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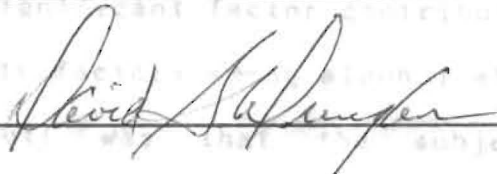
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in Psychology presented on May 6, 1985

Title: A COMPARISON OF EGO-STRENGTH AND SELF-REGARD BETWEEN

MALE AND FEMALE "DRIVING-UNDER-THE-INFLUENCE" OFFENDERS

Abstract approved: \_\_\_\_\_



The research on alcohol abusers has been extensive and has indicated that alcohol abusers do not possess common personality characteristics. Factors such as locus of control, self-descriptions and self-esteem have been studied. The present study was undertaken in an effort to help clarify some of the factors that contribute to the difference in personality characteristics. The factors examined in the present study were gender, ego-strength and self-regard.

The sample population consisted of 60 court-referred driving-under-the-influence offenders from several counties served by a rural mental health center. They were 30 males

and 30 females who had valid Minnesota Multiphasic Personality Inventory and Personal Orientation Inventory tests. The Barron Ego-Strength scale and the Self-Regard scale were selected respectively from these instruments.

Analysis of the data showed no significant ( $p. <.05$ ) difference in the way male and female driving-under-the-influence offenders rated their ego-strength and self-regard. There was a statistically significant ( $p. <.05$ ) difference between the subjects mean T scores and the norms on both scales. All data were compared using t tests.

The primary conclusion, drawn from the above data, was that gender was not a significant factor contributing to the difference in personality factors among alcohol abusers. The rather surprising result was that the subjects rated themselves higher on ego-strength and self-regard than the average population as shown by comparison to the norms.

A COMPARISON OF EGO-STRENGTH AND SELF-REGARD  
BETWEEN MALE AND FEMALE  
"DRIVING-UNDER-THE-INFLUENCE" OFFENDERS

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A Thesis  
Presented to  
the Department of Psychology  
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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science

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by Carol E. Burch

May, 1985

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Approved for the Graduate Council

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... and encouragement). Without his assistance, this

... Karl for serving on my thesis committee  
... help.

Finally, I would like to thank my family for the love  
... and the desire to achieve that they provided  
... that enabled me to complete this thesis.

Stephen F. ...  
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INTRODUCTION

There has been renewed interest in the areas of self-worth and alcohol abuse between males and females due to changing roles within this culture. Webster (1980) equates self-worth and self-esteem as one concept. He defines self-esteem as a confidence and satisfaction in oneself or the relationship of man to himself. Self-worth can be seen as an essential basic attitude. Interchangeable with the term "self-worth", besides "self-esteem", could be the terms "pride," "self-concept," "self-respect," "self-ideal," "self-image," "self-perception," and "ego-strength". Self-worth does not appear to be a unitary entity. Much of the research in the area of alcohol abuse and alcoholism has in some way involved the idea of self-worth and related concepts.

Professionals in the field often define alcohol abuse as pre-alcoholism or the use of alcohol which interferes with normal functioning of a persons life, whereas alcoholism is usually referred to as an addiction to the drug. These definitions do not entirely coincide with the

definitions of "alcohol abuse" and "alcohol dependence" as set forth in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition), (1980), (DSM III). The DSM III lists the diagnostic criteria for alcohol abuse as:

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 (e.g., arrest for intoxicated behavior, traffic accidents while intoxicated), arguments or difficulties with family or friends because of excessive alcohol use.



C. Duration of disturbance of at least one month.

The diagnostic criteria for alcohol dependence is listed as:

A. Either a pattern of pathological alcohol use or impairment in social or occupational functioning due to alcohol use:

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.

Impairment in social or occupational functioning due to alcohol use: e.g., violence while intoxicated, absence from work, loss of job, legal difficulties (e.g., arrest for intoxicated behavior, traffic accidents while intoxicated),

arguments or difficulties with family or friends because of excessive alcohol use.

B. Either tolerance or withdrawal: Tolerance: need for markedly increased amounts of alcohol to achieve the desired effect, or markedly diminished effect with regular use of the same amount.

Withdrawal: development of Alcohol Withdrawal (e.g., morning "shakes" and malaise relieved by drinking) after cessation of or reduction in drinking (pp. 169-170).

Alcohol abusers, for the purpose of this study, are defined as persons who were arrested for "driving under the influence" (DUI) or "driving while intoxicated" (DWI). These abusers were referred by the courts to a prevention, education program at a mental health center.

Drolet (1972) reviewed several studies that examined the self-esteem of alcoholics. He compared the correspondence rate between the level of self-esteem and various dimensions of the self-concept. He concurred with earlier research hypotheses, "that alcoholics are characterized by a lowered level of self-esteem" (p. 242). A 1958 study by DePalma and Clayton utilized 69 Sixteen Personality Factor Questionnaire profiles which had been randomly selected from those completed by a population that had been court committed for alcoholism. Several findings emerged which indicated that these alcoholics: 1) did not

make full use of intellectual capacities, 2) were unstable and immature emotionally, 3) were silent, submissive, sensitive, suspecting and measured quite low in superego strength, 4) were undependable, anxious and insecure. The authors stated, "His social role is more likely to be characterized by submissiveness and desurgency rather than aggression and enthusiasm" (p. 392).

The self-concepts of alcoholics were investigated using the Adjective Check List developed by Harrison Gough (Conner, 1961). The subjects were 387 (38 females) alcoholics who were also administered an extensive questionnaire on social background and drinking history. A control group of non-alcoholics served as a comparison group. The purpose of the study was to determine if any uniform differentiating characteristics existed in the personality of alcoholics that would be evidenced in their self-descriptions. Five characteristics stood out in the self-descriptions of the alcoholic subjects. "1) . . . they describe themselves predominantly in terms of qualities that would make them liked and accepted in primary group relations, 2) their self-descriptions were much less extended and homogeneous than those of non-alcoholics, 3) there is a virtual absence in their self-descriptions of the secondary relationship terms which constitute most of the self-descriptions of non-alcoholics, 4) there is a distinctly neurotic aspect to their self-descriptions, 5)

they are much less self-accepting in their self-descriptions than non-alcoholics" (p. 3871). Connor (1961) also found that as sobriety lengthened in time the differences between alcoholics and non-alcoholics had declined to insignificance.

Gross (1971) studied 60 males who were voluntary admissions to a 60 day alcoholism treatment program. In an effort to measure their self-concepts, he administered the Tennessee Self Concept Scale two days after admission and two days before discharge. The results indicated movement towards a more positive and healthier self-view had occurred during treatment.

White and Porter (1966) tested 35 male hospitalized alcoholics using the McKinney Sentence Completion Blank in an effort to measure self-concept in regards to length of sobriety. The subjects had been sober less than 90 days. Contrary to the expected results, the longer the subjects remained hospitalized and the longer they abstained, the more they displayed self-defeating behavior. The authors reviewed a study by Dabrowski (1964) in which he postulated a theory of personality called "positive disintegration" (p. 352). According to Dabrowski, the personality will progress to a higher level of development only through disintegration of "narrow biological aims" (p.354). This leaves the impression that if conflicts are resolved it can result in integration at a higher level, i.e., personality growth may

come from anxiety or pathology.

In an effort to assess body image and self-concept at different levels of sobriety, White and Gaier (1965) tested 104 male AA members. The instruments utilized were the Body-Cathexis Scale developed by Secord and Jourard (1953) and self-cathexis based on Rorschach responses plus a homonym test of anxiety related body cathexis. These were administered at the end of AA meetings. The authors also asked the subjects to report their length of sobriety. The results confirm the theory postulated by Dabrowski (1964). The subjects responses indicated that during the first one to one and one half years, the emphasis seems to be on bodily functions and then this emphasis seems to decline. The cathexis toward self was high in the beginning but decreased for about the first year of sobriety. The interest in the development of self then appeared to remain relatively stable throughout sobriety. White and Gaier (1965) also reviewed the White (in press) study which indicated that the negative relationship between time and self-concept may be due to the function of attending AA. Membership in AA demands ego-reduction, helplessness, admitting that life has become unmanagable and that an individual cannot handle this, but God can. The findings also indicated that self-concept would improve after the early period of sobriety. White and Gaier (1965) cited from White (in press) that those members who had maintained

sobriety for three or more years and continued in AA emerged as "more cyclothyme, relatively more intelligent, and possessing much more ego-strength and maturity than those members with a short interval of sobriety. . . ." (p. 374).

Denial is a generally accepted attribute of alcoholics and/or alcohol abusers. Pennock and Poudrier (1978) studied 43 males who were, at least, second offenders of drunken driving. They were all participants in an eleven week educational program for persons convicted of drunk driving. The authors administered bi-polar adjective scales to differentiate between "me" and "alcoholic." These were administered at the first and last classes of the program. The study was based on a basic theory of cognitive dissonance, which implies that dissonance exists if the opposite of one follows from another, for example, the alcoholic concept and the self-concept. Generally stated, denial is dissonance between the alcoholic concept and the self-concept and people usually try to preserve a positive self-image. Consequently, it follows that an alcoholic who denies his alcoholism is better able to view himself positively, at least on a conscious level. Those alcoholics who are in treatment for alcoholism are working to overcome denial, therefore, they may have a more negative self-concept. The findings from this study indicated that completing the program resulted in the clients having a more positive concept of alcoholics, but no change was noted in

regard to their personal self-concepts. The implications of this study indicate that if the alcoholic concept could be seen as less negative this could possibly help to overcome denial. Society views alcoholism as negative so it follows that if a person admits to alcoholism he is admitting that he is negative.

Hull (1981) postulated a self-awareness model of the causes and effects of drinking alcohol. He stated, "The complexity of the variables already associated with alcohol use and abuse suggests that no single theory will be developed that will encompass the entire field" (p. 596). Hull quoted Freed (1975) "Whither alcohol research?" (p. 596) due to the fact that research in the field is so fragmented. According to Hull (1981) alcohol interferes with processes that lead to self-awareness. Negative self-evaluation follows failure, consequently, alcohol consumption will tend to rise in an effort to overcome negative self-evaluation. Alcohol also clouds social feedback, adding to the problem. ". . . alcohol decreases the frequency of self-aware responses by inhibiting self-relevant encoding processes" (p. 598). The conclusions of this study indicate that alcoholics or alcohol abusers may be less aware of existing social standards due to a decreased level of self-awareness, so they are doomed to failure and then will drink to overcome the failure effect. If these conclusions are correct, self-awareness can affect

alcohol consumption.

A follow-up study on Hull (1981) completed by Hull, Levenson, Young and Sher (1983) used as subjects, 35 males from an alcoholism treatment unit who were nearing completion of the program. All of the subjects had been abstinent for three weeks. In the experiment each subject consumed either alcohol or tonic water and then made a short speech about himself. The speeches were examined and coded for frequency of self-focused statements using the Exner (1973) coding scheme. As predicted, alcohol reduced the relative frequency of the self-focused statements supporting the hypothesis that alcohol reduces self-awareness. All subjects also completed the Fenigstein, Scheier, and Buss (1955) Self-Consciousness Scale and a life events survey. The subjects were again contacted at three and six month intervals after discharge to determine if they had returned to preabstinence levels of drinking. The findings were that "seventy percent of the high-private-self-conscious subjects who had experienced negative self-relevant events reported drinking at or beyond preabstinence levels within the first three months following detoxification as compared to only fourteen percent . . . who had experienced positive self-relevant events" (p. 462). Nearly two-thirds of all individuals had relapsed by the end of six months. This three month follow-up supports the hypothesis that individuals drink following failure in an attempt to reduce



self-awareness. The six month findings reduced the predictive strength of the variables.

To further examine the connection between self-awareness and alcohol consumption and to expand on the subject, Hull and Young (1983) presented evidence to support the self-awareness model of alcohol consumption. They also attempted to clarify the relapse factor. Subjects were 120 male paid volunteers who responded to a newspaper advertisement. They were screened on their drinking habits and most would have been classified as social drinkers. The subjects were divided into high and low self-conscious groups using the Self-Consciousness scale of the Fenigstein et al. Self-Consciousness Inventory (1975). Also, the subjects were divided into high and low self-esteem groups. All subjects were asked to participate in a wine tasting experiment. The results were that high self-conscious subjects who received the failure feedback drank significantly more than did the subjects who received positive feedback. The low self-conscious subjects did not vary as a function of success and failure. Hull and Young (1983) interpreted these results as supporting the relapse information obtained by Hull and Young (in press). The evidence does indicate that self-awareness increases reactivity to failure and success, therefore, it may be presumed that individuals should desire to remain self-aware following success and avoid self-awareness following

failure. The results from the present wine-consumption study suggest that individuals may indeed consume alcohol following personal failure in order to avoid the self-aware state.

Heather, Edwards and Hore (1975) investigated the idea of difference in actual self and ideal self. They conceived the experiment within the framework of Kelly's Personal Construct Theory which indicates that an individual is assumed to employ a set of bi-polar personal constructs by which events are ordered and rendered personally meaningful. The subjects were 36 males and 8 females who were involved in a 10 - 12 week inpatient program at an alcoholism unit. The therapy employed was group. The results indicated that consistent group change in construing did occur and that the largest change was in actual self and the next largest change was in social self. All of the subjects reported gaining in feelings of self-respect, but this apparently did not affect whether or not treatment would be successful, in fact patients who showed the greatest gain in self-respect were more apt to relapse. One possible reason suggested for the higher incidence of relapse was that the clients with the highest self-respect may have become over confident that they could conquer the problem.

A study undertaken in England by Hershon, Cook and Foldes (1974) attempted to evaluate whether the drinking offender perceives himself, and is perceived, as ill, bad,

both or neither. Data were collected on 132 individuals who were somehow involved with the legal system due to drunkenness. The subjects were interviewed in their cells before their court appearance. One area of questioning dealt with whether the offender thought he had any problems. Only 28% reported that they considered alcohol a problem even though they had been arrested for being drunk. This information indicated that discrepancies existed in their view of self and problems. Approximately one third of those interviewed thought they were alcoholic, another third were not sure and the last third denied the possibility. Roughly two thirds had at least entertained the idea that they were alcoholic even though only 28% had reportedly felt that alcohol was a problem. This study was designed to help determine what should be done with the drunk offender. The results indicated that the offenders do not perceive themselves accurately. "When one is discussing 'doing something' for alcoholics, those for whom the service is being provided must perceive themselves in need of that service for it to be effective" (p. 333). The data also suggested that the offenders did not, on the whole, perceive themselves or their problems in medical terms.

Rohan, Tatro and Rotman (1969) used the MMPI to test 58 male hospitalized veterans who were accepted over a one year period of time for treatment in the Alcoholic Rehabilitation Program. The MMPI was administered within a week after

admission and within a week of discharge. The changes in the MMPI profiles after an average of 72 days of treatment all indicated a change in the direction of reduced symptoms. Two sub-scales were also measured, the MacAndrew Alcoholism scale and the Barron Ego-Strength scale. There were significant changes on the Ego-Strength scale indicating a more positive view at the completion of treatment. This finding is consistent with the results from Gross (1971) in which the clients reported a more positive and healthier self-view resulting from treatment. Conversely, White and Porter (1966) had reported results that indicated treatment and early sobriety resulted in a lowered self-esteem. Rohan, et. al. (1969) reported no changes in the patients MMPI MacAndrew Alcoholism scale scores. The results also indicated that group involvement for an extended period of time can bring about positive changes even in severely disturbed alcoholics.

A second study by Rohan (1972) resulted in findings that were consistent with the results from the previous study by Rohan et al.(1969). Rohan administered the MMPI to 40 male veterans shortly after admission to the Alcoholic Rehabilitation Program and again within a week of discharge. Rohan reported the additional finding that length of treatment may be related to the number of scales that change, since the percentage of scales that change tends to be larger in the groups that remained in treatment for a

longer period of time.

In an attempt to examine the relationship between self-esteem and self-perception as it pertains to alcohol consumption in adolescents, Butler (1982) found that frequent consumption of alcohol in 12 - 13 year olds was related to inadequate feelings about how to act and what to do in regards to one's body, physical appearance, skills and sexuality. Teens who remain abstinent tend to have positive feelings about these characteristics. The study was conducted utilizing 388 (205 girls) seventh and eighth graders. Additional findings were that females who belong to the upper and middle strata drank more than females in the lower class strata. This was true for males also, but the significance was not as great.

Blane, Hill and Brown (1968) studied 256 boys and 270 girls in grades 9 through 12 to measure alienation, self-esteem and attitudes toward temperate and irresponsible use of alcohol on the assumption that self-regard may be heightened and a sense of alienation reduced through drinking. The instrument used to measure attitudes was the William's Attitudes Toward Temperate and Irresponsible Use of Alcohol Scales. A modified version of the Dean Alienation Scale was used to measure alienation. The Feelings of Inadequacy subscale of the Janis and Field Personality Questionnaire was utilized to obtain a measure of self-esteem. The results indicated that high school

students' drinking attitudes are related to alienation in general, but are not related to self-esteem. Boys were found to be more favorable than girls toward both temperate and irresponsible use of alcohol. The fact that the boys scored higher on self-esteem would tend to cloud the issue of drinking attitudes not being related to self-esteem.

Nocks and Bradley (1969) found that in the 76 acute alcoholics they studied, self-esteem seemed to decrease as the duration of the drinking problem increased and those who denied having any problems had a higher self-esteem. These findings are parallel to the later results found by Pennock and Pondrier (1978), that as alcoholics work to overcome denial their self-esteem or self-concept becomes more negative.

How the alcoholic or alcohol abuser perceives his locus of control also tends to exert an influence on drinking behaviors and self-perception. Goss and Morosko (1970) administered the Internal-External Control Scale developed by Rotter, Seeman and Liverout to 262 alcoholic outpatients (62 females). The subjects scored in the direction of internal control suggesting that it may be that alcoholics do understand the contingency between their behaviors and their preferred reinforcement (alcohol). The alcoholics who scored the highest in internal direction appeared to maintain ego-strength. According to the authors, "This sense of personal control may in part account for the guilt and

self-blame that many alcoholics engage in" (p. 191). The alcoholics who were external scorers reported more anxiety and helplessness.

Deardorff, Melges, Hout and Savage (1975) administered a Situation for Drinking Questionnaire and the Power Orientation Semantic Differential Scale to determine the degree to which problem and non-problem drinkers used alcohol in certain situations and to determine if a difference existed in how they viewed themselves in power terms. The subjects were, problem drinkers - 45 inpatient (3 women) clients, 8 male outpatients for alcohol connected violence, 82 (31 women) alcohol abusing outpatients and 118 (20 women) outpatient court referred driving while intoxicated offenders. The non-problem group was, 67 (49 women) spouses, 22 (17 women) staff members of treatment facilities, and 43 (30 women) college summer school students. The results indicated no significant differences between the male and female problem drinkers on either measure and only a small statistical difference between the male and female non-problem drinkers. Analysis of the Situation for Drinking Scale showed that the problem drinkers scored approximately twice as high on the scales of alcohol abuse, personal power and tension reduction. There was a significant difference in males and females on raw power, but both drank to increase their sense of power. The violence connected offender drank for this reason more than

the non-violent. . . . In an earlier study Edwards, Hensman and Peto (1973) had studied both males and females to determine if they had different motivations for drinking. The general results from the study indicated "The motivational structure that activates female and male drinking seems to be roughly similar. . . ." (p. 585). One common factor among heavy drinkers was a motivational factor of "escape."

In an attempt to clarify and compile information on alcoholic women and to perhaps delineate the differences in male and female alcoholics, Schuckit (1972) attempted a literature review of 28 studies that pertained to women alcoholics. One of the problems encountered by the investigator was that the same criteria of assessment was not utilized in all of the studies. Some general conclusions from the review indicated that the symptoms of alcoholism appear later for women, but males and females are hospitalized at comparable ages. Some of the psychological testing revealed that male alcoholics seem to resemble each other more closely than do female alcoholics, but no significant differences in MMPI scores were noted. Female alcoholics tend to have a worse opinion of their alcoholic problems than does the treatment staff. This discrepancy in the way alcoholism or the alcoholic is viewed was verified by Stafford (1982). Another difference in male and female alcoholics admitted to treatment programs was that



diagnosable affective disorders were more prevalent in female alcoholics while personality disorders were more often reported in male alcoholics. On the whole a wide range of possible factors, including self-perception, were seen as contributing to alcoholism.

In 1961, Fort and Porterfield studied 34 women members of AA. They found that the time for the development process of alcoholism appears shorter for females and that women alcoholics were more affected by stress. Schuckit (1972) verified these findings.

Curlee (1970) studied 200 (100 female) subjects who had been admitted to an alcoholism treatment facility. The data were obtained from the MMPI, the Shipley Institute of Living Scale, a sentence completion test and a questionnaire. The findings indicated that women were more apt to seek psychiatric treatment more often, they reported more depression and had attempted suicide more often. The relationship of some particular life situation to alcoholism was much more marked for women. A general conclusion that could be drawn from this study is that the pathology of alcoholism is somewhat different for men and women and that society finds it easier to recognize a woman as mentally ill as opposed to alcoholic. However, nothing in the MMPI profiles provided evidence that women alcoholics are psychologically sicker than men. This is consistent with the findings of Schuckit (1972).

Other related information on female alcoholics indicated that women who experienced less intra- and inter-personal control expressed less satisfaction. It was not confirmed that this dissatisfaction resulted in increased alcohol consumption according to a study by Dansberry, (1980). Lemay (1980) reported that women who had received treatment for alcoholism reported more self assurance, more emotional stability and a significantly greater number of masculine attributes after completing treatment. An interesting study by Garrett and Bahr (1973) of "skid row" women found that "homeless women alcoholics may well be the most isolated and disaffiliated residents of skid row" (p. 1240).

An assumption of most research is that problem drinking represents a lack or loss of control. O'Leary, Donovan and O'Leary (1978) studied 40 inpatient males to examine this factor. They found that the alcoholics who perceived themselves as having an external locus of control drink to enhance the ability to relate socially, to feel important, to overcome shyness, to relax socially and to overcome inferiority feelings. The subjects who perceived themselves as having an internal locus of control indicated that they relied less on alcohol to function socially. In general, people who have more self-perceived high levels of control in interpersonal areas have more adaptive social skills. From this study it would appear that the alcoholics

perceived locus of control relates to perceived benefits of drinking.

Stafford (1982) investigated the locus of drinking problems as perceived by alcoholics and treatment personnel. The results indicated that alcoholics coming into treatment and treatment personnel have different views as to the alcoholics locus of control. He summarized, "Treatment personnel regard alcoholics as more responsible, less to blame, less in control and having greater internal causation than alcoholics view themselves" (p. 596). Stafford indicated that the illusion of internal control by an alcoholic may be part of the denial system. The alcoholic may use this illusion as a defense against the behavioral excesses of drinking problems and by doing this he can deny the reality of a drinking problem.

There appears to be little doubt that how the alcoholic perceives himself and how he reacts to this perception has an effect on his drinking behavior. In a experiment by Schaeffer, Sobell and Mills (1971), subjects were shown a video play back of their behaviors that was filmed when they were intoxicated. They found that the recordings served only to increase anxiety and alcohol intake. This data corresponds with Hull's (1981) findings that increased alcohol consumption will be associated with a better self evaluation.

Cooper (1958) attempted to compare the self-perceptions

of physically dependent drug addicts, alcohol addicts, and controls with the hypothesis that the drug addicts would perceive themselves as lower in self-esteem. The results of the data collected from 20 drug addicts, 20 alcoholics and 20 non-addicted imprisoned individuals (all male) did not support the hypothesis. Even though no significant differences were found, the data did suggest that both the drug addicts and the control group perceived themselves in a more favorable light than the alcoholics.

There appears to be some important implications for treatment that should be recognized from the literature. Alcoholics are a self-described diverse population. Not all alcoholics report the same view of self or even the same view or idea of an alcoholic. Horn, Wanberg and Adams (1974) interpret these findings to be in support of individualized treatment plans.

A major problem in our society is what to do with the drunken driver or the DUI offender. Gildersleeve (1978) studied 54 (7 female) multiple drunk driving offenders who were enrolled in a program consisting of both individual and group therapy. Part of the subjects received assertion training and part of the group received no assertion training. The results indicated that there was only a slight difference between the groups at the end of treatment, but all subjects experienced some gain in self-esteem.

Harrell (1978) in a related study, administered the

Tennessee Self Concept Scale and the Michigan Alcoholism Screening Test to measure changes in self-esteem and overt behavior. The subjects were persons convicted of driving under the influence. A significant finding was that short term counseling with alcoholics was shown to have little effect on changes in self-esteem and overt behavior.

The results from the studies on DUI programs are mixed. Holden (1983) reported a study of different approaches to the treatment problem. His findings from a two year follow-up indicated that the treatment programs were not effective in reducing the recidivism rate for DWI or other misdemeanor and felony offenders. He suggested that this may have occurred because of other aspects in the "sanctioning process" (p. 520).

Zelhart (1972) studied 73 (12 women) alcoholics in a effort to determine if different types of alcoholics are involved in traffic violations. The data were secured from responses to the Sixteen Personality Factor Questionnaire. "The subjects who had been cited for traffic violations were characterized as less intelligent and somewhat more shy, tender-minded and practical" (p. 813) than those whose histories reflected no traffic violations. Emotional stability and self-sufficiency were predictive of better driving records. These findings indicate that not all alcoholic drivers may be equally dangerous.

The problem of the alcoholic or drunken driver and

self-assurance was mentioned by Miles (1933). He indicated that one of the reasons that driving ability was impaired was due to an increased sense of self-assurance which in turn caused the driver to take chances. "A man may keep his car right side up and on the road when he is too intoxicated to walk, but this fact is not reassuring to others on the highway" (p. 438).

The people who have been classified as DUI offenders are male and female, of all ages, of all classes and from all walks of life. Laws that pertain to these offenders have been changed, in the State of Kansas, so that most offenders are now required to attend and complete an alcohol/drug information school as part of the sentence they receive, or as part of a diversionary agreement.

Research that pertains to DUI offenders has centered mainly on males. Donovan and Marlatt (1982) classified 172 males, who had attended an alcohol-related educational program, into five subtypes, thereby suggesting that DUI offenders are not a homogeneous group. Age differences which affected the MMPI outcomes of male alcoholics were found by Penk, Charles, Patterson, Roberts, and Dolan (1982). These findings lend further credence to the idea that alcohol abusers are not homogeneous.

Intoxicated drivers pose a danger since, according to Donovan and Marlatt (1982), the average driving-risk index of the DWI offender is approximately nine times greater than

that of the general driving population. There are documented differences in DUI offenders and these differences should have implications for treatment programs and alcohol/drug information schools.

Self-worth is a major influence in alcohol research and should not be ignored. There seems to be significant swings in self-worth in the processes of being intoxicated and becoming sober. These swings may be due to the treatment process, AA, the ability of an alcoholic to deny feelings or the actual drug affect of alcohol on all or specific personality types. The exact effect of alcohol upon the self-regard of users is unknown. The literature does support the hypothesis that self-worth is a significant factor in alcohol abuse and alcoholism.

The research also supports the idea that alcohol abusers do not possess common personality characteristics, Connor (1961), Donovan and Marlatt (1982), Penk et al. (1982), Zelhart (1972), Horn, Wanberg and Adams (1974). The question is, what factors contribute to this lack of homogeneity in personality characteristics? This study investigated gender, ego-strength and self-regard to determine if these factors were significantly involved in this lack of homogeneity in the personality characteristics within abuser groups.

## CHAPTER 2

### METHOD

#### Subjects

The population sample for this study was 60 court-referred driving under the influence offenders from several counties served by a rural mental health center. There were 30 males and 30 females who had valid MMPI and POI tests. The following tables summarize the demographic data given by the subjects used in this study:

#### AGE IN YEARS

	Range	Mean	S. Dev.
Male	16 - 51	28.57	9.58
Female	16 - 58	28.37	12.66

#### EDUCATIONAL LEVEL IN YEARS

	Range	Mean	S. Dev.
Male	9 - 20	12.43	2.42
Female	8 - 16	11.80	1.81

#### MARITAL STATUS

	Married	Single	Widowed	Divorced	TOTAL
Male	11	17	0	2	30
Female	7	15	2	6	30
Totals	18	32	2	8	60



### Instrumentation

The measuring instruments used for this study were the Minnesota Multiphasic Personality Inventory (MMPI), Form R, and the Personal Orientation Inventory (POI). Specific scales that related to a personal self-worth concept were selected from these instruments. The Barron Ego-Strength scale from the MMPI and the Self-Regard scale from the POI were utilized for this study.

### Procedure

The court referred subjects attended a group testing session during which each one filled out a personal information form and completed the testing. All testing was administered according to the instructions in the respective test manuals.

The instruments were scored by hand and only MMPI profiles that were judged to be valid were used in this study. The criteria for validity on the MMPI was a T score of less than 70 on the L scale, a T score of less than 100 on the F scale and a T score of less than 70 on the K scale. It was assumed that subjects who had valid MMPI profiles also had valid POI test scores. The data from the MMPI Barron Ego-Strength and POI Self-Regard scales were analyzed utilizing t tests. The T scores from the MMPI Barron Ego-Strength scale, for each group, males and females, were compared to determine if males and females scored differently on the scale. The T scores obtained from the

POI Self-Regard scale from each group, males and females, were compared to determine if males and females score differently on the scale. The T scores for each group were also compared to the norms for the Barron Ego-Strength scale reported by Greene (1980). A T score of 50 was assigned as the norm for the male raw score mean of 37.66; SD = 5.74 and the female raw score mean of 35.33; SD = 5.75 (p. 245). The same procedure was followed using the T scores from the POI Self-Regard scale, i.e., a comparison of male to female T scores, and a comparison of each set of T scores to the norms for the POI Self-Regard scale reported in the POI Manual by Shostrom (1966). A T score of 50 was assigned as the norm for the normal adult sample raw score mean of 12.0; SD = 2.7 (p. 26). For all tests was used in each of the comparison

$$\sqrt{\frac{\sum x_1^2 - \frac{(\sum x_1)^2}{n_1} + \sum x_2^2 - \frac{(\sum x_2)^2}{n_2}}{(n_1 + n_2) - 2} \cdot \frac{n_1 + n_2}{(n_1)(n_2)}}$$

## RESULTS

The raw scores obtained by the subjects were converted to T scores and t tests were performed on the MMPI Barron Ego-Strength scale and the POI Self-Regard scale. Male and female T scores were compared on each scale. Further t tests were completed comparing male and female T scores to the norm represented by T scores of 50 on the MMPI Barron Ego-Strength scale and the POI Self-Regard scale. The following formula for t tests was used in each of the comparisons:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\left( \frac{\sum X_1^2 - \frac{(\sum X_1)^2}{n_1}}{n_1 + n_2 - 2} + \frac{\sum X_2^2 - \frac{(\sum X_2)^2}{n_2}}{n_1 + n_2 - 2} \right) \left( \frac{1}{n_1} + \frac{1}{n_2} \right)}}$$

Where:  $X$  = any score from group 1  
 $\bar{X}$  = the mean of group 1  
 $n$  = the number of subjects in group 1  
 $X$  = any score from group 2  
 $\bar{X}$  = the mean of group 2  
 $n$  = the number of subjects in group 2  
 $N$  = the total number of subjects  
 $df = N - 2$   
 $\alpha \leq .05$

The subject's scores from the MMPI Barron Ego-Strength scale were converted to T score means. The male subjects scored a T score mean of 54.07 and the female subjects scored a T score mean of 54.63. The subject's scores from the POI Self-Regard scale were converted to T score means. The male subjects scored a T score mean of 54.87 and the female subjects scored a T score mean of 56.00.

A t test was performed using male and female T scores from the MMPI, Barron Ego-Strength scale. The computed t was .296 which was less than t tabled, df 58 = 2.00 (p<.05). This indicated that no significant difference existed in the way male and female DUI offenders reported their ego-strength.

The male and female T scores from the POI Self-Regard scale were examined with a t test. The t computed was .678 which was less than t tabled, df, 58 = 2.00 (p<.05). No significant difference was found in the way male and female

DUI offenders reported their self-regard.

Utilizing T scores of 50 as the norms on the MMPI Barron Ego-Strength scale, a t test was used to determine if a significant difference existed between the T scores of male DUI offenders and the norms. A significant difference was found at the .05 level. The t computed was 2.8 as opposed to the t tabled, df, 58 = 2.00, (p<.05). This difference indicated that male DUI offenders scored significantly higher on the measure of ego-strength.

The female DUI offenders T scores were compared, by a t test, to T scores of 50 as the norms on the MMPI Barron Ego-Strength scale. Again a significant difference was found with t computed being 3.67 and the t tabled being 2.00, (p<.05). This difference indicated that female DUI offenders scored significantly higher on the measure of ego-strength.

The T scores obtained by the male DUI offenders on the POI Self-Regard scale were compared, using a t test, to T scores of 50 as the norms on the POI Self-Regard scale. The t computed was 3.98 which was higher than the t tabled, df 58 = 2.00 (p<.05) indicating a significant difference existed. This difference indicated that male DUI offenders scored significantly higher on the measure of self-regard.

The T scores obtained by the female DUI offenders on the POI Self-Regard scale were compared, using a t test, to T scores of 50 as the norm on the POI Self-Regard scale. A significant difference was shown with t computed being 5.20

and the t tabled, df 58 = 2.00, (p<.05). This difference indicated that female DUI offenders scored significantly higher on the measure of self-regard.

## CHAPTER 4

### DISCUSSION

The purpose of this study was to test and provide additional data concerning the lack of homogeneity in personality characteristics found in alcohol abusers, Connor (1961), Donovan and Marlatt (1982), Penk et al. (1982), Zelhart (1972), and Horn, Wanberg and Adams (1974). The factors examined were gender, ego-strength and self-regard. Ego-strength and self-regard were measured utilizing the subjects' T scores from the MMPI Barron Ego-Strength scale and the POI Self-Regard scale.

According to Duckworth (1979), the MMPI Barron Ego-Strength scale measures ego-resiliency and "occasionally how much a person feels he or she can recover from problems" (p. 203). Dahlstrom, Welsh and Dahlstrom (1975) indicated that ego-strength was probably the best measure of personality control on the MMPI and should be used as such. They also indicated that it "seemed to reflect the constructive forces in the personality. . ." (p. 168).

Graham (1977) interpreted findings by Dalstrom et.al. (1975), concerning the relationship of ego-strength scores

and treatment outcome, to suggest that in cases where high ego-strength scores were obtained by people who obviously had difficulties, but were denying them, the scores may not have been a predictor of favorable treatment outcome.

Barron (1953) stated in his original study that: Among the characteristics which are collectively referred to as ego-strength are physiological stability and good health, a strong sense of reality, feelings of personal adequacy and vitality, permissive morality, lack of ethnic prejudice, emotional outgoingness and spontaneity and intelligence (p. 332).

He did not research the variable of denial as a factor which may contribute to high ego-strength scores.

Knapp (1976) described the POI Self-Regard scale as a measure of self in regards to worth and strength. He interpreted the meaning of high scores in the realm of liking oneself because of one's strength as a person. Conversely, he interpreted low scores on the POI Self-Regard scale as an indication of feelings of low self-worth (p. 7).

The t tests comparing male and female T scores on the MMPI Barron Ego-Strength scale and the male and female T scores on the POI Self-Regard scale resulted in the findings that there were no significant differences between the male and female T scores ( $p < .05$ ). This indicated that gender does not contribute significantly to the lack of homogeneity in alcohol abusers.



When the T scores from the subjects MMPI Barron Ego-Strength scale were compared to the norms, a significant difference ( $p < .05$ ) was noted. Both male and female DUI offenders reported, by their responses on this scale, a higher level of ego-strength than the norms. The female subjects exhibited a greater difference from the norms than the male subjects.

There were significant differences between the subjects T scores and the norms of the POI Self-Regard scale for both males and females ( $p < .05$ ). The subjects scores were significantly higher for both males and females. The difference was greater for the female subjects.

The subject's T scores were statistically higher, however, the T scores would be interpreted as falling in the normal range. A surprising result from this study was that the subjects did not have low self-esteem and self-regard scores.

Some general conclusions that can be drawn from this study were that gender did not contribute to the lack of homogeneity, specifically when ego-strength and self-regard were measured, in alcohol abusers. The fact that the female subjects exhibited a greater difference, than male subjects, from the norms may have been an indication that modern society accepts the fact that females can abuse alcohol without being condemned. Because both male and female subjects rated themselves higher on the two scales, MMPI

Barron Ego-Strength and POI Self-Regard, one might tentatively conclude that some denial was involved.

The DUI offenders, who were the subjects for this study, were court ordered to undergo an evaluation and to attend a short term educational program. A possible explanation for the significantly higher MMPI Ego-Strength scale scores and POI Self-Regard scale scores of the subjects was that persons who have high self-esteem often feel as if they can handle anything. Therefore, the subjects did not hesitate to drive when they were under the influence of alcohol. Another possibility was that some of the subject's denial systems affected the outcome of this study. Pennock and Pondier (1978) supported the idea that, as denial was overcome, the self-esteem and self-concept became more negative.

Nocks and Bradley (1969) concluded that self-esteem seemed to decrease as the duration of the drinking problem increased and the majority of the DUI offenders, who attended the short term educational program were not determined to be long term alcohol abusers. The determination was made according to the number of times each subject was issued a traffic ticket for DUI. The fact that the subjects were not long term alcohol abusers may help explain the higher ratings, by the subjects, as compared to the norms regarding ego-strength and self-regard.

Based on the limited amount of research available, plus

possible faulty generalizations, the need for further studies in this area is indicated. This is especially true when the female alcohol abusing population is concerned because of their changing roles in society and the lack of research on female alcohol abusers.

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