

Self Concept Reports among Hospitalized Alcoholics during Early Periods of Sobriety

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Self-concept reports of 35 hospitalized male alcoholics, as measured by the *McKinney Sentence Completion Blank*, were examined for relationships with the sobriety interval in the hospital setting. A negative relationship ($r = -.33$) was noted between the length of time sober and the index of a favorable concept of self, and a positive correlation ($r = .24$) resulted from measures of the sobriety interval and responses indicating self defeat, guilt and fear. Mechanisms of these relationships were discussed in the framework of Dabrowski's (1964) theory of "positive disintegration." There is some suggestion that the longer the alcoholic remained in the hospital and abstained from alcohol, the less favorable self concept he reported, the more guilt feelings he expressed and the less ego strength he demonstrated in facing up to crises.

Ulett and Goodrich (1965) state that currently there are nearly five million alcoholics in the United States. The concomitant social and interpersonal problems of these individuals imply that most counselors, regardless of the setting in which they work, will be confronted with clients who are either personally addicted to alcohol or whose lives have been adversely affected by a significant other who is an alcoholic. Many efforts to deal effectively with the alcoholic have been hampered by a tendency to think of him as belonging to a homogeneous group in both pre- and post-addiction. A review of the literature on alcoholism (Bowman & Jellinek, 1941; Wexberg, 1949, Sutherland, Schroeder, & Tordella, 1950; Syme, 1957; and Armstrong, 1958) reveals that there is no consensus concerning the generic physiological or personality traits which predispose an individual to become an alcoholic. It appears, then, that addiction to alcohol may be the only common factor to be found in a group of alcoholics. Since efforts to isolate factors which predispose an individual to alcoholism have been limited and contradictory, it appears that investigations of

the differential effects of addiction would be a fruitful avenue for study, in terms of assisting the alcoholic to remain sober. One variable that seems to warrant further investigation is the length of sobriety. White (1965), in a study of male alcoholics, found that there were differences in personality and cognitive changes among alcoholics in Alcoholics Anonymous (AA) according to the length of time they had been sober. He reported that members of AA who were sober for three years differed significantly from members one to three months sober in psychometrically assessed personality characteristics and cognitive functioning. Further, a curvilinear relationship has been reported between the interval of sobriety and the intensity of roles played by the body and self in the learning process of alcoholics (White & Gaier, 1965).

The question posed in this study is whether selected hospitalized alcoholics, actively participating in AA, demonstrate any modifications in self concept that can be related to the interval of sobriety. Alcoholism was defined as a behavioral disorder characterized by excessive drinking

of alcohol which had made the individual's life unmanageable.

The problem investigated concerns the changes in an alcoholic's reported self concept as he continues to remain abstinent from alcohol during the first 90 days in a hospital setting. An understanding of change in the self concept among alcoholics during these first few months would seem to be critical to their treatment and recovery. When considering the alcoholic's readiness for release from the hospital or clinic, it is important to consider the effects of the length of the time of the patient's hospitalization, that is, does the length of time sober in an institutional setting have any relationship to a recovery of ego strength, reduction of anxiety and a more favorable regard for self?

Method

Subjects

The subjects were 35 male alcoholic patients participating in the AA program at the Big Spring (Texas) State Hospital. Hospital records revealed that the primary diagnosis for each patient was alcoholism. Demographic data yielded a mean age of 46 years and a range from 28 to 64 years. Formal education ranged from 7 to 16 years with a mean of 11 years. The mean occupational level of the subjects for the period prior to hospitalization was equivalent to a skilled laborer by Roc's (1953) classification. Included in the sample were airline pilots, engineers, business managers, skilled, semi-skilled and unskilled laborers, and these subjects can be classified as representative of a chronic alcoholic population. The interval of sobriety ranged from 8 to 94 days with a mean of 41 and a standard deviation of 19.3 days.

Procedure

Each subject completed a general questionnaire requesting demographic data and the number of days sober. McKinney's Sentence Completion Blank (MSCB) was administered to each patient. The MSCB elicits unstructured responses to "non-threatening" verbal stimuli, and does not restrict or limit the responses of the alcoholic.

The subjects' responses on the blank were scored in accordance with the scheme devised by McKinney (1965). His classification differentiates problem solving responses (P) and negative use of psychological defense mechanisms (D). To these he added immobilizing affective responses (A) and a category into which non-classifiable responses can be placed (C). McKinney's (1965) definitions of these categories are as follows:

P Responses—Responses which seem to lead to need satisfaction and show the inclination of the individual to engage in trial and error behavior or alternative behavior. The criteria include responses which show an openness to new experience, a sense of responsibility for one's actions, democratic social interests and adaptive behavior broadly conceived. (When things go wrong, *I try to find out why.*)

D Responses—Responses which are likely to lead to failure or digression in need satisfaction. Specific criteria include behavior which is socially undesirable or self defeating, maladaptive or personally unrewarding behavior, classic defense mechanisms, inappropriate situational responses and evasive responses. (When things go wrong, *I get drunk*)

A Responses—Responses concerned with the collapse of adaptive capacity with attendant unresolved anxiety. Despair at problem resolution, psychosomatic reactions and responses describing panic, fear, worry, shame or embarrassment. (When things go wrong, *I feel bad*)

C Responses—Responses which do not yield enough information to be placed in any of the above categories or responses which could be placed on one or more of the scales. (When things go wrong, *love is nice.*)

The completed questionnaires were independently scored by the two investigators. Initially, agreement was obtained on the classification of 86 per cent of the items. The remaining 14 per cent were discussed and agreement was reached for each item. It is interesting to note that there was consensus among categories: P, D and A. Inconsistencies occurred when a response seemed to yield insufficient information for classification, e.g., whether it belonged in category C, or not.

In order to analyze the data each protocol was assigned three scores: (1) total number of responses indicative of a positive self concept or adaptive behavior (P), (2) total number of responses of a negative or self defeating nature (D + A) and (3) a ratio of all classifiable responses (P + D + A) to the number of self-actualizing responses (P). This ratio is expressed by McKinney (1965) as follows:

$$P/P+D+A \text{ ratio} = \frac{\text{Number of P responses}}{\text{Number of P+D+A responses}}$$

C responses are omitted from the ratio since it is not considered to be on the self-actualization—self-defeating continuum.

Results and Discussion

Correlations were computed between the various scores on the MSCB and demographic variables. The most notable finding was the negative relationship ($r = -.33$) between length of time sober and the index of a favorable concept of self (P); a low positive correlation ($r = .24$) resulted from measures of the sobriety interval and those responses indicating self defeat, guilt and fear (D). Although the correlations are low, there is some suggestion that the longer the alcoholic remained in the hospital and abstained from alcohol, the less favorable self concept he reported, the more guilt feelings he expressed and the less ego strength he exhibited in facing up to crises.

These findings are supported by prior research. Male alcoholics who had 1-3 months sobriety and had returned to social functioning outside the hospital, were cyclothymic, critical and detached from social responsibility. Differing from alcoholics with a much longer interval of sobriety, alcoholics with an early sobriety level (1-3 months) were found to be low in ego strength, integration and confidence but high in ergic tension (White, 1965; White & Gaier, 1965). Hospitalized subjects, in the present sample, appeared to be increasing in psychological deficit as related to the period of abstinence.

As long as diagnosed alcoholics continue to remain sober, and as the number of sober days increases it is generally assumed that the alcoholic will make consistent gains in socially approved self references, self control, persistence, foresight, considerateness for others and conscientiousness. The findings of this study provide opposite results; responses of subjects, sober less than 90 days, indicated that the longer the subject remained hospitalized, and the longer he abstained from alcohol, the more self-defeating behavior he exhibited. How can this reversal be explained? Dabrowski (1964) postulated a theory of personality which he calls "positive disintegration." Personality is perceived as evolving through an innate developmental instinct that precipitates dissatisfaction with, and fragmentation of, the existing psychic structure. Dabrowski (1964, p. 2) states:

Personality progresses to a higher level of development . . . only through disintegration of narrow biological aims.

Disintegration, once resolved, results in integration at a higher level. Dabrowski hypothesized that no growth takes place without prior disintegration, and that anxiety or psychopathology is frequently the *conditio sine qua non* for personality growth. Within this frame of reference, the negative relationship between the length of time sober and favorable self concept could be interpreted as an indication that the patients were experiencing advancing stages of disintegration during this early period of sobriety. A low self concept may be highly indicative of alcoholics until about 11 months of sobriety (White & Gaier, 1965).

The negative relationship between length of time sober and a favorable self concept may well be a function of participation in the AA program. Successful membership in AA demands ego reduction—an admission of helplessness brought about by the unmanageable drive for alcohol (Tiebout, 1954). It is logically inferred that subjects who had been sober for an increased number of days in the early sobriety period (1-3 months) would

be more self depreciating as the meaning of ego surrender became more apparent and group pressure in AA was intensified. Admittance of helplessness or inadequacy is graphically demonstrated in the words, "I am an alcoholic."

Without the feeling of inferiority toward oneself, no process of self-education is possible. (Dabrowski, 1964, p 49)

When the sobriety interval was correlated with age ($-.07$), formal education ($.03$) and number of children ($.10$), it became apparent that the maintenance of sobriety was not correlated with those variables. Age, however, did appear to be a meaningful variable when it was related to P responses ($.30$) or to D responses ($-.33$). The older alcoholic was more likely to express feelings of hope and less likely to use inappropriate means for problem solving and solution reaching. A correlation of $.44$ was observed between the number of children and the number of D responses. In other words, MSCB responses indicative of guilt feelings and maladaptive behavior were found to be related to the number of children reported.

Although results of this study are limited, it does appear that two tentative conclusions can be drawn: (1) the MSCB has meaningful utility with alcoholics in early periods of sobriety; (2) the interval of sobriety is related to self-concept differences in the first 90 days of abstinence from alcohol.

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References

- Armstrong, J. D. The search for the alcoholic's personality. *Ann. Amer. Acad. Political & soc. Sci.*, 1958, **31**, 40-47.
- Bowman, K. M., & Jellinek, E. M. Alcoholic addiction and its treatment. *Quart. J. Stud. on Alcohol*, 1941, **2**, 98-176.
- Dabrowski, K. *Positive disintegration*. London, England: J. & A Churchill Ltd., 1964.
- McKinney, F. Personal communication, 1965.
- Mowrer, J. H. Payment or repayment? The problem of private practice. *Amer Psychologist*, 1963, **18**, 557-580.
- Roe, Anne. *The psychology of occupations*. New York. Wiley, 1956.
- Sutherland, E., Schroeder, H. G., & Tordella, C. L. Personality traits and the alcoholic. *Quart. J. Stud. on Alcohol*, 1950, **11**, 547-562.
- Syme, L. Personality characteristics of the alcoholic. *Quart. J. Stud. on Alcohol*, 1957, **18**, 288-300.
- Tiebout, H. M. The ego factors in surrender in alcoholism. *Quart. J. Stud. on Alcohol*, 1954, **15** (4), 610-621.
- Ulett, G. A., & Goodrich, D. W. *A synopsis of contemporary psychiatry*. St Louis Mosby, 1965.
- Wexberg, L. E. Psychodynamics of patients with chronic alcoholism. *J. of clin. Psychopath.*, 1949, **10**, 147-157.
- White, W. F. Personality and cognitive learning among alcoholics with different intervals of sobriety. *Psychol. Rep.*, 1965, **16**, 1125-1140.
- White, W. F., & Gaier, E. L. Assessment of body image and self concept among alcoholics with different intervals of sobriety. *Journal of clin. Psychol.*, 1965, **21**, 374-377.