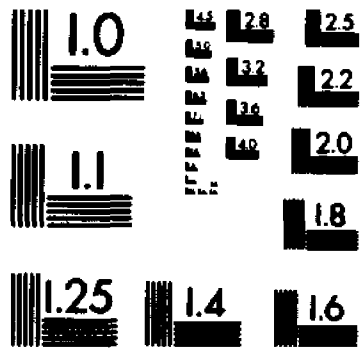
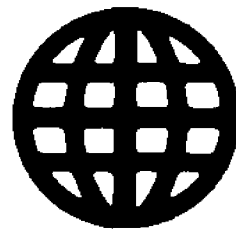


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City University of New York

Ph.D. 1986

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FAMILIES UNDER FIRE: MANAGING AN ALCOHOL PROBLEM

by

MAUREEN Mc GREAL

A dissertation submitted to the Graduate Faculty in
Sociology in partial fulfillment of the requirements
for the degree of Doctor of Philosophy, The City of
New York.

1986

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This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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Abstract

FAMILIES UNDER FIRE: MANAGING AN ALCOHOL PROBLEM

by

Maureen Mc Greal

Adviser: Professor Lindsey Churchill

This is a study of the ways in which family members manage an alcohol problem. The crux of the work focusses on the characteristics of family patterns, in particular the features inherent in the techniques used to cope with the problem of alcoholism. As a result of this exploratory investigation, a general thesis emerges: Alcohol-affected families appear to follow a restorative mode approach to problem-solving which parallels the pattern found in our restitutive justice system. Thus it is argued that an established pattern (restorative mode) replicates an acknowledged cultural form (restitutive justice process). Features of the mode include tendencies to 1) maintain the status quo 2) return the situation to normal if equilibrium has been disturbed 3) repair the problem.

Two points arise as a result of this finding. One is that there seems to be an adaptable cultural pattern present in our society which is invoked and utilized in specific social situations as in the case of addictive illness or crime. The other point is that as a result of adoption of this procedure, a very intimate problem (alcoholism in the family) is managed by an external pattern which, by its very nature, shapes individual conduct.

While a function of the mode is to help keep families intact thus protecting the social value of familial accord, its overall effect on the families is a negative one. Thus it is described as a dysfunctional pattern. However, families are expected to adopt the pattern by significant and general others who use it as well. As a result, families find themselves in a "restorative bind," a position in which the solutions the culture provides are in themselves the problem.

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INTRODUCTION

Ever since the problem of alcoholism picked itself up from Skid Row and staggered into the living rooms of middle-class America, a new dimension, the family, has been introduced into the dynamics of the situation.

In its early stages alcoholism research was primarily concerned with the alcoholic and viewed the family as innocent victims. As time went on, the spouse found her way (most research cited female spouses) into the problem exhibiting predictable character disorders of the sort who would become involved with a person with alcoholic tendencies. It has only been within the last fifteen years that the literature on alcohol and the family has developed significantly and expanded to include the whole family system.

Now we know that there are almost as many female
(1)
alcoholics as male alcoholics. We also know that the family is deeply involved in the problem of its alcoholic member.

The number of people affected by the actions of one alcoholic is considerable. For every alcoholic, there are five persons involved to some extent with the problem.

However, even though the subject of alcohol and the family is considered a "hot" topic receiving much media and journal coverage, evidence of our lack of knowledge can be found in some holes and missing links that appear in the family literature. The purpose of this study is to attempt
(2)
to fill some of those holes.

For example, the literature states that families with alcohol problems are set adrift in an unstructured atmosphere with no cultural prescriptions to guide them. Also, from what we know of these families, one of the first strategies employed when alcoholism strikes family members is a tendency to withdraw or isolate themselves. Because of the isolation and the customary belief that an unstructured setting exists for these families, one would expect a somewhat disparate pattern of problem-solving to appear. Yet my own informal observations as a family counselor told me the reverse was true. From my view, families with alcohol problems tended to manage the problem in a predictable fashion.

This study is an attempt to sort out these contradictions. Information is gathered from alcohol-affected families in an effort to determine how they manage the problem. A general question is formulated: "How do involved families react to an alcohol problem?" Intact and non-intact families are included in the study as well as single persons.* In transcribing the data an in-depth expression of family reaction patterns emerges that will be discussed. Examination of the material explores various attitudes and feelings as well as the powerful effect of alcohol on their lives. Responses of respondents are carefully categorized according to strategies.

*In discussion the alcoholic is generally referred to as male for the sake of convenience only.

Examination of the data indicate that highly similar restorative strategies are repeated over and over in a pattern-like fashion. Specifically, it appears as if involved members try to keep the peace at any price. At the same time they try hard to reform or control the alcoholic. While all this is going on, members also try to act as if the situation is normal. But the problem keeps getting worse. Particular examples will be given to demonstrate ways in which these strategies are used in Chapters 3, 4, and 5 as well as how these strategies are destructive to the families involved.

Since an attribute of a pattern is the structure contained within it, the findings appear to contradict the notion of the existence of an unstructured situation in an alcohol-affected setting.

This line of questioning naturally leads to a grander topic: "If there is a systematic pattern of collective responses to a particular kind of behavior that exists, where does it come from?"

After the features of the restorative mode are identified and discussed, this question is addressed. An hypothesis will be presented to connect the features of the restorative mode to an already existing cultural pattern - namely our restitutive justice model. (A detailed explanation of this relationship and its implications are given in Chapter 6).

The goal of this study is to try to help alcohol-affected families in some way. If it is possible that these families respond to the situation with a predictable cultural pattern that is harmful to the individual families, then attention must be drawn to this problem and the process changed.

It is hoped that this study will be significant in several ways: 1) to re-focus the emphasis on family theory to include external as well as internal factors; 2) to call attention to the need for social policy changes in the area of social support for these families; 3) to assist counselors in their understanding of family dynamics.

NOTE

1

Initial exploration of strategies found little difference between male and female alcoholic spouses as far as responses are concerned. One exception is that male spouses used control over finances as a means of utilizing the mode. They tightened the purse strings even in cases where the female alcoholic was working.

However, while differences appeared to be minimal between male and female spouses, it is recognized that in many families the economic roles are different. For example, research shows that male spouses tend to leave female alcoholics before female spouses separate from their husbands. What would the reaction pattern be if the female spouse was the primary breadwinner? Since this study did not specifically treat the issue of differences, such information needs to be qualified in further studies.

2

Throughout the text I use the term "sociocultural" factors to connote a sense of the presence of external forces which act upon social members in a conscious and unconscious way.

It has been suggested that the term "sociostructural" be used instead. I now realize that I use the two terms interchangeably. For example, in one instance I call the restorative mode an arm of the social structure as it adheres to Merton's definition of such phenomenon. More analysis is needed to understand to what extent the pattern is guided by sociocultural as opposed to sociostructural influences.

REVIEW OF LITERATURE

It has been stated that "a golden age is opening in the recognition of the relationship between alcoholism and the family" (Kaufman & Pattison, 1982, p. 663). Many new studies and books have been published showing a growing interest in the field. This was not always the case. Peter Steinglass, a noted family systems researcher, tells us that at one time, family therapists were slow to enter the field of treatment of alcohol problems because they themselves suffered from deep cultural prejudices. Steinglass suggests that to a professional therapist, the alcoholic was viewed as a distasteful, self-destructive, weak individual with poor motivation for change, therefore making therapeutic work for the therapist unrewarding (Steinglass, 1976, p. 10).

A careful review of the literature suggests that prejudices still abound. Individual and family behavior is thoroughly scrutinized for reasons explaining the reaction patterns with emphasis usually on 'pathological needs.' At the same time, delineation of cultural prescriptions are ignored and, as a result, external social causes for behavior are neglected.

That alcohol is a major problem in society today is no surprise to anyone. There are upwards of ten million Americans suffering from alcoholism, and although there are differences in the incidence of alcohol misuse in different age, ethnic, religious, occupational, and socioeconomic groups, alcoholism

affects people in all walks of life (Paolino and Mc Crady, 1977, p. 4). It appears as though no one is immune from its power.

In battling the effects of alcohol abuse, an individual's physical health and personal safety can be affected. The life span of the alcoholic can be reduced by as much as 10-12 years (Chafetz, 1971). There is a predisposition toward the development of cancers of the mouth, pharynx, larynx, esophogus, and liver when combined with excessive drinking and smoking (World Health Organization, 1964, p. 16). Gastrointestinal, cardiac, skin, neurologic, muscular and metabolic diseases are all related to alcohol abuse (Paolino and Mc Crady, p. 4).

Along with the high incidence of specific illnesses that accompany alcoholism, many forms of accidents and injuries are attributable to alcohol abuse. "In one-half of all traffic fatalities, the victim has a significant blood-alcohol level" (Chafetz, 1971). In a study of 300 fatalities resulting from non-highway accidents, 58% of the people were alcohol abusers (Waller, 1972). Studies show that alcohol abuse plays a major part in criminal homicide (Wolfgang, 1958) and suicide (Robbins etal, 1959). Because the alcoholic is accident and sickness prone, he has often lost many jobs and has been arrested more frequently than the general

population.

At one time, it was thought that alcoholism was an individual problem experienced by isolated individuals who led a marginal life in society. We know now that most alcoholics are not outcasts. They do not live alone. They are not on skid row but in middle-class, intact families (Steinglass, 1981, p. 578). A recent survey of drinking and drugtaking habits of several thousand general medical, surgical and psychiatric patients in a university medical center found that "a majority of heavy and problem drinkers were still living with at least one family member. Of those who were not, most were living in a stable relationship with at least one significant other and had been for three or more years" (Davis, 1980, p. 112).

Specific Effects of Alcoholism on the Family

The effects of the interaction of an alcoholic with significant others extend far beyond the individual who misuses alcohol. "For every alcohol misuser, it is estimated that five other persons suffer directly" (Paolino and Mc Crady, p. 4). In numbers, approximately 45 million Americans, or 20% of the population are negatively affected by alcohol misuse. Some of the areas negatively affected are marital relationships, parenting, and often development of children.

When one or both spouses are alcoholics, the chances

that the marriage is a good one are slim (Davis, p. 112). Chronic alcoholics and their spouses have great difficulty resolving their problems. When one spouse has the option of anesthetizing himself, the difficulties at hand, ordinary tasks which require decision making, are not resolved and thus tend to magnify. Paolino and Mc Crady show that divorce is higher among marriages with an active alcoholic than among non-alcohol involved marriages (Paolino and Mc Crady Appendix A). Divorce among actively drinking alcoholics leaves a family system less well prepared to handle the breakup than are most families. Problem solving skills have not been developed and there are few resources available to confront the changes and ease the pain of the divorce phase.

Surprisingly, with so much stress on the marriage, many families survive the drinking years and remain intact. Steinglass notes that "many families seem to work out a compromise in which the family remains economically and structurally intact despite the presence of a member with chronic alcoholism in its midst" (Steinglass, 1980, p.578). He points to "the remarkable stability of structural components of life within such families in the face of what we would expect to be a pernicious and destructive chronic disease condition" (Steinglass, 1980, p. 580).

In addition to marital difficulties, alcohol abuse affects

parenting as well. Statistics show a high association between alcohol use and physical and sexual abuse of children by parents, though not all alcoholic parents physically abuse their children. But even if children are not abused, alcoholism can be associated with emotional and physical neglect of children.

The literature indicates that the conditions leading an individual to value himself and to regard himself as a person of worth can be summarized by the terms "parental warmth," clearly defined limits, and respectful treatment (Coopersmith, 1969). Evidence shows that these conditions are lacking in the alcoholic home (Bailey, 1973 p. 1765). As Woititz explains, "The alcoholic parent's behavior is affected by the chemicals within, and the non-alcoholic parent's behavior is affected by reaction to the alcoholic. Little emotional energy remains to fulfill consistently the many needs of children who become victim to the family illness" (Woititz, 1983, p. 2).

There are other more subtle areas of child neglect which are linked to chronic alcoholism. For example, children often feel they are somehow to blame for the parent's alcoholism. In order to cope with this guilt, they adapt different modes of behavior (Davis, p. 114). They become heroes who do everything right or scapegoats who do everything wrong.

They become lost children who blend in with the scenery or clowns who entertain and take the focus off the problem.

Clinebell cites four harmful factors for children of alcoholics: 1. reversal of parental roles 2. inconsistency in the relationship with the alcoholic parent 3. inadequacy of the non-alcoholic parents because of their own unmet needs and 4. interference in peer relationships (Clinebell, 1968, p. 189). Children tend to carry the effects of this early problem to adulthood and the major obstacle they encounter according to Janet Woititz is that "they don't know what normal is" (Woititz, p. 56).

Another important consequence of alcoholism to children is that they have a "predisposition to either develop some substance abuse problem themselves or to marry someone who has or develops alcoholism" (Davis, p. 114). The reference here is to familial, nongenetic factors.

Exactly what effect genetics has on the predisposition factor with regard to alcoholic systems is still being explored. Donald Goodwin has studied the role of genetics as it pertains to alcoholism and concludes that some genetic factor may contribute to at least a predisposition toward alcoholic behavior and severe complications of alcoholism when heavy drinking is present (Goodwin, 1983p. 1033). Although the issue of the role of genes in the transmission of alcoholism

is still being debated, Goodwin concludes that "Genes alone do not explain fully the distribution and variety of alcoholism problems arising in the offspring of alcoholics. Environment clearly contributes to the documented increase of alcoholism in children and grandchildren of alcoholics when compared with offspring of nonalcoholic parents" (Goodwin, p.1034).

Family Coping Strategies

A study of families managing an alcohol problem, with the possibility of accidents, sickness, job loss, marital discord, and child abuse or neglect, is a study of families in crisis. An important advantage to such a study according to Bott is that "unspoken cultural norms emerge during the crisis" (Bott, 1971, p 23). She suggests that people do not usually make norms explicit spontaneously except in situations of interpersonal conflict. Thus an examination of coping strategies in an alcoholic family environment might serve to uncover norms that may have become so routinized, we no longer are aware they exist.

Parad and Caplan studied families in crisis and suggested that a family's lifestyle sets the tone for techniques family members use to cope with the situation. They state "When the family faces a stressful event, its lifestyle (roles system, value system, and communication network) places at its disposal a range of problem solving possibilities

from which the family members individually and collectively may choose according to their perception of the demands of the situation" (Parad and Caplan, 1960, p. 57). It is argued here however that some families have a choice of techniques and some do not. It all depends on the crisis.

For example, a study of patients and spouses facing serious chronic lung disease indicates that the illness situation was managed quite satisfactorily by those most directly concerned. The author concludes that the resources available to families mediated the ability of families to avoid crises when faced with serious life events (Young, 1969, p. 130). In other words, the means available worked positively for these families keeping them out of the crisis stage.

Unfortunately, families managing an alcohol problem do not fare as well. Choices seem to be limited, resources serve to exacerbate the problem, and crises are accelerated rather than avoided. A family with an alcohol problem is frequently referred to in the literature as an 'alcoholic family.' Steinglass explains the reasoning behind this label. "The desire for long-term stability on the part of the family increases efforts to incorporate alcoholism into family life in some fashion that the family can 'live with.' The end product of this latter process is a conversion from a 'family with an alcoholic member' to an 'alcoholic family.'" (Steinglass,

1980, p. 216). The same process does not affect a family with a lung disease victim i.e. it does not incorporate lung disease into its family life, and does not become a 'lung disease family.'

Although strategies differ according to particular crises, the literature shows that there are stages or phases that families enter when faced with an alcohol problem. Joan Jackson (1954, p. 576) observed Al-Anon members for three years and concluded that the family goes through stages which include crisis, followed by disorganization, and then recovery and reorganization. Jackson claimed all respondents that she studied passed through or encountered seven stages although there was no fixed length of time for each stage. Because Jackson was the first researcher to delineate a patterned approach to problem-solving, the stages will be described in full.

The first stage is: Attempts to Deny the Problem. The alcoholic drinks inappropriately and rationalizations are made by the alcoholic and spouse to excuse the behavior. There might be some discussion about the excessive drinking and both parties feel guilty, the alcoholic for his drinking and the wife for exaggerating the problem. They both conclude that the problem is not serious. At this stage, the marriage remains intact. In our society, many people experience

incidents of inappropriate drinking without advancing to alcoholism. Many people go through a stage of denial or concern without going onto the next stage.

The second stage consists of: Attempts to Eliminate the Problem. This stage begins with a marked increase in social isolation. For example, fewer invitations are issued to events where liquor is served because of prior incidents relating to excess drinking; limited drinks are served to the alcoholic; discomfort is experienced among family and friends when the topic of alcoholism is brought up; or the couple isolates itself due to embarrassment.

As the couple withdraw socially, marital conflict intensifies. The couple experience anxiety, anger, and distance from each other. The wife continues to cover up for husband's absenteeism, and still elects not to ask for outside help.

The family resorts to specific techniques to control the husband's drinking. For example, the wife may threaten divorce, family members hide or empty liquor bottles, and the spouse may hide money from the alcoholic. An important part of this stage is that the family still maintains their usual roles and the husband is still regarded as the head of the household.

Stage three is: Disorganization. In this stage, the drinking has progressed to a level where the spouse loses

hope. Although she still nags the husband to stop drinking, she no longer supports him in his role as head of the family. By this time, some crisis has occurred, either an accident or job loss, which emphasizes the seriousness of the situation. Stage three is characterized by anger, fear, and chaos. Jackson describes the feelings of both husband and spouse:

"The husband and wife both feel trapped in an intolerable, unstructured situation which offers no way out. The wife's self-assurance is almost completely gone. She is afraid to take action and afraid to let things remain as they are" (Jackson, p. 570).

Stage four is: Attempts to Reorganize in Spite of the Problem. In this stage, the spouse takes on full responsibility for the running of the household, she makes major decisions, and the family learns to function without the alcoholic's support. The spouse no longer covers up for her husband, will not pay his bills or lie for him. The alcoholic becomes more isolated. The children learn that they are not the cause of their father's drinking and may show him less respect.

Stage five is: Efforts to Escape the Problem. Here the wife physically separates from the husband and may or may not attempt a reconciliation. The wife develops more self-confidence and feels that life can go on for her and her children without her husband.

Stage six involves: Reorganization of Part of the Family. The wife reorganizes the family without the alcoholic. She

often has a recurring feeling of guilt that she deserted a sick person.

Stage seven is: Recovery and Reorganization of the Home and Family. This stage occurs only if the alcoholic becomes sober. The couple must learn that marriage has its problems even without alcoholism. The children must recognize the father in his paternal role. This stage is a painful process for all family members who must readapt and learn to communicate on an entirely different level.

Jackson outlined these stages in 1954 and noted that they might be appropriate for other kinds of emotional crises as well. Fifteen years later, Kubler-Ross described stages of death and dying which are remarkably similar to Jackson's stages: Denial and Isolation, Anger, Bargaining, Depression, and Acceptance (Kubler-Ross, 1969, p. ix).

So there is the suggestion that the range of 'problem solving possibilities' described by Parad and Caplan may be structured to some extent and follow some course at least with regard to certain crises.

Although Jackson is recognized as a pioneer in her work with alcohol-affected families, her assumption that seven specific adaptive stages are experienced by most, if not all, families involved with the problem is criticized by theorists in the field. One major criticism is that she

studied only Al-Anon members. Bailey (1965p. 72) compared 116 Al-Anon wives to 126 wives of alcoholics who had never attended Al-Anon meetings and found that the Al-Anon wives were of a higher socio-economic status, drank less, were better educated, and were less moralistic than the non-Al-Anon group.

Lemert (1960) was unsuccessful at duplicating Jackson's findings and found instead that coping events tended to group together into early and late adjustment phases. Examples of early adjustment phases were awareness of the problem, attempts to control the problem, and social isolation. Examples of later adjustment phases were feelings of hopelessness, role changes and divorce. He did, however, observe a significant variety of sequencing of these adjustment events and reasoned:

"Seeking to factor the process of family adjustment to alcoholism into stages poses a problem similar to that which became the stumbling block in older evolutionary theories of cultural change. In order to demonstrate evolutionary stages and cultural development, behavior was often taken out of the context of a larger socio-cultural situation. The exclusive emphasis upon cultural forms led the advocates of the theories to ignore such things as function, meaning and value of the behavior. This is not to say that the idea of some kind of temporal order in family adjustments to alcoholic crises must be abandoned. Nevertheless it is imperative to replace the concept of stages with some other formulation, or to redefine 'stage' in ways to make it more congenial to the data" (pp.695 and 696).

Lemert rejected the 'stage' concept in favor of phase specific

behavior which still indicates the presence of some sort of existing structured approach to problem solving. James and Goldman (1971) studied 85 wives of alcoholics and categorized the wives' coping patterns into four stages of husbands' drinking: social drinking, excessive drinking, alcoholismic drinking, and abstinence. Then they categorized the behavior of the wives into five patterns of coping styles:

- 1) Withdrawal within marriage: includes quarrels about drinking, avoidance of husband, sexual withdrawal and avoidance of her own feelings.
- 2) Protection: Involved pouring out his liquor, insisting that he eat, and talking to his employer on husband's behalf.
- 3) Attack: This included the wife initiating discussion about divorce and locking him out of the house.
- 4) Safeguarding family interest: included paying his debts, giving him money, and keeping children out of his way.
- 5) Acting-out: Included getting drunk herself in an attempt to control his drinking, making him jealous, and threatening suicide. (p. 375)

Early in her work with families of alcoholics, Jackson also presented her view of their struggle. She depicted a confused family in the middle of a puzzling dilemma with no cultural prescriptions to guide them. Confusion exists, she argues, because on the one hand, there are cultural norms governing how family members should feel and behave with respect to one another (love, respect, protection). On the other hand, these norms are in direct conflict with the social treatment of deviants (isolation, ostracism). As a result, Jackson sees the family of an alcoholic caught in a

socially unstructured situation where it must find techniques for handling the crisis through trial and error behavior without social support (Jackson, 1954, p.562).

Contrary to Jackson, Peter Steinglass argued that there seemed to be a pattern that alcohol-affected families adhered to during the active phases of alcoholism. He states "Family interactional behavior, during drinking episodes, is 'highly patterned' and very different from sober family behavior" (Steinglass, 1976, p. 105).

Steinglass observed 31 alcoholic families in three distinct alcohol phases, stable wet, stable dry, and transitional. In the stable wet phase, 10 families were studied in which the identified alcoholic drank throughout the six months of observation. The stable dry phase consisted of 14 families in which the identified alcoholic remained sober throughout the study. Seven families participated in the transitional phase in which the identified alcoholic either started the study abstinent but resumed drinking by the end of data collection or started the study drinking by became abstinent during the study (Steinglass, 1981, p. 578).

Steinglass found the families in different phases manifesting different patterns of interaction in the home setting and concluded that there is a phase-specific nature of behavior in alcoholic families. For example, in the

stable-wet alcoholic family, the alcoholic exhibits a regular drinking pattern of excessive consumption of alcohol. Family life during this phase is characterized by a high level of isolation of individual family members with everyone accepting and ignoring the problem. Despite the lack of emotional involvement with one another, these families seem to have established a stable life organized around the problem of alcoholism.

Families involved in a stable-dry phase are divided in two categories, one where the past history of alcohol involvement does not remain a live issue and one where life is organized around A.A. and Al-Anon involvement. In both cases, families remain intact and the alcoholic sober.

In the transitional phase, families are moving either into a wet or dry period. In the transitional phase, the family-level behavioral patterns were similar in character for both wet-to-dry and dry-to-wet transition families. This finding suggests that rather than consisting of a series of progressive stages, the family returns repeatedly to stages already experienced rather than moving ahead in a stepwise fashion. Steinglass notes that on the microscopic level, it is the cycling between sober and intoxicated interactional states that produces the inflexible stability associated with the stable-wet phase. (Steinglass, 1980, p.223).

Steinglass found that those families in either the stable-wet or transitional stages proved to have **rigid patterns of behavior**(my emphasis); those in the stable dry phase had flexible patterns. In other words, Steinglass suggests that alcoholic families cycle between two interactional states, sobriety and intoxication, and during these states, the family exhibits different interactional states each with its own stereotyped behavior (Steinglass, 1980, p 224). He then reasons that "An alternative view is that, in addition to relatively 'fixed personality' variables, there are dimensions of family behavior that change over time in relation to developmental issues within the family" (Steinglass, 1980, p. 225).

Earl Rubington also identified a pattern of reaction by family members where they hide the problem of alcoholism from outsiders. He attributes this strategy to avoidance of a deviant label and notes that high status alcoholics can disguise the problem longer than low status alcoholics. More importantly, Rubington says that the pattern extends across class lines (Rubington, 1972, p. 677).

There is also a pattern to the amount of time a family will struggle with an alcohol problem before asking for help. The literature shows that an alcohol-affected family will wait at least seven years before admitting they need help.

Once awareness of a problem is verbalized, a family takes two more years before they actually seek professional help (Kellerman p.3).

Theoretical Perspectives

In her review of the literature on the alcoholic family, Joan Ablon (1976) noted there have been two divergent viewpoints: "a psychological emphasis on specific pathological characteristics of the two spouses, and a sociological emphasis on the total family interreaction." (p. 211) Both approaches, as stated before, reflect the traditional value of personal accountability: that a person or family is responsible for its own troubles.

Psychoanalytic and Disturbed Personality Theories

Gaertner (1939) was an early writer on intrapsychic forces affecting the alcoholic and spouse. She described the alcoholic as "strongly sadomasochistic and fixated at the oral psychosexual stage, utilizing primitive defense mechanisms, especially denial and projection" (Gaertner, 1939, p. 12).

Gaertner saw spouses as experiencing parental loss on some level in infancy and childhood resulting in "acute libidinal deprivation." Irresolution of the Oedipus situation rendered them an "abnormal group of people." As a result of early deprivation, spouses developed sadomasochistic traits

and were attracted by these traits in their mate.

"The spouses elected to play the martyr role, and the reason that they stayed with their husbands is that fundamentally it satisfies them to do so. A normal woman would not tolerate such a situation. These women need the role and so suffer it, gaining destructive satisfaction" (Gaertner,p. 35).

Interestingly, throughout the extensive literature on family-related aspects of alcoholism, the most persistent subject that has been explored has been the personality and role of the wife of the alcoholic in relation to the inception and maintenance of her husband's excessive drinking patterns. Conversely, there has been very little information about the alcoholic's impact on the non-alcoholic member (Paolino and Mc Crady, p. 33). An explanation for this finding can be found in a key assumption in the American value scheme "that misfortune rarely touches those that take proper precautionary measures" (Davis, 1963, p.36).

The Disturbed Personality Theories (DPH) as described by Paolino and Mc Crady demonstrate this kind of thinking. "A spouse of an alcoholic is to a greater or lesser degree characteristically a barely compensated, interpersonally restricted, insecure, outwardly dominant, but deeply dependent excessively anxious, sexually inadequate, guilt ridden, and abnormally angry woman with pathogenic childhood experience" (Paolino and Mc Crady, 1977, p.13) Thus, according to DPH,

the spouse walks into the marriage with intrapsychic psychopathology which serves as a reason for the misfortune.

The DPH theory is essentially a Freudian theory which depicts a personality structure formed by six years of age and all later experiences strongly influenced by earlier life periods with no ego development occurring in later life.

Many researchers in the field have challenged the DPH theory. Ballard (1959) used experimental and control marital pairs and found the alcoholic husbands were significantly more disturbed than the control husbands, but the wives showed no more psychopathology than the wives of non-alcoholics. Ballard also reported no distinguishing personality traits between the two groups.

Other general tests have not supported the DPH (Lanyon, 1970), (Rae and Drewery, 1972), (Mitchell, 1959). Kogan (1963) found that in comparison to the control group, the wives "failed to reveal patterns of personality functioning occurring either with high frequency or with significantly greater frequency" (p. 632). Critics of the theory cite the one-sided perspective with emphasis on the problems of the spouse and say it has little predictive value. Almost all the pro-DPH literature rests on the supposed investments which the non-alcoholic wife has as a woman, being married to a man who is dependent on her through his alcoholism.

The DPH theory is doomed to obsolescence yet it is important to recognize for two reasons: 1) for the first time, it looked at the idea of complicity - that the alcoholic may not "do" alcoholism alone but that the spouse may play a part in the problem as well 2) it represents a mind-set, a prejudicial way of thinking that continues to prevail in later, more advanced theories.

The Decompensation Hypothesis

The Decompensation Hypothesis attempts to explain the psychodynamics of the alcohol-affected marriage by arguing that the alcoholic's excessive drinking is 'necessary' to preserve the marital relationship. That is, the alcoholic's drinking in some way satisfies an unconscious need of the non-alcoholic spouse and in this way functions to keep the psychic part of the nonalcoholic spouse in equilibrium. An example of this kind of theorizing is described by Futterman (1953):

"In many instances the wife of an alcoholic...seems to encourage the husband's alcoholism to satisfy her own psychological needs...she chooses as her foil a dependent, weak male with whom she can unconsciously contrast herself and upon whom she can project her own weaknesses, thereby denying their existence in herself. When this symbiotic relationship is disturbed by an improvement on the part of the husband, the wife decompensates" (p.40, 41).

The logical conclusion from such reasoning is that the spouse will try to sabotage recovery to preserve her own

pathological needs. Browne and Adler (1959) described four cases where the spouses of alcoholics developed psychological decompensation following the alcoholic's return to sobriety. In these cases, the spouses developed oral symptoms, gastrointestinal disorders, obesity, and even alcoholism. The authors suggest that at least two of the spouses were "protected from becoming obese and alcoholic so long as their mates continued drinking. When this stops, then their own urges become more pressing and must be satisfied more directly... Thus, alcoholism tends to preserve such marriages" (pp.6,7).

Like the DPH theory, the decompensation hypothesis is an antiquated theory. Critics strongly argue that the cases examined do not represent the general population of alcoholics' wives. Jackson (1962) argued against the validity of the theory saying that "only one of the wives seen by the writer (Jackson) over an 8-year period showed an increase in disturbance of more than a temporary nature when the husband's alcoholism became inactive and apparently permanently so. On the contrary, the wives adjustment typically appears to have improved in most respects" (p. 481). Other investigators agree that the marital relationship and mental health of the couple improved following the beginning of sobriety (Cohen & Krause, 1971; Emrick, 1974; Finlay, 1966; Gallant, Rich,

Bey, & Terranova, 1970; Gerard & Saenger, 1966; Gliedman, Rosenthal, Frank, & Nash, 1956; Loescher, 1970; Orford Oppenheimer, Egert, Hensman, & Guthrie, 1976; Paolino & Mc Crady, 1976; Smith, 1969).

Several investigators have reported that the non-alcoholic spouse's threat of divorce or insistence on the alcoholic receiving therapy have been significantly effective in getting the patient into treatment and in reducing the alcoholic's uncontrolled drinking (Clifford, 1960; Cohen & Krause, 1971; Ewing, Long & Wetzel, 1961; Finlay, 1966; Gallant et al., 1970; Gerard & Saenger, 1966; Gliedman et al., 1956; Jackson & Kogan, 1963; James & Goldman, 1971). Paolino & Mc Crady note that "all publications supporting it (DH) are subject to severe methodological criticisms, whereas there are studies which have utilized relatively rigorous experimental designs in support of the opposing stress theory" (p.68).

Stress Theory

While the psychoanalytic approach has a more mentalistic perspective, the sociological approach focuses on the structure, process, and functions of the family as a unit. The sociological approach differs from the psychoanalytic approach in that sociologists look for similar experiences of environmental stress as opposed to the psychoanalytic

view aimed at similar intrapsychic conflicts and childhood problems. Where the psychoanalytic theory focuses on the mind of the spouse, "the stress theory sociologists focus on a variety of external factors to explain the clinical manifestations of the spouse" (Paolino & Mc Crady, p. 71).

There was little interest in looking at such factors as cultural attitudes toward alcoholism and specific familial and environmental settings until Joan Jackson (1954, 1956, 1959, 1962) wrote her landmark papers on the sociological stress theory. The stress theory explains the symptoms of the wife as primarily a manifestation of adjusting to the prolonged and cumulative crisis of living with an alcoholic. Jackson objected to the DPH and DH theories because they had "advanced to the point that the alcoholic emerges as the innocent victim of his family" (Jackson, 1962, p. 472). Jackson concluded that the family goes through an adjustment experience which can be tied to specific stages as discussed previously.

Although critics of this theory challenge Jackson's suppositions on the grounds that her observations were not quantified but involved subjective impressions, research subsequent to Jackson's work support the general concept that the psycho-pathology evidenced in wives of alcoholics is as much or more the result of the stress of living with alcoholism in the family than the result of intrapsychic and

personality factors that preceded the husband's uncontrolled drinking (Haberman, 1964; Bailey, Haberman, and Alksne, 1962; Kogan and Jackson, 1965b; Paolino and Mc Crady, 1977).

Systems Theory

Recently a much broader view of alcoholism as a family problem has emerged in the literature - an emphasis on the "family system, families of origin, lifestyle of children from alcoholic homes and kin structures of the extended family system" (Kaufman and Pattison, 1982, p. 665).

A definition of systems theory is supplied by Bowen (1974, p. 115). "Systems theory assumes that all important people in the family unit play a part in the way family members function in relation to each other and in the way the symptom finally erupts. The part that each person plays comes about by each 'being himself.'" Thus it is essential to understand the significant group in which a person lives, relationships within that group, and the importance of any particular individual's behavior to maintaining the group or system. The target for change then is not the individual but rather the whole system. Systems theory suggests that all family systems operate to maintain a certain level of equilibrium, which is intended to "minimize the threats of disruption and pain" (Meeks and Kelly, 1970, p. 400).

The earliest discussion of systems approach as it

applied to alcohol affected families was provided by Ward and Faillace (1970). They offered a systems view of pathological drinking patterns which they described as "basically circular, self-perpetuating behavior maintained to preserve an equilibrium that involves the alcoholic, his family, his employer, and community helpers." They explain "If a family member has had a long history of heavy drinking, there were many interactions within the family which occurred in response to his drinking, some of which may come to provide positive reinforcement of drinking. Some of these family responses fall into patterns showing a powerful reinforcing effect on drinking behavior" (p. 685).

Family reaction patterns were also considered in a study by Mc Namara (1960) who emphasized cognitive factors in maintenance of the drinking behavior:

"..certain consequences of deviant behavior, especially the societal response to the deviation are equally, if not more importantly, determinative of the course of the deviance."(p. 461)

Mc Namara was arguing about the pros and cons of the disease concept and how through the concept, the alcoholic is regarded as the "sick person." With this label, he says, the wife sees the alcoholic as helpless and the alcoholic does not have to take responsibility for his actions. Mc Namara claims that the "sick person" notion is unacceptable to most people because of the American value of individual responsibility.

Steinglass and his colleagues use systems theory in analyzing family interaction and suggest that "family members as component parts of a system 'manipulate' other members and adjust their behavior as is necessary to maintain a complementary relationship of psychopathology, needs, strengths, cultural values, etc., within the family" (Steinglass, 1976, p. 112). This maneuvering is necessary, Steinglass says, for the ongoing existence of the family group as a functioning system.

From a systems approach, a family is considered to be made up of certain roles. A father might be provider, parent, husband. In an alcoholic situation, children take on specific roles - hero or scapegoat- in response to the predicament. The alcoholic often takes on the role of 'sick patient' which from a systems point of view might be required by the family structure. That is, one member of the family not functioning to his capacity would in turn allow others in the family to assume the role of caretaker or accuser.

Thus, the concept of decompensation of the spouse following an alcoholic's return to sobriety "would not be an expression of the spouse's **individual** intrapsychic need for the alcoholic to remain an alcoholic, but rather would be an expression of the **system's** need to include the role of sick

member. This need would not reflect the intrapsychic unconscious conflicts of any particular family member, as the psychoanalyst might claim, but rather would reflect the 'unconscious' need of the whole system for a sick member" Paolino & Mc Crady, 1977, p. 112).

This argument demonstrates two views; 1) that blame for an alcoholic member must be assigned 2) that it is assigned somewhere within the system, either to an individual or to the entire family.

Despite the fact that the systems approach is widely used as a theoretical framework in studying and treating alcohol affected families, critics note the paucity of data supporting this approach. For example, there are no data which suggest that elimination of the alcoholic role leads to dissolution of the family system (Paolino & Mc Crady, p.137). Neither the concept of role nor the research on decompensation of the wife following husband's return to sobriety prove "that the role of alcoholic is essential to the maintenance of the family" (Paolino & Mc Crady, p. 135).

The advantages of a systems theory approach is that it emphasizes aspects of relationships such as roles and family homeostasis which are not considered in other approaches. In so doing, predictable 'highly patterned' interactional behavior on the part of family members have been identified during drinking phases or stages (Steinglass, 1976, p. 106).

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"THE UNMENTIONABLENESS OF YOU KNOW"

Somewhere along the line, alcohol-affected families realize that their usual methods for tending to troublesome situations are not effective in resolving the matter of a family member's abuse of alcohol. As a result, they change their tactics. The practice of family monitoring becomes evident because to come to this conclusion, observations have been made, information stored and weighed, categorized, and finally acted upon. Family response to an alcohol problem results in the adaptation and utilization of similar strategies that are accomplished without instruction, consultation, or conversation.

It should be noted that when a situation is defined as problematic, the basic assumption is that it is correctible. In other words, a problem only exists when there is a "discrepancy between the current state of affairs and the desired state" which "is viewed as reducible" (Klein and Hill, 1979, p. 495). Not only is a problem considered solvable, but Klein and Hill say that problem-solving does not even begin until some common goal is agreed upon (Klein & Hill, p. 496). Thus, it appears that an air of hopefulness surrounds the problem-solving efforts of alcohol-affected families as they move toward their common goal in an active, optimistic manner.

The following section describes ways in which families work on or "do" alcohol problems. It is suggested that of primary importance in this effort is the ascription and commitment to social membership on the part of members. With this commitment, a normal facade is strived for and imitated by family members including the alcoholic as well as involved significant and general others. Tactics include maintaining the status quo, returning the situation to normal when the equilibrium has been disturbed, and allowing and participating in repair work on the problem by various means while carrying on a "normal round of events." This reaction pattern is described as a restorative approach to problem-solving - one that is utilized whenever families are faced with particular problems like alcoholism.

Although in this paper concentration is primarily on three types of behavior that families use to cope with an alcohol problem, there is no claim that only three techniques exist or that every family strictly adheres to them. It is merely suggested that most techniques utilized by alcohol-affected families can be traced to a restorative mode of adaptation and therefore it matters less which techniques are chosen to examine. Certainly the family repertoire of methods is extensive. For example, Goodwin

gives us an indication of different problem-solving approaches when he advises family members on how to attack the alcohol problem.

"Don't pick up the pieces. If he passes out leave him there (if it's indoors, etc.) If he throws up, let him clean it up the next morning. If he doesn't remember how the window was broken, tell him later. Be matter-of-fact. Don't pretend it was funny. Don't say I told you so. (Blackouts are scary. Sometimes people stop drinking because of them.) Don't let him forget he forgot. Don't buy him drink.

Don't call the boss to say he has the flu (a hard rule to follow when the family depends on the income). Don't bail him out of jail - or anything else. Let him explain- not you. Let him apologize- not you. Stop trying to control his drinking behavior. You can't anyway. You are as powerless in this regard as he is. Stop playing games. Stop hiding bottles. Stop pouring them down drains. Stop organizing the family routine around his drinking; shortening the cocktail hour won't help. Stop babying him. Allow him to be responsible for his behavior" (Goodwin, 1980, p. 119).

It is contended that all of the coping skills mentioned by Goodwin fall into a restorative approach to problem-solving. Families, believing that the problem is solvable, use various means to reach that goal. In most cases, the means utilized are quite similar. Commitment to a restorative mode produces comparable strategies. The approach in this study is to examine a few selected techniques in great detail in order to attempt to explore and assess the features inherent in the coping mechanisms.

To an objective observer, the methods used by family members when they assume responsibility for the problem border on the ridiculous. They do not mention the problem; hide and seek tactics are practiced; and help seeking activities are minimal and selective. And no one seems surprised that these methods are utilized. In fact, Al-Anon, in a professional assault on common sense reaction, informs new members as a matter of course that the methods they have been using are all wrong. As a general rule, new members learn the "Three C's" - you didn't cause it; you can't control it; and you can't cure it.

In the beginning of this study, it was puzzling to note that family members generally react in a similar fashion when the literature states that these families isolate themselves in the early stages of an alcohol problem. It was hypothesized that there had to be some guideline that alcohol-affected families were adhering to. A patterned reaction with regard to this problem has already been substantiated in the literature (Steinglass, 1976, p. 105). However, the basis for such a pattern has not been determined thus far. In this chapter, one specific coping technique employed by members is discussed called the "Unmentionableness of You Know" and is linked to a restorative mode of problem-solving.

Although the family is generally acutely aware of the alcohol problem, examination of case material indicates that the problem is usually not addressed or mentioned openly except perhaps by the spouse when he is alone with the alcoholic.

Spouse - "The only time I remember saying it was when he fell off the chair... and I was pregnant...I said (to mother-in-law and aunt) oh god now I have to deal with him and he's "you know" and here I am pregnant... that was the only time I ever said anything."

Interviewer- "Is that what you said?"

Spouse - "Yeah...I didn't say he was an alcoholic."

In this context, the phrase "you know" is heard as a euphemism used to avoid mentioning an unpleasant reality. The remark implies shared knowledge and agreement not to mention the problem directly as well as mutual consent to let the problem continue.

In the next example, an exchange between an alcoholic mother and her son who has just hidden her bottle reveals a basic, unspoken understanding that is built into "you know." This time the term is used by the alcoholic.

Son "That was the only time she ever opened up to me about this...she came in and said... where is it...I said what...she said "you know"...I said it's there in the dresser... she opened the drawer and took it out. I just wanted to hear her say it."

The son heard his mother to say more than she actually did. The shared understanding also contains an agreement not to refer to it specifically. They are both "wise" to the situation in the Goffman sense. The user of the phrase knows what needs to be hidden and why and assumes that the hearer knows the same. In this case, the phrase represents the acknowledgment that the alcoholic knows her son hid the bottle from her - that he doesn't want her to have it - that she wants to have it - that she knows it is somewhere in the room and that she will keep looking until she finds it.

The term "you know" is used as a safe term to sidestep the basic issue. By accepting the term "you know" as an explanation, the son also shuts down further discussion about the bottle. He is a keeper of the secret.

A spouse relates how she was unable to talk about "it" but tried to alert the alcoholic to the problem in another way.

Spouse "I read in the paper those steps to alcoholism...I cut it out and put it on the mirror in the bathroom...I still didn't say it...I just couldn't bring myself to say "you know"...you have problems."

In the next example, a black spouse of an alcoholic describes the unwritten agreement not to talk about "it."

Spouse "So all these things that I thought was a secret.. meantime they're there (children) while we're fighting...but in some way, shape or form...if we don't talk about it...nobody's gonna believe

it...meantime I'm calling the man a sloppy
dirty alcoholic...but they don't know that...
they don't know any of this...I'm screaming
at the top of my lungs...they don't hear this...
because the next day we act like nothing has
happened."

If the problem is not mentioned, then it remains a secret although one that is revealed. Secrecy implies the the "concealment of something negatively valued by the excluded audience" (Warren & Lazlett, p. 26). Secrecy is not only "strategy for hiding acts or attributes that others hold in moral disrepute but a means to escape being stigmatized for them" (Warren & Lazlett, p. 26). Secrecy then in the sense of the unmentionableness of the problem has its own rewards for keepers of the secret. If the problem is not mentioned, technically it doesn't exist. And families can adopt a simulated state of normalcy the next day without being held accountable. In keeping the secret, not only does the family try to attend to the problem by addressing it in house but at the same time it tries to protect its own credibility as a viable social unit thus maintaining good standing as a social member.

One of the obvious conclusions one can make regarding the unmentionableness of the problem is that it illuminates the power of the spoken word. As Harvey Sacks suggests, once you say it you can't erase it or take it back. While unmen-

tioned, it is still easy to return to a normal state as if nothing has happened. On the other hand, once the keepers of the secret lose control, anything can happen.

The Art of Willful Ignorance

The following is an example of a young boy who apparently didn't know enough to disregard the actions of the alcoholic.

Spouse "Getting back to our family dinners...I remember one time my nephew was sitting there at the table and B (husband) went to pick up something...a spoon or a dish... and he was shaking and my nephew said Uncle B you're shaking and that was just passed...nobody said anything..."

This quote captures the technique of "tactful inattention" or "selective ignoring" which the young boy like the child in "The Emperor's New Clothes" has not caught onto yet. The act of passing over or disregarding one's unusual behavior contains within it the decision to re-frame or re-direct the meaning of the situation - in this case away from the inflammatory actions of the alcoholic. The incident is an example of how the practice of "selective ignoring" is employed as a function to control meaning in troublesome situations (Pearlin & Schooler, p. 6).

In this situation, we have a sense of the existence of complicity where more than one person is needed to cooperate in controlling the meaning of the situation. In the above example, cooperation is evident since everyone at the

dinner table was involved (the threat of the alcoholic tremors to the maintenance of a normal- appearing situation) except the young boy.

Another instance of "selective ignoring" is reported by an alcoholic teenager as he describes the treatment he received when he appeared in school either drunk or high.

"In school when I was high they left me alone... as long as I didn't make a commotion everything was okay."

The implication is that the teachers in the school were aware that the boy was under the influence but opted not to interfere as long as the boy behaved. In some cases then, the practice of "selective ignoring" occurs with the understanding that aberrant behavior be kept under control.

Based on these findings, a presumption is made. It is not the existence of a problem that is troublesome to those who screen one's behavior for deviant traits; it is the external manifestation of that problem. For that is what makes it difficult for members to maintain and rationalize their decision to overlook incriminating evidence in the first place. The least the recalcitrant member can do is to keep his aberrant behavior under wraps in public. However, when there is a slip, the "art of willful ignorance" becomes apparent where tactics such as "tactful inattention" and "selective ignoring" are used in support of a normal appearing

round of events and to re-focus the attention away from the erring member.

While it appears dangerous to mention the problem of alcoholism outright, hints are acceptable.

Son talking about mother's alcoholism to friend

"I kind of felt I was handling it the right way...I hinted at the problem...saying yeah really I got a lot of problems at home."

Here an adult son (alcoholic) is admonished indirectly by his mother.

Alcoholic "I remember one time I woke up with a really nasty hangover...I said to her (mother) boy never again and she just looked at me and said ...til the next time...that was the only time she ever said anything."

A teen-ager who was worried about his alcoholic brother counsels him in an indirect manner.

"I think I said to him B you're gonna need some sleep or something ...I didn't say anything like...don't drink."

An ex-priest tells how his mother handled the situation of his drinking.

"On occasion my mother would bring up the fact that you know if I was doing something with her...once I did a funeral for a cousin and my mother said something like I don't want you to smell of booze...in the priesthood that was a good way to always get started in the day."

The ex-priest's superior also dealt with the problem of his drinking indirectly.

"There were times they would send me to see the big boss...they always had me deal with other things like...you gotta stop going out...it was never you gotta stop drinking...why I don't know."

In some cases, the unmentionableness of the problem comes easily because family members are in a state of denial. In the next example, a spouse declares on the one hand that she wasn't aware of a problem and then goes on to say how she handled the problem that wasn't there. Also the issue of relativity appears. Over time and with the gradual progression of the illness, family members become used to and learn to tolerate certain conduct. They compare their situation with the stereotypic idea of a skid row alcoholic and decide their situation doesn't seem all that bad.

Spouse "I mean I didn't have any problem and he didn't have a problem...it was just we had to have it in...(booze) I'd buy it by the gallon...that was my job...when he was in his own house and he'd drink a little bit and fall asleep and that was fine...the real worry was when he was going out...yet we never realized either of us that he had a problem... when he told me where he was going (A.A.) I didn't quite believe him...my first reaction was he wasn't that bad...you know I thought of an alcoholic as somebody laying in the gutter someplace not somebody who is a businessman."

An alcoholic describes the reluctance on his family's part to call him an alcoholic.

"I believe everybody knew that I drank too much..yet no one ever said anything to me about my drinking..I don't think they thought I was an alcoholic 'cause I didn't have the traits of a bowery bum ."

A male spouse compares the unmentionableness and denial of the problem to a tree growing in the living room.

"Alcoholism is like a tree in the middle of your living room and you just walk around it and walk around it.."

In walking around the problem, members demonstrate restorative tactics which are non-confrontive and non-revealing.

Social Motive Work

When asked why they didn't mention the alcohol problem, the following respondents spoke of embarrassment for themselves and the alcoholic.

Daughter of female alcoholic "It was a constant hiding" (alcohol problem).

Interviewer "Why didn't you bring it out into the open?"

Daughter "I didn't want to...I loved her too much to embarrass her."

Female Spouse/
Different Family "I was embarrassed for one thing...(talking about problem)...I didn't think I was brought up to talk about things like that..."

In this investigation, it is argued that a restorative mode is adopted and adhered to by family members in their attempt to remedy the state of affairs. Members frequently use the terms "embarrassment" and "shame" and "pride" as motives for not acting upon the situation. In the context of the argument, these motives provide a rationale for adopting and adhering to a restorative approach. Fear of embarrassment and shame work to channel members' efforts in a particular direction - one that is satisfactory to the social order. As a result of such motives, the status quo is maintained, return to normalcy is strived for, and repair work is quietly begun as blame is shifted from the alcoholic and absorbed by involved others.

Mc Hugh says that "Motives are used by members to link particular concrete activities to generally available social rules" (Mc Hugh, p. 21). It appears that motives such as embarrassment, shame and pride guide members toward actions that are socially acceptable. "Motives are one common-sense device for ascribing social membership" (Mc Hugh, p. 21). No doubt, those who utilize restorative techniques are socially motivated members.

Another rationale for not interfering has to do with casting the first stone.

- Ex-priest "So many in that way of life
drank...I don't
say they drank alcoholically...it's difficult
I always think for someone who does something
to tell somebody else don't do it."
- Ex-wife "His friends were heavy drinkers...so
nobody was pointing a finger at anybody
because then they would have to stop too."
- Daughter of a
male alcoholic "I just can't do it (tell him to stop
drinking)...I don't feel it's my place...
he's an adult and if he's gonna carry on
that way...he's gonna carry on."

If we keep in mind the fact that family members are involved in a problem which they consider "fixable," then the unmentionableness phenomenon can be regarded as a technique for working on the problem. The seemingly lackadaisical attitude exhibited by family members and others becomes something else - an organized, hopeful, positive assault on the alcohol problem with a specific goal intended - elimination or amelioration of the troublesome behavior.

However, what is terribly wrong here is that while members assure themselves of social membership by way of these motives, an untenable situation is often created on a personal level. By not addressing the problem directly, preservation of the status quo is insured and thus the situation stays the same. But it remains still problematic. If no charges are made, then for all intents and purposes the situation can return to normal the next day with no threat to family

credibility. However, the situation is not normal and the family is prevented from acknowledging openly at least the existence of the alcohol problem and receiving the necessary support and advice they need to ward off the onset of pathology. Thus it seems that motive work, hinting and excuse-making activities may be socially useful but personally dangerous.

Role of Involved Others

As committed as the family members are to working on the problem, the restorative approach they use would not meet with such success without the aid and cooperation of the alcoholic and significant and general others.

For the unmentionableness approach to even exist, there has to be a tacit agreement that it is the right thing to do. Family, friends, and others honor the agreement by utilizing similar restorative tactics.

Male alcoholic	"Nobody outside ever confronted me with my drinking...my family or friends."
Male spouse	"If people knew they didn't speak to us about it."
Son of alcoholic	"It was quite obvious the neighbors knew."
Interviewer	"Did they say something?"
Son	"No but one time she passed out on the lawn."

However, while significant and general others are observing the "unmentionableness" sign, some of them do additional work on the problem.

- Alcoholic "All of a sudden my sister started not having stuff and I remember thinking to myself boy they must be going through hard times you know because they can't even afford to buy liquor."
- Wife "I never noticed they were doing that."
- Interviewer "They never said anything to you L (wife)?"
- Wife "No."
- Alcoholic "They never said anything to me either but it disappeared."
- Alcoholic "I'd go down to her folks' house and... they'd duke me one lousy beer...nobody wanted a drink when I was around even my own family hid everything..."

In one situation, the alcoholic actually used the problem as a threat to inform the spouse's family. Implicit in this threat is the knowledge that the arrangement between them is one of silence and complicity.

- Spouse "I would get so violent...I was the one to sort of attack him...I did hit him...and I remember we used to go... he would say...I'm gonna call your mother and tell her what's going on here... and we'd go back and forth to the phone.. because gosh darn it...I didn't want them knowing what was going on here...he knew my pride was so that I did not want them to know what was going on...I didn't want him calling them...and letting them know about everything."

In making the decision not to tell, participants assume the responsibility of hiding the evidence from significant others. In the following example, the alcoholic calls from work to warn his wife of an obvious hiding place.

"I remembered about 10 o'clock that I had left the bottle behind the chair and I called her because my mother-in-law was coming to clean the house...I called her so that she could get the bottle and my mother-in-law wouldn't find it...oh thanks (she said) and I was like a hero...she was so grateful."

Involved members - those who are "in the know" - honor the unmentionableness code and do what they can under the circumstances. However, once the situation is resolved in some way - alcoholic joining A.A. or entering a re-hab, then the unmentionableness ban is lifted and talk is allowed.

- Spouse "I would never speak about it with my mother-in-law. When she found out for the first time...she said she knew for a very long time."
- Spouse "I didn't tell my parents until he went into a hospital for drying out. Then they knew."
- Spouse "I have three sisters living nearby. I never told them until she went into a re-hab."
- Spouse "I remember the night he was going into the hospital...he had a convulsion...my mother said he's got an alcohol problem...and that was the first time she said anything...and I said yes...but up to that time it was so hidden."

In keeping the silence, members are adhering to the restorative mode and thus are working on the problem in the sense of maintaining the status quo and trying to return the situation to normal. The unmentionableness approach creates room and opportunities for repair work to be done while still maintaining a semblance of normalcy.

Friends and neighbors react in a similar fashion.

Interviewer "Did anyone else...like a neighbor or friend suggest to you that you might be drinking too much?"

Alcoholic "No, they told me after I got sober."

Not only do outsiders feel free to discuss the problem once it has been resolved but they ask about the progress of the recovery.

Spouse "People say how's your wife now... I'm saying to myself...what do they mean by that...I say...she's fine... and as I walk away I say...what do they really mean...since she's stopped drinking or do they really mean just how is she?"

Along with shared knowledge of the problem, the inquiry of the outsider suggests that there is a time to openly exchange and acknowledge awareness of the problem. The time is now when the situation is improved - not then when the situation was unresolved.

Interestingly, a similar pattern of reaction exists with family members of a mental patient. It is only after

the crisis is past and some action has been taken that outsiders feel free to comment on what they knew about all along. "After the patient is hospitalized...neighbors and friends now tell the wife what they observed or felt earlier and ask the question "How could you put up with him for so long" (Yarrow, Clausen, Robbins, p. 33).

Role of Alcoholic

Although this study is concerned primarily with the reaction patterns of involved others surrounding the alcoholic, it makes sense to also follow the alcoholic's reaction as well to determine what part he plays in the situation. Is he merely a person to whom others react? Does he blatantly disregard social norms without concern for his actions? What is the alcoholic's role in trying to sustain a normal definition of his person?

Becker tells us that the "basic moral imperatives which operate...are those which require the individual to be responsible for his own welfare and to be able to control his behavior rationally" (Becker, p. 72). The traditional views surrounding any drug-taking holds that "it is a violation of basic moral imperative - it is an act leading to loss of self-control, paralysis of the will, and eventual slavery to the drug" (Becker, p. 61).

When intoxicated, the alcoholic cannot behave responsibly or exercise self-control. Therefore, he can be called a "social incompetent" for his inability to meet customary and expected obligations. (An example of how an alcoholic is treated as a "social incompetent" can be seen in the willful confiscation of alcohol by involved others as an ordinary procedure).

Parsons alludes to this change in roles when he explains that in a "sick role," the patient is temporarily relieved of responsibility until he is well. The difference between the role of a sick person and the role of an alcoholic is that the "sick person cannot be expected by "pulling himself together" to get well by an act of decision or will" (Parsons, p. 437). The same cannot be said for an alcoholic because the issue of control is central.

It is suggested that if the alcoholic is seen as a "social incompetent," he is at worst a "conscientious" one whose stance is one of accommodation and compromise. The data indicate that the alcoholic at least for a time is keenly aware of the situation and takes steps accordingly to cooperate with the restorative pattern applied by family members.

Alcoholism is known primarily as the "disease of denial" because the alcoholic usually does not think of his drinking

as problematic. In the following example, an alcoholic explains his rationale for hiding liquor from his wife.

"When I started hiding liquor from L
it wasn't because I was doing something
wrong...I was just like a normal person...
she didn't know how normal people drank...
I was sort of protecting her...not letting
her know because she would worry about it."

The hider's reasons for covering up have to do with preserving the normal-seeming course of events as his spouse sees it; he rationalizes that his drinking is normal to him but since his wife is concerned about his drinking, he will hide the liquor to protect her from worrying about him.

Excuses and justifications abound as the alcoholic tries to accommodate his own needs to the rest of the outside world.

"I knew I was drinking too much...I felt a
little self-conscious or guilty about putting
such a tremendous dent in the bottle so I guess
I started to maybe just get a quart or something."

This is not the statement of a totally irresponsible person but rather one who is willing to negotiate. He recognized that his family was concerned about the amount he drank and cut back on the visible sign (large bottle) of the problem. Notice the negotiation is done only on the level of what is conspicuous.

The effort to sustain a normal facade is considerable. An ex-priest relates the story of the day after he left the

priesthood and the realization that his closet was stacked with beer cans.

"I remember the day after I left the priesthood... I called back to somebody...I had one hugh closet in my room and I knew it was from top to bottom back to front stuffed with old six-packs 'cause I never liked to carry them downstairs and I didn't like to leave them out in the room so I always used to shove them in the closet."

Even after he moved out of the monastery, the ex-priest cared enough about appearances to make the call to a friend asking him to dispose of the beer cans he forgot were stacked in the closet.

Concern for the disposal of empties seems to be an on-going worry for the alcoholic.

Female alc. "I hide it so you don't find out how much I drink and after I smash the bottle and put it in a paper bag and put it in the garbage... I wanted to make sure the garbage man didn't know."

Male alc. "Sometimes I'd make believe there was a big party and I'd gather up all my empties stashed all over the house and drop them off at the bin in back of Shop-Rite."

A bachelor living alone reveals his conscientious efforts at protecting himself from exposure.

"I stayed in the house as much as I could to make sure I didn't get caught in embarrassing situations."

He also was protective of his public image in the privacy of his own apartment.

"I was always careful about leaving my stuff laying around 'cause you never know who's gonna come in when."

A female alcoholic describes her view of what was public.

"I constantly hid my drinking...never drank in public...public was anywhere...anybody around...it was extremely important for me to hide my drinking from everyone."

The data suggest these efforts come from socially interested rather than disinterested members who are aware on some level that their drinking is problematic at least to others and react accordingly in a conscientious and concerned manner.

"I had to play the charade as I thought I was playing it so I also thought if I put it (bottle) under my own pillow in my own bed that the family wouldn't feel obliged to lie on that side of the bed and find it but that wasn't the case either."

In the above quote, the alcoholic acknowledges he knew the situation had become a charade but one where he was involved as an active participant.

Another alcoholic discusses the effort involved in finding hiding places when family members were hot on his trail.

"You have to remember...a lot of them (hiding places) had to be temporary because with busy little bees like you around...you gotta keep it moving... it wasn't simple...don't think it was easy."

In the next example, an alcoholic talks in a way that demonstrates his understanding of a non-verbal agreement that says as long as he makes some kind of effort to cooperate, he knows that what is going on will be permitted or tolerated.

"I didn't know how many people I was matching wits with...I certainly wanted to make sure...I didn't want A to see and I tried not to have the kids see but I think if I did I really wasn't too upset."

The findings suggest that at some point in the management of the problem, the family begins to accept and expect sometimes even outrageous behavior on the part of the alcoholic. How have these negotiations come about? Alvarez describes a situation where each participant in a social system is thought to have a sort of "bank account" of good-will from his fellow group members. With this bank account, a person is able to buy "license" to engage in aberrant behavior by drawing on a favorable balance of goodwill credit (Alvarez, p. 896). However, according to Alvarez, a person must make some positive contributions toward his account at some point.

"Were he to continue deviating from group standards without making positive contributions, an individual would deplete his bank account and be expelled from the group in a state of bankruptcy" (Alvarez, p. 896).

Realistically, the alcoholic at least in a family setting is not drunk 100% of the time. Erikson explains "Even the worst miscreant in society conforms most of the time...and if the community elects to bring sanctions against him for the occasions when he does misbehave, it is responding to a few deviant details set within a vast array of entirely acceptable behavior" (Erikson, p. 11). Schur agrees saying that "Acts that may be construed as deviant constitute only one segment of an individual's behavior" (Schur, p. 316). One key to acceptance then can be the alcoholic's record of acceptable behavior in situations which do not involve drunkenness.

Out of this complicated situation, where aberrant behavior is tolerated on one level and disciplined on another, it is clear that some understandings have been reached between the alcoholic and involved others. For example, the alcoholic knows that sometimes even outrageous behavior will be permitted. However, in return for this favor, he may have to submit to different kinds of harassment regarding the amount of alcohol he drinks. In a survey of responses to the seeking of the bottle by family members, not once did the alcoholic openly prohibit them from doing so.

For such an agreement to be reached, several factors appear to exist. For one thing, there must be a positive belief by family members that the tactics utilized will lead

to a positive outcome. On the alcoholic's part, he must in some way exhibit a desire for inclusion in the family system. He demonstrates this desire by displaying collusive and cooperative gestures in his interactions with involved others.

Goffman tells us that the stigmatized person desires to be accepted as a "normal person."

"The stigmatized individual tends to hold the same beliefs about identity that we do;...His deepest feelings about what he is may be his sense of being a "normal person"..."(Goffman, p. 7).

Keeping in mind that the alcoholics interviewed had not reached a stigmatized state, we conclude that the same desire for acceptance exists for stigma candidates as well.

A means of securing a place of acceptance as a "normal person" is by cooperating with the restorative coping strategies used by family members. In so doing, the alcoholic is ascribing social membership and building and sustaining credit at the same time. An effort to conform to conventional norms by appearance management seems to be all that is required of the alcoholic member for family members to expect and tolerate abnormal behavior. The image of conventionality appears to be more important than the presenting problem.

In the next example, an alcoholic describes reaction to her drunken conduct indicating how appearance was more important than addressing the problem itself.

"If there was an reaction...it was censure...
it wouldn't be concern that you have a problem...
okay...it would be that you're behaving badly..."

One way to hold the alcoholic at "normal" is by commenting when appearances seem out of line.

Therefore, the data suggest that the alcoholic plays an important part in sustaining a normal definition of his person in an active problem setting. Despite the fear of irresponsibility and loss of control generally associated with alcoholics, respondents in the study appear to know what they are doing.

They know they are involved in a charade yet they opt to play along with family members. They work hard at devising innovative ways to drink. In exchange for the right to drink as they desire, they seem to readily accept the fact that their privacy will be impinged upon in some way. All this requires much thought and deliberation. It is proposed that these actions demonstrate a desire for inclusion in the social order. This desire is shown by the alcoholic's adherence to the restorative mode once it is adopted as a means of coping by the family. The mode could not flourish as it does without his assistance.

To summarize the chapter, examination of the data exposes the fact that contrary to a complete denial of the problem, family members and others work on the alcohol

problem in a very deliberate and precise way. In utilizing the unmentionableness approach, the alcoholic, family members, friends and neighbors are managing "discreditable" information regarding a problem that is not immediately recognizable to the world (Goffman, 1963, p. 4). Careful management is done by and for one another and its continuation merely re-affirms to members that it is the right thing to do under the circumstances. The "art of willful ignorance" which includes mutual pretense, selective or tactful ignoring, use of euphemistic phrases, and hints are some means by which involved others address the problem.

One reason that verbal acknowledgment of the problem may not be in the repertoire of responses is because it is a direct procedure in a situation where indirect procedures are called for and therefore would interfere with or jeopardize the work process in progress.

The "Unmentionableness of You know" technique offers us a good example of the restorative mode at work. At some point or other, we have all made the decision to ignore someone's indiscreet comment or conduct. However, it is the continuing adherence to this procedure (in the case of alcohol-affected families and involved others) despite the repetition of obvious misdeeds which points to a commitment to a certain approach in managing the alcohol problem. That

others resort to similar tactics without instruction or discussion is also indicative of a set of collective responses that are in place in certain instances and define members' behavior. In the next chapter, direct help-seeking techniques will be examined and connected to a restorative mode of problem-solving.

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ON HELP-SEEKING

The literature informs us that a family manages the problem of alcoholism on an average of seven years before admitting they need help. The question arises: During this time, do they approach others asking for help? Do others come forward on their own and offer help? Informants interviewed in this study suggest that help-seeking and help-giving are done in a structured way, one that follows a restorative mode. The following discussion will describe the ways in which help is sought and how aid flows through to the middle-class family with an alcohol problem.

Help-seeking techniques differ from unmentionable techniques in several ways. Unmentionability concerns itself with the ways in which the issue is skirted by euphemistic talk and indirect reference to the problem. Generally, the problem is covertly acknowledged in that an unstated "reciprocating understanding" (Hansen & Johnson, p. 593) exists - that is, there is an unspoken agreement that the problem will not be mentioned directly and a realization that the other person concurs with this decision.

Help-seeking, on the other hand, has to do with specific efforts on the part of family members or others to directly address the issue.

Exploration of this issue is important because as Ablon notes, "The area of help-seeking and community response to the needs of the family has been given relatively little consideration in regard to how this has affected the progression of the problem" (Ablon, p. 238).

Relatives, friends, neighbors and community workers make up the list of social support network that surround families. Social support is viewed as information exchanged at the interpersonal level which provides 1) emotional support leading the individual to believe that he or she is cared for and loved 2) esteem support leading the individual to believe he or she is esteemed and valued; 3) network support, leading an individual to believe he or she belongs to a network of communication involving mutual obligations and mutual understanding (Mc Cubbin, p. 820).

Along with the positive functions it serves, social support is vital because it protects against the effects of stressors and thereby contributes to a family's invulnerability (Mc Cubbin, p. 865).

One of the first steps the alcohol-affected family takes in trying to cope with or solve the alcohol problem and adhere to the restorative mode is that it withdraws socially and isolates itself. Families generally

give the excuse that they are afraid of an embarrassing situation with the alcoholic and that it is safer to stay at home rather than chance an unpleasant incident. In doing so, they cut themselves off from social support.

Jackson and Kogan (1963) studied help-seeking patterns in wives who attended Al-Anon groups and found that the average Al-Anon member had tried 4.5 caretakers (social workers, psychologists/psychiatrists, clergy) before coming to Al-Anon. Jackson suggested that, in a society where family self-sufficiency is an important value, the seeking of help occurs only when within-the-family attempts to resolve the problem have failed.

Harvey Sacks, in his essay on how suicidal persons asked for help, found that there was a structured way of asking for help - a hierarchy of helpers ranging from close to distant to whom the suicidal person was obliged to turn to before he committed suicide. Based on Jackson's and Sack's findings, it was assumed that alcohol-affected help-seekers would first approach close family members for help and then relatives etc. Instead it seems that, while a structured way of seeking help exists, it is one that carefully excludes significant others. In the case of alcohol-affected families, outside help is sought before inside help.

Interviewer "Did you ask anyone for help during the drinking years?"

Male Spouse "No"

Interviewer "Any friends?"

Spouse "No...I didn't think about it... after all what could they tell me?"

Interviewer "What about your family?"

Spouse "No...they couldn't do anything for me so there's nothing to talk about right?"

The response of the spouse indicates that the decision not to seek help from involved others is not a thoughtless process. Consideration is given to the effect of involved others' involvement and a calculated conclusion is reached that it would be of no use.

Interviewer "Did you ask anyone for help?"

Female Spouse "No...I didn't want anyone to know... as far as my parents go...never... my brother...no one...I didn't say anything to anybody."

As reported earlier in the "Unmentionableness" section, when the situation is resolved in some way, then it is appropriate to discuss the problem.

Male Spouse "I never asked my family for help... I never told them until you went into re-hab."

It is obvious that relatives, friends and neighbors are often "in the know" about the problem but choose not to interfere. Here we have a clue of the existence of

a screening device used by others which sifts the telling details out of a person's over-all performance (Erikson, p. 11). The alcoholic's behavior is observed but not confronted. After the alcoholic seeks help, an inquiry into his welfare is made by others. A decision has been made not to charge the alcoholic with the offense but a right is held to inquire afterwards saying that the conduct did not pass unnoticed.

Erikson argues that the difference between those who earn a deviant label and those who go their own way in peace depends almost entirely on the way in which the community sifts out and codes the many details of behavior to which it is witness (Erikson, p. 11).

Often, even outrageous drunken behavior is ignored by everyone involved. A reason for this reaction may be that the community also enters into a restorative mode of response in dealing with drunken behavior - maintaining the status quo, and trying to help return the situation to normal. Members even try to repair the wrong by helping out as best they can while adhering to the mode.

Alcoholic "I'd go down to her folks' house
they'd duke me one lousy beer...nobody
wanted a drink when I was around; even
my own family hid everything."

Spouse
responding "I didn't know they were doing that."

At some point, the screening device used by the alcoholic's parents in the above example indicated an alcohol problem and parents took non-confrontive steps to combat the problem. However, in the true restorative style, silence was maintained on the subject as the spouse was not informed of the measures taken.

Based on what we know about problem-solving, we can speculate that the community (relatives, friends, neighbors) is aware that a problem exists and that it regards it as "fixable." That is, a way of working on the problem (helping) is to be "tactfully inattentive" whenever embarrassing situations present themselves. That while practicing "inattention," help may be offered in an indirect manner. And finally, when the problem is resolved, community members as fellow "fixers," have the right to inquire about the progress of recovery.

The larger community also often responds to an alcohol problem in a similar way (although attitudes have changed over the last year with the increased focus on drunken drivers). A local policeman explains how he treats drunken drivers who live in town.

"You usually give them a break unless you can't...it's good to have a good public rapport with the community...the community's responsible for budgets, raises and so on... also there's a lot of paper work involved... there's a breatholizer...there's a court appearance on the cop's time."

"If a local resident is driving drunk usually we'll pull him over...lock his car...and drive him home."

Interviewer "Would you do it more than once for the same guy?"

Policeman "If he was a nice guy we would."

Again the screening devices used by outside helpers indicate that drunken behavior somehow isn't serious enough to warrant direct action and the preferred mode of treatment is to use indirect measures.

In this study, respondents in most cases stated that outside help in the form of A. A., police, and therapists (See Appendix) were sought before insiders were contacted. In the following example, a spouse declares his reasons for not asking for help from relatives but how he very regularly called the police.

Interviewer "Did you ask anyone for help while the drinking was going on?"

Spouse "I never told my family."

"I have three sisters living near here."

Interviewer "Do you think they suspected?"

Spouse "No...when we were at their house... she never got drunk there."

Teenage son "I would think you'd be able to talk to your own sisters."

Spouse "I am a very practical person...I think... if I tell them what have I accomplished... it's not gonna stop the drinking...so I figured...why tell them...the only person I did tell was the police because I used to call them.

Interviewer "Why?"

Spouse "Because it got so out of hand...it was more than that...I said toward the end I was going to keep calling them every night if I have to trying to get something done... nobody can tell me that there isn't something you can do about this...that's what I was looking for...'cause I wasn't getting anything from her."

Teenage daughter "The police would come and they said they could take her away if you were willing to press charges but that's too big to do to your mom so we didn't feel like doing that."

In this family, the police were used only when things "got out of hand" and then only as a threat to keep the alcoholic in line.

Another point that appears in the seeking of help is that involved others and the community at large are working the restorative mode in the treatment of the problem and that particular approach discourages the seeking of help.

Teenage son "I talked to my friends and they wouldn't even talk to me about it...it's almost as if I would have to bring it up to them."

A teenage girl recounts a story of her alcoholic mother losing control while the girl's friend watched.

"The next day when I got in school...I go to my friend... you know what happened last night...I go...my mom was drinking...she's sick...it's the only time I ever told somebody...she goes oh you mean what happened last night..."

The friend was not about to bring up the subject and in fact played dumb making it more difficult for the daughter to explain herself.

To sum up, family members in the study generally turned to strangers to ask for help before they turned to family members. In doing so, they deny themselves the opportunity to be comforted by significant others. The lack of social support from them during this ordeal only adds to the sense of isolation experienced by members. "Research has... emphasized the importance of social support in promoting recovery from stress or crisis experienced in the family... thereby contributing to the family's regenerative power" (Mc Cubbin, 1980, p. 864).

Sack's potential suicide victims turned to family members asking for help before the suicide act was committed. It is suggested that a person announcing a possible suicide attempt is experienced as only threatening or joking. A suicide threat is merely suicide talk. It has not happened. Therefore there is no sense of contamination or stigma attached to involving the family. On the other hand, when a family member decides to turn to someone, the alcoholism is usually full-blown and out of control. It has

become a sticky issue which may threaten family status. Family members try to preserve the notion of a normal family by seeking help at a distant level where the secret will still be maintained. They pretend that the situation is normal to involved others while working on or repairing the problem. In this way, the features of the restorative mode reveal themselves.

It is suggested that the restorative mode is utilized in certain situations in one way or another when moral badness is supposed. It matters whether the problem can be linked to a situation or the character of the actor. (For example, research indicates that families facing serious chronic lung disease manage the illness situation quite satisfactorily.) Involved others in using and supporting the mode in various ways verify to the afflicted family that it is the right thing to do under the circumstances. It is therefore argued that the mode would not work without the cooperation and consent of significant and general others.

"The community provides norms and expectations of how families can best manage the event; In cooperation with family members, the community offers social support through interpersonal relationships" (Mc Cubbin, p. 242).

Becker refers to the network of cooperation that must exist for a deviant act to continue.

"When we look at all the people involved in any episode of alleged deviance, we discover that these activities require the overt or tacit cooperation of many people and groups to occur as they do" (Becker, p. 20).

It is therefore contended that in alcohol-affected families, the spirit of cooperation can be traced back to a commitment to a restorative mode of treatment. Help-seeking and help-giving occur in very structured ways which honor the mode and allow its features to predominate.

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ON HIDING AND SEEKING

Along with a commitment to the unmentionableness of the problem and an unstructured approach to help-seeking, family members often become involved in the curious, intricate activities of hiding and seeking as a means of tackling the alcohol problem. So prevalent are these techniques that one of the first pieces of advice given to new members of Al-Anon is not to look for or hide bottles.

In this section, the various aspects of hiding and seeking activities that appear in the transcripts will be discussed - when and why they begin - and what they accomplish. It is suggested that these techniques which evolve without corroboration or discussion follow the guidelines of a restorative approach - that is they help to maintain the status quo; assist in returning the situation to normal; and work to repair the wrong committed by the excessive drinking of the alcoholic.

In almost every piece of alcohol literature, there is reference to the fact that the alcoholic hides the bottle. Because it is considered a minor part of the alcohol problem in general, examination of the activity has received little attention from researchers. For example, a computer search revealed only one article written specifically about hiding appearing in 1972 (Rubington, p. 667).

Alcoholism is referred to as the "disease of denial" and the hiding activity is used as an example of how the alcoholic disguises his problem. While many families become involved in hiding and seeking activities, there are some who choose to do otherwise -confront or ignore the problem. However, this chapter concerns itself specifically with families who do become involved in these activities. These particular members discover at some point that the alcoholic is hiding the bottle and they go in search to destroy, dilute or hide the bottle themselves. In doing so, they become seekers.

The hiding and seeking activities adhere to the guidelines of a restorative approach in the following ways: 1) they provide a way of policing the alcoholic member and monitoring the evidence thus maintaining the status quo 2) in a playful atmosphere, they establish routine amid chaos therefore returning to a normal-like state 3) they offer members a way to try to repair the wrong by reforming or restraining the alcoholic.

Hiding and Seeking as Police Work

The verb "police" means to control, protect and keep orderly. Alcohol-affected family members who decide to participate in the hiding and seeking activities have the same objectives. Confronted with the responsibility of maintaining social control and charged with the protection

of its loved ones from the assumed harshness of social justice, the family selects activities in which it can do both.

Like all police work, management of evidence is a key factor. Decisions pertain to the hiding, showing, diluting or disposing of the evidence. The hidiers and seekers exchange hiding and seeking roles according to the situation.

To begin with, a good police person has to be ever vigilant.

Spouse "I would make sure I would stick around here and you know help him...just to sort of police him."

Spouse "The minute I would go into the bedroom and look at a book or something I would hear those ice cubes and that would infuriate me because I knew he was drinking...I just had to come out... just so I could police him I would sit there.

Spouse "I was totally obsessed with the bottle... I had to know where the bottle was...and I would tear apart anything and when I found it I had various ways of dealing with it...I would pour half out...fill it with water...leave it on his dresser... hide it somewhere else until I could get rid of it."

The following respondent gives a reason for diluting the bottle.

"If I poured water in it, she'd get drunk but not that drunk.

Dilution is an attempt at managing drunken rather than drinking behavior. This practice is a good example of the

compromising position engendered by the restorative approach used by members.

For those who commit to a hide and seek approach to problem-solving, perseverance plays an important part in the process. An uncooperative son refers to the efficient police work demonstrated by his mother and critically labelled it the "crusades."

One of the reasons the crusades bothered me...if King Arthur had my mother there instead of the knights he would have had the Holy Grail in a week."

In the next example, police work was done by a five year old. (The interview occurred when the child was ten years old.)

Daughter "My mom didn't want anybody to see her drink."

Interviewer "And you never did?"

Daughter "I don't think so."

Interviewer "How did you know she was drinking then?"

Daughter "Well you could smell it on her breath when you went in the room and once in a while you could see some bottles or hear the bottles go pop."

The same child tells how she and her three year old brother played police persons.

Daughter "We were playing detective and hunting for them (bottles) ... sometimes we were afraid 'cause Mom would get real mad."

When asked why she played detective, the daughter explained that she felt it was for her mother's good.

Daughter "I thought I was doing her a great big favor by looking after her 'cause I thought she was sick or something...I would pretend I was her good mother and I was out to save her and I was saving her by looking for her drinking bottles and everything."

The daughter explained why she was unable to tell her father who was not a seeker what she was doing.

Daughter "I never talked to Dad because he was just quiet and everything and I was afraid he was going to shout out like Mom did...'cause sometimes he really gets angry and I thought maybe he might drink or something if I told him about it."

The little girl demonstrates a distinct understanding of the situation. She realizes her mother's drinking was troublesome and felt that her mother needed help in managing the problem. The hiding and seeking activities in the little girl's mind satisfied this need. In trying to help her mother, the child intuitively adopted a restorative approach to problem-solving, one that she felt in a positive way would "save" her mother.

She also reasoned at the same time that she couldn't share her concern with her father for fear he might drink also and therefore opted for silence to stabilize the situation.

In a hide and seek setting, the hider wants to drink to excess and the seeker wants to control the amount consumed by the hider. Thus, hide and seek activities allow hidere and seekers to accomplish mutual goals. When the evidence is out of sight, the situation appears normal. For a time,

the status quo is maintained as the alcoholic goes underground with his drinking. Repair work is done when seekers go forth to search for and destroy the enemy bottle. Hiding and seeking are examples of appearance management and problem management accomplished at the same time.

At some point it seems reasonable to assume hiding of the bottle is not necessary. Although some alcoholics say they feel they were alcoholic from their first drink, generally a level of tolerance is developed over a period of years where more and more alcohol is required to feel the effects. For some of this time at least, alcohol consumption is not a major issue and therefore the need to hide the bottle isn't apparent. However, as alcohol becomes more and more of a matter of contention, the situation changes.

How does the hiding begin? In this next example, a hider explains why and how it starts.

"I knew I was drinking too much. I felt a little self-conscious or guilty about putting such a tremendous dent in the bottle so I guess I started to maybe just get a quart and fill it up a ways just so it wouldn't look like there was that much gone...in my wisdom I thought I was fooling somebody...anybody...everybody was saying hey why don't you cool it...then I said... I had to...you know...I agreed and said you're right I am drinking too much so therefore (to self) I won't drink so much of the stuff out there I'll drink too much from wherever else I put it...and I guess it was pretty simple for a while."

The alcoholic said what he felt was the right thing to say - that he wouldn't drink so much and then proceeded to go underground with his drinking satisfying family members and himself.

A female alcoholic explains that she wanted to maintain her image of a good mother and therefore she hid her bottle.

"It came a time when I couldn't stop and the alcoholic's instinct is to hide it...so I don't show them I am not a good mother but I still need to use it."

The excuses given - guilty conscience, protecting loved one, and desire to be a good mother - indicate a willingness to negotiate and to present oneself as normal if possible.

How does the seeking begin? Family members usually come across the hiding by accident at first. A female spouse describes her reaction to discovering the first hiding episode.

"We were only married a couple of years ...one night I woke up and he wasn't in the bed so I went downstairs to see where he was and he had a drink in his hand and he hid it...he put it behind his back and I saw him do that and I thought "gee that's crazy"...I mean when my family drank when they wanted a drink they would have a drink...not often but they didn't hide it...I couldn't imagine why he hid it... I didn't even say anything...I just looked and I went back up to bed."

A male spouse remembers the first time he saw his wife hiding the bottle in the coffee can.

Spouse "When was the beginning...when you put the bottle in the coffee and I said what are you doing with this R and you said what am I crazy and you poured it down the sink."

The beginning for the spouse was the first time he witnessed the hiding when in all probability, the hiding had been going on for a while before discovery. The findings suggest that it is in the beginning stages that an invitation to play is in some way extended and it is up to the seekers to accept or reject the opportunity to enter the hide and seek play arena. Since these activities allow the family to gain some control over the acute problem of alcohol intake and thus keep a lid on the extent of the problem, perhaps families attracted to this type of activity are more anxious to negotiate for the sake of a presentation of a normal family myth than others.

Although a normal-like appearance is desired and worked for by most family members, not every family member is willing to become involved in police work.

Teenage son "It got to the point where when I would say come on I didn't call it a crusade at the time but everyone was looking for the alcohol and I would mention that it really stunk what they were doing and then I would get yelled at because I didn't understand or because they said I didn't understand I guess."

"Just the fact that KGB tactics were employed to get some information or to get to the alcohol...I just felt...at times like I was being the hunted... maybe if she's looking for things other times that you know she will do it through my room."

KGB tactics are intrusive, authoritarian, and require no

explanation because KGB supposedly operates for the good of all the people. The teenage boy's objection to these methods exposes an underlying assumption that exists whenever an alcohol problem appears and members indulge in hiding and seeking activities. Certain members in certain situations have the right to intrude upon another's privacy and confiscate the goods that are causing the problem. With a restorative approach, seeker's tactics can be intrusive, authoritarian, and require no explanation. With this approach, confiscation is more acceptable than confrontation.

The fact that one member of the family objected to KGB tactics also draws attention to the pressure brought to bear to be a police or team member. A spouse of an alcoholic relates an incident where a dissenter argues with her over tactics.

"J came to me and we were talking and he said I'm very upset about what you're doing...it's not right...I don't know why...I don't like it... there's something wrong about all of you getting together like that and doing this...and I got very angry at him...I thought what could he possibly know about what I'm going through...in the back of my mind I was getting the idea that maybe he did have something there."

Although at first, the dissenter reports that he went along with the policing strategy.

"At first it was okay...you look around...you see a bottle...you take it...then it was... you search over here...you really go frantic."

One family member reported that the policing work brought the family together but that was not the dissenter's experience.

"In reference to what my sister was saying about bringing the family closer I felt that if anything it was the exact opposite and that our quarrels got more frequent and intense...I would get out of the house just to get away from the crusades."

The penalty for not cooperating as a team member can be severe. Great pressure can be brought on by other members to make sure they participate in monitoring tasks as well.

Generally speaking, the data indicate that when police work is done, it is usually the spouse who undertakes the assignment. The children may or may not be involved depending on the amount of information they have about the problem. In one case, the children policed their mother while the spouse ignored the situation.

Examination of case material shows that police work like unmentionableness is not executed in a casual, inconsistent style but rather in a specific, thoughtful manner. It carefully adheres to a restorative pattern where the equilibrium is not disturbed and the alcoholic as perpetrator is pushed around to a certain extent but never fingerprinted and openly charged.

Playing For Time

When alcohol-affected families enter a hide and seek phase of working on the problem, they become engaged in a creative battle of wits which provides amusement, excitement and satisfaction for the seekers as well as the hiders. As already suggested, the decision to enter this phase is made by the seekers since the alcoholic generally hides his drinking in some way whether someone is seeking or not.

A good question to ask about hide and seek activities is "Why is there time for such playful actions in the midst of a problem of crisis proportions?" One answer is that hiding and seeking activities serve a functional purpose. In this section, the various ways in which these activities serve in this capacity will be explored.

It seems clear that hiding and seeking are ways in which the family members elect to try to solve the alcohol problem. A spouse reports on the efforts to overcome his dilemma.

"I spent a lot of times finding bottles... one time I'd pour out the bottle when I'd find it...another time I wouldn't pour it out...one time I'd tell her...another time I wouldn't tell her and go back the next day to see how much was gone...just insanity... just part of that whole syndrome of how am I gonna figure it out to stop her from drinking...what the hell is the god damn formula to stop her from drinking...well of course there isn't any."

In the quotation above, it is apparent that the spouse takes full responsibility for solving the problem. In relating the different methods he tried, we can see the amount of work that goes into managing the problem. It is argued that the formula he refers to is in the restorative mode - managing the visible problem of excess rather than the underlying problem of the illness.

A teenager helping to manage his mother's alcoholism clearly associates the finding of bottles with solving the problem.

"The farthest we got to try to solve the problem is try to find the bottles...get rid of them... put her in bed when she passes out."

One can get caught up in the hiding and seeking activity and forget that it occurs in the middle of an often life-threatening and turbulent dilemma. Why does a play-like activity exist in the middle of a non-play situation?

Roger Caillois, in his book entitled Man, Play, and Games, tells us that the latin word "ludus" meaning play relates to the "primitive desire to find diversion and amusement in arbitrary, perpetually recurrent obstacles" (Caillois, p. 32). Aldous explains that "playfulness is seen as a problem-solving facilitator - where members don't take the problem so seriously and strive to make it a pleasurable experience" (Aldous, p. 510). One of the functions of hiding and seeking then might be that these activities offer members a means of

working on a problem in a way that challenges and amuses them at the same time.

Daughter "If you took it all seriously then the house would just fall apart...you'd have to fool around about it."

Examination of the elements of play help to illuminate the many functions of this hide and seek technique. For one thing, the literature informs us that play is invented to resolve the tension between desire and fulfillment (Vygotsky, p. 11). In this light the familial activities of hiding and seeking act as a buffer between what is and what should be. The issue is not the alcoholic per se. Family members do not go hunting for the alcoholic or hide him in the closet. The issue is the amount of alcohol consumed. The alcoholic wants to drink more; family members want him to drink less. Hiding and seeking are ways in which both sides feel satisfied. The essential feature of a game is the pay-off and in this type of play, both sides are victorious (Berne, p.55).

Another feature of play is that it serves as an outlet for frustration (Huizanga, p. 10). Hiding and seeking, although a weak enforcing strategy, provides an opportunity for some kind of action to take place bringing order to a possible chaotic situation. Therefore, another function of hiding and seeking is that it fosters the illusion of competence and control and thus relieves frustration.

Order leads to a certain routine where habits are formed and different kinds of reaction can be anticipated.

An external, psychological advantage to game-playing, according to Berne, is the avoidance of a feared situation by playing the game (Berne, p. 57). What is it exactly that members fear that cause them to evoke hide and seek procedures impulsively and automatically? Based on exploration of the data, three possibilities emerge: the fear of exposure, chaos, and confrontation.

There is a time to hide and seek which requires knowledge of daily routines and habits. The purpose is not to get caught hiding or seeking.

Alcoholic hider "You have to be sharp - who's coming or not - know how many minutes you have."

"I have ten minutes between the time I get out of school, get the bottle and come home."

There is a time to seek which is respected by the hider.

Alcoholic
hider

"I never caught them doing it. They always did it when I fell asleep or whenever."

An alcoholic explains that she knows what the family members are doing - diluting her liquor - but that in view of the circumstances, (her desire to continue drinking) she is unable to confront them.

"I remember it was half and half but I didn't have the guts to see who did it... what am I going to say...you put water... I knew it was water...I knew the difference... and I hide it because when I need it it wouldn't be there if you take it away from me...I hide it so you don't find out how much I drink..."

Like the hider, the seeker does not want to get caught seeking and waits for an appropriate time.

Interviewer "Would you wait to look until he left the room?"

Seeker "Yes"

Interviewer "Would you ever look for it while he was there?"

Seeker "No, I don't think I ever did that."

It is suggested that the mutual understanding to be respectful of the other's presence with regard to hiding or seeking as conforming to the restorative mode. There is the unspoken acknowledgment that the hider will keep hiding and the seeker will keep seeking and that is acceptable to both parties.

A teenage girl reports on the unending task of looking for bottles.

"At first it was..you look around...you see a bottle...you take it...but there was always another one around and after a while...you wouldn't stop after finding one bottle...you'd keep looking until you found more."

What starts out as an exercise in gaining control of the amount consumed by the alcoholic turns into a battle of wits where both sides use ingenious and imaginative methods to thwart the other.

Alcoholic hider "Remember those pint metal cans of windshield wiper fluid...it's blue...you know the stuff...so I remember I emptied out those four cans and...filled it with vodka and blue food coloring."

Alcoholic hider "I would take like a Coke can and fill it with vodka. Now I could sit in company and drink Coke out of a can...nobody knew I was drinking."

The following is an exchange which occurred during an interview between an alcoholic and his spouse discussing a particular hiding and seeking technique.

Alcoholic hider "I used to have the bottles inside here in the liquor cabinet and I was drinking from those and I know that D wised up to that so she was marking the bottles...with a pencil...very dumb because..."

Spouse responding "You'd just fill it with water..."

Hider "No, no. That came later. You put a pencil mark. Well there's a... on the other end of a pencil there's an eraser so I'd just move the mark down and later she started doing it with ballpoint pens which became a little more difficult."

Several points are made by the respondents. First, we learn that not only seekers fill bottles with water but hidiers in an attempt to disguise the amount of booze consumed also fill the bottles with water. Hidiers and seekers resort to similar tactics.

The other point made by respondents is that the seeker finally caught on that the mark made by pencil

was being erased and as a result, the seeker switched to ballpoint pen. All this was accomplished without discussion on anyone's part providing evidence for the seeker's investment in the continuation of the play activity.

Through the process of trial and error, an ideal hide sometimes emerges.

"So I had to put it in a place that would be absolutely impossible to find but easy for me to get to...now this (hiding in windshield wiper fluid cans) was ideal because I have the four cans there... I could go out...have a quick drink...put it back up on the shelf and be back in the door in thirty seconds."

Seekers find good hides too.

Spouse of alcoholic
as hider

"I'd put the bottles in a suitcase so I knew he couldn't get it."

Alcoholic responding
during interview

"I didn't know that."

Eric Berne in Games People Play states that the switchability of roles is true of all games - that players may prefer one role to another but are capable of trading roles.

Hiding and seeking work is a challenge.

Spouse "I knew that damn bottle was in that room somewhere."

Alcoholic
as hider

"It's no fun doing what everyone else is doing...gotta do something that's a challenge."

Spouse as
seeker

"When I found it (bottle) I almost did a dance."

Family members as
seekers "It was like a treasure hunt."

Teenage seeker "On a good night we might find an empty
bottle and a full bottle."

A hider knowing the seekers were hot on his trail
threw them some bait from time to time to keep the
pressure off.

Alcoholic as hider "Yeah...it was aggravating me sometimes..
I'd buy two ...they'd find one and
I'd drink the other."

A seeker vividly describes the thrill of the chase
as well as the realization afterward that there is something
very wrong with this behavior.

"The day I realized it is the story I'm to tell you.
I was down here. J came down. I
knew he had been drinking so I knew that upstairs
was the bottle...and I went upstairs and looked
in all the usual places first...I stood on the
toilet...I looked in the top shelf...I reached
under this and that and went all through the
bedroom and I was up there for a while and I guess
it was long enough for J to feel like another drink
and he came back in the bedroom so I thought I'm
not gonna leave this room because I know it's in
here and he won't know what to do if I stay...
I went about my business and did my thing and then
I sat down on the bed on his side of the bed...
and I was making small talk all the while knowing
or thinking I might be driving him crazy because
he can't get to this bottle...but when I did sit
down on the bed I noticed him sort of look at me
very quickly...and I knew at that minute that I
was sitting on the bottle...I hadn't looked there
and my heart started beating very rapidly...I was
so excited...I won...I knew it was there and I
wouldn't move...I never got up...the chicken on the
egg...J finally left the room...I picked up the
mattress and there it was...my heart was...and then

I realized...this was very sick...only a sick person would sit on the bottle and then be so excited about it...this isn't right."

As hiding and seeking skills are developed and practiced over time, a level of expertise is expected.

Seeker "Very uningenious...he didn't put any thought behind hiding. If you're going to (hide) let's at least be inventive about some of them (hiding places)."

A seeker disapproved of a bad hide and hid it in a better place.

"I watched from the kitchen as he tossed a flask into an open box on the porch couch. I thought why is he hiding it there...someone will find it...when I had a chance I hid it in a box below...one that had a cover on it."

It is quite easy to fasten attention on the ways and means of the hiding and seeking activities and lose sight of the fact that members are involved in a life and death struggle - alcoholism is a killer for the alcoholic and at the very least emotionally draining for the immediate family members involved in the problem. And yet members are involved in a situation where play activities evolve and flourish.

In adopting hiding and seeking activities as problem solving techniques, members follow a restorative mode and hiding and seeking activities are a manifestation of this mode. When engaged in hide and seek activities, family members are maintaining the status quo. (Berne tells us that

one of the advantages of games is its stabilizing function, p. 56.)

By hiding and seeking, they keep the situation under control. For all intents and purposes, theirs is a normal rather than abnormal situation. By seeking, searching, diluting, and destroying the bottle, members are trying to restore the situation to a state of normalcy. At the same time, they are trying to repair the wrong - reforming the deviant by curing or controlling the problem.

Hiding and seeking activities evolve as a means of problem-solving for families committed to a restorative method. The playfulness aspect invites innovation, excitement, and challenge into a potentially dangerous and distressing situation where members buy time while working on the problem. It is in this way that family members play for time.

Adherence to the social code, order, and desire for a solid family unit are some of the cultural preferences that this type of play suggests. Fear of discovery or exposure, stigmatization of the whole family, chaos, and confrontation are some of the concerns of families revealed by these activities.

Members with these cultural preferences and fears try valiantly to maintain a normal family presentation no matter how difficult the problem. The restorative mode helps them accomplish this goal.

Normal-Like vs Normal Family

People are quick to agree that there is no such thing as a normal family - that no one is perfect (Bott, p. 190). Yet it is difficult to get away from the idea of normality for we need some baseline or standard against which variations can be compared.

Bott give examples of four types of normal behavior. First, there is normal in the sense of clinically ideal - used by clinical psychologists and psychoanalysts where the ideal may be approached but never fully realized in practice. Second, normal may mean statistically average behavior - a behavioral mode. Third, there is behavior that informants themselves think is morally right or at least expected and customary. Fourth, sociologists use the term "norm" to mean a typical pattern, generalized model of conduct, which they abstract from informants' behavior as well as from their stated ideals and expectations (Bott, p. 193).

In this paper, the third example is used as a model of normal behavior- namely, that behaviors such as the unmentionableness of the problem, help-seeking and hiding and seeking are ways in which members appear to be "morally right" or at least their actions are "expected and customary." However, since alcohol-affected families at times appear to masquerade in "expected" and "customary" costumes, they are put in the category of normal-like rather

than normal. For one thing, normal-like families must try harder. There is the Garfinkel sense of 120% normal (Garfinkel, p. 129) where members try to compensate for the existence of unusual behavior. A spouse explains how hard she worked at being normal-like.

"No one could believe this wonderful family... this ideal family...what was going on...you know what the hell was going on in the house... I thought our life was normal...I worked so hard at making it perfect that everything was falling apart...I mean I worked so hard to make sure that we were on the P.T.A...to make sure that everyone was dressed properly - to make sure they went to the right places..."

Protection of status becomes all-important to the normal-like family as they withdraw from society in an effort to sustain the status credibility of a normal family. Bryant informs us of the value of status relationship to families and the lengths to which it will go to safeguard its reputation.

"The family as a social unit depends for its very survival on its status relationship with other family units in the community or society. It is therefore incumbent upon the family to support, shield, and if possible, to enhance the family status and its reputation as a viable contributing element in the social organization (Bryant, p. 391)."

What comes out of this work is the realization that with regard to moral issues and the family, there is an all for one and one for all attitude. A deviant member = a deviant family. Families with alcohol problems because

of the presence of a misbehaving member are put in the position of fighting for their collective moral lives.

Earl Rubington, in his article entitled "The Hidden Alcoholic" explains that alcoholism is stigmatizing in American society and to accept the designation is to accept a reduction in social status. Since most aspire to higher rather than lower status, hiding occurs in order to prevent any sign which increases the chances one person will be reduced in the eyes of another.

In his paper, Rubington finds that the higher the social status of the alcoholic, the more slowly will the label "alcoholic" be affixed to him. He attributes this to less exposure and more protective efforts by himself and others to conceal his alcoholism because of the high stakes involved. (Rubington, 1972, p.). On the other hand, the person with low social status is rapidly labelled an alcoholic (if not by himself, then by significant others at work and at home). Referring to the focus of this paper, social status can be seen as a determining factor in the amount of time and effort expended on producing a normal-like facade. Some are held at "normal" longer than others.

Rubington further argues that a person who begins to show signs and attributes of alcoholism risks moral re-definition and runs the risk of being assigned to a deviant status.

Such talk as "reduction in social status" and "risk of moral re-definition" illuminates and makes room for a whole area of assumptions and judgment-making on the part of members in general. To be reduced in the eyes of another implies a reluctant downward shift from a greater to a lesser place. Built into this assumption then is the belief that we originate from a greater place - that is, we are designated normal at the outset.

Also, if one risks the penalty of moral re-definition and that means a move from morally acceptable to unacceptable (or good to bad), then the logical assumption here is that one is deemed morally fit or acceptable to begin with.

Therefore, it seems logical to conclude that the effort that alcohol-affected families devote to producing a normal-like image is not to aspire to the normal range. On the contrary, they are industriously working to stay in it. With this notion, assignation to a normal category occurs automatically to members in general unless a particular member is discredited in some way due to apparent deviancy. The normal range expands to include normal-like behavior providing members pay homage in some way to the expected and customary obligations of normal members. The unmentionableness, help-seeking and hiding and seeking activities are ways of meeting these expected and customary obligations. They are ways of ascribing normal social membership.

The implicit designation of a so-called normal categorization with regard to family attributes would in itself make a shift out of the normal range difficult or unnatural. Involved others practicing a restorative mode of behavior with afflicted families also work to keep them in the normal range by ignoring or minimizing the problem. With this argument, families have no choice but to produce normal-like behavior if they value having the normal-appearing character of the family confirmed.

It is only when the incriminating evidence can no longer be controlled (internally/externally) that a family member is cast out and exposed as deviant. Punishment is not for the crime but for getting caught. The fear is that stigmatization will spread to the entire family. In an effort to avoid censure, the family with the help of involved others holds itself and deviant member at normal by controlling the evidence.

With this understanding, family coping techniques seem less absurd and more functional as they serve to monitor and control the evidence thereby keeping the family at normal status. -

Edwin Schur argues that statuses can be in a state of flux but he says that deviance is to a considerable extent an ascribed status (Schur, p. 312). The findings indicate

that the deviant status is inflicted on members only when the incriminating evidence becomes unmanageable and visible. Therefore, as long as members manage a normal-like facade, normal status is accorded. The penalty for not managing incriminating evidence is great - exposure, recrimination, sanction.

Movement to the discredited side is unlikely to occur without members earning it by calling attention to themselves in some way. Therefore, it is suggested that a deviant status at least with regard to alcohol-affected members is achieved.

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RESTITUTIVE MODEL/RESTORATIVE MODE

For Emile Durkheim, the study of "social facts" or social phenomena was essential in revealing the underlying features of society and the processes which cause societies to change. "Social facts," according to Durkheim, have distinctive characteristics external to the individual which cannot be explained on a biological or psychological level. Not only are social phenomena external to the individual but they are "endowed with a power of coercion, by reason of which they control him" (Durkheim, 1938, p.2).

In this chapter, it is argued that family strategy pertaining to alcohol problems assumes distinctive characteristics which act in a constraining manner on involved members and thus can be classified as "social facts" or social phenomena. Further, these social phenomena take the form of a moderating restorative mode which, it is suggested, parallels our restitutive justice model.

Thus, a very intimate and secretive problem (alcoholism in the family) is managed by an external set of customary procedures with their own function (preserving family intactness) which, unknowingly, coerce members into a personally harmful reaction pattern. The argument will begin by outlining Durkheim's reasoning behind the origins of restitutive justice and how this represents evidence of social change to him.

Durkheim's Theory of the Restitutive Justice Model

Since the theme of the social basis of morality was central to his sociological approach, Durkheim's attention naturally gravitated toward the study of deviance and crime as "social facts." In The Rules of Sociological Method, Durkheim states that "crime is...necessary, it is bound up with the fundamental conditions of all social life," and that "it is no longer possible...to dispute the fact that law and morality vary from one social type to the next, nor that they change within the same type if the conditions of life are modified" (Durkheim, 1938, p. 70, Transl.).

Durkheim examines the change of social types in his seminal work The Division of Labor in Society (1933, Transl.) in which he introduces a theme of moral authority arguing the existence of both continuity and contrast in the transition from traditional to modern society. According to Giddens, Durkheim demonstrates continuity in the "persistence of moral ideals and codes of conduct" (Giddens, p. 12) which structure the functioning of society. The contrast can be seen in the way these ideals are transformed in the movement from mechanical to organic society.

The question of how such change might be quantified is answered by Durkheim when he justifies his decision to use law as an index of social solidarity. He argues that since

"social solidarity...does not lend itself to exact observation, nor indeed to measurement," it is necessary to take "an external index which symbolizes it...This visible symbol is law" (Durkheim, 1933, p. 64).

As a result of having chosen law as an index of the type of solidarity exhibited by a society, Durkheim grounds his theory of social change in an analysis of comparative legal types. He explains "Since law reproduces the principal forms of social solidarity, we have only to classify the different types of law to find therefrom the different types of social solidarity which correspond to it" (Durkheim, 1933, p. 68). In this way according to Spitzer, Durkheim "linked the changing nature of legal controls (repressive to restitutive) to transformations in the nature of social solidarity (mechanical to organic)" (Spitzer, 1975, p. 613).

The organic model of social development introduced by Durkheim denotes the resemblance of developed societies to the structure of an advanced organism. This is based on the idea that societies become more complex as they move through a process of differentiation. This process, like its biological counterpart, involves a pattern in which simple societies become more developed and eventually "combine again to form more complex wholes" (Durkheim, 1938, p. 81).

As primitive societies are transformed into organic

social types, they are represented by a more complex division of labor and concentration of population. This transformation is triggered by an increase in the "moral" or "dynamic" density - "the expansion of the range of contacts between previously isolated small-scale social communities" (Giddens, 1972, p. 8). With the growth of social differentiation, a morality of cooperation develops, according to Durkheim, which distinguishes itself from the characteristics of mechanical solidarity. He held as a demonstration of this transformation the increasing prominence of restitutive law as opposed to repressive law.

Using law as a social index, Durkheim relates social evolution to the "punitiveness" of social controls. He finds the explanation for this relationship in the changing nature of crime and moral sentiments. He argues that "since punishment results from crime and expresses the manner in which it affects the public conscience, it is in the evolution of crime that one must seek the cause determining the evolution of punishment" (Durkheim, 1973, p. 300, Transl.) In primitive societies, religious crimes (i.e. crimes having collective things as their object) offend the collective conscience and result in violent repression. Social evolution serves to diminish the primacy of collective sentiments and crime is defined in more individual terms. As a result, a weakening

of the average level of punishment occurs. Durkheim explains:

"Seeing as, in the course of time, crime is reduced more and more to offences against persons alone, while religious forms of criminality decline, it is inevitable that punishment on the average should become weaker. This weakening does not come from the fact that morals become less harsh, but from the fact that religiosity, which was earlier imprinted in both the penal law and the collective sentiments which underlay it, steadily declines" (Durkheim, 1973, p. 303).

In an essay entitled "Two Laws of Penal Evolution," Durkheim offers what he calls a "law of quantitative change" in which he explains the evolution of the level of punishment in society. It states that "the intensity of punishment is the greater the more closely societies approximate to a less developed type - and the more the central power assumes an absolute character" (Durkheim, 1973, trans. p. 285).

Spitzer describes Durkheim's "law of quantitative change" in this way: "as societies become more advanced, repressive sanctions involving expiatory attacks on the offender are progressively replaced by restitutive sanctions consisting of a simple 'return in state'" (Spitzer, 1975, p. 616). Generally speaking, this means that fines and imprisonment replace physical coercion as a means of punishment in advanced societies.

Although controversy exists over Durkheim's interpretation of the nature of the punishment attached to repressive

(1)
and restitutive law, there seems to be a general agreement that indeed punishment lessens as societies become more complex. Jones argues that "...it is clear that both the range and severity of punishments have steadily declined following industrialization, and that Durkheim was essentially correct in predicting the growth of imprisonment (and fines) as the sole means of punishment in industrial society. This is not to deny continuing differences between industrial nations, but rather to stress that even those societies (such as the U.S.S.R.) which have retained some harsh punishments as extremely lenient in comparison to pre-industrial state societies" (Jones, 1981, p. 1019).

While the existence of restitutive justice is widely accepted, no connection has thus far been made between the similarities of the patterns pertaining to the restitutive approach to criminal and civil crimes and the private management of "social" crimes - that is, management of deviant behavior that is not specifically forbidden by law (alcoholism, drug addiction). To make that comparison, it is essential to explore the properties inherent in restitutive justice, namely - restoration of conditions prior to violation, maintenance of social equilibrium, and repairing wrong.

Features of Restitutive Justice Model

In defining the properties of restitutive law, Durkheim explains that restitutive or cooperative law, law without punishment, increases as the division of labor in society increases and men become more dependent on one another. He says "What distinguishes (the restitutive) sanction is that it is not expiatory but consists of a simple return in state" (Durkheim, 1933, p. 111). He explains that "Damage payments have no penal character; they are only a means of reviewing the past in order to reinstate it, as far as possible, in its normal form" (Durkheim, p. 111). Whereas repressive law requires punishment for deviation from the law, cooperative law is "more an affair of the mind, requiring a restoration of the conditions existing prior to the criminal violation" (Maris, 1969, p. 27). Thus, the first property can be identified as being restorative in nature, returning conditions to where they were before the offense was committed.

The second function of restitutive law is that it is designed to maintain or restore the social equilibrium. Restitutive law reflects "the perspective of the Kantian ethic and thus is marked by a rational response designed to maintain or to restore the social equilibrium..." (Maris, p. 26). Durkheim explains "All that is necessary is that the functions concur in a regular manner. If this regularity is

disrupted, it is sufficient for us to re-establish it" (Durkheim, 1933, p. 128).

A third property of restitutive law is reparatory in nature. Rather than endure forms of physical coercion such as mutilation or torture, offenders are requested to pay for the damages they incurred. "Sufferance proportionate to the misdeed is not inflicted on the one who has violated the law or who disregards it; he is simply sentenced to comply with it...It appears equitable for the damages to be paid by the one who brought them into being" (Durkheim, p. 111). A shift occurs where the violators are not required to suffer for the violation but rather they are charged with the responsibility of "repairing wrong" (Durkheim, p. 118).

Comparing Restitutive Model to Features of Restorative Mode

It was Durkheim's contention that "...law is, above all, a social thing" (Durkheim, 1933, p. 111) and comparison of properties of restitutive law to the strategies used by alcohol-affected families seems to bear witness to this fact. When the restitutive properties are listed next to the family strategies, the relationship between the two appears to be comparable. In other words, family tactics seem to follow a prescribed pattern which parallels or reproduces the features of restitutive law.

<u>Restitutive Law</u>	<u>Family Strategy</u>
I) Restoration of conditions prior to violation	Unmentionableness of problem
II) Maintenance of social equilibrium	Hiding and seeking
III) Repairing wrong	Selective help seeking

Families with an alcoholic member historically deny, outwardly at least, the existence of any problem. If nothing is wrong, then life can proceed as usual. While they deny the problem, members of the immediate family work hard at reforming the deviant member (I, II, III).

One attempt at reformation can be seen in the hiding and seeking of the bottle - an activity which usually engages members of the immediate family. Disposal of the bottle restores the situation to normal, minimizes the chance of chaos, and thwarts the alcoholic's efforts to drink excessively (I, II, III).

Family members are reluctant to seek help for an alcohol problem. When they do, they turn to strangers, (Al-Anon, clergy, social workers). In this way, they maintain the facade of normalcy with significant others and, at the same time, are able to work on coping with the problem (I, II, III)

The notion that families respond in a pattern-like way has been substantiated in the literature review section. What has not been determined is the reason for such uniform

tactics especially when the nature of the problem forces the family into isolation and secrecy. It is the thesis of this paper that family members with certain problems are guided by the presence of an informal pattern, inherent in the culture, which is initiated in order to repair social relations for the moment when things are temporarily wrong. Though not a formal juridical form, the evidence indicates that families respond to the problem as if it were a social crime.

Examination of the material collected and described in the previous chapter clearly demonstrates a commitment on the part of family members to a restorative or restitutive approach in problem solving. Members work diligently and often innovatingly without instruction or collaboration and yet work toward similar goals. Through these efforts, they try to maintain the social equilibrium and restore conditions to normal. At the same time, family members perform in a relentless manner to try to reform the deviant member, that is, to repair the wrong. A natural question to ask is "Why would these families expend such energy especially trying to repair the wrong in response to a crime they did not commit?" To understand the rationale behind such action, it is helpful to be aware of the obligations of family members in general.

Social Functions of the Family

According to Rose L. Coser, a major function of the family is the imposition of social norms on the biological organism. She sees the family as the main agency for transmission of cultural heritage - the passing on of shared values and norms to the next generation (Coser, 1964, p. XXVIII). Comte says that it is in the family that the individual learns to subordinate his own will to social purposes. "It is by the avenue (of the family) that man comes forth from his mere personality, and learns to live in another..." (Comte, 1896, p. 281). He calls the family "the true social unit" (Comte, p. 281) and says that it is the prototype of all other human associations which evolve from family and kinship systems.

Cooley included the family in his list of primary groups (play group for children and the neighborhood were the others) and suggested that these were "universal breeding grounds for the emergence of human cooperation and fellowship" (Cooley, p.23). To Cooley, the family offered "the immature and self-centered person" a place to "slowly attune to the needs and desires of others and become fitted to the give-and-take of mature social life" (p. 30).

Justice Berns explains the function of the family from a legal point of view. "American society has relied to

a considerable extent on the family not only to nurture the young but also to instill the habits required by citizenship in a self-governing community. We have relied on the family to teach us to care for others and to moderate "...self interest" (Berns, 1976, p. 325).

An alcoholic member is self-absorbed and immoderate with regard to alcohol intake. Since alcoholism is an illness which could eventually lead to death, it is an act of self-destruction considered by many to be a partial suicide (Maris, 1969, p. 29). Self-destruction is an unsocial act as it threatens the very possibility of society (Maris, p. 29). It is argued that the alcohol-affected family experiences this problem (alcoholism) as resulting from a failure to do its job - that is to integrate or regulate its member properly. Family reaction to this problem is seen as evidence that it assumes responsibility for the violation and adopts a restorative or restitutive approach as a means of making amends.

For corroboration of this opinion, we turn to Al-Anon, a world-wide self-help group which counsels families affected by an alcoholic member. The first piece of advice given to all new members is to remember the "Three C's." You didn't cause it; you can't control it; and you can't cure it. Implicit in the advice given to newcomers is the assumption that they have been handling the situation all wrong.

Awareness of this fact is softened by the explanation that other members reacted the same way and have since learned to modify their action and reaction patterns.

In comparing the "Three C's" to the restitutive properties, a similar pattern can also be located as the one found in the relationship between a restitutive approach and family strategies.

<u>Restitutive Law</u>	<u>Three C's</u>
Restoration of conditions prior to violation	You didn't cause it
Maintenance of social equilibrium	You can't control it
Repair Wrong	You can't cure it

Family members who feel responsible in some way for the alcohol problem and try by different methods to repair the wrong are told they didn't cause the problem.

Family members who deny the problem or try to make it more manageable using their own devices are told they can't control it.

Family members who hide the bottle or closely monitor the activities of the alcoholic are told they can't cure it.

One of Al-Anon's functions is to help its members **unlearn** the techniques they adopted when faced with the crisis of alcoholism. Al-Anon speaks to its members in a non-traditional way by convincing them that the strategies they are using to combat the alcohol problem are ineffective.

It is therefore argued that this traditional approach to problem solving, restorative in nature, is built into the culture as a kind of informal guideline to use when social sins such as drug or alcohol abuse, wife or child-beating, are committed. It is a way that social relations can fix themselves in an informal way. (Lindsey Churchill calls this adjustment a "routinization of relationships".)

Durkheim states that it is a social goal to "assure the present and future of a family" (Durkheim, 1951, p. 171, transl.) The restorative mode is not confrontive and works to preserve the social unity (the outward appearance) of the family. Therefore, it appears that adoption of the restorative pattern as a means of coping with an alcohol problem serves a latent function of helping to keep families intact.

To further corroborate the theory that a restitutive or restorative approach is utilized in coping with an alcohol problem, we turn to Alcoholics Anonymous, an organization in existence since 1935 where alcoholics can regain sobriety.

The very backbone of Alcoholics Anonymous is called "The Twelve Steps" which is a list of statements that members learn and incorporate into their lives.

It is through working "The Steps" that members experience change and hopefully recovery. In a book entitled Not God: A

History of A.A., the author discusses the evolution of the "Steps" noting that for members "the deep answers are clear in the Steps of its program" (Kurtz, 1974, p. 182).

It is the author's claim that the first three steps are steeped in substantive faith and deal with "salvation attained through a conversion, the pre-condition of which was the act of surrender" (Kurtz, p. 183).

The three steps are:

1. We admitted we were powerless over alcohol - that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.

Kurtz attributes the fundamental impulse behind the "Steps" to a "uniquely American expression of Evangelical Pietism." As he explains, there is a stress on salvation coming from outside the self. The power greater than the self offers salvation from the essential limitations of self. Kurtz interprets the phenomena in a Durkheim-like way. "Every religious insight... speaks both to the sense that perfection can be found only beyond the human, at least beyond the individual self, and to the awareness that an essential part of being human consists in the self's cooperation in, seeking of, or at least openness to that fulfillment of self and others" (Kurtz, p. 178-9). The stress on salvation outside the self produces

a "perception of awe and a sense of humility" that is described as "Pietist" (Kurtz, p. 179). Such emphasis produces a proclamation of "good news" - a perception that is also called "Evangelical."

Kurtz asserts that it is this "Evangelical Pietism" that infuses and dominates A.A. But what if this "Pietism" is guided by social rather than religious forces? For example, the emphasis in A.A. is on spirituality rather than religiosity. Members can substitute the group or anything outside of themselves to represent a "Power greater than themselves." The "Steps" are restorative in nature, and a strong case could be made for the steps representing a restorative mode of adaptation. By substituting the word "society" for "Power Greater than Ourselves," salvation can be seen as a type of social credibility attained through restorative measures. The major change is that the alcoholic is now in a position to repair the wrong and is responsible for doing so. (He has moved from category of social incompetent where it is assumed he is not responsible, to social competent).

Restitutive Law

First Three Steps

I) Restoration of conditions prior to violation

Surrender

II) Maintenance of social equilibrium

Conversion

III) Repairing Wrong

Salvation

In the first step, the alcoholic admits his powerlessness over alcohol as demonstrated by the unmanageability of his life. He is trying to make his life more manageable (I,II). To do so, he will be asked to repair the wrong (III).

The second step requires that the alcoholic place his trust in a "Power greater than ourselves" (society) who will restore him to sanity (I) (II).

The third step declares that the alcoholic subordinate his will "to the care of God as we understood Him" (society). In substituting the word society for the word God, it becomes possible to think that it is the social will that demands restoration and reparation. And to accomplish these goals, the alcoholic will be asked to make amends (I,II,III).

Steps four through twelve deal primarily with making amends and thus help to restore conditions to prior the violation, maintain the social equilibrium, and repair the wrong.

4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God (society) remove all these defects of character.
7. Humbly asked Him (society) to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.

9. Made direct amends to such people wherever possible except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God (society) as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual (social) awakening as the result of these Steps, we tried to carry this message to others,

In view of the findings, it is possible that the restorative aspects of the steps reflect the existence of a deep pattern of response imbedded in the culture rather than a unique American expression of Evangelical Pietism.

This pattern is external to the individual and coerces him into certain behaviors which are beneficial to the social order. It is in these ways that the restorative mode manifests itself as social phenomena or "social facts" as described by Durkheim. He says "A social fact is to be recognized by the power of external coercion which it exercises or is capable of exercising over individuals, and the presence of this power may be recognized in its turn either by the existence of some specific sanction or by the resistance offered against every individual effort that tends to violate it" (Durkheim, 1938, p. 18, Transl).

For example, we know from the literature review and examination of the data that this restorative pattern is

generally harmful to the individual families involved. Yet there seems to be a universal tendency to adapt these measures under similar circumstances. The power in the restorative approach is that families are unknowingly coerced into behaving in a certain way that is in the long run not beneficial to them. While reacting in this personally harmful but socially helpful way, families are treated by involved others as if they know what they are doing. Therefore, they assume it is the right thing to do under the circumstances.

Family strategies discourage confrontation and at the same time evidence intactness. Individual families suffer but their social status as a family is protected. In this way, the restorative pattern can be seen as socially useful. Durkheim explains "The function of a social fact cannot but be social, i.e., it consists of the production of socially useful effects. To be sure, it may and does happen that it also serves the individual. But this happy result is not its immediate cause...The function of a social fact ought always to be sought in its relation to some social end" (Durkheim, 1938, p. 110).

Unfortunately, while the restorative social goal of familial accord is assured at least for the moment, it is at the expense of physical and mental health. The clinical manifestations of family members such as depression and

psychosomatic illnesses are therefore a result of the use of this cultural pattern which guides members in the decision-making process. It is for these reasons that the restorative approach can be identified as a type of social phenomenon and that this phenomenon serves to structure family relations.

Functions of the Restorative Mode

The responses of the alcoholic and family members have been spelled out to show adherence to a restorative mode while in the throes of the alcohol problem. Based on these responses, we are now able to delineate more clearly some the specific functions of this mode.

Pearlin says the protective function of coping behavior is exercised in three ways: 1) by eliminating or modifying conditions giving rise to problems; 2) by perceptually controlling the meaning of experience in a manner that neutralizes its problematic character; 3) and by keeping the emotional consequences of problems within manageable bounds (Pearlin, p.2). Since the restorative mode operates in all three capacities, it appears obvious that a major function it performs is one of protection. It protects the family from the possibility of detection and ruin.

"Any assault on its social worth or any erosion of its internal cohesion and functionality as a result of defamatory or derisive information, therefore, is to be avoided at all costs as a possible threat to survival as a social unit and to the well-being of the individual member"
(Bryant, p. 15).

It has been noted in the literature that the need of others' approval historically shapes and contributes to social order. Wrong (1961) says that "If there is a single motive that sociologists have considered central in explaining social order, it is the desire for the approval of others" (p. 191). The restorative mode helps to ward off any attacks on the good name of the family and thus helps to preserve itself as a worthwhile social unit.

A primary function of the restorative mode is that it provides order in the middle of a stressful and potentially chaotic situation by supplying consistency and predictability. Its plan of operation supplies structure in an unchartered situation organizing behavior for all family members. Turner notes that we require consistency in the behavior of others if we are to coordinate our behavior with theirs" (1962, p. 235).

The restorative mode with its routine and predictability helps people to accommodate to the existing stress without being overwhelmed by it. In adopting this mode, a state of "organized confusion" exists which is more tolerable than complete chaos.

By working to establish normality in an abnormal situation and "acting as if," the restorative mode acts as a means of re-socialization. By fighting off the threat of a deviant

label, members are re-affirming membership in the conventional part of the social order. For the restorative mode to be implemented, shared perspectives and commitment to the existing social order must occur.

Another function that the restorative mode serves is that of upholding family continuity. Bryant explains "The unbroken, relatively self-sufficient family unit has long been an historical and cultural ideal in Western society. To insure the continuity and completeness of the family unit... strong norms, buttressed by severe social, religious and legal sanctions, have evolved" (Bryant, p. 25). In the case of alcohol-affected families, the mode works to "insure the continuity and completeness of the family unit."

In this light, the mode can be seen as a subtle means of social control. Becker tells us of the importance of subtlety in the area of control. "Control would be difficult to maintain if enforcement were always needed (use of power, applicatin of sanctions) so that more subtle mechanisms performing the same function arise" (Becker, p. 60).

There are also some disadvantages to the restorative mode. For one thing, it forces the reorganization of family life around the alcoholic. In order to deal with the alcohol problem in a restorative manner, the family essentially puts aside everything else and as a result, becomes obsessed with

the problem - an obsession which opens the door to pathology.

One of the pathological tendencies which evolve is that families develop an investment in the alcoholic's drinking habits. Roles are reversed, new patterns develop, and families begin to support this equilibrium by sabotaging the alcoholic's efforts to become or stay sober. Therefore, another result of this reaction pattern is that it feeds into the causative element by precipitating or encouraging deviant behavior on the part of one of its members.

Another drawback is that since the restorative mode does not eliminate the problem but relieves or disguises the symptoms, it is a weak enforcing strategy which enables families merely to "get by" rather than problem-solve effectively.

Since the restorative mode does not succeed in changing the situation or eliminating problem, it becomes obvious a major function of the mode is that it controls the meaning of the situation. By managing events in a way that excludes the possibility of direct reference to the problem, the restorative mode masks the predicament in a stream of innuendo, subterfuge and folly in order to uphold the pretext of normality.

Therefore, it is argued that the restorative mode is an example of how "Social systems 'produce' the content of

norms through emerging assessments of and collective reactions to various kinds of behavior" (Shur, p. 317). Some of the cultural preferences which emerge as a result of the study of this collective reaction pattern are 1) primacy of the family unit 2) stress on the internal management of family problems 3) importance of order 4) value of appearance management.

The restorative mode is a cultural form of behavioral structuring which is socially useful but can be personally dangerous. Spiegel explains how behavioral structuring can be bigger than each of us.

"...much of what occurs in the way of behavior is not under the control of any one person or even a set of persons, but is rather the upshot of complicated processes beyond the ken of anyone involved. Something in the group process takes over as a steering mechanism and brings about results which no one anticipates, or wants, whether consciously or unconsciously"
(Spiegel, p. 209).

Society asks of families that they handle their internal problems on their own. In return, they are offered continuing membership in "normal" family status. The restorative mode offers a safe form of action with little short term but great long term risk involved.

Social Transfer of Responsibility

It is contended in this chapter that family members (usually the spouse) take on the responsibility of repairing

the wrong when managing an alcohol problem. Usually, the spouse thinks that he/she is to blame for the drinking, tries to reform the deviant member, and employs all kinds of methods to cover up the alcoholic's behavior.

However, since the socialization process takes place in the family of origin, why is it the spouse takes sole responsibility for the alcoholic's behavior instead of the alcoholic's parents? Examination of the research material reveal a concerted effort on the part of parents to remain uninvolved even though the alcohol problem is obvious.

Spouse

"I never told his parents that he had a drinking problem I never complained to them. When he went into rehab, I told his mother. She said she knew for a very long time."

In every case examined in the research findings, spouses assumed responsibility if the alcoholic was part of a marital dyad. In cases where the children were minors, parents were responsible for children. Single persons over 21 who were alcoholic were looked after sometimes by parent, sometimes by friend, and sometimes by employer. In other words, there seems to be a structured approach to assignment of responsibility.

A review of the current statutes applying to the family shows that the idea of social assignment and transfer of responsibility with regard to alcohol problems corresponds

to or parallels the legal transfer of responsibility. To demonstrate the point, listed below are a number of laws from the Domestic Relations Court.

1. A married person is chargeable with the support of his or her spouse...The primary obligation to support a dependent spouse rests with the other spouse, and the community is responsible only when the other spouse cannot do so and the dependent person is indigent...p. 33. The support obligation arises with the fact of marriage.p. 35 (Court Acts - Book 29A)
2. Father is liable for support of his child or children under 21 years of age. The father's obligation to support child ceases at time child reaches majority.
3. Mother is liable for support of her child or children under 21 years of age whenever the father of such child or children is dead, or cannot be found, or is incapable of supporting such child or children. (Mc Kinney's Consolidated Laws, 1977, p. 159)

With an alcohol problem, spouses assume responsibility while significant and general others keep their distance. No one seems to think such conduct is strange or unwarranted. Parents, relatives, neighbors, and community members go to great lengths to ignore the issue or pretend it doesn't exist.

Instead of being oblivious or insensitive, they are really law-abiding citizens who are behaving in a socially appropriate manner. Assignment or transfer of responsibility becomes another example of a routine imbedded in our culture but one that has been translated into formal law.

Like significant and general others, the law also

adapts a laissez-faire approach in dealing with marital problems. "The law's traditional (and present) posture toward regulation of an ongoing marriage is to stay out of it, even when a judge could obviously resolve the marital differences, because the price for resolving the immediate problem in court is likely to be the relationship itself" (Hafen, 1983, p. 488).⁽²⁾

Instead of confrontation, the law opts for continuity in the area of family relationships. Confrontation or intervention is frowned upon as an incendiary tactic. "Intervention, rather than preventing or healing a disruption, would quite likely serve as the spark to a smoldering fire. The judicial mind and conscience is repelled by the thought of disruption of the sacred marital relationship" (Hafen, p. 488).

The overriding purpose of the restorative approach to social problem-solving is the same as the legal approach to familial conflict - to preserve continuity not to resolve marital difficulties. If individual families were aware of the negative consequences of their approach - escalation of the alcohol problem, development of family pathology - they would not choose it. However, up to now, there has been no choice. The priority is continuity and that is a social rather than personal goal. Therefore, the restorative mode

is an example of how the external structure affects individual families by constructing social relations.

The law's treatment of intimate relationships gives us a further understanding of why involved others are reluctant to intervene at least openly. Not only are they not legally or socially responsible for the marital pair, but they fear that intervention will only exacerbate the situation.

The use of a laissez-faire attitude on the part of all involved by all rights should produce independent and diverse problem-solving techniques from alcohol-affected family members. However, the contrary is true - the familial approach is a structured one with similar methods employed. This suggests another reason for formal legal non-involvement. The law need not intrude when an effective informal pattern is already in place.

Law vs. Custom

The question arises: If the restorative mode is not a formally sanctioned type of legislation, then what exactly is it?

Paul Bohannon, in an article discussing law and custom, puts forth seven attributes usually found associated with the phenomena designated as law: Law is (1) a complex whole, (2) which always includes norms regulating human behavior, (3) that are social norms; (4) the complex whole is "orderly," and (5) the order is characteristically a coercive order (6)

that is institutionalized (7) with a degree of effectiveness sufficient to maintain itself. (Bohannon, 1968, p. 307)

Since the restorative approach is not institutionalized, it clearly is not in the domain of law.

In the previous chapter, we saw how families, significant and general others adhere to a similar pattern in coping with an alcohol problem. In his description of collective habits, Durkheim explains how they become a fixed object apart from the individual. "...collective habits find expression in definite forms: legal rules, moral regulations, popular proverbs, social conventions, etc. As these forms have a permanent existence and do not change with the diverse applications made of them, they constitute a fixed object, a constant standard within the observer's reach, exclusive of subjective impressions and purely personal observations" (Durkheim, 1938, p. 44). It is suggested that the restorative mode is an example of collective habits, social in origin, which can be objectified as "social facts." And because they are not institutionalized, it is argued that these "social facts" are located in the area of custom.

Bohannon goes on to explain the difference between custom and law. "Just as custom includes norms, but is both greater and more precise than norms, so law includes custom, but is both greater and more precise. Law has the additional char-

acteristic that it must be... "justiciable," "...the rules must be capable of reinterpretation, and actually must be reinterpreted, by one of the legal institutions of society so that the conflicts within nonlegal institutions can be adjusted by an "authority" outside themselves." (Bohannan, 1968, p. 308) In other words, the law has its origins in the customs of nonlegal institutions but must be formally restated to enable the legal institutions to carry out their responsibilities.

Bohannan argues that law, instead of being a reflection of custom, is always out of phase with it. "It is the fertile dilemma of law that it must always be out of step with society, but that people must always (because they work better with fewer contradictions, if for no other reason) attempt to reduce the lack of phase." (Bohannan, p. 311) With this view, a constant restatement of law is assured which requires reorientation and then a new restatement. "It is in these very interstices that social growth and social decay take place." (Bohannan, p. 311) Through this process, custom adapts to the law or rejects it; the law adapts to custom or suppresses it (Bohannan, p. 311)

The restorative approach follows the guidelines of restitutive justice without formal restatement. No formal reiteration is necessary since the mode's structural coping mechanism is already in place, is functional and utilized.

Identification of a restorative mode, a reaction pattern embodied in the social structure, brings into question the many theories which place the blame on families. If families must follow a usual pattern in coping with an alcohol problem, they would therefore be deviant if they did not and suffer the consequences accordingly. And yet, compliance brings personal disaster to the individual family. Thus, the restorative mode turns into a "restorative bind" where family members lose either way. It is this feature which identifies the pattern as latently dysfunctional.

In summary, the techniques used by affected families have been identified as a restorative approach to problem-solving, having comparable features as the properties of restitutive justice. Because such action is not legally binding, it is located in custom and because of its latent dysfunction, is labelled as a custom "out of phase" (Bohannon, p. 311) with society.

Since this reaction pattern is negotiated primarily on an unconscious level and for the benefit of the social structure, the restorative mode can be identified as a type of social phenomenon endowed with coercive powers which compel members to act in a personally harmful manner. It is hoped that identification of this phenomenon will help to further studies on deviance and the family,

alcohol and the family, as well as family relations and the law.

NOTES

1. The identification of the existence of a restitutive pattern with regard to a certain type of deviance in the family is not to be confused with the controversy over the nature of the particular punishment attached to the specific law.

In claiming that there is a developmental trend from repressive to restitutive law, Durkheim suggests that "punishment (repression) as a goal gives way to cooperation (restitution) as a goal" (Jones, Social Forces, p. 1014. This interpretation suggests that as societies become more complex, punishment decreases.

This assumption has been criticized by theorists (Chamblis & Seidman, (1971), Lukes, (1972), Barnes, (1966), and Sheleff, (1975). Sheleff locates the complaint in Durkheim's presentation of typology where (Sheleff says) he ignores the possibility of restitutive aspects of primitive law and the repressive aspects of modern law. He states:

"...it is possible that not only does Durkheim err in failing to see restitutive aspects in primitive law and repressive elements in modern law, but that a strong argument could be made for the contrary proposition that the development of law has been from a basically restitutive model to a repressive model..." Sheleff, 1975, p.20.

Sheleff infers that there is an evolution of law from restitutive to repressive. He says that "it is precisely modern societies, with their pressures to conform, with man's search for a sense of belonging, that create the conditions for repressive means of social control.....Conversely, it is possible that man in simpler societies is more individualistic and more diverse that outer appearances would suggest" (Sheleff, p. 40).

Du Bow (1974) carries Sheleff's idea one step further. He postulates that societal development shows a move from "restitutive law in simple societies to repressive law in primordial states, and then a subsequent development back to restitutive law" (Sheleff, p. 43).

Although the controversy over severity of punishment continues, it is assumed that the idea of a progression from repressive law to restitutive law is generally accepted. For example, in a study of six countries, Newman found that "The most economically developed countries have the most liberal laws and liberal public opinion on deviance" (Newman, 1978, p. 76). The thesis merely presents a demonstration of the restitutive approach in action and documents how it is used to cope with social crimes in the modern world.

2) Laslett informs us that family relations in Puritan times were regulated by the Church and the extended family. "Not only did religion specify the correct relationships between family members - their duties and responsibilities to each other- but it also made it a sacred duty of members of the church to see that these edicts were fulfilled" (Laslett, 1974, p. 107).

The quality of family relationships were also subject to legal control. Demos (1970) says:

"It was not enough that married persons should simply live together on a regular basis; their relationship must be relatively peaceful and harmonious." (p. 93)

The courts had jurisdiction to punish offenders who deviated from "peaceful and harmonious" behavior. According to Morgan (1944):

"The government was not satisfied with mere cohabitation but insisted that it be peaceful. Husbands and wives were forbidden by law to strike each other, and the courts enforced the provisions on numerous occasions." (p. 39-40)

Thus Laslett suggests "the norms regulating family relationships in the earliest period of American history were heavily influenced by religion, and were enforced through law via the scrutiny of others who were empowered by those same religious beliefs to mind their neighbors' business" (Laslett, p. 107).

Family law then has moved from early involvement with repressive sanctions to non-involvement with restitutive sanctions. One could speculate that the intactness of the family unit was crucial in the early days of colonization - thus the emphasis on peace and harmony. As our society grew, and

individual freedom was valued and legalized in the Constitution, less emphasis was put on the legal insistence for "peaceful" behavior. The law then changed its approach reflecting this preference and required that no one intrude on family discord.

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METHOD

This study of the ways in which family members manage an alcohol problem utilizes a situational approach, that is, it "views the family as a social situation affecting the behavior of its members" (Ablon, p. 207). The crux of the work focusses on the characteristics of family patterns, in particular the features inherent in the techniques used to cope with the problem of alcoholism. It was the hope of the investigator that this emphasis would provide the means to explore ways in which culturally determined characteristics affect the behavior of individuals. As Ablon notes:

"While the importance of sociocultural factors as one significant determinant in stimulating or maintaining drinking behavior has been considered by many investigators, the role of these factors in family attitudes toward the drinker or in modes of coping with the problem drinker by his spouse and significant others has been given scant attention" (Ablon, p. 235).

Sociocultural factors may play a primary role in the development of attitudes maintained by the family says Ablon and in determining what options for action they will or can take in regard to their problem (Ablon, p. 235).

In the review of the literature on alcohol and the family, few studies are reported on actual techniques used to cope with an alcohol problem. In fact, a computer search yielded only one specific study regarding hiding aspects with the concentration being on hiding vis a vis social status rather than the hiding techniques themselves.

This is not to say that coping techniques are ignored. Quite often they are presented as a litany of transgressions committed by family members - ways in which they deny or minimize the problem. In the alcohol literature, this puts them in the category of "enablers" who unknowingly perpetuate or exacerbate the situation. What is suggested here is that a possible reason no attention has been given to studying the techniques themselves is that they are viewed as a "common sense" reaction - that is, these techniques are expected and therefore accepted as the right thing to do under the circumstances. As one colleague proclaimed, "When faced with the choice of disclosing or hiding the existence of a familial alcohol problem, of course you would hide it." It is this very expectation that I am attempting to explore here.

The project began as many projects do as a very small idea in search of structure and substance. Advised by Professor Churchill in his Ethnomethodology class to write about "something we know," I was drawn to the topic of the effect of alcohol on the family because of my work with spouses of alcoholics. For seven years, I had been counseling spouses of alcoholics in my capacity of social worker at a nearby clinic. (The clinic worked with families in all stages of recovery from the trauma of alcoholism.) For seven years, I listened to stories of how these women coped with an active

alcohol problem. The act of hiding and seeking among other techniques had become an ordinary event for me - one that I heard described in various ways over and over. Since the nature of Ethnomethodology is to turn ordinary events inside out to expose inherent features, I decided to explore this area with which I had become so comfortable.

For starters, I set out to try to determine the difference between the way women hide and the way men hide. My first respondent - a clinic member - was a recovering female alcoholic, married, who was sober five years. I simply asked her to describe the details of her drinking career - why she drank, how she drank, who knew, how she stopped, etc. At this point, I thought that the study would concern itself with only alcoholics and the hiding process.

On Professor Churchill's advice, I decided to expand the interview to include whole families. The first three families I contacted were from the clinic. The rest of the respondents were not affiliated with the clinic but were recommended by colleagues, other respondents, and found through "word of mouth."

My initial aim, that of simply exploring the area of coping techniques to better understand the dynamics of alcohol-affected families, was very general. I did not start with a well-formed hypothesis that I was trying to test. My task, as I saw it, was not to test a hypothesis

but to try to develop one, one that would be relevant to the material I collected.

In the present research no attempt is made to produce general factual statements about a wide population of families by studying a sample. It is impossible to say that because all respondents adhered to a restorative mode of adaptation that all alcohol-affected families will behave in the same way. Throughout the study, all descriptive material is intended to refer only to the set of research families.

However, an attempt is made to develop an hypothesis of general relevance. The research families were studied as examples of alcohol-affected families, not as a random or representative sample. My aim has been to establish an hypothesis that can lead to the testing of other cases and the production of more traditional studies.

Although the research families are not treated as a sample, certain restrictions have been placed on the type of family studied. Since the nature of this study deals with alcoholism and the family, it was decided to work only with families where alcoholism was clearly defined as a presenting problem. The line between heavy, problem, and alcoholic drinking is a fine one. A heavy drinker for example might be able to drink great quantities of alcohol over a long period of time and it will not affect his performance in any aspect

of his life. Alcoholics say that it is when you stop using alcohol and it starts using you that the line between heavy drinking and alcoholic drinking is symbolically crossed.

Thus, in order to guarantee that the information compiled came from a specific alcoholic predicament, all the alcoholics in the study are or have been at one time members of Alcoholics Anonymous. A.A. members "qualify" as legitimate members by describing details of their drinking history, a criterion described by Steinglass as necessary for positive assessment of alcoholic conditions (Steinglass, 1981, p. 579).

In this study, I could have gathered respondents solely on the basis of the relatively stringent Goodwin alcoholism criteria (Goodwin, 1974, p. 166) thereby eliminating the bias of A. A. influence. However, the very nature of the illness is its denial aspect and A. A. members contend that alcoholics or potential alcoholics are incapable of honestly answering the questions posed in Goodwin's criteria. Furthermore, Alcoholics Anonymous strongly argues that the individual is the only person capable of calling himself an alcoholic. It is for these reasons that the study retains an A.A. bias.

I want to make clear that this study does not concern itself with proving the existence of a pattern. That is already substantiated in the literature. Adherence to a pattern also includes those not involved with A.A. (Steinglass,

p. 579). The study is a theoretical argument which offers an hypothesis which connects an acknowledged pattern to an established cultural form.

Because the focus of this study concentrates primarily on the drinking days and pre-A.A. involvement, affiliation with A.A. was deemed suitable. An added benefit working with A.A. members is that they are encouraged to talk and reminisce about their drinking careers in order to "keep their memory green." They are also instructed as members that "you have to give it away in order to keep it." As a result, the alcoholic's participation was generally enthusiastic and revealing.

Another general similarity of respondents is that the whole families and divorced families were in comparable phases of familial development. They all had been married more than fifteen years. They were all middle-class, mostly college educated, coming from Protestant and Catholic backgrounds.

Finding Families

Great difficulty was experienced in finding suitable families. Despite the fact that the agency was in touch with families with alcohol problems, the families who came to the agency were generally in a crisis situation either in the midst of separating or initiating intervention procedures.

I approached six family members from the agency that I thought were suitable for the "intact" category. Three declined. Two gave the reason that their spouses declined to participate and one said she thought the whole experience would be too upsetting. I put out a call to colleagues in the field who knew personally or treated such families. I secured six names through these efforts - two of whom consented to be interviewed. Neighborhood physicians, clergy, and clinics were contacted. None replied. The rest of the families came as a result of references from interview families and word of mouth.

The biggest challenge came when I tried to locate a suitable black intact family. First of all, the incidence of separation or divorce is high among black families with alcohol problems. There just aren't that many black intact alcohol-affected families. As a colleague recently pointed out, an intact black family with alcohol problems is atypical.

Second, the networking that was done to secure other families was difficult since the clinic is located in a predominantly white neighborhood.

I tried several suggestions. For four weeks, I attended an Al-Anon meeting on Tuesday evenings in a black community. (Throughout the two year data collection period, I attended over 100 Al-Anon meetings and 35 open A.A. meetings). There were few white people and I felt as if I was viewed as

an outsider which I was. Several overtures I made after meetings were met with suspicion and distrust.

I contacted Rutgers Mental Health Center which has a black caseload and told them my problem. I was told to write a letter to the head of the center and if board members approved it, they would post the letter asking for volunteers on the bulletin board. The letter was posted and there were no responses.

Through personal contacts, I sought out two specific black families and both of them turned me down. One simply said "no," and the other family member said honestly he was not sympathetic to my plight. After many false leads and dead ends, a black female belonging to an intact family agreed to talk to me (her husband and children declined). In my interview with her, she explained that she at one time went to Freedom Institute in New York because she said "I felt that I would find black families there and did not find them." I then asked her to estimate how many black families she thought were in recovery. She said:

"Not that many in recovery okay...I find it hard... I don't want anyone patting me on the back saying you're a good black...that bothers me...one of the things that I hope my story will bring about is the fact that there are more working black alcoholics out there that could use programs that we have that we're not responsive to because the program tells us to "Let go and let God"...you're telling us to drop the support...I know there are certain things I cannot do but I also know there is a white society out there that might beat the hell out of him...somebody has to support him."

Most of the successful introductions were made through personal contact. After the contact person discussed the nature of the research with family members who might be interested, he/she forwarded their names and telephone numbers to me. When I called them, respondents were already receptive. They asked questions about me and the research itself and were curious about the details of the interview.

The Home Interviews

Usually, the interviews took place at the home of the respondents sometime in the evening or on the weekend. I had received permission to bring my tape recorder and an area was needed where all could talk and be heard by the recorder. Generally, we sat around the dining room or kitchen table or in the family room.

When I arrived, I took time to introduce myself to them explaining how I was involved in the project and offered to answer any questions they had beforehand. I explained to the families that I was interested in hearing how they coped with the active alcohol problem. I told them that I thought more could be done to help such families and that one way to do this was to discuss in detail how they handled the situation.

With the first four families, the interview was much less structured because I had no specific focus and no interviewing outline. No notes were taken in front of the

families. However, after I left them, I jotted down the general information they gave me -age, religion, occupation, number of years married. Twice, part of the taping did not record. In one case, the play button was not engaged and in the other case, the tape itself was defective. In both cases, the involved parties consented to a brief return engagement.

After transcribing the first four interviews, I began to isolate specific features inherent in the coping procedure. Based on this information, I started to develop the idea of a restorative mode theory. The interviews became more structured to probe for evidence demonstrating adherence to the mode. Each family was asked the same questions (see appendix). Before we put on the tape, I read the questions that would be asked during the taping in an attempt to ease apprehension and to make sure everyone understood them. The families were encouraged to ask questions but they usually asked only a few. Before I began, I made sure that everyone agreed to the interview. I assured them that the material would be treated with professional discretion and that in all cases, their anonymity would be preserved.

The interview lasted on the average of two hours. The transcription time took anywhere from 10-12 hours per tape. There were nineteen tapes in all - 52 total adult respondents, 20 children, nine intact families, five divorced/widowed

family members, three single alcoholics, two other - alcoholic ex-priest and a local policeman. The last five respondents (not including Al-Anon representatives) were interviewed to determine if the restorative mode was utilized in alcohol-affected situations. In all cases, the mode was apparent in some way.

With regard to the length of taping time, I was amazed how even the youngest child interviewed (8 years of age) was able to remain at the table for two hours but then realized that the interview often was the first time the entire family sat down together and discussed various feelings and recollections about the drinking days. An unexpected effect was that the meetings took on a therapeutic flavor with information shared, feelings declared. There was a lot of clarification of information. Often in the tapes, family members said "I didn't know that." In the follow-up telephone call to thank them for their participation, members frequently said that the meeting had been helpful to them and had fostered continued conversation between them.

The issue of the therapeutic factor entered also because of my experience as a family counselor (a fact shared with the respondents.) Generally, I made an effort to stick to the role of interviewer. After the interview, I did make some suggestions of places where various members could

receive support like Al-Anon, Al-Ateen, and Adult Children of Alcoholics groups.

The experience I had with prior families helped to make me feel comfortable with the family interview process. I felt prepared to tolerate angry statements, tears, and even the throwing of a chair across the room by a frustrated teen-age son who felt he was not heard by his father.

On the whole, I felt I was able to establish a rapport with the family members with one exception. I reacted negatively to a male spouse of an alcoholic who repeatedly stated when questioned that he handled his wife's alcoholism by "clicking off." Ordinarily, this kind of reaction is not unusual. It comes under the heading of a way of denying but in reviewing the tape, I found I repeatedly asked him what effect that had on his children even though he had already answered that question.

Each interview began with about ten minutes of casual discussion about how life is now experienced by the respondents followed by direct discussion of topics on the interviewing outline. This took anywhere from 1 1/2 to 2 hours followed by more casual conversation at the end. The topics were used as a general guide by the interviewer. Usually, I raised a topic and the family carried on the discussion themselves - sometimes fiery, sometimes funny, sometimes sad, always informative. The discussion frequently wandered away from

the assigned topic and depending on how alert I was or how important I deemed the digression, I intervened getting them back on track. A copy of the interview outline can be found in the appendix.

During the interview, a brief social history of participating adults was taken regarding age, occupation, religion, years married, number of children, and in the case of the intact families, the number of years of sobriety. In nine of the fourteen family interviews, the spouses had no history of alcoholism in the family of origin. Of the fourteen alcoholics in the study, nine reported a family history of alcoholism.

It was at Professor Kendall's suggestion that I included several divorced families in the study. Since these are the families that did not remain intact under alcoholic seige, it was interesting to see how they managed the alcohol problem - whether they did or did not adopt the restorative mode as a means of problem-solving and if so, why?

In all four cases, the interview took place with the divorced spouse rather than the alcoholic. In all cases, the alcoholic had entered A.A. after the divorce.

In every case, the problem of alcoholism was not recognized as acute during the marriage. While the restorative mode was utilized as a means of coping with the excessive drinking through denying, minimizing, rescuing, and ignoring techniques,

alcoholism was simply not thought of as a primary problem.

As one spouse explained:

"I didn't know...I didn't see it...the only thing I know about alcohol now has been actually within the last eight or nine years."

Int. "So what was the reason for the split?"

"I didn't know what the reasons were...it wasn't alcohol as far as I was concerned...it never occurred to me until I got involved with my oldest son...then then flashbacks began coming into the picture...my wife was an alcoholic...her sister was an alcoholic...her brother and sister have since died of alcoholism...no it didn't even occur to me that alcohol was a problem when the marriage was breaking up."

While there is no lack of interest in the restorative principle with regard to divorced respondents, the rupture and the primary reason for it are basically kept within the family.

Jackson found in her sample that those who divorced tended to have initiated help-seeking later than the other groups (1963, p. 465).

Paolino and Mc Crady report that the phenomenon of misjudgment occurs in non-divorce situations as well. "...the nonalcoholic spouse's presenting problems to the helping professionals are very frequently marital conflict rather than complaints about the partner's alcoholism (Cohen & Krause, 1971; Lewis, 1954).

Based on this finding, one could speculate that awareness of the alcohol problem might have a positive effect on family continuity. Persons remaining in early stages of diagnosis (Denial or Minimizing) might be more at risk for

family disruption than those who actually continue through the process to awareness of the situation. Thus awareness of the situation brings with it a sense of responsibility which unifies the family keeping it intact. Or perhaps, there are certain families with a bad pre-morbid history of adaptation and integration who might respond to the challenge of alcoholism by a progressive deterioration and isolation. Whereas families with a good record of adjustment might meet the challenge by a creative development both in their active and interactive behavior. Further research would help to clarify these questions.

In the home interviews, I saw family members as they would behave when entertaining a visitor. I had to take the family's description of their behavior as actual fact. There is no reason to suppose they were not telling the truth. Interviews which included more than one person were more fruitful because there would be corroboration or rejection of a description. Often families would begin by declaring they didn't have much to say but one statement would lead to another and the conversation never ceased. In fact, there were times when I repeatedly tried to close the interview only to be interrupted by someone who had just one more thing to add.

Further Research Suggestions

I do feel the technique was useful as a basis for an exploratory, theoretical discussion. If I were to extend the study, I would require certain conditions.

I would do a study just on divorced families including all members to explore the idea of "premature disruption" based on lack of commitment or incentive.

I would interview families of single alcoholics along with single individuals. Ostensibly, the singles were interviewed to see in what way family reaction patterns motivated them. What showed up in the findings is that the area of social responsibility is unclear with regard to singles with family ties. While family members involved with an alcoholic member hinted at the possibility of a problem, public reaction forced the singles into sobriety - two D.W.I. charges which brought enforced treatment and one recommendation for rehabilitation by a commanding officer. Further research could explore the idea of private/public responsibility.

The findings for singles also reveal a seven-ten year alcoholic involvement which is similar to the time frame of the alcoholic in a family setting. Since one could speculate that an alcoholic if left alone could "hit bottom" faster or else continue his drinking career for a long period of time, how is it that the chronology pattern for alcoholic drinking is comparable to family members?

I would like to interview the extended family members as well as friends and neighbors of alcoholic-affected families to get a more complete picture of the way one's alcoholism is experienced. As more information is gathered, I would ask more pointed questions.

This is a study of how middle class families cope with alcoholism. Further research is needed to determine if the restorative mode might be class specific. Rubington, in his study on hiders and seekers determined that the higher the status, the longer one's deviance is tolerated or hidden. Is the restorative mode adopted to a greater or lesser degree depending on class? An investigation into these matters would clarify the issue.

Another point worth discussing is the difference in coping according to sex. In the theoretical parts of the paper, I refer to the alcoholic as male and the spouse as female. That was an effort of mine to simplify matters rather than struggle with he/she. In reality, there are just as many female alcoholics as male alcoholics with more coming out of the closet every day. Examination of the data indicate that reaction patterns are similar for male and female spouses with minor differences around the issue of economic restriction - male spouses generally controlled the purse strings when the alcoholism appeared. Male alcoholics reported no such hindrance. Statistics show that divorce

and separation rates are significantly higher for alcoholic women as compared to alcoholic men (Paolino & Mc Crady, p. 179). Several reasons are given for this occurrence: 1) alcohol misuse is usually less acceptable to the nonalcoholic husband than to the nonalcoholic wife 2) a husband is usually not financially dependent on a wife and thereby freer to leave the relationship (p. 179) Yet the study shows male spouses working the restorative mode as vigorously as the female spouses. Further research would clarify the differences according to sex regarding the length of time a male spouse is willing to work the mode and specific coping techniques that might be unique to his sex.

At one point in the interview stage, I had an opportunity to interview by telephone five individual alcohol-affected family members (all with marriages intact and spouses in A.A.) who were visiting New York from different parts of the world - Finland, Belgium, South Africa, Norway, and France. Respondents were here to take part in an international Al-Anon conference. The telephone call was a concession made by Al-Anon Headquarters executives who refused to let me attend the upcoming conference. The conversation lasted approximately twenty minutes per person and I quickly ran down the list of interview questions. The one thing that came through clearly was that reaction patterns were similar regardless of cultural background. As the respondent from

Belgium noted:

"I thought I was listening to my own story when the guest speaker described her experience with her alcoholic spouse."

The respondent from Norway described how she tried to deny the problem, emptied bottles, and isolated herself.

The representative from South Africa mentioned the feeling of commonality which existed at the conference. She heard the same message repeatedly. She did however explain that in Africa, there are different cultural problems.

There is a strong ethnic population and the structure of the family is different in that spouses if women are submissive to the problem. Males dominate. Women are frequently beaten and accept the abuse. Many blacks live in rural settings and it is difficult for them to get help even if they try to challenge the tyranny of their alcoholic spouses.

Al-Anon, a world-wide self-help organization, carries the same message to its members around the world. Inherent in this action is the assumption that people with alcohol problems respond in similar ways to the problem. With regard to this paper, one could speculate that the restorative mode pattern if present in other cultures responds to a universalized norm regarding traditional attitudes toward alcoholism. Further research is necessary to explore this area. I believe that these additional data would help to prove or disprove the hypothesis set forth in previous pages.

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APPENDIX AInterview Questions

- 1) Describe what an ordinary day is like today.
- 2) Describe an ordinary day during the drinking years.
- 3) When did the problem drinking begin?
- 4) To the alcoholic - Did you hide your drinking?
- 5) If so, when did the hiding begin?
- 6) Why did it begin?
- 7) When did the family become aware of the problem?
- 8) How did you become aware of the problem?
- 9) How did you react to this problem?
- 10) Did you ever look for bottles?
- 11) If so, how and when and why?
- 12) Who knew about the problem?
- 13) How did they know?
- 14) Who spoke about the problem?
- 15) Did you ask anyone for help with this problem?
- 16) What were your reasons for doing so or not doing so?
- 17) How was the problem resolved?

General Information

Age, marital status, years married, religion, occupation, number of children, number of years sober.

APPENDIX B

<u>Respondents</u>	<u>Number at Interview/of Children</u>		<u>Marital Status</u>	<u>Alco- holic</u>	<u>Other</u>
Adams (1)	3	1	Married	F	
Benson (2)	2	0	"	M	
Cronin (3)	5	3	"	F	
Drew (4)	4	2	"	F	
Fuller (5)	2	0	"	M	
Grey (6)	2	0	"	M	
Held (7)	7	5	"	M	
Cross (8)	5	3	"	M	Adolescent Children
Jacks (9)	1	0	"	M	Black family member
Kline (10)	1	0	Divorced	M	interview w/female spouse
Lloyd (11)	1	0	Divorced	F	interview w/male spouse
Marin (12)	3	2	Divorced	M	interview w/female spouse
Newman (13)	3	2	Divorced	M	interview w/male spouse
Oliver (14)	3	2	Widower	F	Wife died of alcoholism
Pratt (15)	1	0	Single	M	Alcoholic
Ross (16)	1	0	Single	M	"
Smith (17)	1	0	Single	F	"
Train (18)	1	0	Single	M	Alc./ex- priest
(Weiss*)	1	0	Single		local cop)
Curtis (19)	1	0	Married	M	Al-Anon rep.
Dempsey (20)	1	0	"	M	"
Frost (21)	1	0	"	M	"
Mann (22)	1	0	"	M	"
Post (23)	1	0	"	M	"

*Weiss not numbered as family member

Total No. respondents	52	20
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APPENDIX CResponsible Party for Alcoholic Member

<u>Respondent</u>	<u>Marital Status</u>	<u>Sex of Alcoholic</u>	<u>Responsible Party</u>
(1)	Married	M	Wife
(2)	"	M	Wife
(3)	"	F	Husband
(4)	"	F	Child/Husband
(5)	"	M	Wife
(6)	"	"	Wife
(7)	"	M	Wife
(8)	Single	M	Parents
(9)	Single	M	"
(10)	Married	M	Wife
(11)	Divorced	M	-
(12)	Divorced	F	-
(13)	Divorced	M	-
(14)	Widowed	F	-
(15)	Single	M	Commanding Officer
(16)	Single	M	Police/Mother
(17)	Single	M	Monastery Abbott
(18)	Single	F	Police/Parents

APPENDIX D
Who Knew About the Problem

<u>Involved Members</u>	<u>Married/Intact</u>									<u>Divorced/Widowed</u>					<u>Singles</u>			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Spouse	✓	✓	✓	✓	✓	✓	✓	✓	✓									
Children	✓		✓	✓			✓	✓										
Parents of A/c.					✓	✓	✓	✓						✓	✓	✓		
Parents of Spouse		✓				✓		✓										
Aunts, Uncles						✓		✓										
Siblings of alc.			✓			✓	✓										✓	
Siblings of spouse			✓					✓										
Friends		✓					✓	✓						✓	✓	✓		
Neighbors	✓		✓					✓										
Clergy																✓		
Physician			✓			✓			✓		✓							
Nurse	✓		✓															
Marriage Counselor			✓				✓											
Police			✓					✓							✓		✓	
Employer	✓				✓									✓		✓	✓	
A.A./ Al-Anon							✓											

APPENDIX E

Those Openly Approached for Help by Responsible Party

<u>Involved Members</u>	<u>Married/Intact</u>									<u>Divorced/Widowed</u>					<u>Singles</u>			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Spouse																		
Children							✓											
Parents of Alc.				✓				✓										
Parents of Spouse								✓										
Aunts, Uncles								✓										
Siblings of alc.							✓											
Siblings of spouse								✓										
Friends								✓										✓
Neighbors				✓														
Clergy																		
Physician	✓				✓					✓								
Nurse																		
Marriage Counselor							✓						✓					
Police		✓																
Employer				✓														
A.A./Al-Anon			✓					✓										

APPENDIX F
Involved Others Who Helped Indirectly

<u>Involved Members</u>	<u>Married/Intact</u>									<u>Divorced/Widowed</u>					<u>Singles</u>			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Spouse																		
Children		✓	✓				✓											
Parents of Alc.						✓										✓	✓	✓
Parents of Spouse						✓												
Aunts, Uncles																		
Siblings of alc.						✓	✓											
Siblings of spouse								✓										
Friends	✓						✓								✓		✓	
Neighbors				✓														
Clergy																	✓	
Physician													✓					
Nurse																		
Marriage Counselor																		
Police																✓		✓
Employer															✓		✓	
A.A./ Al-Anon																		

SUMMARY, DISCUSSION AND IMPLICATIONS

An attempt has been made in this paper to examine coping techniques of alcohol-affected families in an effort to shed light on the dynamics involved in the process. As a result of this investigation, a general thesis emerged: Alcohol-affected families appear to follow a restorative mode approach to problem-solving which parallels the pattern existing in our restitutive justice system. Features of the mode include tendencies to 1) maintain the status quo 2) return the situation to normal when equilibrium has been disturbed 3) repair the problem.

Two points arise as a result of this finding. One is that there appears to be an adaptable cultural form present in our society which is invoked and utilized in specific social situations. It is called into service when the issue concerns the character of the actor as in the case of addictive illness and crime. In other words, this work connects an acknowledged pattern to an already established cultural form. The other point is that as a result of adoption of this procedure, a very intimate problem (alcoholism in the family) is managed by an external pattern which, by its very nature, shapes individual conduct.

It is proposed in this paper that a function of the restorative mode is to help keep families intact thus protecting the social value of familial accord. While the pattern supports the idea of family, the strategies utilized while

implementing the pattern affect the families involved in a negative way. Thus it becomes a dysfunctional pattern. However, families are encouraged in their use of this pattern by significant and general others who support it by adherence to it themselves. In such an environment, families would be considered deviant if they did not use the pattern. It is suggested that this dilemma puts families in a "restorative bind" situation, a position in which they can't win.

Another inference that can be drawn from the evidence supporting this argument is that despite formal adoption of a "disease" concept (delineated by Jellinek in 1960) in the medical and therapeutic communities, members don't view the abuse of alcohol as an illness at least in the beginning stages. Rather they instinctively respond to and manage a familial alcohol problem as if it were a social crime.

In the Review of the Literature section, several topics were addressed. The first argument concerns Jackson's statement that no cultural prescriptions exist to guide alcohol-affected families and that as a result families must operate in an unstructured atmosphere. In view of the findings, it appears as if Jackson, while outlining specific stages of experience in a crisis situation, made a fundamental error in reasoning. She claimed that all the spouses she studied encountered these stages and yet assumed that the situation is **unstructured**

(my emphasis). The very existence and identification of specific stages strongly suggests the presence of a structured approach to problem-solving.

No one can deny the importance of Jackson's work. As Ablon notes, "Jackson's work was sociological in its orientation, and placed emphasis on the adaptation of the total family to stresses caused by the existence of alcoholism in the household. This orientation was functional and interactional in that it drew attention to alcoholism as a total family problem and family disease" (Ablon, 1976, p. 236). However, her failure to look beyond the situation to outside sociocultural influences has important implications.

While Jackson took the emphasis off individual shortcomings and focussed on the entire family system, the emphasis wasn't broad enough. Her interpretation serves to confine the responsibility for the problem **within** the system or family with little or no attention paid to the possible effects of external forces as well. It is suggested that this line of reasoning points up the cultural emphasis on personal accountability - that a person or family is responsible for its own troubles.

Jackson is not the only theorist to neglect sociocultural factors when examining actions of alcohol-affected families. A careful review of the literature reveals a general attitude

of prejudice concerning family theorists in the field which causes them to focus on the psychological rather than sociological factors surrounding a specific alcohol-affected event. Theories abound on a continuum of individual to entire family character disorder with little consideration for the possibility of the effects of outside forces influencing members.

Even Systems Theory, which deals with rules, roles, and homeostatic maintenance, has a tendency to confine the responsibility for the problem within the system. In the Systems tradition, families are labelled "alcoholic systems" because they re-focus their efforts around the alcoholic. Reiss points out that "The alcoholic system label ties the type of family to the type of problem one individual in the family is said to possess, and comes perilously close to traditional psychiatric classification" (p.66).

An example of this kind of thinking can be seen by examining Peter Steinglass' work on alcohol-affected families. He analyzed specific wet/stable, dry/stable, transitional stages where the alcohol-affected family exhibits different interactional states. He found rigid patterns of behavior in wet or transitional stages and flexible patterns in the dry phase. He reasons that "An alternative view is that, in addition to relatively 'fixed personality' variables,

there are dimensions of family behavior that change over time in relation to developmental issues **within** (my emphasis) the family" (Steinglass, 1980, p.225).

Like Jackson, Steinglass explores and uncovers specific movement in the family as it reacts to an alcohol problem but then looks inward to the family for explanation of the behavior.

Steinglass' finding also suggests that rather than consisting of a series of progressive stages, the family returns predictably to behavior attached to a specific phase.

If it is conceivable that there are specific cultural precepts to be followed in certain instances, then it should come as no surprise that the same behavior is observed repeatedly as families adjust to a new stage and behave accordingly. Steinglass explains that the inflexibility phase is caused by the cycling between sober and intoxicated interactional states. The evidence in this study suggests that the inflexibility occurs not because of the cyclical nature of the pattern but because of adherence to the pattern. The wet/stable life referred to by Steinglass could also be attributable to adherence to the mode which by its nature secures predictability.

There is another disadvantage when a family is designated an "alcoholic system." The stressor event (alcoholism)

and the response to it are treated as one. The following paragraph illustrates this kind of confusion.

Exploration of the literature on alcohol and the family reveal a pattern-like reaction in alcohol-affected families. Steinglass reported that "Family interactional behavior during drinking episodes is 'highly patterned' and very different from sober family behavior" (Steinglass, 1976, p. 105). Having located a specific set of behaviors, Wolin and Steinglass attribute the pattern to the alcoholism itself saying that it produces "predictable if not enjoyable patterns for the family, and therefore (alcoholism) serves a stabilizing function" (Wolin, Steinglass, et al., p. 126).

Here is where theorists tend to get confused. (And they use logic that is dangerously close to Decompensation Theory which says that the excessive drinking is necessary to preserve the system). The stressor event is confused with the reaction pattern. It is not the alcoholism which produces a predictable pattern but **reaction to the alcoholism.**

Alcoholism and its attending hardships - illness, death, loss of job, accidents, and marital discord are tragic enough in their consequences to the alcoholic and significant others. However, the melding together of event and response only serves to further confuse the situation. To truly understand all the dynamics of the dilemma, the stressor

event must be kept separate from the dependent variable of family responses. Stress should be seen not only as inherent in the event itself but also as a function of the response of the distressed families. It is not alcoholism in and of itself that causes change of roles, etc., but rather the specific ways in which the problem is managed.

The emphasis on internal reasons for reaction patterns does not stop at the family level. Even when extrafamily reaction patterns are considered, they are explained within a psychological framework. For example, Ward and Faillace suggested that the actions of extrafamily community helpers (pastoral counselors, social workers) who unknowingly perpetuate the drinking patterns "may covertly serve to maintain drinking behavior because of the complementary persecution, rescue, or forgiveness needs of the helping systems" (Ward & Faillace, 1970, p. 230).

What is missing from the analysis is a focus on the sociocultural context within which these alcohol-affected families exist. This would correct the existing narrow view regarding family conduct where the burden of proof rests on the afflicted family. In her review of the literature, Ablon states "While the importance of sociocultural factors as one significant determinant in stimulating or maintaining drinking behavior has been considered by many investigators, the role

of these factors in family attitudes toward the drinker or in modes of coping with the problem drinker by his spouse and significant others has been given scant attention" (Ablon, 1977, p. 123). With this investigation, an attempt is made to remedy this situation.

In Chapter Three, a technique called "The Unmentionableness of You Know" was examined for evidence of a restorative mode pattern. Conformity to the pattern was found. Analysis of the data served to demonstrate the resiliency of the family protection pattern. Members shield the deviant from exposure while secretly trying to reform him. The notion of family appears to involve an unconscious commitment not only to protect its members but to monitor members' actions for possible problems as well as to assume responsible for their actions. The preliminary screening work routinely accomplished by family members became evident in this study in the initial decision to treat the problem in a "treatable" fashion. That is, social category work placed the problem in a "handle indirectly to treat effectively" category with appropriate strategies brought into play.

It was suggested that certain procedures go into effect when a deviant and normal are in the same social situation. Inherent in the decision to handle the problem in an indirect manner is the understanding that appearance of apparent

deviant behavior will be tolerated or ignored. The problem is declared "manageable" and the deviant member is deemed worthy of the effort. The accomplishment requires much work of members in the form of "mutual pretense," "selective ignoring," use of euphemistic phrases - all of which represent to the investigator evidence of the "art of willful ignorance."

The "art of willful ignorance" accompanies the fear of denigration (that one is not able to do the social order properly, Garfinkel, p.181). The purpose of this method is to work to subtly re-define the situation so as to avoid catastrophic results. By earnestly ignoring the presentation of incriminating evidence, members re-define the situation in order to uphold their expectation of acceptable conduct.

There is evidence that defining the person and situation as normal and deviant is an on-going task accomplished by the deviant member, significant and general others as well. In the case of alcoholism in the family, the production of normalcy and deviance exist simultaneously. It becomes a co-production involving the deviant member committing the offense and social audience who label the deviance and at the same time willfully ignore it. Goffman noted this finding in his book The Presentation of Self In Everyday Life. "The definition of the situation is fostered and sustained by intimate cooperation of more than one participant" (p. 77).

The data indicated that the family works diligently to maintain the illusion of normalcy. Part of the struggle has to do with management of appearances. It is not necessarily the illness itself that leads others to reject or condemn the alcoholic but rather the social visibility of his behavior. As a result, much of the family work concentrates on appearance management.

Part of this work has to do with securing the good name of the family. There is an all-for-one and one-for-all attitude which prevails over the situation. A deviant member seems to represent a threat to the good name of the family. Deviant member = deviant family.

Like the study of "Agnes" in Garfinkel's book Studies In Ethnomethodology, the findings indicate that members are working to stay in one category rather than another. It is argued that members are working to stay in the normal category rather than aspiring to the normal range. If members honor their expected and customary obligations, they earn the right to stay in the "normal" designated category. If they don't conform, they earn the right to a deviant label. Therefore, deviance is described as an "achieved" status.

Along with category work, it is also suggested that members are involved in motive work as well. This effort also serves to emphasize a social commitment to the restorative

mode pattern. For example, when asked why members treated the problem in a secretive way, respondents mentioned similar reasons: shame, embarrassment and pride. It was argued that such motives act to steer socially motivated individuals in a certain direction - one that upholds the features of the mode.

While allegiance to the mode works to maintain intactness, families who use it suffer from several adaptive consequences. One is that the non-confrontive style of the mode has a reinforcing effect on the drinking behavior. The alcoholic may go into hiding with his drinking but he is free to continue this activity developing more of a dependence on it.

The other consequence is that family members become invested in new roles involving a shift of power position and often work to maintain the alcohol behavior of the individual or try to sabotage attempts at recovery by the alcoholic.

Another point discussed with regard to the topic of deviance and the family was the fact that the restorative mode protects the deviant and family members from the damaging labelling process where the actor suffers possible exposure and rejection. Thus the mode serves as a negative sanction-proof pattern. At the same time however, adoption of the mode

discourages others from offering positive support since the features of the mode encourage family withdrawal and isolation.

The literature states that alcohol-affected family members tend to isolate themselves for a period of seven years, on the average. During this time, they work industriously on "fixing" the problem. However, the consequences of the withdrawal act are grave as members deny themselves the benefit of social support and sentence themselves to a long period of tension, strain and anxiety. Because of the prolonged nature of the reaction pattern, psychiatric symptoms frequently appear among family members. "There is little doubt that mental disorder can result from adversity. When stress is long and severe, nearly all will show psychiatric symptoms" (Andrews et al, p. 310). It is argued that the restorative mode with its non-confrontive approach is responsible for the long period of stress which exposes the family to the risk of psychiatric symptoms.

Along with the actions of family members, the role of the alcoholic was examined in this chapter. Although the alcoholic is frequently relieved of many social responsibilities, the data suggest that he also conforms to the mode in a marginal way. He becomes a "conscientious social incompetent." While the restorative mode is frequently adopted by afflicted family members, it is argued that its

success is not possible without the cooperation of significant and general others including the alcoholic.

In Chapter Four, help-seeking practices were examined and found to be structured and specific. In the case of alcohol-affected families, outside help was sought before inside help. Relatives, friends, and neighbors were not used as a form of social support. Rather, outside sources such as police, counselors, and members of the medical profession were utilized. It was contended that these decisions were not arbitrary but based on the commitment to preserve the fantasy of normality within the intimate sphere of the families.

In Chapter Five, the diligent and playful aspects of members' coping techniques were explored. It was found that hide and seek players achieve flexibility, versatility and leeway while managing the alcohol problem and its attending conflicts. They play for time to fix a problem they assume is fixable. A function of the Hide and Seek activity is that it enables members to challenge or deceive the system by "playing" normality. Players are not competing with each other but rather with the forces of chaos. For example, concentration on one aspect like where the bottle is hidden keeps many other issues from arising.

In Chapter Six, the features of the restitutive justice model were presented and compared for similarities with the features inherent in the restorative mode. Similarities were found. Thus an acknowledged social pattern (techniques used by alcohol-affected family members) is connected to an established cultural form (features of our restitutive justice process).

It was suggested that the restorative mode represents a form of "social phenomenon" as defined by Durkheim in that it inadvertently coerces members into certain behaviors. As such, it acts as an arm of the social structure.

To further explain, the restorative mode provides specific guidelines which are generally adhered to by involved members. These guidelines are culturally advantageous as they "provide a basis for predictability and regularity of social behavior" which Merton declares are part of the "general function of the social structure" (p. 159).

In this chapter, the functions of the restorative mode were also explored. The mode is described as a family-oriented pattern which produces actions that specify what family behavior should be. It is seen as part of a re-socialization process which attempts to cover a breached norm.

In sum, exposure and exploration of the restorative mode pattern suggests that the breakdown of the family is

incompatible with the demands of society in general. The preference is to attempt to preserve a collective perception of normality in situations that are deemed to be "fixable."

After the data and thesis have been presented in detail, we ask ourselves: "What are we willing to generalize about?" While the question of generalizability is difficult in an exploratory study, we state that wherever intact families are faced with an alcohol problem, they will act in accordance with a specific cultural pattern. This action is accomplished without instruction or discussion. However it must be stated that the study is limited in that it only included working class/middle class respondents in their forties. While it is believed that all kinds of families react in this way, we don't know that. It is a problem for future studies to determine whether reactions patterns may be different in some parts of the culture than others.

Families who manage an alcohol problem are under a great strain. However, the restorative mode, as an arm of the social structure, places even more strain on these groups by supplying an ineffective coping repertoire as a remedy for the situation. Therefore, the mode is viewed as a dysfunctional pattern where the solutions that the families come up with are in themselves the problem. Because of this predicament, involved members are seen as "Families Under Fire."

Discussion

Having defined and located the response pattern of alcohol-affected families in a restorative mode that parallels the pattern of our restitutive justice system, the literature on coping strategies, deviance in the family, and family therapy will be examined to see how the hypothesis applies to existing theories.

Coping Strategies

In the literature review it is demonstrated how a family under the influence of alcohol is a family under stress. Loss of employment, arrests, accidents, physical problems, marital and family difficulties are but a few of the reasons for stress. Stress causes change in role patterns as expectations shift and the family is forced to work out different patterns (Hansen & Hill, p. 806). Hansen and Johnson argue and others agree that the way individuals handle stress is highly variable; "Individuals not only perceive and interpret their situations differently, they also employ psychological defenses, regressions, and other coping strategies in differing ways and to differing degrees" (Haan, 1969; Katz et al., 1970; Kent, 1958; Korner, 1970; Weinstock, 1969; Wolff et al., 1964).

In view of the findings the high variability with regard to handling stress is questionable at least in the case of alcohol-affected families. Family members often

behave in very predictable ways that transcend their own individual strengths. In examining family coping techniques, the similar response pattern seen over and over again belies the statement that members interpret their situations differently. A particular kind of stress (alcoholism and reaction to it) is often handled in similar ways.

Coping, broadly defined, is strategy for managing stress (Mc Cubbin, p. 238). Coping refers to "behavior that protects people from being psychologically harmed by problematic social experience...Coping refers to any response to external life-strains that serves to prevent, avoid, or control emotional distress" (Pearlin & Schooler, p. 2). Traditionally, coping ability has been judged "solely on the possession of personality characteristics that help people defend against external threats; having the right personality characteristics enables one to deal with life problems effectively, whatever the nature of the problems, or wherever they might spring up" (Pearlin & Schooler, p. 12). Lazarus (1974, p. 12) too suggests that much of the emphasis on coping has given greater emphasis to psychological dispositions than to situational specific responses or to situational conditions (Pearlin & Schooler, p. 12). With this perspective situational considerations are overshadowed by typical personality styles of coping with problems.

Here we run into the same bias that exists in the

alcohol field - if you can't cope successfully, it's your own fault. External social causes for behavior are neglected in favor of a concentration on individual or family motivation for its actions.

The data indicate that, contrary to this perspective, there are systematic patterns of collective response to particular kinds of behavior which transcend personality characteristics of involved members.

Deviance in the Family

Not only is alcoholism stressful, requiring particular coping skills to manage the problem, but the coping skills must deal with the management of deviant behavior where the alcoholic does not conform to certain norms.

Goffman makes the distinction between the discredited - those whose stigma is apparent, and discreditable- those whose stigma is not readily apparent. The alcoholic falls into the discreditable category where energy is put into "managing information about his failing" (Goffman, p. 4). Goffman calls the management of undisclosed discrediting information about self the act of "passing." The alcoholic tries to pass as a normal drinker in many ways. He buys his liquor at several different liquor stores so as not to call attention to himself as a heavy drinker. He hides his bottles in an effort to uphold some vestige of normalcy. Others help him "pass" by ignoring situations, covering up

for him, etc.

As much as the alcoholic tries to act as if he were normal, involved others usually know the score and try in various ways to remedy the situation by refusing to serve the alcoholic or practicing "tactful inattention" when the alcoholic behaves in an openly indiscreet manner. According to Erikson, they are doing what they are supposed to do. "Deviance can be defined as conduct about which something should be done" (Erikson, p. 309).

Orcutt distinguishes between two different types of reaction to deviancy - 1) exclusive - where the rule-breaker is rejected from the group, his privilege as an ordinary member is revoked, and he is treated as an outsider and 2) inclusive reaction - where it is assumed that the rule-breaker is and will continue to be an ordinary member of the group. The second kind of rule-breaking is privately acknowledged as deviant but publicly acknowledged as normal. Orcutt explains that "Inclusive reactions are...premiered on the assumption that the rule-breaker is an ordinary member who is potentially responsive to these control efforts" (Orcutt, p. 260).

The data indicate that the inclusive reactions exhibited by alcohol-affected members adhere to a restorative mode and thus are predictable reactions. Yet Kitsuse argues differently.

"Because of the increasing differentiation of groups, institutions, and sub-cultures" which generate a "continually changing range of alternatives and tolerance for the expressions of...forms of behavior, it is difficult if not impossible to theoretically derive a set of specific behavioral prescriptions which will in fact be normatively supported, uniformly practiced, and socially enforced by more than a segment of the total population" (Kitsuse, p. 256). The restorative mode is an example of a normatively supported set of behaviors which are generally practiced in certain instances and could not succeed without social support.

Erikson speaks of the importance of studying family reaction patterns. "Deviance is not a property inherent in certain forms of behavior; it is a property conferred upon these forms by the audience which directly or indirectly witness them. The critical variable in the study of deviance, then, is the social audience rather than the individual actor, since it is the audience which eventually determines whether or not any episode of behavior or any class of episodes is labelled deviant" (Erikson, p. 311). The findings suggest that not only is deviancy determined by the audience but it is also co-produced by the audience as well.

The restorative mode, if nothing else, strongly demonstrates the family's commitment to confine and dilute

the impact of deviance caused by a deviant member. Yet Newman argues that the family no longer concerns itself with such matters. "Data indicate that as societies develop socially and economically, so the institution of the family is resorted to much less in order to confine deviance. Deviance becomes much more a matter for the State and less a matter for the family unit" (Newman, p. 138). The findings suggest that in certain matters at least, the family is very much involved in the management of deviancy.

Problem-solving Theories

The possibility of utilization of a restorative mode also brings into question certain theories held in the problem-solving literature as well. For example, Klein and Hill suggest that, "in the face of uncertainty, the best predictor of how a group initially organizes to attempt to solve a problem may be its past role structure," stating that "the failure of the traditional structure to lead to a solution may then provide an impetus to reorganize" (Klein & Hill, p. 497). Bahr too makes a similar statement. "The specific impact of deviance undoubtedly depends upon the characteristics of the family prior to the deviance" (Bahr, p.637).

In view of the evidence it seems that the best predictor of how a group organizes, in the case of alcohol-affected

families at least, has less to do with its past role structure and more with how other group members attempt to solve similar problems.

Klein and Hill also conclude that problem-solving skills in families are varied, which, they say, is due to typically peculiar age composition of families (Klein & Hill, p. 513). In a similar vein Weick argues that problem-solving is relatively unstructured (Weick, p. 512).

Weick also states that it is difficult to uncover when problem-solving is taking place. "Since family problem-solving is imbedded in ongoing activity -not readily isolatable in the fashion of a council meeting, it is difficult to know (as insider or outsider) when problem-solving is occurring" (Weick, p. 512). Weick also notes that family problem-solving occurs in relative isolation from outside influences and thus is likely to become stylistically rigid within a given family group (Weick, p. 512).

Examination of the data has produced evidence that brings these statements into question. The restorative mode, if adopted as a problem-solving technique, produces very similar reaction patterns which are structured by the features inherent in the mode. Understanding of this occurrence makes the forecast of certain types of behaviors safely predictable. The success of the restorative mode depends on

the mutual cooperation of involved and general others and thus is heavily dependent on outside influences.

Family Therapy Issues

The thesis suggests the existence of a set of customary patterns imbedded in our culture that are invoked by family members and others when a particular kind of crisis develops in a family. Review of the family therapy literature reveals the presence of a set of laws or pattern that afflicted families follow, the origin of which is not known. It is suggested that the restorative mode may be at work in other specific problem-related situations.

Family theory research dealing with schizophrenia and other mental disorders demonstrates that families in chaos seem to follow a structured behavioral pattern. Hoffman explains "This problem has dogged family observers for years, since the apparent confusion of behaviors in families with a high degree of pathology nevertheless seems to add up to a highly restricted set of choices" (Hoffman, p. 30).

There is the suggestion that families with alcohol problems and mental illness problems tend to react in similar ways (Jackson, 1954, Steinglass, 1971(b), Bowen 1978). In the "Unmentionableness" chapter, it is demonstrated how friends and neighbors of families with a mental illness problem handle the situation the same way as an alcohol problem.

They do not come forward to voice their concern until after the crisis is resolved. In an article entitled "The Social Meaning of Mental Illness in the Family," the authors describe a type of "tactful inattention" which surrounds the behavior of the mentally ill person.

"Behavior which is unfamiliar and incongruent and unlikely in terms of current expectations and needs will not be readily recognized, and stressful or threatening stimuli will tend to be misperceived or perceived with difficulty or delay" (Yarrow & Clausen, p.43).

Also, the spouse of a mentally ill person keeps details of the situation "in house" in the same manner of the spouse of an alcoholic.

"In the period of acute decisions...the wife's discussions concerning her husband tend to be confined primarily to family members and to professional persons to whom he turns for counsel.

Rarely are friends or neighbors or co-workers summoned into this complex of decisions and conflicts. After hospitalization, however, there are changes both in the settings and in the purposes of the wife's communications" (Yarrow & Clausen, p. 38).

In view of the findings it is conceivable that families under great stress and with certain problems tend to react in comparable ways which follow a restorative mode.

While comparing families with low, moderate and severe stress, Mc Cubbin (1979) found that the more stressful the event, the more the increased importance of coping efforts directed at maintaining family integration and family stability

(Mc Cubbin, p. 241). Maintenance of family integration and family stability are the by-products of adherence to the restorative mode.

Another observer of schizophrenics and their families is Lyman Wynne. He examined the alignments and shifts that occur in such families which he attributed to the homeostatic maintenance processes in the family. Like Mc Cubbin, he said these processes occur in any family but became more exaggerated in disturbed families. He also felt there were some kind of invisible laws governing the appearance of these displays (Wynne, p. 101).

Bateson also wondered about the fact that disturbed families become involved in a process that does not destroy the system. He felt at some level there is a congruence among laws governing different types of events.

To explain the phenomenon of pre-ordained behavior, he described his theory of "schismogenesis." A general type of escalation he found throughout the natural world, the process is exemplified by a vicious circle where A's action triggers off B's response which brings about a more intense action on A's part. Wondering what checks existed to prevent catastrophic outcomes, Bateson suggested the existence of a self-corrective circuit model. He explored the idea of two cycles prevailing in a family: a symmetrical cycle where escalating behaviors

of A & B are essentially similar, like rivalry or war, and a complementary cycle where self-generating actions are not similar but different, for example cycles of dominance-submission or succoring-dependence.

When a symmetrical cycle starts to escalate, a complementary cycle will be introduced to ward off further disruption. Bateson used as an example of this process the "naven" ceremony which existed in the Iatmul tribe of New Guinea.

The "naven" was a ceremony which affirmed the attachment between specific tribal members. Navens occurred at specific times when a member achieved change in status. Navens also occurred when a child overstepped his boundary by boasting or bragging.

In the Iatmul society, rivalry always presented a reason for conflict. Since there was no hierarchical structure to resolve differences, it was essential that the balance of power between clans remain even. In this light the "naven" ceremony could be seen as a way of substituting a volatile symmetrical cycle for a complementary one. Since the one is not compatible with the other, the escalation would halt and the status quo would be maintained. Thus, a complementary behavior would serve to bring about a decrease in symmetrical behaviors. Bateson saw this process as an example of an

"inbuilt, self-equilibrating arrangement in social groups which kept schismogenic movements under control" (Bateson, p. 175).

If we apply the idea of a symmetrical/complementary relationship existing in an alcohol-affected family, the similarities seem evident. The alcoholic is involved in self-destructive, anti-social behavior that can be categorized as symmetrical. Family members and others counter with a restorative approach which neutralizes the effect of the alcoholic's symmetrical behavior in a complementary manner.

Therefore, it is suggested that there is the possibility that the restorative mode exists in our culture as an informal guideline for varied problems. The existence of "invisible laws," "congruence among laws," the tendency for the "increased importance of maintaining family integration," and existence of a "structured behavioral pattern" provide evidence for the possibility of the presence of some form of behavioral structuring which the family utilizes during stressful times. Further research regarding the possibility of a general implementation of the restorative mode in certain situations should be explored.

We have shown how the restorative mode is responsible for negative side-effects. Hoffman explains how the self-stabilizing circuit of the Iatmul tribe has a long-range

detrimental effect on the members. "The deviation-counteracting effect of a self-stabilizing circuit...is like a razor, double-edged. The 'naven' ceremony confirms the group in its old set ways, and thus has long-range implications for the weakening of the group due to loss of flexibility and risk of error" (Hoffman, p. 49).

Just as the Iatmul group runs the risk of losing its vitality in compromising itself for the sake of unity, so too the alcohol-affected family puts itself at great risk in adopting the restorative approach as a reaction pattern. The mode traps members in a situation of high stress, poor crisis support, and poor coping skills - the exact circumstances where the "risk of psychological impairment doubles" (Andrews, p. 308). In its quest for respectability it sacrifices its personal life for a credible social life. The long-range implications for such a commitment are development and nurturance of individual and long-lasting pathology.

Implications

There are certain ways in which the analysis in this paper might be carried further. At the very least researchers and therapists should begin to better understand some of the forces governing the actions of alcohol-affected family members, particularly the role of "enabler." For example conventional wisdom depicts enablers as passive individuals

with deep-seated individual or collective character disorders. Evidence suggests however that their conduct is not self-selected for psychological reasons. Rather they are merely socially responsible members trying to be socially cooperative. Also, family members and involved others are not unwitting agents in any general sense. Through their actions, they demonstrate their commitment to the existing social order. With this new understanding, the whole idea of the "enabler" can be looked at more carefully.

It is suggested that emphasis be taken off the negative connotations associated with the role of "enabler" for they too are victims, and placed on better understanding the process of coping and the external pressures shaping actions and attitudes.

In fact the entire issue of available social support for alcohol-affected families should be studied. During the active stages of alcoholism, families are encouraged to conceal the alcohol problem and handle it themselves. For all intents and purposes there does not appear to be a problem for those who work the mode even though the reality of the situation is different.

But such dutiful and socially obliging behavior has deep and damaging repercussions. For there is no need for a support program when a problem does not exist. Therefore,

families are put in the position of concealing the problem in its active stages and fending for itself in recovery stages. Generally speaking, there is no current support system for recovering whole families that exists (with the exception of three week family education programs offered to those who enter a re-habilitation center). The implication here is that families not only suffer for adhering to the mode during the active stages of alcoholism but afterward as well.

Alcoholics Anonymous and Al-Anon are self-help groups that exist for the benefit of its members. However, family benefits appear to be minimal. For one thing, these are separate organizations with individual programs. A.A. stresses "sobriety first" and Al- Anon stresses "detach with love." These programs don't perceive the importance of the family as a system responding to social demands. It appears incongruous that, while the family is regarded as an "alcoholic system" in the literature (a fact that clouds understanding of family involvement), recovery is an individual and unconnected experience with regard to available support systems.

To help family members, a recovery program should be offered involving the entire family. Emphasis would be on education and prevention of self-destructive behavior.

One group who would be helped by such a program would

be the children. The literature indicates that the environment clearly contributes to increased incidence of alcoholism in children and grandchildren (Davis, p.114). For children in an alcoholic setting the messages are not what other normal children receive. They learn and perfect the art of lying, covering up, and "peace at any price." When everything is going wrong, there is no time to unfold and practice personal skills of building trust, self-esteem and intimacy. As a result they develop dysfunctional skills. A family-oriented recovery center could provide rules and norms for post-impact behavior before the stress agent hits (for children of alcoholics who are more likely to become alcoholics or marry them) as well as soon after it hits (for those affected by it for the first time). Chances are that members would not adopt the restorative mode approach if they knew that the ultimate results would be harmful.

Another movement which has emerged over the last few years is a support group called Adult Children of Alcoholics. Members join together to share their common experiences of living in an alcoholic setting and to try to work through issues resulting from that experience. If an adequate family recovery program was available to assist all members at early onset, dysfunctional behaviors would not become ingrained and ACOA would not be needed.

A major complaint of spouses and children as well as alcoholics in recovery is that they don't know what normal is. Professionals and self-help groups look to the inconsistencies and dishonesty that exist within the active alcoholic situation as reasons for the search for what's normal. The findings indicate that adherence to the restorative mode may contribute to a distorted sense of normalcy. The restorative mode is more formal than real and places family members in the position of doing "normalness" for a considerable period of time. Also, while they spend time on trying to get the alcoholic sober, they neglect other important areas of growth and development.

For families involved in an active situation (alcoholic drinking excessively), an intervention program is offered at some agencies. The program requires that the whole family come together with significant others and function as a team to learn how to confront the alcoholic. To do this the team is required to attend several sessions of training and education. The cost to be trained in the art of confrontation is around \$700.00. The fact that such a program exists and prospers points up the negative effects of conforming to the restorative mode and the need for a family program which would cut into this behavior pattern as soon as possible.

Since there is the suggestion that similar reaction

patterns may apply to other types of problems as well, the central hypothesis - the utilization of a restorative approach in certain situations - should be tested on other types of cases particularly where the character of the actor is questioned, as in mental illness, homosexuality, wife and child beating. If it can be determined that basic similarities do exist in reaction patterns, then the idea of a general family recovery center serving these cases would be feasible. Such a center would educate members regarding the origin and effects of the coping strategies utilized and ways to counteract established patterns.

The effects of alcohol abuse on the family should be of primary concern to family policy proponents. Social support for afflicted families may be susceptible to manipulation through services and policies. "The family's ability to manage stress may depend on the efficacy and/or adequacy of the solutions the culture, community or organization provides" (Mc Cubbin, p. 242.) Up to now, the solutions offered have been woefully inadequate.

The purpose of the proposed social support system should be to stop the process early and keep the problem from repeating. Families need to stop treating the problem as a social crime and use a wide range of effective coping strategies.

We have come from an individual to a family view of alcoholism. What is needed is an even more expansive investigation of family problems that include external as well as internal factors. Discovery and exploration of the restorative mode is an attempt to construct such a view of the alcohol-affected family.

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