TESTING A MODEL OF INTERNALIZED ANOMIE

DISSERTATION

Presented to the Graduate Council of the
University of North Texas in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

John E. Glass, B.A.
Denton, Texas
December 1995
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A new theoretical model of human behavior was presented and tested in this research. Structural equation modeling (LISREL) was used to test the notion that living in an anomic family system would produce an internalized sense of normlessness or "egonomie" that precedes the development of problematic behavior for the individual.

A survey methodology was used with junior high school and high school students as the sample. Three hypotheses were tested, they were as follows: 1) Exposure to anomic social systems results in egonomie 2) individuals living in an anomic environment will have a higher incidence of egonomie than those who are not living in an anomic environment 3) egonomie contributes to the development of other problematic behavior such as depression, suicidal ideation, or emotional problems underlying the need for counseling.

Alcoholic families were predicted to represent anomic family systems, and problematic behavior was defined as depression, suicidal ideation, and the emotional distress underlying the need for counseling. Egonomie was operationalized by three indicators.
The LISREL findings could not support the expected hypotheses. The model did not fit the data well and as a result, interpretation of the findings were tentative.
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CHAPTER I

INTRODUCTION

Introductory Statements

The discipline of sociology has long been concerned with the nature and dynamics of interpersonal relationships. One of the many areas studied by sociologists has been the interaction between the individual and the group. This dissertation was concerned with the analysis of a specific type of group individual interaction, with specific emphasis on its impact on the individual.

The concept of anomie has been a part of the sociological literature for decades. Durkheim (1951) was the first sociologist to discuss anomie and its effects upon members of society. His well-known analysis of suicide, in which he developed the idea of anomic suicide, is a classic work in sociology. Later, Merton (1938) utilized the notion of anomie to account for the emergence of deviance within a society. Historically, the traditional concept of anomie has been understood to reflect large-scale, societal dynamics. As noted, the effect of this systemic process on individuals has been seen as one of aberration -- anomic individuals tend toward deviance. A question, raised later, was that of the psychological effect of anomie upon individuals.
During the 1950's, the concept of alienation was a popular topic of research and was believed to represent the individual response to anomie. In essence, alienation refers to an individual's lack of connection to the group and/or other individuals. Marx (1967) discussed it as a natural and inevitable consequence of capitalism. Later social theorists posited that it was comprised of specific dimensions; Seeman's (1959) conceptualization of alienation is perhaps the most noted example of this (see also Kohn, 1975). Srole (1956), in an attempt to operationalize anomie itself, devised an anomia scale. McClasky and Schar (1965) proposed psychological characteristics that predisposed one to be vulnerable to anomie. Above all, the theory and research represents an attempt to identify the individual response to a systemic dynamic.

One theme that runs throughout much of the alienation and anomie literature is that of normlessness. In terms of anomie, normlessness is reflective of the dynamic of society -- rapidly changing norms and expectations. On an individual level, one experiences normlessness as confusion, a feeling that the world doesn't make sense anymore. To the extent that one feels this way, one experiences a lack of integration into and/or regulation within the group; one feels isolated and different.
The condition of anomie, then, is not represented in the sociological literature as being the norm for a society or group; rather, it is understood as a temporary condition. However, groups may exist in which the condition of anomie is the norm, where anomie characterizes the general dynamics of a social system. This study investigated a possible outcome of undergoing primary socialization within a chronically anomic group.

Statement of the Problem

This study proposed to test a theoretical model of individuals' responses to living in a chronically anomic social system. Specifically, it suggested that consistent exposure to anomie, especially during primary socialization, results in an internalized sense of anomie or "egonomie." This can be characterized by a sense of normlessness, but it differs from the classical notion of normlessness in its individual manifestation. It is not experienced on an individual level as the world not making sense or that norms or expectations are unclear. Rather, it is experienced as a subjective sense of uncertainty or confusion about self and identity that arises from interaction with the world. It is not the world that is uncertain or confusing; it is the experience of self and identity in the world that is.

Instead of internalizing a sense of order and/or cohesion about the experience of self and identity, one
internalizes a sense of hesitancy or inefficacy about identity. One interacts in a world that is seemingly ordered and predictable and witnesses others interacting with seeming skill and ease. The egonomic individual feels different or inadequate when observing others because his or her experience of uncertainty about identity prevents him or her from joining in. Having an experience of self and identity that is uncertain or hesitant results in a sense of hesitancy and uncertainty about how to act and interact in the world.

The research hypotheses that were tested were:

1) Exposure to anomic social systems results in egonomie.

2) Individuals living in an anomic environment will have a higher incidence of egonomie than those who are not living in an anomic environment.

3) Egonomie contributes to the development of other problematic behavior such as depression, suicidal ideation, or emotional problems underlying the need for counseling.

Methodology

In order to test the proposed model, a social group that could be described as persistently anomic had to be identified. A search of the literature led to the utilization of alcoholic families as this group. Much of the
literature on alcoholic families suggests that these homes are characterized by persistent rule and role instability, chaos, and emotional upheaval (see Chapter 2). As such, these families are reflective of a social group that is in a constant state of change and flux. These families, then, fit the definition of an anomic social system — one that is characterized by a sense of normlessness. Thus, in this study, alcoholic families were operationally defined as an anomic social group.

Much of the literature also contains descriptions of the effect that being raised in an alcoholic home has on the individual. Many report having difficulty identifying a sense of what is real, establishing a sense of what is normal, and identifying what they are feeling (see Chapter 2). Other studies suggest that many of these individuals suffer psychiatric disorders, have difficulty engaging in social interaction, and carry these difficulties into adulthood. This study proposes that these individuals have internalized a sense of anomie, or egonomie, and that this creates an underlying condition of emotional distress that gives rise to the development of other problematic behavior.

Data to test the proposed model consisted of a random sample of adolescents from a junior high and a high school. A survey methodology was used and indicators of anomie,
Egonomie, and emotional distress were developed from the questionnaire.

Chapter Outlines

The first chapter of this study is an introduction to the proposed study. This includes an overall discussion of the research problem, the theory that underlies the proposed model, the model itself, and the hypotheses that were investigated. Also included is a brief discussion of the research design and the significance of the study.

The second chapter is a review of the literature on anomie, alienation, alcoholic families, and characteristics of individuals raised in alcoholic homes. This includes both empirical studies and theoretical analyses of the proposed subjects of study.

The third chapter presents the theoretical background and framework for the proposed model. Theories of social order, socialization, and the development of self are presented and discussed in view of the proposed model of internalized anomie or "egonomie."

The fourth chapter describes the research design and the methodology utilized in the study. This includes a discussion of the means of drawing the sample, the sample itself, the questionnaire used, and the development of the model to be studied.
The fifth chapter presents the findings of the proposed research. This includes the accuracy of the proposed model, the relationship of the identified variables, and the statistical significance of the relationships between the variables. Also included in this chapter is a discussion on the implications of the findings for the proposed hypotheses.

The sixth chapter is a concluding chapter with a discussion of the overall study, the findings, and the significance of the findings for the proposed theory of human behavior. This final chapter also includes a discussion of the implications of the findings for future research.
CHAPTER II

REVIEW OF THE LITERATURE

This chapter addresses relevant literature on the proposed theoretical model. The first four sections provide an overview of the literature on anomie and related concepts (anomia, alienation, and psychological studies of anomie). The fifth section explores the literature on the effects of alcoholism in the home, and the sixth and final section is a review of the literature on the effects of familial alcoholism on self-development.

Anomie and Related Concepts

In Durkheim's work The Division of Labor in Society (1947) he first discussed anomie, describing it as an abnormal type of division of labor. It is a state in which "the relationships between the organs [of society] are not regulated" (p. 304). This idea of the lack of regulation is a key component in a theoretical understanding of this concept.

In his work Suicide (1951) Durkheim furthered his definition of anomie. He began his chapter on anomic suicide by stating the fundamental relationship between society and the individual which gives rise to this type of suicide. He asserted that society is "a power controlling [individuals]. There is a relation between the way this regulative action
is performed and the social suicide rate" (p. 241). Herein lies the problem. Anomie manifests as a condition in which society loses its power to control individuals; hence it loses its regulatory power. For Durkheim this is problematic because individuals, by nature, are filled with "unlimited desires" (p. 247) that cannot be fulfilled and need to be regulated by society. When society fails to perform this function, individuals "are not adjusted to the condition forced on them, and its [anomie] very prospect is intolerable" (p. 252). Individuals, by nature, need to be regulated by society. "But, when society is disturbed by some painful crisis or by beneficial but abrupt transitions, it is momentarily incapable of exercising this influence..." (p. 252).

Later sociological theorists drawing on Durkheim have added their own definitions of anomie. Turner, Beeghley, and Powers (1989) defined it as a "deregulation of individuals' desires and passions" (p. 333). Tiryakian (1978) discussed it in terms of "conflicting multiple normative paradigms present in the same society" (p. 211). Moore (1978) argued that it was "the objective state of rulelessness (in a sense, Hobbes' state of nature)" (p. 329). Martindale (1981) stated that "anomie is a state of confusion, insecurity, 'normlessness'" (p. 101).
Merton (1938) utilized the idea of anomie to explain different forms of deviance. In his argument, the social structure exerts pressure on individuals to engage in deviant behavior. He argued that inherent within social structures are culturally approved goals and means of achieving those goals. Depending upon one's status in the social structure one may not be aware of either the culturally acceptable goals nor means. As such, one may have goals that are socially approved, but being aware of, or feeling out of reach of the culturally defined means of achieving those goals, one may engage in deviant behavior to achieve them. Anomie arises in the gap between the culturally approved goals, for example, and the lack of a sense of the culturally approved means to achieve those goals. As a result of anomie, individuals engage in deviant behavior.

**Anomia**

During the 1950's the idea of anomie and its individual manifestation became topics of popular interest. During this time many studies were published on the notion of "anomia." Srole (1956) and his "anomia scale" is one example of this. Srole argued that the notion of anomie could be operationalized on both a macro and a micro level. Operationalizing it on a macro level was difficult, however. He believed that "diversification in the usage of the term
[anomie]" (p. 712) had developed and as such the term could now be used to account for "variations in interpersonal integration" (p. 711). This micro application of anomie he termed "anomia." For purposes of his research, he defined it as "social malintegration...in individuals [that] is associated with a rejective orientation toward out-groups in general" (p. 712). He developed a five-point scale that measured one's amount of anomia.

Bell (1957) was interested in factors producing a sense of anomie within the individual. He believed the main factor was social isolation. Hence, the hypothesis was tested that those individuals who were socially isolated tended to be more anomie than those who were not. Bell used Srole's anomia scale as a measure of anomie and found that anomie was inversely related to economic status and was related to social isolation.

Hughes and Dodder's (1985) research was another example of a more social-psychological study of anomie. They defined anomie as "a condition of society in which the usual normative standards of belief or conduct are absent or weak" (p. 265). To measure anomie, they utilized Srole's anomia scale and looked at the relationship between anomie and self-reported drinking behavior cross-culturally. Their findings suggested a moderate relationship between anomie and problem drinking.
Alienation

Beginning with Marx (1967), the idea of alienation has a long history in sociology as well. Again, during the 1950's and early 1960's there was much interest in the concept of alienation. For most theorists, this concept represented an individual manifestation of living during a time in which anomie was present.

Seeman (1959) argued that the term alienation had been used in five different ways to mean powerlessness, meaninglessness, normlessness, isolation, and self-estrangement. In his discussion on alienation as normlessness, he cited both Durkheim and Merton and stated that "it is clear that the general idea of anomie is...an integral part of the alienation literature...What is not so clear is the matter of how precisely to conceptualize the events to which 'anomie' is intended to point (p. 787)." He continued by defining anomie from an individual perspective as an awareness "that socially unapproved behaviors are required to achieve given goals" (p. 788). Thus, he concluded with a definition of normlessness that is very close to Merton's.

Dean (1961) attempted not only to conceptualize alienation as Seeman had, but also to test a model of alienation that he had constructed. He argued that alienation was comprised of three components: powerlessness,
normlessness, and social isolation. He drew his definition of powerlessness from Kris and Leites (1950) who defined it as an inability of individuals to feel that they "can understand or influence the very events upon which their life and happiness is known to depend" (p. 754).

For his understanding of normlessness Dean quoted De Garza (cited in Dean, 1961) who had interpreted Durkheim's discussion of it from the French. De Garza concluded that it has "three characteristics: a painful uneasiness or anxiety, a feeling of separation from group standards, a feeling of pointlessness or that no certain goals exist" (p. 754). Dean's definition of social isolation also stemmed from Durkheim's conceptualization of anomie and referred to "a feeling of separation from the group or of isolation from group standards" (p. 755). Dean developed a scale from this model and looked at the relationship between alienation and each of its components in relation to various socioeconomic variables, such as occupation, education, and age. He found minor significance in the relationship between the component parts of alienation and the socioeconomic variables.

Kohn (1976) argued that alienation was "an extraordinarily vague and imprecise term" (p. 114) and, like Seeman (1959), argued that alienation really had different meanings. He attempted to utilize the five different types as outlined by Seeman (powerlessness, normlessness,
meaninglessness, self-estrangement, and isolation) yet was able to only develop scales for four types: powerlessness, self-estrangement, normlessness, and cultural estrangement (isolation). For his definition of these four types, he used the definitions as defined by Seeman. Thus, in the case of normlessness, he defined it as "a high expectancy that socially unapproved behaviors are required to achieve given goals" (p. 116).

Roberts (1987) developed a factor-analytic model of alienation that tested both Kohn's and Seeman's models. In this model, alienation was a latent variable indicated by the different types of alienation. The definitions of the different types of alienation were those used by Seeman and Kohn. Roberts found that, of the different types of alienation, the ones that best represented the idea of alienation were powerlessness and self-estrangement.

Psychological Studies of Anomie

Psychological studies of anomie tend to focus on aspects of personality that may give rise to the experience of anomie, as opposed to existing social factors. McClasky and Scharr (1965) investigated the effect of certain personality characteristics and the creation of what they defined as "anomy." They hypothesized that personality variables may independently give rise to the experience of anomie regardless of the social setting.
They defined anomie as "a feeling that the world and oneself are adrift, wandering, lacking in clear rules and stable moorings" (p. 15). They also developed a scale to measure their conceptualization of anomie.

McClasky and Scharr identified personality traits on two levels: cognitive and emotional. On the cognitive level, cognitive impairment exists to the extent that the individual experiences confusion about the social world, mystical thinking that outside forces or magic are at work in the world, and the tendency to acquiesce and not utilize cognitive abilities to discern possible alternatives.

On the emotional level they state "one of the most conducive [personality traits] to anomie is psychological inflexibility. This condition is characterized by unusual rigidity in the employment of defense mechanisms" (p. 28). "Persons who suffer from a high degree of anxiety are also likely to exhibit anomie feelings" (p. 29). Low ego strength is another factor; "this label refers to generalized feelings of personal inadequacy and self-contempt" (p. 30). The last emotional indicator is generalized aggression; "[People exhibiting this trait] are inclined to blame their own misfortunes on forces outside themselves, and to wish to punish others" (p. 30).

They found that some personality traits do indeed work together to create feelings of anomie in the individual. As
they commented, "we have now seen that many psychological states, because they impair social interaction, and hence impede perception and learning, indirectly give rise to anomic feelings" (p. 32). They also argued, however, that "the principal source of anomic feeling resides for some in their social settings; for others in their individual personalities; and for still others, in a combination of the two" (p. 34).

Heaven and Bester (1986) followed along the lines of McClosky and Scharr and investigated the relationship between psychological phenomena and alienation. They seem to have confused alienation and anomie judging from their interchangeable use of the terms. Utilizing Ray's (cited in Heaven & Bester, 1986) General Alienation Scale, they found that certain psychological dynamics, such as anxiety, low self-esteem, and attitude toward authority were associated with the experience of alienation.

DeMann (1982) utilized McClosky and Scharr's anomy scale in his analysis of the relationship between parental control and child-rearing and the report of the experience of anomie in adolescents. He found that adolescents who were raised in families that encouraged autonomy were less likely to report feelings of anomie.
In 1991, DeMan replicated this study using a different sample. He again found that adolescents raised in families that promoted autonomy reported fewer feelings of anomie.

**Alcoholism in the Home**

The popular clinical literature on alcoholism and alcoholic families reveals some common themes. Alcoholic families have been described as chaotic, unstable, inconsistent, violent, abusive, stressful, and marital disruptively (Ackerman, 1983; Black, 1981; Bradshaw, 1988; Fossum & Mason, 1986).

Some empirical studies have verified these findings. West and Prinz (1987) indicated that "the presence of an alcoholic parent severely disrupts family interaction and equilibrium" (1987, p. 215). According to Glen and Parsons (1989), "studies show that the children of alcoholics are often exposed to unstable environments, explosive relationships, familial stress, and tension" (p. 118). West and Prinz (1987) further stated that "the FES [Family Environment Scale] profiles for alcoholic families reflected less cohesion, expressiveness, independence, intellectual-cultural orientation, and active recreational orientation and greater conflict" (p. 213). A study by Famularo, Stone, Barnum, and Wharton (1986) concluded that "a past history of alcoholism is a risk factor for severe child maltreatment, even if the parent is not currently alcoholic" (p. 484).
They went on to say that "active drinking clearly can have dramatic negative effects on parental function, including violence and severe incapacity. Even less severe parental drinking can lead to insidious and pervasive psychological damage to the child resulting from neglect and emotional unavailability" (p. 484).

Some studies called into question the popular notion that all alcoholic families are chaotic and unpredictable. Steinglass, (1979) for example, studied, in a laboratory setting, two different types of alcoholic families ("wet" [actively drinking] and "dry" [abstinent]. He found that the sampled families, both wet and dry, were able to work "out a mechanism for coexisting with the alcoholic symptom and its consequences" (p. 434), thus implying that not all alcoholic families are unstable. He further found that their problem-solving abilities varied depending upon whether they were in the wet phase or the dry phase. Although problem-solving during the wet phase was characterized by "low coordination" (p. 434), the family also demonstrated more freedom in their individual problem-solving techniques "which actually improved their overall problem-solving effectiveness" (p. 435). Thus, the implication is that some families have adapted positively to the presence of alcoholism and reduced some of the negative effects.
Steinglass (1980), in his next effort, proposed a life history or developmental model of the alcoholic family. This was primarily a theoretical work, but he stated that the model was derived from data collected in a longitudinal study. He then demonstrated the effectiveness of this model by citing four case studies. His conclusions were that "the family's current alcohol life phase is a powerful discriminator of statistically discernible patterns of interactional behavior" (p. 223). He argued further that there was a "persistent inability to identify specific patterns of interactional behavior that distinguish alcoholic families as a group from non-alcoholic families" (p. 224). This suggests that the degree to which alcoholism has an unstabilizing effect on the family is predicated upon the developmental phase the family is in and that the popular notion that alcoholic families are idiosyncractic in their instability and chaos may be mistaken.

Fiese (1993) conducted a study on meaningful family rituals and the role they play in alcoholic and non-alcoholic families. The hypotheses to be tested were that children of alcoholics experienced fewer family rituals than children of other families and that family rituals served a protective function for family members. Fiese found that, overall, children of alcoholics (COAS) did report fewer family rituals than non-COAS and that the protective
function varied depending upon the gender of the parent, with more ritualized activity associated with the mother.

Fiese concluded that this study was consistent with other studies that found that alcoholic families are a heterogeneous group. Along with this, Fiese commented that, "to a certain extent similar family process variables are evident across alcoholic and nonalcoholic families" (p. 192). This suggests that the stereotypical view of the alcoholic family being chaotic and unstable may be inaccurate.

In summary, many empirical studies suggest that alcoholic homes are unstable, in a state of disruption and confusion, and are lacking in consistent order (Famularo, Stone, Barnum & Wharton, 1986; Glen & Parsons, 1989; West & Prinz, 1987). These studies suggest that alcoholic families are representative of an anomic social system. It is for purposes of completeness that it is noted that other studies have found that alcoholic families may in many ways be similar to nonalcoholic families.

Clinical case studies have also presented the idea that alcoholic homes are unstable and chaotic (Ackerman, 1983; Fossum & Mason, 1986). This literature perhaps best reflects how unstable conditions in alcoholic homes may create anomie.
Fossum and Mason (1986) stated that "there is little development of self among the [alcoholic] family members because no structure exists to give direction for growth...Nothing really matters. People come and go without acknowledgment and without explicit expression of meaning to one another. Agreements are kept or not kept at random" (p. 27). Referring to positive moments in this type of family they continued, "but these times of contact, while they feel good and nourish the family in a sense, [they] do not develop a feeling of security in people because they vanish as quickly as they come" (p. 29). They added, "there is a failure to support or guide the members into a real involvement with one another and what it is to be a person...the human process of acknowledging one's limitations honestly and accepting them is incomplete" (p. 34).

Ackerman (1983) provided other useful descriptions. "When a parent is alcoholic, parental roles are too often marked by inconsistency; and inconsistency is exhibited by both the alcoholic and nonalcoholic parent. The alcoholic parent behaves like several different individuals with conflicting reactions and unpredictable attitudes" (p. 41). He continued, "[there] is also the time that many unrealistic as well as realistic promises are made, which may or may not be kept...Occasions when promises are kept
are sporadic, so cannot be relied on, again adding to the inconsistency" (p. 42).

The conditions described above suggest that what is occurring in these families is an abundance of inconsistency and instability. This model of the alcoholic family is indicative of an anomic social system. A child growing up in these families has very little consistent role modeling. As noted, attitudes, roles, and behavior are in a state of flux--present one day, not the next. The child has no predictable sense of order or stability in home life. The environment of these families is characterized by unpredictable and rapidly changing norms.

**Familial Alcoholism and Self Development**

Much research in the past ten years has focused on personality development in alcoholic homes (Berkowitz & Perkins, 1988; Berlin, Davis & Orenstein, 1988). Studies indicate common, recurrent patterns of personality characteristics of children and adult children of alcoholics. These characteristics include wondering if their behavior is normal, overreaction to changes over which they have no control (Woititz, 1983), difficulty in determining what is real or not (Arbetter, 1990), difficulty in identifying what they are feeling (Bradshaw, 1988), hypervigilance, a need to control, (Cermak & Brown, 1982), and self-depreciation (Berkowitz & Perkins, 1988).
Both the existing empirical and popular clinical literature agree on the effects of being raised in an alcoholic home. What happens to the individuals raised in these homes has a dramatic effect on their personality development.

From clinical cast studies, Bradshaw (1988) discussed how individuals raised in alcoholic homes develop compulsive-addictive behavior to cover up the pain of growing up in an alcoholic home. They tended to have a great sense of shame about who they are and responded by engaging in self-destructive behavior.

Kitchens (1990), drawing upon clinical experience, discussed how the individual is a "diminished person" meaning that one's true self has not had the opportunity to develop to its fullest. These people have trouble trusting others, feel insecure and uncertain, have trouble knowing what they want, have poor communication skills, and feel lonely much of the time.

Woititz (1983) identified thirteen characteristics of adult children of alcoholics from clinical case studies. A selection from this list reveals that they guess at what normal behavior is, judge themselves without mercy, have difficulty with intimate relationships, overreact to changes over which they have no control, constantly seek approval and affirmation, and are impulsive—they tend to lock
themselves into one course of action without investigating alternatives.

West and Prinz (1987), in a study of adolescents, found a relationship between parental alcoholism and adolescent alcohol abuse. Children of alcoholics are more prone to hyperactivity, conduct disorder, delinquency, and truancy. They have difficulty with interpersonal relationships. They are at greater risk of developing anxiety-depressive problems, have low self esteem, and have a perceived lack of control over events in their environments.

From a study of college students, Berkowitz and Perkins (1987) found that female children of alcoholics had, on average, greater self-deprecation, greater unhappiness and dissatisfaction with themselves, and a greater proneness for depression. Male children of alcoholics generally had greater feelings of independence/autonomy which the researchers related to an ambivalence about relying on others.

As adults, these individuals evidence the same type of dysfunction in their lives. Cermak and Brown (1982), drawing upon a case study of group psychotherapy with adult children of alcoholics, reported that they had an issue with control; in their study, this was the most significant source of anxiety. They concluded that adult children of alcoholics see feelings as bad because they represent a lack of
control. They rely on a rigid defense against acknowledging their personal sense of need. They have distrust of others as well as a distrust of self. They question the validity of their perceptions.

Summary

The preceding chapter presented an overview of the literature relevant to the proposed theoretical model. The sections on anomie and related concepts provided information on the phenomena of anomie on both a societal and individual level. This condition is best described by the concept of normlessness. Its effect on the individual is multifacted and inevitably leaves one with a sense of not being grounded in the social fabric.

The section on familial alcoholism provided a portrait of an oftentimes unstable, chaotic, and tumultuous social environment. The vast majority of this literature supports the notion that these families can best be described as anomie social systems. The final section on self-development provided the empirical foundation for the proposed theoretical concept of egonomie. The review of this literature supports the notion that one has a sense of not knowing what is "normal."
CHAPTER III

THEORETICAL FOUNDATIONS

This chapter provides the theoretical background of the proposed model. The theoretical framework for the concept of egonomie draws upon the works of Berger (1967) and Berger & Luckmann (1966). The concept of familial anomie is derived from Durkheim's (1947) work.

The first section is on the issues of social order and the internalization of a sense of order. The second section examines the issues of self, identity, and social order. The third section is on the notion of chronic anomie and the effect of this on primary socialization. The fourth and final section develops the concept of egonomie utilizing the theoretical framework laid down in the three previous sections.

Social Order and the Internalization of Order

The proposed model that was tested in this dissertation was developed from traditional sociological theory. That is, it attempts to arrive at an understanding of human behavior using fundamental sociological concepts and theoretical frameworks as its springboard.

The issue discussed and tested was what occurs to someone who is raised, who undergoes primary socialization, in a social system that can best be described as anomic.
Berger (1967) provided a theoretical foundation for understanding what may occur.

He argued that humans are inherently unstable; they are unlike animals that have inherent instincts for survival. Because humans are not equipped with instincts, they need an existing order, as manifested in social structure and culture, to insure their survival. In essence, one must "make a world for himself" (Berger, 1967, p. 5). In the process of creating a world that allows for stability and ultimately survival, the individual "not only produces a world, but he also produces himself" (Berger, 1967, p. 6). With this inherent need for order, it follows that the culture that one creates is in part reflective of this need for order, that there arises, a "cultural imperative of stability" (Berger, 1967, p. 6).

Most theories of socialization discuss that one of the goals, if not the primary goal, of socialization is to internalize normative culture. To be fully human is to act human, and the definition of what exactly human is, is culturally relative. Within Berger's (1967) perspective, during primary socialization, the individual complies with the cultural imperative for stability and internalizes the existing order. This, of course, not only allows for the best possibility of continuing stability in the society, but it also has an effect on the individual who is being socialized. As Berger notes, "internalization is rather the
reabsorption into consciousness of the objectivated world in such a way that the structures of this [external] world come to determine the subjective structures of consciousness itself" (1967, p. 14). Thus the individual internalizes not only the normative cultural content of statuses and roles but also internalizes the external, objectivated, symbolic universe and its cultural imperative for order.

Berger's concern with this process is more about the maintenance of social order and stability from one generation to another. Implicit in Berger's work is the assumption that one who has successfully internalized the existing order is able to act and interact in a predictable manner with relative ease. One internalizes the imposed order and because of this is able to successfully negotiate the behavioral requirements of social interaction.

Berger and Luckmann (1966) discuss the role of the family in the internalization of a sense of order. Specifically, they argue that the family and primary socialization have a profound effect upon the individual. As they note:

There is no choice of significant others. Society presents the candidate for socialization with a predefined set of significant others, whom he must accept as such with no possibility of opting for another arrangement...Since the child has no choice in
the selection of his others, his identification with them is quasi-automatic. For the same reason, his internalization of their particular reality is quasi-inevitable. The child does not internalize the world of his significant others as one of many possible worlds. He internalizes it as the world, the only existent and conceivable world, the world *tout court*. It is for this reason that the world internalized in primary socialization is so much more firmly entrenched in consciousness than worlds internalized in secondary socializations (Berger & Luckmann, 1966 p. 134).

The significance of this passage lies in the statement that the child's internalization of the parents' reality is quasi-inevitable. The suggestion, then, is that the child internalizes the world of one's parents and accepts this as the ultimate reality. The reality that is negotiated and constructed is the reality that the child comes to expect and understand as the truth. This is because the reality internalized in primary socialization is "massively and indubitably real" (p. 36).
Many sociological theorists have grappled with the ideas of self, identity, and social order. Most social psychologists argue that self arises through social interaction, that one develops a sense and knowledge of self through reflected images from others, and that self is something that is maintained and transformed through the process of social interaction (see Cooley, 1902; Mead, 1934; Rosenberg, 1979).

Present also in all of these theories is the underlying assumption of social order. Although some theorists may differ on the precise definition and constitution of social order, all implicitly assume that self arises within the context of an existing social order. All also agree that it is the family that is the mediating factor in the development of self and identity. As noted by Berger and Luckmann (1966) above, the family plays a crucial in the development of an internalized sense of order. This is significant to this study as it was hypothesized that exposure to anomic social systems, operationally defined as alcoholic homes, results in egonomie. Hence, the necessary condition for the development of self (social order) was proposed to not be present within alcoholic homes.

Implicit also to theories of self development (Cooley, 1902; Mead, 1934; Rosenberg, 1979) is the idea that one eventually and inevitably does develop a self. Further, one
has a sense of cohesion in one's experience of self or identity that is maintained despite changing situations. This expectation of cohesion or permanence of a sense of self is perhaps best represented by the idea of identity. Berger and Luckmann (1966) argue that identity is "crystallized" (p. 173) and that the social processes fundamental to its emergence and crystalization are determined by the existing social order. As was proposed in this study then, exposure to a lack of social order does not give rise to a crystallized identity, but rather gives rise to an internalized sense of normlessness, or egonomie.

Hence, it appears that most micro-sociological theories that conceptualize self and/or identity posit that self does indeed develop and that it does develop within an existing social order that contributes to the expectation of the certainty of the experience and existence of self.

**Chronic Anomie and Primary Socialization**

As noted, the proposed model in this study examined the result of living in a presumably anomic social environment on the experience of self and identity. Alcoholic families are depicted in the literature are representative of an anomic social system. Hence, these were the groups chosen to empirically represent an anomic system.

As discussed previously in the section on "Social Order and the Internalization of Order," it was theorized that the
family has a decisive impact on the development of self and identity. This development is, of course, one of the prime missions of the socialization process. The underlying question tested in this study then, was if living in an anomic environment has a profound effect on the development of self and identity? It was hypothesized that this does have an effect on the individual's sense of self and identity.

Some questions that were addressed in this study were the following: Do people who are living in such an environment differ from those that are not? If so, do they differ on specific dimensions? If they indeed are different, do the differences influence the emergence of problematic behavior for the individual?

Much of the literature on anomie depicts it as a large-scale societal phenomenon. Durkheim (1951), however, discussed "domestic anomy" resulting from the death of a husband or wife, and he also discussed anomie as possibly resulting from divorce. Thus, it can be argued that the phenomenon of anomie can occur at different levels of social organization. From a theoretical standpoint, the phenomenon can occur within any social system. Hence, the model proposed in this dissertation is one in which anomie occurs on a small-group, that is, familial level. How does anomie manifest on such a level of social organization?
The proposed model used the alcoholic family to represent an anomic family system. As noted in the literature, alcoholic families are characterized by inconsistency, instability, and chaos. Translated into a theoretical framework, this implies a social system in a perpetual state of disorganization, in which norms and expectations change frequently, are unclear at times, and can even be contradictory from one day to the next. One could argue that the most consistent norms are normlessness and uncertainty, respectively. Empirically and theoretically this appears to be an impossibility. However, one could imagine being introduced to a world where one day one is expected to follow a certain norm and the very next day expected to follow a widely divergent norm. Thus, one could then imagine how a child, growing up in this home, internalizes a sense of the world as being uncertain and unpredictable; his or her expectation is that of uncertainty.

What effect does this type of environment have on the development of self? Again, the literature describes individuals raised in alcoholic families as wondering what normal is, having a need for control, wondering what is real, etc. The implication is that their sense of identity and their sense of self in relation to others has been significantly affected by being raised in this type of environment. This model proposed that one who is raised in a
chronically anomic social system internalizes not only a sense of uncertainty and unpredictability about the world, but more dramatically, about self and the experience of identity. Specifically, this model suggested that one internalizes a sense of identity that is experienced as hesitant and uncertain. In contrast to the traditional notion of developing a sense of cohesion or stable sense of identity from being raised within an existing social order, this model proposed that one's identity is crystallized as being conflicted, and on a subjective level is experienced as uncertain or confused. This experience of self as uncertain is characterized as "internalized normlessness," or "egonomie."

**The Concept of Egonomie**

The concept of egonomie derives its meaning from the experience of individuals raised in anomic environments who internalize a self/identity uncertainty that becomes fundamental to their experience of self. Egonomie, then, can be defined as a chronic inability to create/develop and maintain clear, accurate, and consistent attitudes or ideas of self, of self in relation to others, and of self in relation to the world. This is postulated to be a persistent condition, not unlike the persistent condition of the expectation of an ordered or stable sense of self. It is presumed that when one internalizes a sense of order about
self and the world, one is able to negotiate social reality with a relative sense of skill and certainty; those that have an egonomic experience of life, however, feel inadequate, confused, and question their sense of normalcy.

In this study alcoholic homes represented anomie social environments. Anomie on a familial level is not exclusive to alcoholic families, however. Theoretically, anomie could exist in any family in which rapidly changing norms exist or expectations are unclear. Examples of other familial conditions that could give rise to anomie are drug addiction and mental illness. It is theorized that in these other instances egonomic could be present also.

When egonomic individuals observe others interacting with ease and skill, they presumably oftentimes feel different or feel as if something is wrong with them. This is because in their estimation they lack the knowledge or the confidence to engage in fluid social interaction. The internalized uncertainty of self colors their perception of the social world. In this case, however, it is not so much that the world appears normless (as is the traditional conceptualization of anomie or alienation), but rather the world has norms (as observed by others interacting easily), and the egonomic individual does not know what they are (or thinks that he or she does not know what they are). This then, results in an awareness of feeling different and may reaffirm the experience of self/identity uncertainty.
Summary

The preceding chapter provided the theoretical foundation for the proposed model. Using the theories of Berger (1967), Berger and Luckmann (1967), and Durkheim (1951), it was demonstrated how the model was theoretically possible. Specifically, it was demonstrated how living in a chronically anomic social system could result in one internalizing a sense of uncertainty and confusion about self and identity. This confusion and uncertainty about self and identity was conceptualized by the notion of egonomie.

This theoretical foundation was integral to the study as a whole as it provided the framework from which the LISREL model was built. Specifically, the theoretical framework helped organize the way that the model was operationalized, including the choice of indicators for the conceptual components of the model.
CHAPTER IV

METHODOLOGY

This chapter presents the methodology utilized to test the proposed model. The first section is a discussion of a preliminary study with a similar focus and the relevance of its findings to the current study. The second section details the methodology used in the current study. The remaining two sections address the significance and limitations of the current study.

Preliminary Study

A preliminary study on the relationship between family alcoholism, family anomie, egonomie, anomia, and rigidity was undertaken in 1990. A non-random sample was drawn consisting of students enrolled in Introductory Sociology classes at a university in the north Texas area. A LISREL model of the aforementioned factors was developed and tested using the data from the study.

Confirmatory factor analysis was used to determine the validity of the indicators. The two indicators of family anomie had factor loadings greater than .80. Two of the indicators of egonomie had factor loadings greater than .70 and the third had a factor loading of .56. The indicator of family alcoholism was a "perfect measure" of alcoholism and as such was set at 1.0.
The findings were that the proposed model fit the data well (Chi-square=18.42, 27df and p=.890). There was also evidence of a moderately significant relationship between family alcoholism and family anomie (.52) and a possible relationship between family anomie and egonomie (.35).

Current Study

Data for this study was drawn using a cluster sampling technique of junior high and high school students from a north Texas city with a population of 65,000. The data-gathering instrument was a self-report questionnaire that was designed as part of a research effort of the Institute of the Study of the Family and Addictive Disorders at the University of North Texas. The questionnaire included questions about chemical use and other behavior of concern such as suicide attempts, depression, the need for counseling, truancy, and cult involvement (see Appendix for all of the questions). All of the questions on the questionnaire were approved by the district school board and the questionnaire in general was limited to approximately 90 questions.

The cluster sampling technique which was used involved creating a list of all class rolls and selecting every third class in which to distribute the questionnaire. The questionnaires were administered by volunteers at the schools and were completed by the students in their
respective classrooms. The data used in the proposed study were collected in the spring of 1991 and have an N of 930.

The model that was tested posited that alcoholic homes are anomic social systems that produce individuals experiencing egonomie. Specifically, these individuals internalize a sense of "normlessness" that is manifested as a sense of uncertainty, confusion, and being different from others. It is further suggested that it is this internalized sense of normlessness that contributes to the emergence of other problematic behavior such as depression, suicidal ideation, and the need for counseling.

The proposed technique to analyze the model was structural equation modeling or LISREL. LISREL was the best choice to analyze the model as it allows for empirical testing of latent theoretical variables using confirmatory factor analysis and structural equation modeling. In addition, LISREL supports the use of ordinal level data. In essence, it produces coefficients comparable to those produced using interval or ratio level data.

Confirmatory factor analysis is a more robust technique than exploratory factor analysis. As Long (1983) comments, "the limitations of the exploratory factor model have been largely overcome by the development of the confirmatory factor model" (p. 12). Essentially, confirmatory factor analysis reveals the reliability and validity of the factors
utilized to indicate the latent variables. The confirmatory factor model accounts for reliability and validity issues by imposing constraints on the factors to be analyzed. Using statistical tests, one can then discover if the "sample data are consistent with the imposed constraints or, in other words, whether the data confirm the substantively generated model" (Long, 1983, p. 12).

The indicators for the current study were derived from the indicators utilized in the preliminary study. Due to limitations on the number of questions that could be included in the study, not all of the indicators of the preliminary study could be used. As such, only three questions pertaining to egonomie were included. Two of these (#6 & #7 below) were derived from the questions from the initial study that had factor loadings greater than .80. The third was a new question (#6 below) that was added to replace the question from the initial study that had a factor loading of only .56.

Questions on family anomie could not be included. To account for this, anomie was operationally defined as inherent in the alcoholic family. This is supported in the literature and is further substantiated by the moderate to strong relationship (.52) between alcoholism and family anomie found in the preliminary study.
Indicators of an anomic social system were based on questions that would reflect alcoholism in the family. The survey questions which correspond to this were:

1) "Does one of both of your parents use alcohol (beer, wine, hard liquor)?"
   a. Never
   b. Occasionally (special occasions to twice weekly)
   c. Often (several times a week)

2) "I would like my school to provide counseling so I could talk to someone about alcohol and/or drug problems in my home."
   a. Yes
   b. No
   c. I have no such problem in my home

3) "Do you have problems because of your parents' drinking alcohol (beer, wine, mixed drinks)?"
   a. Yes
   b. No
   c. They don't drink

The questions that indicated an internalized sense of normlessness were:
4) "There are times I wonder if what I am doing is normal."
   a. Never
   b. Occasionally
   c. Often

5) "I feel like there is something wrong with me."
   a. Never
   b. Occasionally
   c. Often

6) "There are times that I feel lost as to what to do or how to act."
   a. Never
   b. Occasionally
   c. Often

The questions that indicated other problematic behavior were:

7) "Have you had counseling for emotional problems?"
   a. Yes
   b. No
8) "Do you feel depressed?"
   a. Rarely
   b. Occasionally
   c. Always
   d. Never

9) "I have (choose only one):"
   a. never had thoughts of suicide
   b. had thoughts of suicide
   c. planned my suicide

After the confirmatory factor analysis was completed, structural equation modeling was used to determine the relationship between the latent variables. In the proposed model, the structural equation modeling provided findings on the relationship between family anomie, egonomie, and emotional distress which underlies problematic behavior. As noted, the structural equation component of LISREL generates coefficients between the latent variables that are similar to path coefficients. From these, one can determine the strength of the relationship between the latent variables and thus have evidence to support or reject the proposed model.
Significance of the Study

This study was significant in a number of ways. First, it proposed a new theoretical model of human behavior which, if evidence was found to support this model, could generate more theory. This, of course, is one of the primary goals of the scientific enterprise: theory testing.

Second, this model could have been helpful for practitioners who work with individuals that come from a presumably anomic social system. The model of internalized anomie presented a new perspective on human behavior, and thus suggested new interventions for psychotherapy and sociotherapy. It provided a framework for understanding fundamental psychological processes that underlie various presenting problems such as overcontrolling, depression, and low self-esteem. Practitioners working to alleviate the egonomie, theoretically, would also alleviate and diffuse the other problems.

Third, this model could have generated knowledge about human behavior. If evidence was found to suggest that this model was reflective of social life, then knowledge would have been created. Of course, even if the model did not fit the data, knowledge was created.

Fourth, this model demonstrated the usefulness of sociological theory in the understanding of what has traditionally been the domain of psychology. If the model
proved accurate, then the relevance of sociological theory in the understanding of "psychological" dynamics was substantiated.

Limitations of the Study

The proposed study had the following limitations:

First, it relied on self-report of family alcoholism. The study would have benefited from a more objective measure such as the Michigan Alcohol Screening Test or the Substance Abuse Subtle Screening Inventory as measures of parental alcoholism. Along these lines, the Children of Alcoholics Screening Test could have been used to identify adolescents raised in alcoholic homes. The benefit of these instruments is that they reduce bias about family alcoholism as they take into account any denial that may exist in the family.

The second limitation was that the study was not a replication of the preliminary study. As noted previously, this was due to the limitation placed on the number of questions that were asked. The study could have been improved by including the same questions as the preliminary study which would allow for better identification of family anomie as a separate variable.

The third limitation was that the study utilized cross-sectional data. A better methodology that could have documented the development of egonomie would have been a longitudinal study of children living in alcoholic families.
A fourth limitation was that the data available on anomic social systems was limited to indicators of family alcoholism. Although much of the literature supports the idea that alcoholic families are reflective of an anomic social system, the study could have been improved by utilizing other indicators of anomie. The problem encountered in the initial design of this study, however, was that in the literature anomie is depicted as a large-scale phenomenon affecting entire societies. As such, there are no standardized measures of anomie on a micro (familial) level. The assumption that anomie occurs on such a level was of course integral to this study. As noted, it was after the literature search that alcoholic families were chosen as representative of this level of social organization and were thus operationally defined as anomic systems.

Summary

The preceding chapter presented the methodology used in the current study. The current study built on the findings of a preliminary study which provided support for the current model. Findings supportive of the model could result in the substantiation of new sociological theory and influence the subsequent development of interventions for sociological practice. Working with limitations on the number of questions that could be asked, the level of measurement of the indicators, and a slightly different
model from the preliminary study, the current study utilized LISREL to analyze the proposed model.
CHAPTER V

FINDINGS

This chapter addresses the findings of the current study. The first section presents the frequencies of all of the variables used as indicators in the study. The second section presents the measures of association and statistical significance of the indicator variables. The third section describes the LISREL model generated from the theoretical framework. The final three sections discuss the findings of the LISREL analysis, the overall fit of the model, and the significance of the findings and the fit of the model to the proposed hypotheses.

Frequencies

A total of 930 students responded to the questionnaire. After data collection, the data were cleaned and assigned missing values. A breakdown by gender revealed 448 female and 463 male respondents. Age ranged from 11 to 21 with a mean of 15.3. Class grade ranged from 8 to 12 with a mean of 10.03.

As noted previously, LISREL utilizes observed variables as indicators for latent variables. In this study, nine observed variables (PAPROBME, PARALCO, DRUGCSL, INAD, NORMAL, EGONO, DEPRESS, EMOTCSL, and SUITHOTS) indicated three latent variables (Anomie, Egonomie, and Emotional...
Distress). All of the observed variables were taken from the survey questionnaire discussed in chapter four (see the Appendix for all of the questions in the survey). The variables indicating anomie were PAPROBME (Do you have problems because of your parents' drinking alcohol (beer, wine, mixed drinks)?), PARALCO (Does one of both of your parents use alcohol (beer, wine, hard liquor)?), and DRUGCSL (I would like my school to provide counseling so I could talk to someone about alcohol and/or drug problems in my home).

The variables indicating egonomie were INAD (I feel like there is something wrong with me), NORMAL (There are times I wonder if what I am doing is normal), and EGONO (There are times that I feel lost as to what to do or how to act).

The variables indicating emotional distress were DEPRESS (Do you feel depressed?), EMOTCSL (Have you had counseling for emotional problems?), and SUITHOTS (I have (choose only one) -- The respondent then chose the extent to which he or she had thoughts of suicide)).

Frequencies and measures of central tendency for all of the indicator variables are listed below in Tables 1 through 3. All have minimal variability and fairly normal distribution, with the exception of SUITHOTS which has relatively high kurtosis of 27.731.
Table 1

**Frequency Distribution and Measures of Central Tendency for Indicators for Anomie**

1) **PAPROBME**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>73</td>
<td>7.9%</td>
</tr>
<tr>
<td>NO</td>
<td>852</td>
<td>92.1%</td>
</tr>
</tbody>
</table>

N = 925

Mean          | .079      | STD Dev | .270 | Variance | .073
Kurtosis      | 7.806     | Skewness| 3.129 |          |
(Table 1 Continued - Frequency Distribution and Measures of Central Tendency for Indicators for Anomie)

2) PARALCO

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td>278</td>
<td>30.4%</td>
</tr>
<tr>
<td>OCCASIONALLY</td>
<td>483</td>
<td>52.8%</td>
</tr>
<tr>
<td>OFTEN</td>
<td>153</td>
<td>16.7%</td>
</tr>
<tr>
<td>N = 914</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>.863</td>
<td>STD Dev</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>-.810</td>
<td>Skewness</td>
</tr>
</tbody>
</table>

3) DRUGCSL

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>67</td>
<td>7.5%</td>
</tr>
<tr>
<td>NO</td>
<td>829</td>
<td>92.5%</td>
</tr>
<tr>
<td>N = 896</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>.075</td>
<td>STD Dev</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>.8.508</td>
<td>Skewness</td>
</tr>
</tbody>
</table>

The first indicator was represented by students responding to the statement that they have problems because their parents drink. Prior to statistical analysis, this
variable was collapsed into two categories, YES and NO. The NO category includes the response of "my parents don't drink." 7.9% (N=73) of the students responded that they did have problems because their parents drink; 92.1% (N=852) reported that they did not have any problems because their parents drink.

A second indicator of anomie in the home was that of the frequency of parental use of alcohol. Of the students surveyed, 30.4% (N=278) reported that their parents never drank, 52.8% (N=483) reported that their parents drank occasionally, and 16.7% (N=153) reported that their parents drank often.

The third indicator of anomie in the home was measured by an affirmative answer to the statement that one would like the school to provide counseling for a drug or alcohol problem in the home (this variable was also collapsed into two categories of YES and NO). In response to this, 7.5% (N=67) reported that they would like the school to provide counseling, and 92.5% (N=829) responded that they would not.

Table 2 displays the frequencies for the indicators of egonomie. The first measured the frequency of one experiencing a sense of inadequacy. In response to this, 58% (N=532) responded that they never feel as if there is something wrong with them, 33.9% (N=311) responded that they
feel this way occasionally, and 8.1% (74) responded that they feel this way often.

Table 2

Frequency Distribution and Measures of Central Tendency for Indicators of Ekononie

<table>
<thead>
<tr>
<th>1) INAD</th>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td>532</td>
<td>58.0%</td>
<td></td>
</tr>
<tr>
<td>OCCASIONALLY</td>
<td>311</td>
<td>33.9%</td>
<td></td>
</tr>
<tr>
<td>OFTEN</td>
<td>74</td>
<td>8.1%</td>
<td></td>
</tr>
<tr>
<td>N = 917</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>.501</td>
<td>STD Dev</td>
<td>.642</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>- .245</td>
<td>Skewness</td>
<td>.917</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2) NORMAL</th>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td>488</td>
<td>53.6%</td>
<td></td>
</tr>
<tr>
<td>OCCASIONALLY</td>
<td>325</td>
<td>35.7%</td>
<td></td>
</tr>
<tr>
<td>OFTEN</td>
<td>97</td>
<td>10.4%</td>
<td></td>
</tr>
<tr>
<td>N = 910</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(Table 2 Continued - Frequency Distribution and Measures of Central Tendency for Indicators of Ergonomie)

(2) Normal

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>STD Dev</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norma11</td>
<td>.570</td>
<td>.677</td>
<td>.459</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>.548</td>
<td>.776</td>
<td></td>
</tr>
</tbody>
</table>

3) EGONO

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td>410</td>
<td>44.6%</td>
</tr>
<tr>
<td>OCCASIONALLY</td>
<td>424</td>
<td>46.1%</td>
</tr>
<tr>
<td>OFTEN</td>
<td>86</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

n = 920

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>STD Dev</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGONO Response</td>
<td>.648</td>
<td>.645</td>
<td>.416</td>
</tr>
<tr>
<td>Kurtosis</td>
<td>.687</td>
<td>.487</td>
<td></td>
</tr>
</tbody>
</table>

A second indicator of ergonomie was measured by the frequency that one questions if what one is doing is normal. 53.6% (N=488) of the students reported that they never wonder if what they are doing is normal, 35.7% (N=325) reported that they occasionally do, and 10.4% (N=97) reported that they often wonder if what they are doing is normal.
The third indicator of egonomie was measured by the frequency that one feels lost or confused about what to do or how to act. 44.6% (N=410) of the students reported that they never feel lost or confused, 46.1% (N=424) reported that they occasionally feel lost or confused and 9.2% (N=86) reported that they often feel this way.

Table 3 illustrates the responses to the indicators of emotional distress. The first variable, DEPRESS, measured the frequency that one feels depressed. As noted, 19.7% (N=180) of the students reported that they never feel depressed, 35.2% (N=321) reported that they rarely feel depressed, 39.1% (N=357) reported that they feel depressed occasionally, and 5.9% (N=54) reported that they always feel depressed.

Table 3

Frequency Distribution and Measures of Central Tendency for Indicators of Emotional Distress

<table>
<thead>
<tr>
<th>1) DEPRESS</th>
<th>(Feel Depressed)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response</strong></td>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>NEVER</td>
<td>180</td>
</tr>
<tr>
<td>RARELY</td>
<td>321</td>
</tr>
<tr>
<td>OCCASIONALLY</td>
<td>357</td>
</tr>
<tr>
<td>ALWAYS</td>
<td>54</td>
</tr>
</tbody>
</table>
Table 3 Continued - Frequency Distribution and Measures of Central Tendency for Indicators of Emotional Distress

<table>
<thead>
<tr>
<th></th>
<th>Frequency Distribution</th>
<th>Measures of Central Tendency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N = 912</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kurtosis</td>
</tr>
<tr>
<td>2) EMOTCSL</td>
<td>(Counseling For Emotional Problems)</td>
<td>Response</td>
</tr>
<tr>
<td>YES</td>
<td></td>
<td>217</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>697</td>
</tr>
<tr>
<td>N = 914</td>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Kurtosis</td>
<td></td>
<td>-.473</td>
</tr>
<tr>
<td>3) SUITHOTS</td>
<td>(Had Thoughts Of Suicide)</td>
<td>Response</td>
</tr>
<tr>
<td>NEVER</td>
<td></td>
<td>571</td>
</tr>
<tr>
<td>HAD THOUGHTS</td>
<td></td>
<td>288</td>
</tr>
<tr>
<td>PLANNED</td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>N = 918</td>
<td></td>
<td>Mean</td>
</tr>
<tr>
<td>Kurtosis</td>
<td></td>
<td>27.731</td>
</tr>
</tbody>
</table>
The second variable, EMOTCSL indicated whether or not one has had counseling for emotional problems. 23.7% (N=217) of the students responded that they had been to counseling for emotional problems and 74.9% (N=697) reported that they had not.

The third variable, SUITHOTS was a measure of suicidal ideation. 62.3% (N=571) of the students reported that they have never had thoughts of suicide. 31.4% (N=288) reported that they had had thoughts of suicide and 6.2% (N=57) reported that they had planned their suicide.

Measures of Association and Statistical Significance

Before performing the analysis of the LISREL model, preliminary measures of association and statistical significance of all of the indicators were performed using gamma analysis. The results are illustrated in Table 4 through Table 6. The indicators PARALCO, PAPROBME, and DRUGCSL representing anomie in the home were independent variables in crosstabulations with the indicators EGONO, NORMAL, and INAD representing egonomie. The results are represented in Table 4.
Table 4

Gamma Analysis of Indicators of Egonomie (EGONO, NORMAL, INAD) by Indicators of Anomie (PARALCO, PAPROBME, DRUGCSL)

<table>
<thead>
<tr>
<th></th>
<th>PARALCO</th>
<th>PAPROBME</th>
<th>DRUGCSL</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGONO</td>
<td>.186</td>
<td>.358</td>
<td>.412</td>
</tr>
<tr>
<td></td>
<td>(t=3.64/p=.007)</td>
<td>(t=3.27/p=.000)</td>
<td>(t=3.63/p=.000)</td>
</tr>
<tr>
<td>NORMAL</td>
<td>.141</td>
<td>.256</td>
<td>.445</td>
</tr>
<tr>
<td></td>
<td>(t=2.71/p=.085)</td>
<td>(t=2.30/p=.010)</td>
<td>(t=3.93/p=.000)</td>
</tr>
<tr>
<td>INAD</td>
<td>.184</td>
<td>.265</td>
<td>.330</td>
</tr>
<tr>
<td></td>
<td>(t=3.50/p=.004)</td>
<td>(t=2.36/p=.040)</td>
<td>(t=2.82/p=.004)</td>
</tr>
</tbody>
</table>

Although all were statistically significant at levels ranging from .000 to .10 and T-values exceed 1.96, the strength of association between most was minimal. DRUGCSL had the highest measures of association with the three indicators at .412 (EGONO), .446 (NORMAL), and .330 (INAD). DRUGCSL also had the highest levels of probability with >.001 (EGONO), >.001 (NORMAL), and >.01 (INAD). PAPROBME had
the second strongest measures of association with .358 (EGONO), .256 (NORMAL), and .265 (INAD).

Cross tabulations were also performed with the indicators of egonomie (NORMAL, INAD, EGONO) as independent variables. The indicators for problematic behavior (SUITHOTS, DEPRESS, EMOTCSL) were dependent variables in the analysis. The results of this analysis are represented in Table 5.

Table 5

Gamma Analysis of Indicators of Emotional Distress (EMOTCSL, DEPRESS, SUITHOTS) by Indicators of Egonomie (EGONO, NORMAL, INAD)

<table>
<thead>
<tr>
<th></th>
<th>EGONO</th>
<th>NORMAL</th>
<th>INAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMOTCSL</td>
<td>.423</td>
<td>.344</td>
<td>.449</td>
</tr>
<tr>
<td></td>
<td>(t=6.4/p=.000)</td>
<td>(t=5.0/p=.000)</td>
<td>(t=6.7/p=.000)</td>
</tr>
<tr>
<td>SUITHOTS</td>
<td>.563</td>
<td>.471</td>
<td>.656</td>
</tr>
<tr>
<td></td>
<td>(t=11.1/p=.000)</td>
<td>(t=8.7/p=.000)</td>
<td>(t=13.3/p=.000)</td>
</tr>
<tr>
<td>DEPRESS</td>
<td>.596</td>
<td>.575</td>
<td>.676</td>
</tr>
<tr>
<td></td>
<td>(t=14.2/p=.000)</td>
<td>(t=13.3/p=.000)</td>
<td>(t=16.3/p=.000)</td>
</tr>
</tbody>
</table>
As noted, all were statistically significant at the .000 level, all had T-values exceeding 1.96 and most had moderate to strong measures of association. DEPRESS had the highest level of association with all three independent variables - .596 (EGONO), .575 (NORMAL), and .676 (DEPRESS). SUITHOTS had the next highest level of association with the three variables at .564 with EGONO, .471 with NORMAL, and .656 with INAD.

Gamma analysis was also performed using the indicators of anomie (PARALCO, PAPROBME, DRUGCSL) as independent variables and the indicators of problematic behavior (SUITHOTS, DEPRESS, EMOTCSL) as dependent variables. Results are represented in Table 6.
Table 6

**Gamma Analysis of Indicators of Emotional Distress**  
(SUITHOTS, DEPRESS, EMOTCSL) by Indicators of Anomie  
(PARALCO, PAPROBME, DRUGCSL)

<table>
<thead>
<tr>
<th></th>
<th>PARALCO</th>
<th>PAPROBME</th>
<th>DRUGCSL</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUITHOTS</td>
<td>.284</td>
<td>.527</td>
<td>.537</td>
</tr>
<tr>
<td>(T=5.18/P=.000)</td>
<td>(T=4.68/P=.000)</td>
<td>(T=4.53/P=.000)</td>
<td></td>
</tr>
<tr>
<td>DEPRESS</td>
<td>.216</td>
<td>.451</td>
<td>.327</td>
</tr>
<tr>
<td>(t=4.60/p=.000)</td>
<td>(t=4.63/p=.000)</td>
<td>(t=3.12/p=.005)</td>
<td></td>
</tr>
<tr>
<td>EMOTCSL</td>
<td>.263</td>
<td>.517</td>
<td>.344</td>
</tr>
<tr>
<td>(t=3.93/p=.000)</td>
<td>(t=3.81/p=.000)</td>
<td>(t=2.35/p=.006)</td>
<td></td>
</tr>
</tbody>
</table>

As noted, all were significant at the .000 level, with the exception of DEPRESS (p=.005) and EMOTCSL (p=.006). T-values were all minimally significant, ranging from a low of 2.35 to 5.18. Measures of association ranged from a minimal .216 (DEPRESS on PARALCO) to a moderate .537 (SUITHOTS on DRUGCSL).
The LISREL Model

As discussed, the proposed model was one that attempted to account for the existence of an internalized sense of normlessness resulting from living in an anomic environment. This internalized sense of normlessness, or egonomie, then contributes to emotional distress.

Covariance structure models are comprised of two components - a measurement model that utilizes confirmatory factor analysis and a structural model that utilizes structural equation modeling. The measurement model is generally constructed first and involves the identification of observed variables that indicate an "unobserved" or latent variable. In this case, the latent variables were anomie, egonomie, and emotional distress. Anomie is an exogenous variable as it is proposed that it has a direct effect on the endogenous variable egonomie, and an indirect effect on the endogenous variable, emotional distress. These unobserved or latent variables were indicated by the observed variables of PAPROBME, DRUGCSL, PARALCO (anomie), EGONO, NORMAL, INAD (egonomie), and DEPRESS, SUITHOTS, EMOTCSL (emotional distress). The LISREL model is represented in Figure 1.

The LISREL program output contains the parameter coefficients for both the measurement component (confirmatory factor analysis) and the structural component
(structural equation modeling). These coefficients indicate the strength of the relationship between the indicators to the latent variables and between the latent variables themselves. They provide information on the extent to which the observed factors load onto the unobserved factors and the extent to which the unobserved factors influence one another.

**LISREL Analysis**

Initial attempts to run the full model (measurement and structural) were hampered by error messages indicating that certain matrices were not "positive definite." Wothke (1994) defines the positive definiteness of a matrix as "A covariance matrix is...*strictly positive definite* if all
NOTE: X1=PAPROBME, X2=DRUGCSL, X3=PARALCO, Y1=INAD, Y2=EGONO, Y3=NORMAL, Y4=DEPRESS, Y5=SUIT/HOTS, Y6=EMOTCSL possible weighted sums have a variance greater than zero, except for the one 'trivial' case when all weight coefficients are themselves equal to zero" (p. 23). Joreskog and Sorbom (1989) comment that non-positive definiteness could result "because the proposed model is wrong for the data or the data are inadequate for the model" (p. 277).
To determine which matrix was lacking in positive definiteness, the full model was broken down into two, separate two-factor models. The first two-factor model consisted of the measurement and structural components of the latent variables anomie and egonomie. In this analysis, an error message indicated that the theta delta matrix was not positive definite.

Wothke (1994) and Joreskog and Sorbom (1989) offer possible remedies to the problem of non-positive definiteness. Both discuss the utilization of the ridge option or ridge constant as one method of resolving matrices that lack positive definiteness. Joreskog and Sorbom (1989) define the ridge constant as "a constant times the diagonal is added to the diagnosis before iterations begin" (p. 25). Wothke (1994) adds that adding a ridge constant "fixes up the data in the sense that needed numerical operations, including matrix inversion, become possible" (p. 4).

With the application of the ridge constant, the two factor model attained positive definiteness and analysis of the second two factor model could proceed.

The second two-factor model consisted of the measurement and structural components of egonomie and emotional distress. This analysis proceeded smoothly and no problems with non-positive definiteness were encountered. A
modification was made to this model before proceeding to the full model, however.

The LISREL program produces modification indices which indicate possible ways of improving the fit of the model by freeing restricted parameters. The decision to utilize the "suggestion" of the modification indices rests upon the extent to which the modification is consistent with the theoretical considerations of the model. In the case of the two-factor model representing egonomie and emotional distress, a parameter between two unique factors (error terms) was identified as a possible modification. This parameter is consistent with the theoretical considerations of the model as it is possible that there is some covariance between the two unique factors. Thus, this parameter was relaxed and the fit of the model was improved.

The two, two-factor models with the modification were then combined into the full model and the analysis was run again (see Appendix B for program). Figure 2 represents the modified, final model.
To begin the analysis of the LISREL model, the data were first processed with the PRELIS program (see Appendix A). PRELIS processing creates the covariance matrix that LISREL then analyzes within the imposed parameters. As the data were ordinal level, a polychoric covariance matrix was specified. Table 7 represents the covariance matrix to be analyzed.
Table 7

Covariance Matrix Created by PRELIS Preprocessing

<table>
<thead>
<tr>
<th></th>
<th>Y1</th>
<th>Y2</th>
<th>X3</th>
<th>Y4</th>
<th>Y5</th>
<th>Y6</th>
<th>X1</th>
<th>X2</th>
<th>X3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y1</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y2</td>
<td>0.644</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y3</td>
<td>0.629</td>
<td>0.544</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y4</td>
<td>0.597</td>
<td>0.522</td>
<td>0.510</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y5</td>
<td>0.551</td>
<td>0.459</td>
<td>0.396</td>
<td>0.543</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Y6</td>
<td>0.351</td>
<td>0.336</td>
<td>0.295</td>
<td>0.398</td>
<td>0.477</td>
<td>1.000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X1</td>
<td>0.165</td>
<td>0.258</td>
<td>0.200</td>
<td>0.326</td>
<td>0.379</td>
<td>0.360</td>
<td>1.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X2</td>
<td>0.226</td>
<td>0.286</td>
<td>0.313</td>
<td>0.218</td>
<td>0.366</td>
<td>0.196</td>
<td>0.810</td>
<td>1.000</td>
<td></td>
</tr>
<tr>
<td>X3</td>
<td>0.136</td>
<td>0.142</td>
<td>0.126</td>
<td>0.164</td>
<td>0.229</td>
<td>0.207</td>
<td>0.548</td>
<td>0.495</td>
<td>1.000</td>
</tr>
</tbody>
</table>

After utilizing listwise deletion for missing data, the total sample size was 865.

**Measurement Component**

As noted, the measurement model is determined by utilizing confirmatory factor analysis. Table 8 represents the Lambdas (factor loadings) for each of the observed variables (indicators), and the thetas (unique factors).
Table 8

Maximum Likelihood Estimates for Lambdas and Thetas

<table>
<thead>
<tr>
<th>Lambda X</th>
<th>ANOMIE</th>
<th>PAPRPROBME</th>
<th>DRUGCSL</th>
<th>PARALCO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1.000</td>
<td>.828</td>
<td>.562</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Lambda Y</th>
<th>EGONOMIE</th>
<th>EMOTIONAL DISTRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>INAD</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>EGONO</td>
<td>.849</td>
</tr>
<tr>
<td></td>
<td>NORMAL</td>
<td>.819</td>
</tr>
<tr>
<td></td>
<td>DEPRESS</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>SUIHTOTS</td>
<td>.940</td>
</tr>
<tr>
<td></td>
<td>EMOTCSL</td>
<td>.690</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theta Delta</th>
<th>PAPROBME</th>
<th>DRUGCSL</th>
<th>PARALCO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAPROBME</td>
<td>.022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DRUGCSL</td>
<td>.000</td>
<td>.448</td>
<td></td>
</tr>
<tr>
<td>PARALCO</td>
<td>.000</td>
<td>.000</td>
<td>.691</td>
</tr>
</tbody>
</table>
(Table 8 - Continued) Maximum Likelihood Estimates for Lambdas and Thetas.

<table>
<thead>
<tr>
<th></th>
<th>INAD</th>
<th>EGONO</th>
<th>NORMAL</th>
<th>DEPRESS</th>
<th>SUITHOTS</th>
<th>EMOTCSL</th>
</tr>
</thead>
<tbody>
<tr>
<td>INAD</td>
<td>.234</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGONO</td>
<td>.000</td>
<td>.448</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORMAL</td>
<td>.000</td>
<td>.000</td>
<td>.486</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEPRESS</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.422</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUITHOTS</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.490</td>
<td></td>
</tr>
<tr>
<td>EMOTCSL</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
<td>.103</td>
<td>.725</td>
</tr>
</tbody>
</table>

In LISREL analysis, it is necessary to set one indicator parameter for each latent variable to one (1) to provide a scale for the other indicator parameters (see Joreskog & Sorbom, 1989). For anomie, the variable PAPROBME was set to one, for egonomie, INAD was set to one, and for emotional distress, DEPRESS was set to one.

For anomie, DRUGCSL had a lambda of .828 which indicated a strong loading; PARALCO had a moderate loading of .562. Egonomie is indicated by the observed variables EGONO which had a strong loading of .849 and NORMAL which also had a strong loading of .819. Emotional distress is indicated by the variables SUITHOTS, which had a strong loading of .940 and EMOTCSL, which had a moderate-to-strong loading of .690.
T-values for each of the Lambdas are represented in Table 9. T-values for all of the indicators were significant and range from 14.724 to 27.483.

Table 9

T-Values for Lambdas

<table>
<thead>
<tr>
<th>ANOMIE</th>
<th>EGONOMIE</th>
<th>EMOTIONAL DISTRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAPROBME</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>DRUGCSL</td>
<td>27.483</td>
<td>.000</td>
</tr>
<tr>
<td>PARALCO</td>
<td>17.710</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>EGONOMIE</td>
<td>EMOTIONAL DISTRESS</td>
</tr>
<tr>
<td>INAD</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>EGONO</td>
<td>24.398</td>
<td>.000</td>
</tr>
<tr>
<td>NORMAL</td>
<td>23.360</td>
<td>.000</td>
</tr>
<tr>
<td>DEPRESS</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>SUITHOTS</td>
<td>.000</td>
<td>20.420</td>
</tr>
<tr>
<td>EMOTCSL</td>
<td>.000</td>
<td>14.724</td>
</tr>
</tbody>
</table>

Overall it appeared that the observed indicators indicated the latent variables well, thus indicating a
significant measurement model. A discussion of just how well the measurement model fits the data follows discussion of the findings for the structural model.

**Structural Component**

The structural component of the model represents the effects of the structural elements on each other. As noted, the LISREL structural coefficients are analogous to path coefficients. As such, the closer the coefficients approximate 1 (or -1), the greater the effect. As noted in Table 10, the effect of anomie on egonomie (gamma) was minimal (.222). The effect of anomie on emotional distress (gamma) was only slightly larger (.228). Egonomie, however, had a strong effect (beta) on emotional distress (.698). Phi represents the amount of covariance among the exogenous variable (independent latent variable), and Psi the amount of covariance among the endogenous latent variables (dependent latent variables).
Table 10

Maximum Likelihood Estimates for Gammas, Beta, Phi, & Psi

<table>
<thead>
<tr>
<th></th>
<th>ANOMIE</th>
<th>EGONOMIE</th>
<th>EMOTIONAL DISTRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gamma</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANOMIE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EGONOMIE</td>
<td>.222</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMOTIONAL DISTRESS</td>
<td>.228</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|             |        |          |                    |
| **Beta**    |        |          |                    |
| EGONOMIE    |        |          |                    |
| EMOTIONAL DISTRESS | .698 |          |                    |

|             |        |          |                    |
| **Phi**     |        |          |                    |
| ANOMIE      |        |          |                    |
| ANOMIE      | .978   |          |                    |

|             |        |          |                    |
| **Psi**     |        |          |                    |
| EGONOMIE    |        |          |                    |
| EMOTIONAL DISTRESS | .718 |          |                    |
| EMOTIONAL DISTRESS | .000 | .084    |                    |
T-values for the structural parameters are all significant and range from 4.023 to 20.734 (see Table 11 below).

Table 11
T-Values for Gamma, Beta, Phi, & Psi

<table>
<thead>
<tr>
<th>Gamma</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOMIE</td>
<td>.222</td>
</tr>
<tr>
<td>EGONOMIE</td>
<td>.228</td>
</tr>
<tr>
<td>EMOTIONAL DISTRESS</td>
<td>.228</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beta</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EGONOMIE</td>
<td>.698</td>
</tr>
<tr>
<td>EMOTIONAL DISTRESS</td>
<td>.698</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phi</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ANOMIE</td>
<td>.978</td>
</tr>
<tr>
<td>ANOMIE</td>
<td>.978</td>
</tr>
</tbody>
</table>
These structural effects suggested that the model was somewhat inaccurate. The effect of anomie on egonomie (.222) was expected to be stronger. The effect of egonomie on emotional distress was strong (.698), but it is unclear as to what accounts for egonomie. These findings do not provide sufficient evidence to support the theoretical model.

**Overall Fit of Model**

The LISREL output contains indicators of the extent to which the model fits the data or how well it fits the data. These "measures of overall fit" (Joreskog and Sorbom, 1989, p. 43) consist of chi-square, a goodness-of-fit index (GFI), an adjusted goodness-of-fit index (AGFI), and a root mean squared residual (RMSR). For a model to fit well, it must have a small chi-square, the goodness-of-fit and adjusted goodness-of-fit indices should be close to 1, and the root mean squared residual should be small.
As noted in Table 12, the proposed model did not fit the data well. To begin, the chi-square was very large (296.48 with 23 df). Although the GFI was promising (.939), the AGFI was not representative of a good fit (.881). The RMSR was also not indicative of a good fitting model (.048).

Table 12

Measures of Goodness-of-Fit of Model

<table>
<thead>
<tr>
<th>Measure</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chi-Square with 23 df</td>
<td>296.48</td>
</tr>
<tr>
<td>Goodness of Fit</td>
<td>.939</td>
</tr>
<tr>
<td>Adjusted Goodness of Fit</td>
<td>.881</td>
</tr>
<tr>
<td>Root Mean Square Residual</td>
<td>.048</td>
</tr>
</tbody>
</table>

As noted, LISREL provides output that contains modification indices. These indices represent potential modifications which could improve the fit of the model. Several theoretically appropriate modifications were attempted, but none could be sustained due to the recurrent problem of non-positive definiteness. Thus, the model in Figure 2 was the "best" fit.

Evaluation of Hypotheses

Hypothesis one was that exposure to anomic social systems results in egonomie. Initial indications from gamma
analysis revealed that there was an overall minimal relationship between an anomic system and an internalized sense of anomie. This was evidenced by the minimal associations between the indicators of anomie and egonomie illustrated in Table 4.

To find evidence to support this hypothesis using the LISREL model, one must look at the findings for both the measurement model and the structural model. The measurement model revealed that the observed variables sufficiently indicated the latent variables of anomie and egonomie (see Table 8). The structural component, however, revealed that the relationship between anomie and egonomie was weak (.222). Thus, one could conclude that although the measurement model for both latent variables provided necessary information to support the hypothesis, the structural coefficients did not.

The second hypothesis was that individuals living in an anomic environment will have a higher incidence of egonomie than those who are not living in an anomic environment. As the LISREL model did not fit the data well, there was insufficient evidence to support the testing of any difference of distribution of egonomie between those that live in anomic environments and those that do not. A remedy was to run a nonparametric test of significance on the
indicators of anomie and egonomie. This was done using the Mann-Whitney U.

The Mann-Whitney U test is a non-parametric significance test that utilizes ordinal level data. This test is similar to a t-test in that it can provide evidence to support or reject a hypothesis that two different groups have the same distribution (Norusis, 1986). In utilizing the Mann-Whitney, one actually tests the null hypothesis (that there is no difference in the incidence of egonomie between the groups). The two groups were divided into those that had positive indicators of anomie and those that did not. As there were three indicators of anomie and three indicators of egonomie, three separate analyses using anomie indicators as independent variables were run against the three indicators of egonomie as dependent variables. For purposes of this test, the variable PARALCO was collapsed from three values (NEVER, OCCASIONALLY, OFTEN) into two values (NEVER, OFTEN). The results are displayed in Table 13. In describing the findings as related to the two groups, the indicator variables are discussed as collective indicators of anomie and egonomie.
Table 13

Mann-Whitney U Analyses of Economic Indicators by Anomie Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>PAPROBME</th>
<th>PARALCO</th>
<th>DRUGCSL</th>
</tr>
</thead>
<tbody>
<tr>
<td>INAD</td>
<td>Z=-2.50</td>
<td>Z=-2.17</td>
<td>Z=-3.09</td>
</tr>
<tr>
<td></td>
<td>p=.012</td>
<td>p=.029</td>
<td>p=.002</td>
</tr>
<tr>
<td></td>
<td>(N 914)</td>
<td>(N 910)</td>
<td>(N 893)</td>
</tr>
<tr>
<td>EGONO</td>
<td>Z=-3.49</td>
<td>Z=-2.06</td>
<td>Z=-3.85</td>
</tr>
<tr>
<td></td>
<td>p=.000</td>
<td>p=.038</td>
<td>p=.000</td>
</tr>
<tr>
<td></td>
<td>(N 917)</td>
<td>(N 913)</td>
<td>(N 895)</td>
</tr>
<tr>
<td>NORMAL</td>
<td>Z=-2.50</td>
<td>Z=-1.67</td>
<td>Z=-4.40</td>
</tr>
<tr>
<td></td>
<td>p=.012</td>
<td>p=.093</td>
<td>p=.000</td>
</tr>
<tr>
<td></td>
<td>(N 907)</td>
<td>(N 903)</td>
<td>(N 887)</td>
</tr>
</tbody>
</table>

The Mann-Whitney U utilizes case rank as the unit of analysis for the test. The output produces Z-scores and 2-tail probability levels that are used to determine the probability of accepting or rejecting the null hypothesis. In these analyses, there was evidence to support rejecting the null hypothesis.
The Z-scores for all analyses were all statistically significant with the exception of NORMAL by PARALCO (-1.67) and ranged from -4.40 (NORMAL by DRUGCSL) to -1.67 (NORMAL by PARALCO). The 2-tailed probabilities ranged from .000 (NORMAL by DRUGCSL) to .093 (NORMAL by PARALCO). Taken together, these findings provided evidence (with the exception of NORMAL by PARALCO) to reject the null hypothesis (that there is no difference in the incidence of egonomie between the groups). One could then conclude with reasonable certainty (.000 to >.10) that there was a difference in the distribution of egonomie between the two groups. Thus, there seems to be evidence that supported hypothesis number two.

The third hypothesis was that egonomie contributes to the development of other problematic behavior such as depression, suicidal ideation, or emotional problems underlying the need for counseling. Findings supported this hypothesis in both the initial gamma analysis and the LISREL analysis.

Gammas for the indicators of egonomie and emotional distress ranged from .344 to .676, and all had probabilities of .000 (see Table 5). These findings indicated some significant, positive association between these variables.

In the LISREL analysis, findings for the measurement model suggested that the observed variables indicated the
latent factors well. The Lambdas ranged from .690 to .940 (see Table 8). The findings for the structural model suggested that egonomie had a strong effect on emotional distress (.698). Thus, it appeared that this hypothesis is supported by the findings.

The above interpretations of the findings and their subsequent implications for the hypotheses need to be evaluated in light of the poor fit of the model (see Table 12). A poor fitting model suggests that the data were insufficient to support the model or that the model was insufficient to represent the data. In this case, there is evidence of the existence of both conditions. Thus, the findings must be taken with a great deal of caution. Further, any determination that the hypotheses have been supported or rejected by the findings must be cautiously tentative at best, and at worst, withheld.

**Summary**

The preceding chapter addressed the overall findings of the study. Unfortunately, there was little evidence to support the proposed model. Despite some promising findings for many of the indicators and the structural relationships, the poor overall fit of the model leaves any argument for supporting the model unfounded.

A discussion elaborating the reasons for the poor fit of the model follows in the next chapter. Also in the next
chapter is a discussion of the implications of this study for future research and a conclusion.
CHAPTER VI

CONCLUSIONS & IMPLICATIONS

This final chapter offers an overall discussion of the model. The first section provides possible reasons as to why the overall fit of the model was so poor. The second section discusses implications of this study and the final section offers reasons for future research.

Model Evaluation

The purpose of this study was to determine if there was evidence to support a new model of human behavior. The proposed model suggested that one internalized a sense of normlessness as a result of living in an anomic environment. This internalized sense of normlessness, or egonomie, had an effect on the development of other problematic behavior for the individual. The proposed theoretical model was analyzed by LISREL and was determined to not fit the data well. Possible reasons for this follow.

The first reason may be that the model is simply an inaccurate representation of the proposed theory. This, of course, is a logical conclusion as it is evident that the model did not fit the data well. However, for two reasons this assertion needs to be suspended until further research is completed. The first reason is that because the model did not fit the data well does not irrevocably imply that the
model is wrong. More conclusive evidence that the model was wrong would have been a good fitting model with insignificant path coefficients and factor loadings. Secondly, the preliminary study, utilizing a similar model, was found to fit the data well and had significant factor loadings and path coefficients.

A second reason may be that the theory is inaccurate; individuals that live in an anomic system may not internalize a sense of normlessness. This, of course, is a reason for further empirical investigation, but may indeed prove to be a reason that this particular model did not fit the data well.

A third reason why the model was a poor fit may be due to the level of data utilized. The ordinal level data utilized may not have been as analytically robust as was needed to represent the model. More standardized measures for alcoholism, anomie, and children of alcoholic status that incorporate interval level data could have been used. These may have been more accurate and may have been better indicators of the latent variables. Also there was not a considerable amount of variance among the available variables. Of the three indicators of anomie, for instance, two (PAPROBME, DRUGCSL) varied from 0 to 1. Other measures of these phenomena that have more variance may have produced different results.
A fourth reason, related to the above, is that family alcoholism may not always produce the condition of anomie. As Steinglass (1979) argued, not all alcoholic families are unstable. Thus the variables used to indicate alcoholism in the home may have been more indicative of a stable home than a predicted unstable home - it is not possible to determine from the variables used which condition (if either) was being indicated. If the measures of alcoholism were reflective of a more stable home, then one would assume that the existence of anomie would be minimal.

A fifth reason may be that the model may have been a poor fit because it was incomplete. The preliminary study utilized a four factor model that included a latent variable representing family anomie. As noted in the limitation section, this fourth latent variable was not included in this study due to the restriction on the number of questions that could be asked on the survey. This "missing factor," then, may be another reason that the model did not fit the data well.

A sixth reason may that the indicators of the latent variables for egonomie and emotional distress were not well differentiated. A possible modification suggested that suicidal ideation may be an indicator of egonomie. This, of course, is not consistent with the proposed theory, although this does indicate that there may be less differentiation
among the variables than was anticipated. This could also suggest that the phenomenon of egonomie is more emotionally dynamic than initially conceptualized. This, as those mentioned previously, is an issue for future research.

A seventh reason may be due to the ages of the respondents. The age range was from 11 to 21. This is a broad age range and as such, the lack of findings to support the model may be due in part to different age cohorts experiencing different phenomena; an eleven year-old is developmentally different than a twenty-one year-old and experiences life differently. Thus, the broad age range may have influenced the poor fit of the model.

Implications for Future Research

The purpose of this study was to test a new theoretical model of group - individual interaction. Specifically, the theory proposed that consistent exposure to anomie, especially during primary socialization, results in an internalized sense of anomie or "egonomie." This egonomie then influences the development of other problematic behavior.

Despite the poor fit of the model, the notion of an internalized sense of normlessness deserves further empirical investigation for a number of reasons. These are listed below.
First, the preliminary study suggested that there is empirical evidence for the existence of such a phenomenon. Another study using similar variables and latent factors could be undertaken to establish the validity of replication. As discussed, this study did not have the same variables as indicators, nor all of the latent variables in the preliminary study.

Second, a study incorporating interval level data with more variability may produce different and more substantial results. Included in any future study would also be the issue of differentiation of the indicators; specifically, better control of the development of the variables to be used as indicators that would result in better differentiation between each one. This would preclude the possibility of an indicator of one latent variable indicating another latent variable.

Third, the issue of the impact that living in an unstable primary group has on an individual deserves further research. The notion of social order is paramount to every sociological theory and within the context of that theory is a fundamental idea in any discussion on the issue of socialization. At present there is little sociological theory on the impact that growing up in a normatively unstable group has on the individual.
Fourth, future research on this subject could produce more effective social interventions that would benefit the individuals and the families that live in such conditions. Sociology as a discipline has been overlooked and underutilized in its ability to create meaningful social interventions. Another study of this nature could result in both increased knowledge of human behavior as well as practical implications for interventions.

Implications for the Discipline of Sociology

Despite the poor fit of the model, this study was significant for the discipline of sociology for three reasons. First, it was an attempt to find evidence for a sociological understanding of an intrapersonal dynamic. Historically, sociology has been regarded as a discipline whose domain has been limited to the study of group dynamics. Those within the discipline realize, of course, that its range is much broader than this. However, many sociologists still resist the notion that sociology includes in its purview intrapersonal dynamics such as thought and emotion. This study was an attempt to demonstrate the relevance of sociology in the understanding of a proposed intrapersonal dynamic, egonomie.

Second, this study was an example of how a sociological practitioner could conceptualize intrapersonal and interpersonal problems within a sociological framework and
with an eye toward intervention. The effective application of sociological knowledge to the alleviation of human problems is still a growing discipline. The discipline of sociological practice is in need of practical and applicable sociological theory. The discipline of sociological practice is in need of effective sociological interventions. This study was an attempt to demonstrate how one could conceptualize human problems within a sociological framework, find evidence to support the framework, and then develop interventions from the framework. Despite the poor fit of the model, this study did present an example of how to generate sociological theory to establish a groundwork for sociological intervention.

Third, this study presented a theoretical model of a possibly disruptive family dynamic and the effect that this has on the development of one's sense of self and identity. Although the model tested utilized alcoholic families as the empirical representation of this dynamic, the conceptual framework developed is by no means limited to only families affected by alcoholism. In fact, this model is best characterized as a model befitting families that are chronically unstable for any number of reasons.

As noted in chapter 3, much theoretical sociological work has focused on the development of self and identity within a stable social order. This model presented a
theoretical framework of the development of self and identity within a social order that is best characterized as unstable. Inasmuch as one who internalizes a stable sense of self and identity assumes that others are indeed much like him or her and engages the world in a socially efficacious way. The model tested suggested that one who internalizes an uncertain sense of identity assumes the same, but has more difficulty in the negotiation of fluid social interaction. The difference between the two individuals is in the amount of distress that the egonomic potentially experiences in the interaction of an unstable sense of self and identity with a seemingly stable social world.

This particular conceptual model of human behavior was an alternative to the more traditional sociological focus on social order and stability. As such, this model presented a

**Summary**

This study was an attempt to test a new, theoretical model of individual-group interaction. The proposed theory was that an individual growing up in a chronically unstable family would internalize a sense of normlessness, or egonomie. This condition of egonomie would be experienced as a sense of confusion about self and the relation of self to others and to the world. This internalized normlessness would then influence the development of emotional distress
which, in turn, would result in the emergence of problematic behavior.

A sample of adolescents was drawn as the population to test the model. Using LISREL analysis, the model was analyzed and determined to not fit the data very well. Thus, there was inconclusive evidence to either support or reject the hypotheses. Further empirical investigation of the phenomena proposed in the model is warranted.
APPENDIX A

PRELIS AND LISREL PROGRAMS
PRELIS Program

PRELIS

/VARIABLES=INAD,EGONO,NORMAL (OR)
DEPRESS,SUITHOTS,EMOTCSL (OR)
PAPROBME,PARALCO,DRUGCSL (OR)

/MISSING=LISTWISE
/TYPE=POLYCHOR
/MATRIX=OUT (*)

LISREL Program of Full Model

LISREL

/MATRIX=IN (*)
/DA NI=9 NO=930
/NO NY=6 NX=3 NE=2 NK=1 LX=FU,FI LY=FU,FI TD=SY,FI C
TE=SY,FI PH=SY,FR PS=SY,FR GA=FU,FI BE=FU,FI
/ST 1 LX 1,1 LY 1,1 LY 4,2
/FR LX 2,1 LX 3,1 LY 2,1 LY 3,1 LY 5,2 LY 6,2
/FR TD 1,1 TD 2,2 TD 3,3
/FR TE 1,1 TE 2,2 TE 3,3 TE 4,4 TE 5,5 TE 6,6
/FR GA 1,1 GA 2,1
/FR BE 2,1
/FI PS 2,1
/OU SE TV RS EF MI SS RC
APPENDIX B

Questions Used As Indicators

For Preliminary Study

And

Questionnaire For Current Study
Questions Used as Indicators for Preliminary Study

Indicator of Alcoholism:

1) As a child, there was an adult in my home whose drinking caused problems for me and/or other members of the family.
   Never          Occasionally          Frequently

Indicators of Family Anomie:

1) There was a lack of consistent order in my home as a child.
   Never          Occasionally          Frequently

2) When I was growing up I felt like my family was out of control.
   Never          Occasionally          Frequently

Indicators of Egonomie

1) I have feelings of inadequacy.
   Never          Occasionally          Frequently

2) I often wonder if my behavior is normal.
   Never          Occasionally          Frequently
3) I have difficulty identifying what I am feeling.

Never     Occasionally     Frequently

Questionnaire From Current Study

INFORMATION SURVEY

Please do not write your name on this survey. The survey asks many questions about you and how you feel about different things. This is a scientific study and we really need to know your HONEST REACTIONS to the questions. The answers you fill out cannot in any way be traced back to you. We appreciate the time you give this survey.

All answers will go on the computer sheet.

1) In the past five years, my family has moved:
   a. none   b. once   c. twice   d. three times
   e. four or more times

2) Which description best matches where you live?
   a. a permanent house my family owns or is buying
   b. a house my family rents   c. an apartment
   d. a mobile home   e. a room or motel

3) Which of the following describes you best?
   a. Black   b. White   c. Mexican American or Chicano
   d. Oriental or Asian American   e. other

4) What grade average best describes your work this year?

5) Are you currently employed?
   a. less than 20 hours   b. over 20 hours
   c. I'm not employed

6) Are you participating in extra-curricular activities (such as sports, drama, music, etc.)?
   a. yes   b. no
c. I have within the last year/not currently

7) Have you ever seriously considered quitting school before graduation?
   a. yes  b. no

8) Do you live in a single parent home?
   a. yes  b. no

9) Do you participate in the free or reduced lunch program?
   a. yes  b. no

10) Is English the primary language spoken in your home?
    a. yes  b. no

11) Have you had two or more trips to the office for discipline problems with the last two semesters?
    a. yes  b. no

12) Have you been retained (kept back) one or more grades?
    a. yes  b. no

13) Have you failed one or more portions of the most recent TEAMS or TAAS test?
    a. yes, within the last 2 years
    b. yes, more than 2 years ago
    c. no

14) Have you ever been pregnant? (males mark c.)
    a. yes  b. no  c. I'm a male

15) Have you failed two or more courses during any given semester within the last two years?
    a. yes  b. no
16) What is the highest education of the male parent (father/stepfather) currently living in your home?
   a. did not complete high school
   b. completed high school
   c. went to college, but did not complete
   d. finished college
   e. graduate school (masters or doctorate degree)

17) What is the highest education of the female parent (mother/stepmother) currently living in your home?
   a. did not complete high school
   b. completed high school
   c. went to college, but did not complete
   d. finished college
   e. graduate school (masters or doctorate degree)

18) Do you think alcohol is a drug?
   a. yes     b. no

19) Does one or both of your parents use alcohol (beer, wine, mixed drinks)?
   a. never
   b. occasionally (special occasions to twice weekly)
   c. often (several times a week to daily)

20) How many of your friends drink alcohol (beer, wine, hard liquor) heavily?
   a. none     b. a few   c. many

21) If you drink, do your parents approve of your drinking?
   a. yes     b. no
   c. on certain occasions
   d. I don't drink
   e. may parents do not know that I drink

22) Do you use tobacco (cigarettes, chewing tobacco, snuff)?
   a. yes     b. no

23) Does one or both of your parents use tobacco?
   a. yes     b. no
24) How many of your close friends use drugs (other than alcohol and/or tobacco) more than 2 times a week? 
   a. none   b. a few   c. many

25) Do you feel it is safe (physically, mentally) to smoke marijuana? 
   a. yes   b. no

26) Have you used alcohol before or during school this year? 
   a. yes   b. no

27) Have you used drugs like marijuana, cocaine, or speed before or during school this year? 
   a. yes   b. no

28) Does one or both of your parents use drugs like cocaine, speed, marijuana, or crack? 
   a. yes   b. no

29) Within the last 6 months, have you ridden with someone other than your parents who had been using alcohol or other drugs? 
   a. never   b. occasionally   c. often

30) Have you ever driven after using alcohol or other drugs? 
   a. never   b. occasionally   c. often

31) Are drugs (other than alcohol) easy to buy at your school? 
   a. yes   b. no

32) Drug education at my school is: 
   a. adequate   b. inadequate

33) I would like for my school to provide counseling so I could talk to someone about sexual or physical abuse in my home. 
   a. sexual abuse b. physical abuse 
   c. both sexual and physical abuse 
   d. I have no such problem in my home
34) I would like for my school to provide counseling so I could talk to someone about alcohol and/or drug problems in my home.
   a. yes    b. no
   c. I have no such problem in my home

35) Have you ever received an injury from an adult in your family that made you bleed, left a scar, or left a noticeable bruise?
   a. seldom   b. occasionally   c. often
   d. I have never been hit that way

36) Have you ever had counseling for emotional problems?
   a. yes    b. no

37) When was the last time you consumed alcohol (beer, wine, etc.)?
   a. I don't drink   b. within the last week
   c. within the last month   d. within the last year

38) If you drink, how often do you currently drink alcohol (beer, wine, etc.)?
   a. I do not use alcohol
   b. I have used alcohol very infrequently
   c. I drink alcohol weekly
   d. I drink alcohol monthly

39) If I had a personal problem, I feel my school counselor would be capable of helping me work through it.
   a. yes  b. no

40) If you drink, at what age did you first begin to use alcohol?
   a. never  b. 9 years old or younger
   c. 10 - 12 years old
   d. 13 - 15 years old
   e. 16 or older

41) If you have used tobacco, at what age did you first begin to use it?
   a. never  b. 9 years old or younger
   c. 10 - 12 years old
   d. 13 - 15 years old
   e. 16 or older
42) If you have smoked marijuana, when was the last time you smoked it?
   a. I don't smoke marijuana
   b. within the last week
   c. within the last month
   d. with the last year

43) If you use marijuana, how often do you use it?
   a. I do not use it   b. I have used it very infrequently
   c. weekly   d. monthly

44) If you have used marijuana, at what age did you begin?
   a. never   b. 9 years old or younger
   c. 10 - 12 years old
   d. 13 - 15 years old
   e. 16 or older

   Have you ever used any of the following drugs?

45) Hallucinogens (LSD)
   a. yes   b. no

46) "Downers" (tranquilizers, valium, quaaludes?)
   a. yes   b. no

47) Inhalants (glue, paint, aerosol)?
   a. yes   b. no

48) Cocaine?
   a. yes   b. no

49) "Uppers" (amphetamines, speed, crank)?
   a. yes   b. no

50) Crack?
   a. yes   b. no

51) Have you ever used over-the-counter drugs to get high?
   a. yes   b. no
52) If you use hallucinogens, how often do you use them?
   a. never    b. daily    c. weekly    d. periodically

53) If you use "downers", how often do you use them?
   a. never    b. daily    c. weekly    d. periodically

54) If you use inhalants, how often do you use them?
   a. never    b. daily    c. weekly    d. periodically

55) If you have ever used inhalants, at what age did you begin?
   a. never    b. 9 years old or younger
   c. 10 - 12 years old
   d. 13 - 15 years old
   e. 16 or older

56) If you use cocaine, how often do you use it?
   a. never    b. daily    c. weekly    d. periodically

57) If you use speed, how often do you use it?
   a. never    b. daily    c. weekly    d. periodically

58) If you use crack, how often do you use it?
   a. never    b. daily    c. weekly    d. periodically

59) Have you ever had counseling for drug or alcohol abuse?
   a. yes    b. no

60) Do you feel depressed?
   a. rarely    b. occasionally    c. always    d. never

61) There are times I wonder if what I am doing is normal.
   a. never    b. occasionally    c. often

62) During the fall semester, how many days of school did you miss?
   a. 0 - 3 days   b. 4 - 7 days   c. 8 - 12 days
   d. 13 days or more
63) I spend the following number of hours a day watching TV:
   a. 1 to 3 hours   b. 4 to 6 hours
   c. 7 hours or more

64) I have (choose only one):
   a. never had thoughts of suicide
   b. had thoughts of suicide
   c. planned my suicide

65) I have attempted suicide (choose only one):
   a. never   b. in the last two months
   c. in the last twelve months   d. 2 or more years ago

66) Do you have problems because of your parent's drinking alcohol (beer, wine, mixed drinks, etc.)?
   a. yes   b. no    c. they don't drink

67) Do you currently have more trouble with depression than you have had in the past?
   a. no   b. occasionally    c. often

68) Do you throw up or take laxatives to control your weight?
   a. never   b. occasionally   c. often

69) I feel like there is something wrong with me.
   a. never   b. occasionally   c. often

70) Have you terminated any pregnancy (females only/males weight mark "c")?
   a. yes   b. no    c. I am a male

71) There are times that I feel lost as to what to do or how to act.
   a. never   b. occasionally   c. often

72) How much time do you spend listening to music daily?
   a. 0 to 1 hour   b. 2 to 3 hours    c. 4 to 5 hours
   d. 6 or more
73) Do you have friends who use alcohol or other drugs during the following time frames?
   a. during lunch period away from school at DHS
   b. during periods between classes at the Jr. High or DHS
   c. both a and b
   d. I do not have friends who use drugs during those times
   e. I do not have friends who use drugs at all.

74) Have you ever been in trouble with the law?
   a. never  b. once for a minor offense
   c. more than once for a minor offense
   d. at least once for more serious offenses like assault or drug/alcohol possession

75) What type of music do you ordinarily listen to?
   a. rap/soul  b. rock and roll  c. country
   d. metal  e. new wave

76) Where would you go to take a friend if you or they needed help with an alcohol/drug problem or personal problem (choose one).
   a. parents  b. minister or youth director at church
   c. teacher, coach, school counselor
   d. counseling service, doctor, hospital
   e. friend

77) Do you think "gang" (Bloods, Crips, skinhead, etc.) activity exists on your campus?
   a. yes  b. no

78) Have you ever participated in "gang" activity on or off your campus?
   a. yes  b. no

79) I have been through the D.A.R.E. program.
   a. It had a big impact on my decision not to use drugs
   b. It had little impact on my decision not to use drugs
   c. I have not been through the D.A.R.E. program
80) In the health education class, which of the following topics was most beneficial to you?
   a. first aid/CPR
   b. decision making skills/improving my self concept, topics related to my self-esteem
   c. prevention of STD's
   d. prevention of conception
   e. I have not had this class

81) If you have taken the health education course in the Denton schools, or have taken it at another school, which of the following topics would you like to have more information about?
   a. drug abuse awareness
   b. prevention of std's
   c. topics related to my personal health
   d. information on who to live a happier life both personally and with my family (improved mental health)

82) How effective is the use of "drug detection dogs" in deterring the use or sale of drugs/alcohol at school?
   a. effective    b. not effective

83) How effective is the use of an S.R.O. (Student Resource Officer) in deterring the use of drugs or alcohol and the prevention of criminal activity on your campus?
   a. effective    b. not effective
   c. I am not aware of this person

84) Do you believe that a counselor who has special skills in working with students who have personal/family problems would be beneficial to you or your campus?
   a. yes    b. no

85) Do you believe that a program which helped identify and get help for students who are struggling with personal/family problems, would be beneficial to you or your campus?
   a. yes    b. no

86) Do you feel that the campus administrators (principal/assistant principals) are concerned about your personal/family problems?
   a. yes    b. no
87) Do you feel like your teachers care about, or are concerned about your personal/family problems?  
a. yes  
b. no

88) Do you feel the Health Education class adequately prepares you to deal with your health concerns?  
a. yes  
b. no  
c. I have not taken the Health Education class

89) Should learning how to feel good about yourself be a more important part of your education?  
a. yes  
b. no

90) Do you have friends who seriously abuse the privilege of the "open campus" policy at DHS?  
a. yes  
b. no  
c. I don't attend DHS
REFERENCES


Black, C. (1981). It will never happen to me. Denver, CO: M.A.C.


