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CHANGES IN ALCOHOLICS' SELF-ESTEEM IN RELATIONSHIP TO
PERCEPTIONS OF DRINKING AND SOBER ROLES DURING TREATMENT

The University of Nebraska - Lincoln

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PREVIEW

CHANGES IN ALCOHOLICS' SELF-ESTEEM IN RELATIONSHIP TO
PERCEPTIONS OF DRINKING AND SOBER ROLES DURING TREATMENT

by

Steven B. Blum

A DISSERTATION

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In Partial Fulfillment of Requirements
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Major: Psychology

Under the Supervision of Professor Monte Page

Lincoln, Nebraska

December, 1980

TITLE

Changes in Alcoholics' Self-Esteem in Relationship to Perceptions
of Drinking and Sober Roles During Treatment

BY

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CHANGES IN ALCOHOLIC'S SELF-ESTEEM IN RELATIONSHIP TO
PERCEPTIONS OF DRINKING AND SOBER ROLES DURING TREATMENT

Steven B. Blum, Ph.D.

University of Nebraska, 1980

Advisor: Monte M. Page

This study examined changes in self-esteem and changes in the relationship of self-esteem and perceptions of the positivity of various sober and drinking roles for 50 male alcoholic inpatients during the course of a 30-day treatment program. The self-esteem and perceptions of sober and drinking roles of the participants were measured using a modification of the Self-Repertory Inventory developed by Page based on the Role Construct Repertory Grid technique of Kelly (1955). Self-esteem was measured twelve times for each participant over the course of treatment. Perceptions of positivity of other roles were measured once a week for four weeks. Two methods were used to differentiate participants into good, fair, and poor prognosis groups. The first was post treatment ratings of progress and prognosis for sobriety by the participants' counselors. The second was a rating of improvement and prognosis for sobriety based on blind ratings of participants' pre and post treatment MMPI profiles.

Results of the self-esteem ratings indicated significant improvement for all prognostic groups. Interestingly, those participants judged to have the poorest prognosis for sobriety began treatment with the highest level of self-esteem, while those rated to have a good prognosis began treatment with the lowest level of self-esteem. The implication of this finding is that coming face to face with and accepting the loss of esteem resulting from drinking is an important aspect of the recovery process.

The Alcoholics Anonymous philosophy of the necessity of "hitting bottom" before recovery can be initiated is consistent with the findings in this research. It was concluded that perhaps the central factor in "hitting bottom" is loss of self-esteem.

It was hypothesized that not only is a gain in self-esteem important in the recovery process, but that those in the good prognosis group would develop meaningful, positive role expectations for sobriety and there would be a close correspondence between the perceived positivity of self, ideal self, and the role of recovered alcoholic. In addition, it was hypothesized that those with a good prognosis would develop a negative relationship between their self-positivity and their perception of their past drinking roles.

Analysis of results lent support to the hypotheses mentioned above for prognostic groups based on counselor ratings. At the start of treatment neither the good nor the poor prognosis group showed any significant correlations in the perceived positivity among the roles of self, ideal self, practicing or recovered alcoholic. By the last week in treatment, the good prognosis group showed a significant positive correlation in positivity of self with both ideal self and the role of a recovered alcoholic, while there was a significant negative correlation between self and practicing alcoholic. Those in the poor prognosis group finished treatment showing no significant relationship between positivity of self and ideal self. Further analysis revealed no significant relationship between ideal self and either practicing or recovering alcoholic.

These results suggest an important issue to address in treatment is the alcoholic's expectations for sobriety and how they conflict with his ideal values. While raising the alcoholic's self-esteem may be a necessary

factor in recovery, without the development of positive meaningful role expectations for sobriety and a correspondence between ideal self and the newly entered role of recovering alcoholic, prognosis for long-term sobriety might be poor.

PREVIEW

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The many friends, too numerous to mention, who have shared their friendship with me throughout my years in school will always be remembered and cherished. When I think of friends, I cannot leave out Nanook, who has been a continual reminder to me of what unconditional positive regard is all about.

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PREVIEW

CHANGES IN ALCOHOLICS' SELF-ESTEEM IN RELATIONSHIP TO PERCEPTIONS
OF DRINKING AND SOBER ROLE DURING TREATMENT

Steven B. Blum

The past several decades have been marked by a feverish search to conceptualize a constellation of traits associated with alcoholism from which would emerge a specific, unique "alcoholic personality". The fifties marked the beginning of these efforts. There were two basic approaches used in this search. The first involved researchers who were theoretically guided. Thus, from psychoanalytic theory emerged a description of the alcoholic personality in terms of oral fixation and dependency. The second approach was atheoretical, and involved gathering data on as many personality variables as could be managed, out of which would hopefully emerge an alcoholic personality. Critical reviews of the personality research from this era, such as those done by Syme (1957) and Armstrong (1958) have repeatedly concluded that alcoholics do not represent a unique personality type. With the acceptance of this conclusion came a new wave of researchers who felt that while all alcoholics do not fit neatly into one personality mold, they might well be fit into a limited number of different molds. Thus, Blane (1968) offers three types of alcoholic personalities, DeVito (1970) offers four types, on up to Stein, et al. (1971) who postulates eleven types.

What interpretation can be made from all this? Some suggest abandoning efforts in personality research and dismissing that which has already been found as meaningless. As Mark Keller wrote in an editorial in the Quarterly Journal of Studies on Alcohol, "Alcoholics are different in so many ways that it makes no difference" (1972, p. 1147). However, to disregard the entire body of literature as being without utility would be

akin to throwing out the baby with the bath water. Perhaps, as Blane (1968) asserts, there are some factors not necessarily central to all alcoholics, but common enough to merit attention. The pursuit of such information would indeed be valuable if these factors could be shown to have practical clinical value and dispositional significance in the treatment of alcoholism.

In reviewing theory on personality factors in alcoholism, a fairly consistent postulate is that alcoholics do not feel very good about themselves. The way these negative self-feelings are seen to manifest themselves and the terminology used to express these feelings are often a function of the theoretical framework of the writer. In most cases, drinking is seen as a means to insulate the alcoholic against the anxiety and tension produced by these feelings and to produce a sense of well-being. A brief presentation of a few of the more commonly accepted theories in the field illustrates the various ways these negative feelings about self are seen to be manifested.

One of the earliest and most influential theories in the literature of the alcoholic personality is the psychoanalytic model. Psychoanalytic authors stress oral fixation with an emphasis on the mismanagement of early dependency needs. Dependency is a primary factor in the psychoanalytic description of the alcoholic personality. The "oral character" which emerges from childhood fixation at the oral stage has the following characteristics: a need to be taken care of in a passive and dependent way, low frustration tolerance, intolerance of any kind of psychic tension, and an inability to postpone gratification of needs. Blum (1966) reviewed the literature on psychoanalytic theories of alcoholism and concluded that the key conflict in alcoholics consists of a lack of self-

esteem along with feelings of inadequacy and worthlessness. The denial and repression of these feelings leads to unconscious needs to be taken care of (dependency needs). Since these dependency needs can never be met in reality, they elicit anxiety and compensatory needs for control, power, and achievement. Alcohol then serves two functions. It tranquilizes this anxiety and creates pharmacologically induced feelings of power and omnipotence. However, when the state of intoxication wears off, the alcoholic experiences guilt and despair because he has not achieved anything and his problems are still there. Thus, his feelings of worthlessness are heightened and the conflict continues in a vicious circle.

Longitudinal research of any kind has been rare in the alcoholism literature. However, McCord and McCord (1962) and Jones (1968) report results of investigations tracing children through adulthood which offer some support to the psychoanalytic viewpoint. The McCords found that those boys who later became alcoholics showed a "facade of masculinity" in an attempt to cover up "feminine" dependency tendencies during their prealcoholic early teen years. Jones found future problem drinkers also displayed underlying dependence with overcompensation of "maleness" characteristics. Thus, within the psychoanalytic viewpoint, the alcoholic's negative feelings about himself originate with unacceptable dependency needs which lead the alcoholic to feel inadequate and worthless.

Another major theory stems from the writings of McClelland (1972) who suggests alcoholics have a conflict centering around feelings of powerlessness and a strong need for personalized power. McClelland does not provide the thorough description of the origins of this conflict that the analytic writers offer. Most likely, men are raised to believe they must

be strong. Those who do not experience this sense of power, or feel undercut in their attempts to demonstrate their personal strength, drink as a compensation. Intoxication produces feelings of personal power which leads to a reduction in this conflict. McClelland offers two types of supporting evidence for his theory. Cross-culturally, those societies whose folk tales contain themes of personal power were more likely to be heavy drinking societies than those whose folk tales were characterized by themes of a more socialized power. McClelland also sponsored fraternity parties and administered TAT cards to students over the course of the evening's drinking. He found that as students drank more, the themes represented greater personal power fantasies and a reduction in socialized power fantasies. Thus, according to McClelland, the alcoholic's low self-esteem stems from a feeling of powerlessness in the face of strong needs for personalized power.

Blane (1968), in his theoretical work on alcoholism, discussed the tendency for alcoholics to either under evaluate themselves or over evaluate themselves, depending on whether they fell into the class of dependent or counterdependent personality types. The dependent type will openly admit to feeling negatively about himself, while the counter dependent type will betray his low self-esteem through compensating by presenting a grandiose image of himself.

While the learning-theory approach to alcoholism does not really appropriately fall under the classification of a "personality" theory, its impact on the field is great enough that it should be given some consideration here. Basically, the position of learning theory is that heavy drinking is a learned response to stressful, conflict situations. The anxiety-reducing properties of alcohol serve as a positive reinforcer.

While it serves to reduce anxiety, drinking does not resolve the stressful situation; in fact, the avoidance of the situation and the negative consequences of prolonged drinking only serve to increase stress and thus increase the need for the tension-reducing properties of alcohol. Some researchers have tied personality factors into the learning theory approach. Thus, Conger (1956) states, "If alcohol removes the fear-motivated restraints in conflict situations and permits satisfaction of the drives whose goal responses have been inhibited by conflict, further reinforcement of the drinking habit may be provided - whether the drives happen to involve orality, aggression, dependency, repressed or suppressed heterosexual or homosexual needs, or exhibitionism." In summary, learning theorists suggest alcoholics have not learned to handle stress or conflict in an appropriate, constructive manner, and drink to reduce the tension or anxiety this creates for them.

As one moves away from broad theoretical works to more specific research aimed at examining how the alcoholic perceives and evaluates himself, findings provide consistent support that the alcoholic feels negatively about himself; in other words, the alcoholic suffers from low self-esteem. Unfortunately, the research in this area is at times confusing due to differences in terminology used. Terms such as "self-esteem", "self-concept", "self-worth", "self-acceptance", and "self-image" are often used interchangeably.

Before examining results of research in the area of the alcoholic's self-concept and self-esteem, a brief review of some major distinctions in the literature on these constructs would eliminate a great deal of this confusion. Interest in the self-concept in psychological literature dates back to William James, who wrote "The altogether unique kind of interest

which the human mind feels in those parts of creation which it can call 'me' or 'mine' may be a moral riddle, but it is a fundamental psychological fact" (1890, 289). Since James' time, there has been prolific research and theory development in the self-concept. Several important distinctions have emerged in understanding various aspects of the self-concept. Perhaps the most fundamental distinction which has been recognized is between self as subject, or agent (process), and self as object of the individual's own knowledge and evaluation (Rosenberg, 1979; Wylie, 1974). The former (self as subject) refers to the sense in which we experience the self as an active agent; that is, as an executor, a doer. However, the individual is also capable of perceiving himself as a subject and object simultaneously. As an object, the individual can stand outside himself and describe, evaluate, and respond to himself reflexively. In this work, the focus will be on the self as object, rather than the self as process.

Wylie (1974) points out another critical dimension to consider in self-concept research, that is, the use of the term as a phenomenal or nonphenomenal variable. As a phenomenal variable, the self-concept refers to only perceptions, cognitions, and feelings which are in the individual's conscious awareness. Attitudes, knowledge, motivations and perceptions which are hypothesized to be unconscious are referred to as nonphenomenal. Because this distinction is not always made, much research is ambiguous and inconsistent. The view of the self-concept taken in the present study is strictly as a phenomenal variable, and is consistent with the definition formulated by Rogers (1951), who describes the self-concept as "an organized configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the percepts and

concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects; and goals and ideals which are perceived as having positive or negative valence" (1951, p. 136). Along these lines is the description of the self-concept by Raimy, a student of Rogers, who states the self-concept is "a learned perceptual system which not only influences behavior but is itself altered and restructured by behavior and unsatisfied needs and may have little or no relationship to external reality" (1971, p. vi).

The evaluation of self, that is, the positive or negative feelings about oneself, reflect the individual's self esteem. Thus, an individual with a predominantly negative self-evaluation would have low self-esteem. Several personality theorists assign a great deal of significance to self-esteem as a prerequisite to healthy functioning. Maslow (1968) discusses a hierarchy of needs; a positive level of self-esteem is the final prerequisite for self-actualization. Rogers' (1961) theory, as well as his views of psychotherapy, reflect the importance he places on positive self-esteem. He concludes from his psychotherapy research that "in successful psychotherapy negative attitudes toward the self decrease and positive attitudes increase (1961, p. 87)." Raimy (1970) draws a similar conclusion from his psychotherapy research efforts which indicates that many "successfully" treated clients show a reversal from a predominantly negative self-concept (low self-esteem) at the beginning of therapy to predominantly positive self-concept (high self-esteem) at the conclusion of therapy.

As mentioned previously, research relating specifically to the alcoholic's self-concept and self-esteem bear out theoretical statements about the low self-esteem of the alcoholic. There have been several

assessment techniques used to measure the alcoholic's self-esteem. Gross and Alder (1970) administered the Tennessee Self-Concept Scale to 140 alcoholics upon admission to a voluntary treatment center and compared the results to the standardization group. The alcoholics perceived themselves significantly more negatively on the identity subscale (What I am), the self-satisfaction subscale (How I feel about myself) and the behavior subscale (What I do). These three subscales are described by Fitts (1965) to "represent an internal frame of reference with which the individual is describing himself." The five subscales which represent the external frame of reference (physical self, moral ethical self, personal self, family self and social self) were also significantly more negative for the alcoholic group. The authors concluded that the alcoholic's destructive behavior can be construed largely as a function of his abasement-oriented self-image.

Berg (1971) used the Chicago Q Sort and the Gough Adjective Checklist to compare self-esteem of alcoholics and nonalcoholics who were matched for neuroticism and extroversion. He found that the alcoholics had a significantly lower self-image on both measures. By matching groups for neuroticism Berg ruled out the possibility that alcoholics were simply more neurotic than nonalcoholics and that neuroticism could account for their low self-esteem.

Charalampous, Ford, and Skinner (1976) administered the Rosenberg Scale, a ten item test of self-esteem, to alcoholics and nonalcoholics. They found that alcoholics scored significantly lower. Further, those alcoholics who sought help (treatment) scored lower than those alcoholics who rejected treatment. This latter finding is consistent with Matefy, Kalish and Cantor (1971) who found that among alcoholics offered