

## Clinical and Psychometric Characteristics of the Wives of Alcoholics

By JOHN B. RAE and ALAN R. FORBES

Observations on the wife of the alcoholic have been made from various standpoints. Bailey (1961), reviewing the literature, points out that interest has moved from the simple need to include her in her husband's treatment regime to seeing her as an individual who is herself handicapped, and emphasis has been placed on her dependency needs.

Price (1945) suggests that the wife's basic insecurity and her discovery after marriage that her husband is also dependent results in an increasingly vicious circle of female hostility and male inadequacy leading to the latter's escape into alcoholism. Jones (1963) noted that over half of 72 male alcoholics were insecure and dependent personalities, and the McCords (1960) stress dependency conflict as a factor in the aetiology of alcoholism.

In contrast to these views, we and others have clinically observed wives resisting their husband's cure. One severe alcoholic was greeted on his return from hospital with a home-coming present—three bottles of whisky. He remained sober, however, and a year later his wife became an alcoholic. McDonald (1956) reported a number of female patients admitted to hospital because of psychiatric breakdown consequent on the cessation of their husband's drinking.

From such latter observations the concept of the classical "alcoholic's wife" has emerged as one hostile to men, with unconscious conflict regarding her own sexuality, projecting her inadequacies on to her husband and finding in his alcoholism a defence against awareness of her own conflicts (Futterman, 1953). Reports on group therapy with wives further highlights this symbiosis (McDonald, 1958); Bullock and Mudd, 1959; Pixley and Stiefel, 1963).

Psychometric assessments of alcoholics' wives have been presented by Ballard (1959) and

Kogan (1963), but neither identified specific personality types.

### PRESENT STUDY

In our ward the M.M.P.I. (Dahlstrom and Welsh, 1960) used with Male Alcoholics has been found informative, and it was decided to administer this to wives as well. Twenty-six wives were tested; their husbands showed no evidence of brain damage and were having intensive psychotherapy or pharmacological treatments, and they had also been given the test.

Of the 26 alcoholic husbands, 2 were basically depressive and 2 were schizophrenics. The remainder were either neurotic or with character disorder. Occupationally they were professional, executive or fairly prosperous tradespeople with a mean intelligence of Grade II+ on Raven's Progressive Matrices. Their mean age was  $44.3 \pm 6.5$  and that of the wives  $42.2 \pm 6.1$  years. Mean duration of marriage was  $11.5 \pm 5.1$  years. "Severe drinking", defined as drinking of an order which introduced definite conflict into the marital relationship had been present for  $7.1 \pm 3.1$  years. "Alcoholism" defined as involving loss of drinking control, social, economic disruption with personality and behavioural changes, although more difficult to estimate temporarily, had been present for a mean of some  $4\frac{1}{2}$  years.

Of the 26 women, 14 had recognized premaritally that their intended spouse drank considerably in excess of other males in their social group, and 4 of these married knowing that their husbands had either had treatment for alcoholism or were in severe difficulties because of their drinking. None of these women drank abnormally themselves. Four men and 3 women had had a previous divorce; 2 of the women had been married to recognized alco-

holics and both later remarried men they had recognized as severe problem drinkers before the marriage. Sexual relationships were unsatisfactory for both partners in 10 cases and for a further 3 men and 2 women. Ten of these 12 women regarded sexual difficulties as preceding the alcoholism.

Ten women worked outside the home, and in 7 of the cases this was a source of conflict—in 6 of these the wife was in business partnership with her husband.

Wives were interviewed and tested within at the most four weeks of the husband's admission, although many were seen more often than this. Six women had need of psychiatric treatment themselves; two as in-patients.

#### METHOD

The M.M.P.I. was scored, and coded in the conventional manner (Dahlstrom and Welsh, 1960) and the Anxiety Index (Welsh, 1952) was calculated. For the wives, scale elevations 2 S.D. above the normative mean were noted, as was the average elevation of scores on the clinical scales and the psychotic triad (Gough, 1946); these to compare with the findings of Kogan *et al.* (op. cit.).

#### RESULTS

The group profile for the alcoholic husbands appeared as a well-marked "24" configuration, i.e. high on Depression (D) and Psychopathic Deviate (Pd) scales, displaying a cross-cultural validation with findings in the U.S.A. (Button, 1956; Ballard, 1959; Rosen, 1960; Hill *et al.*, 1962).

Although not pathologically elevated the wives' profile has a configurational similarity to that of the husbands' group profile, the highest points again being on Pd and D (Fig. 1).

Comparing our sample of wives (as a whole) with those of Kogan *et al.* (op. cit.) no significant differences were found.

The configurational similarity between husbands and wives would lead us to infer that the wives were also psychopathic personalities reacting to a stressful situation with depression and anxiety. This inference was not in accord with our clinical observations, which indicated that the wives were not a homogeneous group,

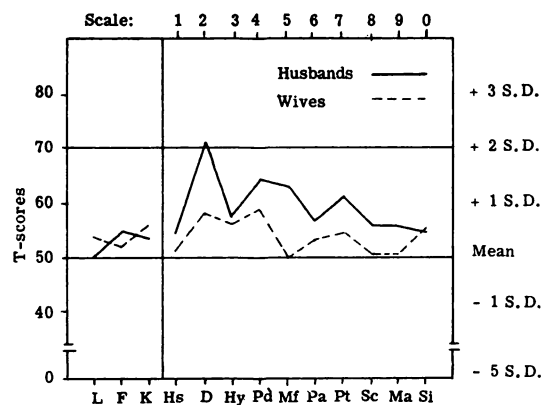


FIG. 1.—Composite profiles of married alcoholic men (N=26) and their wives.

nor with previous authors' descriptions of the classic "alcoholic's wife".

To translate such clinical descriptions into M.M.P.I. profiles commonly found in psychiatric populations one may suggest two profiles finding some concordance:

The first of these is the "49" profile with the high points on the Pd and Hypomania (Ma) scales, the elevation on the latter scale apparently reflecting the drive behind the behaviour patterns of aggression and hostility shown in the Pd scale-elevation, and the combination reflecting the acting-out of hostility and aggression. The second profile thought to reflect the clinical characteristics of the classical alcoholic's wife is the "43", where the high points are on the Pd scale, as before, and the Hysteria scale. With this combination, active expression of hostile impulses may be only episodic, but the basic aggressive drive is as much a feature of the personality as in the "49" profile, only less directly expressed, probably in the form of teasing and mild derogation. It should be noted at this point that the order of the high points in the pair does not materially alter the nature of the inferences drawn (Dahlstrom and Welsh, 1960).

In the wives here examined these combinations accounted for 11 of the individual profiles (8 with profile "43" and 3 with "49", all scores for Pd scale being above 1 S.D.). Grouping these eleven showed a well-developed 439 profile. The remaining 15, individually unremarkable, showing at a group level a well-

defined 273 profile. (Depression (D) with Psychasthenia (Pt) and Hysteria (Hy) secondarily and equally represented.) In this group there was a high score on the Social Introversion scale (Fig. 2). In a comparison

of excessive drinking in the selected spouse occurred in the 439 women ( $p < .05$ ); and a bias, in this small sample, to psychiatric disturbance in the 273 women ( $p = .109$ )—the other “classic” wives apparently tolerating their husbands’ illness more equably.

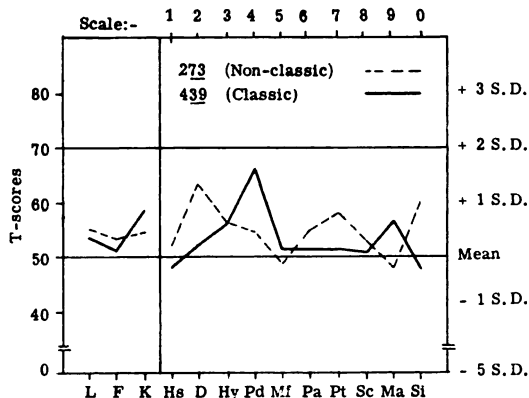


FIG. 2.—Composite profiles of the “classic” group of wives (N=11) and the “non-classic” group (N=15).

of these subgroups, the 273 wives were significantly more depressed ( $u=123.0$ ;  $p < .05$ )\* more socially inactive ( $u=135.5$ ;  $p < .01$ ) and less psychopathic ( $u=29.0$ ;  $p < .005$ ) and had less drive ( $u=46.0$ ;  $p < .05$ ) than were the 439 wives. The Pt difference was not significant but the subtler Welsh Anxiety Index showed significantly more anxiety in the 273 wives ( $u=129.5$ ;  $p < .02$ ).

The “27” profile is the most frequent in psychiatric practice implying depression, anxiety and tension; inferiority, inadequacy and insecurity. The “23” configuration implies marked dependency needs, feelings of self-doubt, insecurity, internalization and a capacity for tolerating unhappiness greater than other people (Dahlstrom and Welsh, op. cit.). The 273 combination, therefore, is radically different in clinical expectation to the 439.

The group profile of the 11 and 15 husbands of these women were constructed and found not to differ.

We looked next for any measurable clinical points of difference in the two groups of wives. A significantly greater pre-marital knowledge

\* Since the data did not meet the statistical requirements for the “t Test” (Edwards, 1960) its non-parametric equivalent, the Mann-Whitney “U” test (Siegel, 1956) was employed.

COMMENT

On considering the interview material from the wives in these subgroups, differences appeared evident. The wives who made the most impact clinically were characterized by their obvious lack of anxiety and insight, and by a cold indifference to or superficial evaluation of the dynamic factors operating in their marriage. They were unreliable witnesses, evasive and not infrequently withheld information of considerable relevance to the husband’s treatment. There were seven such notably hostile and unco-operative wives, all in the 439 group. In the 273 wives it was much more common to find resentment giving way to self-examination and a recognition sometimes of their own desire for help or of insight into their own dynamics—as in some who realized they had mistaken their fiancé’s pseudo-extraversion for true strength, with consequent frustration of their expectations and dependency needs.

Clinically, the 273 group were nevertheless more heterogeneous than the 439 and this was reflected in the individual profiles.

Dealing with such small numbers, any explanation of this heterogeneity must be tentative. However, these findings would seem to support Kogan’s contention (op. cit.) that a unitary concept of the personality of the alcoholic’s wife is untenable. She demonstrated that only half her sample, as measured by the M.M.P.I., showed abnormal personalities compared with normal controls. In our sample, all the women in the 439 subgroup were uniformly characterized by abnormal Psychopathic Deviate scores, representing a fundamental personality trait; in the 273 group none of the scales dealing with enduring personality traits were elevated, and only those of Depression, Anxiety and Social Withdrawal were abnormal, which may be considered as representing patterns of reaction rather than enduring personality characteristics. It is postulated,

therefore, that our 273 women represent essentially "normal" personalities reacting to the stress of alcoholism, whereas the 439 women who are themselves character disordered more closely approximate to the classic wife who utilizes an alcoholic husband as a neurotic defence.

Further, the differences between the two subgroups, clinically and psychometrically, suggest very different dynamics operating in the marriages, and thus the identification of these wives, particularly the 439, may have important therapeutic and prognostic implications for their husbands' illness.

#### SUMMARY

1. The M.M.P.I. was given to 26 wives of alcoholics, who also had this test.

2. The male alcoholic profile showed a marked "24" configuration, comparing with reported American data of "42" elevation.

3. The test at group level, seemed to distinguish two subgroups of wives characterized by a "439" profile, and a contrasting "273" profile. The former closely resembled the current stereotype of the classical alcoholic's wife.

4. Clinical data offer some support for this dichotomy. Identification of the psychometric characteristics of the wife is thought to be important for prognosis and therapy.

#### ACKNOWLEDGMENTS

The authors wish to thank Dr. W. McAdam, Consultant Psychiatrist, for his interest and constant enthusiasm in this study and other aspects of the work relating to it. We would also wish to acknowledge the helpful comments offered by Dr. J. Harper, Physician Superintendent, Crichton Royal, and in particular, the advice and criticisms of Dr. A. C. Tait, Director of Clinical Research.

#### REFERENCES

- BAILEY, MARGARET B. (1961). "Alcoholism and marriage." *Quart. J. Stud. Alcoholism*, **22**, 1, 81-97.  
BALLARD, R. G. (1959). "M.M.P.I.s of marriage partners." *Amer. J. Orthopsychiat.*, **29**, 528-546.

- BULLOCK, S. C., and MUDD, E. H. (1959). "Interaction of husbands and wives." *Ibid.*, **29**, 519-527.  
BUTTON, A. D. (1956). "A study of alcoholics with the M.M.P.I." *Quart. J. Stud. Alc.*, **17**, 263-281.  
DAHLSTROM, W. G., and WELSH, G. S. (1960). *An M.M.P.I. Handbook*. Minneapolis: University of Minnesota Press.  
EDWARDS, A. L. (1960). *Experimental Design in Psychological Research* (revised edition). New York: Holt, Rinehart and Winston.  
FUTTERMAN, S. (1953). "Personality trends in wives of alcoholics." *J. Psychiat. Soc. Work*, **23**, 37-41.  
GOUGH, H. G. (1946). "Diagnostic patterns on the M.M.P.I." *J. Clin. Psychol.*, **2**, 23-37.  
HALBOWER, C. C. (1955). *A Comparison of Actuarial versus Clinical Prediction of Classes discriminated by M.M.P.I.* Ph.D. Thesis, University of Minnesota. (Quoted in Dahlstrom and Welsh above.)  
HILL, H. E., HAERTZEN, C. A., and DAVIS, H. (1962). "An M.M.P.I. factor analytic study of alcoholics, narcotic addicts and criminals." *Quart. J. Stud. Alc.*, **3**, 411-431.  
JONES, H. (1963). *Alcoholic Addiction*. London: Tavistock Publications.  
KOGAN, K. L., FORDYCE, W. E., and JACKSON, J. K. (1963). "Personality disturbance in wives of alcoholics." *Quart. J. Stud. Alc.*, **24**, 227-238.  
MCDONALD, D. E. (1956). "Mental disorders in wives of alcoholics." *Quart. J. Stud. Alc.*, **17**, 282-287.  
— (1958). "Group psychotherapy with wives of alcoholics." *Ibid.*, **19**, 125-132.  
McCORD, W., and McCORD, J. (1960). *The Origins of Alcoholism*. London: Tavistock Publications.  
PIXLEY, J. M., and STIEFEL, J. R. (1963). "Group therapy for wives of alcoholics." *Quart. J. Stud. Alc.*, **24**, 304-314.  
PRICE, G. M. (1945). "A study of the wives of alcoholics." *Ibid.*, **5**, 620-627.  
RAVEN, J. C. (1958). *Guide to Using the Mill Hill Vocabulary Scale*. London: H. K. Lewis.  
— (1960). *Guide to the Standard Progressive Matrices*. London: H. K. Lewis.  
ROSEN, A. C. (1960). "A comparative study of alcoholic and psychiatric patients with the M.M.P.I." *Quart. J. Stud. Alc.*, **21**, 253-266.  
SIEGEL, S. (1956). *Non-parametric Statistics for the Behavioural Sciences*. McGraw Hill.  
WHALEN, T. (1953). "Wives of alcoholics: four types observed in a family service agency." *Quart. J. Stud. Alc.*, **14**, 632-641.  
WELSH, G. S. (1952). "An anxiety index and internalization ratio for the M.M.P.I." *J. consult. Psychol.*, **16**, 65-72.

John B. Rae, T.D., M.B., Ch.B., D.P.M., Registrar, Crichton Royal, Dumfries, Scotland

Alan R. Forbes, M.A., Senior Psychologist, Crichton Royal; now Lecturer, Department of Psychological Medicine, Medical School, University of Otago, Dunedin, New Zealand