

THE DOUBLE ALCOHOLIC MARRIAGE

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BACKGROUND

For people recovering in Alcoholics Anonymous, or for other sober alcoholics confronted with renewed possibilities of establishing primary relationships, the primary social milieu is that of other sober alcoholics. The possibility of one partner drinking is omnipresent. Further, there are common problems each partner faces, alone and together. Do such relationships stand a reasonable chance of survival? What are the specific problems and dangers facing them? What are the positive aspects of such relationships? Are there any patterns that emerge from these relationships?

Requiring maturity, at best, marriage is demanding on two healthy individuals who are growth- and goal-oriented. When one or both partners are suffering psychological problems or other serious problems, the demands may become severe. It is a tragic fact that alcohol abuse and a satisfying marriage are incompatible and mutually exclusive (Al-Anon, 1966). It is also a tragic fact that many marriages are irretrievably broken by the havoc alcoholism visits on the relationship, even when the alcoholic makes a recovery. Some relationships survive, but many end in divorce. In these cases, the abstinent alcoholic becomes free to begin a new relationship. A great number do re-marry, often with other abstinent alcoholics.

Approximately 95% of the population will have married at least once at some time in their lives. Of the general population, there are between 9 and 10 million alcoholics (Schroeder, 1980). Since alcoholics tend to marry at least as frequently as the general population, and are four to eight times as likely to divorce and re-marry, the number of double alcoholic marriages is increasing rapidly (Paolino et al, 1978).

THE ALCOHOLIC PERSONALITY

Alcoholics, generally speaking, are people with a great deal of charisma, attractive, intelligent, and sensitive. They often have high ideals and goals which they seem unable to attain in daily living. They are people with intense, but brief enthusiasms. They tend to demand

perfection in themselves and others. They try to do too much too fast, and when frustrated, may become highly aggressive or very depressed. They experience a lack of inner stability with which to face living problems in a realistic manner. All active alcoholics show marked dependency, most notably, by their unwillingness to face up to the results of their uncontrolled drinking. They also lean on others, usually the spouse, to get problems solved (Al Anon, 1966). Contrary to their marked dependency, alcoholics appear outwardly dominant. They tend to be inwardly insecure. Their dependency engenders a need to control the significant others in their lives. Being excessively anxious, guilt-ridden, and abnormally angry, they alternately cling to and punish the partner.

Although many characteristics are shared between men and women alcoholics, there are some notable differences. There is good evidence that women alcoholics are more likely than men to have depressive episodes and/or attempt suicide; to have an alcoholic parent; to marry a problem drinker, and to develop alcoholism is response to a definite, stressful, traumatic life event or crisis (Gomberg, 1979). Women use alcohol less often than men to alleviate anxiety. Both women and men show the highest proportion of heavy drinkers in the 45-49 age group, but women have another peak at ages 21-24, which is due to dating and mate-seeking behaviors. Women tend to drink more from social environment stresses and low self-esteem, both from within the family and/or from a woman's role and lack of status in the community. Women alcoholics may be divided into early onset in the late teens and early 20's and late-onset in the 30's and 40's. Women are more often divorced or separated when seen for treatment, and more frequently drink alone. Women are frequently "rescuers" in their relationships with alcoholic partners, since they are socialized in the role of nurturer. Female alcoholics have less to lose occupationally, but more to lose on a personal level. They suffer much more in terms of the double standard, since their downward mobility is often marked by the lower occupational level

and status of their male friends. Inhibitions are loosened with the anesthetic effects of alcohol, and the result is much guilt and low self-esteem, causing many difficulties in the recovery stages.

THE ALCOHOLIC HUSBAND

Men are more often anti-social, sociopathic, punitive, abusive and downwardly mobile when drinking. Men tend to remain on a low level occupationally for some time when beginning sobriety, and the climb upward may resume slowly. The end status will generally be considerably lower than would have occurred without the alcoholism disease. Men are arrested more often than women, and drink for more generalized reasons. They drink to relieve anxiety (translated "pressure"). They drink more often publically and perhaps, because of their public visibility and occupational requirements, accept treatment more easily than women. Men tend to be, or remain, married at the time of seeking treatment. They act often as "enablers" for their alcoholic partners, in that they tend to cover up for a drunken wife, and usually seek to "protect" her and the family image. Thus, they prolong the time before a wife seeks treatment. This delay often ends the relationship, since the man does not need to depend on his wife financially for support. Wives tend to be more long-suffering with their alcoholic husbands, for financial reasons among others.

Spouses of alcoholics are often referred to as co-alcoholics, developing parallel symptoms in order to maintain and sustain the sick relationship. These are the "enablers", since they demonstrate having a stake in the status-quo. Several models of alcoholic marriages have been formulated as often ends the relationship, since the man does not need to depend on his wife financially for support. Wives tend to be more long-suffering with their alcoholic husbands, for financial reasons among others.

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The Disturbed Personality Hypothesis,

based on Freudian concepts, explains that the alcoholic has a need to suffer, as does the spouse. They receive gratification from the psychic and/or physical pain they cause each other. This is not a unique feature of the alcoholic marriage, but occurs to a significantly higher degree. Sexual conflicts play an important role in these marriages, as do sado-masochistic tendencies. Freud believed that there was a certain amount of sexual pleasure derived from all acts of aggression, no matter how cruel they might appear to be; and likewise, there was always some aggression involved in sexual events, no matter how affectionate such events appeared. A person who experienced fixation at the oral stage, according to Freud, may manifest this in "oral" activities that cause such problems as alcoholism, excessive dependency, overeating, smoking, and so on. Many alcoholics who make a recovery than develop problems with overeating, which results in membership in weight control programs.

For most, if not for all people, being married to an alcoholic is in itself a symptom, and thus the marriage is comprised of defense mechanisms. The spouses are struggling with unresolved conflicts. DPH proponents believe that just as there is a psychological reason for the alcoholic to misuse or abuse alcohol, so there is a similar mental process that leads to a person to marry an alcoholic and be unable to leave that person, as well as contributing to the partner's *alcoholic* part of the marriage. That this is so can be seen by the "enablers" and "rescuers" populating the alcoholic community.

THE SADO-MASCHIST BOND

In a double alcoholic marriages a weak person may be dragged into a marriage with an aggressive partner. Sado-masochism may then be played out to each partner's content. Many people who appear afraid of the idea of not being masters of their own fate, or who shout to the world that they, indeed, are their own masters, often have a hidden desire to be mastered. Some do not even hide such feelings, and may be conscious of them. Both partners have elected to play the martyr role, and they stay in an painful marriage because it satisfies them. A normal person would not remain in such a situation for very long. This turn-

ing against self fulfills an unconscious need for punishment (Paolino & McCrad, 1977; 36).

Certain types of women are attracted to the alcoholic man and marry him hoping to find an answer to unconscious needs. These are insecure women who are confused about their own sexuality. These women choose an alcoholic husband who will not only be dependent on them, but will behave in a way that will enable the wives to play the martyr. These women have a need to be punitive.

Men are either very passive, or highly aggressive in a direct and open manner. The alcoholic husband ranking high on the psychopathic deviate scale of the Minnesota Multi-Phasic Personality Inventory (MMPI) tend to choose an insecure, love-starved, submissive wife to manipulate, and among the newly dry, there are plenty to fill the role. These men tend to be "repeaters"; that is to say, if they divorce, they tend to re-marry people with similar characteristics. The passive male alcoholic tends to marry aggressive, bright women who will take care of him, "rescue" him, and "mother" him. The man alternately loves and punishes the "mother" image.

The passive women, usually daughters of alcoholics, seek to prolong, symbolically, the relationship they had with their fathers. These women tend to repeat their mistakes in marriage, until insight and growth occur.

The Individual Behavior Model of the alcoholic marriage is based on the belief that deterioration in family relationships occurs as a consequence of alcoholism in one family member, and that improvement will occur when the drinker becomes abstinent (Oxford & Edwards, 1977). The alcoholism is seen as the source of stress with which the family must cope. Yet the spouses of alcoholic partners show no change in terms of affection and descriptions of the now sober partner. The unfavorability of opinions and descriptions appears to be ongoing and stable, no matter how much the alcoholic changes or improves. The alcoholic becomes sober, and after a year or two of sobriety and personal growth, a divorce occurs.

It was discovered through testing that both husbands and wives considered alcoholic sober husbands less than ideally dominant and less than ideally affectionate *when sober*. When drinking, the husband was more domin-

ant but even less affectionate. Many of the husbands seem to have achieved an increased level of assertiveness at the same as the "ideal" level of dominance previously chosen by the spouses. Dependence or dominance of spouses is an important issue for alcoholic marriage populations. As long as a discrepancy exists between partners in their perception of dominance roles in the marriage, there will be friction which could trigger the drinking of one or both spouses. When a relationship is distorted by an unbalanced dependence, or by suspicion, excessive demands and expectations, or hostility, these flaws dry up the communication that is the lifeblood of a good marriage (Al Anon, 1971).

This becomes particularly important when two abstinent alcoholics marry. Should one of the partners resume drinking and the sick behavior habits of dependency with all the concomitant side effects, the healthy partner must stand ready to walk off the scene, or be forced into the roles of "rescuer" and "persecutor", ending up in therapy at best, and in resumption of alcoholic drinking at worst. If not again arrested, this disease results in insanity or death. Within AA, alcoholics are taught and accept the value of not promising sobriety forever, but only for "today". Knowing this ever-present possibility of resumption of drinking, those courting must evaluate carefully the possibility of losing a partner to the bottle. This is a far riskier decision than normal couples must make in terms of whether to marry or not. In the one-alcoholic marriage, the spouse, given certain characteristics, can become a valuable ally in aiding the recovery of the sick partner. However, in the double-alcoholic marriage, this must be weighed against the stress and the ability of the spouse to remain sober while the other has resumed drinking.

NEWCOMERS OFF LIMITS

People in AA quickly discover the unwritten "rule" that newcomers are "off limits" in terms of romantic affairs. How well this is observed by other members is often a rule of thumb in judging recovery. Hundreds of alcoholics with practical experience in this matter have passed along their experience in what could be called a "folk-legend" manner. New-comers are regarded as having the primary task of abstinence at hand, while still carrying some very

sick dependency behaviors. They are considered unstable, and are not expected to be adept at coping with their living problems for the first year. Also, many people in AA recognize that there are still some very sick people who have been "dry" for a number of months or years, but have made little effort at changing their living patterns. These sick ones sometimes prey on newcomers who are very hungry for love, approval, and acceptance; but generally, are spotted by the more stable members and told to "back-off". A dry alcoholic is still a sick person, unless that person has had a lot of growth and/or therapy, and has worked through the basic causes of the alcoholic problem.

In the cases where a male with sociopathic tendencies has married a hyperfeminine female, both partners are dependent. The "helpless" partner is the one who tries to find someone to lean on. The sociopath wants to depend on society. But it is still a double-dependency problem. Wherever there is dependency, there is a need to control. When a person has worked out and away from this dependency, there is no longer any need to control. In the healthy marriages, the couples speak much about independence and freedom to be wholly themselves, while the spouse is accepting and encouraging of this aspect. These are people who are quite permissive with their partners, and have no need to manipulate or control.

The Kurtines (1978) study measures the progress of three groups: newly recovered alcoholics with at least 3 weeks but less than 4 months of abstinence; long-term recovered alcoholics with a minimum of 4 years of continuous sobriety; and a control group of nonalcoholics. The newly recovered alcoholics were depressed, impulsive, poorly adjusted, had strong antisocial tendencies, and scored lower on social maturity than the long-term abstinent alcoholics or the controls. The short term alcoholics exhibited a sense of interpersonal inadequacy, low self-esteem and feeling of self-blame. The long-term recovered alcoholics showed a better level of adjustment than short-term alcoholics, but a lower level than the controls.

THE SOBRIETY SOCIETY

Assortative mating is in part attributable to

one portion of alcoholic recovery: that of finding new friends that value sobriety instead of the previous social group that may just tolerate it. In interviews with recovered alcoholics, it was discovered that a majority had felt the lack of self-confidence and self-esteem, which hampered their interpersonal and social skills efforts. Alcohol had been their crutch to ease the discomfort of social situations, enabling them to function with apparent ease while drinking. After sobriety and abstinence begins, these feelings surface anew. Therefore, a whole new set of cognitions, a new perceptual field, must be developed. The way in which these people think about cause-and effect relationships and attribute meaning and order to their worlds must undergo change. AA is said to facilitate these changes, resulting in the adoption of a new set of "attributions" regarding the development of and recovery from alcoholism. Primarily, when a person turns to AA, s/he may seek and obtain more information that can lead to abstinence. A member, can experience "consensus" about the "consistent" and "unique" effects of alcohol (Beckman, 1980). Common ground is shared, and a new identification of self as part of a community replaces the old isolation in the perceptual field of the individual. The person can attribute the past to the effects of alcohol or to the disease of alcoholism, relieving the guilt of personal responsibility. Low social esteem and negative effect are also answered in the AA community. In terms of a plan for living and ways to cope with living problems, a common ground is shared.

HUGGERS & HANDSHAKERS

In the sick or active alcoholic marriage, similarity can cause big problems. In the recovery stages, where both partners are sober, these similarities can be very important variables, for a lasting, satisfying marriage. "Huggers" are warm, demonstrative people, people who touch other people a lot. "Hand-shakers" are those who do not touch or desire to be touched very much. If a "hugger" marries a "hand-shaker", the hugger will feel closed out and rejected, experiencing a feeling of sensory deprivation, while the hand-shaker will feel smothered. If two huggers marry, they will both be satisfied, as will two hand-shakers, in terms of amount of personal and emotional close-

ness given and received. It is easy to mistake a hand-shaker for a hugger during courtship; conversely, one might mistake shyness for a less demonstrative type, and when shyness is overcome with familiarity, end up with a hugger.

THE DIVORCERS

Many interviews with alcoholics of both sexes indicate incomplete socialization in terms of sex roles during childhood, or rejection of the societally imposed roles. Until much of this has been "worked through", alcoholics will tend to repeat their mistakes in the area of interpersonal relationships with a high incidence of divorce. Wives of alcoholics are more likely than other women to be daughters or ex-wives of alcoholics. Repeaters, defined as those who developed a second marriage relationship with an alcoholic through marriage, are overly represented in the group currently married to alcoholics, with approximately half being daughters of alcoholics and the other half having been previously married to an alcoholic (Nici, 1979). The conclusion of multi-generational study of the alcoholic family system stated that "while the actors may have changed from grandfather to father to husband to mother to son, the roles and situations have remained exactly the same." (Julius & Papp, 1979) With alcohol assuming the central position in a family's social, cultural, emotional and physical life, it functions as the central organizing principle in what can be called an alcoholic family.

Perhaps no other group of people so consistently fails to learn from the pain of past mistakes than alcoholics. Doomed to repeat drinking until such times as the deadly spiral is broken, alcoholics often repeat failure patterns in marital relationships, also. Until this pattern is broken, the same denial processes are at work; "This one is different." is the thinking.

DRY DRUNKS

When an abstinent alcoholic has problems with reversion into the negative behavior patterns of the past, there is strain for abstinent alcoholic spouse. Lapses of regression in growth are referred to as "dry drunks", in which the person experiences all the negative feelings as though they were drinking, and retreats into isolation once again; but has not yet picked up a drink. However, drinking is only a

matter of time, opportunity and excuse.

The imminence of this danger leaves the spouse with many emotions that are difficult to handle, not the least of which is fear: fear of losing emotional security, financial security, and ultimately, the loss of the loved one. Even though a common problem is shared, and a common program for recovery is lived, a person on a dry drunk begins thinking and living in a manner diametrically opposed to the conditions necessary for sobriety and peace of mind. The divergence causes a chasm between the married couple that is almost unbridgeable. Communication is distorted or cut off. If the couple is to weather the storm, the stable partner must be capable of standing alone, and for the time being, independently detaching with love, without rancor, from what the dry-drunk partner says or does. This is the double jeopardy in the double-alcoholic marriage. Unless such strength is found, the spouse will also resume drinking or become a patient in therapy.

DATING SOBRIETY SOCIETY

When boy meets girl at an AA meeting, they have instant knowledge of each other. They tell each other things they wouldn't tell their own mothers. This openness in meetings is one of the cornerstones of recovery. However, this instant rapport is a deceptive, considering the fact that most alcoholics are love-starved and insecure. They date a short while, and early passion takes over. They call this love, and being impulsive, the temptation is to run off and marry immediately, before anything is spoiled or before the significant other "gets away". This sort of marriage has little chance of survival.

INCREASING THE ODDS

Some double-alcoholic marriages have the possibility of being among the best of any marriages today. The common background of the AA program, spiritual development, and their shared sufferings as modern-day "lepers" . . . (alcoholics), can often enhance their marriages. The TWELVE STEPS AND TWELVE TRADITIONS book of AA states that "it is only where love follows at first sight, that difficulties may develop. The prospective partners need to be solid AA's and long enough acquainted to know that their compatibility at spiritual, men-

tal, and emotional levels is a fact and not wishful thinking. They need to be as sure as possible that no deep-lying emotional handicap in either will be likely to rise up under later pressures to cripple them." Given all the dangers and the slim prospects that both people have all the requisites, it would be wise for alcoholics to proceed very slowly and cautiously in this area, carefully evaluating the self and the partner, and trying to eliminate as many causes for failure as possible. Since so much hinges on the mental and emotional well-being of each partner, the couple should get premarital counseling. There is a reasonable chance for success for those who carefully prepare for such a commitment.

Schroeder (1980) describes five phases or stages that relationships can pass through. The first stage is a dream world stage, where the mind only sees the positive aspects of the other person, or what it wants or likes to see. From this "honey-moon" stage, the relationship passes into a disillusionment stage, where the individual begins to focus on what is not liked in the other person, and begins noticing that the other person is human, with failings and flaws. When the individual gets to the point of disillusionment, s/he often leaves the relationship in panic. The person who stays, as older people tend to do, finds the third stage, called the misery stage. This is where one begins to feel miserable and trapped in the relationship. The relationship bogs down and gets stuck. At the end of this stage, both people know that they are miserable and that the relationship is in trouble. In terms of time, it might last up to thirty years. People tend to get out of relationships at the stage of misery. A person gets who out at this stage, often returns to the dream world stage with someone new. Then the process repeats itself, often within a couple of years. This person will tend to repeat it again and again, until and unless the fourth stage is reached, called the enlightenment stage. In this stage, the couple realizes the need to get help for their problem. This is the hard work stage. In the first three, the focus was always on the other person. In this stage, as well as the fifth, the focus shifts to self. In the enlightenment stage, awareness of separate identities begins. The person begins to see himself or herself as a separate, whole individual, apart from others in his or her life. The

person begins to work on personal "character defects". The important thing is that the individual is taking responsibility for self, in contrast to blaming the partner. This is a long process, but worthwhile. This is the stage where the relationship begins to improve, and the improvement occurs almost from the time when the couple admits to having problems. The last stage offers the most hope, and if reached, the couple has a good chance of making the relationship last. There are problems, but it seems they solve them more quickly. This is called the mutual respect stage. Problems are no longer denied or postponed. The couple tries to solve them together for their mutual benefit, and for that of their relationship (Schroeder, 1980).

It would be ideal if a couple could go through the same five stages together, but it doesn't always happen. Some people are caught in the repetitive trap. Others make it to stage five, and still others go through the last two stages alone, interrupting the repetitive cycle, and allowing growth to occur, before considering the establishment of a new relationship. There are some who prefer to establish no relationship. They are rightly cautious about giving up their newly acquired self-image and sense of security as the price for the obviously risky venture of trying to have a successful relationship. These people need more time for growth. Some remain single. The important point is that each person should establish what is right for him or her, individually.

Whether two alcoholics should marry or not is not the question. The fact is, they *do*. Preparation and education are seen as necessary since so much depends on the well-being of each.

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Contemporary Family: Reproduction, Production and Consumption

Although the private sphere of the home and family appears separate from the social world of commodity production, work occurs in the home that 1) is essential to production in the marketplace, 2) reinforces a sexual division of labor that subordinates women to men both in family and in jobs outside the home, and 3) intensifies psychological strain among family members.

With the near annihilation of community and family services enacted during Reagan's administration, along with the monumental increase in defense spending and development of nuclear weapons, we need, more than ever, to reevaluate our priorities. We must find ways to intergrate our public and private lives so that the values we say we cherish, more than the reified ideologies we cling to, can find new forms of social expression. Rather than fearful attempts to defend a family system whose humanistic influences are constrained and in many ways distorted into their opposites, we must preserve the relations we value by transforming them to promote equality and love among women, children, and men.