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THE NEED OF MALE ALCOHOLICS TO MAINTAIN A DEPENDENCY STATUS

AND AVOID SELF-RELIANCE

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DISSERTATION COMMITTEE

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CHAPTER I

INTRODUCTION

It is estimated that there are presently between five and six million alcoholics in the United States (Efron & Keller, 1966), and alcoholism is ranked as the fourth most serious public health problem in the nation (Fox, 1968). Of all the major problems confronting contemporary mental health professions, alcoholism is surely one of the most enigmatic. To begin with, there is a historical legacy of moralistic, depreciatory condemnation of the alcoholic (Gusfield, 1962; Jellinek, 1960; Rosenman, 1955a; Rush, 1943). The attitude expressed in such admonishments as "To die a drunkard is to be ushered into the presence of your angry Judge, only to hear the sentence, 'Depart thou Drunkard'" (Mayer, 1911, p. 10) has by no means been completely dispelled. The issue of alcoholism is further complicated by wide ranging legal, economic and social ramifications (Blum, 1967; Pittman, 1967; Pittman & Snyder, 1962; Slovenko, 1967; Szasz, 1966). Finally, even among those within the mental health professions, controversies rage pertaining to the etiology, classification and treatment of alcoholism (Blum, 1966; Hayman, 1967; Milt, 1967; Wallerstein, 1968).

Numerous clinical and research studies have suggested that among the primary psychodynamic factors in alcoholism are intense dependency strivings and conflicts (Blane, 1968; Knight, 1937a; Jones, 1968), a low tolerance for frustration or other forms of tension (Button, 1956a; Coopersmith, 1964; Tiebout, 1954), a poorly developed sexual identity (Abraham, 1926; McCord & McCord, 1960; Zucker, 1968), an inadequate or negative self-concept (Cleveland & Sikes, 1966; Rosenman, 1955b; Witkin, Karp & Goodenough, 1959) and self-destructive tendencies (Adler, 1941; K. A. Menninger, 1938; Selzer & Payne, 1962). As a defense against these aspects of his personality the alcoholic is frequently characterized as maintaining a superficial and exaggerated facade of masculinity and normalcy (Gynther, Presher & McDonald, 1959; Hurwitz & Lelos, 1968; Paredes & Cornelsion, 1968). A primitive, ubiquitous form of combined repression and denial is often postulated as the primary defense mechanism in maintaining this facade, and there is some evidence that more adaptive mechanisms of ego defense are frequently deficient in alcoholics (Chotlos & Goldstein, 1966; Halpern, 1946; Moore & Murphy, 1961; Voth, 1965).

The alcoholic is widely viewed as a "help rejector" and as a poor treatment risk who will either "fly into health" or angrily stalk away; but, in any event, clings to his defensive denial, makes poor use of therapeutic efforts on his behalf, and, it is frequently said, does not sincerely want to stop drinking (Hartocollis, 1964; Szasz, 1966; Gynther, Presher & McDonald, 1959). Moore (1964), in fact, states: "Psychotherapy with alcoholics is much more difficult and discouraging

than treating schizophrenia, the most entrenched and complex of human mental disturbances" [p. 108].

Plaut (1967) has noted that the key screening criterion among the majority of therapists and helping agencies is the motivation of the patient for making use of treatment. Blane (1968) suggests, however, that one of the primary difficulties in treating alcoholics derives from the fact that they are fundamentally motivated to seek and maintain a dependent role. That is, they are motivated to avoid rather than to actualize the independent or self-reliant role which is commonly a central goal of treatment with adult males.

As a corollary of the frustration commonly encountered by therapists working with alcoholics, it is also frequently mentioned that a major factor in the ultimate failure of therapeutic efforts with alcoholics is the negative attitudes they evoke among those in the helping professions (Davies, 1963; Hayman, 1955; Selzer, 1957; 1967). For example, a survey done in California pertaining to the attitudes of psychiatrists toward treating alcoholics discovered that almost half of the respondents would not treat alcoholics, and, that of those who had treated alcoholics, over half reported no successes whatever and four-fifths reported ten-percent recoveries or less (Hayman, 1955). Rosenman (1955a) states: "An alcoholic is unwelcome in the analyst's consultation room: the alcoholic gives one a 'dirty' practice . . ." [p. 250], and McGolderick (1954) has stated, even more strongly, that the alcoholic is not really sick, that alcoholism is no more a disease than thievery or lying, and that the case of the alcoholic should not be foisted upon the doctor. More frequently, however, these negative attitudes toward

alcoholics go unacknowledged. Selzer (1967) recounts, for example, an incident in which he addressed the staff of a large state mental hospital on the subject of hostility shown to alcoholic patients by hospital personnel. During the discussion that followed, he reports, "The clinical director of the institution arose and stated, 'I don't think we are hostile to alcoholics here: in fact, we are too good to them!" [p. 60]. As Pattison (1966) points out, "The sine qua non of psychotherapy is the therapist's fundamental respect for the patient, and yet it is obvious that in many instances the alcoholic is viewed begrudingly . . ." [p. 57].

An Overview of General Issues in the Study of Alcoholism

Wallerstein (1968) has stated:

> More than with perhaps any other psychiatric nosologic entity, the effort at understanding and treating alcoholism elicits widely varying psychiatric viewpoints anchored in such philosophically discordant premises that useful discourse can become all but precluded [p. 59].

Thus, while the present study is designed to investigate only certain psychological variables in alcoholism, there are several general issues which require some review before taking up psychological approaches to alcoholism.

Alcoholism Defined

Jellinek (1960) has surveyed the definitions of alcoholism and commented on the plethora and conflict of definitions proferred by modern theorists on alcoholism. While there is no single commonly agreed upon definition of alcoholism, Milt (1967) has recently formulated a working definition which cuts across many others and extracts several of the major common elements from among them. He states:

> Alcoholism is a chronic disorder in which the individual is unable, for psychological or physical reasons, or both, to refrain from the frequent consumption of alcohol in quantities sufficient to produce intoxication and, ultimately, injury to health and effective functioning [p. 7].

Milt stresses that the essential characteristics which must be included in any basic definition of alcoholism are"(1) compulsive uncontrollable drinking, (2) chronicity, (3) intoxication and, (4) injury to functioning" [p. 7].

Sympton Versus Disease

Milt's definition avoids the issue over whether alcoholism is a specific disease entity in-and-of itself and caused by the excessive use of alcohol, or a symptom of an underlying disorder. However, the controversy over whether alcoholism should be classified as a specific unitary disease entity (Fox, 1968; Jellinek, 1960) or as a symptom of an underlying disease or personality disturbance (Blum, 1966; Wallerstein, 1968) is one of the most ubiquitous issues dividing modern theorists on alcoholism.

Alcoholism as a specific disease entity. The American Psychiatric Association (1952) has defined alcoholism as comprising "cases in which there is well established addiction to alcohol without recognizable underlying disorder. . . [p. 39]. Fox (1968) has also taken the position that many alcoholics "are not noticeably different from the rest of us except in their addiction to alcohol" [p. 34].

Alcoholism as a symptom of an underlying disorder. Wallerstein (1968) has stated, however, in rebuttal to the argument by Fox that many alcoholics are normal save for their addiction to alcohol:

> How does such an assumption compare with what we would say of others who are monosymptomatically ill? Would we, for example, say (by the same logic) that many who are impotent or suffer a phobia are not noticably different from the rest of us except in their unhappy symptom? Surely few would follow to this point of blanket rejection of the psychology of the unconscious, of the meaningfulness of manifest symptoms in terms of the play of inner conflict, or of the logical coerciveness of psychic determininism . . . [p. 60].

Similarly, Knight (1937) has stated:

> Alcohol addiction is a symptom rather than a disease, and is used . . . as a diagnostic category only because the expressive drinking is the outstanding complaint. In spite of the conviction of most alcoholics that they would be quite normal if they could only stop drinking . . . . There is always an underlying personality disorder . . . [p. 234].

While the controversy is by no means settled, Zwerling and Rosenbaum (1959) have pointed out that there is virtually no existing study which denies the coexistence of some personality disorder in every case of alcoholism, and several recent reviews of the literature have concluded that the evidence dominating both clinical and experimental studies weighs in favor of the position that alcoholism is a symptom rather than a disease in-and-of itself (Blum, 1966; Mensh, 1965; Milt, 1967).

Interaction of Sociocultural, Physiological and Psychological Variables in Alcoholism

Aside from the controversy over whether alcoholism is a symptom or a disease entity, theorists vary in their approaches to alcoholism primarily in regard to the degrees of emphasis which they place upon sociocultural, physiological and psychological variables. While theorists do differ widely in the degrees of relevance placed upon these different variables, it is important to note that these differences

reflect areas of primary emphasis within individual theoretical frameworks rather than mutually exclusive categories. Virtually all theorists acknowledge some degree of interaction between sociocultural, physiological and psychological variables in the etiology of alcoholism.

Sociocultural approaches. Researchers focusing upon sociocultural determinents in alcoholism have clearly shown through investigations pertaining to ethnic groups, social class, and attitudes toward drinking that the incidence of alcoholism is related both to social structure and to culturally determined attitudes (Bales, 1946; 1962; Barnett, 1955; Calahan & Cisen, 1968; Horton, 1943; Lemert, 1962; Lolli, 1958; Mulford, 1964; Snyder, 1962). Recently, Milt (1967) and Plaut (1967) have reviewed the evidence from these sociocultural studies. Both authors conclude that the preponderence of evidence demonstrates that alcoholism is relatively low among cultural groups in America such as the Chinese, Jews, and Italians which integrate a moderate usage of alcohol into social and ceremonial family settings; while it is relatively high among groups such as the Irish and Anglo-Saxons where drinking has acquired a mass of disturbing and conflictual meanings. Jessor, Carman & Grossman (1968) summarize the role of sociocultural variables in alcoholism and their link to psychodynamic variables as follows:

> Research and observation in different cultures and social structures have shown that drinking behavior is usually institutionalized and regulated by tradition, by its relation to religious ceremonies, by its contribution to diet and by its definition as a symbol of group solidarity. Much of the variation in drinking can be understood by reference to such sociocultural concepts. In addition, the properties of alcohol and the nature of individual experience with it are such as to make possible personal variation in its use, and an account of this type of variation would seem to require concepts at the level of personality [p. 101].

Physiological approaches. Theorists emphasizing physiological variables in the etiology of alcoholism, primarily attribute alcoholism to a predisposing physiologically based craving for alcohol. Among the factors posited to account for this physiological craving are nutritional metabolic defects (Mardones & Segovia, 1954; Williams, 1947; 1954), glandular disorders (Smith, 1959; Tinture & Lovell, 1949), or heredity (Bleuler, 1955; Jellinek, 1960; Sheldon, 1940; Williams, 1959).

Several recent reviews of the theoretical and research literature pertaining to hereditary and physiological determinents in alcoholism have concluded that experimental verification of these positions remains inconclusive (Hayman, 1966; Lester, 1966; McCord & McCord, 1960; Milt, 1967). While it has been shown that there is a high incidence of alcoholism among the offspring of alcoholic parents, McCord & McCord (1960) and Roe (1944) have concluded on the basis of longitudinal studies that this appears to be due to environmental rather than hereditary factors. Roe (1944), for example, found that of 36 children of severely alcoholic parents who were placed in foster homes, not one became an alcoholic in adulthood. Research studies have also been unable to demonstrate that either metabolic disturbances or glandular disorders have any etiological relationship to alcoholism (Lester, 1966; Wexburg, 1950), and, in fact, there are several studies which suggest that they do not (Lester & Greenburg, 1952; Mardones, Segovia, Hederra & Alcaino, 1955).

Aside from whether there are predisposing physiological factors which make the individual susceptible to alcoholism, there remains the controversy over whether alcoholism becomes a physical or a psychological

addiction, or both, once the use of alcohol has led to habituation. Jellinek (1960) has theorized that the true "alcohol addict" manifests acquired tissue tolerance, altered cell metabolism, craving, and withdrawal symptoms all of which are characteristic of genuine pharmacological addiction. Mendelson (1964) has argued, however, that increased tissue tolerance and altered cell metabolism have not been experimentally demonstrated in alcoholism; that there are psychodynamic alternatives for explaining the craving for alcohol; and that withdrawal symptoms do not always accompany acute intoxication, and, even when they do, are not necessarily proof of physical addiction.

Coleman (1956) has taken a position similar to that of Mendelson. He points out that many of the physiological conditions attributed to alcohol including organ degeneration, delirium tremens and impaired potency may be due to malnutrition rather than to alcohol; since the alcoholic suffers serious vitamin and mineral deficiencies to the extent that alcohol increasingly replaces his other sources of nourishment.

Thus, at the present time it appears that significant physiological factors related to the etiology and the habituation of alcoholism have not been unequivocally experimentally demonstrated, and the controversy over whether the addiction to alcohol is primarily physiological or psychological remains open. The most reasonable position in light of the many unresolved issues regarding the etiology and habituation of alcoholism would seem to be that stated by Alexander (1956):

> The organic, the psychodynamic, and the sociologic approaches to the etiology of alcoholism are not mutually exclusive but complementary. Alcoholism has both psychologic and physiologic effects and the craving for alcohol has emotional and possibly also physiologic sources. Moreover, the social setting, and the prevailing ideology, have a definite influence both upon alcohol consumption in general and upon the psychologic sequelae of excessive drinking. All three categories of etiologic factors are clearly interwoven [p. 40].

Psychological Approaches to Alcoholism

Without denying the importance of physiological and sociocultural variables, the focus of the present study is upon psychological variables in alcoholism. For even though sociocultural factors may determine whether alcoholism is one of the primary modes of adjustment available to the individual, and regardless of whether there may be inherited or acquired physiological factors which contribute to the individual's vulnerability to alcoholism--the fact remains that alcoholism requires the active participation of the alcoholic. Szasz (1966) makes a similar point when he states:

> The assertion that the alcoholic has no choice in the matter of drinking can only mean that he does not choose to crave alcohol any more than the cancer patient craves a malignancy; it cannot mean that given his craving he cannot take certain steps to alter it. . . . Whether or not alcoholism is a disease, a crucial and frequent psychological and social characteristic of the person who drinks to excess happens to be that he does not wish to be "treated" for it [p. 18].

Clearly, the course of alcoholism is self-destructive, and any comprehensive explanation of why the alcoholic actively participates in his own self-destruction must perforce include some consideration of the psychodynamic motivational factors which underlie his self-destructive behavior.

Clinical Findings and Theoretical Formulations Pertaining to Alcoholism

Current theoretical formulations with regard to alcoholism are generally accepted as deriving from the works of the early psychoanalytic investigators (Abraham, 1908; Fenichel, 1945; Ferenczi, 1922; Freud, 1930; Glover, 1932; Knight, 1937a; 1937b; 1938; K. A. Menninger, 1938; W. C. Menninger, 1938; Rado, 1926; 1933; Schilder, 1941; Simmel, 1948). Among the earliest of these authors, Abraham (1908), Rado (1926) and Freud (1930) stressed the importance of the disinhibiting effects of alcohol upon repressed impulses and especially its role in facilitating the expression of infantile dependency needs, hostility, and homosexual as well as heterosexual impulses. Rado (1926, 1933) was among the earliest to formulate a specific theory of alcoholism. He posited that individuals turn to alcohol addiction both to escape tension and to recapture the dependent, narcissistic role of infancy. He stressed that it was not the toxic agent but the impulse to use it that made an addict of a given individual, and he held that alcohol addiction could result from any type of neurotic conflict from which the individual might seek relief through the tension reducing effects of alcohol.

Knight (1937a, 1937b, 1938) agreed with Rado that any type of neurotic conflict might be found in conjunction with alcoholism, but he argued that there must be definite and discoverable reasons why those individuals who become alcoholics "drink excessively instead of developing some other form of neurotic or psychotic picture" (1937a, p. 235). He attempted to discover the etiological factors which specifically predispose the alcoholic to deal with his emotional conflicts through

excessive drinking by investigating the parental matrix within which the alcoholic was reared. He states in regard to the case histories of the group of alcoholic men he studied: "With a frequency that was startling at first and then became almost a monotonous repetition as more cases were studied we found a typical parental constellation" (1937a, p. 236). He described the mothers of alcoholics as typically overprotective and overindulgent, and he stated that their oversolicitous nurturing was frequently either an overreaction against actual hostility and rejection felt toward the child or a means of controlling the child when his individual needs differed from their own. He described the fathers as generally unaffectionate men who varied unpredictably between harsh discipline and unconcerned indulgence. He further suggested that these fathers provided inconsistent and inadequate masculine role models for their sons.

Thus, he states:

> A pattern of oral dependence, oral demanding, suppressed rage at frustration, a feeling of being rejected by both parents, yet an intense desire for indulgence and affection in oral terms has been built into the son's personality. And along with this pattern there has arisen in the son a sense of guilt for his hatred, and a deep feeling of inferiority for his dependence and passivity. . . . Such a boy is psychologically predisposed . . . to drinking. It becomes a very easy over-compensation for his feelings of inferiority, passivity and effeminacy to espouse drinking as his salvation. . . . With a few drinks he can feel quite potent, can restore his injured omnipotence, and his progress into chronic alcohol addiction usually proceeds apace, interrupted only by abortive attempts, doomed to failure, to establish independence and masculinity on a reality level (1937a, p. 239).

Knight (1937b) summarizes his formulation of the manner in which the psychodynamics of the alcoholic lifestyle unfold progressively throughout adulthood as follows:

> His childhood experiences have given him a personality characterized by excessive demands for indulgence. These demands are doomed to frustration in the world of adults. He reacts to the frustration with intolerable disappointment and rage. This reaction impels him to hostile acts and wishes against the thwarting individuals for which he then feels guilty and punishes himself masochistically. As reassurance against guilt feelings and fears of dangerously destructive masochism and reality consequences of his behavior, he feels excessive need for affection and indulgence as proof of affection. Again the excessive claims, doomed to frustration, arise, and the circle is complete. The use of alcohol as a pacifier for disappointment and rage, as a potent means of carrying out hostile impulses to spite his parents and friends, as a method of securing masochistic debasement, and as a symbolic gratification of the need for affection is now interweaving itself in the neurotic vicious circle [p. 546].

K. A. Menninger (1938) agreed with Knight's formulation with regard to the etiological significance of intense dependency conflicts in the psychodynamics of alcoholism. However, he went much farther than Knight in emphasizing the functional significance of self-destructiveness as a motivating factor in the etiology of alcoholism. He conceptualized alcoholism as a suicidal flight from an intolerable unconscious conflict generated by the alcoholic's fear of losing his love objects while at the same time wishing to destroy them. Thus he concludes:

> Alcohol addiction, then, can be considered a form of self-destruction used to avert a greater self-destruction, deriving from elements of aggressiveness excited by thwarting, ungratified eroticism, and the feeling of a need for punishment from a sense of guilt related to the aggressiveness. Its further quality is that in a practical sense the self-destructiveness is accomplished <u>in spite of</u> and at the same time <u>by means of</u> the very device used by the sufferer to relieve his pain and avert this feared destruction [p. 161].

The combined contributions of Knight (1937a, 1937b, 1938) and K. A. Menninger (1938) include and integrate the major psychoanalytic tenets upon which are based the majority of present day formulations regarding the psychodynamics of alcoholism--analytic and nonanalytic alike. There are, of course, various modifications and shifts in

emphasis among other theorists, but conflicts revolving around the mismanagement of early dependency relationships remain the focal point of most theories pertaining to psychological factors in alcoholism. For example, Adler (1938) within the framework of Individual Psychology, Voth (1963, 1965) speaking from the standpoint of psychoanalytic ego psychology, and White (1948) writing within the context of interpersonal theory all concur with regard to the primacy of unresolved dependency needs, or traits, and related inner conflicts in the etiology of alcoholism. Blane (1968), in fact, states:

> No one is certain that there is one personality trait that serves as the central organizing factor among most alcoholics. However, one observer after another has implicated conflict over dependency wishes in one form or another. Details of formulations vary and language differs, but dependency and inner struggles with it form the background of much of what has been said about the alcoholic [p. 33].

While, however, there is a vast amount of clinical literature relating alcoholism to dependency conflicts, the qualification is made by most theorists that these formulations are descriptive only of the most frequently encountered form of alcoholism and are not intended as an exhaustive theory of alcoholism. Knight (1937a), for example, differentiated between two basic types of alcoholism. He designated the most common type as "essential alcohol addiction" stressing the evidence of lifelong fixation at the oral-dependent level of personality functioning. He designated the second type as "reactive alcohol addiction" and stressed that these individuals had reached more mature levels of personality functioning and generally became addicted to alcohol later in life following precipitating stressful circumstances. He, of course, recognized a continuum between the two extremes of these two types. Other classifications of alcoholic sybtypes have been reviewed by Mensh (1963).

While it is true that the majority of theorists emphasize the primacy of dependency needs in the psychodynamic etiology of alcoholism, several theorists have proposed a more general theory of alcoholism. They suggest that addiction to alcohol may be resorted to as an adaptive behavior in relation to conflicts at any personality level and by any personality type, whenever other ego mechanisms of defense are unavailable or ineffective (Cantor, 1964; Coopersmith, 1966; Higgins, 1953; Wexburg, 1951). Higgins, for example, states:

> A predisposed person (and the predisposition may represent fixations at various levels of personality development) is confronted with a difficult life situation; the 'difficult life situation' may or may not be one which has as its primary component an 'oral threat'; an attempt is made through drinking to handle the anxiety aroused by this conflict. The drinking may serve as a defense through various channels: it may bring diminished awareness of internal or external stress, or it may facilitate defenses previously inhibited [p. 713].

With the advent of psychoanalytic ego psychology, several authors have suggested that a combination of dependency needs and inadequate ego defense mechanisms may play a crucial role in predisposing the individual to alcoholism (Blum, 1966; Lisansky, 1960; Voth, 1963). Lisansky (1960), for example, proposes:

> The predisposed individual may, in the course of personality development, acquire any number of defensive mechanisms, e.g. repression, but they are not strong defenses. Because of his life experiences, this person has dependency needs stronger than other individuals. There is, then, a strong need and a weak defense [p. 333].

She proposes that intense dependency needs, inadequate mechanisms of ego defense, and certain other traits commonly found among alcoholics interact in a specific manner to produce a personality constellation which is predisposing to alcoholism. She states:

> It is assumed that out of the experiences of infancy and childhood and adolescence, the imbalance of pleasure and pain, of satisfaction and frustration, the predisposed individual has developed the following traits with which he enters his adult years: (a) an intensely strong need, drive, impulse toward dependency; (b) weak and inadequate defense mechanisms against this excessive need, leading to, under certain conditions, (c) an intense dependence-independence conflict; there is also (d) a low degree of frustration or tension tolerance; and (e) unresolved love-hate ambivalences[pp. 332-333].

Lisansky suggests that such a personality constellation results in guilt, masochism, and low self-esteem; and, further, that it renders the individual unable to form mature relationships with significant others or to actualize a self-reliant adult male role. She posits that when such an individual is cast into the adult male role with its demands of responsibility and self-reliance, the stage is set for alcohol addiction to develop. She states:

> Alcohol does not serve a single need or function . . . its tremendous value for this predisposed individual is that it serves him in a variety of different ways. . . . There is some evidence that alcohol reduces tensions. Alcohol also . . . diminishes the acutely felt sense of frustration created by the unsatiated needs for dependence and being-taken-care-of. At the very same time, alcohol evokes the conditions . . . in which the individual does, in reality, need to be taken care of. It becomes evident, as one episode of intoxication follows another, that here is a way to be passive and to drift; and it is, at the same time, a behavior which may serve as a more or less subtle means of revenge. . . . The drunken bout is a way of feeling, at least for the moment, both an illusion of loving and being loved, and a kind of degrading, punishing self-abasement. At one and the same moment the alcoholic is acting out "I am the center of the universe" and "I'm no good, I hate myself" [pp. 334-335].

Lisansky further posits that while such a personality constellation is necessary it is not sufficient to account for the development of alcoholism; and, that there are various subgroups of alcoholics depending upon the varying influences of other familial, social and environmental factors.

While Lisansky along with a number of other theorists (Adler, 1941; Glover, 1932; Palmer, 1941; Rosenman, 1955b; Selzer & Payne, 1962;

Selzer, Payne, Westervelt & Quinn, 1967; Selzer & Weiss, 1966) concurs with K. Menninger's position with regard to the role of self-destructiveness as a motivating factor in alcoholism, this issue has received a much more controversial response among theorists on alcoholism than has the issue of dependency. Blane's (1968) statement is representative of those who oppose Menninger on this issue.

> Menninger's admirable portrayal of the alcoholic personality fails to distinguish between two levels of psychological functioning. Few would question that the alcoholic destroys himself in the sense that he fractures relationships with others, injures himself severely in his job, suffers in his physical health, and deteriorates economically. Here Menninger's term "slow suicide" is descriptively apt. To conclude that the consequence of alcoholism is its major motivating force is, however, a fallacy [p. 46].

In summary, the majority of present day formulations pertaining to the psychodynamics of alcoholism are derived from psychoanalytic tenets emphasizing that alcoholism is frequently associated with intense dependency conflicts, poorly developed defense mechanisms, a low tolerance for frustration and low self-esteem. It has also been suggested that a drive toward self-destruction is a motivating factor in alcoholism; however, this remains a more controversial issue.

Other theorists, while recognizing that the formulation on alcoholism based upon the foregoing psychoanalytic tenets characterizes one predominent form of alcoholism, have suggested that the paths leading to alcoholism are varied among many precipitating factors and personality types. They posit that the most general formulation in regard to alcoholism is that individuals turn to addictive drinking as an adaptive behavior, because other mechanisms of ego defense are either unavailable or unsuccessful.

Research Findings Pertaining to Alcoholism

Modern experimental studies pertaining to psychological factors in alcoholism are dated by Plaut (1967) as originating in the mid-thirties of the present century when Yale University initiated a research program to study alcoholism and later began publication of the Quarterly Journal of Studies on Alcohol. Extending over the past three decades, experimental attempts to discover the etiological factors which underlie alcoholism and to delimit the alcoholic personality have continued to swell the literature.

In a recent review of research studies investigating the psychodynamics of alcoholism through the use of psychological tests, Lisansky (1967) states that there have been over thirty studies published involving the Rorschach test, at least twenty-five studies with the MMPI, and no fewer than eighteen intelligence test studies. There have also been numerous studies employing less commonly known projective techniques and nonprojective questionnaires and personality inventories as well as a number of laboratory studies using lower animals.

According to several critical reviews, however, the majority of these studies have resulted in negligible contributions (Lisansky, 1967; Schaefer, 1954; Sutherland, Schroeder & Tordella, 1950; Syme, 1957; Wallerstein, 1957). The single consistent finding with regard to which there is unanimous agreement among these reviewers is that alcoholism is not unique to any specific level of psychodynamic conflict or to any single personality type or clinical diagnostic entity. Rather, they point out, alcoholism has been found in coexistence with conflicts at various psychodynamic levels and among virtually all of the clinical

diagnostic categories. Syme (1957), for example, concluded after an extensive survey of the experimental literature regarding the use of psychological tests to study alcoholism:

> The present summary of recent literature attempting to designate personality characteristics as related to alcoholism must therefore conclude on a negative note. Projective tests, while justifiably seeking basic, unchanging aspects of personality as related to alcoholism, have generally presented data which is arbitrary, subjective and ambiguous. Nonprojective personality tests, on the other hand, while often methodologically adequate, leave much to be desired in terms of theoretical considerations and "meaningfulness."
>
> It may be premature and unjust to claim . . . that "there is no alcoholic personality prior to alcoholism" or that "alcoholism is not determined by generic personality traits or related to them in any specific manner"; nevertheless it is rather clear that on the basis of the evidence (all available relevant literature published from 1936 to 1956), there is no warrant for concluding that persons of one type are more likely to become alcoholics than persons of another type [p. 301].

Several authors have pointed out, however, that while the failure of investigations using psychological tests to delineate "the alcoholic personality" suggests that there are probably several subgroups of alcoholics; these findings neither demonstrate that <u>anyone</u> can become an alcoholic nor negate the possibility that there may be a constellation of personality traits common to the majority of alcoholics and characterizing the prealcoholic personality (Armstrong, 1958; Lisansky, 1960; 1967; Zwerling & Rosenbaum, 1959). Lisansky (1960) states:

> The concept of "alcoholic personality" has sometimes been discussed as if it must mean that all alcoholics have a total personality structure in common. . . . Yet to discuss "persons of one type" does not imply that the whole personality is involved. . . . The distinguishing feature of the prealcoholic personality may be the inclusion or exclusion of certain traits, or the degree to which certain traits are present, or both [pp. 315-316].

Lisansky (1967) further states:

> We have stopped looking for the vague, amorphous, ill-defined whole and started looking for the more specific, more precisely defined parts, i.e., for those personality factors which are necessary (although not sufficient) to explain the adoption of an addictive pathology [p. 12].

Zwerling and Rosenbaum (1959) have similarly suggested:

> A constellation of traits may well be hypothesized to be basic to the etiology of addictive drinking, and yet be embedded in such a diversity of character structure as to be obscured from eyes focused only on the most dominant integration of the total personality [p. 625].

While then, the preponderance of research evidence suggests that alcoholism is not a unique clinical entity but a symptom associated with various personality types and conflicts at various personality levels, there are, nonetheless, several research findings which offer some promise of uncovering the necessary if not sufficient personality factors which Lisansky (1967) has proposed as predisposing to alcoholism.

First of all, biochemical studies with humans (Fleetwood, 1955) and experiments with lower animals within a learning theory framework (Masserman & Yum, 1946; Conger, 1951; Smart, 1965) strongly suggest that one of the primary effects of alcohol is that it produces a reduction in tensions deriving from anxiety and fear. Thus, several theorists have suggested that addiction to alcohol may be viewed as learned behavior in keeping with a reinforcement paradigm wherein alcohol consumption is practiced repetitively until addiction develops, because of the rewarding effect which alcohol has in reducing tension (Conger, 1956; Dollard & Miller, 1950; Kepner, 1964; Shoben, 1956). Conger (1956) has pointed out that while learning theory offers an explanation of the process by which alcohol addiction is acquired, "such an approach does not in any way reduce the necessity of finding out what need or drive patterns are

particularly important among various kinds of alcoholics" [p. 303]. Thus, both Conger (1956) and Shoben (1956) have pointed out that there is no necessary conflict between reinforcement theory and psychodynamic theories of alcoholism, but rather that the two approaches may supplement one another.

Whether or not one agrees that alcohol addiction is accountable for within a framework of reinforcement theory, the evidence that alcohol is effective in reducing tensions emanating from anxiety or fear remains impressive and raises the question of why some individuals cope with tension through alcohol addiction while others do not. There are a number of studies which reflect upon this issue. For example, several studies employing projective techniques have independently arrived at the mutual conclusion that alcoholics manifest inadequate defense mechanisms and exhibit unusual difficulties in coping with dependency needs and in expressing aggression (Button, 1956b; Halpern, 1943; Klebanoff, 1947; Machover & Puzzo, 1959; Rudie & McGaughran, 1961). Also, studies by Hurwitz & Lelos (1968) and Gynther, Presher & McDonald (1959) utilizing the Leary Interpersonal Multilevel Personality Technique (Leary, 1957) have concluded that alcoholics make primary use of repressive, extroversive defenses to deny intense dependency conflicts and hostility. Both studies found that approximately eighty percent of their alcoholic subjects tended to present an outward facade of bland hypernormality and exaggerated independence while revealing strong underlying dependency needs and hostility toward significant others in their lives. Hurwitz and Lelos (1968) concluded:

> While this defensive facade manifests itself largely in overt behavior and conscious self-description, it is basically not a conscious deliberate coping mechanism. It appears, rather, to be an unconscious attempt to cover up and compensate for underlying feelings of dependency or hostility. What these men consciously experience is probably a pervasive feeling of high tension due to their unresolved conflicts [p. 70].

The combined results of these studies, then, suggest that alcohol is especially effective in reducing tension deriving from anxiety or fear, and that alcoholics are characterized as individuals who have poorly developed internal mechanisms of ego defense and thus make primary use of repressive and extroversive defenses. These conclusions support the formulation posited by Lisansky (1960) and others, that alcoholics are characterized by intense dependency needs, weak or inadequate defense mechanisms such as denial or repression, and love-hate ambivalences.

However, it is frequently pointed out that alcoholism itself is likely to have a pervasive effect on the alcoholic. Thus the issue is raised as to whether personality characteristics observed in the alcoholic were causal factors in predisposing the individual toward alcoholism or are consequences of alcoholism (Blum, 1966). There are several recent studies which suggest that the personality characteristics described above do indeed exist prior to the development of alcoholism (Jones, 1968; McCord & McCord, 1960; MacAndrew, 1967; Karp, Witkin & Goodenough, 1965a; 1965b; Witkin, Karp & Goodenough, 1959).

Jones (1965, 1967) and McCord & McCord (1960), for example, have independently concluded on the basis of longitudinal studies, wherein projective and nonprojective material was gathered at several age levels from childhood through adulthood, that there are specific

personality factors and family circumstances which characterize many alcoholics during childhood and adolescence, and thus prior to their becoming addicted to alcohol. Both studies agree that as children alcoholics typically had parents who were either indifferent or alternated between excessive affection and rejection, and they lived in families which lacked consistent warmth and security and were often fraught with conflict. They suggested further that role confusion frequently occurs among prealcoholics because of the lack of consistency in parental attitudes and behavior, and that anxiety ensues as a result of conflict between unresolved dependency needs and ever increasing demands to achieve independence. Both studies also agree that the majority of persons who become alcoholics seem to make primary use of repressive and extroversive defense mechanisms even before they become addicted to alcohol. While these studies do not demonstrate that alcoholism is the only outcome of the personality characteristics and conflictual family circumstances ascribed as predisposing to alcoholism, they do suggest, as Jones (1967) states:

> . . . that alcohol related behavior is to some extent an expression of pervasive personality tendencies which are exhibited before drinking patterns have been established [p. 11].

MacAndrew (1965; 1967) has developed a 49-item scale derived from the MMPI with which he was able to differentiate male alcoholic outpatients from a control group of nonalcoholic psychiatric outpatients at a state supported clinic in California. On the basis of a dimensional analysis of the alcoholic's responses he concluded in agreement with Jones (1967) and McCord & McCord (1960) that there are personality traits

traits which characterize alcoholics and which precede alcoholism. He states:

> A principle components analysis of the 49 x 49 item correlation matrix yielded 13 factors which were rotated to oblique simple structure. The factors thus obtained were marked by an extreme diversity of manifest content; they ranged from childhood to the contemporaneous, from areas of relative adequacy to areas of relative inadequacy, and from the sacred to the mundane. Since only 1 of these 13 factors . . . is a self-evidently specific consequence of the excessive ingestion of alcohol, it was concluded that the self-representations of diagnosed male alcoholics differ from those of nonalcoholic male psychiatric outpatients in sundry ways which do not appear to be necessarily contingent upon excessive alcohol intake. It is concluded that at least in these respects alcoholics' self-representations are not such as would be expected if they were simply "neurotics-who-also-happen-to-drink-too-much" (1967, p. 51).

Among the major attributes which MacAndrew ascribes to alcoholics on the basis of his findings are that they are more likely than non-alcoholic psychiatric outpatients to claim to be outgoing and interpersonally competent, independent of their families, and dissatisfied with their lives; to claim a closer childhood attachment to a woman than a man; to profess having been disciplinary problems in school, and to feel that in life they have been playing against a stacked deck. They are less likely than nonalcoholic psychiatric outpatients to complain of a lack of self-confidence, difficulties in concentration, or that they are worried about sexual matters.

Since MacAndrew does not present any breakdown of his control group of psychiatric outpatients into diagnostic subgroups, his results are not sufficient to foreclose the issue over whether there are substantive psychological differences between alcoholics and all other psychiatric nosological groups. At the same time, his findings regarding the psychological characteristics of alcoholics are in general accord with those of

the other studies surveyed above, and they lend support to the contention that there are personality variables which characterize a large number of alcoholics and which appear to precede the onset of alcoholism.

Perhaps the most extensive and productive research pertaining to personality factors and alcoholism has been the series of studies by Witkin and his coworkers investigating the relationship between perceptual style and personality within the framework of psychoanalytic ego psychology (Karp & Konstadt, 1965; Karp, Poster & Goodman, 1963; Karp, Witkin & Goodenough, 1965a; Karp, Witkin & Goodenough, 1965b; Witkin, Dyk, Faterson, Goodenough & Karp, 1962; Witkin, Karp & Goodenough, 1959; Witkin, Lewis, Hertzman, Machover, Meissner & Wapner, 1954). These researchers along with Klein (1959), Voth (1965) and others have suggested that there are characteristic modes of perceiving which can be measured and quantitatively expressed and which reflect basic aspects of personality constellation.

First of all, Witkin et al. (1954, 1962) have shown that there are quantitatively measurable perceptual modes. Through the use of several perceptual tasks measuring the extent to which a subject is able to differentiate his body or some object from a surrounding visual field in order to achieve a predirected spatial orientation, they classified subjects along a bipolar continuum of field-dependent versus field-independent perceptual style. Witkin et al. (1959) state:

> The mode of perceiving which reflects ability to deal with the field in an active, analytical fashion and to differentiate objects from their backgrounds has been designated as "field-independent analytical." The opposite way of perceiving, which reflects submission to the influence of the field and inability

> to keep an item separate from its surroundings, we call "field-dependent." Performances reflecting extent of field dependence are distributed in a continuum with the most people found in the middle of the performance range [p. 497].

Secondly, Witkin et al. (1954; 1962) have conducted an extensive series of studies investigating the relationship between personality characteristics and these different modes of perception. They concluded on the basis of these studies that persons whose perception is extremely field-dependent tend to be characterized by a poorly developed sense of self-differentiation and individual identity, general immaturity and low self-esteem, and an overall dependent orientation and passivity in dealing with the environment. Also persons characterized as field-dependent make primary use of such nonspecialized defenses as massive repression and denial which are associated with relatively early stages of ego development. In contrast, persons who are more field-independent in their perception are characterized by a more active and independent interaction with the environment; relatively high self-esteem; a more differentiated, mature body image; and greater awareness of and more control over their own impulses.

Applying these techniques to alcoholics, Witkin et al. (1959) and Karp et al. (1963; 1965a; 1965b) have shown that both male and female alcoholics are markedly field-dependent in their perception. While they acknowledge that they have not conclusively demonstrated that the field-dependent mode of perception and the related constellation of personality characteristics are predisposing toward rather than a consequence of alcoholism, they have produced a great deal of evidence that the perceptual styles they describe are pervasive and enduring. They have

shown, for example, that the field-dependent mode of perception does not increase as a function of duration of alcohol addiction (Karp & Konstadt, 1965), that alcoholics remain field-dependent even after remission (Karp et al. 1965b), and that the state of alcohol intoxication has no significant effect upon field dependence (Karp et al. 1965a). Thus, Karp et al. (1965b) have concluded:

> Taken together, the results of these three studies . . . suggest considerable stability of field dependence among alcoholics and would encourage further investigation of the hypothesis that field dependence is a prior condition and contributory factor to the development of alcoholism [p. 585].

Witkin et al. (1959) cite evidence that other clinical groups such as ulcer patients and obesity cases which are characterized by marked dependency, passivity and poor self-differentiation also perform in a field-dependent manner. Thus, they state:

> It must be stressed that field-dependent perceptual performance reflects a general personality constellation rather than the alcoholic symptom, per se. We would postulate that this mode of perceiving occurs in consistent association with alcoholism because people with such a personality picture commonly adopt alcoholism as a way out of their difficulties [p. 503].

Voth (1965) has carried out a series of somewhat similar studies utilizing the autokinetic phenomena to investigate the relationship between perception and personality. The results from his research support the conclusions drawn by Witkin and his coworkers both with regard to the relation between perceptual modes and personality and with regard to the perceptual style and personality characteristics attributed to alcoholics.

While there appears to be no experimental evidence questioning the findings by Witkin and his coworkers that alcoholics are typically field-dependent, other conclusions from their research have been

questioned. Goldstein and Chotlos (1966) found a significant decrease in field dependency among a group of alcoholics who abstained from alcohol ingestion during an eight to ten week treatment program, thus contradicting the findings of Karp et al. (1965b). Also Kristofferson (1968) has shown that, among nonalcoholics, field dependency is increased by alcohol ingestion and has suggested that further research is necessary to resolve the "predisposing" versus "consequence" hypothesis in regard to the relationship between field dependency and alcoholism.

Summary of Clinical and Experimental Literature

In summary, the foregoing clinical and experimental findings suggest that there are probably several subtypes of alcoholics rather than a single alcoholic personality which derives from conflicts at any specific psychodynamic stage of development or any specific familial constellation. At the same time, there is substantial, although not unequivocal, support for the position that there are pervasive, definable predisposing personality factors which render some individuals more vulnerable than others to alcoholism. The most general statement of the research surveyed above would be that alcoholism is an adaptive behavior for coping with stress, which is most frequently resorted to by individuals characterized by poor self-differentiation and manifesting marked dependency needs, low self-esteem and the use of nonspecialized ego defense mechanisms such as massive repression and denial.

CHAPTER II

STATEMENT OF THE PROBLEM

The foregoing review of clinical and experimental literature demonstrates that the majority of psychodynamic theorists on alcoholism are in agreement that dependency needs and related inner conflicts play a central role in the etiology of alcoholism. Among current theorists Lisansky (1960) has presented perhaps the most thorough formulation of the psychodynamic relation between dependency needs and alcoholism. She has postulated that among the core personality traits of the individual predisposed to alcoholism are intense dependency needs along with weak defense mechanisms which are inadequate for coping with these excessive dependency needs. She has further proposed that intense dependency needs are one of several necessary though not sufficient personality factors which predispose individuals toward alcoholism. Similarly, Blane (1968) has stated, "Dependency needs are nearly always of central importance in the alcoholic's personality makeup . . . [p. 15]," and he has suggested that a primary factor in the widely acclaimed difficulty in treating alcoholics is that they are motivated to seek and maintain a dependent role. That is, alcoholics are characterized as motivated to avoid rather than actualize the self-reliant role which is commonly a central goal of therapy with adult males.

However, despite the voluminous literature relating alcoholism to dependency needs, it has not been demonstrated experimentally that the alcoholic is actually motivated to avoid self-reliance and seek dependency. The present study postulates that the alcoholic is motivated to seek and maintain a dependent status and to avoid independence--to fail rather than succeed at actualizing the self-reliant role commonly prescribed for adult males in Western culture. More specifically, it is postulated that when alcoholic males are presented with an experimental task defined so that it reflects explicitly upon their ability to be self-reliant and are given a means of choosing success or failure on the task without having to consciously accept responsibility for their choice, they will demonstrate an enduring motivation to fail at achieving self-reliance. The confirmation of this postulation would have important ramifications both for demonstrating the existence of dependency needs among alcoholics and for better understanding the poor treatment motivation and prognosis widely accorded to alcoholics.

In order to test this general postulation alcoholic and nonalcoholic control subjects were randomly assigned to one of four experimental conditions representing different combinations of success and failure at self-reliance and presented with an experimental task (see Appendix A) defined as a Test of Self-Reliance (TSR). Under experimental condition one (High-High) subjects were consistently given feedback that they had performed well on the first four sections of the TSR (feedback designed to elicit high performance expectancy) and were given similar feedback on the final section. Under condition two (High-Low) subjects were consistently given feedback that they had performed

well on the first four sections of the TSR (feedback designed to elicit high performance expectancy) but were given feedback that they had performed poorly on the final section. Under condition three (Low-Low) subjects were consistently given feedback that they had performed poorly on the first four sections of the TSR (feedback designed to elicit low performance expectancy) and were given similar feedback on the final section. Under condition four (Low-High) subjects were consistently given feedback that they had performed poorly on the first four sections of the TSR (feedback designed to elicit low performance expectancy) but were given feedback that they had performed well on the final section.

In order to determine whether subjects were motivated to seek success or failure at self-reliance they were then allowed to retake section five of the TSR under the pretext of an administrative error. The degree and direction of motivation manifested by a subject with regard to seeking success or failure at self-reliance was operationally defined by the number of responses he changed when he repeated section five. That is, if a subject received a low score on section five he could either confirm his failure by changing few responses or strive for success by changing many responses when given the opportunity to repeat section five. Conversely, if a subject received a high score on section five he could either confirm his success by changing few responses or strive to negate his success and achieve failure by changing many responses on the repeat performance of section five.

In formulating the research hypotheses it was recognized that, as individuals, both alcoholics and nonalcoholics would manifest varying attitudes and needs with regard to dependency versus self-reliance, and

it was also expected that individuals from both categories would be influenced to various degrees by the immediate performance feedback received on the first four sections of the experimental task. However, it was predicted that regardless of whether they experienced success or failure on the first four sections of the TSR, alcoholics, as a group, would manifest an enduring motivation to fail at the TSR, while nonalcoholics, as a group, would manifest an enduring motivation to succeed.

Thus it was hypothesized that when alcoholic subjects were compared with nonalcoholic controls with regard to the number of responses changed on the repeat performance of section five of the TSR:

1. Within the High-High treatment category alcoholics will change more responses than nonalcoholics.

2. Within the High-Low treatment category alcoholics will change fewer responses than nonalcoholics.

3. Within the Low-Low treatment category alcoholics will change fewer responses than nonalcoholics.

4. Within the Low-High treatment category alcoholics will change more responses than nonalcoholics.

Furthermore, it was hypothesized that among alcoholics:

5. Subjects within the High-High and Low-High treatment categories combined will change more responses than those within the Low-Low and High-Low treatment categories combined.

Finally, it was hypothesized that among nonalcoholics:

6. Subjects within the Low-Low and High-Low treatment categories combined will change more responses than those within the High-High and Low-High treatment categories combined.

A confidence level of .05 was set as the minimum required to reject the null form of the above research hypotheses.

CHAPTER III

METHOD

Subjects

Both experimental (alcoholic) and control (nonalcoholic) subjects were recruited from among white adult males between 21 and 60 years of age who voluntarily applied for outpatient treatment at a community mental health center. There were 20 subjects in each patient category--making 40 subjects in all. Ten staff members, consisting of two psychiatric nurses, four social workers and four psychologists, assisted in recruiting subjects by presenting each prospective subject whom they saw for either an intake evaluation or a therapeutic appointment during the months of December, 1968, and January, 1969, with the following printed statement:

RESEARCH PROGRAM
REQUEST FOR PARTICIPANTS

> This is a request for volunteers to participate in a research project being conducted by one of the members of our psychology staff. The purpose of this project is to learn more about the kinds of problems for which individuals seek help from the Mental Health Center. Your participation in the study would require no more than one hour of your time and would involve your taking some paper and pencil tests. The testing will be done individually--that is, not in a group--and the privacy of all participants will, of course, be fully protected. If you participate, the results of your performance will be discussed with you upon completion of the testing.
>
> Your participation in this study is sought on a voluntary basis and your decision will neither be related to your own therapy

nor affect your eligibility for any other services available through the Mental Health Center. Your assistance in this study would be greatly appreciated and time can be arranged to suit your convenience.

Only one nonalcoholic and five alcoholics approached in this manner chose not to participate. Actually all five of the aforementioned alcoholics agreed to participate but failed to appear for the scheduled appointment. Three of these five individuals could not be located and the other two readily agreed to a second appointment but again failed to appear and thus were disqualified.

Those individuals who agreed to participate were administered the MacAndrew Alcoholism Scale (MacAndrew, 1965; 1967) as a formal screening device for classifying alcoholic and nonalcoholic subjects. The MacAndrew Alcoholism Scale (MAC) consists of 49 items derived from the MMPI and has been validated among both inpatient groups (Whisler and Canter, 1966) and outpatient groups (MacAndrew, 1965) for its ability to discriminate alcoholics from nonalcoholics.

Subjects chosen for the alcoholic group were selected on the basis that they both applied for treatment related to excessive drinking and scored within the alcoholic range on the MAC. Control subjects were selected on the basis that they applied for treatment for problems unrelated to excessive drinking, evinced no history of problems with excessive drinking and failed to score within the alcoholic range on the MAC. All of the alcoholics who volunteered did score within the alcoholic range on the MAC, and only one nonalcoholic volunteer scored within the alcoholic range on the MAC and was thus disqualified. Individual scores for each subject's performance on the MAC are presented in Appendix C. Since it has been demonstrated repeatedly that alcoholism can

occur in conjunction with virtually all other clinical diagnostic categories, no other selective criteria were applied in screening subjects except that individuals who were diagnosed as retarded, brain damaged or psychotic on the basis of their intake evaluations were excluded. It was determined beforehand to accept all other subjects who volunteered and passed the screening of the MAC. Alcoholic and nonalcoholic subjects were treated as unmatched or independent groups and were assigned to one of the four treatment groups on the basis of random numbers applied to the sequence in which they volunteered.

Alcoholics ranged in age from 22 to 55 with a median age of 42.5 years; while nonalcoholics ranged from 21 to 50 with a median age of 32.5. Alcoholics ranged from 4 to 14 in years of schooling with a median of 10.5 years; while nonalcoholics ranged from 11 to 19 with a median of 14 years of schooling. With regard to religion, among the alcoholics there were 16 Protestants, 1 Catholic and 3 who listed "none" for religion. Among nonalcoholics 15 were Protestants, 3 were Catholics, and 2 listed "none" for religion. Seventeen of the 20 alcoholics had been previously hospitalized for treatment related to their drinking problems, while only 6 of the 20 nonalcoholics had been previously hospitalized for treatment related to their emotional problems. Nine of the alcoholics as compared to 2 nonalcoholics were currently divorced. The majority of alcoholics were employed at jobs of a transient nature, largely within the construction fields; while nonalcoholics were employed at jobs which were less transient in nature and varied across a wider variety of fields. The range of stated annual income for alcoholics was from $2,800.00 to $12,000.00 with a median of $5,700.00, while for the

nonalcoholics the range was from $3,000.00 to $15,000.00 with a median of $5,900.00. However, a note of caution must be injected with regard to the stated income figure for alcoholics. During the course of the experiment the examiner came to be suspicious regarding the income figures stated by several alcoholic subjects. The last six subjects from each patient group were therefore interviewed in detail regarding the figure they stated as their annual income. While the figures for nonalcoholics bore out as genuine, three of the six alcoholics (50%) indicated that the figure they had quoted as their annual income was either representative of an annual amount they had once earned--but not during the previous year--or was representative of what they felt their earning potential would be if they worked regularly at the kind of job they felt they should have. Because of the discrepancy which appears to be present with regard to the stated income of alcoholic subjects, no attempt was made to formally classify subjects with regard to socioeconomic level. It appears, however, on the basis of the overall descriptive characteristics of both patient groups that all subjects would be classified as either lower or middle class with regard to socioeconomic level.

Diagnostic classifications taken from intake evaluations are presented for nonalcoholic subjects in Appendix D. All diagnoses were made on the basis of psychiatric interviews rather than testing, and diagnostic categories are taken from the American Psychiatric Association's Diagnostic and Statistical Manual - Mental Disorders (1968). No secondary diagnoses are available for alcoholic subjects, since the only diagnosis made for the majority of alcoholics was that of "Alcoholism."

Experimental Procedure

The experimental procedure was designed to test the stated hypotheses deriving from the general postulation that the alcoholic is motivated to seek a dependent status and to fail rather than succeed at achieving self-reliance. The experimental procedure used in the present study was a modification of an experimental paradigm designed by Aronson & Carlsmith (1962). As was mentioned above, the experimental task, which was a bogus instrument, was introduced to subjects as a Test of Self-Reliance. Instructions for the TSR (see Appendix A) stated that one's ability to be self-reliant could be measured through his ability to recognize self-reliance in others. The TSR presented subjects with the task of selecting the single photograph of a person high in self-reliance from among three photographs--two of which ostensibly represented persons extremely low in self-reliance and one of which ostensibly represented a person extremely high in self-reliance. The measure of a subject's ability to be self-reliant was defined by the test instructions in terms of his ability to recognize the photographs of the highly self-reliant persons on the TSR. In order to provide a common definition of self-reliance for all subjects, the following descriptions of persons low in self-reliance and of persons high in self-reliance were stated in the test instructions, ostensibly to aid subjects in making their choices.

> Persons low in self-reliance. Persons who are low in self-reliance are unable to find adequate strengths and positive resources within themselves for overcoming most of the problems they encounter and achieving success in life. It is often necessary for other persons to give them assistance or they cannot achieve success.

> Persons high in self-reliance. Persons who are high in self-reliance are able to rely on themselves--that is upon their own inner strengths and positive resources--to overcome most of the problems they encounter and achieve success in life.

Subjects were tested individually, and each subject was given the printed instructions for the TSR which were also read aloud.

The experimental task consisted of 100 $3\frac{1}{2}$x$3\frac{1}{2}$ cards. On each card there were three individual photographs of college age males. The test was divided into five sections, with 20 cards presented in each section and with a one minute break period between each section. It was stated in the test instructions that since it was often difficult for persons to judge their performance on the TSR, their performance would be scored after each section of 20 cards and they would be allowed to record their own score and performance time so as to be able to assess their performance more accurately while taking the test. Thus, during each break period the examiner pretended to score the subject's performance for the previous section by comparing his responses with a bogus answer key. The examiner then reported a false, predetermined score along with the actual performance time for that section, and had the subject record both his score and his performance time on a scoring summary similar to the one below (see Appendix B).

Score for Section One

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Very Low					Low			Fair					High				Very High			

Time for Section One _____

Actually there were no correct answers. The photographs were clipped randomly, in groups of three, from a college yearbook. They were

in black and white and measured approximately 1x3 for each group of three. For presentation purposes the cards bearing the photographs were mounted in a display device manufactured by the Springfield Photomount Company which allowed the cards to be flipped over and displayed one at a time under a plastic cover. A separate photomount was used for each section of the test; so that five photomounts holding 20 cards each were used altogether. The photomount was placed flat on a table in front of the subject, and the examiner administered the test by flipping each card over so that the subject viewed the card on a flat plane while he made his choice. Following each response the examiner recorded that response and then flipped the next card over. In order to limit the length of time each subject was exposed to the cards it was stated in the test instructions that the maximum time allowed for each card would be ten seconds.

Experimental Conditions

Four experimental conditions representing different combinations of success and failure at self-reliance were used to provide a means of controlling for the effects of performance expectancies and performance styles and as a means of investigating whether pre-existing needs with regard to dependency versus self-reliance would persevere regardless of immediate experience of success or failure on the experimental task. Five alcoholic and five nonalcoholic subjects were randomly assigned to each of the four experimental groups through the use of random numbers previously assigned to the sequence in which each subject volunteered. The experimental groups were treated as follows:

In the High-High group subjects were consistently given feedback that they had performed well on the first four sections of the experimental task (feedback designed to elicit high performance expectancy) but were given feedback that they had performed poorly on the fifth section. Specifically, they received scores of 17, 16, 16, 17 and 3 respectively on the five sections of the experimental task.

In the Low-Low group subjects were consistently given feedback that they had performed poorly on the first four sections (feedback designed to elicit low performance expectancy) and were given similar feedback on the fifth section. Specifically, they received scores of 3, 4, 4, 3 and 3 respectively on the five sections of the experimental task.

In the Low-High group subjects were consistently given feedback that they had performed poorly on the first four sections of the experimental task (feedback designed to elicit low performance expectancy) but were given feedback that they had performed well on the fifth section. Specifically, they received scores of 3, 4, 4, 3 and 17 respectively on the five sections of the experimental task.

Dependent Variable

In order to investigate whether a subject was motivated to seek success or failure on the TSR each subject was allowed to retake section five of the test under the pretext of an administrative error. The number of responses a subject changed when he repeated the fifth section of the test served as an operational definition of the degree and direction of his motivation with regard to achieving success or failure on the TSR.

That is, if a subject changed many of his responses when he retook the fifth section this was taken to indicate that he was motivated to change his original score on that section. On the other hand, if a subject changed few responses when he retook the fifth section, this was taken to indicate that he was motivated to maintain his original score. Whether his motivation was directed toward success or failure was determined by whether the score he had received on section five was high or low.

The justification for readministering the fifth section of the TSR was accomplished in the following manner. As soon as the subject had recorded his score for the fifth section of the test, the examiner, after a few moments pause during the period where he had previously reported the administration time for each section, feigned chagrin and announced that he had apparently neglected to start the stopwatch prior to beginning the fifth section and thus was unable to obtain the performance time for that section of the test. After a few seconds deliberation he stated:

> There's only one thing I can think of to do, since I have to have the time for each section. Would you mind too much if I asked you to do the last section over again? Why don't you just regard it as a completely new set of pictures; that is, make your choices as if you had not seen them before.

Whereas one minute was allowed to elapse during the break between each of the first five sections of the experimental task, three minutes were allowed to elapse between the scoring and readministration of the fifth section.

Upon completion of the readministration of the fifth section, the examiner announced that the experiment was over. Before discussing

the true nature of the experiment with each subject, the examiner asked for any impressions the subject might have regarding the experimental task or any other aspects of the experiment. None of the subjects indicated that they had doubted the nature of the experiment as it was presented to them.

The examiner then explained to the subjects that the experiment was designed to investigate the relationship between self-reliance and alcoholism. He further explained the true nature of the experiment and discussed the necessity of using deception to create a situation analogous to the experience of success or failure at self-reliance in real life. None of the subjects expressed resentment at having been deceived, and most expressed interest in the study and the meaning of their own performance. While several subjects from both groups acknowledged that they had changed or refrained from changing their responses to seek higher scores on the TSR, none of the subjects acknowledged that they had intentionally sought a lower score.

CHAPTER IV

RESULTS

The data were analyzed to evaluate the performance of alcoholics as compared with nonalcoholics with regard to seeking success or failure at self-reliance. The dependent variable representing the degree of motivation regarding success or failure on the TSR was defined as the number of responses changed on the repeat performance of the fifth section. Specifically, it was hypothesized that when alcoholics were compared with nonalcoholics:

1. Within the High-High treatment category alcoholics will change more responses than nonalcoholics.

2. Within the High-Low treatment category alcoholics will change fewer responses than nonalcoholics.

3. Within the Low-Low treatment category alcoholics will change fewer responses than nonalcoholics.

4. Within the Low-High treatment category alcoholics will change more responses than nonalcoholics.

Furthermore, it was hypothesized that among alcoholics:

5. Subjects within the High-High and Low-High treatment categories combined will change more responses than those within the Low-Low and High-Low treatment categories combined.

Finally, it was hypothesized that among nonalcoholics:

6. Subjects within the Low-Low and High-Low treatment categories combined will change more responses than those within the High-High and Low-High treatment categories combined.

Raw data scores for the number of responses changed on the repeat performance of section five are presented in Appendix E. A 2x4 factorial analysis of variance was used to compare alcoholic subjects with nonalcoholic controls across the four treatment categories (see Table 1). It may be seen from Table 1 that the F tests for both patient category effects and treatment category effects failed to reach significance at the .05 level of confidence. This finding demonstrates that the results are neither additive across patient categories nor across treatment categories, which is in keeping with the rationale behind the stated hypotheses--that both alcoholics and nonalcoholics would perform differently under the four treatment conditions and would differ from each other in the manner in which they varied across treatment conditions.

The means for alcoholics and nonalcoholics within each of the treatment categories are listed in Table 2. The presented means demonstrate that the differences between treatment groups are, in every instance, in the direction predicted by the hypotheses. In order to evaluate the hypotheses for statistical significance, individual F tests were performed comparing the means of the relevant treatment categories (see Table 3). Following Winer (1962) hypotheses one through four were tested as simple main effects and hypotheses five and six were treated as interaction effects with the alpha level set at .05 for each of the tests for significance.

TABLE 1

Analysis of Variance for Comparing Alcoholics with Nonalcoholics Across the Four Treatment Conditions

Source of Variance	SS	df	MS	F	P
Subject Categories (Alcoholics vs Nonalcoholics	4.90	1	4.90	.92	$>.25$
Treatment Categories	46.10	3	15.37	2.88	$>.05$
Interaction	150.50	3	50.17	9.41	$<.01$
Within (Error)	170.40	32	5.33		
Total	371.90	39			

TABLE 2

Mean Number of Responses Changed on Repeat Performance of Section Five (N = 5 for Each Subgroup)

	High-High Group	High-Low Group	Low-Low Group	Low-High Group
Alcoholics (N = 20)	7.2	5.8	5.2	8.2
Nonalcoholics (N = 20)	4.0	11.4	8.6	5.2

TABLE 3

Summary of F Tests for Significance of Hypotheses One through Six

Hypotheses	Comparison	F	P
1.	Alcoholics vs Nonalcoholics in High-High Category	4.80	$<.05$
2.	Alcoholics vs Nonalcoholics in High-Low Category	14.70	$<.01$
3.	Alcoholics vs Nonalcoholics in Low-Low Category	5.42	$<.05$
4.	Alcoholics vs Nonalcoholics in Low-High Category	4.22	$<.05$
5.	High-High plus Low-High Categories vs Low-Low plus High-Low Categories among Alcoholics	4.54	$<.05$
6.	Low-Low plus High-Low Categories vs High-High plus Low-High Categories among Nonalcoholics	26.33	$<.01$

Hypothesis one was verified at the .05 level of confidence. Alcoholics changed more responses than nonalcoholics within the High-High treatment category.

Hypothesis two was verified at the .01 level of confidence. Alcoholics changed fewer respnses than nonalcoholics within the High-Low treatment category.

Hypothesis three was verified at the .05 level of confidence. Alcoholics changed fewer responses than nonalcoholics within the Low-Low treatment category.

Hypothesis four was verified at the .05 level of confidence. Alcoholics changed more responses than nonalcoholics within the Low-High treatment category.

Hypothesis five was verified at the .05 level of confidence. Alcoholics within the High-High and Low-High treatment categories combined changed more responses than alcoholics within the Low-Low and High-Low treatment categories combined.

Hypothesis six was verified at the .01 level of confidence. Nonalcoholics within the Low-Low and High-Low treatment categories combined changed more responses than nonalcoholics within the High-High and Low-High treatment categories combined.

Although all of the F tests pertaining to the stated hypotheses did reach significance at or beyond the .05 level of confidence, it should be pointed out that any conclusions regarding hypotheses four and five should be viewed with some caution. The F values of 4.22 and 4.54 obtained for hypotheses four and five respectively were barely beyond

the F value of 4.17 which was the critical value for significance at the .05 level of confidence.

CHAPTER V

DISCUSSION

Findings from the present study support the general postulation that alcoholics are motivated to seek and maintain a dependent status and to avoid the self-reliant role which is commonly attributed to adult males. The discussion first considers the bearing of these results upon the specific issues raised by this study and then considers broader ramifications and limitations of the findings from this study.

Alcoholism and Dependency

Hypotheses one through four were designed to compare the performance of alcoholics with that of nonalcoholics under four treatment conditions representing different combinations of success and/or failure at self-reliance. The verification of hypothesis one demonstrates that alcoholics actively sought to negate their success with regard to self-reliance after consistently having experienced success over all five sections of the TSR. The verification of hypothesis two demonstrates that alcoholics accepted failure at self-reliance after consistently having experienced success over the first four sections of the TSR. The verification of hypothesis three demonstrates that alcoholics accepted failure with regard to self-reliance after having consistently

experienced failure on all five sections of the TSR. The verification of hypothesis four demonstrates that alcoholics actively sought to negate their success with regard to self-reliance after having consistently experienced failure over the four previous sections of the TSR. The verification of hypothesis five demonstrates that alcoholics in the two treatment groups which experienced success on section five of the TSR were less satisfied with their performance than alcoholics in the two treatment groups which experienced failure on the final section regardless of the performance feedback they had received on previous sections.

The verification of hypothesis six demonstrates that exactly the opposite of the conclusion drawn for alcoholics with regard to hypothesis five was true for nonalcoholics. Nonalcoholics in the two treatment groups which experienced failure on section five of the TSR expressed less satisfaction with regard to their performance on that section than nonalcoholics in the two treatment groups which experienced success on the final section, regardless of previous performance feedback.

The various combinations of success and/or failure at self-reliance represented by the four treatment conditions tested under the six hypotheses serve to control for and rule out several alternative explanations which might be proposed to account for the findings of this experiment. Task expectancy variables deriving from specific performance feedback are obviously ruled out as the primary determinent of the experimental findings. Alcoholics either maintained or sought failure and avoided or negated success regardless of their previous performance feedback. Acquiescence tendencies are also ruled out as a primary

determinent as are negativistic or resistance tendencies. Alcoholics accepted their performance only when it denoted failure and negated it only when it denoted success at self-reliance.

Two alternative explanations remain for the experimental findings that alcoholics consistently sought or maintained failure and avoided or negated success on the experimental task. One alternative is that alcoholics are motivated to seek failure and avoid success regardless of the issue at stake. More will be said about this alternative below with regard to suggestions for future research. The most parsimonious alternative for explaining the experimental findings, in keeping with the experimental design, is that alcoholics are motivated to seek and maintain failure and to avoid or negate success at being self-reliant.

Findings from the present study lend impressive support to the psychodynamic formulations suggesting that intense dependency needs are one of several necessary though not sufficient personality factors which must be taken into account by any comprehensive theory of alcoholism. Alcoholic subjects had an equal opportunity to seek either success or failure at self-reliance, and, in every case, they chose to seek or maintain failure and to avoid or negate success. Nonalcoholic subjects given the same choices consistently chose to seek or maintain success and avoid or negate failure.

It should be noted that the present experiment was designed to make it possible for a subject to seek either success or failure without taking conscious responsibility for his choice. On the basis of questioning subjects following the experiment there was evidence that those

subjects who choose to seek failure did no unconsciously. These findings suggest that the alcoholic is by and large unaware of the enduring intensity with which he seeks to actualize his dependency needs.

Ramifications of the Findings from the Present Study For the Treatment of Alcoholics

A comprehensive discussion of psychotherapy with alcoholics would be beyond the scope of the present study; since factors other than dependency needs including low frustration tolerance, impulsiveness, the employment of primitive ego defense mechanisms such as repression and denial and a corresponding lack of capacity for self-awareness are frequently also reported as contributing factors in the difficulties encountered in treating alcoholics. It is important to note, however, that findings from the present study suggest that the therapist is confronted from the outset with an acute paradox when he attempts to treat the alcoholic. That is, a near universal goal in psychotherapy with adult males in Western culture is that of helping the patient to achieve a self-reliant status. Yet, the results of the present study indicate that the majority of alcoholics are motivated to actively avoid self-reliance and seek a dependent status.

It is recognized, of course, that according to psychodynamic theory and clinical evidence the psychotherapist encounters resistance to change among all patients and that persons other than alcoholics are motivated by dependency needs. Clinical evidence suggests, however, that the difficulties encountered in treating the alcoholic are uniquely problematic (Blane, 1968; Hartocollis, 1964; Moore, 1964). While the present study does not suggest any direct solution with regard to solving

the dilemma which the therapist encounters in treating the alcoholic, it does, at least, provide impressive experimental confirmation that such a dilemma exists and that dependency needs constitute a crucial element of this dilemma. It is proposed that any treatment program which is to succeed with alcoholic patients must take into account the intensity with which the alcoholic strives to maintain his dependency status.

Limitations of the Present Study

No attempt was made to formally classify subjects with regard to socioeconomic status due to the apparent discrepancy regarding the stated income of alcoholics. However, on the basis of the overall descriptive characteristics of both patient categories, it appears that all subjects would be classified as either lower or middle class with regard to socioeconomic level. Furthermore, only white, adult males were accepted as subjects in the present study. Since it has been suggested that there are probably several subgroups of alcoholics (Blum, 1966; Lisansky, 1960; Milt, 1967), caution should be exercised in applying the findings with regard to alcoholics from the present study to alcoholics from all sociocultural, or socioeconomic groups or to female alcoholics.

Furthermore, while findings from the present study provide impressive support for the contention that alcoholic males are motivated to seek dependency and avoid self-reliance, it should be noted that the present study does not demonstrate that dependency needs are predisposing to alcoholism. However, while the issue remains open regarding whether dependency needs are causal factors in predisposing the individual toward alcoholism, or are consequences of alcoholism, there are a number

of research findings which suggest that the dependency traits which were verified in the present study as characteristic of alcoholics do predate the onset of alcoholism (Jones, 1968; McCord & McCord, 1960; MacAndrew, 1967; Karp et al., 1965a).

Suggestions for Further Research

It was mentioned above that an alternative interpretation of the experimental findings might be that alcoholics are motivated to seek failure and avoid success regardless of the isse at stake. This interpretation could be formulated in terms of the proposal by several theorists that a major psychodynamic motivating factor in alcoholism is self-destructiveness (K. Menninger, 1938; Rosenman, 1955b; Selzer & Payne, 1962). This alternative should be investigated by presenting alcoholics with tasks which do not reflect on self-reliance under experimental conditions similar to those used in the present study.

The utility of the experimental paradigm designed by Aronson & Carlsmith (1962) as modified within the present experiment has been demonstrated, and it should prove fruitful for exploring many symptoms, attitudes or other characteristics frequently ascribed to individuals from other psychiatric diagnostic categories or sociocultural groups. A replication of the present experiment using female alcoholics or male alcoholics from socioeconomic or sociocultural groups felt to differ from the population of alcoholics in the present study is needed to further clarify the relation of dependency needs to alcoholism.

CHAPTER VI

SUMMARY

The majority of theorists on alcoholism are in agreement that dependency needs and related inner conflicts play a central role in the etiology of alcoholism. It has been further suggested that a primary factor in the widely acclaimed difficulty in treating alcoholics is that they are motivated to seek and maintain a dependent status and to avoid self-reliance, whereas a primary goal in the treatment of adult males is commonly that of helping the patient achieve self-reliance. Despite voluminous literature formulating a relationship between dependency needs and alcoholism, however, it has not been experimentally demonstrated that alcoholics are motivated to seek and maintain a dependent status and to avoid or negate success at self-reliance.

The purpose of the present study was to investigate the proposal that alcoholics are motivated to seek and maintain a dependency status and to avoid or negate success at self-reliance. It was predicted that when alcoholic males were presented with an experimental task defined so that it reflected explicitly upon their ability to be self-reliant, they would demonstrate an enduring motivation to fail at achieving self-reliance regardless of whether the performance feedback they received as they performed the task denoted success or failure.

Twenty alcoholic subjects and twenty nonalcoholic controls were recruited from among persons who voluntarily applied for outpatient treatment at a community mental health center. Patients diagnosed as psychotic, retarded or brain damaged were excluded, and those subjects accepted were treated as unmatched or independent groups. All subjects were white adult males.

Subjects were presented with an experimental task defined as a Test of Self-Reliance. Actually the experimental task was a bogus instrument. Five subjects from each patient category were randomly assigned to one of four treatment conditions representing different combinations of success and/or failure at self-reliance. The experimental task was divided into five sections and subjects were given bogus, predetermined performance feedback denoting either success or failure after the completion of each section. In order to measure subjects' motivation with regard to self-reliance, they were allowed to retake the final section of the experimental task under the pretext of an administrative error in timing.

The dependent variable for measuring the degree and direction of a subject's motivation with regard to self-reliance was the number of responses he changed on the repeat performance of section five. That is, after a subject had received a score denoting success or failure on the fifth section of the experimental task, when given a chance to repeat that section he could either maintain a similar score by changing few of his original responses or attempt to change his score by changing many responses.

It was found that, as a group, alcoholics consistently sought failure and avoided success with regard to self-reliance, even though they had an equal opportunity to seek either success or failure. Nonalcoholics given the same opportunity consistently sought success and rejected failure. It was suggested, on the basis of post-examination interviews that the alcoholic's motivation to seek dependency and negate self-reliance is unconscious.

The dilemma which these findings indicate regarding the treatment of alcoholics was examined, and further research was recommended to determine whether alcoholics are motivated to choose failure and reject success with regard to other issues as well as self-reliance. It was further noted that while the results of this study support the contention that alcoholics are motivated to seek and maintain a dependent status and to avoid self-reliance, they do not clarify whether dependency needs are predisposing or consequential factors in relation to alcoholism.

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APPENDIX A

INSTRUCTION PAGE FOR TEST OF SELF-RELIANCE

PERSONALITY RESEARCH INSTITUTE
TEST OF SELF-RELIANCE

Instruction Page

This is a test which measures the extent to which a person can rely on himself--that is, his own inner strengths and positive resources--to overcome most of the problems he encounters and achieve success in life.

When the test begins, you will be shown several sets of cards. There will be twenty cards in each set, and the cards will be presented one at a time. Each card will bear three photographs. These photographs were selected because they represent persons who were classified, after extensive psychological assessment, as either extremely low or extremely high in Self-Reliance. Two of the photographs on each card are of persons who were found to be extremely low in Self-Reliance; the other photograph on each card is that of a person found to be extremely high in Self-Reliance.

Your task on this test is to select the single photograph which represents the Highly Self-Reliant person from among the three photographs on each card. It has been demonstrated that one's ability to pick out the photographs of the Highly Self-Reliant persons in this test is an extremely accurate measure of the degree of his own Self-Reliance. That is, those who achieve high scores on this test are persons who are themselves highly Self-Reliant; persons who achieve average scores are themselves within the average range with regard to their ability to be Self-Reliant; and, persons who achieve low scores have been found to be low in Self-Reliance.

Descriptions of persons who are very low in Self-Reliance and of persons who are very high in Self-Reliance are provided below to help you in making your choices. Read them carefully and keep them before you to refer to as you work the test.

Persons Low in Self-Reliance

Persons who are low in Self-Reliance are unable to find adequate strengths and positive resources within themselves for overcoming most of the problems they encounter and achieving success in life. It is often necessary for other persons to give them assistance or they cannot achieve success.

Persons High in Self-Reliance

Persons who are high in Self-Reliance are able to rely on themselves--that is upon their own inner strengths and positive resources--to overcome most of the problems they encounter and achieve success in life.

Since it has been found that it is very difficult for persons to judge their performance on this test (that is, some persons who think they are doing very poorly are among the best performers, and some who think they are doing very well are among the poorest) your performance will be scored after each section of the test is completed, and you will be allowed to record your own score so that you can assess your performance accurately as you go. While this is a timed test, bear in mind that accuracy is more important than speed, and you should not hesitate to use the full time alloted for each card if you need to. The maximum time allowed for each card will be ten seconds.

APPENDIX B

SCORING SUMMARY FOR TEST OF SELF-RELIANCE

SCORING SUMMARY

Below are a series of scales. After you have completed each set of 20 cards, the examiner will score your performance on that set and have you record it below. To record your score place an "x" in the empty box above the score you receive. The examiner will also report your performance time following each section. Record your performance time on the line below the scoring scale.

Score for Section One

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Very Low				Low				Fair					High				Very High			

Time for Section One _____

Score for Section Two

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Very Low				Low				Fair					High				Very High			

Time for Section Two _____

Score for Section Three

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Very Low				Low				Fair					High				Very High			

Time for Section Three _____

Score for Section Four

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Very Low				Low				Fair					High				Very High			

Time for Section Four _____

Score for Section Five

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Very Low				Low				Fair					High				Very High			

Time for Section Five _____

APPENDIX C

INDIVIDUAL SCORES ON THE MACANDREW ALCOHOLISM SCALE

TABLE 4

Individual Scores* on the MacAndrew Alcoholism Scale

Subject Number	Alcoholic Scores	Nonalcoholic Scores
1	31	21
2	44	17
3	31	16
4	24	17
5	36	22
6	30	20
7	37	23
8	32	21
9	36	17
10	24	22
11	29	20
12	34	18
13	35	23
14	37	22
15	37	21
16	33	21
17	30	22
18	26	13
19	33	14
20	27	23

*A score of 24 or over is within the alcoholic range according to MacAndrew's scoring standard.

APPENDIX D

DIAGNOSES FOR NONALCOHOLIC SUBJECTS

Diagnoses for Nonalcoholic Subjects

Subject Number	Diagnosis*
1	Anxiety Neurosis
2	Passive-Aggressive Personality Disorder
3	Passive-Aggressive Personality Disorder
4	Hysterical Personality Disorder
5	Anxiety Neurosis
6	Depressive Neurosis
7	Anxiety Neurosis
8	Depressive Neurosis
9	Schizoid Personality Disorder
10	Passive-Aggressive Personality Disorder
11	Depressive Neurosis
12	Schizoid Personality Disorder
13	Obsessive-Compulsive Personality Disorder
14	Passive-Aggressive Personality Disorder
15	Schizoid Personality Disorder
16	Obsessive-Compulsive Personality Disorder
17	Obsessive-Compulsive Personality Disorder
18	Passive-Aggressive Personality Disorder
19	Obsessive-Compulsive Personality Disorder
20	Anxiety Neurosis

*Diagnostic categories are taken from the American Psychiatric Association's Diagnostic and Statistical Manual - Mental Disorders (1968).

APPENDIX E

RAW DATA

TABLE 5

Raw Data

Subject Number	Treatment Category	Alcoholics		Nonalcoholics	
		*Volunteer Number	Number of Responses Changed	Volunteer Number	Number of Responses Changed
1	High-High	4	5	12	6
2	High-High	14	5	7	5
3	High-High	5	8	8	1
4	High-High	18	9	10	0
5	High-High	17	9	4	8
6	High-Low	7	2	19	7
7	High-Low	6	4	15	12
8	High-Low	13	8	18	12
9	High-Low	20	9	17	13
10	High-Low	12	6	9	13
11	Low-Low	2	5	11	7
12	Low-Low	15	8	2	10
13	Low-Low	9	6	1	9
14	Low-Low	11	4	13	7
15	Low-Low	16	3	16	10
16	Low-High	19	8	3	3
17	Low-High	3	10	20	7
18	Low-High	8	6	14	3
19	Low-High	10	9	5	6
20	Low-High	1	8	6	7

*Subjects were assigned to subject number on the basis of random numbers drawn to correspond with the sequence in which they volunteered.