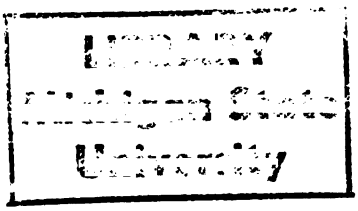


This is to certify that the

dissertation entitled

THE DEVELOPMENTAL CHARACTERISTICS OF MALE ALCOHOLICS AS MANIFESTED ON THE ASSESSMENT OF ADULT ADJUSTMENT PATTERNS

presented by

Jay E. Athy

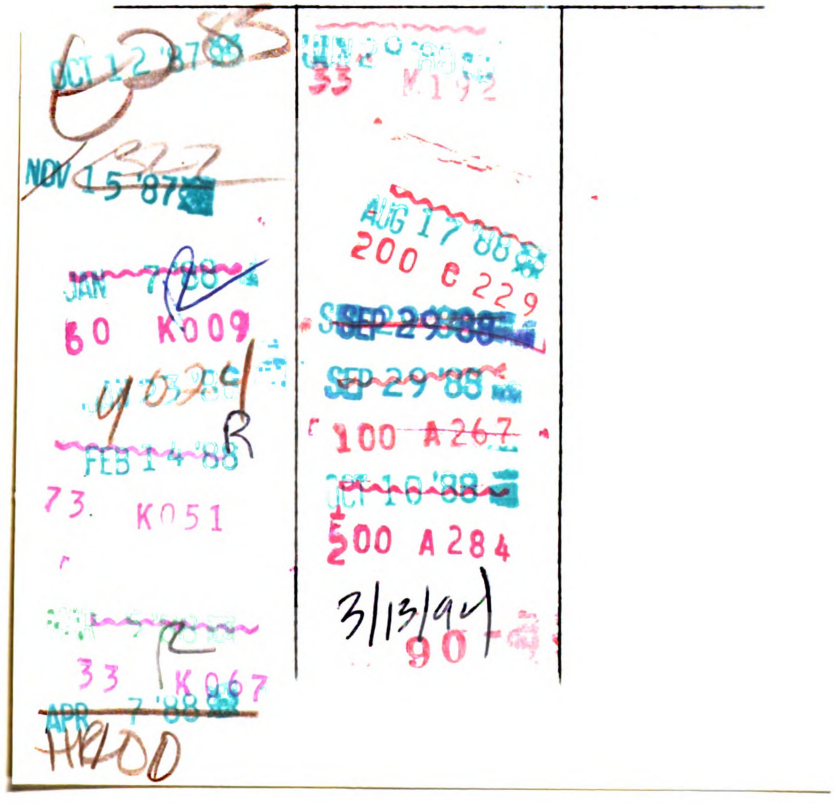
has been accepted towards fulfillment
of the requirements for

Ph.D. degree in Counseling Psychology

William V. Fairchild
Major professor

Date 4-18-86

O-12771



THE DEVELOPMENTAL CHARACTERISTICS OF MALE ALCOHOLICS AS MANIFESTED ON THE ASSESSMENT OF ADULT ADJUSTMENT PATTERNS

BY

JAY E. ATHY

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Counseling, Educational
Psychology and Special Education

1986

ABSTRACT

THE DEVELOPMENTAL CHARACTERISTICS OF MALE ALCOHOLICS AS MANIFESTED ON THE ASSESSMENT OF ADULT ADJUSTMENT PATTERNS

By

Jay E. Athy

The purpose of the study was to examine the ego characteristics of male alcoholics as measured by the Assessment of Adult Adjustment Patterns (AAAP) and to clarify the relationship that dependency may have with alcoholism. The AAAP was developed to operationalize the ego stages proposed by Erik Erikson. The Succorance and Autonomy scales of the Personality Research Form, Form E (PRF-E) were used to measure dependency and were hypothesized to be related to Erikson's first two stages of development.

There were 202 subjects consisting of 162 male veterans who were receiving treatment for alcohol abuse and 40 male members of a church who did not have a history of alcohol abuse. There were differences between the two groups along a number of demographic variables, e.g., lower income and less education for male alcoholics.

Male alcoholics were found to have significantly ($p < .05$) lower scores on all eight stages of the AAAP

in comparison to male nonalcoholics. However, no differences were found between the two sample groups on either PRF-E scales of Succorance or Autonomy. High scores on Succorance did not significantly differentiate among male alcoholics on Stage 1 of the AAAP. Low scores on Autonomy did not significantly differentiate among male alcoholics on Stage 2 of the AAAP. PRF-E scores associated with dependency (combination of high Succorance and low Autonomy) failed to reveal any differences among male alcoholics with regard to mean score performance on the AAAP (Stages 1-8) or with regard to mastery of individual stages (Stages 1 and 2). Finally, demographic variables showed no significant influence on the outcome of the AAAP results for male alcoholics with the exception of degree of satisfaction with personal relationships (Stages 1-8), age (Stage 7) and prior history of alcohol treatment (Stage 4).

There was no supportive evidence found for dependency as a personality trait associated with alcoholism. There were strong findings, however, for the presence of ego deficits in male alcoholics. Future research regarding the characterological antecedents and correlates of alcoholism may do better to focus on a comprehensive appraisal of ego functioning than attempting to isolate single personality traits.

DEDICATION

To my father

he would be proud

ACKNOWLEDGEMENTS

I wish to express my sincere thanks to the following people:

Dr. William Farquhar for his commitment to me to see that I finish this study. Dr. Robert Griffore whose personal support and thoughtful reading of the text proved to be instrumental in the preparation of the final draft and oral defense. Dr. Alton Kirk and Dr. William Hinds for their service on my dissertation committee. Dr. Richard Ramsey who facilitated data collection at the Lexington VAMC and whose friendship bolstered me during times of need and doubt. My colleagues at the Comprehensive Care Centers in Lexington and Winchester, KY, whose unfailing belief in me that I was meant to be a "doctor" helped transform a tired dream into a fresh reality. Ms. Reva Schultz for a peerless job of manuscript preparation. My friends, who continued to find something worth knowing and appreciating in me when I could give them so little in return (thanks Kelly, Hugh, Jack and Jackie). And finally, I wish to express my deepest gratitude and love to my wife Carolyn whose patience and loving support ultimately made the difference.

TABLE OF CONTENTS

TABLE OF CONTENTS (cont.)

LIST OF TABLES

LIST OF TABLES (cont.)

LIST OF FIGURES

LIST OF APPENDICES

CHAPTER I

THE PROBLEM

Alcoholism is a complex problem. An extensive research literature has been generated to understand the nature and extent of what one author has described as society's "bane since the earliest days of recorded history" (Chafetz, 1975). Special emphasis has been placed upon identifying who is most susceptible to alcoholism. The most widely used research approach has been to thoroughly examine the alcoholic, himself, and attempt to delineate what personality traits all alcoholics have in common. Unfortunately, the results of the majority of these studies are best summarized by Keller (1972) " . . . the investigation of any trait in alcoholics will show that they have either more or less of it" (p. 1147).

The clear identification of an alcoholic personality type has been unsuccessful and attempts to operationalize and quantify the motivational characteristics of alcoholics remains problematic. Difficulty exists in the meaningful interpretation of research with alcoholics as various personality patterns have been hypothesized without compelling empirical support. Blum (1966) and Sanford (1968) have criticized specific alcoholic personality studies as too often investigating variables that are

isolated out of context of their supporting, multivariate theories. Sadava (1978) has argued that an understanding of alcoholism must come from a developmental approach that addresses personality beyond the context of just situational determinants.

Need For the Study

The theoretical construct of dependency forms the basis for a predominant theory regarding the existence of a motivational predisposition toward alcoholism in men. It is grounded in the rich conceptualization of psychoanalytic theory which uses a developmental perspective in focusing upon personality. The successful resolution of conflict arising from thwarted dependency needs is a primary task in personality development. Unfortunately, operationalizing and assessing dependency needs for empirical study has been a difficult, if not elusive, undertaking. As a result, much of what has to be said about dependency needs in the development of alcoholism has been relegated to purely theoretical discussion or is based upon inference from methods of assessment that have very little to do with dependency and the role it plays in personality development.

Erik Erikson's theory of psychosocial maturation provides a theoretical perspective from which personality growth that focuses on the ego is seen in combination with both biological and social factors. "A human being, thus, is at all times an organism, an ego, and a member of

society and is involved in all three processes of organization" (Erikson, 1963, p. 36). It is both developmental and multivariate in its theoretical approach. Furthermore, it provides specific assumptions at each stage of ego development, some of which theoretically address the issue of dependency. Until recently, however, there was no standardized means of assessment that could demonstrate the requisite reliability and validity for all eight ego stages of his developmental model. The Assessment of Adult Adjustment Patterns (AAAP) has shown promise in providing a dependable and accurate measure of Erikson's ego stages (Farquhar, Wilson, & Azar, 1982).

What has been needed in the field of alcohol studies is a means of assessment that could dependably and accurately discriminate between alcoholics and non-alcoholics along some meaningful dimension(s) of personality, e.g., ego characteristics addressed from a developmental perspective. Such discriminative power may allow for prediction of potential alcohol problems in those individuals with predisposing traits and may enable treatment approaches to be more effective by providing a structural overview within which specific interventions may be matched with trait-specific alcoholics. An elucidation of the impact that dependency needs have in the development of excessive drinking patterns would be particularly useful in helping to clarify the disparate literature which regards it as a

motivational predisposition in male alcoholics.

Purpose of the Study

The purpose of this study is to examine the ego characteristics of male alcoholics from the theoretical perspective of Erik Erikson's epigenetic model of ego development. An emphasis will be placed upon clarifying the influence that dependency needs may have as a motivational factor in alcoholism. The use of the AAAP will also provide an opportunity to further substantiate the psychometric properties of this scale on a well-defined, pathological population, i.e., male alcoholics.

Hypotheses

Dependency is positively related to alcohol abuse. Unresolved dependency conflicts may effect an individual's ability to establish a sense of continuity and trust with significant others. It may also compromise autonomous functioning because of shame and doubt. As a result, males who abuse alcohol manifest impairment on stages of ego development that focus on trust and autonomy. Personality traits of a high need for succorance and a low need for autonomy are positively related to male alcohol abusers who fail to master these stages of ego development.[1]

---

[1]Specific hypotheses are staged in testable form in Chapter III, Design of the Study.

Theory

Sigmund Freud (1977) theorized that personality was comprised of three psychic structures, i.e., id, ego, and superego. Man developed through an invariant sequence of stages that were psychosexual in nature. Although development was by no means a static process, it remained a closed, intrapsychic system in which the individual's personality was largely determined by an early age. Erik Erikson (1963) expanded upon traditional Freudian theory by emphasizing the individual's interaction with the environment as being a critical determinant in personality development. Focusing on the ego, Erikson hypothesized eight stages of development that were psychosocial in nature. No longer was personality development essentially a closed system, but an epigenetic system that allowed for an ongoing dynamic interplay between the individual and the environment throughout the cycle.

His theory identified critical tasks at each stage of development that facilitated continued growth contingent upon both personal and interpersonal (societal) resolution of them. Although ego development was conceived as occuring in a stepwise fashion, complete mastery of any given stage was not necessary for progression to ego tasks of higher stages. Ego stages did, however, represent optimal periods for the development of positive traits and remediation at a later date was

considered as being considerably more difficult than initial resolution. In fact, ego growth could lead to the development of a negative ego identity with accompanying ego characteristics of mistrust, dependency facilitated by shame and doubt, guilt, inferiority, role diffusion, isolation, stagnation, and despair (Erikson, 1956). Rosenmann (1955) hypothesized, with regard to alcoholism, that the alcoholic has developed a negative self-image which controls his behavior in a self-destructive fashion.

Dependency is a primary developmental task which has been implicated as a motivational factor in the development of alcoholism (Alexander, 1946; Blum, 1966; Knight, 1937). The resolving of dependency conflicts that occur during the earliest stages of growth is critical to healthy interpersonal functioning and forms the basis of personality development. It is a process characterized by mutual trust and the development of autonomy as we gradually become less helpless and more capable of interdependence. Failure to establish a trusting environment that fosters autonomy may predispose the young child to fixate at an infantile mode of behaving in which demands are made for nurturance without reciprication. Knight (1937) viewed these individuals as becoming adults who were in a constant state of frustration because their excessive demands for indulgence could not be realistically met. Alcoholism thus became a symptomatic attempt to resolve this emotional conflict. Lisansky (1960)

also reasoned that the alcoholic was unable to overcome the conflicts of early childhood and that his excessive drinking became symbolic of a surrender to dependency.

Psychoanalytic theory has reasoned that alcoholism represents psychosexual impairment at the oral stage of development (Fenichel, 1945). Frustrated "orality" causes the individual to use the mouth as a preferred mode of gratification. Erikson (1963) concurred as he stated, "Addicts, for example, depend, as the baby once did, on the incorporation by mouth or skin of substances which make them feel both physically satiated and emotionally restored" (p. 61). A passive state is achieved in the process which provides for a relative freedom from conflict and tension. Although Erikson does not make a direct connection between this behavior and stage of ego development, issues of oral-dependency and passivity are found at the earliest stages of his psychosocial model. Blum (1966) has cited consensus among psychoanalytic writers that the stage of developmental arrest corresponds with the degree of alcohol consumption, i.e., the earlier the stage the more severe the problem. Therefore, alcoholism may be viewed as an unsuccessful adaptation to unresolved conflicts at the earliest stages of development. Thus Rado's (1933) view that alcoholics were individuals who doubted their ability to solve life's problems when left to rely on their own initiative. Failing to have had early childhood

experiences that would foster healthy self-esteem, these individuals long for a return to passively obtained gratification from the external world. Rado saw alcohol as easing the tensions of reality and recreating the experience of narcissistic pleasure during infancy.

McCord and McCord (1960) expanded the theory and viewed male alcoholics as wanting to have dependency needs met that were stifled during childhood, but acting aggressive and independent to align themselves with society's expectations of masculinity. Drinking is seen as a stereotypical male behavior that allows the alcoholic to meet society's demands, but at the same time allows him to experience the warmth and security reminiscent of the mother-infant relationship. Blane (1968) suggested that male alcoholics may be divided into three distinct modalities in which they attempt to resolve their conflict between dependency and masculine role. The "openly dependent" alcoholic takes a passive stance and looks to others to satisfy his needs. The "counterdependent" alcoholic denies his intense dependency needs and attempts to avoid any expression of dependent behavior while fashioning a lifestyle based on physical prowess and self-sufficiency. Lastly, the "dependent-independent" alcoholic fluctuates between open dependency and counter-dependency as dictated by the situation.

Erikson's eight stage schema of ego development provides the researcher with specific theoretical

assumptions at each stage of development (See Figure 1.1). These assumptions may be transposed into hypotheses regarding the developmental characteristics of male alcoholics. The dependency theory may be conceptualized as correlating with impairment in Erikson's first two stages. Stage 1 (Trust vs. Mistrust) impairment, i.e., the inability to have faith in the enduring nature of one's beliefs or in the existence of significant others, may lead to excessive drinking. The goal of the alcoholic adaptation would be to recreate the warmth, nurturance, and trust of the maternal relationship in a current setting where one's needs for love and support go unfulfilled in what is seemingly a hostile and unpredictable environment. The inability to conquer shame and doubt at Stage 2 (Autonomy vs. Shame/Doubt) may also lead to ego impairment with the individual having difficulty functioning autonomously. This individual may find himself in a perpetual struggle between the seemingly safe haven of dependency and the often ego alien, but societally sanctioned autonomy of the masculine role. Excessive drinking may occur as not only a vehicle to satisfy dependency needs, but also as a way to meet societal demands for masculine behavior by masking a predominantly passive stance of interacting with the world.

The utilization of the AAAP will hopefully provide a meaningful description of Eriksonian ego characteristics

FIGURE 1.1

ELABORATION OF ERIKSON'S EPIGENETIC MODEL

1. Trust-Mistrust (Hope)

Age: 0 - 1½	Ease of feeding
	Depth of sleep
Mutual recognition vs autistic isolation	Relaxation of bowel
	Let mother out of sight
Capacity for faith	Rely on sameness, consistency, constancy
Oral incorporative & sadistic	
	Trust self to cope with bodily urges
Assured reliance on parent's integrity	
	Basic faith in existence, law & order

2. Autonomy-Shame & Doubt (Will)

Age: 1½ - 3	Control from outside is firmly reassuring
Will to be oneself	Stand on own feet
Holding on-letting go	Guidance gradually encourages independent choice

3. Initiative-Guilt (Purpose)

Age: 3 - 5	Pleasure in conquest
	Self-Observation
Anticipation of roles vs inhibition	Self-Guidance
	Self-Punishment
Motor movement	Sense of Responsibility
Language	Obedience
Intrusive (phallic) mode	
Rivalry	
Conscience (family)	

4. Industry-Inferiority (Competence)

Age: 5 - 12	Win recognition by producing things
Task identification vs sublimation of drives	Renunciation of wish to live forever in the family
I am what I make work	Apply self to tasks
Identification	Perseverence, diligence
Trust of adults (other than parents)	Submit to instruction
	"What works"

FIGURE 1.1 (continued)

5. Identity-Confusion (Fidelity)

Age: 12 - 18	Fidelity tests
	Cliques-heroes
Trust in peers	Stereotyping self
Occupational search	Ideological mind
Identification without heroes	Rituals, creed, programs
Social group pressures	Molding identity
Ideological thought	

6. Intimacy-Isolation (Love)

Age: 18 - 30	Fusion with another
	Commitment to affiliation
Uses of identity	Ethical strength to honor commitment
Genital maturity	
Sensitivity of sex organs	Orgastic potency
Mutual regulation of work, procreation, recreation	Heterosexual mutuality

7. Generativity-Stagnation (Care)

Age: 30 - 45	Belief in the species
	Charity-Supplements but doesn't replace generativity
Maturity	
Establishing and guiding next generation	
Productivity & creativity	

8. Integrity-Despair (Wisdom)
Age: 45+

Order & meaning
Acceptance of one's life cycle
Acceptance of others significant to it vs disgust, regret
"I am what survives me"
Accrued assurance of order & meaning
Love of the "human ego"
Defend dignity of one's own life cycle
Consolidation of meaning
Acceptance of death

Note. Prepared by Fredrick R. Wilson and William W. Farquhar, Michigan State University, 1977.

as they exist in male alcoholics. If developmental arrest can be inferred from the findings, then a more cogent articulation of the dynamic etiology and process of dependency in alcoholism may be offered. Such clarity would be welcome in the field of alcohol studies.

Overview

In Chapter II there is a review of the literature that has attempted to demonstrate personality traits that are characteristic of male alcoholics. Specific emphasis will be placed upon empirical research addressing the role of dependency in the development of alcoholism. The design of the study, a description of the Assessment of Adult Adjustment Patterns (AAAP) and other measures, and the proposed analysis will be the focus of Chapter III. In Chapter IV there is a descriptive analysis of the AAAP data to delineate the ego characteristics that alcohol abusers share in common. Comparisons will then be made with a sample of men who do not abuse alcohol. Scales from the Personality Research Form (Jackson, 1967, 1974) that suggest dependency as a personality trait will also be correlated with the AAAP results. Chapter V is devoted to integrating the results of the research, drawing conclusions, and discussing the implications of the findings.

CHAPTER II

A REVIEW OF THE LITERATURE

The major goal within this chapter is to review the studies that have suggested dependency as a personality trait in male alcoholics. The review entails a cursory examination of the findings that have attempted to identify general personality characteristics of male alcoholics as well as a more thorough examination of the specific research regarding dependency. Several promising studies that have used the Personality Research Form (PRF) as a means of personality assessment are also presented.

Alcoholic Personality Traits

The behavior exhibited by alcoholics has frequently been labeled with personality characteristics, e.g., inadequate, impulsive, dependent, etc., by both professional and lay observers. A prevalent research question has been whether or not there actually are specific personality characteristics indigenous to alcoholics. Many have been hypothesized (most notably dependency by psychoanalytic writers), but none have demonstrated clear empirical substantiation.

In a 1950 review of the existing literature regarding alcoholic personality traits, Sutherland, Schroeder,

and Tordella concluded that there was no sound evidence which suggested that individuals of one personality type would be more likely to become alcoholics than individuals of any other personality type. Leonard Syme (1957) concurred with this finding in his review of all relevant literature published from 1936 to 1956. Both reviews cited methodological flaws as having severely compromised prior research attempts and both called for further studies to be undertaken. Syme specifically criticized the use of projective tests which yielded results that were subjective and ambiguous. He viewed the use of nonprojective tests as being more satisfactory methodologically, but failing to meaningfully integrate theoretical consideration.

Another criticism of research that has attempted to focus upon personality characteristics of alcoholics is that all too often inferences are made about premorbid personality disposition from assessments of individuals who are already alcoholic (Neuringer, 1982; Williams, 1977). There has been a strong argument made by Vaillant (1983) that the personality manifestations in the alcoholic are primarily attributable to the vitiating effects of the alcohol itself. Once abstinence is achieved there is a remitting of the personality characteristics that were falsely assumed to have functioned as precursors to the addiction.

William and Joan McCord (1960) attempted to address

this methodological concern by undertaking a longitudinal study. They began with a sample of 325 boys who were part of an urban project to prevent delinquency in 1935. Comprehensive observations were made on the boys and their families by trained social workers for five years. A follow-up was conducted in 1956 on 255 subjects from the original sample who were then 30 to 35 years of age. The behavior and attitudes of 29 subjects who had become alcoholics were then compared with 158 subjects who had no history of alcoholism or criminal offense. The McCords believed that the design of their study, thus, allowed for an examination of the prealcoholic personality.

The McCords interpreted the results from their study as showing prealcoholics to be relatively "self-contained" when compared to their normal peers. These researchers thought that prealcoholics tended to deny feelings of dependency at an early age, but that the suggestion of a dependency conflict was present in their preoccupation with sexual matters. Adult alcoholics, in comparison, to their normal peers, tended to feel victimized by society and were socially withdrawn. They appeared to show compensatory feelings of grandiosity and exhibited more aggressive behavior. Finally, openly dependent behavior was a cardinal feature of their functioning.

To answer the discrepancies between the basic characteristics they identified in prealcoholics and adult alcoholics, the McCords theorized that traits like

dependency and gradiosity were latent and repressed in the prealcoholics. They reasoned that society places demands on males to act independent and aggressive, but that attempts to fulfill such a role by the prealcoholic leaves little opportunity for him to satisfy his heightened dependency needs. A compromise solution is thus wrought wherein the individual assuages his dependency conflict under the guise of the masculine ritual of excessive drinking. Once alcoholism becomes a protracted pattern of functioning, however, latent traits such as dependency become more clearly evident in the individual's behavior as his defenses collapse.

Another longitudinal study provides corroborating evidence for the McCord's findings. Mary Jones (1968) followed 66 males from junior high school through their mid-forties. She categorized her sample into the following groups: problem drinkers, heavy drinkers, moderate drinkers, light drinkers, and nondrinkers. Comparisons (t tests) were made between individuals in these groups based on personality and behavior. The California Q set, an assessment procedure that involved the sorting of responses to 100 items generated from extensive interviews with the subjects, was the instrument used for personality measurement.

Results showed that adult problem drinkers differed significantly ($<.05$) from their moderate and nondrinking counterparts along dimensions of undercontrolled and

extroverted behavior. They tended to be disorganized under stress, emotionally labile, rebellious, openly hostile, and self-indulgent. Furthermore, they demonstrated overconcern with functioning in a male role. The data also supported the assertion that there is a continuity between personality characteristics of the preproblem drinker and the adult problem drinker. Items dealing with uncontrolled impulsivity, extroverted behavior, and masculine role concerns reliably differentiated between the subjects when they were assessed as boys. Finally, Jones noted that nonproblem drinkers in her sample were observed to have few difficulties with dependent relationships. On the contrary, they were found to be able to function comfortably within them and could form close, intimate ties with others. The problem drinkers, however, were often described as being overly dependent and unable to maintain adequate interpersonal relationships.

Jones concluded that her data supported the existence of predisposing factors to problem drinking; most notably acting-out and aggressive behavior. The ratings taken of boys who would later develop into problem drinkers indicated the existence of ambivalent feelings toward authority and problems in functioning comfortably in dependency relationships. This finding is cited as being suggestive of the McCord's hypothesis that the denial of dependency needs are at the root of alcoholism. The overemphasizing of masculine behavior by preproblem

drinkers is also interpreted as being potentially indicative of defensive behavior related to dependency conflicts.

In a discussion of Jones' study, Gomberg (1968) noted the "challenging areas of agreement" between Jones and the McCords' research. Gomberg was hopeful that a more meaningful definition of the roles of oral fixation and the development of trust would be in the offing as a result. Psychological predisposition, contrary to some critics, was apparently a primary factor in the etiology of alcoholism. Nevitt Sanford (1968) was somewhat more guarded in another discussion of Jones' work as he cautioned against overgeneralizing from results suggesting underlying dependence as the sole personality precursor of problem drinking. He argued for an increased focus upon theory in future studies.

Kammeier, Hoffman, and Loper (1973) compared Minnesota Multiphasic Personality Inventory (MMPI) scores of 38 men from when they were college freshmen with when they were first admitted for residential treatment of alcoholism. Two-tailed tests of significance were performed with mean differences ($< .01$) emerging in the direction of the group in treatment on scales F, D, Hy, Pd, Pa and Si. These results were interpreted as suggesting that alcoholic behavior was accompanied by an increase in irritability, depression, hostility, impulsivity, resentment and problems with interpersonal relationships. A neurotic style of functioning becomes

apparent when these scales are viewed in combination. The researchers also noted that scales MF and Ma were elevated on both sets of profiles which may indicate that excessive drinking is a reaction formation to having difficulty with passive, sensitive, "feminine" feelings. Finally, when individual profiles from both sampling periods were analyzed it was found that scales D, Pd, Sc, and Ma showed the highest frequency of elevation. It was concluded that there might be a relationship between these scales and dependency problems, but that the evidence could only support an interpretation regarding a general lifestyle of dependency as opposed to any specific inferences regarding particular types of dependency.

These same authors (Loper, Kammeier, & Hoffman, 1973) compared the MMPI scores of 32 college freshmen who were later hospitalized for alcoholism with 148 of their nonalcoholic, male classmates. Prealcoholics scored significantly ($< .01$) higher on scales Pd and Ma which suggested that they were more gregarious, impulsive, and less conforming than their peers. These findings were noted to be similar to those characteristics that were identified by Jones in her preproblem drinker sample.

Conflicting results emerge from two studies undertaken to isolate factors that may be indicative of oral-dependent behavior. Wolowitz and Baker (1967) constructed a food preference inventory (FPI) based on the rationale

that infants during the "oral-passive" stage of development have a diet consisting of wet, soft, bland foods which are rich and smooth in consistency. Their inventory was administered to 30 male alcoholics and to 30 male, nonalcoholic controls. High scores on the FPI were to indicate oral-passive preferences for food with low scores being indicative of oral-aggressive preferences. Results were in the expected direction and the authors concluded that alcoholics were passive and dependent.

Vaillant (1980) used vignettes of oral behavior based upon his subjects' backgrounds that included traits of pessimism, passivity, self-doubt, fear of sex, suggestibility, and dependence. His sample consisted of 184 men who were periodically followed from the time they were sophomores in college until they were approximately 50 years of age. Ratings of childhood environment, psychological stability in college, childhood and adult adjustment, and ego defenses were obtained along with information regarding physical health, extent of alcohol use, extent of other substance abuse, and family history of alcoholism. Twenty-six problem drinkers were identified, but none showed any significant correlation with the measure of oral-dependency employed. A harsh childhood environment and personality disturbances in both college and adult life correlated with oral-dependent behavior, but not with alcohol abuse. Vaillant concluded that alcohol abuse is not caused by an inadequate home life

and/or a premorbid personality disorder, but that the symptomology observed in alcoholics was more than likely due to the disabling affects of sustained drinking.

Hoffman (1976) challenged the expectation that alcoholic personality traits should be articulated in terms of cause and effect of excessive drinking when similar criteria are not required for the description of other psychiatric entities. Furthermore, he questioned the validity of searching for only a single personality indigenous to alcoholics when there was no evidence to suggest that there was a personality unique to any other particular group of individuals. Zimering and Calhoun (1976) commented that an alcoholic personality may be characterized by certain predisposing traits, e.g., dependency, but may only become manifest when environmental pressures act as a catalyst. This is not to say that personality traits which may function as motivational predispositions to alcoholism are not worthwhile areas of investigation. On the contrary, more than one author has remarked that the point of differential assessment with alcoholics is to accurately identify the etiological dynamics so that more effective treatment may be rendered (Miller, 1976; Sanford, 1968). Nor is it to say that there is no consensus about the existence of discriminating personality factors.

A 1979 review of the literature by Cox revealed that passivity and dependency were the most salient

characteristics of alcoholics. Alcoholics were also found to be governed by external locus of control, have low self-worth, and manifest a significant discrepancy between their real-self and ideal-self. Sadava (1978) identified six general themes or patterns of individual differences based on his review of alcoholic personality studies. These themes were dependency, denial, depression, sex role identity problems, inadequate impulse control, and personal dissatisfaction. The findings of these reviews are encouraging as specific personality traits such as dependency are reliably emerging as either precursors or companions to alcoholism. Further investigation of them is warranted.

Personality Research Form Studies

Henry Murray (1938) theorized that personality was observable through recurring and enduring aspects of behavior. He emphasized the role of motivation as a dynamic property and hypothesized a variety of manifest and latent needs. In Murray's theory of personality, a need represents a response to a mental construct of disequilibrium. The need functions to organize action that will reduce this dynamic tension and is shaped, in part, by the situational demands of the environment. Based on his work, the Edwards Personality Preference Schedule (EPPS) (Edwards, 1959) and the Personality Research Form (PRF) (Jackson, 1967, 1974) have been

developed as objective measures of personality traits. Douglas Jackson's PRF has been given favorable reviews for its rigorous test construction (Anastasi, 1980; Cronbach, 1970) and several studies using it with alcoholics have shown interesting results regarding dependency.

The PRF yields 20 separate personality traits and two measures of test taking validity (See Table 2.1). Each personality trait has been shown to be sufficiently distinct that the use and interpretation of them as individual scales is warranted. Intuitively, scales that could be seen as indicative of dependency needs would be Succorance (high scorers are described as needing and seeking a great deal of support from others) and Abasement (high scorers are described as being self-effacing, subservient, and self-subordinating). A low score on Dominance (low scorers are described as <u>not</u> wanting to control one's environment by dominating and influencing others) would also be consistent with a pattern of dependency as would a low score on Autonomy (low scorers are described as being dependent on others, constrained, compliant, and conforming).

Helmut Hoffman (1970) administered Form AA of the PRF to 377 hospitalized male alcoholics. The purpose of his study was to provide normative data on the PRF for alcoholics. He found that his sample differed from a nonalcoholic control group on 16 of the 22 PRF scales at the .05 level of significance (higher on Abasement,

TABLE 2.1

PERSONALITY RESEARCH FORM SCALES

Scale	Descriptive Characteristics
Abasement	Self-critical, humble, self-blaming, accepts blame and criticism even when not deserved, subserviant.
Achievement	Accomplishing, ambitious, competitive, industrious.
Affiliation	Friendly, affiliative, cooperative, warm.
Aggression	Easily annoyed, aggressive, argumentative, hostile.
Autonomy	Independent, rebellious, nonconforming, self-reliant, unattached.
Change	Unpredictable, dislikes routine, likes new and different experiences, vacillating.
Cognitive Structure	Unambiguous, precise, rigid, seeks certainty, needs structure, perfectionistic.
Defendence	Defensive, suspicious of others, easily offended, secretive.
Dominance	Controlling, enjoys leading, dominant, powerful, authoritative.
Endurance	Persevering, determined, tireless, relentless, enduring.
Exhibition	Center of attention, pretentious, conspicuous, entertaining, exhibitionistic.
Harmavoidance	Fearful, cautious, avoids risks, vigilant, seeks to maximize personal safety.

TABLE 2.1 (Continued)

Impulsivity	Impatient, impulsive, reckless, uninhibited, excitable.
Nurturance	Gives sympathy and comfort, helpful, encouraging, caring.
Order	Deliberate, organized, neat, tidy, consistent, dislikes confusion.
Play	Fun-loving, playful, joking, carefree.
Sentience	Feeling, sensitive, aware, enjoys physical sensations, open to experience, perceptive.
Social Recognition	Seeks recognition, approval seeking, proper, accomodating, desirous of credit.
Succorance	Dependent, seeks support, helpless, craves affection.
Understanding	Curious, analytical, intellectual, inquiring, logical.
Desirability	Describes self in desirable terms, attempts to present favorable picture of self.
Infrequency	Responds in haphazard manner which may be due to inattention, confusion, poor comprehension, or marked pathology.

Affiliation, Cognitive Structure, Harm-avoidance, Nurturance, Order and Succorance; lower on Achievement, Aggression, Autonomy, Change, Dominance, Endurance, Exhibition, Play, and Sentience). Hoffman viewed the high scores on Affiliation, Nurturance, and Succorance as being indicative of a need for personal contact with others; a need that may be difficult to fulfill because of social inhibition and feelings of inferiority (low Exhibition, high Abasement). He also interpreted low scores on Aggression, Autonomy, and Dominance as expressing a marked dependency need in these individuals who were describing themselves as generally noncombative, dependent, and passive. Hoffman concluded with the interpretative hypothesis that alcoholics have strong dependency needs which contribute to both a low self-esteem and the desire to form intimate relationships. As a result, they are placed in perpetual conflict between their need for self-actualization and a passive-submissive interpersonal stance.

Vincent Nerviano (1976) administered both the PRF and the 16 Personality Factor Questionnaire (16 PRF) to 366 male alcoholics who were inpatients at a veteran's hospital. Five, distinct factors emerged from a factor analysis of the PRF data. Factor 1 was labeled Impulse Control and contrasted scales suggesting spontaneity (Impulsivity, +.79; Play, +.63) with those reflecting restraint and inhibition (Cognitive Structure, -.79;

Order, -.72). Other scales that were loaded on this factor were Endurance (-.52), Achievement (-.51), and Harmavoidance (-.44). The second PRF factor was labeled Social Ascendency and was comprised of scales reflecting social participation and extroversion (Exhibition, +.75; Affiliation, +.73; Dominance, +.59). The Desirability (+.55) and the Nurturance (+.45) scales were also loaded on this factor. Defendency was the label used for Factor 3 in attempting to describe a response style to perceived threat (Defendence, +.81; Aggression, +.70; Abasement, -.66). Factor 4, labeled Intellectual/Aesthetic Interests, focused on the degree of "refined or civilized interests" (Understanding, +.72; Sentience, +.65; Achievement, +.57; Nurturance, +.50; Change +.49). Finally, Factor 5 was labeled Dependency as it contrasted the need for Succorance (+.81) with the need for Autonomy (-.64).

Nerviano furthered his examination of the data by using a correlational clustering procedure that involved the 12 scales from the PRF that contributed the most, in terms of clinical significance, from the original factor analysis. Seven subtypes were obtained and labeled to correspond with common personality disorders (obsessive-compulsive, impulsive, aggressive, passive-dependent, schizoid, asthenic, and narcissistic). The passive-dependent subtype ("Type D") comprised 6% of the sample and manifested the notable features of being submissive (low on Dominance), intropunitive (low on Dependence and

Aggression, high on Abasement), and seeking out control from others (low Autonomy). Nerviano concluded that alcoholism was inadequate as a primary diagnosis because it masked the underlying existence of distinct types of clinical syndromes.

John Zivich (1981) attempted to replicate the Nerviano study with a sample of 102 males, alcoholic inpatients which had substantially different demographic characteristics from Nerviano's sample. Furthermore, Zivich used a shorter form of the PRF (Form E) than had Nerviano (Form AA). Form E had been designed by Jackson (1974) in response to its use by other researchers with populations different than college students for which it had been originally normed. All five of Nerviano's factors were replicated by Zivich as were five of the seven subtypes that were manifested when using a cluster analysis (schizoid and narcissistic were the exceptions). Particulary germane to this dissertation was the replication of the Dependency Factor (Succorance, +.77; Autonomy, -.61) and the Type D, passive-dependent alcoholic (low on Dominance and Autonomy, high on Abasement) which accounted for 3.9% of the sample. Zivich also suggested the existence of an obsessive-dependent subtype and argued for the inclusion of separate categories for mixed profiles (correlating to more than one subtype) and pure no-types. He concluded that the replication of Nerviano's results gave strong empirical substantiation to the postulated

presence of distinct personality patterns that can be found among diverse alcoholic populations.

The PRF factors and subtypes identified by Nerviano and later replicated by Zivich offer promising areas of investigation regarding the role of personality in alcoholism. Both studies suggested dependency as a trait for some alcoholics. These findings are consistent with Hoffman's interpretation of dependency motivation based upon his analysis contrasting alcoholics and non-alcoholics on the PRF. In summary, the PRF has a demonstratable factor validity with alcoholic populations that may provide an empirical measure of dependency motivation.

Summary

The role of personality in the development of alcoholism has been a topic of considerable theorizing, research, and debate. Several early reviews of the literature concluded that there was no substantive evidence to suggest the predominance of any one personality type over another in individuals who became alcoholic (Sutherland, et. al., 1950; Syme, 1957). Vaillant (1983) has argued that the manifestation of personality disturbance in alcoholics is directly attributable to the damaging effects of alcohol, itself, and not due to the premorbid personality of these individuals. Others have begged the question of what role personality may play in the development of alcoholism, but have sharply criticized

alcoholic personality studies for failing to base their investigations in a multivariate theoretical framework (Blum, 1966; Sanford, 1968) or for having focused upon situation determinants at the expense of a developmental perspective (Sadava, 1978).

Nonetheless, research on alcoholic personality traits has proliferated and not without some consensus in findings. A more recent review of the literature by Cox (1979) revealed that dependency and passivity were the most salient characteristics of alcoholics. Sadava (1978) also found dependency to be one of six general themes to emerge from his review of alcoholic personality studies. It is interesting to note that dependency is cited as a prevalent personality factor in both of these literature reviews. The positing of dependency as both a personality trait and a motivational predisposition has been the basis for a predominant theory regarding the development of alcoholism.

The McCords (1960) concluded in a longitudinal study of 235 males who later became alcoholic that dependency conflicts were latent in their subjects as adolescents. These unfulfilled dependency needs would later compromise their subjects' ability to function as adults as society's demands to adopt an independent and aggressive male role increased. Alcohol abuse became a compromise solution that eventually led to protracted problems. Jones (1968) also found continuity between the personality organization

of prealcoholic and alcoholic in another longitudinal study. Difficulty with dependency relationships and an overconcern with the male role were evident in her subjects before and after developing a drinking problem. Once alcohol abuse had become established, however, there was an increase in openly dependent behavior. Unfortunately, neither study used a standardized means of personality testing.

A pair of studies using the MMPI (Kammeier, et. al., 1973; Loper, et. al., 1973) suggested the possibility of the existence of dependency problems in alcoholics and Wolowitz and Baker (1967) found evidence for dependency using a food preference inventory with alcoholics and a control group. Vaillant (1980), however, showed no correlation between alcoholics and dependency as measured by rating their responses to vignettes containing oral-dependent behavior.

Several studies using the Personality Research Form (PRF) found dependency as a trait in alcoholics. Hoffman (1970) showed alcoholics to differ from controls on 16 of the 22 PRF scales. High scores on Affiliation, Nurturance, Succorance, and Abasement were coupled with low scores on Aggression, Autonomy, and Dominance suggesting strong dependency needs which contributed to both low self-esteem and a frustrated desire to form intimate relationships. Nerviano (1976) found the PRF to have five distinct factors for alcoholics, one of which

contrasted the need for Succorance (+.81) with the need for Autonomy (-.64). This factor was labeled Dependency. Zivich (1981) replicated Nerviano's findings thus further substantiating the factor validity of the PRF with alcoholics. The Dependency factor emerged again with Succorance (+.77) and Autonomy (-.61) its principle components.

The research literature has shown evidence of dependency as being a personality trait in male alcoholics. The question of whether it forms the developmental basis for an alcoholic personality type may not be totally germane to the more immediate concern of how to most effectively treat the alcoholic. Hoffman (1976) has questioned the need for supportive evidence of this nature when an articulation of cause and effect is not expected for the description of other psychiatirc entities. Furthermore, the question of whether dependency forms the basis for the only personality type found in alcoholics is probably misguided as there is no evidence to suggest that there is a unique personality to be found in any other large, diverse group of individuals. Nerviano (1976) and Zivich (1981) have shown that alcoholics may be comprised of numerous personality types with dependency being the salient trait of only one type. What is important is the reliable and valid identification of any given personality trait in alcoholics so that treatment and prognosis concerns may be responsibly addressed.

A shortcoming of much of the research that has attempted to identify dependency as a personality trait has been the lack of objective, psychometrically sound measures of assessment. Both the AAAP in theory and the PRF in practice offer a solution to this problem. Impairment at early stages of ego development (AAAP) and a low need for autonomy coupled with a high need for succorance (PRF) are both suggestive of dependency. A significant relationship may exist between the two.

CHAPTER III

DESIGN OF THE STUDY

In Chapter III the population, sample, measures, procedure, design, testable hypotheses, and analysis procedures are presented and discussed.

Population

Alcoholism is a multifaceted problem and what constitutes someone being labeled an alcoholic is often dependent on who is doing the labeling. For the sake of operational uniformity, male alcoholics in this study were defined as meeting the diagnostic criteria set forth for Alcohol Abuse in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition):

a. Pattern of pathological alcohol use: need for daily use of alcohol for adequate functioning; inability to cut down or stop drinking; repeated efforts to control or reduce excess drinking by "going on the wagon" (periods of temporary abstinence) or restricting drinking to certain times of the day; binges (remaining intoxicated throughout the day for at least two days); occasional consumption of a fifth of spirits (or its equivalent in wine or beer); amnesic periods for events occurring while intoxicated (blackouts); continuation of drinking despite a serious physical disorder that the individual knows is exacerbated by alcohol use; drinking of non-beverage alcohol.

b. Impairment in social or occupational functioning due to alcohol use: e.g., violence while intoxicated, absence from work, loss of job, legal difficulties with family or friends because of excessive alcohol use.

c. Duration of disturbance of at least one month. (DSM-III, 1980, pp. 169-170).

Sample

There were 162 patients from the Alcohol Dependence Treatment Program (ADTP) at the Veteran's Administration Medical Center (VAMC) in Lexington, Kentucky who comprised the male alcoholic sample for the study. The ADTP is a five week, residential program that screens and selects referrals based on the following criteria:

1. The veteran accepts that he has a problem with alcohol use great enough to damage physical health, personal or social functioning, or is a prerequisite to normal social functioning.
2. The veteran is willing to participate in the five week program.
3. The veteran is sober or is unlikely to have serious withdrawal problems.
4. The veteran has sufficient intelligence to understand films shown and group therapy sessions.
5. The veteran is physically able to participate in all aspects of the ADTP. (Physical handicaps do not rule out admission to the program).
6. The veteran is not actively psychotic.
7. The veteran can verify his eligibility for VAMC services.
8. The veteran does not have any pending legal charges.

The ADTP focuses on both educational and psychosocial aspects of alcoholism in attempting to ameliorate the problem. Lectures and films on the harmful effects of alcohol, group psychotherapy, Alcoholics Anonymous meetings,

and vocational counseling are some of the treatment modalities employed. Referral sources include private physicians, other VAMC's in the region, and the patients themselves.

The sample of nonalcoholics in the study was comprised of 40 men who were members of the Unitarian Universalist Church in Lexington, Kentucky. Unitarian Universalism is considered to be a mainstream, but liberal religion in the United States. These individuals did not have a history of alcohol abuse. Initially, a comparable sample of nonalcoholic males was sought from the VAMC as well. Unfortunately, a series of complications beset this sampling endeavor making it not practical. It was found that (a) very few veterans solicited had no prior history of alcohol abuse, (b) medical complications frequently prevented the taking of the instruments used, and (c) a successful completion rate of 4 out of 38 (10.52%). After eight months this plan was abandoned and the Unitarian Universalist Church was sampled.

The men comprising the alcoholic sample ranged in age from 20 to 67 with a mean of 43.03 and a median of 41.75. Their nonalcoholic counterparts had a mean age of 40.98 and median age of 37.50 with a range from 19 to 70. Both groups were predominantly caucasian (94.4%, alcoholics; 92.5%, nonalcoholics) with a small percentage of Blacks accounting for the remainder (5.6%, alcoholics; 7.5%, nonalcoholics). Birthorder position in an

individual's family of origin showed the highest percentage of alcoholics (30.9%) and nonalcoholics (30.0%) to be oldest or only children. This information can be found in Tables 3.1 to 3.3.

TABLE 3.1

AGE OF MALE SUBJECTS

Sample	n	Mean	Median	Standard Deviation	Range
Alcoholics	162	43.03	41.75	11.59	20 - 67
Nonalcoholics	40	40.98	37.50	14.74	19 - 70

TABLE 3.2

RACE OF MALE SUBJECTS

Race	Alcoholics		Nonalcoholics	
	no.	%	no.	%
Caucasian	153	94.4	37	92.5
Black	9	5.6	3	7.5
Total	162	100.0	40	100.0

TABLE 3.3

BIRTHORDER OF MALE SUBJECTS

Birthorder	Alcoholics		Nonalcoholics	
	no.	%	no.	%
Oldest/Only	50	30.9	12	30.0
Youngest	31	19.1	4	10.0
Second	29	17.9	9	22.5
Third	23	14.2	7	17.5
Fourth	9	5.6	4	10.0
Fifth	7	4.3	1	2.5
Sixth	4	2.5	1	2.5
Seventh	3	1.9	1	2.5
Other	6	3.7	1	2.5
Total	162	100.0	40	100.0

Alcoholic men responded that they were predominantly divorced or separated (56.2%) at the time of data collection with only 25% of the nonalcoholics responding in kind. Both groups averaged over one marriage per subject ($\bar{x}$ 1.45, alcoholics; $\bar{x}$ 1.08, nonalcoholics). Further information about marital status can be found in Tables 3.4 and 3.5

TABLE 3.4

MARITAL STATUS OF MALE SUBJECTS

Marital Status	Alcoholics		Nonalcoholics	
	no.	%	no.	%
Never	26	16.0	7	17.5
Married	44	27.2	22	55.0
Separated	17	10.5	2	5.0
Divorced	74	45.7	8	20.0
Widowed	1	0.6	1	2.5
Total	162	100.0	40	100.0

TABLE 3.5

NUMBER OF MARRIAGES OF MALE SUBJECTS

Sample	n	Mean	Median	Standard Deviation	Range
Alcoholics	162	1.45	1.32	.99	0 - 4
Nonalcoholics	40	1.08	1.04	.66	0 - 3

The mean number of years of education for the male alcoholic sample was 10.91 with only 53.1% completing 12 or more years of education and just 6.2% receiving a Bachelor of Arts degree or higher. This compares to the nonalcoholic male sample having 15.30 mean number of years of education with 92.5% completing at least 12 years of education and 57.5% having obtained a Bachelor of Arts degree (See Tables 3.6 and 3.7).

TABLE 3.6

NUMBER OF YEARS EDUCATION COMPLETED BY MALE SUBJECTS

Years of Education	Alcoholics		Nonalcoholics	
	no.	%	no.	%
3	1	0.6	0	0.0
5	4	2.5	1	2.5
6	2	1.2	0	0.0
7	5	3.1	0	0.0
8	22	13.6	1	2.5
9	13	8.0	1	2.5
10	17	10.5	0	0.0
11	12	7.4	0	0.0
12	51	31.5	6	15.0
13	12	7.4	3	7.5
14	13	8.0	6	15.0
15	4	2.5	3	7.5
16	5	3.1	4	10.0
17	1	0.6	1	2.5
18	0	0.0	5	12.5
19	0	0.0	1	2.5
20	0	0.0	8	20.0
Total	162	100.0	40	100.0

TABLE 3.7

ACADEMIC DEGREES OBTAINED BY MALE SUBJECTS

Degree	Alcoholics		Nonalcoholics	
	no.	%	no.	%
None	48	29.6	3	7.5
GED	35	21.6	3	7.5
High School	54	33.3	14	35.0
Associate of Arts/Science	15	9.3	0	0.0
Bachelor of Arts/Science	9	5.6	4	10.0
Master of Arts/Science	0	0.0	13	32.5
Ph.D.	1	0.6	3	7.5
Total	162	100.0	40	100.0

A sizeable percentage (43.2%) of the alcoholics in this study reported incomes of less than $4,000 for the preceeding 12 months with 5.6% reporting an income of greater than $20,000. The mean income range for male alcoholics was between $6,000 and $10,000. The nonalcoholic group showed only 12.5% making less than $4,000 with 55.0% earning more than $20,000. The mean income range for male nonalcoholics was between $15,000 and $20,000. Table 3.8 expands upon this information.

TABLE 3.8

INCOME OF MALE SUBJECTS

Income	Alcoholics		Nonalcoholics	
	no.	%	no.	%
Under $4,000	70	43.2	5	12.5
$4-$6,000	34	21.0	3	7.5
$6-$10,000	18	11.1	8	20.0
$10-$15,000	20	12.3	2	5.0
$15-$20,000	11	6.8	8	20.0
$20-$25,000	5	3.1	6	15.0
$25-$30,000	2	1.2	3	7.5
$30-$40,000	1	0.6	2	5.0
Over $40,000	1	0.6	3	7.5
Total	162	100.0	40	100.0

A prior history of treatment for alcohol related problems was reported by 60.0% (n=107) of the alcoholic group while there was no incident of having sought treatment by the nonalcoholic group. Alcoholics cited having grown up with a family member who had an alcohol abuse problem in 51.9% (n=84) of the cases. Nonalcoholics responded in kind in only 22.5% (n=9) of the cases. Who these family members were are delineated in Table 3.9.

TABLE 3.9

MEMBERS OF FAMILY OF ORIGIN WHO HAD AN ALCOHOL ABUSE PROBLEM

Family Member	Alcoholics		Nonalcoholics	
	no.	%	no.	%
None	73	45.1	31	77.5
Father	66	40.7	5	12.5
Mother	7	4.3	2	5.0
Brother	10	6.2	0	0.0
Sister	1	0.6	0	0.0
Grandfather	1	0.6	0	0.0
Grandmother	0	0.0	0	0.0
Aunt/Uncle	4	2.5	1	2.5
Friend of family	0	0.0	1	2.5
Total	162	100.0	40	100.0

Both groups rated on a nine point Likert scale how satisfied they were with their personal relationships. Male alcoholics had a mean of 5.01 and a median of 5.00. Male nonalcoholics had a mean of 6.83 and a median of 7.42. In Table 3.10 the results are depicted.

TABLE 3.10

SUBJECT SATISFACTION WITH PERSONAL RELATIONSHIPS

	Scale Points	Alcoholics		Nonalcoholics	
		no.	%	no.	%
Dissat-isfied	1	12	7.4	1	2.5
	2	13	8.0	0	0.0
	3	16	9.9	3	7.5
Average	4	21	13.0	3	7.5
	5	38	23.5	1	2.5
	6	18	11.1	1	2.5
Satisfied	7	19	11.7	12	30.0
	8	15	9.3	15	37.5
	9	10	6.2	4	10.0
Total		162	100.0	40	100.0

Finally, the alcoholic sample was asked to report the number of years that they had an alcohol problem as defined by the DSM-III guidelines outlined earlier in this chapter. These men reported a mean range of 11 to 15 years of having had an alcohol problem. The results are presented in Table 3.11.

TABLE 3.11

NUMBER OF YEARS WITH ALCOHOL PROBLEM (MALE ALCOHOLIC SUBJECTS)

Number of Years	No.	%
Less than 6 months	2	1.2
6 months - 1 year	3	1.9
1 - 2 years	8	4.9
3 - 4 years	4	2.5
5 - 6 years	12	7.4
7 - 10 years	22	13.6
11 - 15 years	39	24.1
16 - 20 years	20	12.3
21 - 25 years	23	14.2
26 - 30 years	17	10.5
31 - 35 years	6	3.7
More than 35 years	6	3.7

Measures

Erik Erikson's theory of ego development has been an impetus for research and clinical application. Several attempts have been made to make it amenable to empirical assessment.

Assessment of Adult Adjustment Patterns

The Assessment of Adult Adjustment Patterns (AAAP) (Farquhar, Wilson, & Azar, 1982) is an objective, self-report instrument that is based on Erikson's eight stage theory of ego development. Its rigorous test construction and its attempts to measure all eight of Erikson's ego stages makes it unique among other Eriksonian assessment techniques currently reported in the literature (Azar, 1982; Farquhar, 1983). It consists of

320 items which measure mastery or nonmastery of each of the eight stages as well as the inclusion of two validity scales to check for deviant responding (F Scale) and attempts to present oneself in a favorable light (Social Desirability Scale).

The format of the AAAP requires that subjects rate themselves on a four point scale ranging from (1) definitely true of me, to (4) definitely not true of me. Intermediate points are labelled (2) true of me, and (3) not true of me. Mastery or nonmastery for each of the eight stages is measured by the AAAP as individual items are assigned weighted values with regard to whether they represent resolution or not of particular ego stages. Responding in the direction of resolution a specified percentage of the time for a given stage is considered to represent mastery. The normative sample of the AAAP was comprised of 322 staff and faculty from Michigan State University. Azar (1982) found that this sample mastered the eight stages in the following proportions: Stage 1 - 66%; Stage 2 - 73%; Stage 3 - 54%; Stage 4 - 68%; Stage 5 - 76%; Stage 6 - 74%; Stage 7 - 46%; and Stage 8 - 51%. His initial research approach had been to use the 80% standard adapted from the mastery learning model (Bloom, 1968). The mastery levels were manipulated, however, in an attempt to have the scales reflect an ascending order of mastery from Stage 1 to Stage 8. The more traditional 80% mastery standard

is the one used in this study. The number and percentage of male alcoholics and nonalcoholics achieving mastery are presented in Table 3.12.

TABLE 3.12

NUMBER AND PERCENTAGE OF MALE ALCOHOLICS AND NONALCOHOLICS ACHIEVING MASTERY ON AAAP STAGES 1-8

Stage	Alcoholics (n=162)		Nonalcoholics (n=40)	
	no.	%	no.	%
1. Trust	23	14.2	22	55.0
2. Autonomy	50	30.8	32	80.0
3. Initiative	28	17.2	22	55.0
4. Industry	57	35.1	28	70.0
5. Identity	52	32.1	31	77.5
6. Intimacy	80	49.3	29	72.5
7. Generativity	30	18.5	15	37.5
8. Integrity	49	30.2	29	72.5

Note. Mastery was defined as responding in the direction of resolution to over 80% of the items.

The ego stages of the AAAP yield high internal consistency (See Table 3.13) and a factor analysis has delineated 23 factors that are consistent with Erikson's theory (See Table 3.14).

TABLE 3.13

STAGE AND SCALE STATISTICS FOR THE ASSESSMENT OF ADULT ADJUSTMENT PATTERNS

Erikson Stage	Number of Items	n=354 Mean*	Variance	Standard Deviation	Cronbach's Alpha Reliability
1. Trust	18	54.01	54.71	7.33	.88319
2. Autonomy	36	108.86	134.24	11.59	.90717
3. Initiative	26	75.27	79.29	8.90	.87019
4. Industry	63	190.56	440.53	20.99	.95076
5. Identity	33	100.08	108.39	10.41	.90255
6. Intimacy	28	88.09	116.72	10.08	.90126
7. Generativity	29	84.37	116.03	10.77	.88837
8. Integrity	25	74.23	75.83	8.71	.85431

*Based upon individual items weighted one to four summed across the scale.

Note. From "Assessment of Adult Adjustment Patterns (AAAP) Research Instrument: First Report" by William Farquhar, Unpublished Report, 1983.

TABLE 3.14

THE FACTORS EMERGING FROM THE ASSESSMENT OF ADULT ADJUSTMENT PATTERNS

Erikson Stage	Name of Factor	No. of Items n=354	Cron-bach's Alpha
1. Trust vs. Mistrust	Basic trust	18	.88
2. Autonomy vs. Shame and Doubt	Will to be oneself	23	.89
	Solitude	11	.82
	Holding on, letting go	13	.82
3. Initiative vs. Guilt	Self-punishment & guilt	23	.86
	Anticipation of roles by parents	4	.81
4. Industry vs. Inferiority	Apply self to risk	26	.92
5. Identity vs. Identity Confusion	Trust in peers	16	.86
	Ideological thought	8	.79
	Molding identity	13	.84
	Fidelity tests	10	.79
6. Intimacy vs. Isolation	Commitment to affiliation	19	.90
	Genital maturity	11	.83
	Fusion with another	7	.68
7. Generativity vs. Self-Absorption	Establishing & guiding next generation	17	.68
	Charity	15	.84

TABLE 3.14 (Continued)

Erikson Stage	Name of Factor	No. of Items n=354	Cron-bach's Alpha
8. Integrity vs. Disgust, Despair	Order and Meaning	17	.83
	Accepting one's life cycle	13	.80

Note. From "Assessment of Adult Adjustment Patterns (AAAP) Research Instrument: First Report" by William Farquhar, Unpublished Report, 1983.

Assessment of Adult Adjustment Patterns:

Scale Reliabilities

Reliability estimates of the eight stage scales on the AAAP were computed for both the alcoholic and non-alcoholic samples of this study. Although the alcoholic sample showed greater deviation than did the nonalcoholics from the reliability coefficients reported by Azar (1982), both groups were notably consistent. The greatest discrepancy between the alcoholic sample of this study and Azar's normative sample occurred on the first three stages (Stage 1=.80 for alcoholics, .88 for Azar sample; Stage 2=.83 for alcoholics, .91 for Azar sample; Stage 3= .77 for alcoholics, .87 for Azar sample). These early stages of ego development are ones that this study has hypothesized alcoholics to have a greater degree of difficulty with than their nonalcoholic counterparts. Such internal deviation may be indicative of some degree

of instability in ego development. (See Appendices A-H for item-total correlations for Stages 1-8 of the male veteran alcoholic sample).

The demographics of the AAAP normative sample are in marked contrast to the alcoholic sample used in this study (Azar, 1982). Two dimensions in particular illustrate this point. The normative sample had 77.9% of its members showing incomes for greater than $15,000 compared to only 12.3% of the alcoholic sample. Azar reported only 1.7% of his group having an income of less than $4,000 where 43.2% of the alcoholics sampled made less. Finally, 87.4% of the normative sample had a Bachelor of Arts degree or higher (50.3% having a Ph.D. or M.D.) in comparison to 6.2% of the alcoholics. Nonetheless, the approximate similarities between the reliability coefficients of these two very different samples speaks well of the internal consistency of the AAAP across populations tested. See Table 3.15 for a comprehensive presentation of scale statistics for alcoholic, nonalcoholic, and AAAP normative samples.

Thirty-two psychiatric inpatients at Pine Rest Christian Hospital in Grand Rapids, Michigan were used as a comparison of construct validity. The normative sample showed significantly higher means on each stage than did the psychiatric group with the exception of Stage 6 (See Table 3.16).

The AAAP represents a comprehensive effort by

TABLE 3.15

MEANS, STANDARD DEVIATIONS, AND RELIABILITIES
FOR THE EIGHT STAGES OF THE AAAP

Stage Scale	Means			Standard Deviations			Cronbach's Alpha		
	Alcoholic n = 162	Nonalcoholic n = 40	Azar Study n = 322	Alcoholic	Nonalcoholic	Azar Study	Alcoholic	Nonalcoholic	Azar Study
Trust	63.48	72.77	74.40	9.81	7.46	6.45	.80	.83	.88
Autonomy	97.96	108.50	110.30	11.62	9.98	10.17	.83	.87	.91
Initiative	67.39	76.25	76.49	9.37	8.37	7.81	.77	.87	.87
Industry	175.39	191.42	193.14	23.35	17.55	18.72	.93	.91	.95
Identity	91.29	102.40	103.44	12.25	10.57	9.73	.86	.88	.90
Intimacy	80.81	87.95	88.34	11.99	11.29	10.74	.86	.91	.90
Generativity	76.76	83.02	84.84	11.26	10.30	10.62	.85	.87	.89
Integrity	68.58	76.15	74.75	10.34	8.08	8.64	.85	.85	.85

TABLE 3.16

COMPARISON BETWEEN THE NORMAL AND PSYCHIATRIC SAMPLES ON THE EGO STAGE SCALES OF THE ASSESSMENT OF ADULT ADJUSTMENT PATTERNS

Erikson Scale	Means (n=322) Normal	Means (n=32) Psychiatric	Standard Deviation Normal	Standard Deviation Psychiatric	F-test	P
1. Trust	55.08	44.19	6.5	6.92	97.65	.00001
2. Autonomy	110.30	94.34	10.17	14.75	65.27	.00001
3. Initiative	76.49	63.00	7.18	10.01	82.13	.00001
4. Industry	193.14	164.59	18.72	24.96	63.34	.00001
5. Identity	103.44	91.66	9.73	12.21	40.62	.00001
6. Intimacy	88.34	85.56	10.74	11.30	1.94	.16504
7. Generativity	84.84	79.62	10.62	11.26	6.94	.00879
8. Wisdom	74.75	69.06	8.56	8.64	12.81	.00039

Note. From "Assessment of Adult Adjustment Patterns (AAAP) Research Instrument: First Report" by William Farquhar, Unpublished Report, 1983.

Farquhar and his research associates to develop a reliable and valid instrument that may be used to objectively measure all eight of Erikson's ego stages. The present format is a distillation of 2500 original items that were subjected to extensive cross validation and item analysis (Azar, 1982; Farquhar, Wilson & Parmeter, 1977). Studies using it have been undertaken with college students (Valdez, 1983), male criminal offenders (Bradshaw, 1984), Japanese adults (Shimizu, 1984), and handicapped college students (Scabbo, 1984). It has proven to be a reliable measure with these diverse samples and recommendations have been made for continued research with it. This study is the first administration of the AAAP to a sample comprised of alcoholics.

Personality Research Form

The Personality Research Form (PRF) (Jackson, 1967, 1974) has impressed more than one reviewer because of its strong psychometric properties (Anastasi, 1972; Lorr & Seifert, 1977; Wiggins, 1972) and was once described as representing the best test construction methodology yet devised (Gynther & Gynther, 1976). Its original focus was on delineation of personality traits within normal functioning populations. Forms AA and BB (and corresponding short forms A and B) soon became used with pathological populations as well as researchers began finding Jackson's adaptation of Henry Murray's (1938) typology of needs

to be meaningful and provocative. Jackson (1974) developed Form E, as a result, with the characteristics of being normed on military and psychiatric samples as well as college students. Furthermore, he took this opportunity at revision to shorten the form and take advantage of the most recent advances in item-analytic procedures. Reliability coefficients for Form E ranged from a low of .50 to a high of .91 for the 20 clinical scales (odd-even reliabilities using the Spearman-Brown correction). The Autonomy and Succorance scales were .66 and .73, respectively.

Jackson reported (1974) that factor analytic results have suggested PRF scales clustering into what may be convenient conceptual categories. One such category contrasts Succorance (+) and Autonomy (-). This same factor has emerged on both forms AA (Nerviano, 1976) and E (Zivich, 1981) when the PRF has been used with alcoholic populations. It is the individual scales that comprise this factor, labeled dependency, that this study focuses upon.

Procedures

The Alcohol Dependency Treatment Program (ADTP), at the VAMC in Lexington, accepts 10 new patients a week for its five week program. All patients are given the PRF-E in the second week of their stay to aid staff in their diagnostic impressions and to facilitate patient self-awareness in group therapy. During the course of

this study, the AAAP and a 30 item demographic questionnaire (See Appendix I) were also administered during the second week. Physical conditions, e.g., failing eyesight, and intellectual functioning, e.g., inability to read or comprehend written material, precluded full participation. The AAAP was not made a mandatory part of the ADTP as each patient/subject gave their informed consent before taking the test (See Appendix J). During the administration of the AAAP, the demographic questionnaire was checked by an examiner and returned to the patient/subject for completion if any missing information was noted. All protocols were coded to insure confidentiality.

After multiple attempts to sample a nonalcoholic population from the VAMC proved futile, several churches were contacted in the greater Lexington area. The Unitarian Universalist Church presented themselves as being open and willing to having their membership solicited for being research subjects in this study. A brief description of the study was included in their weekly newsletter along with the offer of $5.00 for every completed data set (questionnaire, AAAP, PRF-E). Tests were then distributed to interested respondents along with consent froms (See Appendix K).

Design

This study is descriptive in nature. It was designed to provide normative data for use of the AAAP with

alcoholics and to make preliminary comparisons with non-alcoholic samples. Furthermore, it was designed to use instruments that could investigate the relationship between stages of ego development and dependency motivation in alcoholics. Although causality cannot be inferred from a "data analysis" design (Campbell & Stanley, 1966, p. 64), its value is in providing a chance of disconfirmation of difficult to test hypotheses that may enable sharper direction for future research and theory development. The role of dependency motivation in alcoholics has certainly proven to be a difficult, if not downright elusive, research hypothesis.

Testable Hypotheses

The following research hypotheses are stated in their alternate forms. It is an implicit and accurate assumption that the null hypotheses were initially tested.

1. Mean scores of AAAP stages 1-8 will be lower for alcoholics than nonalcoholics.

2. Mean PRF-E Succorance scores will be higher for alcoholics than nonalcoholics.

3. Mean PRF-E Autonomy scores will be lower for alcoholics than nonalcoholics.

4. Mean scores on AAAP Stage 1 will be lower among alcoholics who score above the median on the PRF-E Succorance scale than those who score below it.

5. Mean scores on AAAP Stage 2 will be higher among alcoholics who score above the median on the PRF-E Autonomy scale than those who score below it.

6. Alcoholics who have PRF-E scores both above the median on Succorance and below the median on Autonomy will have lower mean scores on AAAP stages 1-8 than those who do not have this same PRF-E profile.

7. Alcoholics who have PRF-E scores both above the median on Succorance and below the median on Autonomy will demonstrate lower proportions of mastery on AAAP stages 1 and 2 than those who do not have this same PRF-E profile.

Analysis

The statistical procedures used in testing the hypotheses of this study were chosen for their discriminent abilities in analyzing the data for significant differences between and among sample groups. The probability level for significance was set at .05. Initially, analysis of variance procedures were used to test for significant differences between male alcoholics and nonalcoholics on the eight stages of the AAAP and on the Succorance and Autonomy scales of the PRF-E. The relationships between Stage 1 performance and Succorance scores and Stage 2 performance and Autonomy scores among male alcoholics were also examined using one-way analyses of variance. Finally, AAAP stage scores and their relationships to PRF-E scores associated with dependency were analyzed by analysis of variance while a chi-square statistic was used when comparing AAAP stage mastery with PRF-E dependency scores.

Analysis of variance procedures require that the following statistical assumptions are met:

1. Normality
2. Homogeneity of variance
3. Independence of observations

In the present study the assumption of normality is addressed by the Central Limit Theorem. This theorem states that the greater the sample size then the more likely the sample mean will approximate a normal distribution. The alcoholic sample size of 162 meets this criterion. The nonalcoholic sample size of 40 may be suspect, but fortunately the F test is considered to be robust with regard to violations of the normality assumption. The assumption of homogeneity of variance requires cell sizes for each category to be equal or nearly equal. This is the case for both samples in the present study as each stage of the AAAP and both clinical scales of interest on the PRF-E have 162 alcoholics and 40 nonalcoholics in them. Furthermore, it should be noted that the analysis of variance procedure is also robust to violations of the homogeneity of variance assumption. Independence of observations were insured by each subject completing the measures used without collaboration or discussion with others. Assignment to sample groups were based upon the operational definition of history of alcohol abuse or not.

Although the hypothetical focus of this study was predominantly upon AAAP stages 1 and 2, analyses for all eight stages were undertaken whenever appropriate. A

median split technique was used to determine high and low scores on PRF-E scales while the mastery percentages for AAAP stage performance were based upon an 80% standard of responding in the direction of resolution. The influence of relevant demographic variables upon AAAP stage performance among male alcoholics was also examined with analysis of variance procedures.

Summary

The study presented was designed to delineate the ego characteristics of male alcoholics as manifested on the Assessment of Adult Adjustment Patterns (AAAP). Differences between alcoholics and nonalcoholics on the AAAP were explored. The theoretical construct of dependency motivation as a factor in the development of alcoholism was also explored by examining the relationship between Personality Research Form (Form E) (PRF-E) scales of Succorance and Autonomy and AAAP ego stages.

Samples of 162 male alcoholics and 40 male nonalcoholics were administered both the AAAP and PRF-E along with a 30 item demographic questionnaire. Data analysis involved use of analysis of variance procedures in testing for significance between and among sample groups on both AAAP stage performance and relevant PRF-E scale performance; and chi-square analyses of the relationship between AAAP stage scores and PRF-E scale scores along the dimensions of mastery and dependency, respectively. Demographic variables were also examined.

CHATPER IV

RESULTS OF THE DATA ANALYSIS

In the following chapter the results of the data analyses will be presented. Each hypothesis will be restated in testable form. The results of the analysis will then be given followed by a statement of whether or not the hypothesis was accepted or rejected. Although the majority of the hypotheses are only concerned with AAAP stages 1 and 2, results involving the remaining six stages will also be included when appropriate. A separate section will focus on the significance of demographic variables and their influence on the data analyses.

Hypotheses about AAAP Stages Discriminating Between Alcoholics and Nonalcoholics

H_{O_1}: There will be no difference between mean scores of alcoholics and nonalcoholics on AAAP stages 1-8.

H_{A_1}: Mean scores of AAAP stages 1-8 will be lower for alcoholics than nonalcoholics.

The results of a one-way analysis of variance (Table 4.1) allowed the rejection of the null hypothesis. The alternative hypothesis could be accepted as it was significant in the predicted direction for all eight stages ($p < .05$).

TABLE 4.1

F-TEST COMPARISONS BETWEEN MALE ALCOHOLICS AND NONALCOHOLICS ON AAAP STAGES 1-8

Stage Scale	Means (n=162) Alcoholic	Means (n=40) Nonalcoholic	Standard Deviations Alcoholic	Standard Deviations Nonalcoholic	F-Test	P
1. Trust	63.8	72.77	9.81	7.46	31.36	.0001
2. Autonomy	97.96	108.50	11.62	9.98	27.79	.0001
3. Initiative	67.39	76.25	9.37	8.37	29.84	.0001
4. Industry	175.39	191.42	23.35	17.55	16.52	.0001
5. Identity	91.29	102.40	12.25	10.57	27.78	.0001
6. Intimacy	80.81	87.95	11.99	11.29	11.61	.0008
7. Generativity	76.76	83.02	11.26	10.30	10.25	.0016
8. Integrity	68.58	76.15	10.34	8.08	18.58	.0001

Hypotheses about PRF-E Succorance Scale Scores Discriminating Between Alcoholics and Nonalcoholics

H_{0_2}: There will be no difference between mean scores of alcoholics and nonalcoholics on the PRF-E Succorance Scale.

H_{A_2}: Mean PRF-E Succorance scores will be higher for alcoholics than nonalcoholics.

The results of the one-way analysis of variance (Table 4.2) did not allow rejection of the null hypothesis. The alternative hypothesis was rejected instead as no significant difference was found between mean PRF-E Succorance scores for alcoholics and nonalcoholics (p=.91).

TABLE 4.2

F-TEST COMPARISON BETWEEN MALE ALCOHOLICS AND NONALCOHOLICS ON PRF-E SUCCORANCE SCALE

Sample	n	$\bar{x}$	SD	DF	SS	MS	F-Test	P
Alcoholics	162	7.20	3.36	1	.13	.13	.01	.91
Nonalcoholics	40	7.27	3.30					

Hypotheses about PRF-E Autonomy Scale Scores Discriminating Between Alcoholics and Nonalcoholics

H_{0_3}: There will be no difference between mean scores of alcoholics and nonalcoholics on the PRF-E Autonomy Scale.

H_{A_3}: Mean PRF-E Autonomy scores will be lower for alcoholics than nonalcoholics.

The results of the one-way analysis of variance (Table 4.3) supported the null hypothesis. No significant difference (p=.95) was found between mean PRF-E Autonomy scores for alcoholics and nonalcoholics.

TABLE 4.3

F-TEST COMPARISON BETWEEN MALE ALCOHOLICS AND NONALCOHOLICS ON PRF-E AUTONOMY SCALE

Sample	n	$\bar{x}$	SD	DF	SS	MS	F-Test	P
Alcoholics	162	6.70	2.88	1	.02	.02	.00	.95
Nonalcoholics	40	6.67	3.03					

Hypotheses about PRF-E Succorance Scores of Alcoholics Discriminating Mean Score Performance on AAAP Stage 1

H_{0_4}: Mean scores on Stage 1 of the AAAP will show no difference between alcoholics who score above the median on the PRF-E Succorance scale and those who score below it.

H_{A_4}: Mean scores on AAAP Stage 1 will be lower among alcoholics who score above the median on the PRF-E Succorance scale than those who score below it.

Results of an analysis of variance procedure showed no significant (p=.52) difference in mean scores on AAAP

Stage 1 when comparisons were made between alcoholics who scored above the median on the PRF-E Succorance Scale and those who scored below it. Therefore, the null hypothesis was accepted. These findings as well as the F probabilities for AAAP stages 2-8 are delineated in Table 4.4.

Hypotheses about PRF-E Autonomy Scores of Alcoholics Discriminating Mean Score Performance on AAAP Stage 2

H_{0_5}: Mean scores on Stage 2 of the AAAP will show no difference between alcoholics who score above the median on the PRF-E Autonomy scale and those who score below it.

H_{A_5}: Mean scores on AAAP Stage 2 will be higher among alcoholics who score above the median on the PRF-E Autonomy scale than those who score below it.

The null hypothesis was confirmed as an analysis of variance procedure failed to demonstrate a significant ($p=.84$) difference on AAAP Stage 2 between alcoholics who scored either above or below the median on the PRF-E Autonomy scale. Results of F-Test comparisons for all eight AAAP stages may be found in Table 4.5.

TABLE 4.4

AAAP F-TEST COMPARISONS BETWEEN MALE ALCOHOLICS WHO SCORE EITHER ABOVE OR BELOW THE MEDIAN ON THE PRF-E SUCCORANCE SCALE

AAAP Stage	PRF-E Succorance	n	$\bar{x}$	SD	DF	SS	MS	F-Test	P
1	Above	85	63.95	8.17	1	39.74	39.74	.41	.52
	Below	77	62.96	11.37					
2	Above	85	97.49	10.57	1	39.30	39.30	.29	.59
	Below	77	98.48	12.72					
3	Above	85	67.32	8.68	1	.63	.63	.01	.93
	Below	77	67.45	10.13					
4	Above	85	176.23	24.93	1	126.25	126.25	.23	.63
	Below	77	174.46	21.58					
5	Above	85	91.36	11.35	1	.99	.99	.01	.93
	Below	77	91.20	13.24					
6	Above	85	79.70	11.26	1	219.91	219.91	1.53	.21
	Below	77	82.03	12.70					
7	Above	85	76.78	10.79	1	.15	.15	.00	.97
	Below	77	76.72	11.83					
8	Above	85	68.36	10.53	1	8.30	8.30	.08	.78
	Below	77	68.81	10.20					

TABLE 4.5

AAAP F-TEST COMPARISONS BETWEEN MALE ALCOHOLICS WHO SCORE EITHER ABOVE OR BELOW THE MEDIAN ON THE PRF-E AUTONOMY SCALE

AAAP Stage	PRF-E Autonomy	n	$\bar{x}$	SD	DF	SS	MS	F-Test	P
1	Above	101	63.28	9.48	1	10.13	10.13	.10	.74
	Below	61	63.80	10.40					
2	Above	101	97.82	11.52	1	5.34	5.34	.04	.84
	Below	61	98.19	11.87					
3	Above	101	67.83	9.14	1	52.59	52.59	.60	.44
	Below	61	66.65	9.76					
4	Above	101	175.05	24.81	1	30.22	30.22	.06	.81
	Below	61	175.95	20.87					
5	Above	101	91.06	12.61	1	13.07	13.07	.09	.76
	Below	61	91.65	11.71					
6	Above	101	80.25	11.82	1	83.33	83.33	.58	.44
	Below	61	81.73	12.30					
7	Above	101	75.69	11.29	1	304.91	304.91	2.42	.12
	Below	61	78.52	11.09					
8	Above	101	67.98	10.81	1	96.57	96.57	.90	.34
	Below	61	69.57	9.52					

Hypotheses about the PRF-E Dependency Factor (High Succorance, Low Autonomy) Discriminating Mean Score Performance Among Alcoholics on AAAP Stages 1-8

H_{0_6}: Mean scores on AAAP stages 1-8 will show no difference among alcoholics when those who have PRF-E scores both above the median on Succorance and below the median on Autonomy are compared with those who don't.

H_{A_6}: Alcoholics who have PRF-E scores both above the median on Succorance and below the median on Autonomy will have lower mean scores on AAAP stages 1-8 than those who do not have this same PRF-E profile.

The null hypothesis was accepted and the alternative hypothesis rejected. There was no significant AAAP differences among alcoholics as a result of their having scores on the PRF-E that are associated with dependency. Results of the analysis of variance are presented in Table 4.6.

TABLE 4.6

AAAP F-TEST COMPARISONS BETWEEN MALE ALCOHOLICS WHO HAVE PRF-E DEPENDENCY SCORES AND THOSE WHO DON'T

AAAP Stage	PRF-E Dependency	n	$\bar{x}$	SD	DF	SS	MS	F-Test	P
1	Dependency	41	62.68	11.49	1	35.00	35.00	.36	.54
	Other	121	63.75	9.20					
2	Dependency	41	97.65	12.69	1	5.08	5.08	.04	.84
	Other	121	98.06	11.28					
3	Dependency	41	66.26	11.17	1	68.93	68.93	.78	.37
	Other	121	67.76	8.69					
4	Dependency	41	176.60	19.09	1	425.85	425.85	.78	.37
	Other	121	176.33	24.62					
5	Dependency	41	89.92	11.50	1	102.02	102.02	.68	.41
	Other	121	91.75	12.50					
6	Dependency	41	81.21	12.99	1	8.99	8.99	.06	.80
	Other	121	80.67	11.68					
7	Dependency	41	77.26	11.48	1	14.22	14.22	.11	.73
	Other	121	76.58	11.23					
8	Dependency	41	68.60	8.74	1	.04	.04	.00	.98
	Other	121	68.57	10.86					

Hypotheses about the PRF-E Dependency Factor (High Succorance, Low Autonomy) Discriminating Between Mastery and Nonmastery on AAAP Stages 1 and 2

H_{0_7}: There will be no difference among alcoholics in the proportion of mastery on AAAP stages 1 and 2 when those who have PRF-E scores both above the median on Succorance and below the median on Autonomy are compared with those who don't.

H_{A_7}: Alcoholics who have PRF-E scores both above the median on Succorance and below the median on Autonomy will demonstrate lower proportions of mastery on AAAP stages 1 and 2 than those who do not have this same PRF-E profile.

There were no significant differences found among alcoholics as a result of the relationship between AAAP mastery on stages 1 and 2 and PRF-E scores that are associated with dependency. The null hypothesis was confirmed and the alternative hypothesis rejected. Results of chi-square analyses are presented in Table 4.7 for all eight stages.

TABLE 4.7

CHI-SQUARE ANALYSES OF MALE ALCOHOLICS' AAAP STAGE MASTERY AND PRF-E DEPENDENCY SCORES

Stage	PRF-E	AAAP			Chi-square	P
		Mastery	Nonmastery	Total		
I	Dependency	6	35	41	.009	.92
	Other	17	104	121		
	Total	23	139	162		
		Mastery	Nonmastery	Total		
II	Dependency	14	27	41	.277	.59
	Other	36	85	121		
	Total	50	112	162		
		Mastery	Nonmastery	Total		
III	Dependency	8	33	41	.191	.66
	Other	20	101	121		
	Total	28	134	162		
		Mastery	Nonmastery	Total		
IV	Dependency	9	32	41	4.216	.04
	Other	48	73	121		
	Total	57	105	162		

TABLE 4.7 (Continued)

Stage	PRF-E	AAAP			Chi-square	P
		Mastery	Nonmastery	Total		
V	Dependency	15	26	41	.507	.47
	Other	37	84	121		
	Total	52	110	162		
		Mastery	Nonmastery	Total		
VI	Dependency	22	19	41	.401	.52
	Other	58	63	121		
	Total	80	82	162		
		Mastery	Nonmastery	Total		
VII	Dependency	13	28	41	6.328	.01
	Other	17	104	121		
	Total	30	132	162		
		Mastery	Nonmastery	Total		
VIII	Dependency	13	28	41	.055	.81
	Other	36	85	121		
	Total	49	113	162		

Demographic Variables

Demographic information pertaining to both male alcoholics and nonalcoholics was presented in Chapter III. Chi-square analyses revealed that the two sample groups were significantly different on the variables of academic degree (.0001), marital status (.0002), birth-order (.0001), incidence of having had a family member who was an alcoholic (.0009), who that family member was (.0002), history of having received alcohol treatment (.0001), income (.0001) and degree of satisfaction with personal relationships (.0001). No differences were found with regard to race (.641) or prior history of psychiatric treatment (.220). Analysis of variance procedures showed significant differences on the variables of number of marriages (.024) and number of years of education (.0001). No difference was found with regard to age (.343).

Analysis of variance procedures were also used to examine the influence that the above demographic variables may have had upon mean stage score performance on the AAAP. No differences were found among male alcoholics for any of the variables with three exceptions. Degree of satisfaction with personal relationships was significant ($\leq .05$) for all eight stages, chronological age was significant ($\leq .02$) for stage 7, and prior history of alcohol treatment was significant ($\leq .01$) for stage 4. These findings are presented in Table 4.8.

TABLE 4.8

F PROBABILITIES FOR DEMOGRAPHIC VARIABLES DISCRIMINATING AMONG MALE ALCOHOLICS ON THE AAAP

Demographic Variable	n	AAAP Stages							
		1	2	3	4	5	6	7	8
Age	162	.63	.57	.90	.80	.38	.89	.02	.10
Race	162	.39	.65	.31	.86	.99	.35	.83	.62
Marital Status	162	.41	.51	.37	.68	.63	.40	.86	.24
Number of Marriages	162	.51	.21	.58	.59	.59	.57	.25	.15
Birthorder	162	.80	.38	.58	.23	.34	.56	.18	.07
Degree	162	.26	.19	.34	.61	.86	.42	.73	.71
Years of Education	162	.10	.37	.13	.62	.67	.81	.51	.71
Income	162	.47	.19	.83	.24	.14	.30	.50	.27
Alcoholic in Family	162	.72	.12	.57	.13	.19	.65	.12	.19
Relationship of Family Alcoholic	162	.43	.13	.15	.30	.28	.91	.32	.14
Alcohol Treatment History	162	.26	.18	.78	.01	.31	.44	.07	.94

TABLE 4.8 (Continued)

Demographic Variable	n	AAAP Stages 1	2	3	4	5	6	7	8
Psychiatric Treatment History	162	.09	.95	.12	.88	.51	.96	.89	.99
Satisfaction with Personal Relationships	162	.01	.01	.01	.01	.01	.05	.01	.04
Years of Drinking	162	.08	.20	.15	.06	.32	.16	.79	.07

Summary

The results of the analysis of data were presented in Chapter IV. All hypotheses formulated for the study were restated in testable form. The results of the analyses were given followed by a statement of whether or not the hypothesis was accepted or rejected.

Initially, a series of hypotheses were tested to determine how male alcoholics differed from nonalcoholics on the eight stages of the AAAP and on the Succorance and Autonomy scales of the PRF-E. An analyses of variance procedure established statistical significance at the .05 level for male alcoholics having lower AAAP scores than their nonalcoholic counterparts. The null hypothesis was accepted, however, with regard to posited differences on the Succorance and Autonomy scales of the PRF-E. Analysis of variance procedures regarding the relationship among male alcoholics of Succorance scores and Stage 1 performance and Autonomy scores and Stage 2 performance failed to reveal significance at the .05 level prompting rejection of the alternative hypotheses.

The null hypothesis was accepted when analysis of variance procedures failed to find significance ($\leq .05$) among male alcoholics on the AAAP as a result of their having scores on the PRF-E that are associated with dependency. Finally, chi-square analyses between AAAP stage mastery and PRF-E scores associated with dependency did not reveal significant (.05) differences among male

alcoholics. The null hypothesis was accepted. A summary of the results of the statistical tests can be found in Table 4.9.

Both analysis of variance and chi-square statistical procedures were used to test for significant differences between male alcoholics and nonalcoholics with regard to demographic variables. The following demographic variables differentiated between the two sample groups at the .05 level of significance: academic degree, number of years of education, marital status, number of marriages, birthorder, incidence of having had a family member who was an alcoholic, who that family member was, history of having received alcohol treatment, income and degree of satisfaction with personal relationships. No differences were found with regard to age, race, or prior history of psychiatric treatment. The influence that the above demographic variables (including number of years drinking) may have had upon AAAP stage score performance was examined with analysis of variance procedures. No significant differences were found among male alcoholics with the exception of degree of satisfaction with personal relationships (Stages 1-8), age (Stage 7) and prior history of alcohol treatment (Stage 4).

TABLE 4.9

SUMMARY OF RESULTS ON STATISTICAL TESTS OF HYPOTHESES

Hypothesis	Test/Value	P	Decision
H_{0_1}: There will be no difference between mean scores of alcoholics and nonalcoholics on AAAP stages 1-8.	F = 31.36 27.79 29.84 16.52 27.78 11.61 10.25 18.58	.0001 .0001 .0001 .0001 .0001 .0008 .0016 .0001	Rejected
H_{0_2}: There will be no difference between mean scores of alcoholics and nonalcoholics on the PRF-E Succorance Scale.	F = .01	.91	Accepted
H_{0_3}: There will be no difference between mean scores of alcoholics and nonalcoholics on the PRF-E Autonomy Scale.	F = .00	.95	Accepted
H_{0_4}: Mean scores on Stage 1 of the AAAP will show no difference between alcoholics who score above the median on the PRF-E Succorance scale and those who score below it.	F = .41	.52	Accepted

TABLE 4.9 (Continued)

Hypothesis		Test/Value		P	Decision
H_{0_5}:	Mean scores on Stage 2 of the AAAP will show no difference between alcoholics who score above the median on the PRF-E Autonomy scale and those who score below it.	F =	.04	.84	Accepted
H_{0_6}:	Mean scores on AAAP stages 1-8 will show no difference among alcoholics when those who have PRF-E scores both above the median on Succorance and below the median on Autonomy are compared with those who don't.	F =	.36 .04 .78 .78 .68 .06 .11 .00	.54 .84 .37 .37 .41 .80 .73 .98	Accepted
H_{0_7}:	There will be no difference among alcoholics in the proportion of mastery on AAAP stages 1 and 2 when those who have PRF-E scores both above the median on Succorance and below the median on Autonomy are compared with those who don't.	F =	.009 .277	.92 .59	Accepted

CHAPTER V

SUMMARY AND CONCLUSIONS

The study is summarized in this chapter. Conclusions are presented and discussed. Implications for future research are elaborated.

Summary of the Study

Erik Erikson's eight stage model of ego development has provided the researcher with specific theoretical assumptions at each stage of development. These assumptions may be transposed into hypotheses regarding the developmental characteristics of male alcoholics. Specifically, impairment in Erikson's first two stages may be associated with dependency. Unresolved dependency conflicts may effect an individual's ability to establish a sense of continuity and trust with significant others. It may also compromise autonomous functioning because of shame and doubt. As a result, males who abuse alcohol could be expected to manifest impairment on stages of ego development that focus on trust and autonomy. The purpose of the study was to examine the ego characteristics of male alcoholics and to clarify the relationship that dependency may have with alcoholism.

The alcoholic sample was comprised of 162 male veterans who were receiving residential treatment for

alcohol abuse at the Veterans Administration Medical Center in Lexington, Kentucky. Forty men from the Unitarian Universalist Church in Lexington were solicited as research subjects and comprised the nonalcoholic sample. There were significant differences noted between the two samples along a number of demographic variables. In general, the male alcoholics in the study were more likely to be separated or divorced, had been married more times, were more likely to have grown-up with a family member who was an alcoholic (most often father), had a prior history of alcohol treatment, expressed a greater degree of dissatisfaction with personal relationships, were less educated, and made less money than did the male non-alcoholics sampled.

Both alcoholics and nonalcoholics were administered a 30 item demographic questionnaire, the Assessment of Adult Adjustment Patterns (AAAP), and the Personality Research Form, Form E (PRF-E). The AAAP is an objective, self-report instrument that is based on Erikson's epigenetic stage theory of ego development. It attempts to measure mastery and nonmastery of all eight ego stages. The AAAP had proven to be a reliable measure with diverse samples, but it had never been administered to a sample comprised of alcoholics. A Cronbach's alpha was computed for each of the eight stage scales of the AAAP and both sample groups were found to have good internal consistency. Reliability coefficients ranged from .77 to .93 for

alcoholics and from .83 to .91 for nonalcoholics. The PRF-E is an objective, self-report instrument that is based on Henry Murray's typology of personality needs. Of its 20 clinical scales, the combination of high scores on Succorance and low scores on Autonomy have been interpreted as being indicative of dependency. It's these two scales that were focused upon in the study.

Data analysis involved the use of analysis of variance procedures to test for significant differences between male alcoholics and nonalcoholics on the eight stages of the AAAP and on the Succorance and Autonomy scales of the PRF-E. The relationships between Stage 1 performance and Succorance scores and Stage 2 performance and Autonomy scores among male alcoholics were also examined using one-way analyses of variance. Finally, AAAP stage scores and their relationships to PRF-E scores associated with dependency were analyzed by analysis of variance while a chi-square statistic was used when comparing AAAP stage mastery with PRF-E dependency scores. A median split technique was used to determine high and low scores on PRF-E scales while the mastery percentages for AAAP stage performance were based upon an 80% standard of responding in the direction of resolution. The influence of relevant demographic variables upon AAAP stage performance among male alcoholics was also examined with analysis of variance procedures. The probability level for significance was set at .05 for all analyses.

Male alcoholics were found to have significantly lower scores on all eight stages of the AAAP in comparison to male nonalcoholics. However, no differences were found between the two sample groups on either PRF-E scales of Succorance or Autonomy. High scores on Succorance did not significantly differentiate among male alcoholics on Stage 1 of the AAAP. Low scores on Autonomy did not significantly differentiate among male alcoholics on Stage 2 of the AAAP. PRF-E scores associated with dependency (combination of high Succorance and low Autonomy) failed to reveal any differences among male alcoholics with regard to mean score performance on the AAAP (Stages 1-8) or with regard to mastery of individual stages (Stages 1 and 2). Finally, demographic variables showed no significant influence on the outcome of the AAAP results for male alcoholics with the exception of degree of satisfaction with personal relationships (Stages 1-8), age (Stage 7) and prior history of alcohol treatment (Stage 4).

Conclusions

The following conclusions were reached from the study:

1. Stages 1-8 of the AAAP showed good internal consistency for both sample groups providing further evidence for the suitability of using the AAAP with a variety of populations.

2. Male alcoholics showed global ego deficits in

comparison to male nonalcoholics as they scored lower on all eight stages of the AAAP. More specifically from an Eriksonian perspective, the male alcoholics sampled in the study appeared to have difficulty with the developmental ego tasks of trust, autonomy, initiative, industry, identity, intimacy, generativity and integrity.

3. Ego functioning of male alcoholics, as measured by performance on the AAAP, showed no significant relationship with such important demographic variables as income, education and number of years abusing alcohol.

4. Impaired ego functioning in male alcoholics, as measured by performance on the AAAP, was related to their self-assessment of having unsatisfactory personal relationships.

5. PRF-E measures of Succorance and Autonomy did not differentiate between the male alcoholics and male nonalcoholics sampled by the study. Sample characteristics of the "normal" group (male nonalcoholic) other than demographics or alcohol abuse may have influenced the outcome.

6. The PRF-E measure of Succorance did not differentiate among male alcoholics on Stage 1 of the AAAP. Its relationship is doubtful with ego tasks that are theorized by Erikson to be associated with the development of trust and that are purported to be measured by Stage 1 of the AAAP.

7. The PRF-E measure of Autonomy did not differentiate

among male alcoholics on Stage 2 of the AAAP. Its relationship is doubtful with ego tasks that are theorized by Erikson to be associated with the development of autonomy and that are purported to be measured by Stage 2 of the AAAP.

8. PRF-E scores associated with dependency (high Succorance, low Autonomy) did not discriminate among male alcoholics with regard to either mean score performance on AAAP Stages 1-8 or mastery of Stages 1 and 2. Therefore dependency as measured by the PRF-E showed no meaningful relationship with AAAP ego measures. Although dependent behavior may be associated with ego deficits, there is no clear evidence from the study that dependency as a personality trait is significantly related to the ego functioning of male alcoholics.

Discussion

Male alcoholics manifest pervasive ego deficits as measured by the AAAP in this study. Basic trust is impaired, autonomy compromised, initiative stymied, industry constricted, identity diffused, intimacy precluded, generativity stifled and integrity blocked. Erikson (1956) hypothesized that incomplete resolution of developmental ego tasks could lead to the formation of a negative ego identity. Rosenmann's (1955) suggestion that alcoholics have developed a negative self-image which facilitates self-destructive behavior fits well into this context. It is not clear, however, whether

these AAAP findings are indicative of either chronic, maladaptive ego growth or ego regression in response to protracted alcohol abuse. As Vaillant (1983) has noted, the vitiating effects of alcoholism on personality functioning cannot be overstated. Therefore, the very least that can be said is that male alcoholics have impaired ego functioning. This conclusion has implications for treatment regardless of the etiological roots of the impairment.

Erikson's theory of ego development is formulated within a psychosocial framework and interrelates interpersonal functioning with intrapsychic functioning. Ego progression through his hierarchical model is heavily weighted upon successful completion of tasks that are interpersonal in nature. It comes as no surprise then that the male alcoholic sample expressed considerable dissatisfaction with their personal relationships. This was one of the few factors examined in this study that differentiated among male alcoholics with regard to their AAAP performance. Male alcoholics also had more marriages and a higher percentage of marital separations than did the male nonalcoholics in the study. Although the impact of alcohol abuse upon healthy ego functioning may be profound, it doesn't necessarily follow that once abstinence is achieved there will be a resilient return to premorbid levels. A protracted period of impaired ego functioning may even facilitate the development of

a characterological pattern of dysfunction akin to Erikson's postulated negative ego identity and Rosenmann's negative self-image. Therefore, all aspects of ego functioning must be taken into consideration and targeted as treatment goals.

An effective focus for therapeutic intervention may be the reestablishment of appropriate and ego enhancing interpersonal functioning. Both group and family therapy would be indicated as treatment modalities in which social skills may be (re)learned, dysfunctional environmental systems reworked, and supportive validation experienced that might challenge negative self-appraisal. In keeping with Erikson's theory, ego functioning cannot be reliably addressed outside of its interpersonal context. Both group and family therapy stress that interpersonal context. Individual therapy would also be helpful by addressing developmental deficits so profound, e.g., basic trust, that additional ego support is needed. Alcohol abuse and impaired ego functioning are associated in this study and, although there is no empirical evidence to suggest a causal link, the relationship between the two is provocative. Improved ego functioning emerges as an important therapeutic goal in treatment of male alcoholics.

The failure of the PRF-E scales of Succorance and Autonomy to clearly differentiate between the two sample groups was both surprising and disappointing. Jackson's

(1974) normative groups of college males and psychiatric patients had differed significantly with the psychiatric group being higher on Succorance and lower on Autonomy. The male alcoholics in this study had mean scores similar to Jackson's psychiatric norm group, unfortunately, so did the male nonalcoholics of this study. One explanation for the PRF-E performance of the male nonalcoholics may be related to the population from which they were sampled. The Unitarian Universalist Church expouses a high level of interdependence and mutual nurturing of one another in its efforts to promote a supportive community for its members. Furthermore, by virtue of its liberal humanistic orientation, it often attracts both men and women who are not rigidly bound to traditional sex role stereotypes. The men sampled from this church may therefore, be comfortable with interdependent relationships in which they seek the support of others and are deferent to others, adhering to a group structure.

Certainly the male alcoholics and nonalcoholics of this study differed significantly from one another with regard to most of the demographic variables obtained. Yet, both sample groups showed no difference between the personality traits of Succorance and Autonomy; two traits which have theoretically been interpreted as being suggestive of dependency, i.e., high Succorance, low Autonomy. Herein lies the heart of the problem which is the broad interpretation of dependency as undesirable

and frequently associated with pathology, e.g., alcoholism. Although this may sometimes be true, it is also apparent that dependency may be associated with a "normal" and valued interpersonal adaptation. This seems to be the case in this study.

The PRF-E Succorance scale did not differentiate among male alcoholics on Stage 1 of the AAAP nor did the PRF-E Autonomy scale differentiate among male alcoholics on Stage 2 of the AAAP. It had been theorized that these PRF-E scales were related with the corresponding AAAP stages mentioned above. This lack of relationship may be due to the AAAP attempting to measure the complex resolution of developmental ego tasks whereas the PRF-E is more literal in its assessment of personality traits. Therefore, while both assessment techniques have some theoretical link they may be psychometrically going after different constructs.

Finally, the combination of PRF-E scores associated with dependency (high Succorance, low Autonomy) in previous studies with alcoholics did not discriminate among the male alcoholics in this study. There were no differences found with regard to other mean score performance on AAAP stages 1 and 2. Therefore, dependency as measured by the PRF-E shows no meaningful relationship with AAAP ego measures. Although dependent behavior may be associated with ego deficits, there is no clear evidence from this study that dependency as a personality trait is

significantly related to the ego functioning of male alcoholics.

The resolution of dependency conflicts is a universal and perpetual task. It may be associated with impaired or normal functioning. It exists as a characterological continuum upon which we all fall regardless of socio-economic background or diagnostic label. Its very prevalence obscures meaningful interpretation, however, as we return to Keller's (1972) often quoted passage " . . . the investigation of any trait in alcoholics will show that they have either more or less of it" (p. 1147).

Implications for Future Research

The Assessment of Adult Adjustment Patterns (AAAP) is an objective instrument designed to operationalize the constructs of Erikson's theory of ego development. It measures all eight of his hypothesized ego stages and has been shown to have good internal consistency with a variety of populations. This study has also shown it to be a reliable measure with male alcoholics. Pervasive ego deficits were found among this sample. Unfortunately, no interpretation could be made regarding the etiology of these deficits, i.e., was premorbid functioning being reflected or was it the results of protracted alcohol abuse. A longitudinal research design may address this concern by administering the AAAP to a sample group before the onset of alcohol abuse,

again to those individuals who later seek treatment, and finally to those who have been able to maintain sobriety a year after treatment. If ego impairment is a precursor to alcohol abuse, then a significant relationship should emerge between those who initially manifest impairment and who later seek treatment. If ego impairment is as a result of alcohol abuse, then a curvilinear relationship may exist with ego functioning regressed during the period of abuse.

Although the AAAP purports to measure mastery of ego stages, i.e., responding to items that reflect resolution of developmental ego tasks, it does not manifest a hierarchical representation of Erikson's stages ascending in order from 1 to 8. The concept of mastery itself may even be questionable with regard to ego development. Erikson (1963) cautioned against viewing ego development in terms of "achievement" and argued for a relative interpretation that allowed for fluctuation in response to new inner conflicts and changing conditions. Therefore, the most reliable and meaningful result generated by the AAAP may be raw score performance. The reporting of raw score performance in future research will also allow for continued comparisons with the raw score results of previous studies.

Finally, this study provides no supportive evidence for dependency as a personality trait associated with alcoholism. There is strong evidence, however, for the

presence of ego deficits in male alcoholics. Future research regarding the characterological antecedents and correlates of alcoholism may do better to focus on a comprehensive appraisal of ego functioning than attempting to isolate single personality traits which everyone possesses to some degree or another. The Assessment of Adult Adjustment Patterns is an assessment tool that may well be utilized to that end.

APPENDICES

APPENDIX A

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 1

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
VE18	0.39467	0.79346
VE37	0.16399	0.80456
VE26	0.32032	0.79738
VE50	0.37196	0.79450
VE24	0.38375	0.79387
VE44	0.58590	0.78281
VE15	0.59025	0.78323
VE48	0.04246	0.80937
VE9	0.29243	0.79843
VE41	0.38590	0.79382
VE33	0.36958	0.79476
VE60	0.37085	0.79463
VE16	0.21977	0.80104
VE32	0.20614	0.80190
VE34	0.32655	0.79676
VE43	0.31217	0.79741
VE55	0.27841	0.79917
VE23	0.26717	0.79975
VE51	0.50451	0.78782
VE31	0.44632	0.79228
VE38	0.49603	0.78844
VE1	0.30970	0.79753
VE5	0.13848	0.80509
VE25	0.34696	0.79591
VE20	0.21257	0.80164

APPENDIX B

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 2

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
V187	0.54369	0.81562
V144	0.19309	0.82672
V145	0.41217	0.81982
L250	0.18685	0.82647
V216	0.11147	0.82950
V217	0.35387	0.82174
V166	0.16251	0.82847
V167	0.25349	0.82492
V195	0.30479	0.82322
V196	0.56025	0.81626
V184	0.39307	0.82076
V251	0.31441	0.82291
V242	0.41674	0.81980
V138	0.42084	0.82025
V156	0.40654	0.81979
V140	0.53100	0.81568
V143	0.52368	0.81582
V175	0.34971	0.82175
V194	0.31152	0.82300
V169	0.07953	0.82938
V182	0.36346	0.82173
V190	0.40884	0.81995
V189	0.20666	0.82640
V200	0.45583	0.81867
V227	0.20297	0.82588
V197	0.18655	0.82706
V164	0.19979	0.82720
V165	0.23887	0.82513
V137	0.24941	0.82477
V215	0.14712	0.82819
V253	0.29310	0.82356
V207	0.30974	0.82305
V213	0.23478	0.82507
V171	0.09654	0.82981
V224	0.56999	0.81440
V239	0.32043	0.82294

APPENDIX C

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 3

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
VE49	0.34801	0.75618
VE39	0.22937	0.76270
VE29	0.25524	0.76137
VE13	0.29641	0.75908
VE58	0.29486	0.75916
VE7	0.15386	0.76728
VE30	0.29750	0.75898
VE14	0.40177	0.75324
VE12	0.27413	0.76027
VE17	0.43024	0.75147
VE3	0.29552	0.75909
VE8	0.30110	0.75876
VE10	0.29523	0.75910
VE35	0.31922	0.75772
VE36	0.11929	0.76925
VE28	0.26303	0.76103
VE57	0.42382	0.75173
VE19	0.55345	0.74604
VE56	0.08465	0.77226
VE42	0.35580	0.75547
VE11	0.46037	0.75030
VE40	0.28911	0.75944
VE4	0.29775	0.75895
VE59	0.09718	0.77108
VE27	0.30029	0.75882
VE61	0.27737	0.76013

APPENDIX D

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 4

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
V118	0.29941	0.93243
V119	0.36653	0.93206
V67	0.49326	0.93133
V68	-0.02353	0.93433
V69	0.31788	0.93238
V52	0.46546	0.93146
V38	0.38030	0.93197
V39	-0.01108	0.93431
V40	0.39002	0.93190
V6	0.46325	0.93145
V7	0.27649	0.93263
V53	0.10522	0.93415
V54	0.32429	0.93228
V59	0.31422	0.93255
V60	0.19777	0.93317
V61	0.26402	0.93270
V62	0.45854	0.93150
V30	0.44348	0.93159
V1	0.36918	0.93202

APPENDIX E

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 5

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
V24	0.46018	0.85383
V41	0.48397	0.85318
V26	0.34928	0.85669
V27	0.36296	0.85629
V17	0.40114	0.85530
V18	0.51297	0.85237
V46	0.26414	0.85838
V47	0.42514	0.85467
V36	0.22957	0.85979
V37	0.46478	0.85362
V10	0.16619	0.86097
V130	0.55428	0.85299
V132	0.35962	0.85634
V127	0.26931	0.85884
V128	0.50851	0.85293
V126	0.48106	0.85307
V77	0.53743	0.85199
V78	0.38447	0.85570
V74	0.50097	0.85259
V124	0.29510	0.85798
V115	0.44773	0.85401
V103	0.32945	0.85722
V104	0.20056	0.86049
V112	0.20125	0.86022
V113	0.06627	0.86369
V110	0.39741	0.85541
V16	0.21772	0.86016
V58	0.50776	0.85310
V45	0.29005	0.85811
V70	0.49171	0.85325
V71	0.41446	0.85574
V72	0.32273	0.85722
V42	0.38883	0.85578

APPENDIX F

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 6

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
V247	0.36413	0.85561
V248	0.37692	0.85524
V245	0.07618	0.86319
V210	0.59807	0.84884
V170	0.60348	0.84828
V235	0.42370	0.85388
V151	0.47420	0.85234
V152	0.45768	0.85277
V153	0.25981	0.85895
V230	0.66241	0.84628
V160	0.57998	0.84938
V179	0.64339	0.84691
V180	0.28289	0.85815
V198	0.38532	0.85505
V208	0.57041	0.84938
V185	0.51924	0.85182
V193	0.43224	0.85361
V204	0.30564	0.85703
V135	0.37548	0.85534
V238	0.30215	0.85723
V240	0.39848	0.85478
V236	0.42442	0.85387
V244	0.33442	0.85647
V155	0.19523	0.86010
V231	0.23014	0.85885
V172	0.19142	0.86080
V173	0.23405	0.86004
V174	0.26576	0.85803

APPENDIX G

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 7

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
V80	0.52738	0.84233
V95	0.31739	0.84720
V105	0.50990	0.84128
V116	0.34185	0.84653
V82	0.32136	0.84708
V81	0.35389	0.84619
V125	0.33459	0.84674
V129	0.36372	0.84591
V97	0.47067	0.84284
V131	0.50831	0.84245
V98	0.39257	0.84510
V99	0.47886	0.84291
V100	0.34661	0.84646
V76	0.56377	0.83953
V8	0.34813	0.84635
V91	0.14706	0.85193
V92	0.46268	0.84292
V120	0.43849	0.84376
V83	0.58014	0.83973
V84	0.37399	0.84559
V101	0.46852	0.84244
V19	0.28443	0.84944
V94	0.41043	0.84482
V3	0.25737	0.84967
V2	0.21601	0.85036
V4	0.12370	0.85488
V11	0.30629	0.84867
V21	0.31969	0.84756
V22	0.48922	0.84168

APPENDIX H

CORRECTED ITEM-TOTAL CORRELATION AND ALPHA IF ITEM DELETED FOR AAAP STAGE 8

Item	Corrected Item-Total Correlation	Alpha If Item Deleted
V157	0.29416	0.84804
V149	0.34390	0.84668
V141	0.41729	0.84399
V205	0.52617	0.84025
V218	0.37010	0.84600
V219	0.43745	0.84327
V257	0.44921	0.84293
V258	0.49791	0.84140
V161	0.28877	0.84803
V154	0.35982	0.84594
V202	0.44568	0.84343
V188	0.18550	0.85202
V158	0.37828	0.84536
V181	0.54083	0.83947
V191	0.23693	0.85045
V183	0.45090	0.84316
V214	0.51912	0.84004

APPENDIX I

DEMOGRAPHIC QUESTIONNAIRE

1. ID Number:

2. Your age in years:

3. Your race or national origin:

   1. White
   2. Black
   3. American Indian
   4. Asian or Pacific Islander
   5. Hispanic
   6. Other

4. Marital Status:

   1. Never Married
   2. Married
   3. Separated
   4. Divorced
   5. Widowed

5. If married more than once, how many marriages?

6. How many children do you have?

7. Age (in years) of youngest child:

8. Age (in years) of oldest child:

9. What birth order position did you occupy in your family?

   1. oldest
   2. youngest
   3. second
   4. third
   5. fourth
   6. fifth
   7. sixth
   8. seventh
   9. other

10. How many years of formal education have you completed?

    1 2 3 4 5 6 7 8 9 10 11 12

    13 14 15 16 — College

    17 18 19 20 — Graduate School

11. Do you have one of the following:

1. High school diploma
2. G.E.D.
3. Trade School Certificate
4. BA/BS
5. MA/MA
6. Ph.D.
7. None

12. Income: (for last 12 months):

1. Under $4,000
2. $4,000 to 6,000
3. $7,000 to 10,000
4. $11,000 to 15,000
5. $16,000 to 20,000
6. $21,000 to 25,000
7. $26,000 to 30,000
8. $31,000 to 40,000
9. Over $40,000

13. How many people were there in the town or city where you were raised (the majority of your life up to age 18) or in the town or city nearest to where you were raised?

1. Under 500
2. 500 to 1,000
3. 1,000 to 5,000
4. 5,000 to 10,000
5. 10,000 to 20,000
6. 20,000 to 50,000
7. 50,000 to 100,000
8. Over 100,000

14. How many people are there in the town or city where you presently live or in the town or city nearest to where you presently live?

1. Under 500
2. 500 to 1,000
3. 1,000 to 5,000
4. 5,000 to 10,000
5. 10,000 to 20,000
6. 20,000 to 50,000
7. 50,000 to 100,000
8. Over 100,000

15. Have you ever received professional help for:

1. Marital Problems
2. Depression
3. Nervousness (Anxiety)
4. Other Psychiatric Problems
5. Family Problems
6. Alcohol Abuse
7. Drug Abuse

16. If yes to any of the above, please explain briefly: (write below)

17. Did anyone who lived in the <u>same house</u> with you when you were growing up have a problem with alcohol abuse?

1. Yes
2. No

18. If yes, who?

1. Father	4. Sister	7. Uncle
2. Mother	5. Grandfather	8. Aunt
3. Brother	6. Grandmother	9. Friend of the Family

19. Does anyone live in the same house with you now who has a problem with alcohol abuse?

1. Yes 2. No

20. If yes, who?

1. Spouse	4. Son	7. Sister
2. Mother	5. Daughter	8. Grandparent
3. Father	6. Brother	9. Friend

21. Rate your sense of physical well being:

1 2 3	4 5 6	7 8 9
Unhealthy	Average	Healthy

22. Rate your sense of emotional well being:

1 2 3	4 5 6	7 8 9
Unhappy	Average	Happy

23. Rate your sense of satisfaction with personal relationships:

1 2 3	4 5 6	7 8 9
Dissatisfied	Average	Satisfied

The following questions are concerned with the nature and extent, if any, of your history of alcohol consumption and alcohol abuse. Alcohol abuse is defined as an inability to cut down or stop drinking which may lead to missing days from work, problems with friends and family, aggressive behavior when intoxicated, blackouts, legal problems, and physical problems. Although the pattern of alcohol abuse may be frequently interrupted by attempts at abstinence ("going on the wagon"), the problem remains if sobriety or problem-free drinking has not been maintained for a period of one year prior to filling out this questionnaire.

24. Do you drink alcohol?

1. Yes 2. No

25. Do you have an alcohol abuse problem? (Refer to the above paragraph for the definition of alcohol abuse).

    1. Yes 2. No

26. If yes, how long have you had an alcohol abuse problem?

    1. Less than 6 months
    2. 6 months to 1 year
    3. 1 year to 2 years
    4. 3 years to 4 years
    5. 5 years to 6 years
    6. 7 years to 10 years
    7. 11 years to 15 years
    8. 16 years to 20 years
    9. 21 years to 25 years
    10. 26 years to 30 years
    11. 31 years to 35 years
    12. More than 35 years

27. If you responded No to Question 25, have you ever had an alcohol abuse problem in the past?

    1. Yes 2. No

28. If yes, how long ago did you have the problem?

    1. 1 year to 2 years
    2. 3 years to 5 years
    3. 6 years to 10 years
    4. 11 years to 15 years
    5. 16 years to 20 years
    6. 21 years to 30 years
    7. More than 30 years

The following questions are concerned with the nature and extent, if any, of your history of drug abuse. Drug abuse is defined as an inability to cut down or stop taking drugs and may be apparent in a persistent pattern of remaining under the influence of drugs throughout the day for several consecutive days. Drug abuse may lead to missing days from work, problems with friends and family, aggressive or irrational behavior when drug intoxicated, legal problems, and physical problems. Commonly abuse drugs are tranquilizers, (nerve medicine), pain killers, marijuana/hashish, amphetamines ("uppers"), barbituates ("downers"), sleeping pills, and hallucinogens (LSD, PCP). You are not abusing any of these drugs if you are taking them exactly as prescribed by your doctor.

29. Have you had a problem with drug abuse during the past 12 months?

    1. Yes 2. No

30. If yes, how long have you had a drug abuse problem?

1. Less than 6 months
2. 6 months to 1 year
3. 1 year to 2 years
4. 3 years to 4 years
5. 5 years to 6 years
6. 7 years to 10 years
7. 11 years to 15 years
8. 16 years to 20 years
9. More than 20 years

APPENDIX J

CONSENT FORM FOR MALE VETERAN ALCOHOLIC SAMPLE

1. I, _____, hereby agree to participate in a program of study under the direction of Mr. Jay E. Athy and Dr. Richard J. Ramsey. I understand that while the study will be under the supervision of Mr. Athy and Dr. Ramsey, other professional persons who work with them may be designated to assist or act in their behalf.

2. The study involving the administration to me of psychological test(s) has been described and its purposes explained by Mr. Athy as follows:

This study has been developed to gain a better understanding of coping patterns adults use to face the many challenges that life imposes upon us all. It is hoped that these coping patterns will be able to be defined and, as a result, enable those in the helping professions to better understand and treat people who have problems with the stresses of everyday living. More specifically, this study hopes to be able to compare and contrast the coping patterns of adults who have had a history of alcohol abuse with those with no known drinking problems.

We are asking you to volunteer to complete one or two paper and pencil psychological tests that ask you about what activities you enjoy and your thoughts and feelings about a variety of areas in your life. We hope that you will respond to the tests as best you can and as honestly as you can. There will also be a personal fact sheet accompanying the test(s) asking questions regarding your financial status, marital status, level of education, etc. These facts are necessary so general comparisons can be made with groups of individuals tested across the United States.

Because of the nature of the questions on both the fact sheet and the psychological test(s), we do not want you to put your name on any of the materials given to you. This is to make certain that your answers are anonymous and confidential. Your

answer sheets will be given a code number and will be analyzed by computer. There will be no record connecting your name with any of the results.

3. There are no known risks or undue inconvenience involved in this study. The benefits to you, and to other adults in the general United State population, include providing a clearer understanding of coping patterns used by adults and how individuals with a history of alcohol abuse cope similarly or differently from those with no known drinking problems. I understand that my participation in this investigation may be terminated at any time upon my wishes or at the discretion of Mr. Athy, and will not influence existing or further treatment.

4. I authorize Mr. Athy, the VA Medical Center, and Michigan State University to keep, preserve, and use and dispose of the findings from this investigation with the provision that my name will not be associated with any of the results. I understand that it will be made impossible for any of my answers to be traced directly back to me.

5. I have been given the right to ask and have answered any inquiry concerning the procedure to be employed during the study. Questions, if any, have been answered to my satisfaction. I have read and understand the foregoing and have received a copy of this form.

6. I understand that the study will require approximately one to two hours to complete.

7. I understand that the following individuals may be reached at any time to answer questions I may have:

Mr. Jay Athy, (606) 233-4511, Extension 3258

Dr. Richard J. Ramsey, (606) 233-4511, Extension 3733

Witness	Date	(Subject or Legally Authorized Representative)

"I have explained and defined in detail the research procedure in which the subject or their legally authorized representative has consented to participate."

Date	Principal Investigator

APPENDIX K

CONSENT FORM FOR UNITARIAN UNIVERSALIST CHURCH SAMPLE

1. I hereby agree to participate in a program of study under the direction of Mr. Jay E. Athy, Certified Psychologist, and Dr. Richard J. Ramsey, Licensed Clinical Psychologist.

2. The study involves the administration to me of two psychological tests for the following purposes:

   This study has been developed to gain a better understanding of coping patterns adults use to face the many challenges that life imposes upon us all. It is hoped that these coping patterns will be able to be defined and, as a result, enable those in the helping professions to better understand and treat people who have problems with the stresses of everyday living. More specifically, this study hopes to be able to compare and contrast the coping patterns of adults who have had a history of alcohol abuse with those with no known drinking problems.

   We are asking you to volunteer to complete two paper and pencil psychological tests that ask you about what activities you enjoy and your thoughts and feelings about a variety of areas in your life. We hope that you will respond to the tests as best you can and as honestly as you can. There will also be a personal fact sheet accompanying the tests asking questions regarding your financial status, marital status, level of education, etc. These facts are necessary so general comparisons can be made with groups of individuals tested across the United States.

   Because of the nature of the questions on both the fact sheet and the psychological tests, we do not want you to put your name on any of the materials given to you. This is to make certain that your answers are anonymous and confidential. Your answer sheets will be given a code number and will be analyzed by computer. There will be no record connecting your name with any of the results.

3. I understand that I will receive five dollars ($5) for completion of all test materials, but that I will receive no other tangible benefit from my participation in this study.

4. I understand that my participation in this study may be terminated at any time upon my wishes.

5. I understand that the following individual may be reached at any time to answer questions I may have:

Jay Athy (W) 233-0444
(H) 252-5614

_____

(Signature) (Date)

REFERENCES

REFERENCES

Alexander, F. Psychoanalytic Therapy: Principles and Application. New York: Ronald Press, 1946.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Washington, D.C.: APA, 1980.

Anastasi, A. "Review of the Personality Research Form." In Buros, O.K., (Ed.) The Seventh Mental Measurements Yearbook, Vol. 1, Highland Park, N.J.: Gryphon Press, 1972.

Anastasi, A. Psychological Testing. New York: Macmillan, 1980.

Azar, J. "An Item, Factor and Guttman Analysis of an Objective Instrument, Designed to Measure the Constructs of Erikson's Epigonatic Developmental Theory." (Doctoral dissertation. Michigan State University, 1982).

Blane, H.T. The Personality of the Alcoholic: Guises of Dependency. New York: Harper and Row, 1968.

Bloom, B.S. "Learning for Mastery." UCLA-Evaluation Comment, 1 (1968).

Blum, E.M. "Psychoanalytic Views of Alcoholism: A Review." Quarterly Journal of Studies on Alcoholism, 27 (1966), 259-299.

Bradshaw, R.A. "Assessment of Adult Adjustment Patterns: An Objective Measure of Erikson's Theory of Psychosocial Development Used with Male Inmates." (Unpublished report. Michigan State University, 1984).

Campbell, D.T., and Stanley, J.C. Experimental and Quasi-Experimental Designs for Research. Chicago: Rand McNally, 1966.

Chafetz, M.E. "Alcoholism and Alcoholic Psychoses." In Freedman, A.M. and Kaplan, H.I. (Eds.). Comprehensive Textbook of Psychiatry, Vol. 2, Baltimore, Waverly Press, 1975.

Cox, W.M. "The Alcoholic Personality: A Review of the Evidence." Progress in Experimental Personality Research, Vol. 9. New York: Academic Press, 1979.

Cronbach, L.J. Essentials of Psychological Testing. New York: Harper & Row, 1970.

Edwards, A.L. Edwards Personal Preference Schedule Manual. New York: Psychological Corporation, 1959.

Erikson, E.H. "The Problem of Ego-Identity." Journal of the American Psychoanalytic Association, 4 (1956), 56-121.

Erikson, E.H. Childhood and Society. Rev. ed. New York: Norton, 1963.

Farquhar, W.W., Wilson, F.R., and Parmeter, E. Assessment of Adult Adjustment Patterns. East Lansing: Michigan State University Printing Service, 1977.

Farquhar, W.W., Wilson, F.R. and Azar, J.A. Assessment of Adult Adjustment Patterns. East Lansing: Michigan State University Printing Service, 1982.

Farquhar, W.W. "Assessment of Adult Adjustment Patterns (AAAP) Research Instrument: First Report." (Unpublished report. Michigan State University, 1983).

Fenichel, O. The Psychoanalytic Theory of Neurosis. New York: Norton, 1945.

Freud, S. Introductory Lectures on Psychoanalysis. Rev. ed. New York: Norton, 1977.

Gomberg, E.L. "The Etiology of Alcoholism." Journal of Consulting and Clinical Psychology, 32 (1968), 18-20.

Gynther, M.D., and Gynther, R.A. "The Personality Research Form." In Weiner, I.B. (Ed.). Clinical Methods in Psychology. New York: Wiley & Sons, 1976.

Hoffman, H. "Personality Characteristics of Alcoholics in Relation to Age." Psychological Reports, 27 (1970), 167-170.

Hoffman, H. "Personality Measurement for the Evaluation and Prediction of Alcoholism." In Tarter, R.E. and Sugerman, A.A. (Eds.). Alcoholism: Inter-Disciplinary Approaches to an Enduring Problem. Reading, M.A.: Addison-Wesley, 1976.

Jackson, D.N. Personality Research Form Manual. Goshen, New York: Research Psychologists Press, Inc., 1967 & 1974.

Jones, M.C. "Personality Correlates and Antecedents of Drinking Patterns in Adult Males." Journal of Consulting and Clinical Psychology, 32 (1968), 2-12.

Kammeier, M.L., Hoffman, M., and Loper, R.G. "Personality Characteristics of Alcoholics as College Freshmen and at Time of Treatment." Quarterly Journal of Studies on Alcohol, 34 (1973), 390-399.

Keller, M. "The Oddities of Alcoholics." Quarterly Journal of Studies on Alcohol, 33 (1972), 1147-1148.

Knight, R.P. "The Psychodynamics of Chronic Alcoholism." Journal of Nervous and Mental Disorders, 86 (1937), 538-548.

Lisansky, E.S. "The Etiology of Alcoholism: The Role of Psychological Predisposition." Quarterly Journal of Studies on Alcoholism, 21 (1960), 314-343.

Loper, R.G., Kammeier, M.L., and Hoffman, M. "MMPI Characteristics of College Freshmen Males who later Become Alcoholics." Journal of Abnormal Psychology, 82 (1973) 159-162.

Lorr, M., and Seifert, R.F. "First-Order Factor Structure of the Personality Research Form." Journal of Personality Assessment, 41 (1977), 270-273.

McCord, W., and McCord, J. Origins of Alcoholism. Stanford: Stanford University Press, 1960.

Miller, W.R. "Alcoholism Scales and Objective Assessment: A Review." Psychological Bulletin, 83 (1976), 649-674.

Murray, H.A. Explorations Personality. New York: Oxford University Press, 1938.

Nerviano, V.J. "Common Personality Patterns Among Alcoholic Males: A Multivariate Study." Journal of Consulting and Clinical Psychology, 44 (1976), 104-110.

Neuringer, C. "Alcoholic Addiction: Psychological Tests and Measurements." In Pattison, E., and Kaufman, E. (Eds.). Encyclopedic Handbook of Alcoholism. New York: Gardner Press, 1982.

Rado, S. "Psychoanalysis of Pharmacothymia (Drug Addiction)." Psychoanalytic Quarterly, 2 (1933), 1-23.

Rosenman, S. "The Skid Row Alcoholic and the Negative Ego Image." Quarterly Journal of Studies on Alcohol, 16 (1955), 447-473.

Sadava, S.W. "Etiology, Personality and Alcoholism." Canadian Psychological Review, 19 (1978), 198-214.

Sanford, N. "Personality and Patterns of Alcohol Consumption." Journal of Consulting and Clinical Psychology, 32 (1968), 13-17.

Scabbo, R.E. "Developmental Patterns of College Handicappers as Measured by the Assessment of Adult Adjustment Patterns (AAAP)." (Doctoral Dissertation. Michigan State University, 1984).

Shimizu, M. "A Cross-Cultural Pilot Study of Adult Adjustment Patterns of Japanese Based on Erikson's Epigenetic Development Theory." (Unpublished report. Michigan State University, 1984).

Sutherland, E.H., Schroeder, H.G., and Tordella, C.I. "Personality Traits and the Alcoholic: A Critique of Existing Studies." Quarterly Journal of Studies on Alcohol. 11 (1950), 547-561.

Syme, L. "Personality Characteristics and the Alcoholic: A Critique of Current Studies." Quarterly Journal of Studies on Alcohol, 18 (1957), 288-302.

Vaillant, G.E. "Natural History of Male Psychological Health: VIII. Antecedents of Alcoholism and 'Orality'." American Journal of Psychiatry, 2 (1980), 181-186.

Vaillant, G.E. The Natural History of Alcoholism. Cambridge, M.A.: Harvard University Press, 1983.

Valdez, R. "An Examination of Patterns of Ego Identity and Intimacy Development in College Women of Differing Sex Role Identities." (Doctoral Dissertation. Michigan State University, 1983).

Wiggins, J.S. Personality and Prediction: Principles of Personality Assessment. Reading, M.A.: Addison-Wesley, 1973.

Williams, A.F. "The Alcoholic Personality." In Kissin, B., and Begleiter, H. (Eds.). The Biology of Alcoholism, Volume 4, Social Aspects of Alcoholism. New York: Plenum Press, 1977.

Wolowitz, H.M., and Barker, M.J. "Alcoholism and Oral Passivity." Quarterly Journal of Studies in Alcohol, 28 (1967), 592-597.

Zimering, S., and Calhoun, J.P. "Is there an Alcoholic Personality?" Journal of Drug Education, 6 (1976), 97-103.

Zivich, J.M. "Alcoholic Subtypes and Treatment Effectiveness." Journal of Counseling and Clinical Psychology, 49 (1981), 72-80.