1959

Need patterning of spouses in twelve marriages where the husband is alcoholic

Ryan, Anola F. Woodward

Boston University

http://hdl.handle.net/2144/22500

Boston University
NEED PATTERNING OF SPOUSES IN TWELVE MARRIAGES
WHERE THE
HUSBAND IS ALCOHOLIC

A thesis

Submitted by

Anola F. Woodard Ryan
(B.A., University of Redlands, 1944)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service
1959
## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. THEORETICAL ORIENTATION</td>
<td>1</td>
</tr>
<tr>
<td>Relevant Literature on Marital Interaction</td>
<td>1</td>
</tr>
<tr>
<td>The Concept of Need</td>
<td>3</td>
</tr>
<tr>
<td>Relevant Literature on the &quot;Alcoholic Marriage&quot;</td>
<td>10</td>
</tr>
<tr>
<td>Hypotheses Related to the Study</td>
<td>17</td>
</tr>
<tr>
<td>General Research Questions</td>
<td>18</td>
</tr>
<tr>
<td>II. METHODOLOGY</td>
<td>19</td>
</tr>
<tr>
<td>Setting</td>
<td>19</td>
</tr>
<tr>
<td>Choice of Subject</td>
<td>22</td>
</tr>
<tr>
<td>Selection of Sample</td>
<td>23</td>
</tr>
<tr>
<td>Characteristics of Sample</td>
<td>24</td>
</tr>
<tr>
<td>Descriptive Information</td>
<td>24</td>
</tr>
<tr>
<td>General Social Characteristics</td>
<td>27</td>
</tr>
<tr>
<td>The Drinking Problem</td>
<td>32</td>
</tr>
<tr>
<td>The Need Categories</td>
<td>34</td>
</tr>
<tr>
<td>Collection of Data</td>
<td>37</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>40</td>
</tr>
<tr>
<td>III. ANALYSIS OF DATA</td>
<td>43</td>
</tr>
<tr>
<td>Introduction</td>
<td>43</td>
</tr>
<tr>
<td>Proportional Responses for Total Sample</td>
<td>44</td>
</tr>
<tr>
<td>Affiliation</td>
<td>45</td>
</tr>
<tr>
<td>Deference</td>
<td>47</td>
</tr>
<tr>
<td>Recognition</td>
<td>48</td>
</tr>
<tr>
<td>Abasement</td>
<td>51</td>
</tr>
<tr>
<td>Succorance</td>
<td>53</td>
</tr>
<tr>
<td>Nurturance</td>
<td>55</td>
</tr>
<tr>
<td>Dominance</td>
<td>57</td>
</tr>
<tr>
<td>Autonomy</td>
<td>59</td>
</tr>
<tr>
<td>Aggression</td>
<td>60</td>
</tr>
<tr>
<td>Summary</td>
<td>61</td>
</tr>
<tr>
<td>Comparison with Statements from the Literature</td>
<td>63</td>
</tr>
<tr>
<td>IV. SUMMARY AND CONCLUSIONS</td>
<td>67</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>73</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General Social Characteristics of the Sample</td>
<td>28</td>
</tr>
<tr>
<td>2. Summary Information About Drinking</td>
<td>33</td>
</tr>
<tr>
<td>3. Proportional Responses For Total Sample to Each Need Category</td>
<td>44</td>
</tr>
<tr>
<td>4. Range of Scores - Affiliation</td>
<td>46</td>
</tr>
<tr>
<td>5. Range of Scores - Deferance</td>
<td>47</td>
</tr>
<tr>
<td>6. Range of Scores - Recognition</td>
<td>48</td>
</tr>
<tr>
<td>7. Range of Scores - Abasement</td>
<td>51</td>
</tr>
<tr>
<td>8. Range of Scores - Succorance</td>
<td>53</td>
</tr>
<tr>
<td>9. Range of Scores - Nurturance</td>
<td>55</td>
</tr>
<tr>
<td>10. Range of Scores - Dominance</td>
<td>57</td>
</tr>
<tr>
<td>11. Range of Scores - Autonomy</td>
<td>59</td>
</tr>
<tr>
<td>12. Range of Scores - Aggression</td>
<td>60</td>
</tr>
</tbody>
</table>
CHAPTER I

THEORETICAL ORIENTATION

This study will discuss the marital interaction of twelve couples in terms of the patterning of their needs, as these can be inferred from material presented to caseworkers in an outpatient clinic for the treatment of alcoholism.

Relevant Literature on Marital Interaction

There is a considerable body of literature on marital interaction from psychiatry and the social sciences, all of which emphasizes the complex interpersonal relationships of husband and wife. There are also many references in the social work literature to the complex intermeshing of personalities which make up a marriage. Two major points are made by all social work writers in various ways. The first concerns one function of marriage as being to meet the individual needs of husband and wife. The assumption is that husband and wife do meet some of each others' needs, both conscious and/or unconscious, or the marriage would not occur, or would terminate. The second point affirms the importance, for both diagnosis and treatment, of assessing the marriage in terms of the intermeshing or patterning of these needs of husband and wife.

1 See for example: Nathan W. Acherman, Psychodynamics of Family Life; Victor W. Eisenstein, Neurotic Interaction in Marriage; and Robert F. Winch, Mate-Selection, A Study of Complementary Needs.
Several examples have been chosen from the social work literature to illustrate these points. Rivesman states that although the caseworker is often unable to discover precisely what unconscious needs the highly conflicted marital relationship satisfies for each partner, he must accept that the marriage was initiated and is perpetuated because there is satisfaction of unconscious needs.\(^2\)

Brangwin states:

There is a repetitive quality in every relationship, a tendency for the individual to seek compensation for earliest needs that have not previously been met. Because marriage is unique in its intimacy and personal meaning, the tendency is strikingly evident in that relationship. Furthermore, each partner seeks, and usually finds, with almost uncanny precision, a mate whose needs mesh with his own. Much of the psychic energy of both may be expended in the attempt to resolve old conflicts; often the very conflict itself seems to give satisfaction as though the continuation of old battles were the only pattern that seems familiar and comfortable. Many such marriages are adequately satisfying to the partners as long as a kind of balance can be maintained in the mutual gratification of emotional needs.\(^3\)

Scherz evaluates the functioning of an "acting-out" marriage in terms of the met and unmet needs of the partners.\(^4\) Fibush evaluates "...to what extent the marriage satisfies or frustrates the strivings each partner has


sought to fulfill in it." He includes social, economic, and personality factors in the evaluation.\(^5\) Hollis emphasizes that understanding by the social worker of what needs are being met in marriage is a necessary prerequisite for establishing realistic treatment goals.\(^6\)

Regensburg speaks of the necessity of both longitudinal and cross-sectional history in the evaluation of the marital relationship, going on to state:

...what is meant by an assessment of this relationship? What the caseworker comes to know about an individual spouse gives him some information about that partner's consciously and unconsciously expressed needs. In order to assess the relationship between the partners, however, the caseworker seeks to know still other things - in what ways each partner gratifies or does not gratify the other's needs; whether the total current picture of gratification shows balance or imbalance; whether that balance or imbalance springs from predominantly healthy or unhealthy needs and gratifications; how the current picture compares with the past, as well as when and why a change in balance occurred. This kind of assessment thus takes the descriptive data of individual behavior and adaptive patterns one step further.\(^7\)

The Concept of Need

The notion of need is accepted as an important one in all fields of social work. It appears to be used in a variety of ways, in relation to the physical, emotional, spiritual, and social aspects of life, for example, where the word is used in discussions on highly disparate levels of


\(^6\)Florence Hollis, Women in Marital Conflict: A Study in Family Casework, passim.

\(^7\)Jeanette Regensburg, "Casework Diagnosis of Marital Problems. II. Application of Psychoanalytic Concepts," in Eisenstein, op. cit., p. 245.
abstraction - an individual's need for a blanket to keep warm, a mother's need for her baby's smile, and the need for social justice, for example.

It is also utilized as a theoretical construct, under which is subsumed various classifications of human striving and motivation - sadistic or masochistic needs, for example. It is in the latter sense, as one of the systematic ways of classifying human behavior, that the concept need is used in this study. Whether the classification of behavior in terms of needs can be useful to social workers would have to be tested in practice. It is one way of looking at human behavior, and represents one potentially useful tool for diagnosis and evaluation, particularly of situations involving interaction.

Murray, writing within the general frame of reference of psychoanalytic theory, defines the concept of need as follows:

A need is a construct (a convenient fiction or hypothetical concept) which stands for a force (the physico-chemical nature of which is unknown) in the brain region, a force which organises perception, apperception, intellection, conation and action in such a way as to transform in a certain direction an existing, unsatisfying situation.

He goes on to point out that needs can be provoked directly by internal processes, but that they are more frequently provoked by the effect on the organism of stimulus situations, when the organism is in a state of readiness. (The organism is cathected to certain classes of objects.) For this reason, a need manifests itself by leading the individual to search for or to avoid encountering, to attend and respond to, certain kinds of stimulus situations. Each need is characteristically accompanied by a particular

---

8 Henry A. Murray, Explorations in Personality, pp. 123-124.
feeling or emotion, and although it may be weak or intense, momentary or enduring, usually it persists and gives rise to a certain course of overt behavior or fantasy. This behavior is directed toward changing the situation in such a way that the individual achieves satisfaction.  

Less precisely, but more descriptively, a need may be defined as tension which is manifested in emotional, cognitive, or behavioral responses directed toward release or reduction of the tension. As such, it motivates the individual to act, to avoid acting, to feel in such a way as to achieve tension reduction. A need may be manifest or latent, i.e., conscious or unconscious, to its possessor. This definition of need is largely based on tenets of the psychoanalytic theory of psychology. For an analytic description of the development of needs and their psychic transformations during the growth period, reference is made to the writing of Murray and Winch.  

The possibilities for and methods of satisfying needs depend upon social and cultural channels available to the individual - his total environment. Life experiences of various kinds (of which some type of treatment for social-emotional difficulties is one) can operate to effect change in the behavioral expression of individual needs (through satisfaction or frustration, through education, through stress or crisis events, through maturational processes). Man is a symbolizing animal; his potentiality for expressing needs in derivative or transformed ways is great; his

---

9 Ibid., passim.
10 Ibid., and Winch, op. cit., passim.
ability, when motivated, to find new means for achieving satisfaction has been amply demonstrated.

In terms of the earlier discussion of needs in marital interaction, there is evidence to indicate that the intermeshing of needs in married couples changes in various ways, through the constant interplay of internal and external conditions affecting both spouses, as well as their cumulative effects on one another.

Individual needs may be met within the marriage relationship or outside it. It is probable that individuals enter marriage with certain expectations for need fulfillment. These may or may not be met; the individuals may seek satisfaction through other channels provided in the society. A man who is dominated by his wife, for example, may satisfy his own need to dominate in his employment.

Krech and Crutchfield note three methods by which present needs may be ascertained: (1) those which make inferences from present behavior, for example, observation techniques; (2) those which utilize introspective descriptions, for example, techniques for enhancing self-awareness; and (3) those employing various kinds of projective techniques, for example, the Thematic Apperception Test. All three methods are necessary to obtain a scientifically valid assessment of which need is represented by any given behavioral manifestation (the same behavior may be used to achieve satisfaction of different needs), and to make scientific judgments concerning the inter-relationship of conscious and unconscious need patterns.

These can also be clinically determined through using psychoanalytic methods, from which the need and its conscious and unconscious components can be inferred on the basis of psychoanalytic theory.

In social casework records there is material concerning behavior, and emotions and feelings connected with such behavior, from which it should be possible to infer at least a rough estimate of present manifest needs.

In the literature reviewed, many of the statements concern the "meeting of needs." The implication is that an individual with a need to be cared for, for example, will marry a person who needs to care for him, or that a person with a need to dominate will marry one who achieves satisfaction through being dominated. There is the complication, however, that perception of another person is influenced by both the conscious and unconscious needs of the perceiver. This often faulty perception brings to marriage a dependent woman, for example, who thinks she is marrying a strong, protective man, while the man, in fact, is also dependent. The various defensive mechanisms which each individual may use to protect either himself or others from knowledge which is in some way threatening to him are many. The example given, then, has a great variety of potentially meaningful genetic and dynamic explanations, including the possibility that the operative needs drawing these two persons together were not a part of the dependency complex, but something quite different.

There are at least two other general possibilities which are logical. Individuals may not marry only because certain of their needs are complementary, but also because of the similarity of other of their needs. With regard to needs, does like marry like, or different? Or is the
marital relationship neither a complementary nor a homologous intermeshing of individual need patterns, but a mixture of the two, with similarities and differences equally important to a dynamic understanding of the relationship?

Winch, using a sample of twenty-five young married couples, develops a theory of complementary needs in mate-selection. He postulates that mate-selection may be stated as taking place in terms of needs: "In mate-selection each individual seeks within his or her field of eligibles for that person who gives the greatest promise of providing him or her with maximum need gratification." Similarities between couples, he accounts for in terms of socio-economic-cultural factors which operate to limit the field of eligibles.

Using interviewing and projective techniques to determine needs, he investigates the patterning of needs in his sample, and develops hypotheses of complementariness in mate-selection. Since this study uses many of the same need categories as his, some of these hypotheses are of interest here.

There is a bipolar dimension of mate-selection which is characterized at one end by needs and traits which are assertive and at the other by needs and traits which are receptive in nature...Irrespective of gender, persons who fall into one of these clusters tend to marry persons who fall into the other; i.e., 'assertive' persons tend to marry 'receptive' persons and vice versa.13

12 Winch, op. cit., pp. 88-89.

13 Ibid., p. 127.
...If a person (either a man or a woman) is highly nurturant, it is probable that the person will marry someone who is highly receptive and relatively non-nurturant.  

...If a person is highly dominant, it is probable that the person will marry someone who is highly submissive and relatively non-dominant.  

...The more dominant spouse tends to be the more overtly hostile spouse.  

The probabilities Winch notes are based on a complicated series of statistical correlations. The present study is not comparable with his, since the sample, the method of data collection, the method of analysis of the data, and the focus of the research (Winch is interested in mate-selection, rather than diagnosis of relationship) all differ markedly. However it may be worthwhile to refer back to these hypotheses as the data collected for this study is analyzed. 

The potential utility for the caseworker of scrutinizing cases with marital difficulties from the point of view of need-interaction is expressed by Martha Winch. 

It is not enough to understand the marital couple as individuals; one must seek to understand them as a functioning unit... 

The theory of complementary needs is of help in understanding ... It enables a counselor to think of ... marriage in terms of its meaning to these two ... people ... Many well-trained counselors take what I think of as a vertical look at a marriage; they trace in the backgrounds of the individuals involved and understand them in their separateness quite well. But the vertical look leaves them there - separate and individual. However, marriage is interaction. For this reason a horizontal view of 

14 Ibid., p. 214. 
15 Ibid., p. 215. 
16 Ibid., p. 215.
a marriage which presents a picture of these individuals functioning or failing to function in terms of each other's needs is also necessary. A combination of the vertical and horizontal views is necessary to provide explanatory perspective of a marriage in process. 17

She concludes that assessment by the counselor of need patterns and their intermeshing in marriage "as best he can" is helpful.

The vertical-horizontal planes of understanding (explaining) mentioned above are more commonly called the genetic and dynamic levels of analysis or diagnosis. Krech and Crutchfield also emphasize the importance of distinguishing these two levels of analysis when discussing needs.

... It is essential to make a clear distinction between the immediate dynamic problem - how the needs and goals of a given individual at a given time in a given situation determine his behavior - and the genetic problem - how these needs and goals and this situation have come into being in the course of the individual's development. 18

Relevant Literature on the "Alcoholic Marriage"

This paper will describe the immediate dynamic patterning of needs of twelve couples, as they presented themselves during the initial period of treatment in an outpatient clinic for the treatment of alcoholism. Each of the husbands is an alcoholic. All of the couples were involved in marital difficulties, and each man was to some degree motivated to seek treatment for his alcoholism by some aspect of the marital interaction.

At least two writers have emphasized the similarity of the marital interaction between the alcoholic and his wife and those of other couples. Johnson points out that not only is the alcoholic marriage maintained

18 Krech and Crutchfield, op. cit., p. 33.
because of neurotic traits in the wives and the neurotic marital interaction, but that so are many other troubled marriages, and notes that "... many people try to fulfill their needs with varying degrees of satisfaction in marriage ...".

Whalen, in her study of wives of alcoholics, makes her position regarding marriage and the meeting of needs clear:

After all, the alcoholic marriage is a marriage, and as such is not exempt from all the things that are true of other marriages even though it is often discussed as though it were. Men and women marry in an effort to meet their own needs. The needs for which the husband and wife seek satisfaction are complex and varied and represent different degrees of maturity in different individuals. When people verbalize these needs, they usually describe them in such terms as the need to love and be loved; to care for and be cared for; to have a home, children and companionship. There are other needs, unconscious and unexpressed, which may motivate a man or a woman to marry. These may include the wish to deprecate, to control, to hurt, to seek pain or to suffer. These needs, both conscious and unconscious, occur in a variety of combinations. But each individual has a dominating characteristic which is the nucleus of his personality. It is this dominating characteristic which governs his selection of a marriage partner. In some way the person he selects must appear to him to be the person who can meet his particular needs.

There is little material in the literature concerning ways in which wife and alcoholic husband interact. There have been a number of studies

---


of the personality of the alcoholic; no prodromal personality syndrome has been found. For purposes of this paper, the definition of alcoholism used by Diethelm is adequate: "That condition in which an individual harms himself or his family through the use of alcohol and either cannot be made to realize it, or realizing it, no longer has the ability to overcome the habit."  

Fox states:

Many different types of personalities are capable of becoming addicted to alcohol. This is not surprising since alcohol may be used to 'solve' the most diverse types of emotional conflicts. When tested after their addiction, they show, however, a surprising similarity of character traits. Some of these are: an extremely low frustration-tolerance, inability to endure anxiety or tension; feelings of isolation; devaluated self-esteem; undue sensitiveness; a tendency to act impulsively; a repetitive 'acting-out' of conflicts; often an extreme narcissism and exhibitionism; a tendency toward masochistic self-punitive behavior; sometimes somatic preoccupation and hypochondriasis, and often extreme swings. In addition, there is usually, consciously or unconsciously, marked hostility and rebellion, and repressed grandiose ambitions, with little ability to persevere. Most show strong (oral) dependent needs, frustration of which will lead to depression, hostility, and rage.


22 Oskar Diethelm (ed.), The Etiology of Chronic Alcoholism, p. 16.

In another article, concerning marriage with an alcoholic, she states:

 Probably no marriage with an alcoholic can be considered a happy one. There may be periods of relative harmony but there is such a basic inadequacy in the one who drinks (and surprisingly enough often in his partner too) and lack of faith in human beings that the mutual trust and sharing necessary for a good relationship are absent. The chief aim of a compulsive drinker, once he has started, is to continue drinking - that of the spouse to prevent it. These diametrically opposed attitudes inevitably lead to quarrels, recriminations and/or psychological withdrawal on the part of one or both of the partners. 24

There are several studies which discuss the wives of alcoholics. Baker points out that their personality disturbances may be even more severe than those of their husbands. Although the wife is not responsible for her husband's illness, she may be one of the reasons for his continued drinking in spite of therapy. 25

Futterman, on the basis of clinical psychiatric experience with wives, outlines the following theory: (1) The wife consciously wants her husband to stop drinking; his alcoholism has caused innumerable reality problems of varying severity, which have made her life painful and unhappy. (2) However, by her behavior toward him she encourages the drinking, or at least discourages discontinuance of the drinking. The very efforts she uses to attempt control of the drinking behavior are those which trigger additional drinking. (3) The personality of the alcoholic's wife is such that she wishes to appear strong, adequate, and is unable to accept weakness in herself. She is often a maternal person, who treats her husband like a child.

---


She has, however, strong dependency needs. Unable to accept these, she marries a relatively weak, inadequate man onto whom she can project all of her own unacceptable weakness and inadequacy, thus maintaining her distorted self-image.\(^{26}\)

Price, in a study of twenty wives of alcoholics, reaches some general conclusions relating to them and the marital relationship:

The wife, a basically insecure person, brought to her marriage feelings of insecurity which she hoped would be met by her husband. She expected him to be a strong, dependable, responsible person. As his responsibilities increased, however, he proved to be likewise a dependent person, unable to bear his wife's insecurities because he himself needed someone on whom he could lean. As he failed to be a strong, supportive person, able to manage the family responsibilities and meet his wife's needs, she felt unloved, resentful, and aggressive. She therefore put more demands on her husband and, as a result, he was less and less adequate. Thus the vicious circle began. When the wife felt unloved because her husband was unable to let her be the dependent person, she became hostile and aggressive, and strove to prove that he was inadequate in order to justify his seeming lack of love for her. The wife found some outlet, frequently using the children as the focal point of the difficulties between them. In some instances she went out to work, and sometimes she found satisfaction in being able to perform adequately in other areas. The strain, however, continued to exist and, unconsciously and perhaps even consciously, she fought treatment for her husband because she used his drinking as one more way she could prove him inadequate.\(^{27}\)

She also mentions "unsuspected similarities in the personalities of husband and wife," which are not elaborated in the paper. Price's research is not directly comparable to this study, since her material was gathered in a different way, and involved interviews over a longer period of time. Her results are, however, of relevance here.

---


Boggs, in an earlier article, stresses the need to treat the "alcoholic marriage," stating that good adjustment in the wife of an alcoholic is very rare, and emphasizing "the uncanny ability of the alcoholic to seek in marriage an equally immature and needful person." 28

Whalen describes four types of wives of alcoholics observed in a Family Service Agency emphasizing the marital interaction. The Sufferer is characterized by the dominating need to punish herself; her choice of a marriage partner is such that her need to be miserable will always be gratified. The Controller, because of her intense need to dominate men, marries one whom she feels to be inadequate and inferior in some way. The Waverer, out of her own great need to be loved, appreciated and given to, searches out the weak and helpless to form relationships with. She can only give to those who seem to need her. Her husband must be weak, need her in some way, and therefore be unlikely to leave her. The Punisher has relationships with men which are rivalrous, aggressive and envious. She marries a man who is in some way limited in his essential masculinity, with whom her relationship is that of a scolding but indulgent mother and her very small boy. Drinking by the husband in these cases is self-assertive; it also maneuvers the husband into situations that seem to justify the wife's punishment of him. 29


Jackson defines alcoholism as a cumulative family crisis. Working with wives of members of Alcoholics Anonymous, she attempts to chart the direction of change in marital interaction. She points out that while all of the studies mentioned above

... offer descriptions of some of the characteristic behaviors involved in the crisis, they tend to conceptualize the behavior as arising from the pre-crisis personality pathology of the wives, and to focus on those personality attributes and behavior which appear to prolong and intensify the crisis. She goes on to delineate seven stages in family adjustment to an alcoholic member. All of these are affected by the cultural definitions of alcoholism and its meaning in the context of cultural value and expectational orientations.

Characteristics of each stage of the crisis are: reshuffling of roles among family members, changes in status and prestige, changing 'self' and 'other' images, shifts in family solidarity and self-sufficiency and in the visibility of the problem to outsiders. In the process of the crisis, considerable mental conflict is engendered in all family members, and personality distortion occurs.

It is a characteristic of the over-all crisis of alcoholism that secondary crises arise from the very nature of the illness.

Jackson's material is relevant here insofar as it supports the thesis that need patterns and intermeshing of needs in marital interaction change as there are alterations in the total environmental situation within which the marriage functions. In addition, her findings point up the danger of assuming that the patterns of interaction operating at any given time in

---


the alcoholic marriage have been operating since the inception of the marriage, or that the behavioral interaction which can be observed at present was the dominant pattern at the time of marriage, influencing the selection of marital partner.

One of the effects of cumulative crisis on the marital (or any other) relationship may well be that needs formerly met are no longer met, and possibly that needs formerly unmet, and perhaps deeply latent, become manifest in behavior.

Hypotheses Related to the Study

1. When one spouse is assertive (high autonomy, dominance, and aggression), the other will be receptive (high abasement, deference, and succorance).

2. Highly dominant persons marry those who are relatively non-dominant.

3. Highly nurturant persons marry those who are relatively non-nurturant.

4. Highly succorant persons marry those who are highly nurturant.

5. The alcoholic is high in need for self-depreciation (abasement), hostility (aggression), rebellion (autonomy), and dependency (succorance).

6. The alcoholic's wife expresses a primary need for either self-depreciation (abasement), or controlling her husband (dominance), or taking care of her husband (nurturance), or punishing her husband (dominance-aggression).

7. The alcoholic's wife is highly dependent, and unable to accept weakness in herself.
8. To the extent that the alcoholic husband is non-nurturant, the wife is aggressive.

9. Mutual trust and sharing are absent in the alcoholic marital relationship.

10. The condition leads to psychological withdrawal and/or quarrels and recriminations on the part of one or both partners.

**General Research Questions**

The data will be analyzed within the framework provided by the theoretical orientation given above, and in terms of the following general questions:

1. In terms of material presented during the initial treatment period, in what ways are certain overtly expressed needs of alcoholics and their wives similar, and in what ways are they dissimilar?

2. What regularities appear in the intermeshing of these manifest need patterns of husband and wife?
CHAPTER II

METHODOLOGY

Setting

The study reported here was carried out at Washingtonian Hospital, a private institution exclusively for the treatment of alcoholism and drug addiction.1 There are two major phases of alcoholism. The first, or acute phase, requires medical attention and frequently hospitalization for periods up to two or more weeks. The patient is acutely ill as a result of excessive drinking and its various physical and emotional concomitants. Washingtonian Hospital is licensed for a capacity of eighty inpatients, and is fully equipped to treat this acute phase.

The second phase of alcoholism is sometimes called the chronic or, in treatment terms, rehabilitative phase. All experts agree that there is no cure for the illness, in the sense that the alcoholic can return to the status of social or "normal" drinker. The goal of treatment, then, is total and permanent abstinence. Without side help, the alcoholic is usually unable to achieve and maintain this goal. The outpatient clinic of Washingtonian Hospital is psychiatrically oriented and is designed to treat this chronic phase of the illness. It is one of a number of state-sponsored outpatient clinics maintained for this purpose, and is largely supported by state funds, although there is also some income from fees.

charged on a sliding scale to patients in treatment. It is with a part of the alcoholic outpatient clinic population that this study is concerned.

Outpatient treatment includes one of the psychiatric therapies and/or casework treatment. These may or may not be accompanied by adjunctive drug therapy. The Medical Director summarizes a program of constructive therapeutic teamwork as involving work in four areas: emotional needs, physical needs, environmental needs (material and social environmental), and recreational and associational needs. He concludes, "... differential diagnosis is essential in the treatment of the alcoholic patient and that to treat the whole person requires the combined resources of medicine, psychiatry and social service."²

All inpatients who express any interest in rehabilitative treatment for their drinking, as well as all persons who request treatment without prior hospitalization, are interviewed by a caseworker, and evaluated by a psychiatrist and a physician, who make recommendations regarding treatment. The outpatient staff consists of: (1) the Medical Director, a psychiatrist who is administrative and clinical head of both in- and outpatient services, and who also sees patients for psychotherapy; (2) seven part-time psychiatrists who accept outpatients for psychotherapy; (3) two full-time social caseworkers and two part-time social casework students

---

who work with both in and outpatients and their relatives. All work with relatives at Washingtonian Hospital is a casework responsibility.

Many writers agree that it is frequently helpful in the treatment of the alcoholic if the spouse can also be involved in treatment. For example, Fox states:

Contrary to the usual psychoanalytic technique, it is frequently necessary to work with the families too, especially the husbands or wives. They almost surely have misunderstood the drinking partner, and usually have become so punitive that they may militate against successful treatment. 3

At Washingtonian Hospital, when an alcoholic enters outpatient treatment, consideration is always given by the social work department as to whether it is feasible to involve the most significant relative in casework treatment. With male alcoholics, with whom this study is concerned, this relative is most often the wife. For various reasons, it is sometimes not possible to involve the wife in treatment.

Frequently, of course, the patient has either never married, or is divorced or separated from his wife. Bacon, 5 and Straus and Bacon, 6

3Ruth Fox, in Alcoholism: Basic Aspects and Treatment, Himwich (ed.), op. cit., p. 188


5Selden D. Bacon, Inebriety, Social Integration and Marriage.

have reported a low rate of marital stability among alcoholics. The rates vary, depending upon the class of alcoholics studied (arrestees versus clinic patients), but divorce and separation were found, on the whole, to be several times more frequent than in the general population. No statistics are available for the total outpatient clinic population of Washingtonian Hospital.

In those cases where the male alcoholic remains married, he sometimes refuses to allow his wife to be contacted by the social service department. In those cases where contact with the wife is made - initiated by her, the patient, or by the clinic, a large number of wives have only one or two appointments at the clinic, and then do not continue. There are apparently many factors involved in this. Some seem to relate to reality problems - working hours of the wife, for example; others make it advisable, in terms of psychiatric recommendation or casework treatment goals, for the social work department to decide not to continue the contact; still others lead the wives themselves to refuse further offered appointments.

Choice of Subject

The choice of marital relationship as an area for study was influenced by personal interest and by the available data, since a high proportion of time in the initial therapy sessions was spent in the discussion of one or another aspect of the marriage, and thus considerable information was available in this area. The marital relationship is also of particular relevance to social caseworkers, who carry out a great deal of treatment in the area of marital counseling, and who are very much involved in work with the marital difficulties of alcoholics and their wives.

It was decided to examine the six initial interviews of both husband
and wife, the period often thought of as the exploratory or beginning or diagnostic phase of treatment. This period was chosen because: (1) It was hoped that a picture of how wife and husband present themselves with regard to expressed needs might prove to be a useful tool in evaluation of the marriage, and a longer period of time would increasingly enhance the imponderable effect of treatment on the marital relationship. (2) A shorter period of time gave too little information regarding the categories under investigation.

Selection of Sample

The first limitation which was placed on selection of cases was to exclude couples where the husband was receiving, or had received the conditioned response treatment. Although all these men are always in psychotherapy as well, the nature of the treatment (six weeks of hospitalization required, during all of which the patient is sober, and in psychotherapy) make the initial period of their treatment dissimilar from that of other outpatients.

The sample was limited, then, to: (1) cases where the alcoholic husband was accepted for outpatient psychotherapy or casework, but did not receive conditioned response treatment; (2) cases where the wife was also accepted for casework treatment; (3) cases where both couples were seen during the same time period for their initial interviews; (4) cases where both husband and wife were seen at least six times, at approximately weekly intervals.

For the period 1956 through 1958, eighteen records of couples who had been in simultaneous treatment for at least six weeks at the Washingtonian Outpatient Clinic were located. This does not include cases where
the husband had been receiving psychotherapy for some time before the wife began casework contacts. Of these eighteen it was decided to discard six because the recording of case material was summarized, and insufficient information was available to make these cases comparable with the remaining twelve. The final sample consists of these twelve couples, who were seen simultaneously in the clinic for a period of at least six weeks. All of them, it happens, did continue for a longer period of time.

As noted earlier, the population from which the sample of this study is chosen have many special characteristics. The couples have remained married, despite the alcoholism. The husbands have sought treatment in an outpatient clinic. Their wives have either contacted the clinic or have been contacted by it, and with permission of the husbands have entered treatment. Not only have both spouses entered treatment; they have continued. All of these facts make the population under consideration a very special one, not only in relation to the total population, but also in relation to all alcoholics and to alcoholics in outpatient treatment.

The focus of this study is on the marital relationship. What relationships pertained in those "alcoholic" marriages which have ended in divorce, or exist in marriages where husbands and/or wives refuse or never seek treatment, cannot be inferred from this study.

Characteristics of Sample

Descriptive Information

The alcoholics and their wives who have been chosen for this study are all involved in the crisis of alcoholism, as defined by Jackson, 7

which has affected their individual lives and their social environments in various ways, and which has made for marital conflict and unhappiness in the marital relationship. Similarly to those wives on whom Price \(^8\) and Cork \(^9\) report, all came to the clinic under pressure of stress situations in their lives. They had all (with one possible exception) made efforts to influence their husbands to do something about the drinking, and all expressed some degree of satisfaction that their husbands were coming to the clinic for treatment. They were all (with one possible exception) concerned about their unhappiness in the marriages, and upset and frustrated to different degrees by the fact that their own efforts to solve the problem had been futile. These efforts had all focused on controlling the drinking. Although they all expressed a wish that this new treatment should be given a try, there seemed to be considerable underlying lack of faith that anything could be done about the problem. Many felt that they had tried everything and failed; therefore, the clinic would fail. This was particularly evident as they discovered that there is no panacea, no pill, which the clinic has to offer which will miraculously cure alcoholism. The exceptional case, noted twice above, felt that alcoholism was a neurosis; therefore, neither she, the clinic, nor the husband could do anything about it.

The alcoholic husbands all expressed some awareness that drinking was a problem which deleteriously affected their lives in some ways. All


\(^9\)Margaret E. Cork, op. cit.
expressed some motivation to stop drinking, and interest in continuing outpatient treatment toward this end. All were under various external pressures to do something about the problem, the one expressed most frequently by them coming from the wife. All indicated some feelings of personal failure and inadequacy at the thought that they had been unable themselves to control their drinking. Psychiatric evaluations indicate they were all to some degree depressed. To varying degrees, they tended to project their failure to stop drinking on other people or external circumstances. Although none blamed their wives directly as the cause of their drinking, there were variously evasive to direct expressions of the belief that drinking episodes were triggered by their wives' lack of understanding or behavior toward them. An exceptional husband, although admitting that he was the "patient," also insisted initially that he was coming to the clinic because his wife needed psychiatric help, and to prove to her and to everyone that he could become a moderate social drinker.

One fact which appeared prominently in all the records was that it was the marital relationship which initially most concerned both members of these couples. Although many have children, although there were jobs in jeopardy, although there were often problems around religion, around a threatened arrest or jail sentence, and around other interpersonal relationships, the presenting problem they talked of most and which seemed to affect them in the highest degree was the marital interaction in which they were involved. There is an impression, for example, that the caseworker's attempts to explore something of the children's place in the families was viewed by the wives during this initial period of treatment as a kind of distraction, sometimes almost an annoyance. They returned immediately to
their relationship with their husbands, but in only one case was there a
tendency to confine treatment discussions entirely to the husband's drink-
ing. This seemed true to a higher degree of the wives than of the husbands,
but was clear in both. In all but one case, there were or had recently
been threats on the wife's part to leave the husband, if something were
not done about the drinking. The thought that the marriage might come to
an end was disturbing to both partners, although they each expressed this
in varying ways and to varying degrees.

The marriages, then, were important to all persons involved in these
cases, and defined by them as a problem. All of the couples had a ten-
dency to blame all the marital difficulties on the drinking - to feel that
trouble would dissolve as soon as the husband remained sober.

**General Social Characteristics**

Table 1 summarizes certain general characteristics of the sample.

Table 1 shows the sample to be relatively homogeneous in a number of
ways. As for age, eight wives and nine husbands were between thirty and
forty. Three wives and three husbands are between forty and fifty; only
one wife is under thirty. Four wives are from one to three years older
than their husbands. Six husbands are from one to four years older than
their wives. In level of education, all but three husbands had education
equivalent to or higher than that of their wives. In these, wives had
graduated from High School; husbands went only to the eleventh grade.
There were no college graduates.

Information on incomes of these families was not uniformly available.
However, all had sufficient income to manage without undue financial dis-
tress except for periods the husband was drinking and not working. None
TABLE 1

GENERAL SOCIAL CHARACTERISTICS OF THE SAMPLE

<table>
<thead>
<tr>
<th>Item</th>
<th>Wife</th>
<th>Husband</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>37</td>
<td>38</td>
</tr>
<tr>
<td>Age Range</td>
<td>28 - 49</td>
<td>30 - 50</td>
</tr>
<tr>
<td>Education level</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Education Range</td>
<td>8 - 14</td>
<td>8 - 16</td>
</tr>
<tr>
<td>Employed</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>Unemployed</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Protestant</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Jewish</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Average years married</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Range of years married</td>
<td>1 - 30</td>
<td>1 - 30</td>
</tr>
<tr>
<td>Children (this marriage)</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>No children (this marriage)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Previous marriages</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Children by previous marriage</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Home Renter</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Home Buyer</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>
had more than sufficient funds to live on, so that any period of unemploy-
ment represented something of a hardship.

Seven of the twelve wives were employed. Three of these had no
children. The others stated that they found employment a strain in some
ways, but felt their income was necessary to keep the family going. They
also reported some pleasure and gratification from their jobs. One of the
employed wives worked in the family business, jointly owned with husband.
She reported insufficient profit, and her husband's inadequacy due to
drinking as reasons she could not remain at home as she would have liked
to do. The most skilled jobs held by wives at the time of the study were
bookkeeper and editorial assistant. One of the wives, at present employed
part-time as a dressmaker in her own home, formerly held jobs of con-
siderable skill in the fields of dress design and business management.
Those wives who were unemployed had all held jobs of one kind or another at
some period of their lives. They had not worked, however, after their
children were born, and none was planning to go to work.

All of the husbands were employed, although some had "on-off" sorts
of jobs, like construction work and house painting. The most skilled
worker was an accountant. Others were factory workers, truck driver,
mail carriers. At least two men had skills, training, and past employ-
ment requiring considerably more responsibility and competence than those
they now held. Neither showed very much interest in returning to employ-
ment of greater responsibility at this time, although they did express
some grief over what they had lost. It seems to be true of the total hus-
band sample that they have little motivation toward better employment.
How their wives react to this is unclear in the initial interviews.
Two of the men were self-employed, in small businesses for which they were still paying. One of these appeared to be failing; the other may have been kept going by the management ability of the wife.

As for living conditions of these families, only one of them was reported to live in really sub-standard quarters. Neither spouse expressed much interest in moving elsewhere. Those who were buying homes were roughly estimated to live on approximately the same standard of living as those who rented, although this may well be a false impression. The buyers seemed to be more oriented toward suburban living, to be proud of their homes, to express a little more pressure toward respectability. The limited information available did not indicate a trend either toward upward mobility or transiency.

Ethnic backgrounds of the couples ranged through Irish, Italian, English, Russian Jew, Polish, French and Scotch. Only one couple, both of whom came with their families from Russia in their early years, were immigrants. There are no uncommon marriages across ethnic lines.

These couples all showed considerable marital stability. They had been married an average of twelve years, and all expressed a wish to remain married despite the marital difficulties they were experiencing. The wives had threatened separation in an attempt to control the husbands; some even seemed to be considering separation rather seriously for this reason; but none appeared really to wish it. The husbands appeared more passive about the marital relationship. There had been no desertions, and only one half-hearted threat to leave a wife. All of them expressed some wish that the marriage should continue. None of the couples were happy in the marriages. All tended to blame the unhappiness on the
husband's drinking, although husbands showed more ambivalence here, sometimes blaming the drinking on the wife's reactions to them or external circumstances. All seemed to believe, however, that they would have no serious marital difficulties if the drinking were not a problem.

All six individuals in three of the couples had been married previously. Three wives and two husbands had had one previous marriage; one husband had had two. The present marriages of these couples had lasted one, five, and eleven years. In all of them the wife was Protestant, the husband Roman Catholic. Religion of husband's former wives is unknown. Each of the husbands in two of these marriages had children by his previous union, custody of whom had been given to the former wife. He had lost track of the children in both cases. The third man has had no children, either in two previous marriages or with his present wife. His wife, however, had a child by a former marriage, whom she raised. This child left home before the present marriage took place. The other two wives had no children by previous marriages; one has one child with the present husband. There is insufficient information in the records to make a judgment as to whether these three couples believed the former or present marriages to be happier or more successful.

The children of the couples studied ranged in age from about two years to about seventeen. The number of children per couple ranged from one to four. Two younger children, both of otherwise childless parents, were adopted.

In terms of socio-economic data, then, the twelve couples are relatively homogeneous at present. The three splits which are apparent are: (1) those with children and those with none; (2) those with mixed re-
ligion marriages and those with same religion marriages (no judgment can be made as to the effect of second marriage prohibition of the Catholic Church); and (3) those where the wife is employed and those where she is not.

The Drinking Problem

Table 2 gives information related to the drinking habits of wife, husband, and significant others, and the reasons expressed for present concern about drinking.

It has earlier been pointed out that the couples discussed here are looked at from the general point of view of the marriage relationship - that no claim is made to separate them out as a special case because of the alcoholism of the husband. They all, however, fit into the category of marriages in trouble; each of these couples is involved in a cumulative crisis situation; and the great majority of their marital difficulties are blamed upon the drinking of the husband.

In examining Table 2, three splits are noted as between couples where: (1) the drinking was excessive at the time of marriage, or was not; (2) the drinking is periodic (with periods of varying lengths between binges), and is daily; (3) the drinking has increased during the past year, and has remained unchanged.

Regarding the question of significant relatives in the families of these individuals who had drinking problems, three of the wives' fathers and eight of the husbands' fathers are thought to have drunk to excess. One of these three wives had a first husband who was also an alcoholic. Two of these eight husbands had a total of five sisters and four brothers who drank heavily; and another had a first wife reported to be alcoholic.
## TABLE 2
SUMMARY INFORMATION ABOUT DRINKING

<table>
<thead>
<tr>
<th>Item</th>
<th>Wives</th>
<th>Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average years drinking excessive</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Range of years</td>
<td>Never</td>
<td>1 1/2 - 25</td>
</tr>
<tr>
<td>Daily Drinker</td>
<td>None</td>
<td>6</td>
</tr>
<tr>
<td>Periodic Drinker</td>
<td>None</td>
<td>6</td>
</tr>
<tr>
<td>Totally abstinent</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Occasional social drinker</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Relatives with drinking problem</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>No relatives with drinking problem</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Drinking excessive when married</td>
<td>None</td>
<td>6</td>
</tr>
<tr>
<td>Wife knew of excessive drinking when married</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Wife did not know</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Drinking not excessive when married</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>During year before clinic visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking increased</td>
<td>Unknown</td>
<td>8</td>
</tr>
<tr>
<td>Drinking lessened</td>
<td>Unknown</td>
<td>0</td>
</tr>
<tr>
<td>No change</td>
<td>Unknown</td>
<td>4</td>
</tr>
<tr>
<td>Why concerned about drinking?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effects on Spouse</td>
<td>12</td>
<td>Unknown</td>
</tr>
<tr>
<td>Irresponsibility</td>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>Withdrawal from Spouse</td>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>Pressure from Spouse</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Effects on Self</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Effects on Social Status</td>
<td>5 (?)</td>
<td>Unknown</td>
</tr>
<tr>
<td>Fear for Job</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Financial Difficulties</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Effects on Children</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>
The Need Categories

Needs and the intermeshing of needs seemed fruitful ways to approach the problem of marital interaction on the basis of a review of the literature. In addition, the work of Murray and Winch provided a well-defined list of needs. These already delineated specific needs were used as a pool from which to draw. Selection of which of many possible specific needs would be used in the investigation was made on the basis of: (1) the literature on the alcoholic marriage, which was reviewed to determine which needs might prove most fruitful to use; and (2) the information available in the case records, which limited the possible selection.

To choose categories on the basis of data available rather than collecting data concerning already chosen categories is a method of expediency, it is true. It is also the only method possible when using case records as sources of data, rather than another method. Despite the limitations of the method of selecting specific need categories, however, it was thought to have value in terms of the focus of this study - to describe something of the presenting picture given by client to worker. This is, after all, the material the caseworker has, on which she must base her initial assessment of the marriage, and her initial treatment plans.

However, it should be emphasized that the need categories selected in no way purport to be a complete list, nor is there any claim that the

---

10 Murray, op. cit., passim.

11 Winch, op. cit., passim.
patterns discussed here give a well-rounded profile of marital interaction as it is lived between these couples.

The nine needs ultimately chosen for investigation, along with the definitions used, are as follows:\textsuperscript{12}

**ABASEMENT**: To depreciate the self. To accept or invite blame, criticism, punishment. To harm the self. To apologize, confess, atone. Masochism. Examples from the case records: A man describes himself as a bum who can't do anything. A wife is beaten by her husband, remains with him and takes no steps either against him, or to avoid recurrence.

**AFFILIATION** (called Approach by Winch):\textsuperscript{13} To draw near and enjoy association with the husband or wife. To have a feeling of friendship or companionship with the spouse. To form friendships and associations as a couple. To cooperate and converse sociably with each other. Affection. Mutuality. Examples from the case records: A Saturday night poker club to which couple belong together; a husband and wife who always come together to the clinic, whether one has an appointment or not.

**AGGRESSION** (called Hostility by Winch): To assault, injure, or punish the spouse. To belittle, harm, blame, accuse or maliciously ridicule the spouse. Sadism. Examples from the records: A husband beats his wife; or blames all his difficulties on her short-comings. A wife describes her husband's efforts to paint the house as moronic, stupid, no good, worse than a two year old; or blames all her difficulties on his short-comings.

\textsuperscript{12} The definitions are paraphrased from Murray, op. cit., glossary, pp. 743-750.

\textsuperscript{13} Winch, op. cit., Table 1, p. 90.
AUTONOMY: To resist influence or coercion by the spouse. To defy orders or instructions from the spouse. To strive for independence through avoiding or escaping from domination. To be or act unattached. Examples from the records: A husband drinks every time his wife tells him not to. A wife leaves the house to walk or go to a movie when her husband becomes abusive.

DEFERENCE: To admire or praise the spouse. To follow willingly, to cooperate with, or to serve the spouse when he or she assumes a position of superiority or leadership. Examples from the records: A husband praises at length his wife's ability to run the business which they jointly operate. A wife speaks with satisfaction and admiration of her husband's decision to return to school, and her willingness to go to work to support this venture.

DOMINANCE: To influence or control the spouse. To lead, direct, persuade, prohibit, dictate. Examples from the records: A husband insists his wife shall wait to prepare and eat her dinner until he comes home. A wife tells her husband he cannot leave the house in the evening, refuses to let him drive the car, refuses to allow him to bring his friends to the home.

NURTURE: To nourish, aid, or protect the spouse. To express sympathy, particularly to a weak, ill, or dejected person. To 'mother.' Examples from the record: A husband prepares meals for his wife during an illness. A wife always hang up her husband's clothing, and lays it out for him.
RECOGNITION: To demand respect. To boast and exhibit one's accomplishments. To excite the admiration and approval of the spouse. Examples from the record: A husband repetitively tells his wife of his devotion to duty in visiting his parents' graves, or boasts to her of his sobriety. A wife dresses carefully in the hope her husband will notice, or points out to him her housekeeping accomplishments.

SUFFRANCE: To be cared for. To seek aid, protection, sympathy. To ask for help. To be helped, loved, nursed, indulged. Examples from the records: A husband asks his wife to stay home from work and take care of him when he is sick. A wife asks her husband to drive her to work, to do errands, although she can herself drive.

Collection of Data

A schedule was written in two parts. The first organized certain socioeconomic data about each case. Included was also some information concerning the drinking of the husband and the wife. (See Tables 1 and 2.)

The second part of the schedule concerned the need categories. The appropriate interviews of both husband's and wife's case were read several times, during which process the need categories were chosen. The needs were then listed on a sheet, with parallel columns for husband and wife. The cases were gone over again carefully. At each point in the record when the material seemed to indicate one of the needs, it was given a count of one in the appropriate column. This was done for six interviews of husband, and six of wife, with separate schedules completed for each couple.

So far as possible, data were collected from the social work records. This was possible for the large majority of interviews. All contacts with
wives were with a caseworker. From two to six interviews with husbands were also with caseworkers. It was necessary, however, in order to have six full interviews with all husbands, to use some interviews recorded by a psychiatrist. Since these were exploratory interviews, they concerned the kind of material needed for the study in large measure.

A number of decisions were made as to what items in the record were to be included in the need count:

1. Behavior, feelings, emotions, wishes expressed by husband and wife were all included under the appropriate categories.

2. Only such behavior and emotions as related to the marriage directly were included. This excludes all indications as to the need structure of the client as it is evidenced in his reaction to the worker in the therapy sessions, for example. It excludes all expressions of satisfactions or frustrations of need at work, with regard to children, to parents, to all relationships other than that of husband and wife.

3. These decisions made it advisable to exclude from the need categories any achievement or status needs, since these are principally satisfied outside the marriage relationship.

4. Clinical impressions of the worker with regard needs was excluded, although after the schedules were completed, the caseworkers were asked for their opinions regarding the wives, with relation to the need categories. These clinical opinions are not included in the schedules.

Two major questions grow out of this method of data collection. The first concerns the extent to which it is possible to estimate degree of need. Is the need expressed weak or strong, transitory or lasting? What is the emotional charge involved? No very satisfactory way of estimating
this factor was discovered. It was decided, however, based on the assumption that clients talk with caseworkers about those things which are of greatest concern to them, that a simple count of the number of times a client's reported behavior or emotion indicates a given need would give a rough index of the present degree of importance of that need in the marital relationship. What the relationship may be between this estimate of degree of importance and degree of intensity of the need in the psychoanalytic sense is not known.

A second question concerned the degree of frustration of the various needs in the marriage. There was insufficient material available in the records to make an estimation of frustration for most need statements. In only one, need succorance, was the picture of mutual frustration frequently clear. Although this is a vital area for the marital counselor, it was finally decided not to attempt to devise an index of frustration-satisfaction as part of the present study. Speaking clinically, it is questionable if such a judgment could be made on the basis of initial interviews, or whether this is not a matter for continued exploration over a longer period of time. Such an index raises many theoretical and definitional problems, as well, not least of which is whether frustration and satisfaction are to be measured from the point of view of the client, the worker, or both. Present theory regarding the development of needs also makes it likely that for such an index to be meaningful, it would have to include life history data - a genetic as well as dynamic analysis, and data about unconscious as well as conscious needs.

The data collected, then, concern those conscious behaviors and emotions reported to a therapist in the initial phase of treatment, with
regard to specific needs at present important to varying degrees in the marital interaction. Needs are inferred from statements about wishes, feelings, perceptions, and reported behavior; no differentiation is made between the wish and acting upon it.

**Limitations of the Study**

Perhaps the major factor limiting the generality of the study is that the conditions under which the data were gathered made it impossible to select and look at a control group, or to make comparisons with any other group of the total population. These facts alone make it necessary to state at the outset that any conclusions drawn must be tentative and suggestive only, their major general value in the opening up of areas for additional research, should this means of examining marital interaction seem useful as a tool for dynamic diagnosis of marriage.

A second limiting factor which affects the total study is the source of data gathered. All material was obtained from hospital records. In these cases, this included: (1) some socioeconomic data obtained by the physician or social worker at time of admission to the clinic, and, in cases where there had been hospitalizations of the husband for the acute phase of alcoholism, at time of admission to the hospital; (2) the outpatient clinic record of the patient and his wife. Most of the material was drawn from this latter source. Each interview is recorded by the social worker or psychiatrist who has seen the client, as soon after the interview as possible. However, there is great variation in the amount of material recorded, with the social work records generally running much longer and richer in material than the psychiatric records.

It is apparent that this kind of data are subject to the therapist's
selection of material important to record. This brings into question whether the data are suitable for research purposes. In the treatment situation, and most particularly in the initial interviews with the client, the interviewer's focus is on getting a picture of the problem and the client, as the client sees them, and is not oriented toward obtaining specific data with the aim of answering any specific research questions. In these records, then, there are some areas which are covered, some which are not.

What is possible to obtain within these limits is a kind of picture of how the client presents himself and his problem to the interviewer. This, after all, is the only material the worker has on which to base his initial evaluation and his decision as to initial treatment plans. Looking at the material concerning marital interaction as presented by both wife and husband during the initial interview period should give some estimate of how the couple perceives the marital situation.

A third limitation is that no measure of or inference about unconscious needs was attempted. (It is certainly unlikely that the individual was aware that he was expressing material representative of a "need for recognition," for example. The material he reported, however, from which the need was inferred, was readily available to his conscious attention, was not repressed). The importance of unconscious motivation has been established, but what is described here are overt expressions of need, with no effort to relate them to their unconscious components.

In the fourth place, it has been established that the needs of the individual and the goals he chooses for meeting them are much influenced by his life history. This includes resolved and unresolved psychic
conflict - the total pattern of psychic development, with particular emphasis on identifications with significant adults, and embraces the whole socialization process of the culture. In this study, there is no effort to trace genetic origins of needs, their transformations into derivative expressions, or to relate them to earlier life experiences. The effort is to derive evaluative material which will give some notion of the dynamic relational patterning of overt needs at the present time.

A fifth limitation is that material presented here refers only to the marital relationship. Needs may be satisfied within this relationship, or individuals may expect satisfaction there. This is not necessarily so, however, and there are many available channels for achieving satisfaction outside of marriage. This study is confined to the estimation of needs expressed within the marriage. This estimation is based on an inference from both the expressed desires and the reported behavior of the spouses, and no differentiation made between those impulses acted upon and those expressed only as wishes to act.

These limitations are such that it is impossible to generalize beyond the sample here considered, until additional studies are done, and more information is available. It may be possible to suggest fruitful possibilities for later and differently designed studies, and to ask some questions concerning the notion of need gratification in marriage.
CHAPTER III

ANALYSIS OF DATA

Introduction

Raw numerical scores were established for each person in the sample on each individual need; this was done as stated earlier by counting as one each time the need was found expressed in the case record. For the twenty-four persons, there was a total of 1,578 separate expressions of one or another need; of these, 874 were responses by wives, and 704 by husbands. (Of the total responses, then, fifty-five per cent were made by wives and forty-five per cent by husbands.)

Each person in the sample had raw scores on each of the nine needs under consideration. These scores represented the frequency with which each need was found in the individual case records. By adding all of the raw scores for each person, and dividing that person's raw score on each individual need by his person-total, the raw scores were translated into percentages. Each person in the sample then had percentage scores on nine needs, totalling one hundred per cent for each person. This establishment of proportional scores for each person on each need made the data for individuals and couples comparable.

The total of two hundred and sixteen percentage scores thus obtained (twenty-four persons times nine needs) ranged from zero per cent through thirty-five per cent; the mid-point of this range fell at nine per cent, both for husbands and wives separately, and for both groups together. This division at mid-point provides a rough separation of needs into those
high in level of importance, and those low in level of importance. These high and low categories refer to the scores of the total sample on all needs.

The various percentage scores for individuals, their meanings in the present context, and the relationship between them will be discussed later, under headings of the individual needs. The distribution of person scores on individual needs will be compared to the high and low categories established for the total sample on all needs.

Proportional Responses for Total Sample

In preparation for this discussion, a clearer picture of the relative importance of the nine needs for the total sample will be useful; the information is summarized in Table 3.

TABLE 3

PROPORTIONAL RESPONSES FOR TOTAL SAMPLE TO EACH NEED CATEGORY

<table>
<thead>
<tr>
<th>Need</th>
<th>Per cent Total Response</th>
<th>Per cent Total Response</th>
<th>Per cent Total Response</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Wives</td>
<td>Husbands</td>
<td>Husbands and Wives</td>
</tr>
<tr>
<td>Abasement</td>
<td>12</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Affiliation</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Aggression</td>
<td>11</td>
<td>16</td>
<td>13</td>
</tr>
<tr>
<td>Autonomy</td>
<td>6</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>Deference</td>
<td>8</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Dominance</td>
<td>20</td>
<td>6</td>
<td>13</td>
</tr>
<tr>
<td>Nurturance</td>
<td>18</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Recognition</td>
<td>5</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Succorance</td>
<td>15</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

These figures were computed by adding all the raw scores of all twenty-four individuals on one need at a time, and obtaining percentages by dividing this sum by 1,578 (the total number of responses made by all persons on
all needs). Then all raw scores for groups of husbands and wives were
added for one need at a time, and the wives' scores divided by 874, the
husbands by 704.

In line with the assumption that people discuss with the caseworker
those areas of behavior and feeling which are of most pressing immediate
concern, and the fact that the count of needs was inferred from that
reported behavior, the judgment is made that the proportions of needs
listed in Table 3 give a rough estimate of levels of importance of these
needs in the marriages. This represents overt expression of needs, at the
present time, with the spouse only.

It is apparent that the needs recognition, deference, and affiliation
are relatively low in expression by the total sample; the other needs
vary as between husband and wife groups, but all are expressed to a much
greater degree by the total sample.

Returning now to the individual scores of each husband and wife,
each need category will be discussed separately with two points in mind:
(1) Similarities and differences between husbands and wives, and within
husband and wife groups; and (2) the level of importance of the need in
the marital interaction.

Affiliation

Table 4 gives the range of scores of husband and wife on need af-
filiation.
The mid-point of the range of scores on affiliation falls at five per cent. Five wives and six husbands fall above this point; seven wives and six husbands fall below it.

Affiliation is not a need of great importance to either husband or wife; only two of each group fall into the high category when compared with other needs for the total sample. It is a need of marked similarity between husbands and wives, the range of scores falling in exactly the same position, as seen in Table 4.

This means, then, that neither husbands nor wives in these marriages are behaving or expressing strong desires to relate to each other in a friendly and companionable way. In initial interviews they express little affection for one another, little enjoyment in associating with each other. They seldom do things together, do not share themselves with each other, and express little desire to do so.

This low level of mutuality in the marital relationship generally

---

**TABLE 4**

RANGE OF SCORES - AFFILIATION

<table>
<thead>
<tr>
<th>Per cent</th>
<th>Number of wives</th>
<th>Number of Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 - 29</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20 - 24</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15 - 19</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10 - 14</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5 - 9</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>0 - 4</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>


supports the statement in Chapter I that mutual trust and sharing are absent in the alcoholic marital relationship. This may indicate that the psychological withdrawal mentioned as resulting from a lack of mutual trust has occurred in these marriages. However, it seems highly probable that whether this withdrawal is primarily a function of basic personality, with etiological causes predominant, or primarily a relatively recent reaction to the disordered social situation, varies widely from marriage to marriage.

In view of normative cultural expectations that couples will have companionship needs met in marriage, this raises questions for further study. What were the expectations before marriage that affiliative needs would or should be met in these marriages? To what extent were these needs met, or attempts made to meet them prior to the excessive drinking of the husband? To what extent are individual spouses attempting to meet these needs outside the marriage? To what extent do these spouses have little need or capacity for mutuality in all human relationships? What is the result of treatment with regard to these affiliative needs in the marital interaction pattern?

**Deference**

Table 5 summarizes the scores on need deference for husbands and wives.

**TABLE 5**

RANGE OF SCORES - DEERENCE

<table>
<thead>
<tr>
<th>Per Cent</th>
<th>Number of Wives</th>
<th>Number of Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 - 29</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20 - 24</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15 - 19</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10 - 14</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5 - 9</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>0 - 4</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>
The mid-point of this distribution falls at six per cent; six wives and five husbands fall above this point; six husbands and seven wives fall below it. The data on deference shows it to be very similar to need affiliation. It is a need relatively low in level of expression when compared with all needs for the total sample, with only four wives and three husbands falling into the high category.

Deference is expressed on an equal level of importance by both husband and wife. The similarity, as with affiliation, is striking. Neither spouse gives indication in the initial interview period that he admires, praises, or willingly assumes a subordinate position to the other. This is probably closely related to the lack of mutual sharing noted above, and the psychological withdrawal which has been postulated in Chapter I. There is little evidence that either spouse has any present need to defer to or respect the other.

**Recognition**

Table 6 represents the distribution of scores on need recognition.

**TABLE 6**

<table>
<thead>
<tr>
<th>RANGE OF SCORES - RECOGNITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Cent</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>30 - 35</td>
</tr>
<tr>
<td>25 - 29</td>
</tr>
<tr>
<td>20 - 24</td>
</tr>
<tr>
<td>15 - 19</td>
</tr>
<tr>
<td>10 - 14</td>
</tr>
<tr>
<td>5 - 9</td>
</tr>
<tr>
<td>0 - 4</td>
</tr>
</tbody>
</table>

**Total** | 12               | 12                  |
The mid-point of this distribution falls at seven per cent. There are two wives and nine husbands above this point; ten wives and three husbands fall below it. With relation to the total sample (Table 3), recognition, like affiliation and deference, is relatively low in level of expression for the total group.

However, although this need is not of high importance in the marital interaction at present, it is apparent that there is a real difference between husbands and wives in their expression of it. If the total sample is considered, only two wives fall into the high category, while seven husbands are high. In Table 6 (page 48) where individual need scores for recognition are listed, although no person scores more than fourteen per cent, seven husbands and only two wives are in this category, while seven wives and only one husband score four per cent or less.

Husbands in these marriages, then, tend to boast, to exhibit their accomplishments, to attempt to gain approval of their wives to a significantly higher extent than do the wives strive for such admiration or respect from their husbands. This result fits in with what is known of the personality of the alcoholic after the onset of alcoholism, although the expression of this need within the marital relationship is lower than might have been expected. Perhaps the fact that wives have such low interest in deferring to their husbands is indicative of the lack of gratification of this need expressed by the husbands. Satisfaction may be attempted more outside the marriage, where it may have a greater chance of success.

Here the question of what the alcoholic demands recognition for is of importance. Often the boasting and exhibitionism of these men is not
based on real accomplishment, or is based on the kind of accomplishment which seems to the non-alcoholic of relatively little importance (staying sober for one day, for example). In the midst of a failure in many areas of social relationships, such accomplishments very likely would not appear to the wife as worthy of a great amount of praise, particularly in view of the fact that these men demand respect and admiration not only for what they do do, but often for what they have not done - for promises of sobriety, for example. There are also instances in the records indicating that the husband lies about things he believes will either please his wife or excite her admiration. This may have relevance to his need for recognition, although the context most often gives the impression of an attempt to escape nagging and disapproval. In any case, the wives in this sample have come generally to ignore or discount their husbands' demands for recognition.

A number of questions are raised: Did wives, prior to excessive drinking, express a need to be admired and praised by their husbands, which has been modified, so that they now feel either that such praise is worthless, unobtainable, or not sincere? When husbands stop drinking, what changes occur in this need interaction? As husbands perform more adequately, does their expressed need for recognition increase or decrease; do their wives show greater or less need to show off their own accomplishments as their husbands become more "worthy" in their eyes? To what extent do both husband and wife strive for satisfaction of this need outside marriage? With particular reference to the wives, what changes have occurred since the marriage, and do occur after drinking stops, in behavior aimed at obtaining their husband's approval? This is of particular interest in terms
of the general cultural definition of the role of wife.

Need recognition is very nearly in a polar relationship to need deference, so that changes in one would probably produce changes in the other. There is a strong impression in the records of an underlying dissatisfaction on the part of the wives because they are not appreciated by their husbands. For whatever reason, however, this is not much expressed overtly during the initial interview period.

Abasement

Table 7 gives the range of scores on need abasement.

<table>
<thead>
<tr>
<th>Per Cent</th>
<th>Number of Wives</th>
<th>Number of Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 - 29</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>20 - 24</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>15 - 19</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>10 - 14</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>5 - 9</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>0 - 4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

The median score for need abasement is fourteen per cent. Four wives and nine husbands fall above this point; eight wives and three husbands fall below it. Referring back to the distribution for the total sample on all needs, abasement is a need expressed to a relatively high degree by both husbands and wives. Its level of importance in the marital interaction is considerably higher than the other needs so far discussed; nine wives and ten husbands score high on abasement when compared with all other needs.

This overt importance is in contradistinction to the other needs so
far discussed. Although husbands score noticeably higher than their wives, the wives also express a high degree of self-devaluation. This is in agreement with the statements of all writers concerning the alcoholic after he becomes an addict. However, it gives a somewhat different picture of the alcoholic's wife than was obtained from the literature, since the findings of this study would indicate that the great majority of wives of alcoholics in treatment depreciate themselves to a high degree - that they see themselves as relatively worthless, are apologetic, self-critical, invite and accept blame and punishment, and feel that they are at fault.

Others have pointed out that some wives of alcoholics have an unconscious need for such self-devaluation, that they are masochistic people. This study would not disagree with this statement, but would question how deeply unconscious this need is to the wives in question, since a great deal of material directly relating to it was expressed during the initial treatment period. To what extent does this expressed need to suffer grow out of the present dynamic situation, where the woman is married to a man who meets few if any of the culturally prescribed standards for a "good" husband? If the wife loves him, wishes to remain married to him, it is possible that many social pressures have made her come to doubt herself, to question if any woman who was adequate would wish to remain married to a man who drank. In addition, there is the fact that many alcoholics tend to blame their wives for their drinking - their "nagging," demands for money, and so on. The fact that she does do these things, and that they are followed by drinking, is certainly of operational significance with regard to the blame which the wife puts upon herself, and the punishment she accepts. Careful studies need to be done to estimate the degree of
importance of this factor, and to estimate the number of wives who marry alcoholics because of deep masochistic needs and those who invite blame because they do not perceive and understand realistically the husband's difficulties or their own part in those difficulties.

This is an extraordinarily important point of differential diagnosis to be made, which can be tested by the use of various clarifications more or less on the educational level after some relationship is established, and the wife comes to trust the worker not to blame her for the husband's problem. The self-abasing aspect of the alcoholic's expression needs also to be thought of and studied with relation to modifications in his behavior and wishes for punishment from pre-addiction through addiction to sobriety.

**Succorance**

Table 8 gives the scoring data on need succorance.

**TABLE 8**

**RANGE OF SCORES - SUCCORANCE**

<table>
<thead>
<tr>
<th>Per Cent</th>
<th>Number of Wives</th>
<th>Number of Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>25 - 29</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20 - 24</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>15 - 19</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>10 - 14</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5 - 9</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>0 - 4</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

The range of scores here is broader than on any other need so far considered. The mid-point of the distribution falls between fourteen and
fifteen per cent, with six wives and six husbands falling above and six of each group below this point. With relation to all other needs, succorance is expressed at a high level of importance for both wives and husbands, with ten wives and nine husbands in the high group, based upon the total sample.

In need to be succored, wives and husbands are highly similar. Both discuss the marital relationship at some length in terms of their needs for protection, for sympathy, for being cared for by the spouse. Whether they are basically "dependent" people cannot be adequately judged from this data; much more information regarding other human relationships and performance is needed. However, both husbands and wives are searching for satisfaction of dependency needs in the marriages.

The "alcoholic marriage" is such that frequently the husbands require considerable physical and psychological care and protection. The wives most often do not receive the ordinary culturally expected amount of protection and indulgence. (They do tend to nurture their husbands, who do not reciprocate, as will be discussed later.) An important question concerns the cause and effect factors associated with the alcoholism: what was the "inter-dependency" pattern of these marriages prior to the period of husband's excessive drinking? What changes occur in the succorance pattern when the husband stops drinking?

The findings here generally agree with those of other investigators who have noted a high level of dependency in alcoholics and/or their wives. The fact that during the initial interviews, both wife and husband express a desire for a succorant kind of relationship with the spouse raises
certain questions with regard to the statement of Futterman,\(^1\) that wives of alcoholics are unable to accept weakness in themselves. With the wives studied here, the expression of a desire to be cared for was obvious in initial interviews. To what extent this would fit Futterman's notion of "acceptance of weakness" is not known, nor is it known whether these wives perceived their behavior and feelings associated with need succorance as "weak."

As noted earlier, no effort was made to establish degree of frustration of needs in these marriages. However, succorance in one need category in which there was considerable overt expression in the initial interview period of frustration of the need. It is probably safe to say that the succorant needs of neither spouse is being met in the marriage at the time of initial contact with the clinic. The high scores for both husband and wife would indicate, however, that both are still attempting to meet these needs within the marriage relationship (in contrast to affiliation and deference, for example).

**Nurturance**

The distribution of scores on need nurturance is given in Table 9.

**TABLE 9**

**RANGE OF SCORES - NURTUREANCE**

<table>
<thead>
<tr>
<th>Per Cent</th>
<th>Number of Wives</th>
<th>Number of Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>25 - 29</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>20 - 24</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>15 - 19</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>10 - 14</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>5 - 9</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>0 - 4</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

\(^1\)Futterman, *op. cit.*
The mid-point of this distribution falls at six per cent. Twelve wives are above this point; twelve husbands are below it. With relation to other needs in the total sample, it is a need high in level of expression by wives, and low for husbands; while all husbands fall into the low group, all but two wives are in the high group.

Nurturance, then, is a need of strong dissimilarity between husbands and wives of the sample. Something of the polar relationship between nurturance and succorance has been mentioned earlier. Husbands, with a high need to be taken care of, are cared for by their wives. This agrees only in part with the Winch hypothesis that highly succorant people will marry those high in need nurturance, since wives too are highly succorant, and husbands show a very low degree of nurturant needs. The hypothesis is not born out, then, with regard to succorant wives marrying nurturant men. However, as emphasized earlier, Winch is speaking of mate-selection, while in this study we are dealing with marital relationships which have changed in variant and largely unknown ways since the selection took place.

Prior to the excessive drinking, were these husbands more interested in caring for their wives? Were their wives less interested in caring for them prior to the increased demands of the husbands? To what extent do wives care for their husbands because their role expectations of themselves as women would be violated should they not respond to their husbands' need to be cared for and protected? To what extent does this protective behavior of the wife serve also as a self-protection on various personality levels? It often takes the form of preventing the neighbors from knowing

---

2Winch, op. cit., p. 214.
the circumstances, of protecting the husband's job, of preventing the children from knowing what is wrong with their father.

Alcoholics Anonymous and the association of relatives of alcoholics, Al-Anon, believe that protection of the alcoholic from the social consequences of his drunkenness retards rather than speeds his recovery. Insofar as this is accurate, questions regarding the degree of nurturant behavior of the wife, and the emotional and reality reasons for it become important for treatment. To what extent is the wife able to give up protecting her husband, or to find outlets outside the marriage for her nurturant needs? What is the effect on the husband of such a change in the wife, and in the way the two are able to relate to one another?

**Dominance**

Table 10 gives the scoring data for need dominance.

**Table 10**

<table>
<thead>
<tr>
<th>Range of Scores</th>
<th>Per Cent</th>
<th>Number of Wives</th>
<th>Number of Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35</td>
<td></td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>25 - 29</td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>20 - 24</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>15 - 19</td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10 - 14</td>
<td></td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>5 - 9</td>
<td></td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>0 - 4</td>
<td></td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

The mid-point of scores on need dominance is eleven per cent; eleven wives and one husband fall above this point; one wife and eleven husbands fall below it. Comparing dominance to all other needs in the total sample, it is expressed as highly important by wives and of relatively low importance.
by husbands; all twelve of the wives are in the high category of expression of this need, while only one husband scores high.

There is no question, then, who is the dominant spouse in these marriages. They see themselves and their husbands see them as the strong, controlling person in the relationship. The fact that they are in the position of running or attempting to run their husbands' lives is explained by them in terms of the necessity for preventing their husbands' drinking. The question immediately arises as to whether this is true or not. Actually, these wives have tried a number of methods to control their husbands' drinking, none of which have worked. This is one of the factors which has brought them to the clinic.

Why, then, do they continue? There are certainly many reality problems involved; the husband, with his present disorder, is often untrustworthy or incapable of handling the problems of daily living; the wife feels that "someone must do it" and that she is the only one available. There is often truth in this kind of statement. There is another side to the dynamic picture, however. Through managing the lives of their at present inadequate husbands these women hold on to them; the combination of dominance and nurturance keeps the husbands tied to them in a variety of ways.

The question again becomes to what extent husbands can take over from their wives some of the functions of husband and father as they stop drinking; how responsible is it possible for them to be? To what extent does a lessening of the domination of the wives effect the pattern or amount of the husband's drinking? Insofar as this domination is a factor in triggering the husband's drinking, how much of this behavior can be given up
by the wife in exchange for at least a lesser amount of drinking?

There are many ways of dominating; in this regard, need dominance will be discussed with regard to other needs of dominant wives in a following summary section.

**Autonomy**

**TABLE 11**

**RANGE OF SCORES - AUTONOMY**

<table>
<thead>
<tr>
<th>Per Cent</th>
<th>Number of Wives</th>
<th>Number of Husbands</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 35</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 - 29</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>20 - 24</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>15 - 19</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>10 - 14</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>5 - 9</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>0 - 4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

The mid-point of this distribution is between eleven and twelve per cent. Eleven husbands and one wife are above this point; one husband and eleven wives are below it. In terms of the total sample, autonomy is a need high in level of expression for husbands, but relatively low for wives; eleven husbands fall in the high category, while only three wives do so.

Here again is a need of significant dissimilarity between wives and husbands, with the husbands much higher than the wives. One of the needs highly operative in these marital relationships for the husbands is the resisting of their wives' influence or attempts to coerce them. Often they do not obey or follow instructions. They strive for independence from the wives' domination. This is one of the more frequent reasons given
for drinking - their wives cannot tell them what to do, even though they believe their wives to be right. That they fight domination through this kind of escape leaves them in a very weak position, since they are constantly in the wrong in their own as well as others' eyes. Thus they continually provoke the controlling behavior of their wives, while they are attempting to avoid being dominated.

Wives, on the other hand, show little attempt to achieve independence from their husbands; this is closely related to the fact that they are in the dominant role in these marriages at the present time.

**Aggression**

Table 12 gives the distribution of scores on need aggression.

**TABLE 12**

<table>
<thead>
<tr>
<th>RANGE OF SCORES - AGGRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Cent</td>
</tr>
<tr>
<td>----------</td>
</tr>
<tr>
<td>30 - 35</td>
</tr>
<tr>
<td>25 - 29</td>
</tr>
<tr>
<td>20 - 24</td>
</tr>
<tr>
<td>15 - 19</td>
</tr>
<tr>
<td>10 - 14</td>
</tr>
<tr>
<td>5 - 9</td>
</tr>
<tr>
<td>0 - 4</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

The mid-point of the distribution of scores on need aggression falls between twelve and thirteen per cent. Four wives and eight husbands fall above this point; eight wives and four husbands fall below it. When the relative importance of this need is viewed in the total need picture, it is found to be high for both husbands and wives. Six wives and eight...
husbands fall into the high category on aggression when compared with all other needs.

Although aggression is an important need for both husbands and wives in the marital interaction, it is considerably higher for husbands than for wives. In such unhappy marriages, where both husband and wife express dissatisfaction with the behavior of the other, it is not surprising to find the hostile and aggressive acts and wishes of the partners high in importance. It is perhaps more surprising to find so many wives much lower than their husbands in expression of this need, considering the reality situation.

In terms of case record content, most of the quarrels, the recriminations, and the expression of aggressive wishes against the spouse are related to the drinking behavior of the husband or to the reactions of wives to this behavior. Both husbands and wives express some overt guilt concerning their aggressive behavior or wishes with regard to the spouse. For the husbands, this guilt is overtly related to their hostile feelings and the fact that they see themselves in the wrong; for the wives, it is generally related to their conviction that sick people should not be treated in a hostile way, and to the fact that husbands often blame their sprees on the aggressive or belittling actions or words of the wives.

Summary

In these marriages at present, then, the husbands have little self-esteem, are self-devaluating, have little self-confidence, or faith in their own ability or worthiness. They express considerably less of this quality than their wives, who also, however, tend to denigrate themselves and to perceive themselves as of little worth. They are more aggressive
and hostile toward their wives than are their wives toward them, but wives still express a great deal of hostility toward their husbands.

The wives dominate the husbands, telling them what to do, what should and should not be done, making continuing efforts to control their husbands' behavior. (This controlling behavior is often directed toward limiting the husband's drinking, but involves other areas of their relationship as well.) The husbands' occasional efforts to demand respect, to boast and exhibit their accomplishments (real or feigned), to gain their wives' approval and praise, are not successful. That these efforts are infrequent is very likely tied up with the husbands' own feelings that they are not very admirable people, as well as being related to the wives' disinterest in deferring to them in any way.

As the wives dominate their husbands, so also do they take care of them. This satisfies, at least to some degree, the husbands' demands for succorance. This, along with wives' low level need to praise their husbands, may be a highly important factor in explaining the fact that no overt battle for control takes place in these relationships, in the sense of the husband attempting to take over the dominant role. Rather, the husbands tend to avoid domination through escape, withdrawal, or refusal to obey (a frequent reason for their drinking).

It may be speculated as to whether the hostility expressed by husbands is not related to the submissive position in which they find themselves and their abortive efforts to escape it, or to the fact that though their wives are nurturant, they still fail to meet the need demands of their husbands to be taken care of. An important diagnostic question cannot be answered here: To what extent is aggression-hostility related to
non-gratification of need in the marriage, and what needs give rise to it in both spouses?

Questions regarding aggression and dominance are complicated by the husband’s alcoholism, and the way it is interpreted by him and his wife. There are certainly many ways in which the alcoholics studied here observably do control their wives, in a passive way, through drinking. (Such behavior was not within the scope of the definition of dominance of this paper.) Also, the same wife may at various times dominate her husband in a nurturant, aggressive, or martyr-like way.

Psychodynamically, the findings of this study, particularly with regard to wives’ high nurturance-succorance, and husbands’ high autonomy-aggression, inescapably bring to mind the mother-child relationship, with particular reference to the mother who is unable to allow her child to grow up, and become independent of her. In what ways these two relationships are similar and in what ways they are not could only be determined by a carefully controlled study of two groups of pairs. 3

That this kind of intermeshing of needs is not conducive to mutual sharing and cooperation on a basis of equality is reflected in the low level of importance of affiliative needs in these marriages.

Comparison with Statements from the Literature

The statements listed at the end of Chapter I will be discussed in the

---

3 Rudkin, studying alcoholics who have received the Conditioned Response Therapy Treatment at Washingtonian Hospital, finds that they typically describe their mothers as dominating and their fathers as passive. See Barbara Rudkin, "Characteristics of the Abstaining and Relapsing Groups of Conditioned Reflex (Response) Therapy Patients at Washingtonian Hospital."
same order they are given there. With regard to the first statement, do we find that when one spouse is assertive (high autonomy, dominance, and aggression) the other is receptive (high abasement, deference, and succorance)? In the present study, only three persons score high on all three of the receptive needs, and only one scores high on all three assertive needs. It can only be said, therefore, that no groups of assertive or receptive spouses, in terms of this definition, were found in this investigation.

The second and third statements indicate that persons who are highly dominant will marry those who are not, and that highly nurturant persons will marry those who are relatively non-nurturant. The findings of this study support both of these statements with regard to the relationship of highly nurturant or dominant wives to their husbands. Since there was only one husband high in need dominance, and none high in nurturance, no statement can be made as to the relationship of highly dominant or nurturant husbands with their wives.

The fourth statement asserts that highly succorant persons marry those who are highly nurturant. This is certainly borne out by present findings with regard to marriages where the wife is the nurturant partner. However, the wives in our sample also express a high level of succorance, and their husbands are very low in nurturant qualities. Some of the uncertainties relating to the meaning of this finding have already been mentioned.

The findings of this study agree with the fifth statement - that the alcoholic male is in general high in needs abasement, aggression, autonomy, and succorance. On none of these needs, however, were all twelve of
the husbands high.

With regard to the sixth statement, findings here partially agree. The alcoholic's wife does express high need abasement, dominance, and nurturance. Also, of the eleven wives who scored high on dominance, six also scored high on aggression, indicating considerable desire to punish the husband among these couples. However, the statement indicates that wives will have as a primary need one or the other of those listed. Exactly what is meant by the word primary here is not clear, but what has come out of the present study indicates that wives of alcoholics are likely to have high scores on a combination of these needs, rather than a high score predominantly on one or another of them. For example, three wives of the sample scored high on all four of the needs; seven scored high on abasement, dominance, and nurturance; four scored high on dominance, nurturance, and aggression; no less than nine scored high on both dominance and nurturance; and none scored high on only one need of the four.

On the basis of data collected here, then, the wives studied cannot be fitted into one type or another with regard to primary need; however, it can be said that they tend to be variously high in two or more of these needs.

The seventh statement indicates that the alcoholic's wife is highly dependent, and unable to accept weakness in herself. The wives studied here overtly express a high need to be cared for by their husbands. Insofar as this corresponds with the notion of dependency in the statement, and insofar as this need to be cared for is interpreted by the wives as weakness, the findings do not support the statement. However, there are too many intangibles in the variant semantics of the statement and the need...
categories used in the study to make a definite assertion regarding it.

The conclusions reached in this study do not support the eighth statement from Chapter I, to the effect that alcoholics' wives will be aggressive to the extent their husbands are non-nurturant. Only six of the wives scored high on aggressive need, although none of the husbands scored high on nurturance. This does not mean, of course, that as treatment progresses wives may not increase expression of aggressive needs, thus moving in the direction of support of the hypothesis.

Number nine is a statement to the effect that mutual trust and sharing are absent in the alcoholic marital relationship. The low level of importance of affiliative needs found in this study tends to support this statement.

Whether this condition (lack of mutuality in the marriage) has led to psychological withdrawal and/or quarrels and recriminations, as indicated in statement number ten, cannot be judged from the data gathered here. That psychological withdrawal exists, as well as quarrels and recriminations, is borne out in the low level of importance of needs affiliation, deference, and recognition, and the high level of importance of need aggression. However, since no historical survey of the marriages was undertaken, the findings do not indicate what led to the present state of marital relationship.
CHAPTER IV

SUMMARY AND CONCLUSIONS

This study has discussed one aspect of the marital relationship of twelve couples - the patterning of overt expression of nine needs during the six week initial treatment period. In each couple the husband is an alcoholic, and both husband and wife are in treatment at the Washingtonian Hospital Out-Patient Clinic for Alcoholism.

In Chapter I, a theoretical orientation to the study was presented. First, some of the relevant literature on marital interaction was covered, illustrating three major points: (1) Husbands and wives do meet some of each other's needs, both conscious or unconscious, or marriage would not occur, or would terminate. (2) It is important for both social casework diagnosis and treatment to assess the marriage in terms of the intermeshing or patterning of these needs of husband and wife. (3) Dynamic (cross-sectional) as well as etiological (longitudinal) information is necessary in order to diagnose and treat marital difficulties.

The concept of need was discussed, and the notion of meeting of needs. Some hypotheses drawn from the literature concerning the complementarity of needs of marital partners were mentioned. It was suggested that logically one would expect to find areas of similarity and areas of difference in the need patterns of marital partners. Emphasis was placed upon the necessity for the caseworker to understand marital partners as a functioning unit, from the point of view of the intermeshing of the needs of individual spouses if psychosocial diagnosis is to be complete, and treatment
plans maximally effective.

Second, available literature on the alcoholic marriage was reviewed. The point was made and documented that marital interaction between the alcoholic and his wife and those of other couples is fundamentally similar with regard to the concept of need gratification in marriage.

A brief summary of information regarding the personality and need profile of the male alcoholic and of his wife was gleaned from the literature, with particular reference to those writers who refer in one way or another to the marital relationship of these couples. In addition, material was presented indicating that regardless of the personal pathology of the partners in these marriages, alcoholism is a chronic illness, which can be defined as a cumulative family crisis. Such crises have important effects in modifying marital interaction.

Third, from the survey of literature several statements were abstracted with which the results of the present study could be compared. These results and comparisons were considered within the general framework of two research questions:

1. In terms of material presented during the initial treatment period, in what ways are certain overtly expressed needs of alcoholics and their wives similar, and in what ways are they dissimilar?

2. What regularities appear in the intermeshing of these manifest need patterns of husband and wife?

In Chapter II, the methodology of the study was discussed. The sample was chosen from the outpatient clinic population, with the following restrictions: (1) Only male alcoholics and their wives were included; female alcoholics and their husbands were excluded. (2) Only those alcoholics
and their wives who had received concurrent treatment for at least six weeks were included. (3) Those alcoholics receiving the Conditioned Response Treatment in addition to psychotherapy were excluded.

Nine need categories were chosen for consideration and defined; no claim is made that these are inclusive of all needs operative in the marital relationships under discussion. The needs are: abasement, affiliation, aggression, autonomy, deference, dominance, nurturance, recognition, and succorance.

Data were collected from the medical, psychiatric, and casework records of the patients and their wives; the majority of material came from casework records. First, relevant socio-economic data were collected and the sample described in terms of these data. Then needs were inferred from the casework and psychiatric records of the clients, including reported behavior, and feelings, emotions, and wishes expressed by them with regard to their spouses. Degree of importance of each need for each person was determined by the number of times it was found expressed in the case records. It was found impossible for a number of reasons to establish a degree of frustration of need scale, although this was felt to be an important step to be taken.

A number of limitations of the study were outlined:

1. There is no control group, or other study which is comparable. Conclusions drawn must therefore be tentative and suggestive only.

2. Use of case records as a source of data brings into question the reliability of the scores, since focus of the interviews was not on obtaining material specifically related to the nine needs here considered, and the recording of the material is subject to the therapist's selection of
data thought most important in terms of a different frame of reference.

3. No measure of or inference about unconscious needs is attempted. This is not to deny the importance of unconscious motivation, nor the fact that much of the material discussed is derivative of such unconscious material.

4. Genetic origins of needs are not considered, nor their present derivative expression related to earlier life experiences. The aim is to evaluate the dynamic relational patterning of overt needs at the present time.

5. The material on needs is limited to expression within the marital relationship, and does not include the expression or potential gratification of needs outside the marriage.

6. No differentiation is made between those impulses acted upon and those expressed only as wishes to act in determining the strength or importance of the need.

In Chapter III the collected data were analyzed. During the initial treatment period (six weeks), husbands and wives reported behavior and emotions indicating the following intermeshing of overt needs in the marital relationship at the present time:

1. Husbands and wives are similar in affiliative (sharing) needs, which are mutually low in importance in the marital interaction.

2. Husbands and wives are similar in their low needs to defer one to the other.

3. Husbands are higher than wives in their need to be admired and praised (recognition). However, this need, too, is relatively low in importance for both spouses in the marital relationship.
4. Husbands are also higher than their wives in masochistic, self-deprecating needs. However, many wives also score high, and abasement is a need of importance for both spouses in the marital interaction.

5. Wives and husbands are similar in need to depend on (be succored by) one another. This need is highly important for both groups in the marital relationship.

6. Wives are highly nurturant toward their husbands; husbands express almost no motivation to behave nurturantly toward their wives.

7. Wives dominate and control the behavior of their husbands, who have an almost equally high need to escape domination and achieve independence.

8. Husbands report more aggressive and hostile wishes and behavior with relation to their wives than the reverse, but wives' aggressive needs in the marital relationship are also highly important.

Questions have been raised for further study, which may be summarized as follows:

1. Studies of need patterns in marriage prior to the onset of excessive drinking behavior of the husband, and after a period of sobriety, would be useful in judging the effect of the illness on the functioning of the marriage. They would also provide indications of modification of need patterns of husbands and wives, and might thus be useful in establishing treatment plans.

2. Studies focussed on ways in which needs are expressed and satisfied or frustrated outside the marital relationship would provide a better basis for diagnosis of the pattern of functioning of individual spouses, and give clues as to which of these might more appropriately be met in
the marriage.

3. The area of mutuality, of companionship, of equality of roles in marriage, might be studied in comparison to the area of hierarchy, of submission-domination, of dependence-independence. Are these two different types of marriage, or are both kinds of relationship operative in most marriages?

Two hypotheses are inferred which may be fruitful for further exploration or testing:

1. The nurturance of wives of alcoholics is primarily related to their husbands' illness and their culturally defined role expectations of women with regard to illness, rather than to a broader and deeper nurturing quality in all their social relationships.

2. Wives of alcoholics experience frustration of dependency needs in their marriages; these needs may or may not be excessive when compared with those of women in the total population. Part of the nurturant behavior of wives represents a transformation of these unmet needs into their opposite.

3. The wife-alcoholic-husband relationship is similar to the mother-child relationship, with regard to wives' (mothers') high needs dominance-nurturance and husbands' (children's) high need succorance-autonomy-aggression. There are elements of mutual identification comparable to the symbiotic mother-child relationship.

(Stamp: Approved June 1959)

Barbara Cooper
BIBLIOGRAPHY


Johnson, Dorothy M. "The Initial Interview in the Intake Process with Alcoholic Patients and their Relatives." Paper presented at the National States' Conference on Alcoholism, Miami Beach, 1955. (Dittoed by the Florida State Alcoholic Rehabilitation Program.)


