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PERCEPTUAL FIELD-DEPENDENCE AND INCONSISTENCY OF INTERPERSONAL PERCEPTIONS IN ALCOHOLICS

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PERCEPTUAL FIELD-DEPENDENCE AND INCONSISTENCY OF

INTERPERSONAL PERCEPTIONS IN ALCOHOLICS

APPROVED BY

DISSERTATION COMMITTEE

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TABLE OF CONTENTS

	Page
LIST OF TABLES	v
LIST OF ILLUSTRATIONS	vi
Chapter	
I. INTRODUCTION	1
II. STATEMENT OF THE PROBLEM	17
III. METHOD	20
IV. RESULTS	34
V. DISCUSSION	42
VI. SUMMARY	51
BIBLIOGRAPHY	53
APPENDIX A	59
APPENDIX B	62
APPENDIX C	64
APPENDIX D	66
APPENDIX E	70

LIST OF TABLES

Table		Page
1.	Group Means and Variance on Age, Intelligence and Education	23
2.	Mean Discrepancy Scores for Each Group on Each Measure and on the Combined Scores for All Measures	35
3.	Comparison of Alcoholics and Nonalcoholics on Discrepancy Measures	36
4.	Comparison of Field-Independent with Field-Dependent Groups on Discrepancy Measures	37
5.	Summary of U-Values Comparing Alcoholics and Non-alcoholics in which Field-Orientation is Held Constant	39
6.	Summary of U-Values Comparing Field-Independent and Field-Dependent Groups in which Diagnostic Category is Held Constant	40

LIST OF ILLUSTRATIONS

Figure — Page

1. Illustration of the Interpersonal Diagnostic System Showing the Classification of Interpersonal Behavior into Sixteen Categories 27

2. Illustration of the Diagnostic Grid Showing the Relationship Between Interpersonal and the Two Dimensions of the Circle 29

PERCEPTUAL FIELD-DEPENDENCE AND INCONSISTENCY OF INTERPERSONAL PERCEPTIONS IN ALCOHOLICS

CHAPTER I

INTRODUCTION

The search for the alcoholic personality has led to an accumulation of evidence which can best be described as ambiguous, inconclusive, and often contradictory. It would appear that there is no specific personality disorder basic to alcoholism. Diethelm (1955) concluded: "There is not sufficient evidence to support the claim that specific types predispose to alcoholism" [p. 139]. Similarly, Sherfey (1955) stated that: "Alcoholism is not a single entity or disease, but a symptom associated with several illnesses or syndromes" [p. 264]. Most studies indicate that a wide variety of clinical diagnoses are found in the records of alcoholic patients. This may be taken as further evidence of the non-existence of specific psychopathology. Despite voluminous research efforts, little progress has been made in clarifying the relationships between personality and alcoholism. Nonetheless, as Zwerling and Rosenbaum (1959) point out, there are few investigators who deny the coexistence of <u>some</u> personality disorder with every instance of chronic alcoholism.

The inconclusiveness of findings pertaining to personality and

alcoholism results from a number of factors. Historically, investigators have engaged in what Lisansky (1960) refers to as "professional ethnocentrism." That is, most have tended to formulate their theories of alcoholism exclusively in terms of their respective disciplines. Mendelson (1954) observed that physiological, psychological and sociocultural theories have been advanced by strong proponents with surprising little recognition of, and respect for alternative hypotheses. Jellinek (1960) notes that: "With few exceptions . . . after having made the prescribed bow, specialists proceed to formulate . . . their theories exclusively in the terms of their respective disciplines" [p. 47].

Another factor involves the difficulty of establishing cause-effect relationships. Chronic alcoholism typically has severe physical, personal and social consequences; problems created by excessive drinking often seem to become the cause of more excessive drinking. Presumably, as alcoholism progresses, personality changes also take place. There are but a few longitudinal studies (McCord and McCord, 1960; Jones, 1968) which offer evidence for personality factors which might be predisposing to problem drinking.

A problem inherent in the study of alcoholism, as well as other clinical entities, is one involved in generalizing from limited and selected samples to alcoholics in general. This is particularly true of alcoholism, however, as it is a chronic progressive disorder. Hence, the percentage of the estimated five million problem drinkers who begin treatment, and thus are subject to study, is very small relative to the total population. Seldom, if ever, is a representative sample studied inasmuch as sampling procedures are typically determined by practical

considerations. It is possible that some of the inconclusive and contradictory findings reported in the literature are a function of the noncomparability of samples of alcoholics studied by these investigators (Rosen, 1960).

Probably the biggest hurdle, however, to a more definitive understanding of the personality structure of alcoholics is that they represent an extremely heterogeneous population. The broad clinical category of alcoholism, like other diagnostic categories (e.g., schizophrenia), encompasses numerous variations of a complex, progressive disorder. The evidence to date suggests that there may be various predisposing constellations of personality traits which, in combination with appropriate physiological and/or sociocultural conditions, make it probable that a given individual may become an alcoholic (Lisansky, 1960).

Most studies of alcoholics have implicitly, if not explicitly, made the assumption of within-group homogeneity. As Partington (1970) notes, however, an investigator interested in identifying the alcoholic personality would be seriously misled, if indeed, the hypothetical population who were all labeled "alcoholic" comprised several distinct personality types. In assuming within-group homogeneity the use of, for example, a mean personality profile to characterize the group may fail to indicate the presence of distinct types in the population and would also conceal all meaningful individual variance. Similarly, one would be misled if mean outcome scores were used in evaluating treatment effectiveness.

More recent efforts have begun to consider alcohol addiction as a group of disorders. Attempts are made to establish more precise rela-

tionships between various types of personality structures, specific etiologies, and treatment for various subgroups of alcoholics. A review of the pertinent theoretical and experimental literature relevant to the present study follows.

Personality Characteristics of Alcoholics

There is much disagreement over the issue of specificity of psychopathology of alcoholics (Diethelm, 1955; Sherfey, 1955). Personality research in this area has for years focused its efforts toward differentiating the alcoholic population from nonalcoholic populations. The aim of these investigations was to isolate the "alcoholic personality." The premise underlying this approach was that the alcoholic population was homogeneous in character. That is, excessive drinking was thought to be a manifestation of a relatively unique combination of personality traits associated only with the alcoholic and not with the nonalcoholic.

In the attempts to differentiate alcoholic from nonalcoholic populations, psychological studies have employed a wide range of tests and techniques. These techniques include intelligence test measures, measures of personality such as the MMPI, Rorschach, TAT, Draw-a-Person Test, and various other objective and projective techniques (Button, 1956; Goldstein and Chotlos, 1966; Gynther, Presher and McDonald, 1959; Halpern, 1946; Hurwitz and Lelos, 1968; Jones, 1968; Karp, Witkin and Goodenough, 1965). The references cited in no way reflect the enormity of the research efforts in this area. Lisansky (1967) notes that there have been at least eighteen published intelligence test studies, over thirty studies using the Rorschach test, and no fewer than twenty-five

articles which report using the MMPI.

Similarly, psychological test summaries, clinical reports by psychotherapists, and social case histories have explored the inferred personality characteristics, which have variously been considered unique or pathogenic for the alcoholic. The theoretical, clinical and empirical literature, then, is rich in the description of what constitutes the typical personality structure of alcoholics.

Among the personality characteristics frequently cited in the literature as being over-represented in the alcoholic population are intense dependency needs and conflicts (Blane, 1968), avoidance of responsibility (Chotlos and Goldstein, 1966), self-destructive tendencies (Menninger, 1938), a low tolerance for stress and frustration (Fox, 1968), identity problems with markedly unstable social and self perceptions (Partington, 1970) and a reliance on more primitive, nonspecialized forms of defense such as denial, repression, and rationalization (Blum, 1966).

The primacy of dependency conflicts in the etiology of alcoholism is recognized by most investigators. Indeed, that the alcoholic is passive and dependent seems to be so obviously the case that many writers merely mention it in passing and do not elaborate. For example, Chafetz (1962) has commented on the alcoholic's "passive-dependent wish to reunion with an all-giving mother figure" [p. 285]. Similarly, Moore (1962) has discussed the alcoholic's "omnipotent demands for passive gratification" [p. 250]. Button (1956) has discussed this dependency in terms of the alcoholic's conflict between passive and aggressive needs, wherein drinking becomes one solution to this conflict. The alcoholic's passivity and omnipotence is typically reflected in the expectations with which

he approaches treatment; he expects the therapist or agency to do something about his drinking (Becker and Isreal, 1961; Chotlos and Goldstein, 1966).

Although the details of the formulations vary, there is substantial agreement concerning the importance of intense dependency strivings and conflicts over oral-passive needs in the etiology of alcoholism. Dependency, more than any other characteristic, is seen as the hallmark of the alcoholic. This conclusion is aptly expressed in statement by Blane (1968):

> No one is certain that there is one personality trait that serves as the central organizing factor among most alcoholics. However, one observer after another has implicated conflict over dependency wishes in one form or another. Details of formulations vary and language differs, but dependency and inner struggles with it form the background of much of what has been said about the alcoholic [p. 33].

Numerous investigators have included in their formulations comments on the alcoholic's avoidance and denial of responsibility. The consumption of alcohol is seen as a means of evading responsibility for behavior (Levey, 1958; Podolsky, 1960; Hobbs, 1960; MacAndrew and Garfinke, 1962; Thompson, 1959). Roseman (1955) has spoken of the alcoholic's paranoid blaming of others for his miserable plight. Similarly, VanKaam (1965) has stated that "the satiated addict is lifted beyond time and herewith beyond guilt and responsibility" [p. 27]. Similarly, therapists frequently report that the greatest difficulty in working with alcoholics is the fact that the alcoholic typically sees others as responsible for his situation, be it the boss, his job, the wife or family or society in general (Chotlos and Goldstein, 1966).

Another major, although much-disputed, personality characteristic

mentioned in connection with alcoholism is self-destructiveness (Glover, 1932; Palmer, 1941; Roseman, 1955; Selzer and Payne, 1962). More than any other writer, Menninger (1938) stressed the significance of the alcoholic's self-destructiveness. Menninger contended that alcoholics unconsciously have a powerful desire to destroy themselves. They are preoccupied with thoughts of punishment even in their sober periods. Menninger concluded that the alcoholic experiences constant stress over intolerable unconscious conflicts which are related to his ambivalence toward significant love objects. He stated:

> Alcohol addiction, then, can be considered a form of self-destruction used to avert a greater self-destruction, deriving from elements of aggressiveness excited by thwarting, ungratified eroticism, and the feeling of a need for punishment from a sense of guilt related to the aggressiveness. Its further quality is that in a practical sense the self-destructiveness is accomplished in spite of and at the same time by means of the very device used by the sufferer to relieve his pain and avert this feared destruction [p. 161].

Similarly, Levy (1958) concluded that alcohol frequently serves a variety of masochistic needs which are a major determinant of much pathological drinking. He discusses the hangovers from drinking, the consequences of the sustained binge with its miserable days and weeks of resulting sickness, the lost jobs, the careers ruined, the marriages broken, etc. Bergler (1946) called the alcoholic a psychic masochist who consumed alcohol specifically because of its injurious effects on him. Button (1956) also spoke of the consequences of excessive drinking in terms of its being a purposeful means of self-destruction. Similarly, Roseman (1955) concluded that masochistic acting out serves the function of expiating and thereby avoiding any awareness of guilt. Other investigators (Becker and Isreal, 1961; Chafetz, 1959; Krystal, 1962), have

commented on how the alcoholic typically sets up the therapeutic situation so as to be punished by the therapist.

Other writers, while acknowledging the significance of masochism in alcoholism, do not, however, consider it an etiological factor. For example, Blane (1968) does acknowledge that the alcoholic often does destroy himself in the sense that he damages his relationships with others, injures his physical health, loses his job, etc., but concludes that this is a consequence of excessive drinking rather than a motivating factor in the etiology of it. Nonetheless, the course of alcoholism is clearly self-destructive, although the cause-effect relationship is a matter of dispute. As Zwerling and Rosenbaum (1959) conclude:

> The behavior of the alcoholic has been explained in terms of . . . the virtually built-in and guaranteed array of suffering and punishment which serve both to appease the conscience mechanism and to feed back stress stimuli for continuing the cyclic addiction process [p. 628].

The alcoholic typically experiences unusual difficulty, when sober, in expressing aggression and dealing with feelings of anger and hostility. Indeed, alcohol seems to serve the function of permitting the expression of hostile feelings (Button, 1956; Halpern, 1946; Kelbanoff, 1947; Machover and Puzzo, 1958). Lisansky (1960) concluded that the child's early experiences result in severe unresolved love-hate ambivalences. Alcohol and the consequences of it serve as a more or less subtle means of revenge toward significant others, as way of acting out the feeling of, "I'm getting even with you." Button (1956) has also noted that alcoholism is frequently a means of retaliation against a world that is seen as persecuting.

Low tolerance for tension and frustration is a character trait

that is frequently mentioned in connection with alcoholism (Bacon, 1950; Clancy, 1964; Coppersmith, 1964; Delanty, 1962; McCord and McCord, 1960; Rosen, 1960; Zucker, 1968). Fox (1968) notes that anything that creates tension is the Achilles' heel of the alcoholic. Looli (1950) concludes that it is the mental or physical discomfort, rather than addictive conflicts themselves, which impells the desire for alcohol, for its anesthetic more than for its euphoric properties. Finally, it is frequently observed that one of the primary effects of alcohol is to reduce tension and stress. Some investigators have concluded that alcoholism is learned behavior which is reinforced because it reduces tension (Conger, 1956; Dollard and Miller, 1950; Kepner, 1964; Shoben, 1956).

A number of investigators (Blum, 1966; Lisansky, 1960; Voth, 1963) have concluded that inadequate ego defense mechanisms are characteristic of the alcoholic. There is a major reliance upon more primitive defenses such as denial, rationalization, and repression. Lisansky's (1960) position on this is well formulated as she postulates that it is a combination of certain characteristic personality traits and inadequate ego defense mechanisms which are crucial in predisposing the individual to dependence on alcohol. She states:

> The predisposed individual has developed the following traits with which he enters his adult years: (a) an intensely strong need, drive, impulse toward dependency; (b) weak and inadequate defense mechanisms against excessive need, leading to, under certain conditions; (c) an intense dependence-independence conflict . . . the predisposed individual may, in the course of personality development, acquire any number of defensive mechanisms, e.g., repression, but they are not strong defenses. Because of his life experiences, this person has dependency needs stronger than other individuals. There is, then, a strong need and a weak defense [pp. 332-333].

Of particular interest to the present study are the observations

by Partington (1970) and others that the interpersonal perceptions of alcoholics are generally unstable and comprise elements of conflict. Paredes et al. (1969), have stated that alcoholics are conspicuous for the incongruous and inconsistent roles they portray. They note that the alcoholic often appears jolly, friendly and socially at ease, only to cover deep-seated insecurity and detachment from others. Many boast of self-sufficiency, but in reality are highly dependent. Although they may show warmth and consideration for others, this often seems to obscure hostility which readily becomes apparent during the intoxicated state.

Partington (1970) studied the self-perceptions of alcoholics and found that they described themselves entirely different when sober than when drinking. Vanderpool (1967) concluded that the alcoholic drinks in the hope that he can project a more positive self-image. McCord and McCord (1960) characterized the alcoholic as presenting an outwardly self-confident image with an emphasis on independence. They concluded that a dependency conflict and a search for a self-image produces a facade of intense masculinity in the early adolescence of those who later become alcoholics. Similarly, Hurwitz and Lelos (1968) found that many alcoholics, who present an outward facade of strength and independence, yearn for a passive and dependent role.

According to a number of critical reviews (Armstrong, 1958; Lisansky, 1967; Schaefer, 1954; Sutherland, Schroeder and Tordello, 1950; Sherfey, 1955, Syme, 1950), experimental studies have produced only scant empirical evidence to substantiate any pattern of personality traits characteristic of a majority of alcoholics; no clear picture emerges from this research literature. For example, Sutherland, Schroeder and Rodella

(1950) concluded after reviewing thirty-seven studies that: "no satisfactory evidence has been discovered that justifies a conclusion that persons of one type are more likely to become alcoholic than persons of another type" [p. 559]. Syme (1957) reached a similar conclusion after reviewing twenty-six studies:

> The present summary of recent literature attempting to designate personality characteristics as related to alcoholism must therefore conclude on a negative note . . . it is rather clear that there is no warrant for concluding that persons of one type are more likely to become alcoholics than persons of another type [p. 301].

In still another review, the conclusion reached was similar to those cited above. Thus Schaefer (1954) stated:

> . . . of paramount importance is the conclusion that no concensus concerning the personality structure of alcoholics can be detected in numerous published discussions based on case studies and research studies, in which objective tests, rating scales, projective tests and case history materials were used [p. 305].

Some investigators have taken a more extreme position in view of these inconclusive research findings. They have concluded, in effect, that alcoholics are essentially normal aside from the fact that they drink to excess. Such is reflected in a statement by Fox (1968) that: "Many alcoholics are not noticeably different from the rest of us except in their addiction to alcohol" [p. 34]. Similarly, Wexberg (1950) has stated that: "Alcoholism is not determined by generic personality traits nor related to them in any specific manner" [p. 103]. Similarly, this conclusion seems to be consistent with the position taken by the American Psychiatric Association (1952) which has defined alcoholism as comprising "cases in which there is well established addiction to alcohol without recognizable underlying disorder" [p. 39].

The conclusion drawn, then, by these and other reviewers, has

been that there is little justification for concluding that there is a single specific personality disorder basic to alcoholism, or that any specific personality types are more predisposed to becoming alcoholics than others. The ambiguous and inconclusive results of psychological test investigations are evidence of lack of specificity of psychopathology in alcoholism.

The Heterogeneity of Alcoholic Populations

Various investigators (e.g., Armstrong, 1958; Lisansky, 1967) have indicated that it may be premature and unjustified to conclude that alcoholism is not determined by generic personality traits nor related to them in any specific manner, or that there is no alcoholic personality prior to alcoholism. They suggest, rather, that the most logical conclusion to be derived from these studies is that alcoholics are not a homogeneous population, but, rather, an extremely heterogeneous one, which encompasses numerous variations of a complex, progressive disorder.

As such, various investigators have suggested that the alcohol population be broken into more homogeneous subcategories before the characteristics associated with alcoholism can be isolated. In this regard, Lisansky (1967) notes that the concept of the "alcoholic personality" is often interpreted to imply that all alcoholics have a total personality structure in common. She states, rather, that it is necessary to speak of constellations or patterns of personality traits, which may be the necessary, if not sufficient causes of alcoholism. She makes the further assumption that there is not a single pattern, but most probably several such configurations. Thus she states:

> We have stopped looking for the vague, amorphous, ill-defined

> whole and started looking for the more specific, more precisely defined parts, i.e., for those personality factors which are necessary (although not sufficient) to explain the adoption of an addictive pathology [1967, p. 12].

Lisansky further states:

> The distinguishing feature of the prealcoholic patterns of personality traits may be the inclusion of certain traits, or the degree to which certain traits are present, or both. That is, the characteristic pattern may be distinguished either by the coexistence of traits alpha, beta, and gamma, or by the intensity with which alpha, beta and gamma, or a combination of them, exists in the personality structure [1960, p. 315].

The work of Witkin and coworkers (1954; 1962) is of interest with regard to the investigation of more homogeneous subgroups of alcoholics. They have studied perceptual-personality relationships and have found that characteristic modes of perceiving permeate many areas of a person's psychological functioning. Differences in perceptual field orientation are reflected in varying abilities to perceive figure independently of ground. They designate as field-dependent that mode of perception which is strongly influenced by the overall organization of the field. In contrast, field-independent perception reflects an ability to deal with the field in an active, analytical manner whereby parts of the field are experienced as discrete from organized background.

Witkin et al. (1962) have found that perceptual style correlates with certain personality variables. They present a comprehensive description of individuals who typically exhibit a dependent or independent field orientation. Differences have been found in body concept, in a sense of separate or individual identity and in nature of defenses. Field-dependent individuals tend to have a poorly developed sense of separate or individual identity. They experience difficulty in distinguishing the boundaries between the self and others. This lack of separate

identity manifests itself in a reliance on external sources for definition of their attitudes, judgements, sentiments and view of the self.

In contrast, field-independent individuals tend to have a greater sense of individual identity or separateness from the surrounding environment. They rely less on external sources for a definition of the self—of needs, feelings and attitudes. The self is experienced as structured in that internal frames of reference have been formed and are available as guides for self-definition.

There is considerable evidence to support relationship between field orientation and stability of self-view (Jackson, 1955; Linton, 1955; Stark, Parker, and Iverson, 1959). Rudin and Stagner (1958), for example, found that individuals with a field-dependent mode of perceiving manifested greater instability of self-perceptions in different social contexts than field-independent individuals.

Witkin et al., and others have also investigated the relationships between field orientation and various symptom groups. They have observed that when personality disturbance occurs among persons with a more field-dependent orientation, severe identity problems are likely to be found. Gordon (1953) found that ulcer patients, a field-dependent population, exhibited greater discrepancies between their self-descriptions and the way others described them, than either neurotics or normal patients.

Several studies have demonstrated that alcoholics are field-dependent in their mode of perception (Bailey, Hustmyer, and Kristofferson, 1961; Karp, Poster, and Goodman, 1963; Karp, Witkin, and Goodenough, 1965; Witkin, Karp and Goodenough, 1959). Karp et al. (1965) have con-

cluded that:

> Taken together, the results of these . . . studies suggest considerable stability of field dependence among alcoholics and would encourage further investigation of the hypothesis that field dependence is a prior condition and contributory factor to the development of alcoholism [p. 585].

More recent findings specifically question the direct relationship between alcoholism and a field-dependent mode of perception. They suggest, rather, that the above findings may be a function of the alcohol populations selected for investigation. Burdick (1969) notes that the population selected by most researchers have been an available but unstable and unemployed one. For example, Burdick (1969) found that the scores of a higher socioeconomic sample of alcoholics were more field-independent than an appropriate normal control group. Reilly and Sugerman (1967) found significant differentiation in perceptual field orientation within their alcoholic population. Finally, Marlow (1968) compared alcohol populations from different sources and found that members from Alcoholics Anonymous were significantly more field-independent than nonmembers.

Putting together these bodies of evidence, it can be seen that, first, alcoholics can be differentiated into more homogeneous subgroups or types on the basis of their perceptual field orientation. Second, the evidence discussed previously suggests that alcoholics manifest instability in interpersonal perceptions (Hurwitz and Lelos, 1968; Partington, 1970; Paredes et al., 1969; McCord and McCord, 1960; Vanderpool, 1967). Finally, a consideration of the personality variables descriptive of field dependent individuals (Witkin, 1962; Rudin and Stagner, 1958; Gordon, 1953) suggests that instability of interpersonal perceptions

typically ascribed to alcoholics in general, may be more characteristic of field-dependent alcoholics than field-independent alcoholics. Further, one would expect that persons with a field-dependent mode of perception would exhibit greater inconsistency in interpersonal perceptions than field-independent individuals, regardless of the presence or absence of alcoholism.

CHAPTER II

STATEMENT OF THE PROBLEM

Studies which have attempted to isolate the "alcoholic" personality have met with relatively little success (Sutherland et al., 1950; Syme, 1957; Sherfey, 1955). Although some of these studies have demonstrated that alcoholics do have certain personality traits in common, others have found similar personality constellations among nonalcoholic groups. Results obtained from one study often contradict the findings of other investigators.

Various clinical groups, no matter how diverse their symptomatology, do generally show some overlap in personality characteristics (Rappaport, 1951; Schaefer, 1948). This seems to be particular true when we compare alcoholics with other clinical groups. Thus alcoholics comprise an extremely heterogeneous population with diverse etiologies, personality characteristics, and conflicts. Further, alcoholism has been found to coexist among virtually all of the clinical diagnostic categories (Zwerling and Rosenbaum, 1959).

The inconclusiveness of the clinical and experimental findings has resulted in a recognition of the complexity of the problem. Lisansky (1967) and others have suggested that there may be various personality configurations which are predisposing to alcoholism. They have proposed

that differences within alcoholic populations be investigated. One personality dimension along which differentiation can be made within alcoholic populations is that of perceptual field orientation (Witkin, 1954; 1962). Studies have shown that alcoholics are not homogeneous in their field orientation as indicated by earlier studies, but vary along this dimension (Burdick, 1969; Marlow, 1968; Reilley and Sugerman, 1967).

Alcoholics are observed to manifest marked instability or inconsistency in interpersonal perceptions (Partington, 1970; Hurwitz and Lelos, 1968; McCord and McCord, 1960). Witkin et al. (1962) have characterized individuals with a field-dependent orientation as lacking in a stable self-view. A number of studies have demonstrated that field-dependent individuals exhibit greater instability in self and social perceptions than persons with a field-independent orientation (Gordon, 1953; Rudin and Stagner, 1958). These findings suggest that unstable or inconsistent interpersonal perceptions may be a function of perceptual field-dependence, rather than uniquely characteristic of alcoholics, who happen to be by and large a field-dependent population.

To date, the relationship between instability or inconsistency of interpersonal perceptions, perceptual field orientation and alcoholism has not been investigated. The question can be raised as to whether or not persons who manifest marked inconsistency in the area of interpersonal perceptions tend to be field-dependent, regardless of the presence or absence of alcoholism? This study investigated differences in interpersonal perceptions between field-dependent and field-independent alcoholics and nonalcoholics. Specifically, the Interpersonal Diagnostic System (Leary, 1957) was employed to investigate inconsistencies between

conscious self-description, behavioral facade, and symbolic expressions of the self. The following hypotheses were tested.

Hypothesis I. Alcoholic subjects will manifest greater inconsistency in interpersonal perceptions than nonalcoholics.

Hypothesis II. Field-dependent subjects, both alcoholic and nonalcoholic, will manifest greater inconsistency in interpersonal perceptions than field-independent subjects.

CHAPTER III

METHOD

Subjects

The alcoholic subjects were drawn from the Alcohol Treatment Program located at the V. A. Hospital in Oklahoma City. They were male veterans referred to the treatment program by the admissions service of the hospital, by physicians from other hospital wards and clinics, and by various community agencies. Admission to the program is selective in that applicants must meet the following general criteria: (1) they are considered to be alcoholics by the admitting doctor and/or the chief of staff of the treatment program, (2) there is no evidence of chronic brain syndrome or other indications of severe organicity, (3) the applicant is judged not to be psychotic, (4) the applicant acknowledges his alcoholism and appears motivated to undergo treatment, (5) admission is on a voluntary basis as no patients are accepted for treatment under court commitment. Patients in need of treatment for illness other than the common sequels of alcoholism are referred to other services for correction of such problems before being admitted to the treatment program.

The population from which the alcoholic subjects were obtained varied widely in age, education, occupation and intelligence. Subjects ranged in age from 38 to 58 years, in education from 6 to 18 years and

and in vocabulary intelligence from 11.1 to 20.2 years. Approximately 43 per cent were divorced or separated; many had been married numerous times.

The major source of nonalcoholic subjects was from an organization in the Oklahoma City area which can best be described as a 'social club' which is sponsored by one of the local churches. Although its members are for the most part unmarried, there are also a substantial number of married couples who take part in the various club functions. These functions include church related activities, discussion groups and various social activities. The number of members connected in some manner with the organization is large (approximately 600) and they vary widely in their participation in various activities. Some are quite active in most functions, others may partake only in the church related functions or discussion groups, and many are on the organization's roster, but are relatively inactive. In addition, three subjects were included in the study who were concurrently taking part in other research projects at the medical center.

The procedure for obtaining subjects, of necessity, varied somewhat. The testing procedure, however, was the same for all subjects. The general procedure for obtaining subjects was as follows. An announcement was made by an officer of the organization requesting volunteers for the project. Individual members were then contacted by phone, and if they agreed to participate, a time was arranged to their convenience. These subjects were not paid for the initial phase of the study which took approximately one-half hour. Those subjects selected for further participation were paid $2.50 per hour for the approximate three to four

hours to complete the testing materials. The method for testing all subjects is outlined in the Procedure section.

The population from which the nonalcoholic subjects were obtained, also varied widely along the dimensions of age, education, intelligence and occupation. Subjects ranged in age from 31 to 58 years, in education from 10 to 19 years, and in vocabulary intelligence from 14.3 to 20.5 years. The number of divorced or separated subjects selected from the nonalcoholic population was equal to the number of divorced or separated alcoholic subjects.

Selection of subjects from the alcoholic and nonalcoholic populations for the four respective groups was determined largely on the basis of mean age, intelligence and education. A comparison between groups on these dimensions by means of one-way analyses of variance indicated that the groups were fairly homogeneous on these dimensions. Table 1 presents the means, variances and F-ratios for the groups on these variables. The identifying information for each subject is presented in Appendix A.

Each subject's general occupational status was determined by a method similar to that described by Hollingshead and Redlich (1958). The scale for occupation ranges from executives of large concerns and major professionals down to unskilled workers. Many of the alcoholic subjects were unemployed or employed at jobs of a transient nature at the time they entered the treatment program. Their present employment often was not reflective of their usual or past occupational level. Therefore, only a general indication of occupational status, based on the type of work typically engaged in, was obtained. The field-independent nonalco-

TABLE 1

GROUP MEANS AND VARIANCE ON AGE, INTELLIGENCE AND EDUCATION

	Alcoholics				Nonalcoholics				
	Field-Independent		Field-Dependent		Field-Independent		Field-Dependent		
	$\bar{x}$	S^2	$\bar{x}$	S^2	$\bar{x}$	S^2	$\bar{x}$	S^2	F-ratio
Age	44.71	12.08	46.00	36.92	42.71	61.62	49.29	53.64	2.59
Intelligence (Vocabulary Age)	17.40	4.06	16.73	4.89	17.93	2.47	17.31	3.11	.93
Years of Education	13.43	5.96	12.43	7.04	14.43	5.96	13.14	4.14	1.66

holic subjects tended to have a somewhat higher occupational status. The classification of occupational levels for the four groups is presented in Appendix B.

Alcoholism History

The determination of alcoholism is generally readily established on the basis of historical and medical evidence obtained from applicants for the treatment program. These patients are routinely administered an extensive personal data questionnaire. Included in the questionnaire is a section on drinking history with questions concerning frequency, amount and length of drinking history. Comparing drinking history, the mean number of years that the alcoholic subjects report being 'alcoholic' was 7.50 (range 1 to 17) for the field-independent group and 9.07 (range 2 to 18) for the field-dependent group. A test for the difference in means yielded a $t = 0.92$, $df = 26$; not significant at the .05 level.

No subject was included in the nonalcoholic group who reported that he drank more than one or at the most, two drinks a day. If a subject indicated, for example, that he did exceed this amount on a given occasion, an attempt was made to determine whether or not drinking was excessive in that it presented a problem for the potential subject. Questions were asked as to how much and how frequently he drank and under what circumstances. If there was an indication that drinking did present a problem he was eliminated from the study. Using this criteria, approximately fourteen per cent were eliminated at the onset of the study.

Assessment Instruments

Group Embedded Figures Test-Form V

A group form of the embedded figure test (Jackson, Messick and Myers, 1964) was used in the assessment of perceptual-field orientation. There is a rather extensive literature available on this construct as assessed by the individual form of this test (Witkin, 1962). More recently, Jackson et al. (1964) reported reliability and validity data for the group form of the test. Reporting a correlation of .84 between the two test forms, they concluded that there was sufficient validity to warrant substitution of the group form for the individually administered form of the test. The subject's score is the number of simple figures correctly identified within the sixteen complex figures. The more simple figures correctly identified, the more field-independent the individual is assumed to be.

Shipley-Hartford Institute of Living Scale

The general level of intellectual functioning was assessed by the vocabulary section of the Shipley-Hartford Scale. This test was designed to measure intellectual impairment by a comparison of performance on the vocabulary and abstraction sections of the test. The two scales combined can be used as a measure of general intelligence (Watson, 1959; Klett, 1962), and can be converted to WAIS Full Scale equivalents (Sine and Simmons, 1966). The vocabulary portion of the Shipley-Hartford, which can be individually or group administered, is a paper and pencil test composed of multiple choice vocabulary items.

Interpersonal System of Diagnosis

To assess consistency of interpersonal perceptions and behavior, this study used portions of the Interpersonal System of Diagnosis as developed at the Kaiser Foundation Hospital in Oakland, California (Freedman, Leary and Coffey, 1951; Leary, 1956; 1957). This system is an objective, multi-level method which permits the viewing of an individual's behavior with respect to himself and significant others. Further, the consistency of interpersonal perceptions at several levels of personality functioning may be assessed.

Three tests are employed which together are presumed to tap four levels of interpersonal perception. Level I is the level of public communication in that it assess how a person acts with others and tries to appear to them. This level is measured by indices derived from the symptomatic and validity scales of the MMPI. Level II involves the conscious description of the self as well as of others. Level II is indexed by the Interpersonal Check List (ICL), a list of 128 words and phases descriptive of interpersonal actions and behavior. Level III involves preconscious projection or underlying interpersonal operations and consists of themes occurring fantasy, dreams, and projection materials. The preconscious aspects of interpersonal perceptions are assessed by the application of content analysis to Thematic Apperception Test (TAT) protocols. Level V is the level of values and consists of the person's ego-ideal, or how he idealizes his actions with others. It is indexed by the ICL.

These assessment instruments permit a diagnosis based on the same set of interpersonal variables (Figure 1) at each of the four re-

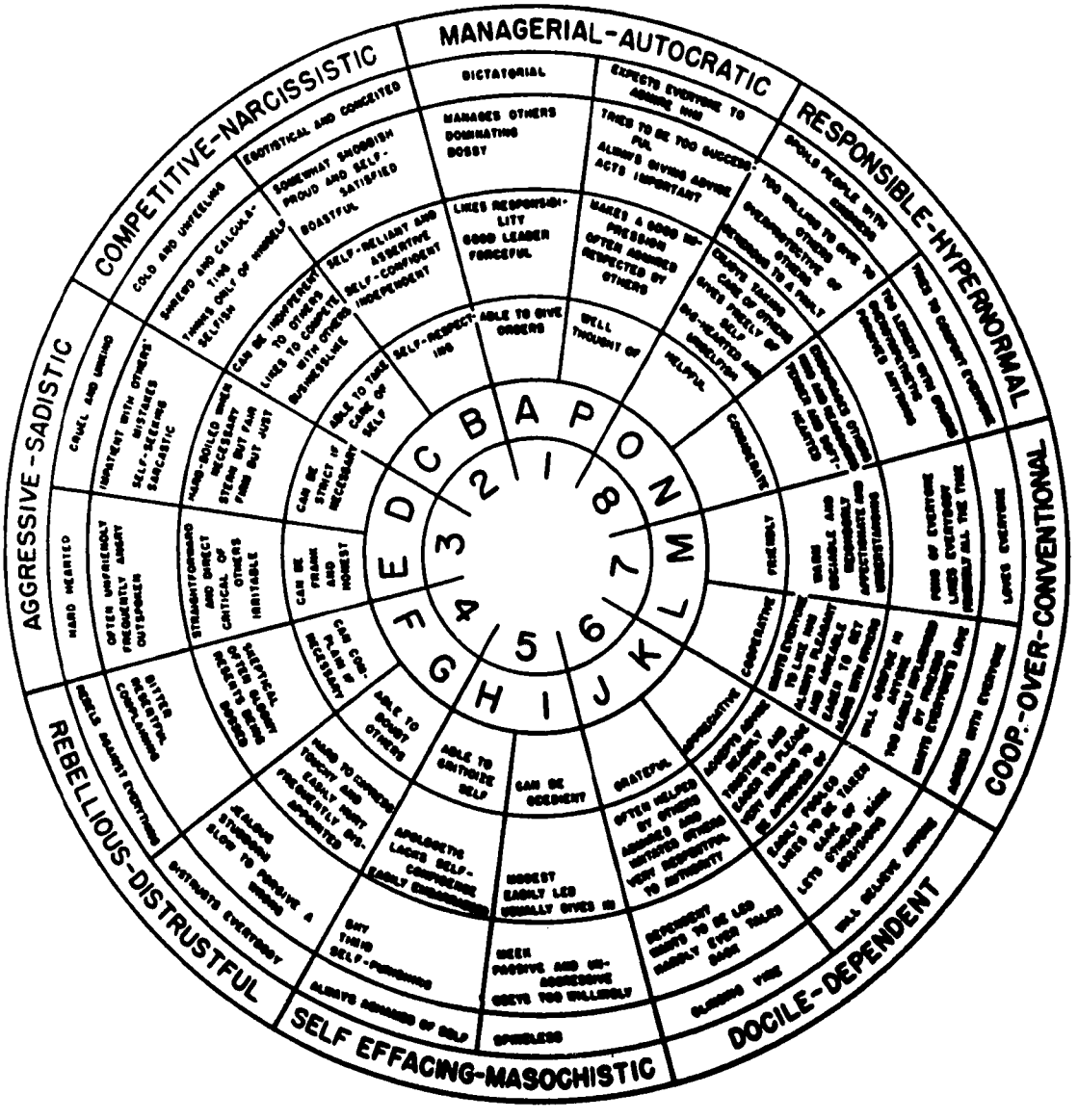

Figure 1. Illustration of the interpersonal diagnostic system showing the classification of interpersonal behavior into sixteen categories.

spective levels of assessment. This system allows for an interlevel comparison of scores, which can be expressed on a two-dimensional grid (Figure 2) where the vertical axis is a continuum of dominance and submission and the horizontal axis is a continuum of affiliation and hostility (Leary, 1957). The center of the grid represents the mean of the normative population. The direction and distance from the center reflects the particular kind and intensity of the interpersonal behavior, i.e., its degree of deviation from the normative population.

The circle is divided into octants, starting with 1 at the top and proceeding in a counterclockwise direction through 8. Eight major interpersonal variables are represented in this two-dimensional system: (1) Managerial-Autocratic; (2) Competitive-Narcissistic, (3) Critical-Sadistic, (4) Skeptical-Distrustful, (5) Self-Effacing-Masochistic, (6) Docile-Dependent, (7) Cooperative-Overconventional, and (8) Responsible-Overgenerous. After the scores for the four levels of assessment are located in one of the eight octants, consideration can be given to the relationships between the scores from each of the respective levels.

Procedure

The Shipley-Hartford Scale (Vocabulary Section) and the Group Embedded Figures Test-Form V (GEFT) were administered according to standardized procedure to 66 alcoholic and 57 nonalcoholic subjects. The number of subjects tested per session varied from one to nine with an average of five for the alcoholics and three for the nonalcoholics. Data were collected on these tests and a personal data inventory until fourteen subjects could be assigned to each of four groups: (1) field-independent alcoholics, (2) field-dependent alcoholics, (3) field-independent

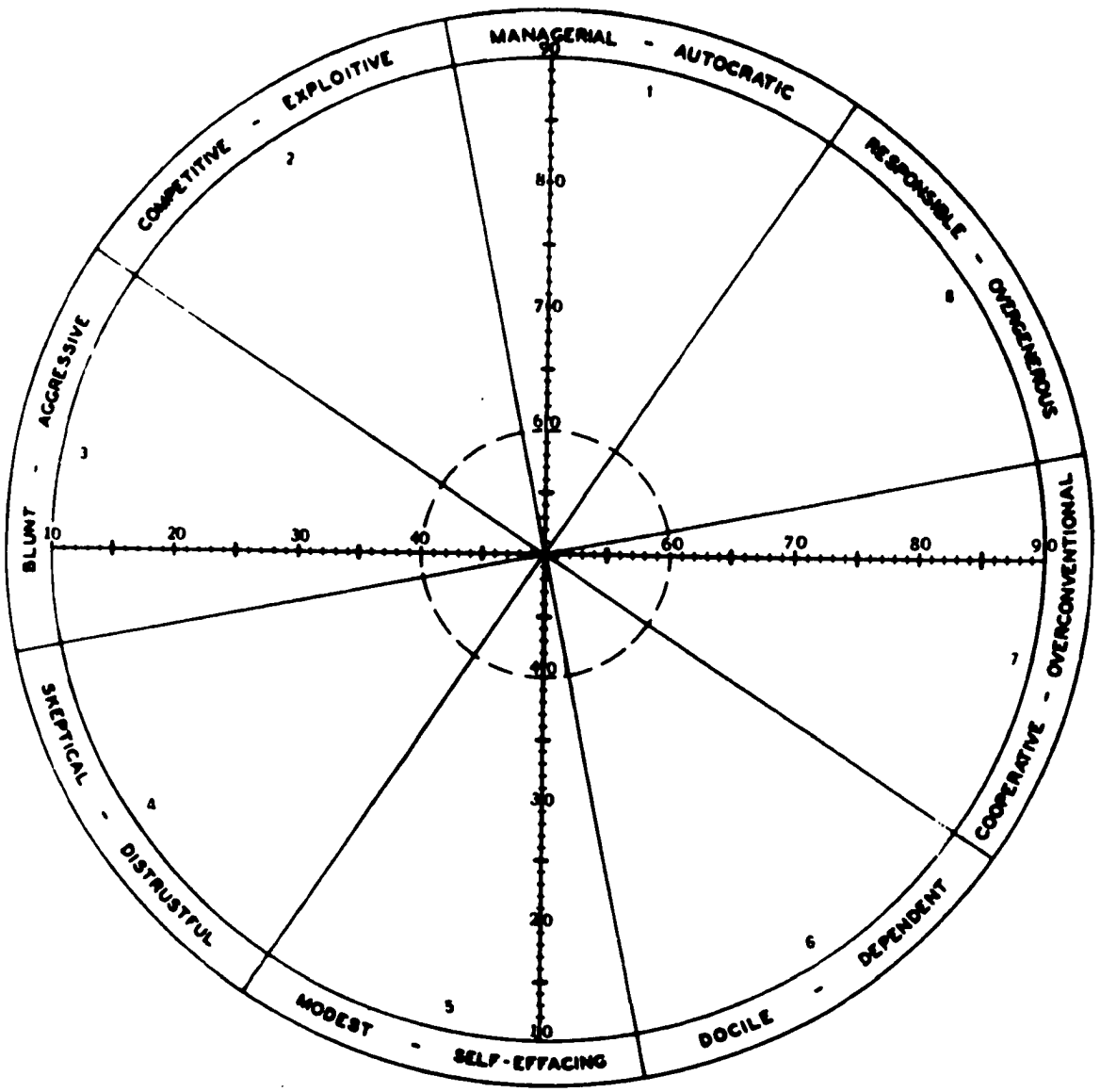

Figure 2. Illustration of the diagnostic grid showing the relationship between interpersonal variables and the two dimensions of the circle.

nonalcoholics, and (4) field-dependent nonalcoholics.

Subjects in this study were assigned to the respective field-independent groups on the basis of having obtained a score of nine or above on the GEFT and to the respective field-dependent groups on the basis of a score of six or less. Using these cut-off scores, the percentage of alcoholics falling into the respective field-orientation groups was comparable to that obtained using the individual form of the Embedded Figures Test with this population (Jones and Parsons, 1970). The mean GEFT score for the field-independent alcoholics was 12.21 (range 9 to 15); for the field-independent nonalcoholics 13.14 (range 10 to 16). A test for the difference between means yielded a $t = 1.18$; $df = 26$; not significant at the .05 level. The mean GEFT score for the field-dependent alcoholics was 2.43 (range 0 to 6); for the field-dependent nonalcoholics 3.43 (range 0 to 6). A test for the difference between means yielded a $t = 1.27$; $df = 26$; not significant at the .05 level. GEFT scores for each subject are presented in Appendix C.

The subjects assigned to the four respective groups were individually administered the MMPI, the Interpersonal Checklist (ICL) and the Thematic Apperception Test (TAB). The MMPI was used to obtain Level I data. It was administered and scored in the standard manner (Hathaway and McKinley, 1951).

The ICL was used to measure Level II (conscious self-description) and Level V (ideal-self). The procedure and directions for the administration of the ICL in this study varied slightly from the standard published form. In this study, all 128 phrases were printed on a legal size ditto page, with a circle in front of each phrase for checking an answer

(see Appendix D). Separate sheets were used for the self-description and ideal-self description. The intent here was to encourage the subject to describe his conscious view of self and ideal-self independently without ready reference to the previous description.

The TAT was used to assess Level III. It was administered according to standardized instructions (Leary, 1957). Following the standard procedure, a triple rating system (two raters and a judge) was employed in the scoring of the TAT data. The two raters made their scoring decisions independently. A final judge then inspected these ratings and made a third and decisive rating only when the first two independent raters were in disagreement. The judge could agree with either of the raters, or substitute a third rating. Both raters and the final judge were graduate students in clinical psychology with at least three years of training. The investigator was one of the raters in the study. The names of the subjects were removed from the TAT stories and the data from the four groups randomly mixed. The scores from the two raters were transferred to a summary data sheet so that the final judge would not be aware of the respective rater's scoring decisions.

The general procedure and specific instructions for taking the TAT, ICL, and MMPI were the same for all subjects. The completion of these instruments, however, was carried out under somewhat different conditions for the alcoholic and nonalcoholic subjects. For the alcoholic subjects the specific testing conditions were as follows: Each alcoholic subject was individually administered the TAT, and the ICL in that order and completed these tests during one scheduled appointment time. These subjects were allowed a couple of days to complete the MMPI

on their own time and were instructed to return the completed test materials to the head nurse on the ward.

An attempt was made to make all procedures for the administration of the TAT, ICL, and MMPI to the nonalcoholic subjects comparable to that for the alcoholic subjects. Practical considerations, however, necessitated some changes in the conditions under which nonalcoholic subjects completed these test materials. Specifically, the total testing time of approximately four and one-half hours and the difficulty of obtaining nonalcoholic subjects who would come for two testing sessions were limiting conditions. Therefore, the following procedure was followed.

Each nonalcoholic subject was given a packet of test materials, along with the same instructions (as for the alcoholic subjects) for each test and asked to mail in the completed data within three or four days. Stamped, addressed envelopes were provided for this purpose. Each subject was specifically instructed to complete the TAT, ICL and MMPI in that order and was requested to fill out the materials completely on his own, with no help or advice from others. As with the alcoholic subjects, no additional instructions, aside from those printed on the test booklets, were given to the nonalcoholic subjects.

Data Analysis

The scores from the respective levels were plotted as single points on the two-dimensional grid (Figure 2). Interlevel discrepancy scores were obtained by reference to standard tables (Leary, 1956). There are 14 possible discrepancy scores, ranging at unequal intervals from 0-114. These scores were derived from a comparison between Level I

(public impact) and Levell II (conscious self-description); between Level II and Level III (preconscious fantasy expressions); and between Level II and Level V (ideal self-image), resulting in three scores for each subject.

The statistical treatment of the data consisted of a comparison of group discrepancy measures derived from the respective levels as well as for across combined measures. The data were ordinal, and not homogeneously distributed; therefore the Mann-Whitney U test, a powerful nonparametric, was utilized. The sampling distribution of U for large N's approximates the normal distribution. Therefore, when N_1N_2 is greater than 20, as in the comparison of alcoholic with nonalcoholic groups and field-independent with field-dependent groups, the U values were converted to z values (Siegal, 1956).

CHAPTER IV

RESULTS

The mean interlevel discrepancy scores for all groups are presented in Table 2. The distribution of scores for all subjects is reported in Appendix E. Hypothesis I stated that alcoholics would manifest greater inconsistency in interpersonal perceptions than nonalcoholics. In Table 3 the comparisons are summarized between the combined groups of alcoholics and nonalcoholics. It can be seen that the discrepancies between Levels I and II, and Levels II and III approached but did not attain statistical significance ($p < .07$). When the discrepancy scores for all measures were combined, the differences between the alcoholic and nonalcoholic groups were highly significant ($p < .01$).

Hypothesis II stated that field-dependent individuals would manifest greater inconsistency in interpersonal perceptions than field-independent individuals. Table 4 summarizes the comparisons between the combined groups of field-independent and field-dependent subjects. As Table 4 illustrates, this hypothesis was not confirmed, as none of the z-values approach significance.

Support was obtained for the directional relationship predicted by Hypothesis I. That is, regardless of field orientation, alcoholics exhibited greater discrepancy scores than nonalcoholics. The question

TABLE 2

MEAN DISCREPANCY SCORES FOR EACH GROUP ON EACH MEASURE AND ON THE COMBINED SCORES FOR ALL MEASURES

Measure	Alcoholics		Nonalcoholics	
	F.I.	F.D.	F.I.	F.D.
Levels I/II	45.00	63.07	53.00	30.21
Levels II/III	46.29	65.07	40.86	37.57
Levels II/V	49.42	61.71	57.36	35.57
Combined Scores Across Levels	140.71	189.85	152.57	103.35

TABLE 3

COMPARISON OF ALCOHOLICS AND NONALCOHOLICS
ON DISCREPANCY MEASURES

Measure	z value	p <
Levels I/II	1.46	.07
Levels II/III	1.46	.07
Levels II/V	1.09	n.s.
Combined Scores Across Levels	2.39	.01

TABLE 4

COMPARISON OF FIELD-INDEPENDENT WITH FIELD-DEPENDENT GROUPS ON DISCREPANCY MEASURES

Measure	z value	p <
Levels I/II	0.344	n.s.
Levels II/III	1.25	n.s.
Levels II/V	0.507	n.s.
Combined Scores Across Levels	0.213	n.s.

can therefore be raised as to whether or not field orientation interacts with alcoholism to produce a difference in performance. Alcoholics and nonalcoholics were compared while holding field orientation constant. The results of this comparison are reported in Table 5. Field-independent alcoholics did not differ from field-independent nonalcoholics on any single measure, or on the combined measure. On the other hand, field-dependent alcoholics exhibited significantly larger discrepancies on all measures than field-dependent nonalcoholics. Thus the greater discrepancy values previously reported between alcoholics and nonalcoholics were primarily due to the fact that field-dependent alcoholics differ from their counterparts, field-dependent nonalcoholics. This is not so for the field-independent groups.

From the test of Hypothesis II, field-orientation does not appear to be related to inconsistency in interpersonal perceptions. However, diagnosis may interact with field orientation. Therefore, it is valuable to know if within each diagnostic category, field orientation contributes to the obtained discrepancy values. It can be seen from Table 6 that the differences between field-independent and field-dependent alcoholics approached significance at Levels II and III ($p < .10$) and attained significance for the combined measures ($p < .05$). Field-dependent alcoholics exhibited greater discrepancy scores than field-independent alcoholics. Within the nonalcoholics, contrary to expectation, the field-independent subjects exhibited greater discrepancy scores than the field-dependent subjects. The differences approached significance for Levels I and II and Levels II and V ($p < .10$) and attained significance for the combined measures ($p < .05$). The interpretation of

TABLE 5

SUMMARY OF U-VALUES COMPARING ALCOHOLICS AND NONALCOHOLICS IN WHICH FIELD-ORIENTATION IS HELD CONSTANT

Measure	Field-Independent	Field-Dependent
	Alcoholics X Nonalcoholics	Alcoholics X Nonalcoholics
Levels I/II	87.5	43.5**
Levels II/III	92.5	53.5*
Levels II/V	85.5	49.5*
Combined Scores Across Levels	81.5	19.0***

*$p < .05$, two-tailed

**$p < .02$, two-tailed

***$p < .002$, two-tailed

TABLE 6

SUMMARY OF U-VALUES COMPARING FIELD-INDEPENDENT AND FIELD-DEPENDENT GROUPS IN WHICH DIAGNOSTIC CATEGORY IS HELD CONSTANT

Measure	Alcoholics	Nonalcoholics
	Field-Independent X Field-Dependent	Field-Independent X Field-Dependent
Levels I/II	72.5	55.0*
Levels II/III	58.0*	98.0
Levels II/V	74.0	59.5*
Combined Scores Across Levels	48.5**	44.5***

*$p < .10$, two-tailed

**$p < .05$, two-tailed

***$p < .002$, two-tailed

this finding between field-independent and field-dependent nonalcoholic groups will be deferred until Chapter V.

It should be noted that in this investigation, prior to matching the unselected groups, 52 per cent of the alcoholics met the condition to be labelled field-dependent, while 21 per cent were field-independent. Conversely for the controls, 31 per cent were field-dependent, while 43 per cent were field-independent. It is therefore apparent that the alcoholics in this study obtained a distribution of scores skewed toward field-dependence, while the controls exhibited a somewhat more normal distribution but skewed toward field-independence.

In summary, alcoholism is concomitant with greater interlevel discrepancy scores on the measures used in this study. This conclusion, however, is limited to field-dependent alcoholics. The field-independent alcoholics obtained scores which were comparable to the nonalcoholic subjects. Considering that approximately 52 per cent of the alcoholics tested in the initial phase of this study obtained GEFT scores which placed them in the field-dependent range, these data would seem to describe the majority of alcoholics in the population investigated. The second conclusion drawn from the results of this study is that, contrary to expectations, field-independent nonalcoholics manifested greater interlevel discrepancy scores than field-dependent nonalcoholics.

CHAPTER V

DISCUSSION

The dependent variable in this study was expressed in the form of interlevel discrepancy scores. These scores were obtained from the discrepancies between Level I (behavioral impact) and Level II (conscious self-description), between Level II and Level III (preconscious fantasy impressions) and between Level II and Level V (ideal self-image). The discussion considers first, the relationship between interlevel discrepancy or conflict and psychological adjustment, second, the relationship between alcoholism, field-orientation and interpersonal perceptions, and, finally, the ramifications and limitations of the findings from this study.

Interlevel Discrepancy and Psychological Adjustment

These interlevel discrepancy scores indicate the degree of congruence or consistency between various levels of personality functioning. As such, they may be conceived of as indices of organization or stability of the levels of functioning at one point in time. Numerous theorists have emphasized the basic human need to preserve and enhance the organization of the self. Lecky (1945) stressed the drive to maintain and enhance the consistency of the core of the personality. Snygg and Combs (1952) refer to the fundamental need in behavior as the maintenance and

enhancement of the phenomenal self. Rogers (1947) speaks of the need to maintain or enhance self-organization. Rogers states:

> It would appear that when all of the ways in which the individual perceives himself--all perceptions of the qualities, abilities, impulses and attitudes of the person, and all perceptions of himself in relation to others--are accepted into the organized conscious concept of the self, then this achievement is accompanied by feelings of comfort and freedom from tension which are experienced as psychological adjustment [Rogers, 1947, p. 364].

Similarly, terms such as integration, consistency, differentiation, style of life, and wholeness of personality are all suggestive of a relationship between organization or stability of levels of personality and psychological adjustment.

Alcoholism, Field Orientation and Interpersonal Perceptions

Some support was obtained for hypothesis I, that alcoholics would manifest greater inconsistency in interpersonal perceptions than nonalcoholics. The interlevel discrepancy scores from Level I (public image) and Level II (self-image), approached significance ($p < .07$) suggesting a trend for alcoholics to engage in greater self-deception than nonalcoholics. This suggests that alcoholics tend to perceive their public interpersonal impact less accurately than nonalcoholics. Similarly, the differences between the groups for conscious (Level II) and preconscious self (Level III) approach ($p < .07$), but do not attain significance. This suggests that alcoholics do not tend to give overt expression to their underlying feelings as readily as nonalcoholics. The differences between alcoholics and nonalcoholics for Levels II (self-image) and V (ideal self-image) were also in the expected direction. When all three measures were combined, the differences between alcoholics

and nonalcoholics were significant ($p < .05$) offering support for the hypothesis that alcoholics manifest greater inconsistency in interpersonal perceptions than nonalcoholics.

Hypothesis II, which stated that field-dependent individuals would manifest greater inconsistency in interpersonal perceptions than field-independent individuals, was not confirmed. No significant differences between the combined field-independent and field-dependent groups were found on any single measure or for the combined measures (Table 4). These findings do not support the predicted relationship between field-dependent orientation and instability of interpersonal perceptions. An inspection of the mean discrepancy scores for the field-dependent groups (Table 2) suggest, rather, that there may be a relationship opposite to the predicted direction for the field-dependent nonalcoholic group.

As noted above, support was obtained for Hypothesis I. Regardless of field orientation, alcoholics tended to manifest greater inconsistency in interpersonal perceptions than nonalcoholics. Inasmuch as there was a possibility of an interaction effect of field orientation and alcoholism, field orientation was held constant and differences between the respective groups were compared. It was observed that there were no differences between the respective field-independent alcoholic and nonalcoholic groups on any single measure, or on the combined measures. In fact, inspection of mean discrepancy scores (Table 2) indicates that alcoholics and nonalcoholics, who are comparable in field orientation, perform in a similar manner.

In contrast to the above, the two groups with a field dependent orientation showed widely disparate performances. Field-dependent

alcoholics exhibited significantly greater interlevel discrepancy scores on all measures than field-dependent nonalcoholics. These results suggest that the alcoholic group engaged in greater self-deception, exhibited less congruity between conscious and preconscious expressions of the self, and finally, experienced less self-acceptance than the nonalcoholic group. These findings indicate, then, that the differences between alcoholics and nonalcoholics discussed above (Hypothesis I) were due to the fact that field-dependent alcoholics differ from their counterparts, field-dependent nonalcoholics. The performance of the field-independent alcoholics, as indicated above, was comparable to the field-independent nonalcoholics.

The above findings are particularly important in that field-dependent alcoholics represented the majority of alcoholics tested in the initial phase of this study. That is, prior to matching of the unselected groups, a majority (52 per cent) of the alcoholics fell within the field-dependent range. In contrast, only twenty-one per cent were found to be field-independent. Thus alcoholics in this investigation obtained a distribution of GEFT scores skewed toward field-dependence. It may be that the results of previous studies characterizing alcoholics as having highly unstable self-concepts are largely a function of the population (e.g., field-dependent) sampled.

The possibility that diagnosis might interact with field orientation within the nonalcoholic groups was also investigated. It was found that field-independent nonalcoholics exhibited greater discrepancy scores than field-dependent nonalcoholics on all measures. The differences reached significance, however, only for the combined measures.

They approached, but did not attain significance (Table 6) for two of the three individual measures. The discrepancy values reported for the field-dependent nonalcoholic group are less on all measures than for any of the other groups. This indicates that the field-dependent nonalcoholics, contrary to expectations, experience the least interlevel conflict of all groups assessed by the measures in this study.

The performance of the field-dependent nonalcoholics was quite opposite to expectations, which leads one to question the assumption underlying the predictions. The hypotheses of this investigation were grounded on the assumption that consistency of interpersonal perceptions reflects an integrative function. The performance of the field-dependent nonalcoholics suggests that this assumption may be only partially correct, and suggests that stability or consistency of interpersonal functioning cannot be adequately investigated without due regard to its pathological kinsman, rigidity. One possible explanation, then, for the apparent integrative performance of the field-dependent nonalcoholic group is that this apparent integration may be rigidity.

It is of interest that one of the field-dependent groups (nonalcoholic) exhibited the least interlevel conflict, whereas the other (alcoholic) displayed the greatest interlevel conflict. Witkin (1962) has stressed that in general there is no relationship between mode of field approach and adequacy of adjustment. There is, however, a tendency when field-dependent persons become psychologically disturbed, for them to manifest similar symptoms or kinds of problems. Specifically, field-dependent psychiatric patients tend to exhibit severe identity problems. The when may be critical for an interpretation of the present findings.

That is, a pathological field-dependent group (alcoholic) evidenced more interlevel conflict than other groups in this study. Further, there is evidence that at least one other field-dependent pathological group (ulcer patients) manifests considerable interlevel conflict (Gordon, 1953). Yet, the presumably nonpathological field-dependent group investigated in this study exhibits the least interlevel conflict.

It was noted above that the majority of the alcoholics in the population investigated were field-dependent. In contrast, field-dependent subjects constituted only thirty-one per cent of the nonalcoholics, whereas forty-three per cent of the nonalcoholics were field-independent. The nonalcoholics, then, obtained a distribution of GEFT scores skewed toward field-independence. One might, therefore, speculate that field-dependent nonalcoholics do not represent the typical or 'normal' population, but rather, individuals who tend to have more rigid personality structures. Speculating further, the hypothesis is extended that if and when these individuals do experience a disturbance or disorganization of their tightly organized system, that they might experience interlevel conflict that is more comparable to the field-dependent alcoholics in this study, than either of the respective field-independent groups investigated.

In summary, the findings of this study suggest that alcoholics who have a more field-dependent orientation manifest greater inconsistency in interpersonal perceptions than either alcoholics or nonalcoholics who are more independent in their field orientation. These field-dependent alcoholics are representative of the majority of alcoholics in the population investigated. They suggest, further, that there are discern-

ible differences within alcoholic populations on the variable investigated. This is taken as support for the efficacy of investigating dimensions along which further differentiation might be made within the alcoholic population.

Implications for the Treatment of Alcoholics

One of the primary goals in the treatment of alcoholics is concerned with assisting the alcoholic to make efforts at reality testing during and after he leaves the treatment program. It is important that this be done if the therapeutic grains of the three months of treatment are to transfer to the real world after he leaves the program. It is, however, quite futile to urge reality experimentation on the part of alcoholics prior to modification of their interpersonal perceptions. This, of course, is not applicable solely to alcoholics; it is, however, particularly relevant to them as they typically don't seek treatment until later in life. As such, the ways they perceive themselves and others are not readily modified.

Alcoholics frequently claim that, indeed, they have tested reality and found it wanting. What they do not realize, however, is that because of their misperceptions, they have never actually tested reality. Rather, they have tested it only in terms of their own distorted interpersonal perceptions. Thus a change in the perceptions of self and others is a necessary preliminary to the beginning of reality experimentation and the practicing of new patterns of relating to the self and others.

Limitations of the Present Study

The test instruments employed in this are relatively stable and have been routinely group or individually administered under varying conditions. In addition, directions were given to each subject instructing him to complete the tests in a specified order and without help from others. The possibility does exist, however, that the procedure followed in the administration of these tests may have resulted in greater variability in the data than the use of more rigorously controlled testing conditions.

There are limitations on the generalizing of these findings. Specifically, only white, adult males between the ages of thirty and sixty were accepted as subjects in the study. In addition, the alcoholic groups were a selective population in that they were admitted to the treatment program on the basis of certain general criteria. Applicants are not usually accepted for treatment if there is evidence of psychosis, or severe organicity. Further, they are accepted for the program only if they appear to have some motivation to undergo treatment.

The alcoholic subjects were a hospitalized sample in the sense that they were in an inpatient program. The nonalcoholic subjects were from outside the hospital. This was not, however, considered to be a serious limitation of the study. That is, the alcoholics were on an open ward, had considerable social contact both on and off the ward, had a regular schedule of activities, most of which were off the ward and were free to leave the ward as they wished except during the late evening hours. In addition, they had weekend passes and visiting hours were unrestricted except for the late evening hours. It seems justified to

conclude on this basis that the alcoholics did not suffer from "the effects of hospitalization" in the sense of being isolated or deprived of social contact.

Suggestions for Further Research

This study was concerned solely with the intensity dimension of interlevel conflict in interpersonal perceptions. It would also be of interest to explore the content of these perceptions. McCord and McCord (1960) suggest, for example, that alcoholics tend to perceive themselves as much stronger and independent than others see them. It may be that this findings apply primarily to field-dependent alcoholics, as field-independent alcoholics were comparable to field-independent nonalcoholics. In this regard, it would seem of interest to explore other dimensions along which the two "types" of alcoholics may differ, particularly concerning response to treatment.

In selecting subjects on the basis of high and low GEFT scores, this study focused on extremes of the field orientation dimension. Although the use of purer groups of subjects aids in the understanding of basic principles, it would also be interesting to investigate differences in interpersonal perceptions across the whole range of field orientation.

CHAPTER VI

SUMMARY

The search for the "alcoholic" personality has met with relatively little success. The inconclusive and contradictory experimental findings lead to the conclusion that alcoholics are an extremely heterogeneous population. There appear to be various constellations of personality traits which, in combination with appropriate sociocultural and/or physiological conditions, may be predisposing to alcoholism. For these reasons current research efforts are directed toward investigating differences within alcoholic populations.

The purpose of this study was to investigate the relationship between field-orientation (Witkin, 1962), inconsistency of interpersonal perceptions, and alcoholism. It was hypothesized, first, that alcoholics would manifest greater inconsistency in their interpersonal perceptions than nonalcoholics and second, that field-dependent individuals would manifest greater inconsistency than field-independent individuals, regardless of the presence or absence of alcoholism.

To test these hypotheses, this study used portions of the Interpersonal Diagnostic System (Leary, 1957). Interlevel discrepancy scores were obtained between Level I (behavioral impact) and Level II (conscious self-description), between Level II and Level III (preconscious fantasy

expressions), and between Level II and Level V (ideal self-image). These interlevel discrepancy scores are measures of accuracy of self-perception, of congruence between conscious and preconscious expressions of the self and of self-acceptance.

The results suggest that alcoholism is associated with inconsistency in interpersonal perceptions. This conclusion, however, was limited to field-dependent alcoholics. Field-independent alcoholics performed comparably to field-independent controls. This finding was of particular interest because the majority of the alcoholic population tested in the initial phase of the study were found to have a field-dependent orientation. It seems possible that the results of previous studies characterizing the interpersonal perceptions of alcoholics as unstable, may be a function of the population (field-dependent) sampled.

Field-dependent nonalcoholics, contrary to expectations, manifested the least inconsistency in interpersonal perceptions of all groups investigated. It was speculated that the performance of this group might be a function of rigidity rather than integration.

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APPENDIX A

AGE, EDUCATION, VOCABULARY AGE, AND MARTIAL STATUS FOR ALL SUBJECTS

ALCOHOLICS

Subject Number	Field-Independent				Field-Dependent			
	Age	Years of Education	Vocabulary Age	Martial* Status	Age	Years of Education	Vocabulary Age	Martial* Status
1	38	16	19.0	M	40	16	16.2	D
2	46	13	19.0	M	38	12	15.5	D
3	44	12	19.4	M	58	12	15.9	M
4	47	15	19.8	M	50	12	18.6	D
5	45	18	20.2	M	43	16	17.4	M
6	45	12	16.6	M	43	6	18.2	M
7	43	10	17.4	D	45	12	16.2	M
8	49	18	17.4	M	43	11	17.0	M
9	50	12	15.1	M	51	12	14.3	D
10	40	12	16.2	D	45	12	17.2	M
11	40	14	19.0	D	42	12	20.2	D
12	45	12	15.1	D	48	17	18.6	D
13	47	12	15.1	M	57	12	17.8	D
14	47	12	14.3	M	41	12	11.1	D

*M = Married; D = Divorced

NONALCOHOLICS

Subject Number	Field-Independent				Field-Dependent			
	Age	Years of Education	Vocabulary Age	Martial Status*	Age	Years of Education	Vocabulary Age	Martial Status*
1	57	12	17.8	D	44	10	14.3	M
2	50	16	19.0	M	51	14	16.6	M
3	35	12	15.9	M	58	12	17.4	D
4	39	17	18.6	M	49	12	16.6	M
5	38	12	16.6	M	57	12	17.4	D
6	43	16	16.6	D	54	16	19.4	D
7	50	12	19.0	D	40	12	15.5	M
8	32	17	19.8	D	48	12	17.8	D
9	51	12	18.6	D	54	12	18.6	M
10	32	15	14.7	M	56	12	16.6	D
11	39	12	18.2	D	52	12	16.2	M
12	51	16	19.0	M	31	16	15.7	M
13	42	14	17.0	M	50	16	19.8	D
14	39	19	20.2	M	46	16	20.5	M

*M = Married; D = Divorced

APPENDIX B

OCCUPATIONAL STATUS

NUMBER OF SUBJECTS IN EACH GROUP WITHIN EACH GENERAL OCCUPATIONAL LEVEL

	ALCOHOLICS		NONALCOHOLICS	
	Field-Independent	Field-Dependent	Field-Independent	Field-Dependent
Executives and proprietors of large concerns and major professionals	1	0	0	0
Managers and proprietors of medium-sized businesses and lesser professionals	0	1	3	0
Administrative personnel of large concerns, owners of small independent businesses, and semiprofessionals	2	1	3	3
Owners of little businesses, clerical sales workers, and technicians	7	5	5	5
Skilled workers	3	6	2	6
Semiskilled workers	1	1	1	0
Unskilled workers	1	1	1	0

APPENDIX C

GROUP EMBEDDED TEST-FORM V

SCORES FOR ALL SUBJECTS

Subject Number	ALCOHOLICS		NONALCOHOLICS	
	Field-Independent	Field-Dependent	Field-Independent	Field-Dependent
1	15	0	16	0
2	15	0	16	1
3	15	0	15	1
4	14	1	14	2
5	14	1	14	2
6	13	1	13	3
7	13	2	13	3
8	13	2	13	4
9	11	2	13	5
10	11	4	13	5
11	10	4	12	5
12	9	5	11	5
13	9	6	11	6
14	9	6	10	6

APPENDIX D

DIRECTIONS AND FORMAT OF INTERPERSONAL CHECK LIST FOR LEVELS II AND V

DIRECTIONS FOR LEVEL I

This booklet contains lists of words and phrases which describe the way people behave in relation to one another. There is a circle in front of each word or phrase for your answers. There are three sections to be filled out. On Section I, go through the list and fill in the circles in front of those words and phrases which are generally descriptive of yourself, in your opinion, at the present time. Leave the answer blank when an item does not describe you.

For example, take the first phrase, "able to give orders." If you think that you are generally able to give orders, fill in the circle in front of this phrase. If you think you are not generally able to give orders, leave the circle blank. Go on in the same way through all 128 items on the page, describing yourself as you are. Your first impression is generally the best, so work quickly and don't be concerned about contradictions, duplications or being exact. If you feel much doubt whether an item applies, leave it blank.

DIRECTIONS FOR LEVEL V

On Section II, go through the list below and fill in the circle in front of those words and phrases which describe your ideal self--the way you would like to be if you had the choice. Leave the answer blank when an item does not describe your ideal self. For example, take again the first phrase, "able to give orders." If ideally, you would like to be the sort of person who is generally able to give orders, fill in the circle in front of this phrase. If ideally, you would not like to be the sort of person who is generally able to give orders, leave the circle blank. Go on in the same way through all 128 items on the page, describing your ideal self.

Again, your first impression is generally the best, so work quickly and don't be concerned about contradictions, duplications or being exact. If you have much doubt whether an item applies, leave it blank.

FORMAT OF INTERPERSONAL CHECKLIST

1	0	able to give orders
2	0	makes a good impression
3	0	well thought of
4	0	forceful
5	0	self-respecting
6	0	independent
7	0	able to take care of self
8	0	can be indifferent to others
9	0	can be strict if necessary
10	0	firm but just
11	0	can be frank and honest
12	0	critical of others
13	0	can complain if necessary
14	0	often gloomy
15	0	able to doubt others
16	0	frequently disappointed
17	0	able to criticize self
18	0	apologetic
19	0	can be obedient
20	0	usually gives in
21	0	grateful
22	0	admires and imitates others
23	0	appreciative
24	0	very anxious to be approved of
25	0	cooperative
26	0	eager to get along with others
27	0	friendly
28	0	affectionate and understanding
29	0	considerate
30	0	encourages others
31	0	helpful
32	0	big-hearted and unselfish
33	0	often admires
34	0	respected by others
35	0	good leader
36	0	likes responsibility
37	0	self-confident
38	0	self-reliant and assertive
39	0	businesslike
40	0	likes to compete with others
41	0	hard-boiled when necessary
42	0	stern but fair
43	0	irritable
44	0	straightforward and direct
45	0	resents being bossed
46	0	skeptical
47	0	hard to impress
48	0	touchy and easily hurt
49	0	easily embarrassed
50	0	lacks self-confidence
51	0	easily led
52	0	modest
53	0	often helped by others
54	0	very respectful to authority
55	0	accepts advice readily
56	0	trusting and eager to please
57	0	always pleasant and agreeable
58	0	wants everyone to like him
59	0	sociable and neighborly
60	0	warm
61	0	kind and reassuring
62	0	tender and soft-hearted
63	0	enjoys taking care of others
64	0	gives freely of self

FORMAT OF INTERPERSONAL CHECKLIST--Continued

65	0	always giving advice	97	0	tries to be too successful
66	0	acts important	98	0	expects everyone to admire him
67	0	bossy	99	0	manages others
68	0	dominating	100	0	dictatorial
69	0	boastful	101	0	somewhat snobbish
70	0	proud and self-satisfied	102	0	egotistical and conceited
71	0	thinks only of himself	103	0	selfish
72	0	shrewd and calculating	104	0	cold and unfeeling
73	0	impatient with others' mistakes	105	0	sarcastic
74	0	self-seeking	106	0	cruel and unkind
75	0	outspoken	107	0	frequently angry
76	0	often unfriendly	108	0	hard-hearted
77	0	bitter	109	0	resentful
78	0	complaining	110	0	rebels against everything
79	0	jealous	111	0	stubborn
80	0	slow to forgive a wrong	112	0	distrusts everybody
81	0	self-punishing	113	0	timid
82	0	shy	114	0	always ashamed of self
83	0	passive and unaggressive	115	0	obeys too willingly
84	0	meek	116	0	spineless
85	0	dependent	117	0	hardly ever talks back
86	0	wants to be led	118	0	clinging vine
87	0	lets others make decisions	119	0	likes to be taken care of
88	0	easily fooled	120	0	will believe anyone
89	0	too easily influenced by friends	121	0	wants everyone's love
90	0	will confide in anyone	122	0	agrees with everyone
91	0	fond of everyone	123	0	friendly all the time
92	0	likes everybody	124	0	loves everyone
93	0	forgives anything	125	0	too lenient with others
94	0	oversympathetic	126	0	tries to comfort everyone
95	0	generous to a fault	127	0	too willing to give to others
96	0	overprotective of others	128	0	spoils people with kindness

APPENDIX E

INTERLEVEL DISCREPANCY SCORES FOR ALL SUBJECTS ON EACH MEASURE AND COMBINED ACROSS MEASURES

NONALCOHOLICS

Subject Number	Field-Independent				Field-Dependent			
	Level I/II	Level II/III	Level II/V	Combined Scores Across Levels	Level I/II	Level II/III	Level II/V	Combined Scores Across Levels
1	68	23	66	157	00	41	00	41
2	44	23	105	172	00	44	23	67
3	41	23	62	123	26	41	84	151
4	81	41	41	163	62	23	26	111
5	23	00	62	85	44	00	44	88
6	66	81	41	188	00	44	00	44
7	44	00	00	44	44	44	00	88
8	62	66	41	169	23	23	00	46
9	26	62	84	172	66	23	23	112
10	48	41	41	130	91	44	44	179
11	48	84	91	223	41	48	66	155
12	81	44	66	191	00	66	41	107
13	62	84	84	230	00	44	81	125
14	48	00	41	89	26	41	66	133

ALCOHOLICS

Subject Number	Field-Independent				Field-Dependent			
	Level I/II	Level II/III	Level II/V	Combined Scores Across Levels	Level I/II	Level II/III	Level II/V	Combined Scores Across Levels
1	84	23	23	130	105	41	84	230
2	00	00	48	48	44	105	41	190
3	84	81	41	206	44	105	114	263
4	41	23	84	148	81	105	81	267
5	66	23	62	151	81	41	23	145
6	41	41	66	148	105	105	44	254
7	91	23	66	180	66	48	66	180
8	91	00	66	157	81	41	81	203
9	00	91	66	157	26	66	66	158
10	00	41	00	41	66	44	81	191
11	44	41	00	85	114	44	44	202
12	00	114	66	180	44	41	23	108
13	44	66	81	191	00	41	68	109
14	44	81	23	148	26	84	48	158