VARIATIONS IN EGO-STRENGTH AS RELATED

TO CHRONICITY OF ALCOHOL ADDICTION

AMONG MALES

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VARIATIONS IN EGO-STRENGTH AS RELATED TO CHRONICITY OF ALCOHOL ADDICTION AMONG MALES

THESIS

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

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By

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CHAPTER I

INTRODUCTION

Numerous studies tend to support the contention of Rogers (18) that self-acceptance is essential to successful psychological functioning (6, 7, 13, and 17). When subjected to marked degradation in social contacts, such as that associated with alcoholic addiction, the individual loses his feeling of personal worth through the loss of acceptancy by others in his environment. The loss of the feeling of personal worth lowers the ego-strength which is necessary for successful operation in society. Eventually, a circular process develops in which the alcoholic becomes more self-defaming and, consequently, becomes more compelled to apply an alcoholic salve for the wound to his ego-strength that has resulted from his last episode.

The problem to be dealt with in this paper is the effect of social ridicule on the ego-strength of the individual. In being forced into the restricted social existence common with the alcohol addict, a significant decrease in ego-strength is to be expected.

Theoretical Background

Theories regarding the etiology of alcoholism may be placed into three categories on the basis of their areas of emphasis:
Those emphasizing the importance of social forces, those emphasizing the importance of physiological sources, and those emphasizing the importance of psychological factors.

In the realm of social forces, Myerson (14) maintains that social tradition and social pressure are all important factors. He uses the low incidence of alcoholism and Jewish individuals to support his contention. The social taboos in these two groups are considerably higher than that found in the total population. In addition, he points out that neurosis and psychosis are just as prevalent in this population as in any other group. In conclusion, he states that alcoholism is, therefore, not due to any psychotic or neurotic conflict. Burke (2, p. 6) has stated that "fear of the opinions of others is always at the core of the (alcohol addict's) problem."

Even though the alcoholic is not often thought of as a neurotic personality, these phenomena may be seen in their behavior in a nearly classic form. According to Horney (8), the two universal features of the neurotic personality are the rigidity of action and the discrepancy between potential and accomplishments. Alcohol addicts frequently have fine educations, but feel incapable of any work other than unskilled labor. They are quite often very personable, but feel inadequate in social contacts. They are sometime rather handsome, but do not feel that they can operate effectively to establish a heterosexual relationship. These examples would, according
to Horney's description of neurosis, cast a definite neurotic shadow over the alcoholic's method of behavior.

Also, from these examples, there is again a reflection of the circular nature of the alcoholic program. It can be seen that a circular process can develop with the debasement of self-worth being reinforced by the perception of external environmental conditions. The addict thinks himself of little merit; consequently, he conducts himself in this fashion and is perceived by those in his environment as though he were of little merit. Such treatment tends only to reinforce, magnify, and physically demonstrate that he is just what he thinks himself to be.

Individuals such as Williams (20) seem rather strongly to disagree with these concepts. Williams maintains that no psychological situation can produce alcoholism unless the person has inherited a metabolic pattern which renders him susceptible to this disorder. Such contention of physiological predisposition is grossly in the minority even in the early work done in this area.

Freud (5) rather well summarized the socio-psychological aspects of the alcohol addict when he suggested that the alcoholic cannot see himself as the healthy individual of the past, nor can the addict envisage a potential of freedom from addiction in the future. His self-concept is that of his present condition and his aspirations or previous accomplishments, though both are frequently verbalized, do not seem to change
the view that he has of himself. Alcohol becomes to such an individual the only means through which he can even super-
finally alter or accept his concept of self (10). As a re-
sult, the more he consumes, the more he must consume to soothe the painful ego resulting from the previous consumption.

To the addict, alcohol is his primary defense mechanism. On the other hand, he must realize that it is his greatest psychological deficiency. Herein, lies an ambivalent feeling since the thing that is his greatest weakness is also his only source of strength. This manner of defensive operation is found, after a time, to be socially unacceptable and, yet, it provides the only alleviation, though superficial and of short duration, that is available to him. This avoidance-avoidance conflict constructs for him a schism between the super-ego demands for social acceptability and productiveness in his culture and the Id generated need for survival, which the alcoholic perceives as attainable only through further consumption. This is the pathology of alcoholic addiction.

The Nature of the Problem

On the concept of ego-strength, Nunberg (15) implies the meaning of the ability to channelize Id energies. He con-
tinues to say, "Since narcissism is essential to the life of the ego, one might assume that narcissism strengthens the ego." This being true, a devaluation of self would logically carry with it a weakening of the ego. The lessening of the indi-
vidual perception of self-worth is the direct product of
decreasing social acceptance. If narcissism serves a conducive role in the formation of the ego-strength of the individual, then its polarity, masochism, should provide a degenerative phenomena for its development. Such masochistic activity may be seen in the disproportionate intake of alcohol that is involved in the circular process of alcoholism. The individual reacts to his feeling of inadequacy by further decapacitating himself with the excessive usage of alcohol. In this practice, the addict exhibits poor direction of Id generated energies.

Bychowski (3) suggests that this impaired instinctual expression is the consequence of a strong, primitive super-ego. Such a simultaneous existence leaves the ego-functioning of the individual in a virulent, immobile vacuu, finding indulgence only in the pathological method of addiction.

Though the use of alcohol is recognized as a mere symptom of a more gross disorder in most instances, it serves a role not unlike that of the catalyst in chemistry. For the purposes of this study, the gross disorder is totally secondary. The thing being measured is the effect of social opinion upon the ego-strength of the individual. The personality defect finding expression in alcohol addiction and the physiological effects of alcohol proper, though each is a contributor, are not the primary factors to be investigated in this research.
Related Literature

Selzer (19) and Pittman (16) have conducted studies graphically illustrating the influence of difficulty in interpersonal relationships and social ridicule with the problem of alcohol addiction.

In the realm of individuals studying the psychological factors contributing to the disorder, Masserman (12) did what is perhaps the classic study when he induced an experimental neurosis in cats and compared liquid preferences during stressful situations. Results indicated a definite preference for alcohol over non-alcohol in those cats in the neurotic stage. Since the alcohol liquid preference was abandoned after the neurotic conditions were relieved by various experimental procedures, Masserman concluded that alcohol addiction is the direct result of neurotic conflict.

Knight (11) continued the rebuttal against theories of physiological predisposition when he flatly states that physiological or organic hypotheses of causation may be regarded as grossly inaccurate and continues that alcoholism is a neurotic manifestation. In an illustrative case to support this contention, a circular chain of events which served to reinforce and strengthen the addiction to alcohol has been suggested:

Childhood mother relations, personality characterized by excessive demands for indulgence. These demands are doomed to frustration in the adult world. He reacts with intolerable disappointment and rage, hostile wishes
and acts, guilt feelings, self-punishment, need for indulgences as proof of affection, and the vicious circle is complete (11, p. 86).

Previous theories and research reveal sundry and diverse descriptions and inferred causes of the disorder of alcoholic addiction. Jellinek (9) has elaborated and enlarged a classification of pathological drinkers as based on his clinical experience and a careful survey of the existing literature on the subject. These categories, into which he has divided alcoholics, are on the basis of the functional need that is fulfilled through the consumption of alcohol. Altogether, Jellinek has categorized and described fourteen different types of addicts. These have not been included in this research paper because of the length of the list and its repetitiousness.

In the present research, the primary problem is the perception and interpretation of social ridicule and its effects upon the ego-strengths of those addicted to alcohol. This, by its nature, is impractical to study on a longitudinal basis; consequently, study is made between age levels, inferring onset as beginning during relatively the same period of life.

Definition of Terms

In the usage of such vague terms as "ego-strength," "self-concept," "ego-ideal," et cetera, there is always the possibility of a confusion in the area of semantics and total distortion of the primary aim of the paper can result from this
misinterpretation. This is especially true in psychological literature where it is attempted to numerically evaluate an extremely abstract concept. It is not, however, necessarily a reflection of the comparative difficulty in studying phenomena of this nature, but rather a more gross indictment against the orderliness of psychological terminology and research. Though there are a number of current and quite thorough dictionaries on the market today, none has approached universal approval for the nomenclature of psychology. Perhaps this is a reflection of the abstract content of the science or an index of the subjectivity necessary in its study. At any rate, this paper will be based on dictionary definitions of the crucial terms that are of a subjective nature.

Barron (1) suggests the characteristics of the well functioning ego to be physiological stability, strong sense of reality, feelings of personal adequacy, permissive morality, lack of ethnic prejudices, emotional outgoingness, and intelligence. These are not to be thought of as isolated facets but rather an interacting whole. That is to say, any area exhibiting a deficiency will be thought of as reflecting in the malfunction of the remainder of the component areas. This is a very thorough definition. In fact, it is too comprehensive to be satisfactorily evaluated through the utilization of statistical procedures. Consequently, a second, more precise, operational definition is in order to more clearly and more workably define the term "ego-strength" with regard to the purpose of this research.
When the term "ego-strength" is used in this paper, it will be in reference to "the ability of the person to maintain the ego." The term "ego" will designate "that aspect of the psyche which is conscious and most in touch with external reality." "Self-concept" will be described simply as a "person's view of himself." The term ego-ideal will be used interchangeably with ego-goal, or "a desired or purposed achievement of personality or character" (4).

In relating these concepts, the self-concept and ego-ideal will be considered on a continuum, the self-concept that is free of pathology consistently moving toward the ego-ideal. Ego-strength will be thought of as having an inverse relationship to the distance between the ego-ideal and self-concept. Though an increase in ego-strength accompanies an increase in self-concept, these two phenomena are not to be thought of as having the same structure, but rather a reciprocal cause-effect relationship. In other words, though these two constructs show simultaneous alterations, they are related not in similarity of content but in the respect of an automobile-trailer type of arrangement.

Currently, there is some disagreement as to whether or not the ego-ideal is a flexible phenomenon. For the purposes of this paper, described in the paragraph above, the ego-ideal will be considered stable and unchanging. Quite possibly social indignation lowers the level to which the alcoholic aspires. The conclusion should be made, however, that regardless
of the effect of social scorn on the ego-ideal, the self-concept is more readily influenced than the ego-goal. Otherwise, there would be no decrease of ego-strength or lengthening of the distance between the self-concept and ego-ideal.

Hypothesis

The above contentions reflect the primary problem to be dealt with in this paper. That is, an answer to the questions of when and to what degree the effect of social scorn has on ego-strength.

Because of the social stigma associated with alcohol addiction and the addict's perception of this situation, there should be expected a self-devaluation with the progression of the illness. Therefore, the research will be devoted to the comparison of two age groups of alcoholics with respect to the following hypothesis:

The older age group, because of their long-standing reception of social scorn and the inadequate manner of coping with this that they use, will be significantly lower in ego-strength, as measured statistically, than the younger age group of alcoholics.
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17. Raimy, V. C., "The Self-concept as a Factor in Counseling and Personality Organization," unpublished doctor's dissertation, Department of Psychology, Ohio State University, Columbus, Ohio, 1943.


CHAPTER II

PROCEDURE

To empirically examine the hypothesis presented in the previous chapter, two different age groups of individuals addicted to alcohol were selected from the new admissions to the alcoholic ward of Wichita Falls State Hospital. New admissions were selected in order to prevent distortion of results which might occur if persons of prolonged incarceration and therapy had been employed in this research. Both committed and voluntary admission patients were used since all were at the hospital because of an addiction to alcohol.

All new admissions were requested by the Alcoholics' Rehabilitation Counselor to report to the psychology department for testing. They were not told anything of the nature or purpose of this testing. Any individual who refused to receive the measure or who suffered from decapitating withdrawal symptoms was compelled into this action.

All of the patients utilized in the study were examined in the same room, by the same examiner, and sat in identical armchair desks. No attempt was made toward controlling the environmental aspects prior to testing other than their institutionalization.

The Minnesota Multiphasic Personality Inventory was administered in group or booklet form to each of the addicts.
From the records obtained by this testing, the Barron Ego-strength Scale was scored and utilized as an index of that individual's present level of ego-functioning.

Selection of Subjects

The two groups selected as being the best suited to this study were chosen on the basis of (a) their chronicity of alcoholic addiction, and (b) the expectations that society ordinarily places upon these groups of individuals.

The age groups 30-39 years (A-3) and 40-49 (A-4) were selected on the basis of clinical judgment as being most representative of the phenomena to be demonstrated. Persons who were found to be unable to read and comprehend the various test stimuli were eliminated from the required testing.

In the two groups, the age ranges were from 30 to 39 years and 40 to 49 years, respectively. There were no marked clusters in the age distribution of either of the two groups. The mean age of the A-3 group was 34.55, while the mean age of the A-4 group was found to be 44.83 years.

The subjects were selected from the new admissions during the fall and winter months of 1960-1961 and terminated when a total of 51 individuals had been administered the above-mentioned measure. The group designated as A-3 contributed 20 members to the study and the A-4 group was made up of 31 individuals of that age group. No attempt was made at regulating or equalizing the numbers of the two respective groups.
Because the female alcoholic population of Wichita Falls State Hospital is not segregated from the other female patients, only male subjects were used in this study. Consequently, any claim regarding the study's results and their applicability to the female population of chronic incarcerated alcoholics is not made.

Individuals addicted to alcohol have been selected as subjects because they combine the two factors of availability and serving as the recipient of social scorn. Known sex deviates, drug addicts, or any other such behavior carrying with it such a negative valence of social approval would have served the same role just as adequately for the purpose of this study. Alcoholics, because of their abundance in the clinical setting, relative long duration of illness, and the difficulty experienced by the addict in trying to conceal his pathology in order to prevent incarceration, have been chosen rather than one of the other socially charged disorders.

Instruments of Measure

Barron (1), realizing that because of the easily perceptible psychopathology found with disturbed individuals the favorable prognostic facets are frequently overlooked, designed his measure to detect the general capacity for personality integration of the patient. The Barron Ego-strength Scale was formulated primarily as a predictor of success in psychotherapy.

The researcher divided the 68 items selected from the Minnesota Multiphasic Personality Inventory into eight groups
on the basis of the kinds of psychological homogeneities involved in the item content. Present research fails to reveal any attempt at utilizing these categories as different measures within the same test. This perhaps is utilized by the author of the test, but he makes no mention of the purpose or motive in this action. The items selected and their response reflecting ego-strength and the item number as listed in the Minnesota Multiphasic Personality Inventory are as follows:

The Barron Ego-strength Scale

1. Items concerning physical functioning and physiological stability:

153. T During the past few years I have been well most of the time.
51. T I am in just as good physical health as most of my friends.
174. T I have never had a fainting spell.
189. F I feel weak all over much of the time.
187. T My hands have not become clumsy or awkward.
34. F I have a cough most of the time.
2. T I have a good appetite.
14. F I have diarrhea once a month or more.
341. F At times I hear so well it bothers me.
36. T I seldom worry about my health.

2. Psychasthenia and seclusiveness:

384. F I feel unable to tell anyone all about myself.
489. F I feel sympathetic towards people who tend to hang on to their griefs and troubles.
236. F I brood a great deal.
217. F I frequently find myself worrying about something.
100. F I have met problems so full of responsibilities that I have been unable to make up my mind about them.
234. T I get mad easily and then get over it soon.
270. T When I leave home, I do not worry about whether the door is locked and the window is closed.
<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>359</td>
<td>Sometimes some unimportant thought will run through my mind and bother me for days.</td>
</tr>
<tr>
<td>344</td>
<td>Often I cross the street in order not to meet someone I see.</td>
</tr>
<tr>
<td>241</td>
<td>I dream frequently about things that are best kept to myself.</td>
</tr>
</tbody>
</table>

3. Attitudes toward religion:

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>95</td>
<td>I go to church almost every week.</td>
</tr>
<tr>
<td>488</td>
<td>I pray several times every week.</td>
</tr>
<tr>
<td>483</td>
<td>Christ performed miracles such as changing water into wine.</td>
</tr>
<tr>
<td>58</td>
<td>Everything is turning out just like the prophets of the Bible said it would.</td>
</tr>
<tr>
<td>420</td>
<td>I have had some very unusual religious experiences.</td>
</tr>
<tr>
<td>209</td>
<td>I believe my sins are unpardonable.</td>
</tr>
</tbody>
</table>

4. Moral posture:

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>410</td>
<td>I would certainly enjoy beating a crook at his own game.</td>
</tr>
<tr>
<td>181</td>
<td>When I get bored, I like to stir up some excitement.</td>
</tr>
<tr>
<td>94</td>
<td>I do many things which I regret afterwards (I regret things more or more often than others seem to).</td>
</tr>
<tr>
<td>253</td>
<td>I can be friendly with people who do things which I consider wrong.</td>
</tr>
<tr>
<td>109</td>
<td>Some people are so bossy that I feel like doing the opposite of what they request, even though I know they are right.</td>
</tr>
<tr>
<td>208</td>
<td>I like to flirt.</td>
</tr>
<tr>
<td>430</td>
<td>I am attracted by members of the opposite sex.</td>
</tr>
<tr>
<td>548</td>
<td>I never attend a sexy show if I can avoid it.</td>
</tr>
<tr>
<td>231</td>
<td>I like to talk about sex.</td>
</tr>
<tr>
<td>378</td>
<td>I do not like to see women smoke.</td>
</tr>
<tr>
<td>355</td>
<td>Sometimes I enjoy hurting persons I love.</td>
</tr>
</tbody>
</table>

5. Sense of reality:

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>I have had very peculiar and strange experiences.</td>
</tr>
<tr>
<td>349</td>
<td>I have strange and peculiar thoughts.</td>
</tr>
<tr>
<td>251</td>
<td>I have had blank spells in which my activities were interrupted and I did not know what was going on around me.</td>
</tr>
<tr>
<td>48</td>
<td>When I am with people, I am bothered by hearing very queer things.</td>
</tr>
<tr>
<td>22</td>
<td>At times I have fits of laughing and crying that I cannot control.</td>
</tr>
</tbody>
</table>
192. T I have had no difficulty in keeping my balance in walking.

62. F Parts of my body often have feelings like burning, tingling, crawling, or like "going to sleep."

541. F My skin seems to be unusually sensitive to touch.

6. Personal adequacy, ability to cope:

389. F My plans have frequently seemed so full of difficulties that I have to give them up.

82. F I am easily downed in an argument.

32. F I find it hard to keep my mind on a task or job.

244. F My way of doing things is apt to be misunderstood by others.

555. F I sometimes feel that I am about to go to pieces.

544. F I feel tired a good deal of the time.

261. F If I were an artist, I would like to draw flowers.

554. F If I were an artist, I would like to draw children.

132. F I like collecting flowers or growing house plants.

140. F I like to cook.

380. T When someone says silly or ignorant things about something I know, I try to set him right.

7. Phobias, infantile anxieties:

367. T I am not afraid of fire.

525. F I am made nervous by certain animals.

510. F Dirt frightens or disgusts me.

494. F I am afraid of finding myself in a closet or small closed place.

559. F I have often been frightened in the middle of the night.

8. Miscellaneous:

221. T I like science.

513. T I think Lincoln was greater than Washington.

561. F I very much like horseback riding.

458. T The man who had most to do with me when I was a child (such as my father, stepfather, etc.) was very strict with me.

421. T One or more members of my family is very nervous (1).
Barron (1, p. 331) has established a conversion table for use of ego-strength scale scores in prediction of psychotherapeutic prognosis of clinical patients. This, he stresses, is designed to predict changes rather than measure ego-strength in the general population. This conversion scale has been used in this study because of the time lapse between the two age groups and in order to get some index of prognostic change occurring with prolonged addiction. Actually, what is being measured by utilizing this particular conversion scale would be more accurately defined as that part of ego-strength pertaining to the efficiency of ego-functioning and the operation level of the ego-oriented activities.

In order to obtain an accurate quantitative appraisal of the ego-strength differences between the two groups, it is necessary to state the central hypothesis in a null fashion. In stating the null hypothesis, it is being assumed that, until proven or demonstrated otherwise, any difference achieved between the experimental and control group is due to chance alone (3, p. 152). Consequently, the hypothesis to be examined in this experiment and through the use of the statistical computation herein contained is:

There will be no significant difference between the manifest ego-strength, as measured by the Barron Ego-strength Scale, between 30-39 year old and 40-49 year old chronic incarcerated alcohol addicts.

This study may either accept or reject this particular postulation, but may not make inferences without computational
basis. In light of this, it is necessary to employ a statistical tool for the numerical evaluation of this theorem.

TABLE I
CONVERSION TABLE FOR USE OF EGO-STRENGTH SCALE IN CLINIC SAMPLES

<table>
<thead>
<tr>
<th>Raw Score</th>
<th>T Score</th>
<th>Raw Score</th>
<th>T Score</th>
<th>Raw Score</th>
<th>T Score</th>
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<tr>
<td>22</td>
<td>25</td>
<td>38</td>
<td>47</td>
<td>54</td>
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<td>23</td>
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<td>48</td>
<td>55</td>
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<td>49</td>
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<td>53</td>
<td>65</td>
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For this quantitative evaluation, the t-test (2, pp. 252-253) has been selected as the most appropriate for discovering the consequence of the difference in the ego-strength scores achieved by the two groups.
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CHAPTER III

RESULTS

Research data are not the difficult factors in the practice of scientific investigation in psychology. The more subtle and less apparent experimental design is the key to the relative success or failure of any experiment dealing with measurable, observable, and consistent behavioral phenomena. Research, especially with an abstract science such as psychology, should be directed toward the goal of a definite statistical answer or indication. In the results of a study, the planning is reflected.

As stated in Chapter I, the present research was designed to investigate the effect of social ridicule on the ego-strength of the alcoholic. More specifically, it was hypothesized that the older age group of the selected population, because of their long-standing reception of social scorn and their inadequate manner of coping with interpersonal problems, would be significantly lower in ego-strength than the younger group of alcoholics.

Date relative to the hypothesis are presented in Table II. It reveals that there was a significant decrease in ego-strength, as measured by the Barron Ego-strength Scale, between the 30-39 and 40-49 year age brackets. This difference was found to be significant at better than the one per cent level
of confidence. This suggests the rejection of the hypothesis suggested in Chapter I of this paper.

**TABLE II**

**DIFFERENCE IN EGO-STRENGTH BETWEEN TWO AGE GROUPS OF ALCOHOLICS**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-39</td>
<td>20</td>
<td>51.5</td>
<td>7.48</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40-49</td>
<td>31</td>
<td>46.2</td>
<td>2.90</td>
<td>3.48</td>
<td>Better than .01</td>
</tr>
</tbody>
</table>

With the rejection of the null hypothesis proposed and tested with this study, there comes an indication that chronic incarcerated alcoholics do tend to lessen in ego-strength with the increase of their period of addiction. A finding without a basic use and application is without value just as an idea is of no value until its worth is demonstrated or proven; therefore, it is in order to examine the reasons for this result.

As suggested in the first chapter of this paper, alcoholism is to be perceived as a circular process in which the receipt of social scorn results in a continued and more pronounced pattern of defensive drinking. Alcohol then becomes, within itself, a prerequisite for the utilization of the addict's mechanisms of defense against reality. Just as it is frequently said that an individual's intellectual ability is not available to him for coping with reality problems, the
alcoholic's defense mechanisms are not available to him for coping with environmental conditions. The more this device is employed; the more the alcoholic finds himself rejected by society and the more it becomes necessary for him to defend himself against this rejection. The alcohol, however, is not so totally ineffective as this research has portrayed it to be, as will be revealed later in this chapter.

Another observation made rather informally in the examination of the protocols used in this study was an almost unanimous increase or elevation of the Pd scale on the Minnesota Multiphasic Personality Inventory. No increase of ego-strength was found to accompany the higher scores on this scale as would ordinarily be expected with the psychopathic personality; consequently, this peak was interpreted as a reaction formation from a basic hypersensitivity to social ridicule to an attitude of impotence and passivity regarding social opinion.

It will be noted by the reader that there is a large discrepancy between the standard deviations of the two groups investigated in the present study. With the 30-39 year old group, a standard deviation of 7.48 was found, while the 40-49 year group revealed only a 2.90. This is a reflection of the tendency toward stereotypy displayed by alcoholics with chronic duration of addiction. The younger group seems to not yet have adopted the role of behavior and attitudes prescribed by society for alcohol addicts. A second inference may be made
in supposing that the prognostic outlook should be considered much better for the younger group than for the older group. This is based on the finding of a significantly higher ego-strength or total capacity for personality integration with the younger of the two groups. In view of this finding, it might be tentively concluded that the optimum time for antialcoholic therapy would be sometime between 30-39 years of age. In addition, one might expect an optimum age to be found even in this age range.

Value of Results

The problem has been presented, examined, and at least a tenative resolution has been reached. Now, the inevitable question, "Of what value is it?" These findings can help the psychologist or psychiatrist to better understand and cope with any difficulty holding a negative social valence through the revelation of another target symptom or therapeutic goal. If ego-strength or an individual's feeling of self-worth can be increased through a therapeutic process, this will certainly contribute grandly toward the possibility of recovery for that person. In contrast to individuals such as Tiebout (4), who recommend that alcoholism be treated as a specific in the same fashion that one would treat a fever that threatened life, this paper advocates the dissection of the gestalt into separate, yet still linked, parts of the whole, examining and restructuring each of these sections in view of its needs and consequence with the entirety of the psychic structure.
This contention is in keeping with Bychowski's (1, pp. 241-242) recognition that the therapist working with the addict must maintain a very flexible and diverse manner of interaction with the patient. This approach arms the therapist with a method of treatment that is challenging and demanding of both persons concerned.

As to the process employed in attempting to increase ego-strength of the addict, this may be expected to take as many paths as there are alcoholics. If, as contended in Chapter I of this paper, ego-strength is inversely related to the distance between the self-concept and ego-ideal, two methods might be employed. The therapist could either encourage the patient to select a lower or more obtainable ego-ideal or he could, by presenting the patient with tasks that he could adequately handle and increasing their difficulty, increase the self-concept of the addict. The latter of these is seen in the practice suggested by Alcoholics Anonymous of "day-to-day living." In this sort of situation, the addict resolves that he will not drink today. He does not plan or predict for the following day. Herein lies a reward in the form of a feeling of self-direction. Days total to weeks, weeks to months, and months to years and with the passing of each period, the addict is elevated in his feelings of self-worth. With this increase of self-worth comes an increased estimation of self, thus narrowing the gap between self-concept and ego-ideal and increasing the ego strength consistently.
The first of the two suggested methods, lowering the ego-ideal, would be a very delicate operation and research reveals no undertaking of this method. By the basic theory proposed in this paper, the first mentioned process should be shorter in duration and equally as effective as the one dealing with self-concept.

McGinnis (3) found that electro-convulsive therapy increased the Barron scores significantly with schizophrenics. Clinical observation reveals no lasting favorable effects of ECT with alcoholics. This confusing finding can be tentatively explained by noting that the post-therapy mean of the schizophrenic group was 40.77, while the lowest group in this study achieved a mean of 46.2, thereby leading to the conclusion that the more pathological ego-strength declines can be partly corrected through the employment of electro-convulsive therapy. In addition, it must be remembered that the group McGinnis worked with were psychotic and suffered from more pronounced psychological dysfunction than the group under investigation with this research.

The contentions presented above are inferences made from the indications of this study and should be accepted only with that reservation. It would be indeed naive for the insistence that the basic theory of the paper had been "proven." It may be concluded, however, that the theory has been demonstrated to be relatively correct in relation to the effect of social scorn upon the ego strength of the recipient. The theorized
interaction of the self-concept, ego-ideal, and ego-strength has proven correct or adequate in this case; consequently, further suggestions for research in this area appear in order.

Suggestions for Research

In a science as young as psychology, it should be anticipated that a finding with an investigation should present a number of new questions and problems. This research is far from an exception to that rule.

Because of the larger standard deviation found with the younger group of this study, there should be expected a wider range of personality types at this age. A question then arises as to just when or at what period the ego-strength reaches the ebb so consistently found with the older group. In an attempt to more accurately determine the exact level, investigation should be made comparing 30-35 and 36-40 year groups of alcoholics by ego-strength score. On first observation, it appears rather foolhardy to attempt to arrive at an exact age when the clinician may say that an individual is not an alcoholic this year; but, if his drinking and behavioral pattern is continued, he will be, speaking in terms of ego-strength, an alcoholic next year. It is the contention of this paper that this is no more undesirable than attempts to evaluate an individual's intelligence with a numerical figure rather than a classification taking into consideration the standard deviations and probability of the score falling between two points on a
continuum. If the findings with the above suggested research were interpreted in a fashion similar as it is with a numerical evaluation of intelligence, it could potentially prove beneficial.

Along with the gathering of the records used in this study, individuals of the 50-59 year and 60-69 year groups were observed and tested with the same measure used in this research. Though no adequate group was obtained, there was noted a tendency for ego-strength scores to become more or less consistent at about age fifty years. That is, they did not increase nor decrease markedly after that age. This finding was interpreted as a reflection of the addict's tendency to accept his plight and incorporate into his self-concept this attitude. In doing this, he is demonstrating the useful or positive role played by his consumption of alcohol. Though the role placed upon him by society was not at first perceived as in keeping with his concept of self and a subsequent lowering of ego-strength resulted, the addict eventually adopted this concept and established a constant, though pathological, manner of reacting with those in his environment. The alcoholic came to accept himself as an alcoholic, providing an adequate mechanism of defense for explaining his failure in social adjustment. He became an alcoholic because he drank, and drank because he was an alcoholic. A more thorough investigation needs to be made of this phenomenon to determine whether this is a reflection of an integration
into the self-concept of the alcoholic pattern, an index of the positive effects of the alcohol, a form of reaction formation, or a combination of these potential causes.

Also, a tedious, but very valuable, research would involve a comparison of "cured alcoholics" with the various age groups with regard to ego-strength. The most sensitive and apparent difficulty to be encountered with this study would be defining and locating "cured alcoholics." For this reason, most researchers would hesitantly enter an area of such potential controversy.

Let any scientist be encouraged to tread upon the quick sands or controversial elements of his field, for herein lies the greatest rewards and most unexplored areas. No matter how many times there is recorded the performance of a rat in a maze, it is very doubtful that the chronic alcoholic will refuse a drink because of the animal's relative successes or failures. If humanity is to be benefited, humans must be dealt with in research. And, to repeat what Freud (2, p. 110) has said

What we cannot reach flying we must reach limping.

... The Book tells us it is no sin to limp.
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BIBLIOGRAPHY

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