicated that drinking occurred most frequently in a bar with friends. Heavy drinking was most likely to occur in conjunction with feelings of depression and loneliness. Over half of the subjects reported arrests related to alcohol consumption; of those subjects, only nine had been imprisoned or jailed. Over half of the subjects reported no previous treatment for alcoholism; slightly less than half reported hospitalizations for physical illnesses related to alcohol consumption. The majority of the subjects reported they took prescribed and/or street drugs while drinking. Street drugs were ingested most frequently by mouth and sniffing. Minor tranquilizers, amphetamines, and barbitiuates were listed as the street and prescribed drugs most frequently used.

The majority of the subjects was employed and listed their job as the major source of income. Yearly incomes ranged from $5.000 to $25,000 or over. Most listed a car or truck as the major source of transportation. The majority of the subjects believed they would either be fired and/or their boss would think them unfit for the job if they entered an alcohol treatment program. Factors

reported as most likely to encourage alcohol treatment entry were a child care center, education about alcoholism, female counselors, group and individual therapy, inpatient treatment with follow-up outpatient treatment, and family involvement. Factors most frequently reported as likely to prevent alcohol treatment entry were lack of financial resources, family responsibilities, and possible loss of job.

Discussion of Findings

The findings of the present study were consistent with some of the characteristics suggested in the literature on female alcohol dependence. The results of this study were similar to previous research studies (Beckman, 1976 1984b; Curlee, 1970; Wilsnack & Beckman, 1984) which focused on the psychosocial background of alcohol dependent females. These previous studies revealed a high divorce rate, the responsibility for dependent children, early life family disruptions, high incidences of alcohol/drug abuse and psychiatric problems in their families of origin, a high incidence of suicide and suicide attempts, and previous psychiatric treatment for symptoms of depression and nervousness. In addition, Richman et al. (1979) and Hill (1980) reported a high incidence of sexual abuse among subjects and feelings of

depression, nervousness, and loneliness while drinking which are factors compatible with the findings of the present study. Symptoms of depression and nervousness, early life trauma, and family disruption may be significant factors in the development of later drinking problems. Depression is frequently cited in the literature (Beckman, 1976; Curlee, 1970; Nemiah & Lipton, 1985) to be symptomatic of female alcoholism. Some authors (U.S. Department of Health and Human Services, 1983; Wilsnack & Beckman, 1984) consider depression to be an accepted fact of alcoholism for both sexes. They reported that treatment strategies should be the same whether clients present a primary diagnosis of alcoholism and a secondary diagnosis of depression or vice versa.

Alcoholism in women appears more likely to be linked to psychological stress related to social and environmental circumstances such as early family disruptions and sexual, physical, and/or mental abuse. Thus, social and environmental circumstances may play a greater role in the origin of alcoholism in females than males. If this is true, perhaps social and environmental influences can be utilized in the treatment of women to reverse the course of their drinking. From existing alcoholism literature, one would surmise that female

alcoholism treatment programs should focus on specific treatment needs of women. To accomplish this end, researchers can no longer compare male and female alcoholics using traditional measurements developed for the male alcoholic and fail to recognize differences in the recovery needs of men and women alcoholics. Instead, researchers must develop diagnostic techniques that address the multiple needs of women. In the past, program need assessments and the development of treatment strategies have focused primarily on the drinking behavior of males. To develop a female-focused program, a holistic model of treatment as a means of identifying client problems must be utilized. In a holistic model of alcoholism treatment, females would be seen as having identifiable gender needs that can and must be addressed in recovery. It appears reasonable that the cure rate of both sexes would improve if a holistic approach to treatment was utilized. Whether treatment needs of individual males and females are the same, different, or varied in degree or intensity, using the holistic model, these needs would be addressed during the recovery process.

Findings of the present study support similar observations by Barr and Cohen (1979), Beckman and Kocel (1982), and Wilsnack and Beckman (1984) regarding drinking

histories. Females may begin initial alcohol consumption at younger ages than in the past, there is a propensity to drink alone, heavy drinking is likely to be precipitated by feelings of depression and loneliness, and multidrug use is common. Contrary to other studies, the present study revealed daily alcohol consumption was common rather than binge drinking. Women alcoholics represent a heterogeneous group. Tentative longitudinal evidence supports the contention that, in women, distinct clusters of personality traits can be traced as far back as early adolescence in those with different drinking patterns and that these clusters of traits continue into adulthood (Beckman, 1984a). The differences between bout and continuous women drinkers has not been addressed in the literature. Several studies (Beckman, 1984a; Richman et al., 1979; Wanberg & Horn, 1970) reported women were more likely to be bout or binge drinkers.

The subjects in these studies differed from the subjects of the present study in the areas of employment and race. The majority of the subjects in the present study was employed and white, whereas subjects in the previous studies were unemployed and the majority was nonwhite. This suggests that alcoholism in women is not a

unitary disorder and subgroups may manifest different drinking patterns.

This study described possible barriers to treatment of females attending Alcoholics Anonymous. A lack of financial resources, family responsibilities, and possible loss of employment were identified as factors likely to pose barriers to alcohol treatment. These findings support the findings of Beckman (1984a), Beckman and Amaro (1984-1985), and Wilsnack and Beckman (1984). They found that factors most likely to encourage treatment entry were child-care centers, female counselors, inpatient with follow-up outpatient treatment, and family involvement. These factors were consistent with the views of Beckman and Kocel (1982).

Additional factors likely to encourage treatment entry revealed by the present study included education about alcoholism and group and individual therapy. Barriers to reaching and treating female alcoholics are well documented in recent literature (Beckman, 1984a; Beckman & Amaro, 1984-1985; Vannicelli, 1984). The present study provides evidence that the primary barriers to treatment are of a socioeconomic nature. Most of the subjects were single, had family responsibilities, and, although employed, had few financial resources. Because

of a lack of financial resources, there is a limited range of treatment options available to women. They are not likely to be able to select privately supported facilities that offer individually tailored treatment plans and intensive treatment programs. Family responsibilities regarding children probably serve as barriers to treatment for women more often than for men. Women may not seek treatment because of the difficulty of finding acceptable child-care arrangements and a lack of supportive services (child-care) offered by treatment facilities. The identification by the subjects of the possible loss of employment as a barrier to treatment entry provides evidence that the social stigma attached to female alcoholism is "alive and well" in today's society. Prevention and treatment programs will not have optimal effects unless the general public's attitudes and beliefs about female alcoholism are changed. The public must be educated about the disease of alcoholism through public education campaigns and personal contact.

The findings of the present study suggest that female alcoholism must be considered in a holistic manner. An assessment of psychosocial factors such as marital status; dependent children; sexual, physical, and/or mental abuse, family disruptions; alcohol; drug abuse; and psychiatric

illnesses in families of origin, are essential if effective treatment for the alcohol dependent female is to be developed. These characteristics have implications for the type and course of treatment for women.

The drinking patterns of females may help identify high risk groups. If a woman is prone to cope with stress through excessive alcohol consumption, has a history of alcoholism in her family of origin, and experiences a stressful life event such as a divorce, she is at high risk of developing alcoholism. In addition, female drinking patterns may indicate needed treatment protocol. For instance, if it is determined that excessive drinking occurs in response to a life stress, a behavioral treatment model might be indicated. Such treatment might include monitoring situations that trigger drinking behavior. Once cues for drinking behavior are identified, the client is taught alternate coping methods or urged to alter the physical, social, or emotional environment to decrease the cues.

There is little the individual practitioner or treatment program can do about personal barriers to treatment, such as lack of financial resources and lack of employment. However, identifying specific treatment needs, developing female-focused treatment programs, and

educating the public about alcoholism are likely to increase women's utilization of alcoholism treatment facilities.

The major limitation of this study is that a nonrandom sample was utilized, possibly limiting the generalizability of the results. Another limitation was the lack of data available to support the reliability of the Wilhite Inventory administered to the subjects.

This study has described the psychosocial characteristics, drinking patterns, and barriers to treatment of alcohol dependent females. Data obtained may be useful in planning more specific prevention and treatment strategies for women.

Conclusions and Implications

The conclusions and implications of this study are listed separately.

Conclusions

The major findings of this study support the following conclusions:

Alcohol dependent females exhibit psychosocial characteristics which are unique to women. In view of the literature reviewed and the findings of the present study, it appears that high incidences of early life family

disruptions, sexual, physical and/or mental abuse; depressive disorders; and multidrug use are more prevalent in females than males who are alcohol dependent. In addition, females are more likely to be divorced, be responsible for dependent children, and have fewer financial resources than male alcoholics. These differences may constitute predisposing factors in female alcoholism and provide a means of targeting high risk groups and needed support services by treatment facilities. Data generated by the present study are relevant to specific treatment needs of women and should be applied to the development and assessment of treatment approaches for women.

Implications

The following implications for nursing can be drawn from the findings of this study:

As professional nurses expand their role in the community, hospital, and private practice setting, they will have more responsibility in prevention, assessment, nursing diagnosis, and care of the alcohol dependent client. For alcoholism prevention and treatment to be effective, the unique characteristics of women must be identified and considered. A scientific knowledge base about female alcoholism is imperative for nursing practice

so that more specific and rational interventions may be initiated with subsequent advances in preventing and curing alcoholism. Information gained from this study provides an awareness of characteristics unique to alcohol dependent females. Because of the multifaceted phenomena of female alcoholism, nursing professionals should utilize a holistic approach to treatment, educate the public about alcoholism, and implement support services relevant to the needs of women. Knowledge gained from this study provides a basis for further investigation in the areas of prevention and development of treatment strategies that provide effective nursing care to female alcoholics.

Recommendations for Further Study

The following recommendations for further research are based upon the findings of this study.

1. The present study should be replicated in other alcohol dependent female populations and in other geographical locations for an additional descriptive base.

2. Additional questionnaire items are needed to ascertain specific indicators of drinking problems among women that will assist health care workers to identify potential problem drinkers before the advanced symptoms of alcoholism are entrenched. Other inventory items might

address differences between bout/binge and continuous women drinkers.

3. Related studies should be undertaken to identify the barriers to treatment of females who are alcohol dependent more completely.

4. Research should be conducted to ascertain and differentiate characteristics common to the female but not common to the male alcoholic. The present study could be replicated utilizing a male sample.

5. Additional research could use appropriate comparison groups and differentiate subgroups of women alcoholics on the basis of race, social class, employment, or the existence of psychiatric disorders.

REFERENCES

Anderson, R., & Newman, J. (1973). Societal and individual determinants of medical care utilization in the U.S. Milbank Memorial Fund Quarterly, 51, 95-124.

Armstrong, R., & Hoyt, O. (1963). Personality structure of male alcoholics as reflected in the IES test. Quarterly Journal of Studies on Alcohol, 24, 239-248.

Barr, H., & Cohen, A. (1979). The problem drinking-drug addict (Report No. 19-408, NIDA Grant No. H81-DA-0113). Eagleville, PA: Eagleville Hospital and Rehabilitation Center, Services Research Branch, Division of Resource Development, National Institute on Drug Abuse.

Becker, M. (1974). the health belief model and sick role behavior. Health Education Monographs, 2, 409-412.

Beckman, L. (1976). Alcoholism problems and women: An overview. In M. Greenblatt, & M. Schuckit (Eds.), Alcoholism problems in women and children (pp. 65-96). New York: Grune & Stratton.

Beckman, L. (1984a). Analysis of the suitability of alcohol treatment resources for women. Substance and Alcohol Actions/Misuse, 5, 21-27.

Beckman, L. (1984b). Treatment needs of women alcoholics. Alcoholism Treatment Quarterly, 1, 101-114.

Beckman, L., & Amaro, H. (1984-85). Patterns of women's use of alcohol treatment agencies. Alcohol Health and Research World, 9, 14-25.

Beckman, L., & Kocel, K. (1982). The treatment-delivery system and alcohol abuse in women: Social policy implications. Journal of Social Issues, 38, 139-151.

Berg, N. (1971). Effects of alcohol intoxication on self-concept: Studies of alcoholics and controls in laboratory conditions. Quarterly Journal of Studies on Alcohol, 32, 442-453.

Blane, H. (1968). The personality of the alcoholic: Guises of dependency. New York: Harper & Row.

Blane, H., Hill. M., & Brown, E. (1968). Alienation, self-esteem, and attitudes toward drinking in high school students. Quarterly Journal of Studies on Alcohol, 29, 350-354.

Caghan, E. (1981). Alcoholism and women: Outreach that works. Alcohol Health and Research World, 6, 61-62.

Clarke, S. (1974). Self-esteem in men and women alcoholics. Quarterly Journal of Studies on Alcohol, 35, 1380-1381.

Curlee, J. (1967). Alcoholic women: Some considerations for further research. Bulletin, Menninger Clinic, 31, 154-163.

Curlee, J. (1970). A comparison of male and female patients at an alcoholism treatment center. Journal of Psychology, 74, 239-247.

Estes, N., Smith-Dijulio, K., & Heimemann, M. (1980). Nursing diagnosis of the alcoholic person. St. Louis: C. V. Mosby.

Ferrence, R., & Whitehead, P. (1980). Sex differences in psychoactive drug use: Recent epidemiology. Research Advances in Alcohol and Drug Problems, 5, 92-98.

Fortin, M., & Evans, S. (1983). Correlates of loss of control over drinking in women alcoholics. Quarterly Journal of Studies on Alcohol, 44, 787-796.

Garrett, G., & Bahr, H. (1973). Women on skid row. Quarterly Journal of Studies on Alcohol, 34, 1228-1243.

Gomberg, E. (1976). Alcoholism in women. In B. Kissin & H. Begleiter (Eds.), The biology of alcoholism: Social aspects of alcoholism (pp. 117-166). New York: Plenum.

Hill, S. (1980). The biological consequences. Alcoholism and Alcohol Abuse Among Women: Research Issues (NIAAA Research Monograph No. I, Adm. 80-835). Washington, DC: U.S. Government Printing Office.

Hindman, M. (1979). Family violence. Alcohol Health and Research World, 4, 2-11.

Hoar, C. (1983). Women alcoholics--are they different from other women? International Journal of the Addictions, 18, 251-270.

Homiller, J. (1980). Alcoholism among women. Chemical Dependenceies: Behavioral and Biomedical, 4, 1-31.

Jessor, R., Carman, R., & Grossman, P. (1968). Expectations of need satisfaction and drinking patterns of college students. Quarterly Journal of Studies on Alcohol, 29, 101-116.

Jones, R. (1972). Alcoholism among relatives of alcoholic patients. Quarterly Journal of Studies on Alcohol, 33, 810-814.

Kalant, O. (1980). Alcohol and drug problems in women. Research Advances in Alcohol and Drug Problems, 5, 104-106.

Kinsey, B. (1966). The female alcoholic: A social psychological study. Springfield, IL: Thomas Books.

Kinsey, B. (1968). Psychological factors in alcoholic women from a state hospital sample. American Journal of Psychiatry, 124, 1463-1466.

Lemay, D. (1980). The need for an awareness of specialized issues in counseling alcoholic women. Personnel and Guidance Journal, 59, 103-106.

Mulford, H. (1977). Women and men problem drinkers: Sex differences in patients served by Iowa's community alcoholism centers. Journal of Studies on Alcohol, 38, 1624-1639.

Nemiah, J., & Lipton, M. (Eds.). (1985). Research on mental illness and addictive disorders: Progress and prospects (Supplement). American Journal of Psychiatry, 142, 9-41.

Polit, D., & Hungler, B. (1983). Nursing research: Principles and methods (2nd ed.). Philadelphia: J. B. Lippincott.

Richman, S., Teichman, M., & Fine, E. (1979). Psychosocial differences between male and female alcoholics. Currents in Alcoholism, 7, 497-502.

Rosenstock, M. (1966). Why people use health services. Milbank Memorial Fund Quarterly, 44, 94-124.

Sandmaier, M. (1980). The invidisble alcoholics. New York: McGraw-Hill.

U.S. Department of Health and Human Services. (1974). Alcohol Health and Research World (RPO417). Rockville, MD. National Institute on Alcohol Abuse and Alcoholism.

U.S. Department of Health and Human Services. (1979). The problem-drinking drug addict. National Institute on Drug Abuse: Services Research Report (pp. 1-52). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

U.S. Department of Health and Human Services. (1980). Women and Alcohol (RPO276). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

U.S. Department of Health and Human Services. (1981). Fourth special report ato the U.S. Congress on alcohol and health and human services (HE 20, 8313:4). Bathesda, MD: National Institute on Alcohol and Alcoholism.

U.S. Department of Health and Human Services. (1982-1983). characteristics of women alcoholics. Alcohol Health and Research World, 7, 31-34.

U.S. Department of Health and Human Services. (1983). Advances in alcoholism treatment services for women (DHHS Publication No. CADM 83-1217). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.

Vanderpool, J. (1969). Alcoholism and self-concept. Quarterly Journal of Studies on Alcohol, 30, 59-77.

Vannicelli, M. (1984). Barriers to treatment of alcoholic women. Substance and Alcohol Actions/Misuse, 5, 29-37.

Wanberg, K., & Horn, J. (1970). Alcoholism symptom patterns of men and women: A comparative study. Quarterly Journal of Studies on Alcohol, 31, 40-61.

Wilsnack, S., & Beckman, L. (Eds.). (1984). Alcohol problems in women. New York: Guilford Press.

Winokur, G., & Clayton, P. (1968). Family history studies, IV. Comparison of male and female alcoholics. Quarterly Journal of Studies on Alcohol, 29, 885-891.

Wood, H., & Duffy, E. (1966). Psychological factors in alcoholic women. American Journal of Psychiatry, 123, 341-345.

Wren, D. (1984). Group work with female alcoholics. Journal for Specialists in Group Work, 9, 44-50.

APPENDIX A

The Wilhite Inventory

The Wilhite Inventory

Completion and Return of This Questionnaire Will Signify Your Informed Consent to Participate In This Research Study

The following 60 questions are designed to find out information about your psychosocial background, drinking history, and barriers to treatment. Please indicate your answers by placing a checkmark ( ) in the bracket which corresponds to the response of your choice. Unless otherwise indicated, please mark only one (1) option. If you do not understand a question, I will be glad to assist you.

1. Age _____
2. Last grade attended _____

   Check the space beside the correct information for you:

3. Marital Status

   ( ) Single

   ( ) Married

   ( ) Divorced

   ( ) Separated

   ( ) Widowed

4. Ethnicity

( ) Black

( ) Hispanic

( ) Oriental

( ) White

( ) American Indian

( ) Other, please specify _____

5. Do you have children?

( ) Yes _____

( ) No _____

(If no, skip to question 8.)

6. If yes: How many children do you have?

( ) One

( ) Two

( ) Three

( ) Four

( ) Five

( ) Six or more

7. What are their ages?

( ) Six years or less

( ) Between seven and eighteen

( ) Over eighteen

8. With whom do you live? (You may choose more than 1 response.)

( ) Alone

(If you live alone, skip to question 10.)

( ) Husband

( ) Children

( ) Parent(s)

( ) Sister(s)

( ) Brother(s)

( ) Friend(s)

( ) Other, please describe _____

9. Does (do) this (these) person(s) you live with drink alcohol?

( ) Hourly

( ) Daily

( ) Weekly

( ) Monthly

( ) Yearly

( ) Not at all

10. Where do you live?

( ) A house

( ) An apartment

( ) A room

( ) The street

( ) Other, please describe _____

11. How frequently do you go to church?

( ) Not at all

( ) Every week

( ) Once a month

( ) On holidays

( ) Once a year

12. When you were drinking, how did you spend your leisure time? (You may choose more than 1 response.)

( ) With friends

( ) Watching T.V.

( ) Reading

( ) Playing sports

( ) Drinking alone

( ) Drinking with friends

( ) Other, please specify _____

13. When you were drinking, how frequently did you feel down or depressed?

( ) Never

( ) Sometimes

( ) Most of the time

14. When you were drinking, how frequently did you feel nervous?

( ) Never

( ) Sometimes

( ) Most of the time

15. When you were drinking, how frequently did you feel angry?

( ) Never

( ) Sometimes

( ) Most of the time

16. When you were drinking, how frequently did you feel lonely?

( ) Never

( ) Sometimes

( ) Most of the time

17. When you were drinking, how frequently did you feel others avoided you?

( ) Never

( ) Sometimes

( ) Most of the time

18. When you were drinking, how frequently did you think of killing yourself?

( ) Never

( ) Sometimes

( ) Most of the time

19. When you were drinking, how frequently did you think of killing someone else?

( ) Never

( ) Sometimes

( ) Most of the time

20. Have you tried to kill yourself?

( ) Never

( ) Once

( ) Twice

( ) Three times

( ) Four or more times

21. Have you ever received treatment for mental or emotional problems?

( ) Yes

( ) No

22. If yes, which of the following have you received treatment for? (You may choose more than one response.)

( ) Being down or depressed

( ) Being nervous

( ) Being too active

( ) Other, please describe

_____

23. When you were drinking, did you take medication for mental or emotional problems prescribed by a doctor?

( ) Yes

( ) No

24. If yes: Name of medication(s)

_____

25. Has anyone in your family of origin been treated for mental or emotional problems? (You may choose more than 1 response.)

( ) Mother

( ) Father

( ) Sister(s)

( ) Brother(s)

( ) No

(If no, go to question 27.)

26. Describe the mental or emotional problem _____

_____

_____

27. How many brothers do you have?

( ) None

( ) One

( ) Two

( ) Three

( ) Four

( ) Other, please specify _____

28. How many sisters do you have?

( ) One

( ) Two

( ) Three

( ) Four

( ) Other, please specify _____

29. Between the time of your birth and age 18 were you separated from either parent for 6 months or more? (If no, skip to question 30.) If yes: For what reason?

( ) Death

( ) Divorce

( ) Military duty

( ) A hospitalized parent

( ) Other, please specify _____

30. Does (or did) anyone in your family of origin have alcohol problems? (You may choose more than 1 response.) (If no, skip to question 31.)

( ) Father

( ) Mother

( ) Sister(s)

( ) Brother(s)

31. Does (or did) anyone in your family of origin use street drugs other than alcohol? (You may choose more than 1 response.) (If no, skip to question 32.)

( ) Father

( ) Mother

( ) Sister(s)

( ) Brother(s)

32. What did you learn about alcohol when you were growing up? (You may choose more than 1 response.)

( ) That it was bad for you

( ) That it helped you relax

( ) That it made you seem more grown up

( ) Other, please describe _____

_____

33. Were you ever physically abused?

( ) No

( ) Yes, please describe _____

_____

34. Were you ever sexually abused?

( ) No

( ) Yes, please describe _____

_____

35. Were you ever mentally abused?

( ) No

( ) Yes, please describe _____

_____

36. How old were you when you started drinking alcohol?

( ) Less than 10 years old

( ) 11 to 15 years old

( ) 16 to 20 years old

( ) 21 to 25 years old

( ) 26 to 30 years old

( ) 31 to 35 years old

( ) Other, please specify _____

37. At what age did you start drinking larger amounts of alcohol?

( ) 16 to 20 years of age

( ) 21 to 25 years of age

( ) 26 to 30 years of age

( ) 32 to 35 years of age

( ) 36 to 40 years of age

( ) 41 to 45 years of age

( ) 46 to 50 years of age

( ) 51 to 55 years of age

( ) 56 to 60 years of age

( ) Other, please specify _____

38. What kind of alcohol did you drink? (You may choose more than 1 response.)

( ) Beer

( ) Bourbon

( ) Scotch

( ) Wine

( ) Gin

( ) Vodka

( ) Tequila

( ) Other, please specify _____

39. How often did you drink alcohol?

( ) Hourly

( ) Daily

( ) Weekends

( ) Binge drinking

40. When you were drinking, how much alcohol would you say you drank a day?

( ) 4 shots

( ) 8 shots

( ) 12 shots

( ) 1 pint

( ) A fifth

( ) A six pack of beer or more

( ) A case of beer

( ) 6 glasses of wine

( ) A bottle of wine or more

( ) Other, please specify _____

41. Under what conditions did you drink alcohol? (You may choose more than 1 response.)

( ) Alone

( ) With friends

( ) With family

42. Where did you drink? (You may choose more than 1 response.)

( ) At home

( ) In a bar

( ) At work

( ) Other, please specify _____

43. When were you most likely to drink alcohol heavily?

( ) When you felt nervous

( ) When you felt lonely

( ) When you felt angry

( ) When you thought about things that happened to you in the past

( ) When you felt depressed

( ) Other, please specify _____

44. When did you have your last drink?

( ) Today

( ) Yesterday

( ) Last week

( ) Other, please specify _____

45. Have you ever been arrested because of drinking alcohol?

( ) Yes

( ) No

46. If yes: What was the reason for your arrest? (You may choose more than 1 response.)

( ) Driving while drunk

( ) Public drunkenness

( ) Fights

( ) Other, please specify _____

47. Have you ever been in prison or jail because of drinking alcohol?

( ) Yes

( ) No

(If no, skip to question 49.)

48. If yes: How many times have you been in prison or jail because of drinking?

( ) One

( ) Two

( ) Three

( ) More than three times

49. Have you had treatment for alcohol problems before?

( ) Yes

( ) No

50. Have you been hospitalized for physical illnesses caused by your drinking problem?

( ) Yes

( ) No

51. When you were drinking, which of the following drugs did you take? (You may choose more than 1 response.)

( ) Prescribed drugs

( ) Over-the-counter drugs

( ) Drugs obtained on the street

52. If you took drugs not prescribed by a doctor, how did you take them? (You may choose more than 1 response.)

( ) By mouth

( ) By vein

( ) Sniffing

( ) Other, please specify _____

53. Name(s) of drug(s) you took _____

54. What is the primary type of transportation that you use?

( ) Bus

( ) Taxi

( ) Car or truck

( ) Walk

( ) Hitchhike

( ) Motorcycle

55. Are you presently employed?

( ) Yes

( ) No

56. What is your source of income? (You may choose more than 1 response.)

( ) Job

( ) Family

( ) Social Security

( ) Disability

( ) Welfare

( ) Other, please specify _____

57. What is your yearly income?

( ) Under $5,000

( ) $5,000 to $9,999

( ) $10,000 to $14,999

( ) $15,000 to $19,999

( ) $20,000 to $24,999

( ) $25,000 or over

58. If you are employed and you were to enter an alcohol treatment program, which of the following do you think might happen?

( ) You will be fired

( ) Your boss may think you are unfit for the job

( ) Your boss will be glad you're getting treatment

( ) Your job will not be affected

( ) Other, please describe _____

_____

59. Which of the following, if included in a treatment program, would be most likely to help you decide to enter the program? (You may choose more than 1 response.)

( ) A care center for children

( ) Family involvement

( ) Education about alcoholism

( ) Female counselors

( ) Male counselors

( ) Male and female counselors

( ) Group therapy with females only

( ) Group therapy with males and females

( ) Individual therapy

( ) Group and individual therapy

( ) Inpatient treatment

( ) Outpatient treatment

( ) Inpatient treatment with follow-up outpatient treatment

( ) Vocational training

60. Describe anything that might keep you from entering treatment _____

_____

_____

APPENDIX B

Letter from Graduate School

TWU Texas Woman's University
P.O. Box 22479, Denton, Texas 76204 (817) 383-2302, Metro 434-1757, Tex-An 834-2133

THE GRADUATE SCHOOL

May 12, 1986

Ms. Tommye Ann Wilhite
1808 Mojave Place
Irving, TX 75061

Dear Ms. Wilhite:

I have received and approved the Prospectus for your research project. Best wishes to you in the research and writing of your project.

Sincerely yours,

Leslie M. Thompson
Provost

jk

cc Dr. Anne Gudmundsen
Dr. Shirley Ziegler

APPENDIX C

Agency Approval

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Irving Group- Alcoholics Anonymous

GRANTS TO Tommye Wilhite, R.N., B.S.N.
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

FEMALE ALCOHOL DEPENDENCE: PSYCHOSOCIAL BACKGROUND, DRINKING HISTORY, AND BARRIERS TO TREATMENT

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

_____

Jan 28, 1986
Date

_____
Signature of ~~Agency~~ Personnel

Tommye Wilhite
Signature of Student

_____
Signature of Faculty Advisor

*Fill out & sign 3 copies to be distributed: Original-student; 1st copy-Agency; 2nd copy-TWU School of Nursing

APPENDIX D

Human Subjects Review Committee Approval

TEXAS WOMAN'S UNIVERSITY
Box 23717, TWU Station
Denton, Texas 76204

1810 Inwood Road
Dallas Parkland Campus

HUMAN SUBJECTS REVIEW COMMITTEE

Name of Investigator: Tommye Wilhite, R.N., B.S.N. Center: Dallas

Address: 1808 Mojave Place Date: 3/3/86

Irving, Texas 75061

Dear Ms. Wilhite:

Your study entitled Female Alcohol Dependence: Psychosocial Background, Drinking History, and Barriers to Treatment

has been reviewed by a committee of the Human Subjects Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education, and Welfare regulations typically require that signatures indicating informed consent be obtained from all human subjects in your studies. These are to be filed with the Human Subjects Review Committee. Any exception to this requirement is noted below. Furthermore, according to DHEW regulations, another review by the Committee is required if your project changes.

Any special provisions pertaining to your study are noted below:

_____ Add to informed consent form: No medical service or compensation is provided to subjects by the University as a result of injury from participation in research.

_____ Add to informed consent form: I UNDERSTAND THAT THE RETURN OF MY QUESTIONNAIRE CONSTITUTES MY INFORMED CONSENT TO ACT AS A SUBJECT IN THIS RESEARCH.

_____ The filing of signatures of subjects with the Human Subjects Review Committee is not required.

_____Other:

__X__No special provisions apply.

Sincerely,

Lois Hough

Chairman, Human Subjects Review Committee

At Dallas

PK/smu
3/7/80

APPENDIX E

Explanation to Subjects

My name is Tommye Wilhite and I am conducting research at this agency to gain information about the psychosocial background, drinking history, and barriers to treatment of women who have been alcohol dependent. The information gathered will provide a better understanding of the background and problems related to seeking treatment that may be unique to females.

I am currently a graduate student at Texas Woman's University and would like to invite you to participate in this study. Your agreement to participate is voluntary. There is no penalty or reward attached to participation or nonparticipation. All responses are anonymous and your name is not required.

If you wish to participate in the study, please complete the inventory according to the directions and return it to me. I will be glad to answer any questions you may have regarding the inventory. Completion and return of the inventory will indicate your informed consent to participate in the study.

There is a potential risk of possible public embarrassment if your responses are improperly released; however, every effort will be made to keep your responses anonymous. Please do not sign your name on the questionnaire. All findings will be reported as group

results and the inventory will be destroyed after completion of the study. You are free to decline to answer any identifying information on the inventory. A summary of this study will be sent to this agency in December 1986. You may request to see a copy of the results at that time.

I am grateful for your cooperation. It will take you approximately 30 minutes to complete the questionnaire. Thank you for your time and attention.

Sincerely,

Tommye Wilhite, R.N., B.S.N.

APPENDIX F

Letter to Panel Members

February 1, 1986

Dear

Please allow me to thank you for your participation on my panel of experts to validate the inventory for my research study. Enclosed you will find the inventory worksheets, appropriate instructions, and the proposed inventory. Also included is the problem statement of my study for your referral.

Should you have any questions, please do not hesitate to telephone me at (214) 254-5873.

If at all possible, please return the enclosed materials to me in the self-addressed, prestamped envelope by February 20, 1986.

Thank you for your time and effort in helping me to complete my nursing research.

Sincerely,

Tommye Wilhite, R.N.
Graduate Student
Texas Woman's University

APPENDIX G

Inventory Worksheet

Instructions for Critique of Inventory

Please refer to the first page of the worksheet as you read through these instructions.

The items for this inventory have been developed to answer one of three corresponding research questions. Each item consists of a question stem and a variable number of responses. Please critique each item for the following:

1. Is the item clear and concise?

2. Will the item obtain the information needed to answer the research question?

Space is provided to the left of the worksheet for your yes or no answer to, "Is the item clear and concise?" Space is provided to the right of the worksheet for your yes or no answer to, "Will the item obtain the information needed to answer the research question?"

A model inventory has been included for your examination. Any comments you may feel applicable will be welcomed. Also for your referral, the statement of problem and the research questions are provided.

Problem of Study

The problem of this research is to describe the psychosocial background, the drinking history, and the barriers to treatment of females attending Alcoholics Anonymous.

Research Questions

For the purpose of this study, the following questions will be proposed:

1. What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?

2. What is the drinking history of females attending Alcoholics Anonymous?

3. What are the barriers to treatment of females attending Alcoholic Anonymous?

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		1. Age _____		
		2. Last grade attended _____		
		Check the space beside the correct information for you:		
		3. Marital Status		
		( ) Single		
		( ) Married		
		( ) Divorced		
		( ) Separated		
		( ) Widowed		
		4. Ethnicity		
		( ) Black		
		( ) Hispanic		
		( ) Oriental		
		( ) White		
		( ) American Indian		

Is the Item Clear and Concise?			Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No	Research Question & Corresponding Inventory Items	Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Other, please specify _____		
		5. Do you have children?		
		( ) Yes ____		
		( ) No _____		
		(If no, skip to question 8.)		
		6. If yes: How many children do you have?		
		( ) One		
		( ) Two		
		( ) Three		
		( ) Four		
		( ) Five		
		( ) Six or more		
		7. What are their ages?		
		( ) Six years or less		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Between seven and eighteen		
		( ) Over eighteen		
		8. With whom do you live? (You may choose more than 1 response.)		
		( ) Alone		
		(If you live alone, skip to question 10.)		
		( ) Husband		
		( ) Children		
		( ) Parent(s)		
		( ) Sister(s)		
		( ) Brother(s)		
		( ) Friend(s)		
		( ) Other, please describe _____		
		9. Does (do) this (these) person(s) you live with drink alcohol?		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Hourly		
		( ) Daily		
		( ) Weekly		
		( ) Monthly		
		( ) Yearly		
		( ) Not at all		
		10. Do you live in		
		( ) A house		
		( ) An apartment		
		( ) A room		
		( ) The street		
		( ) Other, please describe _____		
		11. How frequently do you go to church?		
		( ) Not at all		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?

( ) Every week

( ) Once a month

( ) On holidays

( ) Once a year

12. When you were drinking, how did you spend your leisure time? (You may choose more than 1 response.)

( ) With friends

( ) Watching T.V.

( ) Reading

( ) Playing sports

( ) Drinking alone

( ) Drinking with friends

( ) Other, please specify

_____

13. When you were drinking, how frequently did you feel down or depressed?

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Never		
		( ) Sometimes		
		( ) Most of the time		
		14. When you were drinking, how frequently did you feel nervous?		
		( ) Never		
		( ) Sometimes		
		( ) Most of the time		
		15. When you were drinking, how frequently did you feel angry?		
		( ) Never		
		( ) Sometimes		
		( ) Most of the time		
		16. When you were drinking, how frequently did you feel lonely?		
		( ) Never		
		( ) Sometimes		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Most of the time		
		17. When you were drinking, how frequently did you feel others avoided you?		
		( ) Never		
		( ) Sometimes		
		( ) Most of the time		
		18. When you were drinking, how frequently did you think of killing yourself?		
		( ) Never		
		( ) Sometimes		
		( ) Most of the time		
		19. When you were drinking, how frequently did you think of killing someone else?		
		( ) Never		
		( ) Sometimes		
		( ) Most of the time		
		20. Have you ever tried to kill yourself?		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Never		
		( ) Once		
		( ) Twice		
		( ) Three times		
		( ) More than four times		
		21. Have you ever received treatment for mental or emotional problems?		
		( ) Yes		
		( ) No		
		22. If yes, which of the following have you received treatment for? (You may choose more than one response.)		
		( ) Being down or depressed		
		( ) Being nervous		
		( ) Being too active		
		( ) Other, please describe _____		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		23. When you were drinking, did you take medication for mental or emotional problems prescribed by a doctor? ( ) Yes ( ) No		
		24. If yes: Name of medication(s) _____		
		25. Has anyone in your family of origin been treated for mental or emotional problems? (You may choose more than 1 response.) ( ) Mother ( ) Father ( ) Sister(s) ( ) Brother(s) ( ) No If no: Go to question 27.		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		26. Describe the mental or emotional problem _____		
		_____		
		_____		
		27. How many brothers do you have?		
		( ) None		
		( ) One		
		( ) Two		
		( ) Three		
		( ) Four		
		( ) Other, please specify		
		_____		
		28. How many sisters do you have?		
		( ) None		
		( ) One		
		( ) Two		

Is the Item Clear and Concise?			Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No	Research Question & Corresponding Inventory Items	Yes	No

Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?

( ) Three

( ) Four

( ) Other, please specify

_____

29. Between the time of your birth and age 18 were you separated from either parent for 6 months or more by

( ) A hospitalized parent

( ) Death

( ) Divorce

( ) Military duty

( ) Other, please specify

_____

30. Does (or did) anyone in your family of origin have alcohol problems? (You may choose more than 1 response.)

( ) Father

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Mother		
		( ) Sister(s)		
		( ) Brother(s)		
		31. Does (or did) anyone in your family of origin use street drugs other than alcohol? (You may choose more than 1 response.)		
		( ) Father		
		( ) Mother		
		( ) Sister(s)		
		( ) Brother(s)		
		32. Were you ever physically abused?		
		( ) No		
		( ) Yes, please describe _____		
		_____		
		_____		

Is the Item Clear and Concise?			Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No	Research Question & Corresponding Inventory Items	Yes	No

Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?

33. Were you ever sexually abused?

( ) No

( ) Yes, please describe _____

_____

_____

34. Were you ever mentally abused?

( ) No

( ) Yes, please describe _____

_____

_____

35. What did you learn about alcohol when you were growing up? (You may choose more than 1 response.)

( ) That is was bad for you

( ) That it helped you relax

( ) That it made you seem more grown up

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question I: What are the prevalent psychosocial factors of females attending Alcoholics Anonymous?		
		( ) Other, please describe _____		
		_____		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

36. How old were you when you started drinking alcohol?

( ) Less than ten years old

( ) 11 to 15 years old

( ) 16 to 20 years old

( ) 21 to 25 years old

( ) 26 to 30 years old

( ) 31 to 35 years old

( ) Other, please specify _____

37. At what age did you start drinking larger amounts of alcohol?

( ) 16 to 20 years of age

( ) 21 to 25 years of age

( ) 26 to 30 years of age

( ) 31 to 35 years of age

( ) 36 to 40 years of age

Is the Item Clear and Concise?			Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No	Research Question & Corresponding Inventory Items	Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

( ) 41 to 45 years of age

( ) 46 to 50 years of age

( ) 51 to 55 years of age

( ) 56 to 60 years of age

( ) Other, please specify _____

38. What kind of alcohol did you drink? (You may choose more than 1 response.)

( ) Beer

( ) Bourbon

( ) Scotch

( ) Wine

( ) Gin

( ) Vodka

( ) Tequila

( ) Other, please specify _____

39. How often did you drink alcohol?

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

( ) Hourly

( ) Weekends

( ) Binge drinking

40. When you were drinking, how much alcohol would you say you drank a day?

( ) Daily

( ) 4 shots

( ) 8 shots

( ) 12 shots

( ) 1 pint

( ) A fifth

( ) A six pack of beer or more

( ) A case of beer

( ) 6 glasses of wine

( ) A bottle of wine or more

Is the Item Clear and Concise?			Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No	Research Question & Corresponding Inventory Items	Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

( ) Other, please specify _____

41. Under what conditions did you drink alcohol? (You may choose more than 1 response.)

( ) Alone

( ) With friends

( ) With family

42. Where did you drink? (You may choose more than 1 response.)

( ) At home

( ) In a bar

( ) At work

( ) Other, please specify

_____

43. When were you most likely to drink alcohol heavily?

( ) When you felt nervous

( ) When you felt lonely

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

( ) When you felt angry

( ) When you thought about things that have happened to you in the past

( ) Other, please specify

_____

44. When did you have your last drink?

( ) Today

( ) Yesterday

( ) Last week

( ) Other, please specify

_____

45. Have you ever been arrested because of drinking alcohol?

( ) Yes

( ) No

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

46. If yes: What was the reason for your arrest? (You may choose more than 1 response.)

( ) Driving while drunk

( ) Public drunkenness

( ) Fights

( ) Other, please specify

_____

47. Have you ever been in prison or jail because of drinking alcohol?

( ) Yes

( ) No

48. If yes: How many times have you been in prison or jail because of drinking?

( ) One

( ) Two

( ) Three

( ) More than three times

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

49. Have you had treatment for alcohol problems before?

( ) Yes

( ) No

50. Have you been hospitalized for physical illnesses caused by your drinking problem?

( ) Yes

( ) No

51. When you were drinking, which of the following drugs did you take? (You may choose more than 1 response.)

( ) Prescribed drugs

( ) Over-the-counter drugs

( ) Drugs obtained on the street

52. If you took drugs not prescribed by a doctor, how did you take them? (You may choose more than 1 response.)

( ) By mouth

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question II: What is the drinking history of females attending Alcoholics Anonymous?

( ) By vein

( ) Sniffing

( ) Other, please specify

_____

53. Name(s) of drug(s) you took

_____

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No
		Research Question III: What are the barriers to treatment of females attending Alcoholics Anonymous?		
		54. What is the primary type of transportation that you use? ( ) Bus ( ) Taxi ( ) Car or truck ( ) Walk ( ) Hitch hike ( ) Motorcycle		
		55. Are you presently employed? ( ) Yes ( ) No		
		56. What is your source of income? (You may choose more than 1 response.) ( ) Job ( ) Family ( ) Social Security		

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question III: What are the barriers to treatment of females attending Alcoholics Anonymous?

( ) Disability

( ) Welfare

( ) Other, please specify

_____

57. What is your yearly income?

( ) Under $5,000

( ) $5,000 to $9,999

( ) $10,000 to $14,999

( ) $15,000 to $19,999

( ) $20,000 to $24,999

( ) $25,000 or over

58. If you are employed and you were to enter an alcohol treatment program, which of the following do you think might happen?

( ) You will be fired

( ) Your boss may think you are unfit for the job

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question III: What are the barriers to treatment of females attending Alcoholics Anonymous?

( ) Your boss will be glad you're getting treatment

( ) Your job will not be affected

( ) Other, please describe

_____

_____

59. Which of the following, if included in a treatment program, would be most likely to help you decide to enter the program? (You may choose more than 1 response.)

( ) A care center for children

( ) Family involvement

( ) Education about alcoholism

( ) Female counselors

( ) Male counselors

( ) Male and female counselors

( ) Group therapy with females only

Is the Item Clear and Concise?		Research Question & Corresponding Inventory Items	Will the Item Obtain the Information Needed to Answer Research Question?	
Yes	No		Yes	No

Research Question III: What are the barriers to treatment of females attending Alcoholics Anonymous?

( ) Group therapy with males and females

( ) Individual therapy

( ) Group and individual therapy

( ) Inpatient treatment

( ) Outpatient treatment

( ) Inpatient treatment with follow-up outpatient treatment

( ) Vocational training

60. Describe anything that might keep you from entering treatment _____

_____

_____

_____