0145-6008/88/1203-0374$2.00/0
ALCOHOLISM: CLINICAL AND EXPERIMENTAL RESEARCH

Vol. 12, No. 3
May/June 1988

Impact of Depressive Symptomatology on Alcohol Problems in Women

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The association between the amount of depression manifest at time of an alcoholic woman's admission to treatment, the course of alcoholism and its consequences, and early psychosocial vulnerabilities was examined in a sample of women in treatment for alcoholism (n = 301). Two indices of depression, one reflecting low self-esteem and the other current mood were constructed by factor analysis of interview items measuring depression (drawn from Center for Epidemiological Studies Depression scale, Diagnostic Interview Scale, and Personal Attributes Questionnaire). Both depression indices were associated with earlier age of onset and earlier loss of control. Binge drinking was associated with current mood, while daily/weekend drinking was associated with low self-esteem. Both measures were associated with the consequences of alcoholism. An examination of alcoholic women's background revealed that there are some influences in the early family environment that are associated with increased levels of depression in alcoholic women.

THE RELATIONSHIP between depression and alcoholism in women appears repeatedly in the literature,[1-11] and while there is agreement that a connection exists, the nature of the relationship is far from clear. In part because severe depression often predates treatment-seeking for alcoholism in many women,[4,5,10-12] a few investigators have directed their attention to depression that precedes alcohol problems.[5,9,11,13] Others have examined depression observed in alcoholics that follows and is a consequence of alcohol abuse.[14-17]

It is estimated that between one-quarter and two-thirds of alcoholics experience symptoms of depression that are severe enough to interfere with functioning,[17] and that women are more likely to report depressive symptoms than men.[18] The extant literature indicates that depression in alcoholics is heterogeneous and may occur before, concurrently, or after the onset of alcohol problems.[13,18,19] For the majority of alcoholics, symptoms of depression are caused by central nervous system effects of alcohol ingestion or withdrawal, and occur only during and shortly after periods of heavy drinking.[18] For fewer alcoholics, symptoms of depression may represent one of the subtypes of affective disorder, and be unrelated to alcohol consumption.[18] Most of these symptoms, therefore, appear to be transitory.[15,16,20-24] Some symptoms of depression, however, seem to persist despite sobriety and irrespective of symptom sequence; symptoms and levels of depression tracked over the course of treatment and sobriety have been shown to persist in treated alcoholics despite a full year of sobriety.[25-27]

In addition to issues of temporal sequence and type of depression, still other questions focus on the ways in which depression influences the course of alcoholism. Empirical studies report equivocal findings. O'Sullivan, Whillans, Daly et al.[28] found little to distinguish depressed and nondepressed alcoholics on alcohol-related behavior, regardless of when the depression started. Similarly, Hesselbrock and Hesselbrock[29] found that the natural history of alcoholism did not differ in depressed and nondepressed alcoholics who were diagnosed according to the Diagnostic Interview Schedule (DIS).[30] Schuckit[31] found that the only significant difference between depressed and nondepressed alcoholics was that depressed alcoholics made heavier use of street drugs.

Other studies suggest that drinking behavior is influenced by the presence of depression. A positive association has been documented between impairment, severity of current drinking problems, and depression.[32-34] Major depression that precedes the onset of alcoholism seems to cause more impairment than concurrent depression that occurs concurrently or follows the onset of alcohol problems.[35] A diagnosis of major depression in addition to alcoholism, however, is associated with poorer outcome only for men; for women, major depression is associated with better outcome in drinking-related measures.[36] A positive association has been documented between depression in alcoholism and social instability.[37] Depression that follows the onset of alcoholism is associated with more social consequences and undesirable life events,[33] and has been shown to be highly predictive of suicide attempts and relapse.[38,39] Finally, a recent study conducted by Vaglum et al.[40] suggests that the relationship between level of depression and alcohol consumption is mediated more by diagnostic factors, i.e., the specific type of depression than it is by severity of depression.

FAMILY FACTORS

The theoretical underpinnings that link depression and alcoholism in women originated from observed similari-

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Received for publication April 2, 1987; revised manuscript received September 18, 1987; accepted October 14, 1987.

Supported in part by National Institute of Mental Health Training Grant T32-MH16806. Earlier versions of this paper were presented at the Annual AMSAODD-RSA Meeting, San Francisco, California, April 20, 1986, and the National Association of Social Workers Clinical Social Work Conference, September 14, 1986.

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ties in families where both depression and alcoholism are found. Specifically, high rates of depression have been documented among the female relatives of alcoholics, particularly women alcoholics and high rates of alcoholism have been observed among the male relatives of depressed women.[6] Recent research suggests that the familial similarities between alcoholism and depression are not due to genetic links; [18] along these lines, Goodwin et al,[41] documented a trend for an increased risk for depressive disorder among daughters of alcoholics, but only if they had also been reared by an alcoholic adoptive parent. Thus, family environment factors seem to be a critical factor in the transmission of both depression and alcoholism in women, which may contribute to the overlap between depression and alcohol problems.[42] The specific psychosocial mechanisms by which these problems are transmitted have yet to be fully specified.

The social histories of alcoholic women suggest that certain stresses within the nuclear family may be critical to the transmission of depression or alcoholism in women. Early environmental stresses that have been hypothesized as predisposing factors to alcohol problems in women include: absence or loss of a parent,[43–46] parental alcoholism, parental psychiatric illness, and parental conflict.[4,46–49]

Loss of a parent during childhood has also been associated with an adult onset of depression in women.[49] The social histories of depressed women with alcoholic relatives contain reports of parental conflict,[50–52] and a particular kind of depression has been observed in women that is characterized by difficulties in interpersonal relationships and correlated with drinking problems.[51,53,54] Describing their families of origin, these women tell of depressed sisters and mothers, fathers with alcoholism and occasional depression, and frequent suicides among their relatives. Despite the presentation of a disordered past and present life, however, these women are significantly more likely than other depressed people, such as those with biologically-based depressions, to recover completely from an episode of depression and have no relapse.[52]

Finally, in psychiatric out-patient samples, the women who are most likely to seek help for marital complaints[55] report particular symptoms of depression, including agitation, emotional overresponsiveness, and a tendency to be punitive to both self and others. Alcohol abuse enhances the probability of seeking help for marital complaints, as does coming from a family where alcohol was abused. When psychiatric symptoms, demographics, and other early life events are controlled, current marital discord demonstrates an independent relationship to parental divorce, separation, and discord during childhood. Taken together, these studies offer clues to the critical links between alcohol and depression in women: namely, that conflict and stress factors in the early family environment may heighten the risk for one or both problems.

On the other hand, not every child who grows up in an alcoholic or conflict-ridden home becomes burdened with alcohol or depression as an adult. What characteristics distinguish children, who, though they spend their formative years in difficult circumstances, grow up to be competent, from children who do not? The presence of an invested adult during the formative years has been cited as a positive influence that may provide resistance or protection, and hence have preventive value in unfavorable circumstances (Coyne JC, Gotlib IH: Depression and parenting: under review).[56,57] Such a presence has been referred to as a buffering, moderator, or mediator effect in the social epidemiology and social support literature,[58,59] and is conceptualized as a resistance variable in studies of at-risk children.[60] Currently, there is no knowledge about resistance factors in the early environments of children who are at risk for either alcoholism or depression.

Based on the assumption that alcoholism in women is better described along a continuum, as a spectrum of symptoms and problems, the present study examines the association between the amount of depression manifest at the time of an alcoholic woman's admission to treatment and the course of her alcoholism and its consequences, and early psychosocial vulnerabilities.

While depressed alcoholics can be expected to have a clinical course that parallels alcoholism and not depression,[22] depression may still be a critical element in female alcoholism. Depression in alcoholic women may influence the experience of alcoholism in women and be associated with distinct psychosocial antecedents. For example, a substantial number of alcoholic women may exhibit high levels of depression and their alcoholism may have a distinctive clinical course. Further, if certain consequences are related to depression among the alcoholic women, while others are not, then this would be an indication that extent of depression alters the experience of alcoholism for women by resulting in distinct consequences.

METHODOLOGY

Sample

Three hundred and one alcoholic women participated in an interview study that was conducted during 1981 and 1982 in 21 different hospitals, residential treatment centers, and outpatient facilities in six counties in southeastern Michigan. Respondents were Caucasian, primarily middle class women who ranged from 20 to 50 years in age. The women were approached after detoxification, at least one week after admission, and asked to participate in a 2-hr interview.

Measures

Definition of Depression. Depression is operationally defined by two measures. The first is a composite of interview items called *low self-esteem*, and the other is a composite labeled *current mood*. While we recognize that self-esteem can vary rather markedly across situations and circumstances, the items in this composite seem to be less "time-bound." Thus, we have conceptualized low self-esteem as a relatively stable measure that may reflect more long-term personality traits. Current mood, on the other hand, is conceptualized as capturing the present

mood state, and is probably related to prolonged excessive alcohol intake and/or withdrawal.

Psychometric Properties of Depression Composites. The depression items that make up the composites were taken from the National Institute on Mental Health DIS[30] the Center for Epidemiological Studies depression scale (CES-D),[61] and an adaptation of the self-administered Personal Attributes Questionnaire (PAQ).[62] The items are listed in Table 1.

Stringent criteria were applied for item selection. First, the items could have no serious missing data or skewness problems (i.e., skewness less than 2.0), and measures were judged to have good face validity, reflecting specific symptoms of depression. The items chosen could refer to feelings, perceptions, or behavior.

Both composites are derived from factor analyses, and were created to reflect different dimensions of depression. All depression items in the questionnaire were submitted to an exploratory principal component analysis with varimax rotation. Four factors had eigenvalues exceeding 1.0. Note that two other composites emerged from the factor analysis, *negative perceptions of childhood* and *somatic symptoms*. They were not used as measures of depression in this study, because the former refers to the distant past and the latter is indicative of diagnoses other than depression.

Eighteen items loaded more heavily on the first factor, which reflected current mood. The scale constructed from them had a coefficient α value of 0.92. Fourteen items loaded on the second factor, which reflected low self-esteem. The coefficient α value for the scale constructed from these items was 0.84. For both composites, a higher score signifies more depression.

Factor pattern loadings of 0.3 and above were considered acceptable for inclusion in a composite. Using Cronbach's α as a measure of internal consistency, all composites were 0.80 and above, well above the 0.60 that has been suggested as a minimum acceptable level of internal consistency in exploratory research.[63] To ensure that Cronbach α values remained sufficiently high and similar across subgroups, additional factor analyses were conducted by age group. Internal reliabilities for the depression composites are reasonably high. Most internal reliability measures remained well in the 0.8–0.9 range, with a few between 0.7 and 0.8. Only one α was below 0.6, at 0.59.

Table 1. Items Contained in Depression Factors

Current Mood	
I was bothered by things that don't usually bother me.	I felt fearful.
I felt that I could not shake off the blues even with help from my family or friends.	My sleep was restless.
I felt that I was just as good as other people.	I was happy.
I had trouble keeping my mind on what I was doing.	I talked less than usual.
I felt depressed.	I felt lonely.
I felt that everything I did was an effort.	I enjoyed life.
I felt hopeful about the future.	I had crying spells.
I thought my life had been a failure.	I felt sad.
	I could not "get going."
	Did you get so depressed that you couldn't do much of anything?
Low Self-Esteem	
Would you describe yourself as: independent?	How do you feel about your life as a whole?
Would you describe yourself as: active?	How do you feel about your physical appearance, the way you look to others?
Would you describe yourself as able to make decisions easily?	How do you feel about your home or personal life?
Would you describe yourself as: never give up easily?	Do you find it difficult to get up in the morning?
Would you describe yourself as: sure of self?	How often have you had a terrible time trying to make your mind up about something?
Would you describe yourself as: feel very inferior?	How often have you had days and weeks when you had a lot of difficulty trying to concentrate on something—at work or at home?
Would you describe yourself as: stand up well under pressure?	
How do you feel about the way you handle problems that come up in your life?	

Measures of Drinking Behavior. Drinking behavior measures were drawn from the literature on female alcoholism and the collection of alcoholism study interview schedules from the Rutgers Center of Alcohol Studies. Two specific measures relate to drinking course. "Age of onset" refers to the reported age when drinking became a problem, and age at which loss of control occurred refers to the reported age when the respondent could not stop drinking even though she promised herself she would.

Three measures capture drinking habits. "Drinking just about every day" and "drinking mostly on weekends" are responses in which the respondent describes her drinking habits during the period after drinking became a problem. "Binge-drinking" describes a sporadic drinking pattern characterized by episodic excessive alcohol consumption interspersed with periods of no alcohol consumption.

"Consequences" refer to drinking-related events, behaviors, situations, effects, or outcomes that the respondent perceives to follow and be the result of her drinking behavior. Nine composites that refer to social and physical effects and consequences in relation to family, job, and peers were created, based on factor analyses of items that measured drinking-related consequences. The first composite, *social withdrawal*, encompasses behaviors that reflect an increasing preoccupation with alcohol, and concomitant withdrawal from nonalcohol-related social spheres. The second composite, *sexuality*, describes sexual behavior and perceptions, and the third, *early effects*, refers to behaviors and events that occurred when the respondent first began drinking. The fourth composite, *maternal role*, refers to neglect and difficulties with children. The fifth composite, *accidents*, describes home and auto accidents and trouble with the police. The sixth factor, *symptoms*, captures effects that are directly related to drinking, e.g., hangovers, while the seventh, *work*, refers to work-related problems. The eighth factor, *illness* includes visits to hospitals, to emergency rooms, physical illness and hallucinations. The ninth, *relationship conflict*, comprises difficulties in primary relationships.

Measures of Early Psychosocial Vulnerability. The early psychosocial vulnerability measures chosen for this study include: (*a*) family history of alcohol problems; (*b*) negative relationships while growing up, which include conflict with adults; (*c*) early life events; and (*d*) positive relationships.

Family history measures include biological first-degree relatives, i.e., mothers, fathers, and siblings who are reported by the respondent to be a heavy drinker, to have had a drinking problem, or to be a recovered alcoholic. Positive family history is a variable that counts the number of family members with drinking problems.

Four variables measure a respondent's perceptions of her relationships during the growing up years. The variables that represent negative relationships are: (*a*) conflict with parents while growing up; (*b*) conflict between adults in the home; and (*c*) negative perceptions of childhood, and a composite made up of items that reflect the respondent's perception of whether or not she was unjustly punished, felt unloved, or felt she did not receive enough attention.

The impact of early life events on levels of depression among the alcoholic women are assessed by: (*a*) whether the respondent experienced separation from a parent due to death or divorce before age 12; (*b*) whether the respondent reports that a parent or parent surrogate served a jail sentence while she was growing up; (*c*) whether she had a parent or parent surrogate who had a nervous breakdown or was thought of as crazy during the growing years; and finally, (*d*) whether a parent or parent surrogate had a serious illness for a long time while the respondent was growing up.

Feeling close to important adults was selected to represent a positive relationship construct that may serve a protective function. Three variables assess feelings of closeness with adults: (*a*) how close the respondent felt to her mother; (*b*) how close the respondent felt to her father; and (*c*) whether she had a teacher who took a special interest in her.

Analytic Strategies

The relationship between depression and alcoholism is examined empirically by asking if depression is implicated in alcoholism for women and if so, in what ways. Both the depression composites and the measures used to conceptualize *course* of alcoholism, including consequences, are continuous variables. Therefore, the possible influence of depression on alcohol problems in alcoholic women is examined by correlation analyses. Levels of depression are correlated with certain features of the course of alcoholism, with consequences, and with early psychosocial vulnerabilities.

RESULTS

Preliminary Analyses

This study included a control group ($n = 137$) that is not included in the analyses reported here, and a series of one-way analyses of variance compared alcoholic and control women on all depression measures. Not surprisingly, alcoholic women scored significantly higher than controls on all measures of depression. Alcoholic women had higher scores on both low self-esteem, $F(1, 438) = 109.49$, $p \leq 0.00$, and current mood, $F(1, 437) = 50.36$, $p \leq 0.00$.

The two-depression factors here presented emerged as independent factors in the varimax rotation of the factor analysis. Nonetheless, partial correlational analyses were conducted to measure the shared component of the depression composites. Partialed correlations between low self-esteem, current mood, and the *course* of drinking variables were obtained to provide further evidence that the depression measures are not identical. Correlations between low self-esteem and the course of drinking variables partialed on current mood, and similarly those for current mood and the course variables partialed on low self-esteem, dropped, indicating dissimilarity. A test for significance of a difference between two correlations computed on the same sample[64] was also conducted to confirm that these differences are significant.

Course

As shown in Table 2, both low self-esteem and current mood are significantly correlated to age of onset and age that loss of control occurred, suggesting that more depressed alcoholic women have a more severe and chronic course to their alcoholism.

Also, different dimensions of depression are differently associated with patterns of drinking. There is a statistically significant relationship between low self-esteem and drinking mostly on weekends. The association between low self-esteem and drinking every day is marginally significant, and there is no relationship between low self-esteem and binge drinking. There is no significant association between current mood, drinking every day, and drinking mostly on weekends. There is a negative association between current mood and binge drinking.

Table 2. Course: Correlation Matrix of Drinking Patterns with Low Self-Esteem or Current Mood

Variable	*n*	Corr	*T* Stat	Significance
Low self-esteem				
Age of onset	298	−0.15	−2.53	0.01
Age of loss of control	276	−0.17	−2.79	0.01
Drinking every day	300	0.11	1.84	0.07
Drinking mostly on weekends	114*	0.23	2.46	0.02
Binges	301	−0.05	−0.79	0.43
Current mood				
Age of onset	298	−0.15	−2.57	0.01
Age of loss of control	276	−0.16	−2.68	0.01
Drinking every day	300	0.02	0.41	0.68
Drinking mostly on weekends	114*	0.12	1.30	0.19
Binges	301	−0.12	−2.00	0.05

* The *n* value for drinking mostly on weekends is small because of the skip pattern in the questionnaire. All respondents were asked if they drank everyday; only those who answered no to this question were asked about drinking mostly on weekends.

Table 3. Consequences: Correlation Matrix of Consequences with Low Self-Esteem or Current Mood

Variable	*n*	Corr	*T* Stat	Significance
Low self-esteem				
Social withdrawal	301	0.33	6.10	0.00
Sexuality	301	0.22	3.83	0.00
Early effects	301	0.13	2.20	0.03
Maternal role	301	0.06	0.99	0.32
Accidents	300	0.13	2.23	0.03
Symptoms	301	0.22	3.90	0.00
Work problems	301	0.18	3.24	0.00
Illness	301	0.09	1.56	0.12
Relationship conflict	300	0.20	3.60	0.00
Current mood				
Social withdrawal	301	0.28	4.96	0.00
Sexuality	301	0.22	3.82	0.00
Early effects	301	0.20	3.58	0.00
Maternal role	301	0.09	1.48	0.14
Accidents	300	0.11	2.00	0.05
Symptoms	301	0.21	3.71	0.00
Work problems	301	0.10	1.81	0.07
Illness	301	0.20	3.48	0.00
Relationship conflict	300	0.22	3.95	0.00

Consequences

There is a significant pattern of correlation between low self-esteem, current mood, and almost all of the consequences composites. Maternal role is the only composite not related to either measure of depression. Illness is significantly correlated with current mood, but not low self-esteem, while work problems are correlated with low self-esteem, and only marginally correlated with current mood. Table 3 depicts the relationship between the two depression measures and consequences of drinking.

Early Psychosocial Vulnerability

Despite modest correlations between both depression measures and the measures of early psychosocial vulnerability, there is a pattern in the results that suggests that

there are circumstances and relationship influences within the family which foster a vulnerability for depression in alcoholic women. The relationship between the depression measures and early psychosocial vulnerabilities are displayed in Table 4.

For low self-esteem there are significant positive correlations with conflict with parents and with negative perceptions of childhood. There is a negative correlation between how close a woman felt to her father and low self-esteem. There are positive correlations between current mood and positive family history, conflict with parents, and negative perceptions of childhood. There are two significant negative correlations. The first is found between current mood and having a sibling with a drinking problem. The second negative correlation is between current mood and having a separation from a parent through death or divorce before the age of 12.

DISCUSSION

The results suggest that depression is a significant component of alcohol problems in women, and that alcoholism has a different, seemingly more severe character when it is associated with more depression than when it is associated with less depression.

Table 4. Correlation Matrix of Early Psychosocial Vulnerabilities and Low Self-Esteem or Current Mood

	n	Corr	*T* Stat	Significance
Low self-esteem				
Problem-drinking father	289	−0.07	−1.11	0.27
Problem-drinking mother	289	0.08	1.30	0.20
Problem-drinking sibling	278	−0.05	−0.79	0.43
Positive family history	267	0.04	0.66	0.51
Conflict with parents	300	0.14	2.48	0.01
Conflict between adults	299	0.10	1.72	0.09
Negative perceptions of childhood	301	0.23	4.00	0.00
Early separation	300	−0.03	−0.53	0.60
Jailed parent	300	−0.03	−0.50	0.62
Parental mental illness	300	0.06	1.11	0.27
Parental physical illness	299	−0.03	−0.52	0.60
Close to mother	298	−0.00	−0.21	1.00
Close to father	295	−0.15	−2.64	0.01
Interested teacher	301	−0.07	−1.20	0.23
Current mood				
Problem-drinking father	289	−0.10	−1.73	0.08
Problem-drinking mother	289	0.00	−0.03	0.97
Problem-drinking sibling	278	−0.13	−2.21	0.03
Positive family history	267	0.14	2.26	0.02
Conflict with parents	300	0.13	2.23	0.03
Conflict between adults	299	0.09	1.58	0.12
Negative perceptions of childhood	301	0.24	4.36	0.00
Early separation	300	−0.13	−2.21	0.03
Jailed parent	300	−0.08	−1.29	0.20
Parental mental illness	300	0.01	−0.11	0.91
Parental physical illness	299	−0.11	−1.88	0.06
Close to mother	298	−0.01	−0.14	0.88
Close to father	295	−0.02	−0.31	0.76
Interested teacher	301	−0.08	−1.42	0.16

Course

For the most part, both depression composites are associated with selected features of the course of alcoholism. The positive association between low self-esteem and earlier onset of drinking and loss of control may either reflect longstanding difficulties with alcohol which negatively influence self-perception and worth, or reflect a poor self-image which prompts early drinking to deal with feelings of inadequacy and dull the painful-associated effect. It is impossible to say with certainty which of these possibilities is true, but the image of a woman drinking to cope with poor self-esteem is bolstered by early data which suggests that alcoholic women drink to deal with a poor self-concept,[65] by a recent study that demonstrates a significant association between self-esteem and both depression and alcohol consumption,[66] and by the fact that low self-esteem has been designated as a reliable and meaningful factor that emerges in the structure of depression in samples of alcoholic men.[32] Similarly, the association between low self-esteem and weekend as opposed to daily drinking may reflect a drinking pattern that attempts to deal with unspecified social pressures, whether loneliness or social interaction. Perhaps the woman with low self-worth can function better with the weekday structure provided by work or school, but lacks the internal resources to face the less structured time that accompanies the weekend unless aided by alcohol.

Earlier age of onset and earlier loss of control are also correlated with a high score on current mood, but daily, weekend drinking are not. Binge drinking has a significant negative association with current mood. "Binge" or "bender" drinking describes a drinking pattern that is characterized by consumption of excessive amounts of alcohol followed by periods of abstinence. An early study has identified this pattern as a characteristic of the drinking patterns of depressed alcoholics, which are manifest in men as "bender" or "binge" drinking and in women by long periods of abstinence.[67] Noting that the negative finding reported here conflicts with this earlier finding, it may be that binge drinking is indicative of a certain phase or severity of alcoholism that is characterized by both low mood and binge-type drinking. Episodes of excessive drinking occur only during periods of low mood and not at other times. Alcoholic women who exhibit a low mood during detoxification may be beyond this phase. Finally, the interaction between depression and course seems to be slightly stronger for the measures of depression that tap self-esteem than for those that tap current mood. Thus, low self-esteem might be considered an ongoing part of the alcoholic disorder, from onset forward, while current depressed mood is an outcome of the drinking.

Consequences

Both depression composites are associated with each of the drinking-related consequences composites, except for the ability to care for children. This composite may stand out from the others because deficits in maternal role performance do result from alcoholism, but are the most painful to acknowledge. There is also the possibility that a woman will admit to any drinking-related consequences except those related to her children. This latter interpretation is supported by early work that suggests that alcoholic women have a strong identification with the maternal role.[45,65]

Physical illness is associated with current mood but not low self-esteem, while low self-esteem is associated with work problems, but current mood is not. These differences seem logical. One's physical state probably affects one's mood state more than one's sense of self worth. Work, on the other hand, is a realm which requires some sense of mastery, and thus hinges on one's sense of competence.

Since few studies have specified women as a target population, not much work has been done to compare depressed and nondepressed alcoholic women on consequences of drinking. Our findings are consistent with those of McMahon and Davidson[32] who reported that depressed alcoholics have longer histories of problem drinking, more marital problems, and more physical symptoms related to alcohol abuse. The findings in this study, however, conflict with Schuckit and Winokur's 1973 study[9] in which depressed alcoholic women were judged to have a more benign course to their alcoholism and fewer drinking-related consequences. Schuckit and Winokur found no differences between depressed and nondepressed alcoholic women on medical consequences of alcoholism, and depressed alcoholic women in their study reported fewer school dropouts, arrests, divorces, and friend and job losses when they entered treatment. Hesselbrock et al.[68] have shown that the association between depression and alcoholism varies greatly depending on the method of assessment used and thus findings may differ across studies because of the different measures of depression that are used.

Early Psychosocial Vulnerability

Results related to early life events must be interpreted cautiously. All retrospective memory is selective, and it is probably true that depressed people are more likely to recall and report negative childhood memories than nondepressed people. With this caveat in mind, the results nonetheless do suggest particular influences in the early environment which are related to low self-esteem. Specifically, if the alcoholic woman reports negative perceptions of her childhood, did not feel close to her father, and experienced a good deal of conflict with her parents while she was growing up, she is more likely to report low-esteem.

These three elements convey the image of a chaotic, emotionally impoverished home environment, which may be antecedent to a variety of psychological problems in adulthood. There are indirect analogues in research on child psychopathology to support this view. Work in early child psychopathology has shown that conflict between parents and family tensions, as opposed to specific traumatic events, predispose boys to psychological disturbance.[69,70] This result is also reminiscent of earlier descriptive findings that document reports of psychiatric illness in the histories of alcoholic women.[6,7,71]

Particular influences in the early environment are related to depressed current mood but not always in the anticipated direction. A positive family history, negative perception of childhood, and conflict with parents is positively and significantly associated with depressed current mood. However, having a problem drinking sibling while one was growing up or early separation from parents are significantly but negatively associated with depressed current mood. Perhaps *distance* between siblings and parents who would exert a depressing influence on the young person makes for a *less* depressed current mood in the woman alcoholic. This speculation receives some support in the near-significant negative relationship between parental physical illness while growing up and current depressed mood; illness would, again, put distance between a girl and her parent.

Conclusion

The descriptive social histories of alcoholic women reveal that the onset of heavy drinking and alcohol problems is often preceded or accompanied by emotional problems,[8,10,72–76] and a large number of alcoholic women do have contact with mental health professionals during their drinking careers.[76] Alcohol problems might be picked up earlier. Nonalcohol-related problems usually disguise problems with alcohol and depression, and may be presented for amelioration.[76–80] The combined reluctance of women to seek treatment for alcohol problems and the inability of professionals to ask about, recognize, or adequately deal with alcohol problems prolongs suffering and impedes treatment.

The knowledge that depression is an important component of alcohol problems for women can help program planners with the design and testing of more specialized interventions. Alcohol treatment can be enhanced by an increased understanding of alcohol problems in women. Because depression plays a part in alcohol problems in women, treatment needs to reflect an understanding of how depression affects an alcoholic woman's life experience, and in what ways. The findings of this study suggest that nearly every area of an alcoholic woman's life is affected by symptoms of depression and that the more depressed the alcoholic woman, the greater the consequences of her alcoholism. When alcohol problems are presented for professional attention, symptoms of depres-

sion need primary attention. Hopefully, a better understanding of the nature of depression in this population will increase mental health professionals' ability to help.

Women with depression and alcoholism might do better with "prioritized" or hierarchical approaches to treatment that include the traditional education and supportive treatment for the alcohol problem, and psychotherapy aimed at understanding both the depressive and the alcoholic symptoms. A prioritization of presenting needs can aid in making sense of an often overwhelming clinical presentation. Since most alcoholics enter treatment showing mood disturbance that tends to improve within a period of days to weeks, a close monitoring of depressive symptoms is advisable. If these symptoms do not abate, treatment should emphasize mastery, competence enhancement, self-esteem issues, and ways to deal with symptoms of depression. An intervention package for depressed alcoholic women may include support and education, but will also require treatment aimed at amelioration of depressive symptoms. Because depression is often linked to social withdrawal, these women are more likely to be isolated and may benefit from group involvement.

These results, since they depend on retrospective data, are most useful for generating hypotheses to be verified in longitudinal studies. Current results justify prospective studies to observe individuals at higher and lower risk for alcoholism over a period of time to determine whether particular relationships within the family serve as facilitators or as buffers, and which social factors more adequately identify the "prealcoholic." In addition, research is needed to ascertain whether or not alcoholism plays a causal role in the onset of depression and to answer questions on the ways that depression influences the course of alcoholism.

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