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City University of New York,  
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GORDON ABBOTT BERKSTRESSER, III

1977

THE IMPACT OF ABNORMAL CONDITIONS ON FAMILY  
CONSUMPTION BEHAVIOR: A COMPARISON OF  
PURCHASING BEHAVIOR OF FAMILY UNITS  
CONTAINING AN ALCOHOLIC HUSBAND  
AND A NON-ALCOHOLIC HUSBAND

by

GORDON ABBOTT BERKSTRESSER, III

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1977

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Abstract

THE IMPACT OF ABNORMAL CONDITIONS ON FAMILY  
CONSUMPTION BEHAVIOR: A COMPARISON OF  
PURCHASING BEHAVIOR OF FAMILY UNITS  
CONTAINING AN ALCOHOLIC HUSBAND  
AND A NON-ALCOHOLIC HUSBAND

by

Gordon A. Berkstresser, III

Advisor: Professor Leon G. Schiffman

The objective of this study was to determine which of a selected group of variables are useful in differentiating consumption behavior of normal families and families operating under an abnormal condition. It attempted to fill a gap in the research literature by contrasting these unique groups of consumers.

The subject groups are limited to families in the "full-nest" stages of the family life cycle, with employed husbands. Abnormal families are defined as those with an alcoholic husband, and normal families are selected on the "next door neighbor" of the abnormal families basis. The literature review detailed both the family consumption

behavior research that was germane to the independent variables and the research existing on alcoholism as a family disease.

The independent variables examined were: family role orientation, perceived risk, family conflict, power within the family, family norms, family adjustment, interpersonal sources of information, mass-media sources of information, consumer innovativeness, and symptomatic behavior. Multivariate, bivariate, and reliability analyses were performed on each independent variable.

The major results of the study suggest that there are significant differences in consumption behavior between the groups, and that this market can be viewed as a target market in a social marketing sense. The power within the family variable appeared of questionable value because of mixed evidence, and the reliability of the broadcast-media sources of information variable was insufficient. An interesting discovery was that in the areas of family role orientation, perceived risk, family norms, and interpersonal sources of information, the wives of alcoholics behaved more like their husbands than they behaved like the wives of non-alcoholic husbands.

The results demonstrate the usefulness of employing a broad range of consumption-related variables with

one subject population, allowing a ranking of variables in the order of relative strength in discriminating between the groups. Family norms, perceived risk, and consumer innovativeness were found to be the best discriminators, followed by family conflict, family role orientation, symptomatic behavior, interpersonal sources of information, and family adjustment.

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The editing and typing skills of Mrs. Margaret Martin greatly facilitated the successful completion of this work.

Any omissions or errors are my responsibility alone.

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## CHAPTER I

### INTRODUCTION

#### Dissertation Objective

The objective of this study is to explore the influence of abnormal conditions on family consumption behavior. This research has been undertaken in an effort to determine which of a selected group of variables are useful in differentiating, in terms of family consumption behavior, between normal family groups and family groups operating under an abnormal condition. The variables employed were selected from those that have been employed in previous studies in consumer behavior and those that have been suggested by leading marketing scholars as being useful in microcosmic consumer behavior theory building. Families with an alcoholic husband were defined as operating under abnormal conditions. The control, or "normal," families contained a non-alcoholic husband.

#### Study Rationale

Researchers concerned with consumer behavior have begun to make contributions to the state of knowledge on the family by dividing family consumption behavior into

three main spheres: consumption, purchasing, and decision making.<sup>1</sup> It is clearly useful to study elements of the family consumption behavior in order to learn more about the relative importance of these elements. Although analysis of the elements of consumption behavior appears to be the zeitgeist, there are still wide gaps in the research that must be closed before the state of theory in consumer behavior can advance beyond its current, somewhat primitive, state.

According to Sheth, one major change likely to occur in the structure of consumer behavior theory is increased research emphasis on non-purposeful buyer behavior (primarily curiosity, novelty seeking, and exploratory behavior, as well as cue-triggered impulsive behavior), which has received relatively little attention in the past and is therefore likely to become a major area of empirical research and theory building in the future.<sup>2</sup>

A closely related gap in consumer behavior theory concerns the nature of the impact of an abnormal condition within a family on the total family consumption behavior. This question has also been ignored in the research literature, but it remains of primary importance to the understanding of family behavior.

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<sup>1</sup>Eli P. Cox, III. "Family Purchase Decision Making and the Process of Adjustment," Journal of Marketing Research, 12, (May 1975), p. 189.

<sup>2</sup>Jagdish N. Sheth. Models of Buyer Behavior (New York: Harper and Row, 1974), p. 399.

Of these two major problem areas (non-purposeful consumption and the impact of abnormal conditions on consumption), this dissertation focuses on the latter. The abnormal condition may be an external shock, such as the loss of the principal earner's job, but this is usually a short-term condition that could prove difficult to research. Other major handicaps that could influence family consumption, such as the discovery of physiological diseases like cancer or Parkinson's disease, have long-term effects, but the number of families affected by these diseases is relatively small. It would be best to find an abnormal condition that applies to a substantial portion of the population both for obtaining an adequate number of cases and for generalizing results.

#### Alcoholism Relevance

Alcoholics are defined in this study as people who are powerless to stop drinking, and whose drinking seriously alters their normal living pattern.<sup>3</sup> Although psychologists and psychiatrists differ widely in their approaches to therapy for the alcoholic, they do agree that the alcoholic exhibits abnormal behavior.<sup>4</sup>

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<sup>3</sup>The Alcoholic American. National Association of Blue Shield Plans, Newark, New Jersey, 1972, passim.

<sup>4</sup>Ibid.

Alcohol has, for millenia, been known to be an efficient and fairly cheap anxiety reducer. It is addictive to a relatively consistent percentage of the population (about 10 percent in the U.S.A., according to the National Council on Alcoholism, Alcoholics Anonymous, and the National Institute for Alcoholism and Alcohol Abuse). This is an identifiable group from which adequate responses may be obtained, as demonstrated by the extensive research conducted with alcoholics over the past two decades.<sup>5</sup>

The alcoholism literature yields extensive coverage, not only in the area of husband-wife interaction, but also with regard to other variables germane to the goals of this study. For example, Andrew Sorenson, testing McClelland's hypotheses for social alcoholics, found that alcoholic clergy have a much stronger need for power than do non-alcoholic clergy.<sup>6</sup> Power has been used as an independent variable by many sociologists studying family activities over the past decade. Also, Stephen Gorad, in a study of family interactions, found that both the alcoholic and his wife

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<sup>5</sup>See for example, Donald E. Meeks and Colleen Kelly. "Family Therapy and Families of Recovering Alcoholics," Quarterly Journal of Studies on Alcohol, 31, (June 1970), pp. 399-413; and Jane E. James and Morton Goldman. "Behavior Trends of Wives of Alcoholics," Quarterly Journal of Studies on Alcohol, 32, (June 1971), pp. 373-381.

<sup>6</sup>Andrew A. Sorenson. "Need for Power Among Alcoholic and Non-Alcoholic Clergy," Journal of the Scientific Study of Religion, 12, (March 1973), pp. 101-108.

showed greater competition and less cooperation in an interaction situation than did normal couples. Further, an analysis of trends over the duration of the study showed that the alcoholic couples changed very little, whereas normal couples increased their mutual cooperativeness.<sup>7</sup> Meeks and Kelly found that "within the dysfunctional or neurotic family, disturbed behavior may serve the end of assuring acceptance within the family."<sup>8</sup> Thus the wife may exhibit symptomatic purchasing behavior because of the husband's illness. James and Goldman report that although few marriages have actually broken up, the wife's threat to leave was the most effective measure in modifying the husband's alcoholism.<sup>9</sup> Further, they report that wives whose husbands become violent or aggressive responded more often by attacking or withdrawing. The attack could come in the form of purchases for destructive purposes. A wife's purchase of a game at which she knows her alcoholic husband will perform poorly because of his decreased motor coordination can serve as an example of a purchase for destructive purposes. In this case, it may tend to destroy the alcoholic husband's faith in his own abilities, or destroy other

<sup>7</sup>Stephen L. Gorad. "Communicational Styles and Interactions of Alcoholics and Their Wives," Family Process, 10, (December 1971), pp. 475-490.

<sup>8</sup>Meeks and Kelly, op.cit.

<sup>9</sup>James and Goldman, op.cit.

family members' respect for the alcoholic, or both. The attack might well be alternatively in the form of purchases of types or quality of foods the husband does not like because of either taste or his perception that the foodstuff item is either too "low-class" (such as hamburger) or too extravagant (such as caviar).

The behavioral science literature is rich with studies about intra-family communications. It seems reasonable to assume that abnormal conditions would reduce information exchange among family members and thus have an impact on purchasing behavior. For example, it has been suggested that:

In abnormal families, people do not seem to talk to each other as freely, frequently or explicitly as they do in normal families. Instead, as experience with families in conjoint family therapy indicates, members of abnormal families tend to withhold information from each other as to their feelings and wants. They don't communicate, and their likes and dislikes often go unverballed. On the basis of these clinical impressions, it seemed reasonable to speculate that such quantitative disturbances in intra-family communications could account for the lower efficiency in decision-making demonstrated in abnormal families.<sup>10</sup>

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<sup>10</sup>A. J. Ferreira and W. D. Winter. "Information Exchange and Silence in Normal and Abnormal Families," in Winter and Ferreira (Eds.) Research in Family Interaction (Palo Alto, California: Science and Behavior Books, Inc., 1969), p. 222.

### Marketing Relevance

The marketing literature contains several useful studies in the area of husband-wife interrelationships in purchasing, spanning the period from the late 1950's to the present. Daniel Starch,<sup>11</sup> Elizabeth Wolgast,<sup>12</sup> and R. A. Scott<sup>13</sup> are just a few of the contributors to this literature. Harry L. Davis has made important contributions in this area. Davis points out that many studies used the wife as the family's sole respondent. Although this is convenient, it can, as Davis shows, bias results, so Davis applied a multitrait, multimethod approach to measure the reliability and validity of influence measurement.<sup>14</sup> In order to explore the extent of role consensus and the changes in roles, Davis, in a later article, compares the relative influence of husbands and wives in purchasing decisions with the extent of their specialization.<sup>15</sup>

<sup>11</sup>Daniel Starch and staff. Male vs. Female: Influence on the Purchase of Selected Products as Revealed by an Exploratory Depth Interview Study with Husbands and Wives (New York; Fawcett Publications, 1958), passim.

<sup>12</sup>Elizabeth N. Wolgast. "Do Husbands or Wives Make the Purchasing Decisions?" Journal of Marketing (October 1958), pp. 151-158.

<sup>13</sup>R. A. Scott. "Husband-Wife Interaction in a Household Purchase Decision," Southern Journal of Business, 5 (July 1970), pp. 218-255.

<sup>14</sup>Harry L. Davis. "Measurement of Husband-Wife Influence in Consumer Purchase Decisions," Journal of Marketing Research, 7 (August 1971), pp. 305-312.

<sup>15</sup>Harry L. Davis and Benny P. Rigaux. "Perception of Marital Roles in Decision Processes," Journal of Consumer Research, 1 (June 1974), pp. 51-61.

It is evident from this brief review that there is a rich behavior science literature that covers husband/wife interactions in general.<sup>16</sup> In addition, there is a growing body of literature concerned with the interactions of non-alcoholic wives and their alcoholic husbands. Further, the literature covering the methodologies employed is extensive. This search has not discovered any studies dealing with the impact of abnormal conditions on family consumption behavior, however, so this study should be the initial effort toward filling the gap.

#### Study Importance

This study attempts to advance the state of theory in consumer behavior by examining the nature of the impact of an abnormal condition on family consumption behavior.

There is a growing body of knowledge about the effects of alcoholism on the family, which makes it possible to use alcoholism in examining the nature of the impact of an abnormal condition on family consumption behavior. Additionally, the fact that millions of families are affected by this abnormal condition makes alcohol-affected families an important segment of the marketing community.

The study not only adds to the limited research concerning family purchasing activities, but also for the

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<sup>16</sup>The literature on family consumption behavior is examined in detail in Chapter II.

first time examines marketing-related aspects of families with a discernable abnormal condition.

Of additional importance is the fact that this study is the first in the field of family consumption behavior to employ so broad a range of independent variables on one subject population. Prior studies have utilized one, or occasionally two, of the variables, but this research employs ten important consumer behavior variables.

#### Organization of the Remainder of the Dissertation

The second chapter in this study presents a review of the literature germane to family consumption behavior. The scope of the study is presented as the initial section of Chapter II.

Literature relating to family consumption behavior and the development of theory in this area, and alcoholism as a family disease, is the most important background information relating to this study. A summary and evaluation section, which reviews the literature that is useful within the scope of the study, ends the second chapter.

The third chapter presents a detailed, step-by-step procedural examination of the methodology employed in the research. After considering the theoretical framework, the research questions to be examined in this study are discussed, followed by discussion of the specific variables and measures used to examine the questions.

A section covering the sample used, its size, composition, and geographical parameters precedes a presentation of the research methodology for this study. The hypotheses tested in this study are enumerated and the sources of the data are detailed, as is the data collection procedure.

The method of data analysis and a summary of the entire methodology ends the third chapter.

The fourth chapter presents the results of the analysis of the data obtained by the study. The impact of the abnormal condition on family consumption behavior is discussed for each variable employed, as well as for the study as a whole.

The fifth and final chapter presents the summary, conclusions, and recommendations. The implications of the study are evaluated from the standpoint of both the practical aspects of the results and the implications for future research.

The appendix contains detailed information on the statistical techniques and computer programs used in the data analysis, as well as copies of the interviewer-administered qualifying questions and the self-administered questionnaire.

## CHAPTER II

### LITERATURE REVIEW

#### Organization of the Literature Review

This chapter first reviews family consumption behavior theory. Following this general discussion, the literature germane to specific variables useful in the study of family consumption behavior, which are used as the independent variables in this study, is reviewed. The marketing literature covering the independent variables (family role orientation, perceived risk, family conflict, power within the family, family norms, family adjustment, interpersonal sources of information, mass media sources of information, consumer innovativeness, and symptomatic behavior) is presented first.

A general review of alcoholism as a family disease is followed by a review of the alcoholism literature covering each of the independent variables in the same order as they were presented in the review of the marketing literature.

The chapter ends with a summary and evaluation of the literature review.

### Family Consumption Behavior Theory

Among those who have proposed "grand theories" of family consumption behavior there is considerable agreement about many of the components of such behavior. Wroe Alderson<sup>1</sup> states that symptomatic (non-rational) behavior and rational behavior are the two parts of the whole. Additionally, Alderson feels that problem solving, the roles played by members of the family, the family power structure, interpersonal communications, adjustment, and learning--particularly through the consumption of the mass media--are important variables.

Alderson confines his model-building to a series of formulae that are intended to yield indices of instrumental behavior (means to an end), compatible behavior (worthwhile as an end in itself), and symptomatic behavior (mentally or emotionally disturbed behavior that displaces rational behavior). The data, in the form of time and money spent in consumption behavior and the approval or disapproval of the behavior by the spouse, is considered only in relation to the husband and wife. There is no input for the children or other family members. It is, at best, a crude attempt at theory building.

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<sup>1</sup>Wroe Alderson. Dynamic Marketing Behavior (Homewood, Illinois: Richard D. Irwin, 1965), pp. 153-154.

The components of family consumption behavior deemed important by Jagdish Sheth<sup>2</sup> include non-purposeful behavior on one hand versus habitual, purposeful, and problem-solving behavior on the other hand. Sheth begins to include members of the family other than the husband and wife in the process of joint decision-making, but does not develop a quantitative method for measuring this component.

Further, Sheth feels that social class, role orientation, family life cycle, perceived risk, and intrafamily conflict are important variables in studying family consumption behavior. Although Sheth does not include non-purposeful behavior in his model, he does strongly suggest that it is perhaps the most important area for future research in the field.

Probably the most comprehensive descriptive model, which is an excellent tool for teaching, has been developed by Engel, Kollat and Blackwell.<sup>3</sup> This model distinguishes between emotional and rational consumption behavior, as do those of Alderson and Sheth. Further, the Engel, Kollat and Blackwell model specifies social class, roles, family

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<sup>2</sup>Jagdish N. Sheth. Models of Buyer Behavior (New York: Harper and Row, 1974), p. 399.

<sup>3</sup>James Engel, David Kollat and Roger Blackwell. Consumer Behavior, 2nd ed. (New York: Holt, Rinehart and Winston, Inc., 1973), passim.

life cycle, perceived risk, conflict, power, norms, information sources, and innovativeness, among many others, as variables useful in the development of theory in this field.

The framework for the development of a theory of family consumption behavior, as proposed by marketing's "grand theorists," is static. As Kenneth Boulding has said:

The accurate description of these frameworks is the beginning of organized theoretical knowledge in almost any field, for without accuracy in this description of static relationships no accurate functional or dynamic theory is possible.<sup>4</sup>

The alternative approach to the development of theory in family consumption behavior is that of conducting empirical research, which holds promise of being useful in the construction of a framework.

Perhaps the strongest argument for the "micro" approach to theory building in family consumption behavior comes from those who have proposed the "macro" approach. Many researchers have done extensive empirical research on specific variables. For example, Harold H. Kassarian has stated:

Analysis of the consumer's actions must begin with the entire situation as a whole, from which

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<sup>4</sup>Kenneth E. Boulding. "General Systems Theory--The Skeleton of Science," Management Science, 2, (3), (April 1956), p. 202.

the relevant parts can be differentiated, rather than study of the isolated parts leading to reconstruction of the behavioral act.<sup>5</sup>

Kassarjian, while proposing a "macro" theory, has engaged in and published research dealing with "micro" variables, such as dissonance, social values, and differential preference. Thus, even those who propose a "macro" approach have found it necessary, in practicality, to conduct research on the "micro" level.

#### Variables Useful in the Study of Family Consumption Behavior

Although there has been no previous research in family consumption behavior to explore the differences between normal families and those families with an abnormal condition, the variables used in this study to discriminate between the groups have been the subjects of substantial research efforts. The literature germane to each variable used in this study is now presented.

#### Family Role Orientation

The question of roles played by family members and the degree of dominance displayed by the different individuals has been widely explored by sociologists.

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<sup>5</sup>Harold H. Kassarjian. "Consumer Behavior: A Field Theoretical Approach," in Robert L. King, Ed., Marketing and the New Science of Planning (Chicago: American Marketing Association, 1968), pp. 285-289.

F. Ivan Nye<sup>6</sup> has addressed himself to the changes in family roles and provides an excellent overview of the area from the standpoint of rural sociology. Robert Blood<sup>7</sup> discusses the role orientation within the family at great length. The Blood and Wolfe index, which quantifies the relative influence of husbands and wives on eight consumption decisions, has been widely used in consumer behavior research. Davis and Rigaux<sup>8</sup> measured the extent of role specialization of husbands and wives on 25 consumption decisions, and thus expanded considerably on the Blood and Wolfe efforts. Others, such as Berey and Pollay,<sup>9</sup> have looked at the role of children as influencers in family consumption behavior. Nye has pointed out the change in roles that is constantly occurring, and this dynamic mode makes it difficult for the consumer behavior researchers to replicate studies after

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<sup>6</sup>F. Ivan Nye. "Emerging and Declining Family Roles," Journal of Marriage and the Family, 36 (May 1974), pp. 238-245.

<sup>7</sup>Robert O. Blood. "Impact of Urbanization of American Family Structure and Functioning," Sociology and Social Research, 49 (January-February 1964), pp. 15-16.

<sup>8</sup>Harry L. Davis and Benny P. Rigaux. "Perception of Marital Roles in Decision Processes," Journal of Consumer Research, 1 (June 1972), passim.

<sup>9</sup>Lewis A. Berey and Richard W. Pollay. "The Influencing Role of the Child in Family Decision Making," Journal of Marketing Research, 5 (February 1968) pp. 70-71.

a period of time. The implications for the validation of instruments measuring roles is obvious. For example, over the last decade the roles of husbands and wives in choosing an automobile have shifted considerably from the position of its being the husband's role to select and purchase the automobile to its being the role of each partner to supply input into the selection and purchase. The husband still has the dominant role, but the wife's role is no longer negligible. Since the choice of automobile is one of the eight decisions in the Blood and Wolfe index, the comparison of samples separated by 20, or even 10, years will be contaminated by the changing roles. The roles of initiator, decider, purchaser, and user, and the amount of husband-dominant, wife-dominant, and mutual agreement behavior demonstrated in each role have been studied by many marketing researchers.<sup>10</sup>

#### Perceived Risk

The subject of perceived risk as introduced to marketing and consumer behavior by Raymond A. Bauer<sup>11</sup> in 1960, has been the subject of considerable research. Uncertainty is present in all consumption activities, and,

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<sup>10</sup>See, for example, Sheth, op.cit., pp. 28-9, Davis, op.cit. and Philip Kotler. Marketing Management, 2nd ed. (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1972), p. 113.

<sup>11</sup>Raymond A. Bauer. "Consumer Behavior as Risk-Taking" in Robert S. Hancock, Ed., Dynamic Marketing for A Changing World (Chicago: American Marketing Association, 1960), pp. 389-398.

unless steps are taken to quantify the vague uncertainty and define the probable consequences, it usually results in a static situation that precludes any action. The research efforts of Cox, Cunningham, Arndt, Jacoby and Schiffman, among others, have moved toward quantifying the dimension of consumer behavior called perceived risk. This approach produces a process by which the probability of various outcomes may be considered, so that the static situation of uncertainty is replaced by a dynamic situation of risk, in which actions are taken (purchases made) in light of probable outcomes. Such risk is referred to as "perceived risk" because the consumer can deal with only that which is perceived or known. Certainly there are new products that involve elements of risk about which no one, including the designer, engineer, marketer, or consumer, has any knowledge. This may well be, as Ross<sup>12</sup> calls it, "real world" or "objective" risk; but, since the consumer does not perceive the risk, it cannot influence his behavior. Jacoby and Kaplan<sup>13</sup> have not only studied the components of perceived risk but also have established scales to measure it.

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<sup>12</sup>Ivan Ross. "Perceived Risk and Consumer Behavior: A Critical Review." Unpublished working paper No. 21, University of Minnesota (October 1974), passim.

<sup>13</sup>J. Jacoby and L. Kaplan. "The Components of Perceived Risk," in M. Venkatesan, Ed., Proceedings, Third Annual Conference, Association for Consumer Research (Chicago: University of Chicago, 1972), pp. 382-393.

The reduction of risk is assumed to be the goal of consumers by most researchers, including Cox<sup>14</sup> and Cunningham,<sup>15</sup> but this assumes a rationality on the part of the consumer that has never been demonstrated. An extreme example of the obverse can be seen in the compulsive gambler whose objective is to loose, and who thereby strives to increase risk. Other symptomatic behavior patterns must certainly exist, in which consumers strive to increase rather than to reduce the risk perceived in the consumption situation.

Further, marketing researchers have generally assumed that the level of perception is a function of the qualities of the product or service and the amount of information available, but they have not looked closely at the personality differences between consumers. The predisposition to ignore, or not perceive, risk as a function of the characteristics of the consumers is a valid area of exploration. Just as arthritics who have to deal with constant pain may not perceive the same level of risk, and scholars, spiritualists, or others highly committed to an intense channelization of conscious effort may have chosen

<sup>14</sup>D. F. Cox. Risk-Taking and Information-Handling in Consumer Behavior (Boston: Harvard University Press, 1967), pp. 34-81.

<sup>15</sup>S. M. Cunningham. "The Major Dimensions of Perceived Risk," in D. F. Cox, Ed., Risk Taking and Information-Handling in Consumer Behavior (Boston: Harvard University Press, 1967), pp. 82-108.

to ignore the risk that others perceive, alcoholics, who have anesthetized large portions of their brains for long periods of time, may be unable to perceive the level of risk that others do in a particular product or group of products.

Although many products used in perceived risk research projects, such as coffee in Arndt's studies and salt substitute in Schiffman's, are used by several members of the family, most of the research has centered on individuals. Almost no attention has been given to the aggregate or composite risk perceived by a family group in a purchasing situation. Without doubt, it will be difficult, if it is at all possible, to develop methods of measuring the perceived risk of a family group as an aggregate quantity; yet there are many consumption situations that are undertaken by a family group as a whole, not by individuals.

#### Family Conflict

It is certain that conflict between family members affects consumption behavior, but it is difficult to study. Sheth<sup>16</sup> postulates that a large number of the family's buying decisions seem to involve conflict on evaluative beliefs rather than on buying motives. (That is, for instance, the family members agree that a new car is needed but differ on whether it should be a sedan, a station wagon

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<sup>16</sup>Sheth, op.cit., p. 32.

or a convertible). No empirical evidence is given to support this statement. Asking family members to report conflict on self-administered instruments would seem to produce better results than having an interviewer present, but since there are great social pressures on family members to hide or deny the presence of intrafamily conflict, any data obtained through direct questions is suspect. Theodore Jacob<sup>17</sup> reports that studies on conflict in schizophrenic and control families by means of verbal frequency measures, such as simultaneous speech and interruptions, number of intrusions, and overlaps and interruptions, indicate that schizophrenic families express greater conflict than normal families; but the use of such direct observation techniques in marketing research is simply not feasible, given current resource constraints.

Conflict in joint buying decisions has been studied by several researchers. Some studies have examined the husband-wife conflict in joint decision making about automobiles and other major items.<sup>18</sup>

The sociology literature yields such studies as Strodtbeck's work on husband-wife interaction over

<sup>17</sup>Theodore Jacob. "Family Interaction in Disturbed and Normal Families: A Methodological and Substantive Review," Psychological Bulletin, 82 (1), (January 1975), pp. 33-65.

<sup>18</sup>Wroe Alderson. Basic Research Report on Consumer Behavior (Philadelphia: Alderson and Sessions Associates, 1957),

revealed differences<sup>19</sup> and Ryder and Goodrich's work on responses to disagreement between husbands and wives.<sup>20</sup> These studies indicate that conflict is resolved among normal couples in about an even split between "husband wins" and "wife wins."

#### Power Within the Family

Power, or the ability to terminate or prevent conflict, is another difficult area for study. Perhaps the best conceptually related index of power is the outcome of a game played by the family, in which power is equated with winning: the greater one member's effectiveness in persuading other members to accept his individual desires, the greater is the power inferred. Eli Cox,<sup>21</sup> in a review of the marketing literature, states that power within a family is thought to be, generally, equally divided between husband and wife, but not uniformly distributed throughout all areas of family

<sup>19</sup>F. L. Strodtbech. "Husband-Wife Interaction Over Revealed Differences," American Sociological Review, 16 (1951), pp. 468-473.

<sup>20</sup>Robert G. Ryder and D. Wells Goodrich. "Married Couples' Recourses to Disagreement," Family Process, 5 (1966), pp. 30-42.

<sup>21</sup>Cox, op.cit., p. 159.

decision making. Although Ferreira and Winter<sup>22</sup> reported no reliable differences between family groups in terms of the proportion of "dictatorial decisions," Haley<sup>23</sup> reported an equalitarian power structure in normal families (father = mother = child) and a father-dominated power structure in abnormal (schizophrenic) families (father > mother = child). Perhaps the concept of power has been avoided by contemporary consumer behavior researchers because of the emphasis Ernest Dichter, Alfred Adler, and other neo-Freudians placed on the concept, and certainly it is difficult to translate the concept from the clinic into a study of market segments. For example, Sheth has avoided the question by mentioning only the processes of problem solving, persuasion, bargaining, and politics in conflict resolution.<sup>24</sup> Certainly, as more members of the family produce incomes, as laws protecting wives and children from physical abuse are enacted and enforced, as education for women reaches higher levels, and as social and religious beliefs undergo change, the traditional bases of power for husbands change. These changes, far from

<sup>22</sup>A. Ferreira and W. Winter. "Family Interaction and Decision Making," Archives of General Psychiatry, 13, (1965), pp. 214-223.

<sup>23</sup>J. Haley. "Family Experiments: A New Type of Experimentation," Family Process, 3 (1964), pp. 41-65.

<sup>24</sup>Sheth, op.cit., p. 33.

reducing the importance of understanding the power structure within the family, actually make family power structure an even more important area for consumer behavior researchers in the development of theory.

#### Family Norms

Marketers have long been interested in norms. Family norms and other group norms are of special importance because they affect the consumption behavior not only of the family as a unit but also of the individual members of the family. Morris and Winter<sup>25</sup> stated, "There are two criteria used by families to judge their housing condition, family norms and cultural norms." Robertson,<sup>26</sup> in an empirical test of the effect of the group on the innovation behavior of its members, concluded: "Variables correlating most highly with innovativeness are group norm on innovation, cosmopolitanism, and level of perceived risk." The higher the level of family norms, the more predictable is the consumption behavior.

#### Family Adjustment

Any theory of family consumption behavior must take into account the manner in which the relationships change. The progress of adjustment, which begins even

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<sup>25</sup>Earl W. Morris and Mary Winter. "A Theory of Housing Adjustment," Journal of Marriage and the Family, 37 (February 1975), p. 79.

<sup>26</sup>E.S. Robertson in Sheth, op.cit., p. 326.

before marriage, progresses, as the family ages, to the point where the perceptions and preferences of individual family members coincide to a relatively high degree. Cox<sup>27</sup> has studied the process as it relates to husbands and wives, while Morris and Winter<sup>28</sup> have worked in terms of family preferences in housing (including all members of the family). Alderson<sup>29</sup> states, "Congenial behavior can be characterized as compatible or incompatible with respect to the degree of adjustment of two individuals." Alderson uses a formula based on shared and/or approved expenditure of time and/or money to produce his indices, but what he is measuring is adjustment. Herbert<sup>30</sup> shows that some adjustment takes place between married couples because of "brainwashing," threats, and promises, as well as through respect, love, growth, and maturation. While the causes of adjustment are still being examined by sociologists, the measurability of adjustment is well established and may be useful in discriminating between consumption behavior of normal and abnormal families.

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<sup>27</sup>Cox, op.cit., p. 190.

<sup>28</sup>Morris and Winter, op.cit., pp. 83-84.

<sup>29</sup>Alderson, Dynamic Marketing Behavior, p. 150.

<sup>30</sup>Martin Herbert. "Why Married Couples Grow Alike," New Society, 13, (340) (April 3, 1971), pp. 518-521.

### Interpersonal Sources of Information

For centuries marketers have recognized the importance of interpersonal information exchange. Packard's "Ask the man who owns one" slogan is an example of this recognition. Families use members of the family and persons external to the family as sources of information about consumption decisions. King and Summers,<sup>31</sup> in an excellent review of consumption decision making have stated:

Although an impressive amount of research has been accumulated on the importance of interpersonal communication, both as a vehicle for the dissemination of information and as a source of influence in a wide variety of contexts, research on the receiver or influencee and the transmitter-receiver dyad is scarce.

What research does exist indicates that family members do represent an important source of interpersonal communication. King and Summers<sup>32</sup> report that 10 to 12 percent of respondents name family members as sources of information on new products on unaided- and aided recall-of-information questionnaires and that relatives who do not reside in the house "play an important role--second only to friends and neighbors" as sources of information about operating the household.

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<sup>31</sup>Charles W. King and John O. Summers. "Dynamics of Interpersonal Communication: The Interaction Dyad," in Donald F. Cox, Ed., Risk Taking and Information Handling in Consumer Behavior (Boston: Harvard University Press, 1967), pp. 240-264.

<sup>32</sup>Ibid., pp. 245-246.

Of all sources of information considered "helpful" in "keeping informed about current fashions" by women in New York, Cleveland, and Boston, King and Summers<sup>33</sup> indicate that interpersonal communication accounted for about 20 percent, or about the same as the general mass media. Shopping in stores and specialized fashion sources accounted for the balance of the information

Of the 50 percent interpersonal dyads identified in the Boston study, 50 percent involved relatives report King and Summers,<sup>34</sup> who conclude:

The family plays an important role in interpersonal communication in the socialization of children and in interaction within the extended family. The specific functions of family versus nonfamily interactions may be different, but this area has not been explored.

Reynolds and Darden<sup>35</sup> utilized interpersonal information seeking, along with opinion leadership, fashion interest, and self-confidence in their study of the area. Further, they developed scales to measure the interpersonal sources of information. Schiffman<sup>36</sup> found that even when circumstances could easily reduce interpersonal sources of information there is still a discernable flow of "product related communication."

<sup>33</sup>Ibid., pp. 250-251.

<sup>34</sup>Ibid., pp. 255-256, 261.

<sup>35</sup>F. D. Reynolds and W. R. Darden. "Mutually Adaptive Effects of Interpersonal Communication," Journal of Marketing Research, 8, (November, 1971), pp. 449-454.

<sup>36</sup>Leon G. Schiffman. "Sources of Information for the Elderly," Journal of Advertising Research, 11, (5), (October 1971), pp. 33-37.

### Mass-Media Sources of Information

Mass media complement interpersonal sources of information. According to King and Summers,<sup>37</sup> "The mass media accelerate the spread of fashion awareness and information." The exact nature of the link between the mass media and interpersonal communications is still not clear. The two-step flow hypothesis, as proposed by Lazarsfeld, Berelson and Gaudlet,<sup>38</sup> suggests that influences and ideas "flow from [the mass media] to opinion leaders and from them to the less active sections of the population." Sheth's<sup>39</sup> study of diffusion of razor blades has indicated that there may be a three or more step flow. Engel, Kollat and Blackwell<sup>40</sup> have suggested that "more attention should be given to relationships between the volume and content of marketer-dominated advertising and the volume and type of word-of-mouth communication." Summers<sup>41</sup> has developed

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<sup>37</sup>King and Summers, op.cit., p. 248.

<sup>38</sup>P. F. Lazarsfeld, B. R. Berelson and H. Gaudlet. The People's Choice (New York: Columbia University Press, 1948), p. 151.

<sup>39</sup>J. N. Sheth. "Word-of-Mouth in Low-Risk Innovations," Journal of Advertising Research, 11 (June 1971), pp. 15-18.

<sup>40</sup>Engel, Kollat and Blackwell, op.cit., p. 407.

<sup>41</sup>John O. Summers. "Media Exposure Patterns of Consumer Innovators," Journal of Marketing, 36, (January 1972), pp. 43-49.

a method of measuring the media exposure of consumers in an attempt to differentiate innovators and early adopters from later adopters of new products. Summers found that innovators are disproportionately more exposed to the mass media than are later adopters and that they often complement future promotions by visual display of the product and by word-of-mouth communication, but he did not attempt to define the link between the mass media and interpersonal sources.

#### Consumer Innovativeness

Consumer behavior researchers have long believed that innovators, who are so important in the diffusion process, are different in important, measurable ways from later adopters. As stated by Engel, Kollat and Blackwell,<sup>42</sup>

In a compilation of 4197 empirical findings (by the Diffusion Documents Center at Michigan State University), it was found that 2486 related to the problem of determining independent variables associated with innovativeness.

Some research has been oriented toward finding the relationship between innovators and opinion leaders. For example, Baumgarten<sup>43</sup> states, "Interestingly, past research findings concerning the characteristics of innovators and early

<sup>42</sup>Engel, Kollat and Blackwell, op.cit., p. 599.

<sup>43</sup>Steven A. Baumgarten. "The Innovative Communicator in the Diffusion Process," Journal of Marketing Research, 12, (February 1975), pp. 12-18.

adopters have generated a very similar profile to that of opinion leaders." The role of the family in encouraging or discouraging innovative consumption behavior and the differences between families rather than individuals on this important marketing variable have been sadly neglected. A number of researchers have found a positive correlation between adoption and perceived risk, but the effect of abnormal conditions on this relationship has not been considered.<sup>44</sup> Donnelly and Etzel<sup>45</sup> have shown that innovators tend to be exposed to more magazines, are involved in more organizations, are realistic in their aspirations, and tend toward greater risk taking. The role of the family in encouraging or discouraging innovative consumption behavior and the difference between families rather than individuals on this important marketing variable have been sadly neglected.

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<sup>44</sup>For example, see: J. Coleman, E. Katz, and H. Mangel. "The Diffusion of an Innovation Among Physicians," Sociometry, 20 (1957, pp. 253-269; J. Arndt. "Perceived Risk, Sociometric Integration and Word-of-Mouth in the Adoption of a New Food Product," in D. F. Cox (Ed.), Risk-Taking and Information Handling in Consumer Behavior (Boston: Harvard University Press, 1967), pp. 289-316; and Leon G. Schiffman. "Perceived Risk in New Product, Trial by Elderly Consumers," Journal of Marketing Research, 9, (1972), 106-108.

<sup>45</sup>J. H. Donnelly and N. J. Etzel. "Degrees of Product Newness and Early Trial," Journal of Marketing Research, 10, (August 1973), p. 295.

### Symptomatic Behavior

The final aspect of family consumption behavior to be reviewed is that of symptomatic behavior. Otto Pollak<sup>46</sup> in discussing this area stated:

It is the central proposition of this essay that many purchasing decisions are made not in order to acquire but in order to destroy, in order to gratify hostility rather than to attain comfort or enjoyment. These purchasing decisions can be judged to be symptomatic because they do not facilitate living but make it more burdensome for the purchaser and his associates.

With regard to the family, Pollack<sup>47</sup> points out that

.... Purchases decided upon by the wife may express hostility and destructiveness toward the husband, and possibly even the children, more frequently than is generally assumed.

Further, he states:

Apart from hostility and aggression directed at specific persons, purchasing decisions may also reflect a feeling of generalized hopelessness and defeatism.<sup>48</sup>

Alderson,<sup>49</sup> in developing his theory of consumer behavior, feels that symptomatic behavior displaces the combination of normal or effective behavior within the family.

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<sup>46</sup> Otto Pollak. "Symptomatic Factors in Consumer Behavior," in R. Cox, Wroe Alderson and Stanley Shapiro, (Eds.), Theory in Marketing, 2nd ed. (Homewood, Illinois: Richard D. Irwin, 1964), p. 282.

<sup>47</sup> Ibid., p. 285.

<sup>48</sup> Ibid., p. 286.

<sup>49</sup> Wroe Alderson. Dynamic Marketing Behavior (Homewood, Illinois: Richard D. Irwin, 1965), pp. 144-163.

Alderson's proposal that symptomatic behavior can be quantified by measuring all rational behavior and then assuming that the difference between the rational measures and totality is accounted for by symptomatic behavior is not realistic. It is simply not possible to measure all rational consumption behavior. This does not mean that the study of symptomatic consumer behavior has no value, but it does mean that other measurement techniques must be found.

#### Alcoholism as A Family Disease

The literature search for this study has already gone beyond the bounds of the traditional marketing literature, and now it must range even further and enter the area of alcoholism. This section of the literature review follows the same order of variables as in the preceding section on family consumption behavior.

It should first be noted, as Joan Jackson<sup>50</sup> has stated in her excellent review of family adjustment to alcoholism, that although the subjects of families under stress and alcoholism have both received increased attention from sociologists in recent years, very little has appeared on the families of alcoholics. During the 23 years

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<sup>50</sup>Joan K. Jackson. "The Adjustment of the Family to the Crisis of Alcoholism," Quarterly Journal of Studies on Alcohol, 15 (4) (December 1954), p. 562.

since her review was written, a good deal of research has been undertaken, but the study of alcoholism as a family disease is still in its infancy. No grand theory has evolved, and the empirical research that has been undertaken has been severely limited in scope.

#### Family Roles and Alcoholism

The roles of family members in a family containing an alcoholic change to accommodate the abnormal situation. Jackson<sup>51</sup> speaks of the wish of the recovering alcoholic "to be reinstated in his former roles." She also notes that usually the first role to be reestablished is that of primary income producer. A more recent study by Edwards, Harvey and Whitehead,<sup>52</sup> in discussing wives of alcoholics, concludes that:

They may suffer personality dysfunction and react to their situations with changes in coping methods and roles within the family when their husbands are drinking to excess; but if their husbands become abstinent, they will experience progressively less dysfunction.

Although role change or role reversal has been noted in families containing an alcoholic, the extent has not been measured and this study is designed to shed more light in this area.

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<sup>51</sup>Ibid., p. 583.

<sup>52</sup>P. Edwards, C. Harvey and P. C. Whitehead. "Wives of Alcoholics: A Critical Review and Analysis," Quarterly Journal of Studies on Alcohol, 34 (1973), pp. 112-132.

### Perceived Risk and Alcoholism

Even though perceived risk, from a marketing viewpoint, has not been studied among alcoholics, the willingness of alcoholics to take risks has been established. We might almost assume, noting the high rate of fatal automobile accidents involving alcoholics, that little research is needed, but Krauss, Mozdzierz, and Macchitelli<sup>53</sup> have shown in a recent study that alcoholics had higher risk-taking scores than did the control group. They conclude:

Alcoholism may be conceptualized as a chain of decisions to take ethical risks: drinking decreases the alcoholic's fear of punishment, his high willingness to take risks is thereby further increased and he is motivated to continue drinking.

These conclusions were supported in a 1973 study by Cutter, Green and Harford<sup>54</sup> which concluded that alcoholics do have a high willingness to take risks.

### Conflict Within the Alcoholic Family

It is impossible to conceive of any family group in which some conflict does not, from time to time, exist.

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<sup>53</sup>H. H. Krauss, G. J. Mozdzierz and F. J. Macchitelli. "Ethical Risk-Taking Among Alcoholics," Quarterly Journal of Studies on Alcohol, 32 (1971) pp. 775-781.

<sup>54</sup>H. S. G. Cutter, L. R. Green and T. C. Harford. "Levels of Risk Taken by Extraverted and Introverted Alcoholics as a Function of Drinking Whisky," British Journal of Social Clinical Psychology, 12 (1973), pp. 83-89.

Within the family containing an alcoholic, the 40 to 60 percent separation or divorce rate is an indication, in itself, of a high degree of conflict. Stephen Gorad's<sup>55</sup> study found that ".... both the alcoholic and his wife used cooperative messages less than the normals." As far back as 1957, Mitchell and Mudd<sup>56</sup> were looking at ".... the interrelatedness of excessive drinking and marital conflict ....., " but little progress has been made in developing the methodology for quantifying the conflict.

#### Power in the Alcoholic Family

In an important study from the alcoholism literature, Sorenson<sup>57</sup> found, in testing Roman Catholic and Episcopalian clergy (all males), that, regardless of denominational affiliation, the alcoholics had a need for power and non-alcoholics were characterized by no need for power. These findings were confirmed by Gorad's<sup>58</sup> study, which indicated that the alcoholic husband and his non-alcoholic wife each tried to dominate, or get power over, the other.

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<sup>55</sup>Gorad, op.cit.

<sup>56</sup>H. E. Mitchell and E. H. Mudd. "The Development of A Research Methodology for Achieving the Cooperation of Alcoholics and Their Non-alcoholic Wives," Quarterly Journal of Studies on Alcohol, 18 (1957), pp. 649-657.

<sup>57</sup>Sorenson, op.cit.

<sup>58</sup>Gorad, op.cit.

### Norms and the Alcoholic Family

Of interest in this study is the positive association between the development of anomy (normlessness) and the development of alcoholism. According to L. A. Phillips,<sup>59</sup> this relationship could not be explained by sociocultural factors, which suggests that for the alcoholic it is the alcoholism that produces the anomy. Further, Rybach<sup>60</sup> has shown that alcohol disrupts remote as well as short-term memory, and it is difficult to develop norms if memory is adversely affected.

### Adjustment Within the Alcoholic Family

The area of adjustment has been the subject of research efforts in the alcoholism field. Kephart<sup>61</sup> shows an inverse relationship between marital adjustment and excessive drinking. James and Goldman's<sup>62</sup> results support previous indications of changing family adjustments in the different stages of the husband's alcoholism.

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<sup>59</sup>Lorne Arthur Phillips. "Anomy and Alcoholism: A Causal and/or Concomitant Relationship" (Unpublished doctoral dissertation, Washington State University, 1973), Dissertation Abstracts International, 34 (6) p. 375-A.

<sup>60</sup>Ralph S. Rybach. "The Continuum and Specificity of the Effects of Alcohol on Memory," Quarterly Journal of Studies on Alcohol, 32 (1971), pp. 995-1016.

<sup>61</sup>Kephart, op.cit.

<sup>62</sup>James and Goldman, op.cit.

Interpersonal Information Exchange and Alcoholism

Ferreira and Winter<sup>63</sup> have emphasized the importance of intrafamily communication by pointing out that members of abnormal families tend to withhold information from each other. Where there is lower communication, there is less chance of having interpersonal sources of information; however, the literature search has not revealed prior research in the amount of extra-family communications among abnormal family groups, but the logical conclusion is that those whose intrafamily communications are lower because of an abnormal condition in the family will seek extrafamily sources. Certainly Gorad's<sup>64</sup> findings that the communication style within families containing an alcoholic produced an inability to function as a unit for mutual benefit would imply that the bulk of interpersonal sources of information must come from outside the family.

Mass Media and the Alcoholic Family

The relatively high social isolation of families with an alcoholic husband (69 percent occurrence, according to Lemer)<sup>65</sup> indicates that these families must rely heavily on the mass media for information about products or services.

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<sup>63</sup>Ferreira and Winter, "Information Exchange,"  
p. 272.

<sup>64</sup>Gorad, op.cit.

<sup>65</sup>Lemer, op.cit.

Since Ryback<sup>66</sup> has pointed out the negative effect of alcohol consumption on memory, the repetition of messages by the mass media may be of significant importance for this group.

#### Consumer Innovativeness and Alcoholism

Although there are no studies that shed light directly on the question of innovativeness among alcoholics, the high willingness to take risks would tend to elevate their scores in this area, while the low social interaction would tend to depress the scores.

#### Symptomatic Behavior in the Alcoholic Family

Because the hostility<sup>67</sup> within the family containing an alcoholic is high, this implies a high degree of symptomatic behavior. Futterman<sup>68</sup> discusses the "... wife's hostility and her need to depreciate her husband in order to preserve a relationship which solves her own problems."

This certainly is evidence of symptomatic behavior.

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<sup>66</sup>Ryback, op.cit.

<sup>67</sup>For discussions of hostility among alcoholic families see: S. Futterman. "Personality Trends in Wives of Alcoholics," Journal of Psychiatric Social Work, 23 (1953), pp. 37-41; and Stephen L. Gorad, "Communicational Styles and Interactions of Alcoholics and Their Wives," Family Process, (December 1971), pp. 475-490.

<sup>68</sup>Futterman, op.cit.

### Summary and Evaluation

This chapter has reviewed the literature germane to this study and has established the order of presentation of the independent variables which is continued in the following chapters. The literature review was divided into three sections: (1) family consumption behavior theory, (2) key consumer behavior variables, and (3) alcoholism as a family disease. Within these sections, literature pertaining to each of the control and independent variables used in the study was discussed.

The literature review not only pointed out the gaps in the knowledge of consumer behavior but also suggested clues as to which specific variables might be profitably explored.

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## CHAPTER III

### METHODOLOGY

This chapter first describes the theoretical framework and research questions to be answered. Then the variables, measures and hypotheses that operationalize the research questions are detailed. Finally, the methods used to implement the study are presented.

#### Theoretical Framework

The twelve constructs listed below, which were suggested by the review of the alcoholism, behavioral sciences, and marketing literatures in Chapter II, are the variables chosen for examination in this study. They are social class, family life cycle, family role orientation, perceived risk, family conflict, power within the family, family norms, family adjustment, interpersonal sources of information, mass media sources of information, consumer innovativeness, and symptomatic behavior. This study attempts to identify variables that discriminate between the normal and abnormal consumer groups and therefore indicate the impact of the abnormal condition on family consumption behavior.

### Research Questions

The three research questions examined in this study are: (1) Are there any differences in consumption behavior between normal families and families with an abnormal condition? (2) If yes, what are the implications of these differences to marketers? and (3) What are the implications for future research in the area?

### Variables, Measures, and Hypotheses

#### The Dependent Variable

Family consumption behavior is the dependent variable explored in this study. This variable has two values:

1. Family consumption behavior under abnormal conditions. This level is operationalized by defining abnormal conditions as existing when the husband is an alcoholic but the wife is not. This groups was selected from members of Alcoholics Anonymous (AA) who have had at least one month, but no more than four months, of sobriety.

Within the counties of Cape May, Atlantic, Ocean, Salem, Gloucester, Cumberland, and Burlington in the State of New Jersey (generally referred to as South Jersey) there are over 150 local groups of AA. A cluster sampling was used in this study in which 50 AA groups were selected at random and two respondents were selected from each of the 50 groups. Because of time constraints imposed by the fact that new products become old products in the perception of

consumers within a few short months and thus no longer serve to measure innovativeness, it was not possible to wait for AA groups to get qualified respondents, so groups with no qualified respondents were passed over.

The minimum sobriety of one month conforms to the one-month stay at almost all alcoholic rehabilitation homes. It is generally accepted as the minimum length of sobriety necessary to regain the ability to function in society. After three months of continuous sobriety, AA groups give the new member a pin signifying membership. That organization feels that the new member has thus begun to make permanent the change from drinking to non-drinking behavior.

2. Family consumption behavior under normal conditions. This level of the dependent variable is operationalized by defining normal conditions as existing when neither the husband nor the wife is alcoholic. This group was selected by the interviewer on the basis of next door neighbor preferred, then dwelling by dwelling until a qualified family was located.

In order to avoid inclusion of alcoholics in the normal group, a "screen" developed by a committee of medical authorities who feel that if several of the behavioral and physiological criteria they list are present they are sufficient for the diagnosis of alcoholism, was used. Such criteria include: in the physiological area, vascular engorgement of the face and cigarette or other burns on hands

or chest; and in the behavioral area, surreptitious drinking, morning drinking, frequent job changes, and frequent reference to drinking alcohol.<sup>1</sup>

It is the opinion of the researcher that the erroneous rejection of some qualified candidates, which may have occurred with this screen, will not seriously affect the study. The selection of the normal group from among the neighbor of the abnormal group was undertaken to help control such variables as social class and family life cycle. The number of refusals and rejections for such reasons as only one adult in the family, no dependent children living at home, and unemployment of the husband was substantially greater than rejections of respondents for probable alcoholism.

#### The Control Variables

Although 12 variables were previously listed in the theoretical framework section, two of these variables have been used as control variables rather than as independent variables.

Family Life Cycle. There is a relatively high rate of separation or divorce (40 to 60 percent, according to

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<sup>1</sup>"Criteria for the Diagnosis of Alcoholism"  
American Journal of Psychiatry, 192 (2) (August 1972),  
pp. 130-131.

several studies)<sup>2</sup> among alcoholic males and their non-alcoholic wives. Further, there is a higher ratio of divorce or separation among those who have no dependent children than among those with children.<sup>3</sup> This eliminates the possibility of using the family life cycle as an independent variable in this study, even though prior research has shown it to be a useful discriminating variable in consumer behavior studies.<sup>4</sup>

Recognizing this restriction, the prudent course of action, given the built-in bias among the abnormal group, was to make the family life cycle a control variable. In obtaining respondent families, only those with husband and wife living together with at least one dependent child ("full nest" families) were selected. It was felt that this would eliminate a source of variance that otherwise might jeopardize the study.

Social Class. In the opinion of a number of consumer researchers,<sup>5</sup> social class is an important

<sup>2</sup>E. M. Lemer. "The Occurrence and Sequence of Events in the Adjustment of Families to Alcoholism," Quarterly Journal of Studies on Alcohol, 21 (December 1960), pp. 679-697.

<sup>3</sup>W. M. Kephart. "Drinking and Marital Disruption," Quarterly Journal of Studies on Alcohol, 15 (March 1954), pp. 63-73.

<sup>4</sup>James Engel, David Kollat and Roger Blackwell Consumer Behavior, 2nd ed. (New York: Holt, Rinehart and Winston, Inc., 1973), p. 193.

<sup>5</sup>Ibid., pp. 142, 146-157; and Jagdish N. Sheth. Models of Buyer Behavior (New York: Harper and Row, 1975), p. 54.

variable when it comes to family consumption behavior. The most popular surrogate indicators of social class are housing (house type and dwelling area), education and occupational status, but since the alcoholic is likely to have had to accept a lower-status job because of the debilitating nature of the disease, it is possible that status crystallization, or the problem of what to do about individuals who rank high on one variable (such as level of education) but low on another (such as occupation) may occur in this study.<sup>6</sup> In order to avoid the bias that might be introduced by the problems just discussed, it was decided to make social class a control variable.

The only occupational requirement for respondent families was that each husband had to be employed. This eliminated those families living on accumulated wealth and those living on public assistance, and thus provided a control, in a very broad sense, for occupational status.

There were no requirements for respondents in the area of educational level, but each respondent was asked to state the highest grade level he/she had achieved. Appendix C contains demographic data on the sample which reveals that the education level of the abnormal group husbands and wives is slightly lower than that of their normal group counterparts.

<sup>6</sup>Engel, Kollat and Blackwell, op.cit., pp. 126-219.

In a broad sense the educational levels are not sufficiently different to suggest any substantial differences in social class between the groups. For example, although 5 percent more normal group husbands graduated from college than did abnormal group husbands, the same number of husbands from each group attended, but did not graduate from college. High school graduates among normal group husbands were 92 percent of the group, compared to 89 percent of the abnormal group husbands. Among the wives, 4 percent more of the abnormal group graduated from college than did their normal group counterparts, but 7 percent more of the normal group wives graduated from high school than did their abnormal group counterparts.

Such mixed results support the position that the educational levels are not sufficiently different to suggest any substantial differences in social class between the groups.

All respondents were matched on housing by using the next-door neighbor approach to respondent selection. After the abnormal group qualified respondents were identified, the normal group respondent family was selected from the closest neighbor on the block (with the next-door neighbor preferred) that qualified for inclusion. This controls for dwelling area in an absolute sense, and in a broader sense it controls for type of dwelling, as blocks tend to be homogeneous with regard to dwelling type. As

shown in Appendix D, the percentage of home owners versus renters, and the number of years the family has occupied the dwelling did not suggest any substantial difference in social class between the groups. The slightly longer residence pattern of the abnormal group home owners might suggest less upward mobility, but it does not allow any conclusions about difference in current social class to be inferred.

It therefore appears that the use of the next-door neighbor technique to control for the social class variable, as suggested by Elayn Bernay,<sup>7</sup> has reduced the likelihood of a wide range of social class differences and minimized a source of variance that otherwise might have biased the study.

#### The Independent Variables

Family Role Orientation. Roles played by family members have received a great deal of attention in sociology literature. Blood<sup>8</sup> has suggested that three new roles have emerged in the family: "mental hygiene, companionship, and giving affection." Nye has challenged those who assume

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<sup>7</sup>Elayn Bernay. Life Style Analysis As A Basis for Market Segmentation. Unpublished doctoral dissertation, The City University of New York, New York, 1973, passim.

<sup>8</sup>Robert O. Blood. "Impact of Urbanization on American Family Structure and Functioning," Sociology and Social Research, 49 (January-February 1964), pp. 5-16.

a rapid loss of functions in the family, and proposed that new responsibilities that mandate change role orientations is the true state of affairs.<sup>9</sup>

Marketers are interested in roles as they influence family decision making. Specifically, the roles (1) initiator (who first brings up the question), (2) influencer (who provides information), (3) decider, (4) purchaser, and (5) user have been specified by many marketing researchers.<sup>10</sup> The amount of husband-dominant, wife-dominant, and joint decision making (mutual agreement) behavior demonstrated in each role provides the marketer with direction on how to reach and persuade the family.

Researchers concerned with alcoholism have also examined family roles. For example, Lemer<sup>11</sup> has observed a high instance of role reversal in alcoholic families

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<sup>9</sup>F. Ivan Nye. "Emerging and Declining Family Roles," Journal of Marriage and the Family, (May 1974), p. 238.

<sup>10</sup>See for example, Jagdish N. Sheth. Models of Buyer Behavior (New York: Harper and Row, 1975), p. 399; Philip Kotler. Marketing Management, 2nd ed., (Englewood Cliffs, New Jersey: Prentice Hall, 1972), p. 113; Harry L. Davis. "Measurement of Husband-Wife Influence in Consumer Purchase Decision," Journal of Marketing Research, 7 (August 1971), pp. 305-312; and Harry L. Davis and Benny P. Rigaux. "Perception of Marital Roles in Decision Processes," Journal of Consumer Research, 1 (June 1974), pp. 51-61.

<sup>11</sup>E. M. Lemer, op. cit., pp. 679-697.

(that is, where the wife assumes roles normally performed by the husband). Additionally, Edwards, Harvey and Whitehead<sup>12</sup> have found that wives of alcoholics "react to their situations with changes in coping methods and roles within the family when their husbands are drinking to excess.... ."

The extent to which role orientation in the normal group differs from role orientation in the abnormal group in the consumption process was determined by the Blood and Wolfe<sup>13</sup> index, which has been widely used in the literature.<sup>14</sup> It contains the following consumer, employment, and medical services decisions:

1. Whether or not to buy life insurance
2. What house or apartment to take
3. What job the husband should take
4. Whether or not the wife should go to,  
or quit, work

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<sup>12</sup>P. Edwards, C. Harvey and P. C. Whitehead. "Wives of Alcoholics: A Critical Review and Analysis," Quarterly Journal of Studies on Alcohol, 34 (1973),

<sup>13</sup>Robert O. Blood. The Family (New York: The Free Press, 1972), pp. 432-434.

<sup>14</sup>For example, see: Harry L. Davis, op. cit., pp. 305-312; Davis and Rigaux, op. cit., pp. 51-61; and Eli Cox, III. "Family Purchase Decision Making and the Process of Adjustment," Journal of Marketing Research, 12 (May 1975), p. 189.

5. How much money they can afford to spend per week on food
6. What doctor to have when someone is sick
7. What car to get
8. Where to go on vacation.

Respondents are asked to indicate, using a five-point scale with the following choices, which spouse makes these decisions: husband decides, husband has more influence than wife, equal influence, wife has more influence than husband, and wife decides.

Alcoholics experience mental as well as physical debilitation, and this leads to the following hypothesis:

#### Hypothesis I

The family role orientation of the abnormal group will be different from that of the normal group.

Perceived Risk. Since Bauer<sup>15</sup> first introduced the notion that consumers could be differentiated by the amount of risk they were willing to take in buying, the concept of perceived risk has become established as an important marketing variable. According to Ross,<sup>16</sup> perceived risk

<sup>15</sup>R. A. Bauer. "Consumer Behavior as Risk-Taking" in R. S. Hancock (Ed.) Dynamic Marketing for A Changing World (Chicago: American Marketing Association, 1960), pp. 389-398.

<sup>16</sup>Ivan Ross. "Perceived Risk and Consumer Behavior: A Critical Review," Unpublished Working Paper No. 21, University of Minnesota (October 1974).

is a function of intrapersonal variables (such as personality), product differences, and situation differences. The research on risk taking among alcoholics indicates that they have a high willingness to take risks because drinking decreases the alcoholic's fear of punishment.<sup>17</sup> These results were confirmed in a 1973 British study, which also found that alcoholics have a high willingness to take risks.

Jacoby<sup>18</sup> has offered strong support for the use of performance risk as an approximation of overall perceived risk. Performance risk refers to the perceived consequences of an action and has (according to Jacoby's studies) a correlation coefficient of .79 with overall perceived risk. For example, the risk of having performance problems with a sports car or a color television set were shown to be much greater than the risk of having performance problems with aspirin or playing cards.

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<sup>17</sup>H. H. Krauss, G. J. Mozdzierz and F. J. Macchitelli. "Ethical Risk-Taking Among Alcoholics," Quarterly Journal of Studies on Alcohol, 32 (1971) pp. 775-778.

<sup>18</sup>Leon B. Kaplan, G. J. Szybillo and Jacob Jacoby. "Components of Perceived Risk in Product Performance," Journal of Applied Psychology, 59 (3) (June 1974), p. 289; and J. Jacoby and L. Kaplan. "The Components of Perceived Risk," in M. Venkatesan (Ed.), Proceedings, Third Annual Conference, Association for Consumer Research (Chicago: University of Chicago, 1972), pp. 382-393.

Using the Jacoby and Kaplan<sup>19</sup> methodology, respondents were asked to measure performance risk, on a nine point scale in which "one" is the lowest perceived risk and "nine" is the highest perceived risk, the following purchase categories: sports cars, life insurance, color television, suits, winter coats, dress shoes, deodorants, razor blades, toothpaste, vitamins, aspirin, and playing cards.

Since alcohol is known to be an anxiety reducer, and when anxieties are reduced, concern over the consequences of actions are reduced, the following hypothesis is suggested:

#### Hypothesis II

There will be greater perceived risk among the normal group than among the abnormal group.

Family conflict. The literature on alcohol yields several studies about conflict, among which is Gorad's<sup>20</sup> study, which found that "...both the alcoholic and his wife used competitive messages more than the normals and cooperative messages less than the normals."

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<sup>19</sup>Jacoby and Kaplan, op.cit., p. 385.

<sup>20</sup>Stephen L. Gorad. "Communicational Styles and Interactions of Alcoholics and Their Wives," Family Process, (December 1971), pp. 475-490.

If either husband or wife did not approve of a purchase at the time it was made, there is evidence of ~~consumption~~ consumption-related conflict between the spouses. For example, at a time when the family financial resources are low, a husband may disapprove of his wife's purchase of kitchen equipment or a wife may disapprove of her husband's purchase of lawn care equipment. This may produce conflict between husband and wife.

Respondents are asked to indicate if conflict, that is, disagreement, has occurred, during the past year, between husband and wife with regard to any of the following types and/or brands of products or services: type of television set (color, black and white) to get, model or brand of television set to get, what car to get, where to go on vacation, when to go on vacation, which television show to watch, what color to paint a room or the entire house, what kind of outside entertainment to seek, which restaurant to go to, when to go out to eat, what appliances to get, what house or apartment to take, what clothing to get for the husband, what clothing to get for the wife, style or color of furniture to select, what social organizations to acquire membership in, what social functions to attend, number of cars for the family to own, amount of personal allowance each family member should receive, amount of money to be spent on food, and types of food to be purchased and served.

A relatively large number of categories must be listed in order to provide ample opportunity to identify areas where conflict has taken place. Prior studies suggest the following hypothesis:

Hypothesis III

Conflict within abnormal families will be greater than conflict within normal families.

Power Within the Family. This variable indicates which spouse had the most influence in resolving conflict that arises in family buying decisions. The spouse whose preferences prevail when there is conflict between the partners on family purchases can be judged as having greater power. Thus, the ability of one partner to resolve conflict in his or her favor was the measure of power used in this study. For example, if a family decision has been reached to purchase a new color television set, but a fight or major argument ensues because the husband wants an RCA set, while his wife prefers a Zenith set, the actual purchase of a Zenith set indicates that the wife had greater power in this consumption activity.

Respondents are asked which spouse wins the argument or gets his way when there is conflict over a purchase. Respondents are instructed to indicate which spouse wins for each of the product or service items

(listed previously in the "Family Conflict" section) over which conflict was reported. A five-point scale, using the verbal anchors of (1) wife always wins, (2) wife usually wins, (3) usually mutual agreement, (4) husband usually wins, and (5) husband always wins, was employed to measure this variable.

The prior studies lead to the following hypothesis.

#### Hypothesis IV

The need for power among alcoholic males will result in more power residing in the males in the abnormal group than in the normal group.

Family Norms. The development of family norms facilitates decision making. According to Morris and Winter,<sup>21</sup> one criteria used by families to judge their housing conditions is family norms. Of interest in this study is the positive association between the development of anomy (normlessness) and the development of alcoholism. According to Phillips,<sup>22</sup> this relationship could not be explained by sociocultural factors, which suggests that for the alcoholic it is the alcoholism that produces the anomy. This is of great value in differentiating between the two groups included

<sup>21</sup>Earl W. Morris and Mary Winter. "A Theory of Housing Adjustment," Journal of Marriage and the Family, (February 1975), p. 79.

<sup>22</sup>Lorne Arthur Phillips. Anomy and Alcoholism: A Causal and/or Concomitant Relationship. Unpublished doctoral dissertation, Washington State University, 1973. Dissertation Abstracts International, 34, (6), p. 3570-A.

in this study. Measuring this variable by using selected consumption behavior patterns will prove more valuable to this study than any of the generalized measures of norms.<sup>23</sup>

Norms of consumption behavior are a component of the development of family norms. This variable is measured by a comparison between the two groups of the way of shopping accepted within the family. The following categories of products and services were employed: food, furniture and major appliances, gasoline, outside entertainment, vacation plans and reservations, and toothpaste.

The specific questions asked about shopping behavior were:

1. Who makes the purchase?
2. Where is the purchase made?
3. What criteria are used to make the purchase?
4. How regularly is the purchase made?

For each of the components of shopping behavior, the development of norms was measured by asking respondents to indicate the degree of routinization of their shopping behavior. This was accomplished by employing a three-point scale with modifications on the verbal anchors to suit each of the four components of shopping behavior.

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<sup>23</sup>See for example, L. Srole, Anomia, in "Social Integration and Certain Corollaries," American Sociological Review, 21 (December 1956), pp. 709-716; H. McClosky and J. H. Schaar, Anomy in "Psychological Dimensions of Anomy," American Sociological Review, 30 (February 1965), pp. 14-40.

For example, in the case of first component, "Who makes the purchase?" the following verbal anchors are employed:

1. Always the same spouse or always husband and wife together.
2. Usually the same spouse or usually husband and wife together.
3. No set routine--sometimes husband, sometimes wife, sometimes both.

Because alcoholism inhibits the development of norms, the following hypothesis is suggested:

#### Hypothesis V

The normal group will have developed more family norms than the abnormal group will.

Family Adjustment. As a marriage progresses, the perceptions and preferences of husbands and wives involving items purchased by the family become more similar. According to Cox,<sup>24</sup> this process may be termed "adjustment." The process of adjustment is important not only from a marketing viewpoint, but it also has been studied by those concerned with alcoholism. Kephart<sup>25</sup> shows an inverse relationship between marital adjustment and

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<sup>24</sup>Eli Cox, op.cit., p. 190.

<sup>25</sup>W. M. Kephart. "Drinking and Marital Disruption," Quarterly Journal of Studies on Alcohol, 15, (1954), pp. 63-73.

excessive drinking. If the process of adjustment is shown to be inhibited by alcoholism, this will certainly be useful information to the marketer.

Adjustment may be measured directly, in a consumption behavior study, by determining the extent of agreement between husband and wife or preferences for selected consumption items and/or brands. For example, indications of preferences for the same general news magazine, the same type of family car (such as a station wagon), and the same brand of car (such as Ford) show a greater amount of adjustment than indications of preferences for different magazines, different types of cars (husband may prefer a convertible and wife may prefer a station wagon), and different brands of cars.

Respondents are asked to indicate the type and/or brand they prefer for the following products or services: aspirin brand, toothpaste brand, razor blade brand, ice cream flavor, coffee brand, color television brand, vacation time (season of year), vacation location, and type of outside entertainment.

The total number of agreements between husbands and wives constituted the measures of adjustment for each family. The range was from zero, which indicated no adjustment, to 12, which indicated complete adjustment. The use of open-end questions, as opposed to multiple choice answers, forced respondents to think and decreased "chance" matchings of answers.

Because of the inverse relationship between marital adjustment and excessive drinking, the following hypothesis was tested:

Hypothesis VI

There will be a lower level of adjustment in the abnormal group than in the normal group.

Interpersonal Sources of Information. Several marketing researchers have pointed out the importance of interpersonal sources of information. Reynolds and Darden<sup>26</sup> have emphasized the importance of information seeking through interpersonal sources in the identification of opinion leaders, and Baumgarten<sup>27</sup> has noted the importance of interpersonal sources of information in the diffusion process.

The number of times people within and outside the family are sought out for advice and opinions on products and services consumed by the family provides a measure of intrafamily and interfamily sources of information. Respondents can be expected to be able to report such activities without difficulty over a reasonable time span.

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<sup>26</sup>F. D. Reynolds and W. R. Darden. "Mutually Adaptive Effects of Interpersonal Communication," Journal of Marketing Research, 8, (November 1971), p. 453.

<sup>27</sup>Steven A. Baumgarten. "The Innovative Communicator in the Diffusion Process," Journal of Marketing Research, 12 (February 1975), pp. 12-18.

The Reynolds and Darden "information-seeking scale" can be adopted to measure both intrafamily and interfamily information seeking across a range of consumption items.

Respondents were asked to indicate, on a three-point frequency scale ("almost never" = 1, "sometimes" = 2, and "often" = 3) the amount of time they spend talking to, receiving advice from, or seeking advice from both friends and family members across the following consumption items: clothing, non-prescription drugs, food products, home furnishings and appliances, automotive products and television shows.

Prior studies lead to the following hypotheses:

Hypothesis VIIa

The normal group will spend more time with total interpersonal sources of information than the abnormal group will.

Hypothesis VIIb

The amount of information exchanged between family members within abnormal families will be lower than within normal families.

Hypothesis VIIc

The amount of information exchanged between members of abnormal families and persons outside the family (expressed as a percentage of total information exchanged) will be greater than the amount of information exchanged between members of normal families and persons outside the family.

Mass-Media Sources of Information. The mass media, as a source of information for family consumption decisions, has been used by marketing researchers to distinguish between groups, both demographically and (more recently) psychographically. The relatively high social isolation of the family with an alcoholic husband (69 percent occurrence, according to Lemer)<sup>28</sup> leads to the logical conclusion that abnormal families must rely more heavily on the media for information than upon interpersonal sources. The extent of media usage and media mix may well provide useful information for this study.

The variable was measured directly by asking respondents to indicate the amount of time spent reading newspapers and magazines, listening to radio, and watching television. This measure was well within the ability of subjects to provide adequate responses.

The media exposure measure used by Summers<sup>29</sup> was selected for this study. For broadcast media the respondents were asked, "On the average, about how many hours in a typical day and evening do you listen to the radio? and "On the average, how many hours in a typical day and evening to you watch television?"

<sup>28</sup>Lemer, op.cit.

<sup>29</sup>John O. Summers. "Media Exposure Patterns of Consumer Innovators," Journal of Marketing, 36 (January 1972), pp. 43-49.

For print media the respondents were asked, "How often do you read the newspapers (magazines)? By read, we mean that you spend at least 10 minutes with a newspaper and 20 minutes with a magazine."

The hypotheses for print media and broadcast media consumption are separated as follows:

#### Hypothesis VIIIA

Because social isolation of abnormal families is greater than normal families, there will be greater use of broadcast media by the abnormal group.

#### Hypothesis VIIIB

Because alcoholism is a debilitating family disease, the abnormal group will have less exposure to print media than the normal group will.

Consumer Innovativeness. The diffusion process differentiates innovators from later adopters. Although many researchers have found a positive relationship between adoption and perceived risk,<sup>30</sup> the effect of abnormal conditions on this kind of relationship has not previously

<sup>30</sup>For example, see J. Coleman, E. Katz and H. Mangel. "The Diffusion of An Innovation Among Physicians," Sociometry, 20, (1957), pp. 253-269; J. Arndt. "Perceived Risk, Sociometric Integration, and Word-of-Mouth in the Adoption of A New Food Product," in D. F. Cox (Ed.), Risk Taking and Information Handling, pp. 289-316; and Leon G. Schiffman. "Perceived Risk in New Product Trial by Elderly Consumer," Journal of Marketing Research, 9 (1972), pp. 106-108.

been studied. Donnelly and Etzel,<sup>31</sup> in a review of the characteristics of early triers (innovators), show that they tend to be exposed to more magazines, are involved in more organizations, are realistic in their aspirations, and tend toward greater risk taking. Although the abnormal group is hypothesized (see Hypothesis II) to be lower in perceived risk than the normal group in this study, the other characteristics are more closely associated with the normal group.

A list of 15 new products in the South Jersey area, taken from supermarket product sheets, was developed, and the number of these products actually purchased constituted an index of the relative innovativeness of the families.

A three-point scale - 1 = never used; 2 = used once; and 3 = used more than once - was used to facilitate the testing of the following hypothesis:

#### Hypothesis IX

The normal group will be more innovative than the abnormal group.

Symptomatic Behavior. The proposition that many purchases are made to gratify hostility and are thus destructive is not easy to accept. As Pollak<sup>32</sup> points out:

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<sup>31</sup>J. H. Donnelly and N. J. Etzel. "Degrees of Product Newness and Early Trial," Journal of Marketing Research, 10 (August 1973), p. 295.

<sup>32</sup>Pollak, op.cit., pp. 281-282.

A recognition of the destructive purposes of purchasing decision will produce mental anguish and disapproval within the framework of our culture. It will disturb our self-image and the image we have of our associates in family and business life. It also suggests a source of customer motivation of considerable effectiveness, the exploitation of which, however, would be incompatible with the traditional value system of our culture.

The hostility within the family containing an alcoholic is high and should lead to a degree of symptomatic buying behavior greater than that evidenced by the normal group. Further, since "symptomatic behavior is evidence of maladjustment within the individual psyche"<sup>33</sup> and alcoholics are maladjusted, this indicates that the abnormal group will evidence more symptomatic behavior than the normal group will.

Alderson<sup>34</sup> has proposed that symptomatic behavior can be quantified by subtracting the percentage of rational behavior from unity and assuming that the balance is accounted for by symptomatic behavior. In addition to requiring the measurement of all rational behavior, Alderson's scheme does not take factors such as non-purposeful behavior into account. This study measures symptomatic behavior by determining which purchases were made "to teach someone a lesson," "to get even with someone,"

<sup>33</sup>Alderson, Dynamic Marketing Behavior, p. 153.

<sup>34</sup>Ibid., p. 154.

or "to annoy someone." Disguised questions covering purchases of items such as family games requiring motor skill coordination beyond the capacity of the alcoholic husband to operate have been used to operationalize this variable.

The projective technique of presenting a series of short scenarios to the respondents and asking them to choose an answer from a set of three possible answers is employed. This yields a three-point scale where answer number one indicates no evidence of symptomatic behavior, answer number two indicates mild symptomatic behavior, and answer number three indicates severe symptomatic behavior. The following scenario is an example of this technique:

If the husband buys extravagant things like a power boat or joins a golf club when money is tight, the best way for his wife to react is to:

1. Reason with him about the amount he is spending and the effect this has on the rest of the family.
2. Cut down on the quality and/or quantity of the food she prepares so as to save money and point out the effects of his extravagance.
3. Go out and buy something expensive for herself (like a mink stole or diamond ring) to show him that "two can play the same game."

This technique leads to the following hypothesis:

Hypothesis X.

The abnormal group will evidence more symptomatic purchasing behavior than the normal group will.

The remainder of this chapter is devoted to the methods that were used to implement the study.

Subject Groups

The abnormal family group consists of 75 male alcoholics and their non-alcoholic wives. This group was selected from recovering alcoholics in Atlantic, Cape May, Cumberland, Salem, Ocean, Burlington and Gloucester Counties in New Jersey. These alcoholics have been sober for at least one month but not longer than four months. Although recovering alcoholics must be absolutely honest if they wish to maintain sobriety, it usually takes a month for the mind to become sufficiently clear of the drug for the respondent to be able to report accurately on past behavior.

The non-alcoholic group includes 75 non-alcoholic males and their non-alcoholic wives who were selected from families living "next-door" or as close as possible to the alcoholic families. Both alcoholic and non-alcoholic families have husband and wife living together with dependent child or children.

All AA groups in the South Jersey area were listed alphabetically and numbered from 101 to 253. Random number tables were used to assign the priority order in which the groups were contacted for potential respondents. All respondents had to meet the criteria of being employed and living with a non-alcoholic wife and at least one dependent child. The abnormal-group husbands had to be members of AA and had to have been sober at least one, but not more than four months. The normal-group husbands had to be non-alcoholic.

#### Sources of Data

The data collection phase of this research took place during June, July and August of 1976. The desired sample size of 100 families in each group had to be reduced to 75 families in each group because the time period was stretching out and the new products used in the innovativeness scale were in danger of becoming old products in the minds of the consumers. It was felt that 75 families in each group would provide a large enough data base for statistical comparison, and the analysis of the data has shown this to be correct.

### Data Collection

The data was collected in the homes of the respondents. Qualified respondents for the abnormal group were identified by this researcher at meetings of AA, at which time appointments were made for the interviews to take place in the homes of the respondents. Although this was a lengthy procedure for identification of qualified respondents, the response rate was almost 100 percent, because this researcher is a long-term member of AA and has the trust and confidence of its members in maintaining strict anonymity. Without this trust, the project could not have been undertaken, for anonymity is essential in the early stage of recovery from alcoholism.

The normal, or control, group was interviewed in a similar fashion, except that the researcher's wife, who has several years of experience as an interviewer for marketing research firms, conducted some of the normal-group interviews after this researcher had determined that neither the husband nor the wife was alcoholic.

A pre-test was conducted in May and June of 1976 by the researcher and his wife, with 10 families in each group. At the conclusion of the interview, the respondents in the pre-test were first asked to identify any confusing terminology or concepts. Respondents

were then asked if they had any general questions about the instrument, procedure, or anything at all regarding the entire process. Finally, the instrument was reviewed with the respondents, page by page, to aid recall of any problem areas. As a result of the pre-test, several changes were made in the wording of questions, the instructions, the order in which questions were asked, and the general layout. There were no objections to specific questions, but the interviewers felt that there was a tense feeling among the respondents on the questions dealing with conflict. The respondents were easily led to discuss sections such as perceived risk and innovativeness at considerable length; but they avoided discussion of sections such as conflict, power, and, to some extent, roles where disagreement between spouses was possible.

The normal (non-alcoholic) group was much more suspicious of the interviews and wanted to know the purpose of the study. Respondents in this group often had to be reassured several times that no one could tie their interview forms to their names. This phenomenon has been observed with increasing frequency in the entire field of marketing research. It was anticipated, and only the determination and skill of the interviewers could overcome it. The entire interview process,

including introductions, qualifying questions, instructions, data collection, feedback, and exit took about one hour.

The instrument used was an offset-printed booklet, which each respondent received from the interviewer. The interviewer remained in the house to answer any questions and to be of assistance to those who needed help in filling out the form. A copy of this questionnaire is shown as Appendix A. Interviewer-administered qualifying questions were reproduced on multilith equipment and are shown as Appendix B. The interviewer-administered qualifying questions for the abnormal group related to the dependent variable, value 1, and are marked with group identification letter A. The interviewer-administered qualifying questions for the normal group relate to the dependent variable, value 2, and are marked with group identification letter B.

Within the self-administered questionnaire, Section C covers demographic matters that relate to the control variables. The following list notes the order for the balance of the self-administered questionnaire.

<u>Group identification letter</u>	<u>Description of variable measured by the questions</u>	<u>Research hypothesis measured (number)</u>
D	Role orientation	I
E	Perceived risk	II
F	Conflict	III
G	Power	IV
H	Family norms	V
I	Adjustment	VI
J	Interpersonal sources of information	VII a, b, c
K	Mass-media sources of information	VIII a, b
L	Innovativeness	IX
M	Symptomatic behavior	X

#### Analysis of Data

All of the data to be analyzed, which is contained in Sections D through M of the questionnaire was punched onto computer cards. Sections A, B and C, which contain qualifying and control information, were retained only in the original response form. The analysis of the data is presented in the following order: (1) the multivariate testing of hypotheses pertaining to the differences between the groups, (2) cross-tabulation of all variables by sex and group membership, and (3) the reliability of the measures of the independent variables.

### Multivariate Testing

Each variable was tested for statistical significance by using the Bio-med Program BMD 04M, Discriminant Analysis for Two Groups. This program yields Mahalanobis  $D^2$  and the associated  $F$  statistic, which is an appropriate test for this study. It was decided to accept an alpha level of .05 or less as supportive of the hypotheses.

The analysis used to test the hypotheses, BMD 04M, Discriminant Analysis for Two Groups, computes a linear function of  $p$  variables measured on each individual of the abnormal and normal groups. The output function is an index for discrimination between the two groups, because it maximizes the difference between the mean indices for the two groups. The final phase of the multivariate testing involved the rank-ordering of the variables in terms of relative predictability. The Statistical Package for the Social Sciences Program was used to obtain a stepwise discriminate analysis based on the Mahalanobis distance between the groups.

### Bivariate Testing

Cross-tabulation and all statistics were performed on each question using the Statistical Package for the

Social Sciences Program (SPSS). This procedure yields a response pattern comparison between groups by sex and families.

### Reliability Testing

Reliability testing was accomplished by utilizing Cronbach's Coefficient Alpha,<sup>35</sup> which is a general formula (of which a special case is the Kuder-Richardson coefficient of equivalence) that is shown to be the mean of all split-half coefficients resulting from different splittings of a test. It is an estimate of the correlation between random samples of items from a universe of items and is an appropriate index of equivalence. Not only does it yield an index of item consistency, but it may also be applied to the question of subtest consistency. The general formula is:

$$\alpha = \frac{n}{n-1} \left( 1 - \frac{\sum \frac{V_i}{n}}{V_t} \right)$$

"Here  $V_t$  is the variance of test scores, and  $V_i$  is the variance of item scores after weighting."<sup>36</sup>

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<sup>35</sup>Lee J. Cronbach. "Coefficient Alpha and the Internal Structure of Tests," Psychometrika, 16, (3), (September 1951), pp. 297-334.

<sup>36</sup>Ibid., p. 299.

When applied to the battery of tests, "n" becomes the number of subtests. For this study the reliabilities obtained were compared to Nunnally's criteria.

According to Nunnally,<sup>37</sup>

What a satisfactory level of reliability is depends on how a measure is being used. In the early stages of research on predictor tests or hypothesized measures of a construct, one saves time and energy by working with instruments that have only modest reliability, for which purpose reliabilities of .60 or .50 will suffice.

This study is exploratory research and certainly qualifies as early stages of research on hypothesized measures of construct, so Nunnally's criteria are useful in estimating the reliabilities.

This methodology is appropriate for consumer behavior research and has been used by researchers such as J. Paul Peter and Michael J. Ryan in research on perceived risk.<sup>38</sup>

### Summary

The methodology employed in this study is appropriate to consumer behavior research in general and consistent with prior studies of the specific areas of inquiry. The research was designed to yield testable

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<sup>37</sup>Jum C. Nunnally. Psychometric Theory (New York: McGraw-Hill, 1967), p. 226.

<sup>38</sup>J. Paul Peter and M. J. Ryan. "An Investigation of Perceived Risk at the Brand Level," Journal of Marketing Research, 13 (May 1976), pp. 184-188.

hypotheses that would answer the research questions focusing around the differences between the consumption behavior of normal families and families with an abnormal condition. Although the study is clearly exploratory research, and the results should be evaluated in that light, the analysis of the data is designed to yield clues for future work in the area of study.

## CHAPTER IV

### ANALYSIS OF THE IMPACT OF THE ABNORMAL CONDITION FAMILY CONSUMPTION BEHAVIOR

The use of several different methods of analysis of the large data base gathered proved quite useful in this exploratory research. In the sections that follow, the results of the survey for each variable are presented for each of the three analysis methods. Following this, a summary of the results of the survey as a whole is presented.

#### Results of the Survey for Each Variable

##### Family Role Orientation

The Mahalanbis  $D^2$  distance between the normal and abnormal groups, as shown in Table 1, is significant and thus Hypothesis I, "The family role orientation of the abnormal group will be different from that of the normal group" is accepted. As indicated by Table 2, in the step-wise discriminant analysis, the family role orientation variable was entered at step five of eight significant steps. Of the total of 13 variables entered, family role orientation is clearly a useful variable in differentiating between the normal and abnormal groups.

Table 1

## DISCRIMINANT ANALYSIS

<u>Variable</u>	<u>Mahalanobis <math>D^2</math></u>	<u>F-Statistic</u>	<u>Alpha Level</u>
Role orientation	* 0.38799 ( 8,291)	4.43468	<.05
Perceived risk	1.64042 (12,287)	9.87419	<.05
Conflict	1.71898 (21,278)	5.72719	<.05
Power	1.09214 (21,278)	3.63871	<.05
Family norms	9.97785 (24,275)	28.77419	<.05
Adjustment	2.94326 (12,287)	17.71631	<.05
Interpersonal sources of information--friends only	0.5370 ( 6,293)	6.59999	<.05
Interpersonal sources of information--family only	0.34217 ( 6,293)	4.20533	<.05
Interpersonal sources of information--aggregate	0.69452 (12,287)	4.18053	<.05
Mass-media sources of information--broadcast	0.16205 ( 2,297)	6.05658	<.05
Mass-media sources of information--print	0.52268 ( 9,290)	4.23875	<.05
Innovativeness	0.67483 (22,277)	2.13845	<.05
Symptomatic behavior	0.26311 ( 6,293)	3.23380	<.05

\*Read:  $D^2 = 0.38799$  with 8 degrees of freedom and 291 cases.  
 Although there were 300 respondents, some questions were  
 not answered by all respondents or some were marked  
 "not applicable."

Table 2

## STEPWISE DISCRIMINANT ANALYSIS - SPSS

<u>Step Number</u>	<u>Variable</u>
1	Family norms
2	Adjustment
3	Print-media sources of information
4	Innovativeness
5	Roles
6	Broadcast-media sources of information
7	Interpersonal sources of information--friends
8	Perceived risk

Variables not included were: power, conflict symptomatic behavior, interpersonal sources of information--family, and interpersonal sources of information--aggregate.

The standardized mean score of the normal group is higher than that of the abnormal group, as shown in Table 3. This indicates that the abnormal group perceived the husband's role as being more dominant than the normal group did.

It is interesting to note in Table 4 that the alcoholic husbands and normal husbands were found to have close scores on wife-dominant roles, but disagreed to about an equal extent on the husband-dominant and equal-influence scores. The wives, on the other hand, tended to agree more closely on the equal influences scores, but disagreed on the husband-dominant and wife-dominant scores. Clearly, not only did the alcoholic husbands perceive their roles to be more dominant than the normal husbands perceived theirs, but also the wives of the alcoholic husbands perceived their husbands' roles to be more dominant than their own roles. The wives of the non-alcoholics perceived a more equal distribution of influence in family roles than did any other group.

Cronbach's alpha split-halves reliability test, as shown in Table 5, yielded an alpha of .552, which meets Nunnally's<sup>1</sup> criteria for research of this type.

It is also interesting to note that, using the prior research of Blood and Wolfe as a benchmark of

<sup>1</sup>Jum C. Nunnally. Psychometric Theory  
(New York: Mc-Graw Hill, 1967), p. 226.

Table 3

## STANDARDIZED MEAN SCORES BY GROUPS

<u>Variable</u>	<u>Abnormal Group</u>	<u>Normal Group</u>
Role orientation	4.54	4.90
Perceived risk	1.72	2.40
Conflict	1.68	1.75
Power	1.87	1.95
Family norms	0.86	0.61
Adjustment	1.54	1.35
Interpersonal sources of information		
Family only	1.51	1.36
Friends only	1.68	1.52
Aggregate	1.60	1.41
Mass-media sources of information		
Broadcast	14.46	13.72
Print	2.47	2.86
Innovativeness	0.51	0.58
Symptomatic behavior	2.61	2.37

Table 4

RESPONSE PATTERN COMPARISON BETWEEN  
 GROUPS BY SEX AND FAMILIES:  
 FAMILY ROLE ORIENTATION

<u>Variable</u>	<u>Groups</u>					
	Abnormal Husbands %	Normal Husbands %	Abnormal Wives %	Normal Wives %	Abnormal Families %	Normal Families %
Husband dominant	49	40	40	30	45	35
Equal influence	37	45	42	45	40	45
Wife dominant	<u>14</u>	<u>15</u>	<u>18</u>	<u>25</u>	<u>15</u>	<u>20</u>
Total	100	100	100	100	100	100
Base (Total number of responses)	(596)	(596)	(591)	(600)	(1187)	(1196)

Table 5

## RELIABILITY

<u>Variable</u>	<u>Cronbach's Alpha</u>
Roles	.552
Perceived risk	.850
Conflict	.790
Power	.796
Norms	.909
Adjustment	.430
Interpersonal sources of information	.603
Broadcast-media source of information	.471
Print-media source of information	-.060
Innovativeness	.854
Symptomatic behavior	.568

acceptable roles, Table 6 demonstrates that the abnormal group has a greater deviation from accepted roles than the normal group has.

The abnormal group, on the average, had twice the deviation (.2) from the benchmark roles as the normal group did (.1). Further, the abnormal group showed more deviation from the benchmark roles on four of the eight questions, the same amount of deviation on two questions, and less deviation on only two questions.

It is also important to note the direction of the differences in scores shown in Table 7. Lower scores indicate a stronger husband-oriented family and higher scores indicate a stronger wife-oriented family.

The normal group scores being higher than accepted roles indicates greater wife-orientation, while the abnormal-group scores being lower than both the benchmark and normal group scores indicates greater husband-orientation.

#### Perceived Risk

The standardized mean scores given in Table 3 can be used with the results of the Mahalanobis  $D^2$  statistic shown in Table 1 to substantiate a directional difference of belief. With the test of group difference accepted by the  $D^2$  test, it is then safe to conclude that the reason for this difference is that the aggregated standard means indicated that the normal group perceived greater risk.

Table 6

GROUP DEVIATION FROM ACCEPTED  
ROLES-ROLE ORIENTATION

<u>Variables Question Number</u>	<u>Normal Group Deviation</u>	<u>Abnormal Group Deviation</u>
1	.3	.6
2	.3	.5
3	.1	.1
4	.1	.2
5	.3	.6
6	.2	0
7	.3	.1
8	.2	.2
Total deviation	.1	.2

Table 7

## ROLE ORIENTATION GROUP MEANS

<u>Variables Question Number</u>	<u>Normal Group Mean Score</u>	<u>Blood &amp; Wolfe Accepted Roles Mean Scores</u>	<u>Abnormal Group Mean Scores</u>
1	2.2	2.5	1.9
2	2.9	3.2	2.7
3	1.2	1.1	1.2
4	3.5	3.4	3.2
5	3.4	3.7	3.1
6	3.7	3.5	3.5
7	2.0	1.7	1.6
8	3.0	2.8	3.0
Total	2.8	2.7	2.5

Note: 1 = Greatest husband-dominated score  
5 = Greatest wife-dominated score

Thus, Hypothesis II, "There will be greater perceived risk among the normal group than among the abnormal group," is accepted.

The step-wise discriminant analysis, as shown in Table 2, enters the perceived risk variable as the eighth and final step. This is not surprising, for the perceived risk variable has a -99.9442 covariance with the shopping norms variable, which was entered at step one, and a 22.4525 covariance with the adjustment variable, which was entered at step four.

Further, Table 8 reveals that both the husbands and wives in the abnormal group perceived lower risk than their counterparts in the normal group did. This indicated that the abnormal condition affects both members of the family.

#### Family Conflict

Table 3 shows that the abnormal group had a standardized mean score lower than the normal-group mean score, which combined with the  $\underline{D}^2$  distance shown in Table 1, indicates more disagreements within the abnormal family. Based on this, Hypothesis III, "Conflict within abnormal families will be greater than conflict within normal families," is accepted.

Although conflict is one of the five variables that were not included as a step in the discriminant analysis because the F level was insufficient, this does not mean that it is not an important variable. It does indicate

Table 8

RESPONSE PATTERN COMPARISON BETWEEN  
GROUPS BY SEX AND FAMILIES  
PERCEIVED RISK:

Variable	Groups					
	Abnormal Husbands %	Normal Husbands %	Abnormal Wives %	Normal Wives %	Abnormal Families %	Normal Families %
Perceived Risk						
Low	82	57	69	53	76	55
Moderate	13	17	14	18	13	18
High	<u>5</u>	<u>26</u>	<u>17</u>	<u>29</u>	<u>11</u>	<u>27</u>
Total	100	100	100	100	100	100
Base (Total number of responses)	900	900	900	900	1800	1800

that, for this study, conflict does not discriminate between the normal and abnormal groups as well as the eight variables listed in the step-wise analysis do.

Table 9 indicates that the total number of disagreements reported by both husbands and wives in the normal group were fewer than those of their abnormal-group counterparts. Further, the abnormal-group husbands reported more disagreements than did normal-group husbands on 18 of the 21 questions, an equal number of disagreements on two questions, and fewer disagreements on only one question. The abnormal-group wives reported more disagreements on 18 of the 21 questions, an equal number on one question, and fewer disagreements on only two questions than the normal-group wives reported. It is interesting to note that abnormal-group wives reported more disagreements than their husbands did, while the normal-group wives reported fewer disagreements than their husbands did. This may be a result of the alcoholic's tendency to "blackout" or loose conscious memory of events, but no conclusions of such nature should be drawn from this study.

Cronbach's alpha for this variable is .790, which is well above the reliability criteria for this study.

#### Power Within the Family

Table 3 shows that the standardized mean source of the abnormal group was lower than that of the normal group, which, notwithstanding the significant difference between

Table 9

RESPONSE PATTERN COMPARISON BETWEEN  
 GROUPS BY SEX AND FAMILIES  
 FAMILY CONFLICT

Variable	Groups					
	Abnormal Husbands %	Normal Husbands %	Abnormal Wives %	Normal Wives %	Abnormal Families %	Normal Families %
Family Conflict						
Percent of disagreements reported	20	12	26	10	23	11
Total	100	100	100	100	100	100
Base (total possible disagreements)	1575	1575	1575	1575	3150	3150

the groups as indicated by the  $D^2$  test in Table 1, would lead to the conclusion that Hypothesis IV, "The need for power among alcoholic males will result in more power residing in the males in the abnormal group than in the normal group," is not supported.

The step-wise discriminant analysis did not enter the power variable as one of the eight steps shown before the  $F$  level became insufficient for further computation.

These gross means reflect the scores of both husbands and wives, however, and Table 10 indicates a different situation.

It is evident that the abnormal-group husbands perceive themselves as having a great deal more power than their wives do, while the normal group husbands and wives generally agree on the power distribution. In spite of this perception by the alcoholic males, there is insufficient evidence to support Hypothesis IV, so it is not accepted.

Cronbach's alpha indicates a reliability of .796. Certainly the results of the analysis of this variable are inconclusive, but there is ample reason to suspect that further research in the area could prove fruitful.

#### Family Norms

As shown in Table 3, the abnormal group's standardized mean score was higher than that of the normal group. This indication of directional difference, combined with the significant difference between the groups shown

Table 10

RESPONSE PATTERN COMPARISON BETWEEN  
GROUPS BY SEX AND FAMILIES:  
POWER

<u>Variable</u>	<u>Groups</u>					
	Abnormal Husbands %	Normal Husbands %	Abnormal Wives %	Normal Wives %	Abnormal Families %	Normal Families %
Power						
Husband wins	46	18	25	19	34	18
Compromise	41	64	60	59	51	61
Wife wins	<u>13</u>	<u>18</u>	<u>15</u>	<u>22</u>	<u>15</u>	<u>21</u>
Total	100	100	100	100	100	100
Base	338	232	424	193	762	425

by the  $D^2$  test on Table 1, indicates that Hypothesis V, "The normal group will have developed more family norms than will the abnormal group," may be accepted.

The step-wise discriminant analysis enters this variable at step one, indicating that it is the most powerful of the variables in this study in discriminating between the normal and abnormal groups.

Table 11 indicates a general lack of development of norms by both husband and wife in the abnormal group.

This is consistent with the conclusions of the multivariate analysis.

Cronbach's alpha is .909, which indicates a high reliability for the variable.

#### Family Adjustment

As shown in Table 3 the abnormal families showed less adjustment (higher standardized mean score) than the normal families did (lower standardized mean score), and this, coupled with the significant differences between groups shown by the  $D^2$  test in Table 1, leads to the acceptance of Hypothesis VI, "There will be a lower level of adjustment in the abnormal group than in the normal group."

The step-wise discriminant analysis entered adjustment at step two, indicating that this variable is the second best discriminator in the study.

Table 11

RESPONSE PATTERN COMPARISON BETWEEN  
GROUPS BY SEX AND FAMILIES:  
FAMILY NORMS

<u>Variable</u>	<u>Groups</u>					
	Abnormal Husbands %	Normal Husbands %	Abnormal Wives %	Normal Wives %	Abnormal Families %	Normal Families %
Family Norms						
Low	56	15	51	13	51	14
Moderate	35	47	36	43	35	45
High	<u>9</u>	<u>38</u>	<u>13</u>	<u>44</u>	<u>11</u>	<u>41</u>
Total	100	100	100	100	100	100
Base	1800	1798	1800	1787	3600	3585

Table 12 shows that the normal families agreed more often than the abnormal families did, and this is consistent with the multivariate analysis.

Cronbach's alpha is .430, indicating a reliability lower than Nunnally's criteria, but this could easily improve by increasing the number of questions in this section. The use of open-ended questions will normally produce fewer agreements than the multiple-choice method will, and increasingly the number of questions to include other possibly more routine areas where preferences can be indicated might well make a substantial difference in the reliability figure. It seems clear that adjustment is an important variable, but the reliability question should be the subject of further work.

#### Interpersonal Sources of Information

As shown in Table 1, the Mahalanobis  $D^2$  distance between the groups for friends, family, and aggregate are significant. Further, as indicated in Table 3, the lower standardized mean scores of the normal group indicate that there was greater interpersonal information exchange among both friends and family sources than there was in the abnormal group, so Hypothesis VIIa, "The normal group will spend more time with total interpersonal sources of information than the abnormal group will," and Hypothesis VIIb, "The amount of information exchanged between family members

Table 12

RESPONSE PATTERN COMPARISON BETWEEN  
 GROUPS BY SEX AND FAMILIES:  
 ADJUSTMENT

Variable	Groups					
	Abnormal Husbands %	Normal Husbands %	Abnormal Wives %	Normal Wives %	Abnormal Families %	Normal Families %
Adjustment						
Percent of possible agreements	33	53	33	53	33	53
Total	100	100	100	100	100	100
Base (total possible agreements)	900	900	900	900	1800	1800

within abnormal families will be lower than within normal families," are accepted. The percent of total information exchanged with friends is higher for the abnormal group than for the normal group, and this leads to the acceptance of Hypothesis VIIc, "The amount of information exchanged between members of abnormal families and persons outside the family (expressed as a percentage of total information exchanged) will be greater than the amount of information exchanged between members of normal families and persons outside the family."

The step-wise discriminant analysis entered the interpersonal sources of information--friends as the seventh step, which indicates that it is an important variable.

Table 13 indicated that the wives of alcoholic husbands behaved more like their husbands than like the wives of the normal group husbands, which indicates that the alcoholism affects both the husbands and wife in their interpersonal sources of information.

Cronbach's alpha is .603, which is higher than the criteria set for reliability.

#### Mass-Media Sources of Information

Since there is no satisfactory way to combine the "hours listened" scale of broadcast media with the "times read" scale for print media without making assumptions about "average reading time," these two measures are treated separately.

Table 13

RESPONSE PATTERN COMPARISON BETWEEN  
GROUPS BY SEX AND FAMILIES:  
INTERPERSONAL SOURCES OF INFORMATION

<u>Variable</u> Interpersonal Sources of Information	<u>Groups</u>					
	<u>Abnormal Husbands %</u>	<u>Normal Husbands %</u>	<u>Abnormal Wives %</u>	<u>Normal Wives %</u>	<u>Abnormal Families %</u>	<u>Normal Families %</u>
<u>Family</u>						
High	48	62	51	62	49	62
Medium	16	13	22	17	19	15
Low	36	25	27	21	32	23
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base	450	447	450	449	900	896
<u>Friends</u>						
High	55	66	53	66	54	66
Medium	11	13	19	17	15	15
Low	34	21	28	17	31	19
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base	450	450	450	450	900	900
<u>Aggregate</u>						
High	51	64	52	64	52	64
Medium	14	13	20	17	17	15
Low	35	23	28	19	31	21
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base	900	897	900	899	1800	1796

Broadcast Media. The significant difference between the groups as shown by the  $D^2$  test in Table 1, combined with the higher standardized mean scores of the abnormal group shown in Table 3, allow for the acceptance of Hypothesis VIIIa, "Because social isolation of abnormal families is greater than normal families, there will be greater use of broadcast media by the abnormal group."

The step-wise discriminant analysis entered broadcast-media sources at the sixth step, which indicates that it is an important variable in this study.

Table 14 indicates that both husbands and wives in the abnormal group reported greater exposure to broadcast media than their counterparts in the normal group did.

Cronbach's alpha is  $-.060$ , which is certainly unacceptable, so the lack of reliability of this variable appears to render it of little value.

Print Media. The standardized mean of the normal group, as shown in Table 3, was greater than that of the abnormal group. This, combined with the significant difference between the groups shown by the  $D^2$  test in Table 1, leads to the acceptance of Hypothesis VIIIb, "Because alcoholism is a debilitating family disease, the abnormal group will have less exposure to print media than the normal group will."

The print-media sources variable was entered at the third step in the discriminant analysis, which

Table 14

RESPONSE PATTERN COMPARISON BETWEEN  
GROUPS BY SEX AND FAMILIES  
MASS MEDIA SOURCES OF INFORMATION

<u>Variable</u>	<u>Groups</u>					
	<u>Abnormal Husbands %</u>	<u>Normal Husbands %</u>	<u>Abnormal Wives %</u>	<u>Normal Wives %</u>	<u>Abnormal Families %</u>	<u>Normal Families %</u>
<b>Mass Media Sources of Information</b>						
<b>Broadcast</b>						
High	17	10	37	31	27	20
Medium	74	80	58	66	66	73
Low	9	10	5	3	7	7
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base	150	150	150	150	300	300
<b>Print</b>						
High	5	7	3	8	4	7
Medium	16	22	13	24	15	23
Low	79	71	84	68	81	70
Total	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Base	654	654	643	638	1297	1292

indicates that it is the third most important variable in discriminating between the normal and abnormal groups.

Table 14 shows that readership among abnormal group husbands and wives was substantially lower than that of their counterparts in the normal group. Cronbach's alpha is .471, which is not sufficiently lower than Nunnally's suggestion of .50 to dismiss this variable. It does indicate that work should be undertaken to improve the reliability of this variable.

#### Consumer Innovativeness

The higher standardized mean of the normal group, as indicated in Table 3, combined with the significant difference between the groups shown by the  $D^2$  test in Table 1, leads to the acceptance of Hypothesis IX, "The normal group will be more innovative than the abnormal group."

The innovativeness variable was entered at step four by the discriminant analysis, which indicates that it is an important variable in discriminating between the groups.

Both husbands and wives in the normal groups displayed more innovative behavior than their counterparts in the abnormal group did, as shown in Table 15.

Cronbach's alpha is .854, well above Nunnally's criteria for reliability for this type of research.

Table 15

RESPONSE PATTERN COMPARISON BETWEEN  
 GROUPS BY SEX AND FAMILIES:  
 CONSUMER INNOVATIVENESS

<u>Variable</u>	<u>Groups</u>					
	<u>Abnormal Husbands %</u>	<u>Normal Husbands %</u>	<u>Abnormal Wives %</u>	<u>Normal Wives %</u>	<u>Abnormal Families %</u>	<u>Normal Families %</u>
High	11	19	25	36	18	28
Low	<u>89</u>	<u>81</u>	<u>75</u>	<u>64</u>	<u>82</u>	<u>72</u>
Total	100	100	100	100	100	100
Base	1650	1650	1650	1650	3300	3300

### Symptomatic Behavior

The aggregated standardized mean score of the abnormal group, as shown in Table 3, shows greater symptomatic behavior than that of the normal group. This, combined with the significant difference between the groups shown by the  $D^2$  test in Table 1, leads to the acceptance of Hypothesis X, "The abnormal group will evidence more symptomatic purchasing behavior than the normal group will."

This variable was not entered in the step-wise discriminant analysis, which indicates that it was not among the first eight variables selected.

Table 16 indicates that not only did husbands and wives in the abnormal group show more symptomatic behavior than their counterparts in the normal group, but also the wives in the abnormal group accounted for almost as much of the symptomatic behavior as their husbands did.

Cronbach's alpha is .568, which is within the acceptable range of reliability for this study.

### Summary

The Mahalanobis distance ( $D^2$ ) and the associated  $F$  statistic indicated that the differences between the normal and abnormal groups were significant at an alpha level of less than .05 for each variable investigated. (Table 1). This, combined with the directional differences

Table 16

RESPONSE PATTERN COMPARISON BETWEEN  
GROUPS BY SEX AND FAMILIES:  
SYMPTOMATIC BEHAVIOR

Variable	Groups					
	Abnormal Husbands %	Normal Husbands %	Abnormal Wives %	Normal Wives %	Abnormal Families %	Normal Families %
High	3	1	4	1	3	1
Medium	10	3	7	4	9	3
Low	<u>87</u>	<u>96</u>	<u>89</u>	<u>95</u>	<u>88</u>	<u>96</u>
Total	100	100	100	100	100	100
Base	450	450	450	450	900	900

indicated by aggregated standardized group means (Table 3), led to the acceptance of all hypotheses except Hypothesis IV (power within the family).

The step-wise discriminant analysis ranked the variables in order of importance as shown in Table 2. This analysis proved valuable for the discussion of recommendations for future research.

The cross-tabulations pointed out some areas in which the wives of alcoholics behaved more like their alcoholic husbands than like wives of non-alcoholic husbands, which suggests that this abnormal condition affects both of the marriage partners and not just the one with the disease.

With three exceptions, Cronbach's alpha measure of reliability for the variables, shown in Table 5, met or exceeded Nunnally's criteria for research of this type. While the reliability of  $-.060$  for the broadcast-media sources of information variable was too low to accept, the  $.471$  reliability of the print-media sources of information and the  $.430$  reliability of the adjustment variable, although raising serious questions, were not so low as to warrant their exclusion.

The analysis of the data indicates that there are significant differences between the consumption behavior of normal families and families with an abnormal condition. This answers the first research question posed

in Chapter III. The implication of the affirmative answer to this question is that an additional means of segmenting the market has been developed which may prove valuable to marketing practitioners.

## CHAPTER V

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter integrates the research findings with the literature review and explores the implications of the results of the study.

#### Summary

In the introduction it was stated that the objective of this dissertation was to broaden the knowledge of family consumption behavior by exploring the influence of abnormal conditions on family consumption behavior.

The study not only demonstrates that the effect of abnormal conditions on family consumption behavior can be successfully studied, but it also indicates which consumer-relevant variables are most promising for future research on other types of abnormal conditions.

The literature review established a set of variables useful in the study of family consumption behavior. Of the 12 variables reviewed, social class and family life cycle were designated as control variables that delimit the scope of the study. The additional ten variables--family role

orientation, perceived risk, family conflict, power within the family, family norms, family adjustment, interpersonal sources of information, mass-media sources of information, consumer innovativeness, and symptomatic behavior--are the independent variables tested in this study. The consumer behavior literature germane to each variable was reviewed, along with behavioral science literature as applicable.

The literature pertaining to alcoholism as a family disease was reviewed for each of the ten independent variables in the same order as they were presented in the review of the consumer behavior literature.

Three research questions were examined in this study:

1. Are there any differences between the consumption behavior of normal families and families with an abnormal condition?
2. If yes, what are the implications of these differences to marketers?
3. What are the implications for future research in the area?

The measures and hypotheses that operationalize the research questions were presented for each variable employed in the study. Each variable tested an element of family consumption behavior that the literature review indicated could prove valuable in discriminating between the groups.

A total of 150 families (75 in each group) were interviewed in their homes through the use of a questionnaire that was administered to husbands and wives simultaneously. No communication was allowed between respondents. This researcher and his wife (a professional interviewer) conducted all the interviews within the geographical limits of Southern New Jersey.

All of the data was punched onto computer cards and analyzed with multivariate, bivariate and reliability tests.

#### Summary of Research Findings

The results of the field study indicate that there is a significant difference between the behavior of the normal and abnormal groups on each of the independent variables, although the direction of the difference on the power within the family variable was the opposite of what was anticipated. The ranking of variables in order of importance proved valuable in making recommendations for future research because of the large number of independent variables tested in this study.

An interesting discovery was the observation that, in areas such as family role orientation, perceived risk, family norms, and interpersonal sources of information, the wives of alcoholics behaved more like their alcoholic husbands than like wives of non-alcoholic husbands. This

similarity of behavior along family, as opposed to sex, lines suggests that the family to which a person belongs has greater influence on the consumption behavior of that individual than does the individual's sex.

The reliability of the measures, with the exception of the broadcast-media sources of information variable, was acceptable.

The results of the hypothesis and reliability of the measures are shown in Table 17.

### Conclusions

The research question to be answered was: Are there differences between the consumption behaviors of normal families and families with an abnormal question? The answer to this question, as shown by the Mahalanobis  $D^2$  distance, the associate  $F$  statistic, and an alpha level less than .05 for each variable tested, is that significant differences do exist in the consumption behavior of the two groups.

The second research question was: If there are significant differences between the groups, what are the implications to marketers? In answering this question we must recognize that it is not the purpose of this study to answer product-specific questions. It is recognized that this study has used only one abnormal condition over a limited number of consumption variables. Certainly product-specific research on other abnormal conditions will be

Table 17

## SUMMARY OF RESEARCH FINDINGS

Hypotheses	Reliability			
	<u>Accepted</u>	<u>Rejected</u>	<u>Accepted</u>	<u>Rejected</u>
I The family role orientation of the abnormal groups will be different from that of the normal group.	X		X	
II There will be greater perceived risk among the normal group than among the abnormal group.	X		X	
III Conflict within abnormal families will be greater than conflict within normal families.	X		X	
IV The need for power among alcoholic males will result in more power residing in males in the abnormal group than in the normal group.		X	X	
V The normal group will have developed more family norms than the abnormal group will.	X		X	
VI There will be a lower level of adjustment in the abnormal group than in the normal group.	X		X	
VIIa The normal group will spend more time with total interpersonal sources of information than the abnormal group will.	X		X	

Table 17 (continued)

Hypotheses	Reliability			
	<u>Accepted</u>	<u>Rejected</u>	<u>Accepted</u>	<u>Rejected</u>
VIIb The amount of information exchanged between family members within abnormal families will be lower than within normal families.	X		X	
VIIc The amount of information exchanged between members of abnormal families and persons outside the family (expressed as a percentage of total information exchanged) will be greater than the amount of information exchanged between members of normal families and persons outside the family.	X		X	
VIIIa Because social isolation of abnormal families is greater than that of normal families, there will be greater use of broadcast media by the abnormal group	X			X
VIIIb Because alcoholism is a debilitating family disease, the abnormal group will have less exposure to print media than the normal group will.	X		X	
IX The normal group will be more innovative than the abnormal group will be.	X		X	
X The abnormal group will evidence more symptomatic purchasing behavior than the normal group will.	X		X	

necessary before the full value of this study is known, but this study has made a contribution by demonstrating that this market can be viewed as a target market in a social marketing sense.

Expanding consumer behavior research into non-traditional areas includes the application of consumer behavior research to social problems and issues. Scott<sup>1</sup> asks to what extent situational factors influence behavior and thus to what extent they should be considered when building models and theories of consumer behavior. Further, she proposes that, although the task is difficult, cross-situational field experiments focusing on exploratory concepts and mechanisms are required "...to discover both generality and specificity of behavioral processes in different contexts."<sup>2</sup>

The use of abnormal families with a serious social (as well as medical) problem, has made a contribution in demonstrating the extent to which the situational factor influences family consumption behavior.

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<sup>1</sup>Carol A. Scott. "Researching the Broadened Concept of Consumer Behavior," in Gerald Zaltman and Brian Sternthal (Eds.), Broadening the Concept of Consumer Behavior (Ann Arbor, Michigan: The Association for Consumer Research, 1975), p. 25.

<sup>2</sup>Ibid., p. 32.

In a study of family consumption of mental health services, Woods<sup>3</sup> shows that research on utilization of health and welfare services has emphasized delivery systems and organizational behavior and excluded "... medical treatment and referral services for the abuse of or addiction to alcohol and drugs." The use of marketing techniques to ascertain the needs of consumers and to plan marketing strategies for meeting those needs is emphasized.<sup>4</sup>

Certainly this dissertation provides information on the behavior of a target market for mental health services as well as welfare services.

For example, a set of screening questions could be developed which could be useful in predicting membership in either the normal group or the abnormal group. The State of New Jersey, in mid-1977, instituted a new program which allows motorists convicted of driving under the influence of alcohol to regain their driving privileges after attending a limited number of AA meetings. The requirement is for attendance only. At present AA has a self-administered set of diagnostic questions which allows a person to predict his/her likelihood of being in the alcoholic group on the

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<sup>3</sup>Thomas L. Woods. "The Family as A Consumer of Mental Health Services," in Gerald Zaltman and Brian Sternthal (Eds.), Broadening the Concept of Consumer Research, (Ann Arbor, Michigan: The Association for Consumer Research, 1975), pp. 35-46.

<sup>4</sup>Ibid., p. 66.

basis of self-reported questions about his/her drinking behavior. There is no requirement by the State of New Jersey that motorists in this program complete this self-administered questionnaire, for the obvious reason that it would be too easy for respondents to bias this obtrusive and reactive instrument.

A set of screening questions developed from this study could be required of each participant in the drivers' license program. The instrument would be unobtrusive and non-reactive and could prove helpful in getting alcoholics into treatment earlier than self-diagnosis allows.

Additionally, because it has been shown that the abnormal group wives behave more like their alcoholic husbands than like the normal group wives on several variables, it may be concluded that they are a more important target market for mental health services than was previously thought.

This study demonstrates the usefulness of testing a broad range of consumption-related variables against one subject population. Step-wise discriminant analysis gives an indication of the relative importance of each variable. The power variable was perhaps the least useful because the direction of the difference was the opposite of the predicted direction, and it would take considerable work to try to find the reason and to restructure the research in

this area. The reliability of the broadcast media variable is so low that a complete restructuring would be necessary before conclusive research projects would be possible, and thus this measure is not useful as it stands. Certainly the conflict and symptomatic behavior variables, although not ranked in the step-wise discriminant analysis, have good reliabilities and hold promise of useful results. The reliability of the measure of symptomatic behavior should be improved by increasing the number of questions in that section. Other variables that should prove useful are adjustment and print-media sources of information, which were ranked two and three, respectively, in the discriminant analysis. Although their reliabilities do not meet Nunnally's criteria of the .50 to .60 range, they are so close at .430 and .471, respectively, that they cannot be dismissed.

The next most important group of variables appears to be roles (fifth step with .552 reliability) and interpersonal sources of information--friends (seventh step with .603 reliability). Although care should be taken to improve the reliabilities of these variables before exhaustive research is undertaken, they are clearly important variables with adequate measurement procedures.

The most important group of variables for immediate use includes those whose measurements indicate high

reliability and also were selected as being among the most important by the step-wise discriminant analysis. Perceived risk (step eight, reliability .850) and innovativeness (step 4, reliability .854) are variables that are currently receiving a great deal of research attention. These variables are useful not only because their measures already have reliabilities high enough for conclusive research and because they were ranked among the more important variables in this study, but also because there is so much research being conducted on them that they are certain to receive attention within the marketing community.

The most important variable in this study is family norms. Not only was it entered as the most important variable at the first step in the discriminant analysis, but the .909 reliability of the measure makes it the best candidate for further research.

The third research question is discussed in the Recommendations section, which follows. This study has successfully completed its objectives and has made a contribution to the theory building now in progress in family consumption behavior. The recommendations that follow are designed to further extend the contribution of this study.

### Recommendations

Perhaps the greatest reward in conducting an exploratory research project is the opportunity it presents to design conclusive research follow-up projects. It has been difficult to resist the temptation to indulge in further, more sophisticated analysis of the data collected in this project in an attempt to infer more conclusive results on promising segments. This research, however, was designed as an exploratory probe, and good research procedure demands that the results not be interpreted beyond that level.

The third research question was: What are the implications for future research in the area? The first implication is that, as pointed out in the Conclusions section, further research may be undertaken immediately, applying the family norms, perceived risk, and innovativeness variables to studies of the impact of other abnormal conditions. Both arthritis and asthma are useful for this purpose. They are similar to one another and to alcoholism in that they are debilitating, incurable, treatable conditions that affect large portions of the population. Additionally, both arthritis and asthma are socially acceptable diseases, so the identification of qualified respondents should be easier than that which was necessary for this study, and the interviewer need have no special

diagnostic talents. Such studies will certainly improve the generalizability of this area of research.

Improving the reliability of the roles, interpersonal sources of information, adjustment, and print-media sources of information measures to the level where they would be useful for conclusive research projects should be undertaken, for these variables are in general use and, in some cases, require only modification of and/or an increased number of questions to accomplish this goal.

Self-reported behavior is accepted in consumer behavior research, but for some of the variables third-party reports or observational methods could be employed. In the family norms area, the questions of who does the shopping, where it is done, and the regularity of shopping can all be answered by observation. Certainly the cost of employing observers for more than a limited number of families would be very high, but the value of the data produced by this unobtrusive and non-reactive method may well justify the increased cost. Interpersonal sources of information can be determined by asking friends and family members the frequency with which the subjects talk to them about consumption items. If the reliability of the broadcast-media sources of information measure can be improved, simple automatic devices can be installed that measure the duration of time the television set or radio is turned on. If the current trend toward increased resistance to answering questionnaires

continues, it may be necessary to rely on the techniques suggested above in order to obtain reliable data.

Further recommendations suggested themselves as a result of the experience of conducting the interviews. This study presented the opportunity to interview two respondents at the same time--a task that proved interesting but, at the same time, was far more difficult than interviewing one respondent at a time. Interviewing two people as closely related as a married couple involves not only persuading each person to participate and answering any questions that person may have, but also persuading the couple, as a separate entity, to participate, and answering any questions that entity generates. It appears that the interaction between husband and wife goes on constantly, and they communicate with one another by means of "body language," inflection of speech, positioning in the room, and glances that the interviewer cannot hope to follow because the interviewer does not know the couple's "code." It was observed that there is a synergism between the husband and wife in the eliciting of information. Once one of the pair asks a question the other is prompted to either ask further about the area or try to explain to the interviewer what the first one meant. This sometimes produces conflict but more often produces further explanations. There was a great tendency on the part of the

couple to want to work together to answer the questions. Most couples wanted, and many tried in spite of the interviewer's presence, to communicate with each other on answers to the questions. When this behavior was blocked (as it always was), the two people went about answering the questions as individuals, but it was apparent that the game of trying to act as a couple had to be played out. It seemed as if each person had to let his or her spouse know that he or she would prefer to work in concert, and that it was only the insistence of the interviewer that forced him or her to behave as an individual rather than as a part of the marriage dyad.

This interaction was no great problem for the experienced interviewers used in the data collection portion of this study, but it leads to the recommendation that only trained, experienced interviewers be used in research projects that involve interviewing groups of closely related people. Further, the time spent by the interviewer in countervailing against the pressure from the couple to act as an entity rather than as two individuals, and in answering the proliferation of questions spawned by the synergism between the husbands and wives, when coupled with the time spent listening to explanations by one partner of what the other meant, was far in excess of predicted allocated time.

This leads to the recommendation that not only must time be allocated for this interaction to take place, but also that it will affect the maximum length of the questionnaire. For even though the researcher may be interested only in the data to be collected and want to allocate all possible time to this area, certainly the respondents, and to some degree the interviewer, are interested in the total experience.

It is hoped that these recommendations will be of value to researchers in the field of family consumption behavior, for as a relatively new research area, many of the major problems have not yet been discovered.

## APPENDICES

**APPENDIX A**

## QUESTIONNAIRE

### INTRODUCTION TO SELF-ADMINISTERED BOOKLET:

We appreciate your help in completing this questionnaire. This is a private research effort to study family consumption behavior. We can assure you that your name will not be attached to any of the forms, nor will it be divulged to any source. We are not connected with any governmental or industrial group.

Your participation is completely anonymous, but it is very important. Please answer each question to the best of your ability and feel free to ask the interviewer for help if you feel any question is not clear.



**D. FAMILY DECISION QUESTIONS**

When important family decisions have to be made in your family, who makes the decisions for the following items?  
(Circle one answer for each item)

	Husband Decides	Husband Has More Influence	Equal Influence	Wife Has More Influence	Wife Decides	No such Purchase Or Decision Ever Made
In your family, who decides:						
1. Whether or not to buy life insurance?	1	2	3	4	5	6
2. What house or apartment to take?	1	2	3	4	5	6
3. What job the husband should take?	1	2	3	4	5	6
4. Whether or not the wife should go to work (or should quit her job)?	1	2	3	4	5	6
5. How much money can afford to be spent per week on food?	1	2	3	4	5	6
6. What doctor to have when someone is sick?	1	2	3	4	5	6
7. What car to get?	1	2	3	4	5	6
8. Where to go on vacation?	1	2	3	4	5	6

E. PRODUCT PERFORMANCE QUESTIONS

What is the likelihood that there will be something wrong with an unfamiliar brand of each of the following items, or that it will not work properly?

(Circle appropriate number) Please try to forget any brands of the products with which you are familiar, and tell us how you feel a completely unfamiliar brand would perform.

Product	Will Probably Work Fine – Probably nothing Wrong				50-50 Chance	Will Probably Not Work or Will Have Something Wrong			
	1	2	3	4		5	6	7	8
1. Foreign Sports Car	1	2	3	4	5	6	7	8	9
2. Life Insurance	1	2	3	4	5	6	7	8	9
3. 23" Table Color T.V.	1	2	3	4	5	6	7	8	9
4. Suit	1	2	3	4	5	6	7	8	9
5. Winter Coat	1	2	3	4	5	6	7	8	9
6. Pair of Dress Shoes	1	2	3	4	5	6	7	8	9
7. Deodorants	1	2	3	4	5	6	7	8	9
8. Toothpaste	1	2	3	4	5	6	7	8	9
9. Razor Blades	1	2	3	4	5	6	7	8	9
10. Vitamins	1	2	3	4	5	6	7	8	9
11. Aspirin	1	2	3	4	5	6	7	8	9
12. Deck of Playing Cards	1	2	3	4	5	6	7	8	9



#### H. QUESTIONS ON SHOPPING BEHAVIOR

These questions relate to how your family shops for various items.

Product or Service Purchased

Please circle appropriate number

1. Food (include only normal grocery shopping for the household -- do not include specialty items, party items, or the like.)
  - a. Who makes the purchase for your family?
    1. Always the same spouse.
    2. Always husband and wife together.
    3. Usually the same spouse.
    4. Usually husband and wife together.
    5. No set routine -- sometimes husband, sometimes wife, sometimes both.
  - b. Where is the purchase made?
    1. Always the same store or group of stores.
    2. Usually the same store or group of stores.
    3. No set place, just shop from place to place.
  - c. How regularly are purchases made?
    1. Always a set schedule or time interval (such as every Friday).
    2. Usually a set schedule but sometimes it varies.
    3. No set schedule -- just when we feel we need to shop.
  - d. What guidelines do you use to purchase the items?
    1. Always the same guidelines -- such as: the same brand, the lowest prices, or the same size package.
    2. Usually the same guidelines, but sometimes we vary.
    3. No set guidelines -- just whatever looks good to us at the time.
2. Furniture and Major Appliances (such as: Stove, Washing Machine, TV)
  - a. Who makes the purchase?
    1. Always the same spouse or always husband and wife together.
    2. Usually the same spouse or usually husband and wife together.
    3. No set routine -- sometimes husband, sometimes wife, sometimes both.
  - b. Where is the purchase made?
    1. Always the same store or group of stores.
    2. Usually the same store or group of stores.
    3. No set place.

- c. How regularly do you purchase furniture and/or appliances?
    1. Always a set schedule or time interval (such as every three years or whenever a piece shows wear).
    2. Usually a set schedule, but not always.
    3. No set schedule.
  - d. What guidelines do you use?
    1. Always the same guidelines (such as: brand or maker, lowest price or advice of a favorite dealer).
    2. Usually the same guidelines, but not always.
    3. No set guidelines.
3. Gasoline (only for the car you normally drive or use.)
- a. Who makes the purchase in your family?
    1. Always the same spouse or always husband and wife together.
    2. Usually the same spouse or usually husband and wife together.
    3. No set routine — sometimes husband, sometimes wife, sometimes both.
  - b. Where is the purchase made?
    1. Always the same station or group of stations, except for trips.
    2. Usually the same station or group of stations, but not always.
    3. No set place — wherever we feel like at the time.
  - c. How regularly are purchases made?
    1. Always a set schedule or interval (such as every Monday morning or when the gas gauge shows  $\frac{1}{4}$  full).
    2. Usually a set schedule, but not always.
    3. No set schedule.
  - d. What guidelines do you use to purchase the item?
    1. Always the same guidelines (such as one brand or a group of brands or always the cheapest price).
    2. Usually the same guidelines, but not always.
    3. No set guidelines.
4. Outside Entertainment (such as: Movies, Sports events, Dancing, and eating out if you consider this entertainment).
- a. Who makes the purchase of outside entertainment?
    1. Always the same spouse or always husband and wife together.
    2. Usually the same spouse or usually husband and wife together.
    3. No set routine.

- b. Where do you go for outside entertainment?
    - 1. Always the same place or group of places.
    - 2. Usually the same place or group of places.
    - 3. No set place.
  - c. How regularly do you purchase outside entertainment?
    - 1. Always set schedule (such as: every Saturday; all birthdays; special holidays; or anniversaries).
    - 2. Usually a set schedule but sometimes varies.
    - 3. No set schedule.
  - d. What guidelines do you use for outside entertainment?
    - 1. Always the same type of entertainment sought (such as: sporting events; movies; or concerts).
    - 2. Usually the same type of entertainment sought, but sometimes it varies.
    - 3. No set types of entertainment sought, just whatever appeal to us at the time.
5. Vacation Plans and Reservations (for the family – not for you alone).
- a. Who make the purchase?
    - 1. Always the same spouse or always husband and wife together.
    - 2. Usually the same spouse or usually husband and wife together.
    - 3. No set routine – sometimes husband, sometimes wife, sometimes both.
  - b. Where is the purchase made?
    - 1. Always the same place (such as one travel agency, one broker of seaside rental property).
    - 2. Usually the same place.
    - 3. No set place.
  - c. How regularly are the purchases made?
    - 1. Always a set schedule (such as committing for a lake cottage in March of every year).
    - 2. Usually a set schedule.
    - 3. No set schedule.
  - d. What guidelines do you use?
    - 1. Always the same guidelines (always seashore, always mountains, or always at a golf resort).
    - 2. Usually the same guidelines.
    - 3. No set guidelines – whatever happens to appeal to us.

## 6. Toothpaste

- a. Who makes the purchase?
  1. Always the same spouse or always husband and wife together.
  2. Usually the same spouse or usually husband and wife together.
  3. No set routine – sometimes husband, sometimes wife, sometimes both husband and wife.
- b. Where is the purchase made?
  1. Always the same store or group of stores.
  2. Usually the same store or group of stores.
  3. No set place.
- c. How regularly is the purchase made?
  1. Always a set schedule or time interval (such as every week, or when there is only one tube left in the cabinet).
  2. Usually a set schedule, but not always.
  3. No set schedule.
- d. What guidelines do you use?
  1. Always the same guidelines (such as: same brand; only fluoride brands; only gets; or always the lowest price).
  2. Usually the same guidelines but not always.
  3. No set guidelines.

I. QUESTIONS ABOUT TYPES AND/OR BRANDS OF PRODUCTS OR SERVICES YOU PREFER.

Please write in the name of your brand in the space provided. If you don't have a preference put "no preference." If you don't remember, put "don't remember." If you are not a user of the product put "don't use."

Examples

- |   |   |
|---|---|
| 1. Aspirin brand preferred                          | (such as: Bayer, St. Joseph's, Acme, Shop-Rite, A&P)              |
| 2. Toothpaste brand preferred                       | (such as: Colgate, Ultra Brite, Shop-Rite, Rexall)                |
| 3. Razor blade brand preferred                      | (such as: Gillette, Schick, Shop-Rite)                            |
| 4. Automobile body style preferred                  | (such as: convertible, station wagon, 2-door sedan, 4-door sedan) |
| 5. Deodorant brand preferred                        | (such as: Right Guard, Old Spice, Secret)                         |
| 6. Gasoline brand preferred                         | (such as: Exxon, Gulf, Shell, Hess)                               |
| 7. Ice cream flavor preferred                       | (such as: vanilla, chocolate, cherry)                             |
| 8. Coffee brand preferred                           | (such as: Maxwell House, Hills, Bokar)                            |
| 9. Color T.V. brand preferred                       | (such as: Zenith, R.C.A., Motorola, Sears)                        |
| 10. Vacation time preferred<br>(season of the year) | (such as: Summer, Winter, Spring)                                 |
| 11. Vacation location preferred                     | (such as: seashore, mountains, Europe)                            |
| 12. Type of outside entertainment<br>preferred      | (such as: sporting events, theatre, movies, dancing)              |

## J. QUESTIONS ABOUT INTERPERSONAL SOURCES OF INFORMATION

- 1 a.) I (check one)  often  
 sometimes talk with members of my family about  
 almost never  
 which clothes I buy.
- b.) I  often  
 sometimes talk with friends about which clothes I buy.  
 almost never
- 2 a.) My friends  often  
 sometimes give me good advice about non-prescription  
 almost never  
 drugs like aspirin, cough medicines, etc.
- b.) My family  often  
 sometimes give me good advice about non-prescription  
 almost never  
 drugs like aspirin, cough medicines, etc.
- 3 a.) I spend  a lot  
 some time talking to friends about food products  
 almost no  
 (grocery brands, prices, "specials", etc.)
- b.) I spend  a lot  
 some time talking to members of my family about food  
 almost no  
 products (grocery brands, prices, "specials", etc.)
- 4 a.) I  often  
 sometimes talk with friends about products and/or services for  
 almost never  
 the home (furniture, appliances, paint, lawn products, kitchen equipment,  
 etc.)
- b.) I  often  
 sometimes talk to members of my family about products and/or  
 almost never  
 services for the home (furniture, appliances, paint, lawn products, kitchen  
 equipment, etc.)
- 5 a.) I  often  
 sometimes seek out the advice of my friends regarding automotive  
 almost never  
 matters (cars, gasoline, tires, etc.)
- b.) I  often  
 sometimes seek out the advice of members of my family regarding  
 almost never  
 automotive matters (cars, gasoline, tires, etc.)

6. a.) I  often  
 sometimes talk to members of my family about television shows  
 almost never  
I've seen.
- b.) I  often  
 sometimes talk to friends about television shows I've seen.  
 almost never

K. QUESTIONS ABOUT YOUR USE OF THE MASS MEDIA

1. Do you ever listen to the radio? Yes No (If you answer no, go to question 3).
2. On the average, about how many hours in a typical day and evening do you listen to the radio? hours. (Please fill in blank.)
3. Do you ever watch T.V.? Yes No (If you answer no, go to question 5.)
4. On the average, how many hours in a typical day and evening do you watch T.V.? hours. (Please fill in blank.)
5. Do you ever read the newspaper? Yes No (If you answer no, go to question 7.)
6. How often do you read the newspapers? (By read, we mean that you spend at least 10 minutes with a newspaper). Please circle the appropriate number.
  1. I read one newspaper every day of the week.
  2. I read more than one newspaper every day of the week.
  3. I read one newspaper approximately days (please fill in number of days) during the week.
  4. I read one newspaper every day of the week and at least one other local newspaper approximately days during the week. (Please fill in blank.)
  5. I have no set pattern, but I read newspapers approximately times a week. (Please fill in blank.)
7. Do you ever read magazines? Yes No (If you answer no, go to next page.) section L.)
8. By circling the appropriate number, please indicate how often you read each of the following magazines. By read, we mean that you spend at least 20 minutes with the magazine.

Name of Magazine	Number of times read per week or month								
Time (weekly)	0	1	2	3	4	5	6	7	Other (please fill in)
U.S. News and World Report (weekly)	0	1	2	3	4	5	6	7	Other (please fill in)
T.V. Guide (weekly)	0	1	2	3	4	5	6	7	Other (please fill in)

People (weekly)	0 1 2 3 4 5 6 7	Other (please fill in)
Sports Illustrated (weekly)	0 1 2 3 4 5 6 7	Other
Readers Digest (monthly)	0 1 2 3 4 5 6 7	Other
Prevention (monthly)	0 1 2 3 4 5 6 7	Other
Todays Health (monthly)	0 1 2 3 4 5 6 7	Other

L. QUESTIONS ABOUT SPECIFIC PRODUCTS YOU MAY OR MAY NOT HAVE USED DURING THE PAST YEAR

Please indicate for each product listed below if you have used the product once, more than once, or never, by circling the appropriate number.

Product	Don't Remember	Never Used	Used Only Once	Used More Than Once
1. Alka Seltzer 2	0	1	2	3
2. Yardley Oatmeal Soap	0	1	2	3
3. Campbell Soup for One	0	1	2	3
4. Franco American Macaroni and Meatballs	0	1	2	3
5. Mr. Automatic	0	1	2	3
6. Golden Grahams Cereal	0	1	2	3
7. Branola Banana Bread	0	1	2	3
8. Hold Cough Drops	0	1	2	3
9. Bounty Candy Bar	0	1	2	3
10. Kellog Frosted Rice	0	1	2	3
11. Bits O' Gum	0	1	2	3
12. Double Stuffed Oreo Cookies	0	1	2	3
13. Salad Crunchies	0	1	2	3
14. Pepsi Light	0	1	2	3
15. Posh Puffs	0	1	2	3
16. Jello Peach Flavor Pudding	0	1	2	3
17. Country Lime Lemonade	0	1	2	3
18. Hawaiian Punch in Powder Package	0	1	2	3
19. Dolly Madison All Natural Ice Cream	0	1	2	3
20. Jello Pistachio Flavor Pudding	0	1	2	3
21. Birdseye Chinese Style Stir-Fry Vegetables	0	1	2	3
22. Stouffers American Cake Line	0	1	2	3

M. QUESTIONS ABOUT PURCHASING SITUATIONS

We'd like your opinion about these situations. Please circle the number of the reaction you feel is most appropriate.

- I. If a wife spends too much on clothing, beauty shop appointments, or some other personal items, the best way for her husband to react is to:
  1. Reason with her about the amount she's spending.
  2. Cut down on the money she gets.
  3. Go out and buy something expensive for himself.
  
- II. If a husband buys extravagant things like power boats or joins a golf club when money is tight, the best way for his wife to react is to:
  1. Go out and buy something expensive for herself.
  2. Cut down on the quality and/or quantity of food she prepares so as to save money.
  3. Reason with him about the amount he's spending.
  
- III. If a wife regularly prepares food that her husband does not like, he should:
  1. Throw the food in the garbage and go out to eat.
  2. Reason with her and show her that he really does not like it.
  3. Buy something (like cigars) that he knows his wife doesn't like.
  
- IV. If a husband buys the kind of car his wife does not like, she should:
  1. Buy something that both must use in their home which she knows her husband doesn't like (such as replacing a colonial wing-backed recliner chair with a modern bean-bag chair).
  2. Reason with him, show him that she really does not like it, and persuade him to change it.
  3. Refuse to drive it and get alternate transportation.
  
- V. If someone's neighbor has a messy, unsightly yard, the best thing for a homeowner to do is:
  1. Build a big fence to block the view.
  2. Make his own yard even messier than the neighbor's.
  3. Talk to him and try to get him to clean it up.
  
- VI. If a husband spends too much time watching T.V., the best thing for his wife to do is:
  1. Tell him she'd like him to spend more time with her and less time glued to the T.V. set.
  2. Get herself a membership in some activity that she likes (such as a bowling league or tennis club) so that she can do something she likes while her husband is watching T.V.
  3. Buy some adult game or games such as "air hockey", ping-pong, or the electronic games that are played using the T.V. screen in order to "wean" him away from T.V.

NOTE: This set of questions is to be included ONLY in booklets which are odd-numbered 1 through 199. (1, 3, 5, 7, ....., 199.)

**N. QUESTIONS ABOUT ALCOHOL AND WORK.**

Please circle appropriate number

	Yes	No	Don't Know Or Don't Remember
1. Have you ever had difficulty in performing your job because of alcohol related symptoms or effects?	1	2	3
2. Has your work efficiency ever decreased because of alcohol related symptoms or effects?	1	2	3
3. Did you feel that you were working at a lower level than you were really capable of because of alcohol effects of symptoms?	1	2	3
4. Were any of your co-workers aware of your alcohol problem?	1	2	3
5. Were your superiors aware of your alcohol problem?	1	2	3
6. Were you ever criticised or warned by your supervisor about your work as related to your alcohol problem?	1	2	3
7. Is alcoholism very prevalent in your line of work?	1	2	3
8. Does your company have any policy for dealing with workers who have alcohol problems?	1	2	3

APPENDIX B

APPENDIX B

INTERVIEWER ADMINISTERED QUALIFYING QUESTIONS

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A. For Group "A"

1. Is the husband in Alcoholics Anonymous?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Has the husband been in A.A. at least 1 month?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Has the husband been in A.A. over 4 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is the wife identified as an alcoholic by the husband?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is the husband employed full time?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are the husband and wife living together?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is at least one dependent child living at home?  
(Dependent means normal child, pre-school or student,  
not self-supporting through a full-time job.)
8. What is the husband's current occupation? \_\_\_\_\_
9. What is the wife's current occupation? \_\_\_\_\_
10. Level of husband's education: Grade School, attended high school, graduated from high school, attended college, graduated from college, attended graduate school, has graduate degree.
11. Level of wife's education: Grade School, attended high school, graduated from high school, attended college, graduated from college, attended graduate school, has graduate degree.
12. Does the husband know of any actively drinking alcoholics living in the neighborhood?  
Note locations so as to avoid using for normal group.

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## B. For Group "N"

(Avoid all locations indicated in Question A 12)

1. Is the husband employed?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. How long has husband worked at that job? \_\_\_\_\_ years.
3. If under 3 years probe to find number of jobs held in past three years.
4. Is the interviewer pressed or pressured to have an alcoholic drink?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do the home furnishings and/or state of repair of the dwelling appear to be substantially below the expected norm for the area?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is there a discernable smell of alcohol in the house?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Is there evidence (like an elaborate, well-used bar in the living room, or bottles of alcoholic beverages standing about) that heavy drinking is the norm for the family?  
Yes \_\_\_\_\_ No \_\_\_\_\_
8. Are the husband and wife living together?  
Yes \_\_\_\_\_ No \_\_\_\_\_
9. Is at least one dependent child living at home? (Dependent means normal child, pre-school or student, not self-supporting through a full-time job.)  
Yes \_\_\_\_\_ No \_\_\_\_\_
10. What is the husband's current occupation? \_\_\_\_\_
11. What is the wife's current occupation? \_\_\_\_\_
12. Level of husband's education: grade school, attended high school graduated from high school, attended college, graduated from college, attended graduate school, has graduate degree.
13. Level of wife's education: grade school, attended high school, graduated from high school, attended college, graduated from college, attended graduate school, has graduate degree.

**APPENDIX C**

Table C-1

## SAMPLE DEMOGRAPHICS:

## EDUCATION

Education Level	Abnormal Husband		Normal Husband		Abnormal Wife		Normal Wife	
	Attained %	Cum'tive %	Attained %	Cum'tive %	Attained %	Cum'tive %	Attained %	Cum'tive %
Graduate Degree	8	8	11	11	0	0	1 1/2	1 1/2
Attended Graduate School	3	11	5	16	3	3	1 1/2	3
Graduated College	27	38	32	48	29	32	25	28
Attended College	24	62	24	72	19	51	29	57
Graduated High School	27	89	20	92	39	90	40	97
Attended High School	8	97	8	100	10	100	3	100
Grade School	3	100	0	100	0	100	0	100

Table C-2

## SAMPLE DEMOGRAPHICS:

## HOME OWNERSHIP

	<u>Own Home</u> <u>%</u>	<u>Rent</u> <u>%</u>	<u>Total</u> <u>%</u>
Normal Group	79	21	100
Abnormal Group	73	27	100

Table C-3

SAMPLE DEMOGRAPHICS:  
 NUMBER OF YEARS RESIDING IN DWELLING

	<u>Mean</u>	<u>Median</u>	<u>Mode</u>	<u>Range</u>	<u>Percent Distribution (Years)</u>				
					<u>1-7</u>	<u>8-14</u>	<u>15-21</u>	<u>22-28</u>	<u>29-35</u>
Normal Home Owners	10.36	9	12	1-27	44	36	10	10	0
Abnormal Home Owners	11.47	10	14	1-32	35	38	20	5	2
Normal Renters	3.88	3	3	1-12	94	6	0	0	0
Abnormal Renters	3.25	2	2	1-15	90	5	5	0	0
Total Normal	8.97	6	12	1-27	55	29	8	8	0
Total Abnormal	9.28	8	2	1-32	50	29	16	4	1

Table C-4

## SAMPLE DEMOGRAPHICS:

## NUMBER OF CHILDREN

Number of Children	Normal Families %	Abnormal Families %
1	28	14
2	31	36
3	32	27
4	5	19
5	0	0
6	3	3
7	0	0
8	1	0
9	0	0
10	0	1
Total	100	100
 Mean number of children per family (Base = 75)	 2.33	 2.71

Table C-5

SAMPLE DEMOGRAPHICS:  
NUMBER OF YEARS MARRIED

Years	Normal Group Families %	Abnormal Group Families %
1-10	40	19
11-20	41	41
21-34	<u>19</u>	<u>40</u>
	100	100

This data is consistent with the greater length of residency of the abnormal group home owners, and suggests, when coupled with the greater number of children per family, that the abnormal group may have reached status crystallization, while the normal group may still be upwardly mobile.

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