STEREOTYPES OF ALCOHOLICS AMONG PROFESSIONALS, NONPROFESSIONALS, AND ALCOHOLICS

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An Abstract

Presented to

the Graduate Council of

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

James Douglas Baxendale

June 1977

ABSTRACT

Three specific groups of 28 subjects each - a professional sample, a nonprofessional sample, and an alcoholic sample - were asked to complete an Activities, Interests, and Attitude Questionnaire. Following completion of the questionnaire, subjects were asked to read a narrative description, accompanied by a photograph, of the stimulus person. Two photographs (P1 and P2) and two narratives (N1 and N2) were used. One of the narrative descriptions (N1) portrayed an individual who was probably alcoholic, while the other narrative (N2) portrayed an individual who was a relatively successful social drinker. The assignment of photographs and narratives was random and counterbalanced so that each possible combination (P1N1, P1N2, P2N1, or P2N2) was received by an equal number of subjects in each of the three groups. Subjects were then asked to complete a stimulus person evaluation scale which included 26 descriptive personality characteristics, a similarity question, a friendliness question, and a social distance scale.

The purpose of the present investigation was to examine any differences in attitudes toward and stereotypes of alcoholics between the three populations sampled. Statistical analysis of the results confirmed the hypotheses that stereotypes of alcoholics do exist and that these stereotypes, with their accompanying attitudes, do differ between the three groups. Further, it was revealed that those differences resulted from the difference in narrative descriptions and were largely unaffected by the photographs. The effects such differences in perceived personality characteristics between therapist and patient may have on the therapeutic process are discussed.

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James Douglas Baxendale

June 1977

To the Graduate Council:

I am submitting herewith a Thesis written by James Douglas Baxendale entitled "Stereotypes of Alcoholics among Professionals, Nonprofessionals, and Alcoholics". I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

Stephen F. Davis
Major Professor

We have read this thesis and recommend its acceptance:

William L. Stamps, Jr.
Second Committee Member

Garland E. Blair
Third Committee Member

Accepted for the Council:

Wayne E. Stamps
Dean of the Graduate School

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CHAPTER I

INTRODUCTION

One of the most interesting objects of perception in the environment is another person. "Much social conversation is an exchange of opinions and feelings about other people. In our everyday interaction with other persons, we frequently assess their intentions and motives with respect to us" (Secord & Backman, 1964, p. 49). The process by which impressions, feelings, or opinions about other persons are formed has been termed person perception (Lazerson, 1975). Four modes of perceiving others have been suggested by Secord and Backman (1964): "(1) outward appearance or superficial characteristics, (2) a central trait and its immediate ramifications, (3) a cluster of congruous characteristics, and (4) a variety of traits including some which are incongruous" (p. 56).

Although direct interaction with the perceived person should result in the most accurate opinion formation, many situations in everyday life provide a minimum of information about a stimulus person. Yet even in this case, it appears that clear impressions of him are often formed. "Research has repeatedly shown that when perceivers make judgements from very limited stimulus information in a context where interaction is restricted, they usually show marked agreement on the characteristics of the persons depicted" (Secord & Backman, 1964, p. 66). "A pervasive and often-noted factor in forming impressions of others is that of stereotyping" (Shoemaker, South, & Lowe, 1973, p. 427). A stereotype has been defined as "a rather standardized mental picture held in common by members of a group, and representing an oversimplified

opinion or attitude of some object, person, idea or of another group" (McConnell, 1974, p. 99).

"The word 'stereotype' originally referred to a metal plate used in printing" (Mackie, 1973, p. 432). The term was introduced to social scientists by journalist Walter Lippman (1922) for whom a stereotype was a picture in our heads. Secord and Backman (1964) have subsequently defined stereotyping as a process having essentially three characteristics: "the categorization of persons, a consensus on attributed traits, and a discrepancy between attributed traits and actual traits" (p. 67). Mackie (1973) listed seven referents of stereotype: (1) folk knowledge rather than scientific judgement is involved, (2) these beliefs concern categories of people, (3) since the stereotype referents are groups of people, descriptions of them take the form of a collection of trait characteristics, (4) stereotypes are undifferentiated, (5) agreement exists among the judges on both the delineation of the category and the traits which appropriately describe that category, (6) the term should possibly be restricted to those beliefs which reflect cognitive rigidity and emotionality of the stereotype holder, and, (7) stereotypes are inaccurate. Bem (1970) wrote:

> For a number of reasons, most of us have learned to regard stereotypes as undesirable. Sometimes, for example, stereotypes are based upon no valid experience at all but are picked up as hearsay or are formed to rationalize our prejudices. Then, too, stereotypes are frequently used to justify shabby treatment of individuals on the basis of assumed group characteristics which neither they nor the group, in fact, possess (p. 8).

The stereotyping of various racial and ethnic categories has been demonstrated by a number of investigators (e.g., Katz & Braly, 1935; Blake & Dennis, 1943; Buchanan, 1951; Secord, Bevan, & Katz, 1956; Secord, 1959; Secord & Backman, 1964). Similarly, stereotyping has been shown to exist in a number of other important areas, such as occupations and personality types (e.g., Secord, Bevan, & Dukes, 1953; Secord & Berscheid, 1963), and attitudes toward the mentally ill (e.g., Gove, 1970; Coleman & Broen, 1972; Ramsey, 1974). "Scott (1969) notes that stereotypes about the blind play a significant part in the lives of those designated as blind, even the 'blind' who have partial sight" (Shoemaker et al., 1973, p. 427). In addition, stereotypes of police officers have also been investigated (e.g., Boyd, 1973). A large number of investigators have recently concerned themselves with stereotypes of the female sex (e.g., Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Hollander, 1972; Komaronsky, 1973; Gordon & Hall, 1974; O'Leary, 1974).

While the stereotyping of the previously mentioned groups has been established, the stereotyping of deviants had remained relatively untouched, at least empirically, until Shoemaker, South, and Lowe (1973) examined the existence of facial stereotypes of deviants and the relation of any such types to judgements of guilt or innocence. The present investigation had as its chief aim the possible existence of stereotypes of yet another so-called social deviant - the alcoholic.

Although there have been numerous attempts to define and describe an "alcoholic personality", these descriptions have been largely clinical in nature. Clinebell (1956) listed the thirteen personality characteristics most often observed in alcoholics as: (1) angry over-

dependency, (2) inability to adequately express emotions, (3) high level of anxiety in interpersonal relations, (4) emotional immaturity, (5) ambivalence toward authority, (6) low frustration tolerance, (7) grandiosity, (8) low self-esteem, (9) feelings of isolation, (10) perfectionism, (11) guilt, (12) compulsiveness, and (13) sex-role confusion. Henry (1974) reported:

> In recent years several studies (DePalma & Clayton, 1958; Fuller, 1966; Gross & Carpenter, 1971), have indicated that alcoholic subjects differed significantly from the general population on the majority of the sixteen factors on the Sixteen Personality Factor Questionnaire (16 PF), (Institute for Personality and Ability Testing, 1967). On the basis of these findings and the fact that the resulting profiles were highly similar Fuller (1966) reported an alcoholic personality which he felt applicable to all U.S. males. On the basis of correlations computed between the profiles of his subjects and eight other Institute for Personality and Ability Testing (IPAT) groups, Fuller proposed that the alcoholic had a neurotic personality (p. 6).

In a more recent study using the Taylor-Johnson Temperament Analysis (T-JTA), Wease (1976) reported that a sample of active duty Army enlisted men enrolled in an alcohol and drug rehabilitation program differed significantly from the normative sample in all nine personality traits measured by the T-JTA in that the military patient population measured tended to be nervous, depressive, socially inactive, inhibited, indifferent, subjective, submissive, hostile, and impulsive.

Unfortunately, these attempts to describe the personality characteristics of alcoholics have generally met with limited success.

Holtzman (1974) reported that the "clinical literature has emphasized qualities of the 'essential alcoholic' which include 'low anxiety tolerance, generalized avoidant tendencies, egocentricity, weak introspection, and demanding, dependent relations' (132). Only a few studies of this pattern have yielded findings statistically valid" (p. 247).

Apart from an attempt to describe an "alcoholic personality" *per se*, a number of investigators have examined the attitudes of helping professionals and/or the general public toward alcohol and alcoholism. Haberman and Sheinberg (1969) reported that "about two-thirds of a representative sample of New York City adults either considered alcoholism as an illness or recognized the abnormal behavior of a spree drinker as a sign of illness" (p. 1216). Linsky (1970-71) discussed causal theories of alcoholism in terms of two dimensions, " a *locational* dimension, i.e. whether the causal agent is seen as inside the alcoholic or located in his environment...and a *moral* dimension, i.e. whether the causal agent is evaluated moralistically...or interpreted naturalistically, i.e. in scientific terms" (p. 574). Based on an extensive literature review, Linsky reported that:

> For the first three decades of the twentieth century the causal agent was seen as clearly outside of the alcoholic, resting in environmental factors. A decisive change occurred by the forties when the focus shifted to factors inside the alcoholic, principally psychological. Since the forties there appears to be a moderate trend away from strictly internal explanation, with articles often citing both internal and external factors (p. 575).

Linsky further reported that "attribution of moral blame to the agent causing alcoholism has declined steadily over the last seven decades"

(p. 576). In a survey of adults in Iowa, Mulford and Miller (1961) found that 51 per-cent of those questioned viewed the alcoholic as sick as opposed to morally weak, mentally ill, or criminal. McCarthy and Fain (1959) reported a similar study in Connecticut where over 90 per-cent of the sample viewed alcoholism as an illness. Contrastingly, in an investigation of psychologists' attitudes toward alcoholism, Knox (1969) found that "psychologists rarely rank disease as a preferred definition of alcoholism" (p. 448). She reported that the psychologists sampled "think of alcoholism as (1) a behavior problem, (2) a symptom complex, (3) an escape mechanism, or (4) a habit. The causes of alcoholism are judged to be (1) conflict over dependency needs, (2) low tension tolerance, (3) conditioning, or (4) excessive dependency" (p. 448). In an investigation of attitudes of female alcoholics toward alcoholism, Hart (1974) found that the female alcoholic viewed emotional difficulties and the highly addicting nature of the substance as contributing factors in the development of alcoholism. Further, the female alcoholics believed "that the alcoholic does have a good prognosis for recovery and can be a periodic excessive drinker" (pp. 313-314).

Reinehr (1969) compared the self-descriptions of alcoholics with the perceptions about alcoholics of a group of therapists working with alcoholic patients. Using the Gough Adjective Check List, he found that over 70 per-cent of the alcoholic sample described themselves as active, capable, civilized, clear-thinking, considerate, cooperative, easy-going, fair-minded, forgiving, friendly, generous, good-natured, healthy, honest, kind, reasonable, serious, soft-hearted, and understanding. By contrast, over 70 per-cent of the therapists described their alcoholic patients as anxious, bitter, complaining, defensive,

demanding, dependent, dissatisfied, emotional, evasive, hostile, immature, impatient, moody, nervous, resentful, restless, self-centered, self-pitying, self-punishing, and tense. A number of other investigators (e.g., Mackey, 1969; Sowa & Cutter, 1974; Kilty, 1975; Wallston, Wallston, & DeVellis, 1976) have reported similar findings, i.e., relatively undesirable characteristics were associated with alcoholics.

Alcoholism among all age groups and in all socioeconomic levels is increasing dramatically. In 1972, for example, alcoholism ranked as the fourth major health problem in the United States. According to one study, ninety-four million men and women in this country use alcohol. Over thirty million use it frequently and in large quantities. This group includes an estimated nine million alcoholics - approximately four per-cent of the population. The incidence of alcoholism is slightly more prevalent among members of the armed forces - a General Accounting Office survey of November 2, 1971 estimated the incidence of alcoholism in the military service at five per-cent (Department of the Army, 1973).

The alcoholic serviceman of the past was generally stereotyped as being in his late 30's or early 40's when his problem became acute. The facts no longer support the old stereotype. A recent study of 36 Army enlisted men receiving treatment for alcoholism at Fort Campbell, Kentucky showed their mean age to be 21.6 years (Henry, 1974). The military service has long condoned, and at times encouraged, the use of alcohol. Military social life has frequently centered around activities where alcohol is used. Examples include "happy hours", "hail and farewell parties", "wetting down" parties, and unit "beer busts". These practices have encouraged the abuse of alcohol and have institutionalized its use. Even today, Hollywood promotes the stereotypic image of the

hard-fighting, hard-drinking soldier. Recognizing the growing problem of alcohol abuse and alcoholism among its ranks, the Army instituted, in September of 1971, a program for the identification and treatment of alcohol dependent persons. In large measure, initial identification of military alcoholics must be made at the lowest level of command, i.e. by the individual's immediate commander or supervisor. "It seems reasonable to suppose that prevailing public definitions of the alcoholic influence the individual's perception of his own drinking as a problem or not, his recognition of the need for help, the nature of the help which he seeks and even the nature and effectiveness of the assistance which may be available to him" (Mulford & Miller, 1961, p. 312). As a logical extension of this, it would also seem reasonable to assume that public stereotypes of the alcoholic, in combination with one's own drinking practices, would exert a powerful influence on the identification of another person as a possible alcoholic. Attitudes toward alcoholism are stereotypic definitions of alcoholics, then, appear to be important variables in the planning and conduct of both preventive education programs and the treatment of alcoholism.

With this consideration, the present investigation was designed to examine the attitudes toward and stereotypes of alcoholics across a variety of populations and to compare these stereotypes, if indeed any exist, with each other. It was hypothesized that (1) stereotypes of alcoholics do exist, and that (2) these existing stereotypes differ between the populations sampled. More specifically, samples were drawn from: (1) United States Army active duty enlisted men, (2) professionals working in the field of alcohol rehabilitation, and (3) clinically confirmed alcoholics in an in-patient rehabilitation treatment program.

CHAPTER II

METHOD

Subjects

The total sample included 84 subjects sub-divided into three specific groups of 28 subjects each. Group I - the professional sample (P) - consisted of 28 persons, both military and civilian, responsible for providing direct treatment services to alcoholics. All were directly associated with the Alcohol Rehabilitation Program at Fort Campbell, Kentucky. They ranged in age from 20 to 49 years with a mean age of 31.0 years. The majority - 60.7 per-cent - had graduated from college. Six had bachelor's degrees only, five had completed some graduate work, four had master's degrees, and two had doctoral degrees (one M.D. and one Ph.D. clinical psychologist). The remaining 11 (39.3 per-cent) had some college-level education. Nine of the subjects (32.1 per-cent) had never been married, three (10.7 per-cent) were divorced, and 16 (57.2 per-cent) were married.

Group II - the nonprofessional sample (N) - consisted of 28 United States Army enlisted men serving on active duty at Fort Campbell, Kentucky. The subjects in this group ranged in age from 18 to 33 years with a mean age of 21.7 years. Education levels ranged from 9 to 14 years with a mean education of 11.8 years. The majority - 78.6 per-cent - had either graduated from high school or had received their G.E.D. equivalency certificate. Twenty of the subjects (71.4 per-cent) had never been married. The remaining eight (28.6 per-cent) were married at the time of the study.

Group III - the alcoholic sample (A) - consisted of 28 active duty

Army enlisted men undergoing in-patient rehabilitation treatment for alcoholism at the Alcohol Rehabilitation Program at Fort Campbell, Kentucky. All had been clinically confirmed and officially diagnosed as alcoholics in accordance with the diagnostic nomenclature and procedures established by the American Psychiatric Association. The subjects ranged in age from 19 to 47 years with a mean age of 27.3 years, although this figure is not really representative of the age distribution. Only six of the subjects were over the age of 30 years. Thus the majority - 78.6 per-cent - were 30 years of age or younger. Education levels ranged from 8 to 14 years, with a mean education of 12.1 years. The majority - 75.0 per-cent - had either graduated from high school or had received their G.E.D. equivalency certificate. Eleven of the subjects (39.3 per-cent) had never been married, four (14.3 per-cent) were divorced, and 13 (46.4 per-cent) were married at the time of the study.

Apparatus

An Activities, Interests, and Attitude Questionnaire, constructed by the author of the present study, was given to each subject. This instrument was primarily designed for congruence with the cover story and was largely ignored in analyzing the results with the exception of one question pertaining to the concept of alcoholism as a physical illness. Additionally, certain demographic data was extracted from these questionnaires (e.g., age, education level). Two photographs (P1 and P2) of white males in their 30's, both of whom are known by the author, were used. Accompanying each of the photographs was one of two narrative descriptions (N1 or N2), written by the author, of the stimulus person. One of the narrative descriptions (N1) portrayed an

individual who was probably alcoholic, while the other narrative (N2) portrayed an individual who was a relatively successful social drinker. Finally, a Likert-type scale, rating the stimulus person on a number of personality characteristics, was used. This scale was also constructed by the author. In addition to the Likert-type scale, each subject was asked to respond to a similarity question, a friendliness question, and a social distance scale on the order of those used by Stein, Hardyck, and Smith (1965). Copies of the Activities, Interests, and Attitude Questionnaire, the two narrative descriptions, and the stimulus person evaluation scale are presented in the Appendices.

Procedure

Subjects were selected randomly from the available respective populations, through the use of a table of random numbers, and asked to voluntarily participate in the study. It was explained to each of them that the study was being conducted as part of the author's program requirements at the Austin Peay State University Graduate School. None refused to participate. Attitude measurement and experimental treatment were accomplished in one session. All necessary materials were pre-arranged in packet form for ready availability and distribution. A short introductory statement was made, telling the subjects that the study was concerned with interpersonal and social attraction, i.e., that the focus of the investigation was in assessing how or why one person decides to like or dislike another person, basing an opinion on a limited amount of information.

The subjects were then given a packet containing an Activities, Interests, and Attitude Questionnaire, a stimulus person evaluation

scale, and one of the following possible combinations of photographs and narratives: P1N1, P1N2, P2N1, or P2N2. Assignment of stimulus photographs and descriptive narratives was random and counterbalanced so that each possible combination was received by an equal number of subjects in each of the three groups. Upon completion of the packet materials, subjects were informed of the true purpose of the investigation and were requested to speak to no one regarding the study. Additionally, they were told the expected completion date of the study and informed that the general results would be made available to them at their request.

CHAPTER III

RESULTS

Concept of Alcoholism as a Physical Illness

The subjects' responses to the item which measured their view of alcoholism as a physical illness were assigned scores of 1, 2, 3, 4, or 5, with 5 representing the strongest agreement with the illness concept. These scores were then subjected to analysis of variance. The results of that analysis (summarized in Table 1) yielded no significant effects.

It should be noted that this analysis only indicated that there were no differences in the intensity of agreement-disagreement. Hence, it still seemed possible that simple agree-disagree differences, based upon quantity rather than intensity, might yet exist. To test this, the number of scores indicating a *preference* for the illness concept was summed for each of the three groups and these frequencies were subjected to Chi-square analysis. The expected frequencies were obtained from the data of: (1) the Iowa sample (Mulford & Miller, 1961) which reported 51% agreement, and (2) the Connecticut sample (McCarthy & Fain, 1959) which reported 90% agreement. When the frequencies obtained in the present study were compared with those expected by the 51% (Iowa) criterion, a significant, $\chi^2(2) = 9.78$, $p < .01$, difference was obtained. However, no significant differences were found between the 91% expectation of the Connecticut sample and the present data, $\chi^2(2) = 5.74$, $p > .05$. It is worth noting that these effects may be group specific in that 85.71% of the professional group and 75.0% of the alcoholic group in the present study viewed alcoholism as a physical illness. These percentages are similar to the Connecticut percentage. On the other

hand, of the nonprofessionals tested in the present study, only 50.0% held this opinion. Obviously, they were more similar to the Iowa percentage than the Connecticut percentage.

Similarity Question

The subjects' responses to this question were assigned scores of 1, 2, 3, 4, 5, or 6, with 6 indicating the highest degree of similarity. These scores were then subjected to analysis of variance. The results of this analysis are summarized in Table 2. A significant Narratives x Groups interaction was found, $F(2,72)= 6.20$, $p<.005$. Simple-Main Effects analyses (summarized in Table 3) were performed to probe this interaction. These analyses yielded a significant difference between the two narratives for the professional group, $F(1,72)= 22.67$, $p<.0005$. Further analysis using the Newman-Keuls procedure showed that the professional group viewed the nonalcoholic stimulus person (N2) as significantly ($p<.05$) more similar to themselves than the alcoholic stimulus person (N1). No other significant differences in perceived similarity were obtained.

Friendliness Question

As in the case of the similarity question, subjects' responses were assigned scores of 1, 2, 3, 4, or 5 on the friendliness question with a score of 5 representing most friendliness. Table 4 shows the results of the analysis of variance. The results of this analysis indicated that all three subject groups felt significantly friendlier toward the nonalcoholic than toward the alcoholic, $F(1,72)= 13.60$, $p<.001$.

Social Distance Scale

Total scores on the social distance scale were computed by assigning a value of 1 for each "yes" response and a 0 for each "no" response and summing the number of 1s for each subject. An analysis of variance performed on the 1 totals is shown in Table 5. All three groups indicated a significantly more positive attitude toward social interaction with the nonalcoholic than with the alcoholic stimulus person, $F(1,72)= 34.17$, $p<.001$. The three subject groups also differed significantly, $F(2,72)= 9.26$, $p<.001$. The Newman-Keuls procedure was then used to examine specific differences between the groups. This analysis showed that the professional group and the alcoholic group did not differ significantly from each other in their attitudes toward the nonalcoholic. Both of these groups, however, felt significantly more positive toward the nonalcoholic than did the professional group ($p<.01$). A second Newman-Keuls analysis was performed to examine any differences in attitudes of the three groups toward the alcoholic stimulus person. In this instance, no difference was found between the professional group and the nonprofessional group. The alcoholic group, however, felt significantly more positive toward the alcoholic than did the other two groups ($p<.05$).

Personality Characteristics

Two distinct personality profiles, "stringent" and "lenient", of the alcoholic stimulus person and the nonalcoholic stimulus person were derived from an analysis of the responses on the stimulus person evaluation scale. The criterion for inclusion of a given trait in the stringent profile was agreement by ten or more of the respondents in each of the

three sample groups (71.5% agreement). A 57.1% (eight or more) agreement criterion was set for inclusion in the lenient profile. Since all previous analyses indicated no significant differences due to the photograph used, all responses in each of the three groups were pooled according to the narrative description.

Under the criterion for the stringent profile, the professional sample indicated that the alcoholic stimulus person: (1) was in need of a physician, (2) should see a psychiatrist, (3) was not of strong character, (4) did not live up to strict moral standards, (5) did not stand on his own two feet, and (6) was not loyal to family and friends. The alcoholic sample reached the stringent criterion level on one trait only: that the alcoholic stimulus person was very lonely. The nonprofessional sample did not reach agreement for the stringent profile on any traits.

Under the criterion for the lenient profile, in addition to those traits listed above, the professional sample indicated that the alcoholic stimulus person: (1) went along with the crowd, (2) was lazy, (3) was impulsive, (4) was very lonely, (5) was not trustworthy and honest, (6) was not pleasant to be around, (7) was not sincerely religious, (8) was not worldly and sophisticated, (9) was not industrious, and (10) was not well thought of by friends. The alcoholic sample added five traits. They felt the alcoholic stimulus person: (1) was in need of a physician, (2) should see a psychiatrist, (3) was not trustworthy and honest, (4) did not live up to strict moral standards, and (5) was not sincerely religious. The nonprofessional sample reached agreement for the lenient profile on two traits. They indicated the alcoholic stimulus person: (1) was generally friendly and (2) was very lonely.

The personality profiles of the nonalcoholic stimulus person, under the same criteria, were quite different from those of the alcoholic stimulus person. Under the stringent criterion, the professional sample indicated the nonalcoholic stimulus person: (1) was intelligent, (2) was trustworthy and honest, (3) was of strong character, (4) was generally friendly, (5) was industrious, (6) was loyal to friends and family, (7) was well thought of by friends, (8) was not lazy, and (9) was not impulsive. The nonprofessional sample felt he: (1) was intelligent, (2) was generally friendly, and (3) stood on his own two feet. The alcoholic sample indicated that the nonalcoholic stimulus person: (1) was intelligent, (2) was trustworthy and honest, (3) was of strong character, (4) was generally friendly, (5) stood on his own two feet, (6) was loyal to friends and family, (7) was well thought of by friends, (8) did not need a physician, (9) did not need a psychiatrist, and (10) was not lazy.

Under the lenient criterion, in addition to those traits listed above, the professional sample indicated that the nonalcoholic stimulus person: (1) was pleasant to be around, (2) treated others as equals, (3) stood on his own two feet, (4) did not take advantage of other people, (5) was not cruel, (6) was not very lonely, (7) was not selfish, and (8) did not think he was better than everyone else. The nonprofessional sample felt he: (1) was of strong character, (2) was industrious, (3) was materialistic, (4) was loyal to friends and family, (5) was not in need of a physician, and (6) was not lazy. The alcoholic group added ten traits of the nonalcoholic stimulus person. He: (1) was pleasant to be around, (2) lived up to strict moral standards, (3) treated others as equals, (4) was industrious, (5) was materialistic, (6) was tradition-

loving, (7) did not take advantage of other people, (8) was not very lonely, (9) was not selfish, and (10) did not think he was better than everyone else.

CHAPTER IV

DISCUSSION

The results confirm previous findings of general negative attitudes toward and the assignment of undesirable personality characteristics to alcoholics (Mackey, 1969; Reinehr, 1969; Sowa & Cutter, 1974; Wallston, Wallston, & DeVellis, 1976). With regard to the similarity question, the results are hardly surprising. The sample group of helping professionals judged themselves dissimilar to the alcoholic stimulus person and quite similar to the nonalcoholic stimulus person who was purported to be a psychologist. That the nonprofessional/nonalcoholic sample identified with neither of the stimulus persons could also have been expected. The alcoholic sample also identified themselves with neither of the stimulus persons. This too could have been expected. It should be recalled that the subjects in this group were all undergoing in-patient rehabilitation treatment at the time of the study. While they may have been alcoholics in the medical sense, functionally they were not alcohol abusers *at that time*. This could partially account for the fact that they did not judge themselves to be similar to the alcoholic stimulus person. Additionally, it has been pointed out that "hospitalized alcoholic patients may comprise a population different in self-concept from other alcoholic groups. Further research is needed to illuminate the nature of these differences, but caution is advisable in generalizing between groups bearing the rubric 'alcoholic'" (Reinehr, 1969, p. 444). The major focus of treatment at Fort Campbell is to increase personal awareness of individual coping behaviors, particularly drinking, and to raise the level of the patient's self-esteem.

Responses to the friendliness question and the social distance scale can be explained in like fashion. All three sample groups indicated they would feel significantly friendlier toward and more positive about social interaction with the nonalcoholic than the alcoholic. This may be due in part to the reasons discussed above. Additionally, it may be a function of the generally negative stereotype of the alcoholic and the popular image of the alcoholic as a "skid-row bum", although in actual fact less than five per-cent of alcoholics are in that category (Department of the Army, 1973).

The main part of the present study was the investigation of stereotyped personality traits attributed to alcoholics. The results tend to support the original hypotheses, in that the traits assigned to the alcoholic stimulus person do appear to differ quantitatively and qualitatively between the three sample groups. Although all three groups tended to ascribe desirable characteristics to the nonalcoholic stimulus person, this trend was reversed in the ratings of the alcoholic stimulus person. The greatest number of undesirable traits ascribed to the alcoholic stimulus person was by the group of professional therapists, followed *in number* by the alcoholics themselves. The nonprofessional/ nonalcoholic group was most reluctant to stereotype the alcoholic stimulus person. The only two characteristics ascribed to the alcoholic by this group, even under the lenient criterion, were general in nature and would probably not be considered terribly undesirable. Indeed, one could be considered highly desirable (generally friendly), while the other (very lonely) describes a situational condition rather than an enduring personality trait. It is interesting to recall here that "very lonely" was the only item on which the alcoholic sample reached

agreement under the stringent criterion.

It is possible that differences in attitudes between the three groups are related to differences in educational level or social status. "Individuals lower in education and status may experience less social distance from the alcoholics..., and therefore hold less negative attitudes toward them" (Sowa & Cutter, 1974, p. 213). It is equally possible that the emphasis placed on awareness and preventive education by the Army is having the desired effect in reducing the general negativism toward an alcoholic. This explanation becomes somewhat suspect, however, when it is recalled that only fifty per-cent of the nonprofessional sample considered alcoholism to be a physical illness. Sadly, another equally possible explanation exists, particularly regarding the responses of the nonprofessional/nonalcoholic sample. It is conceivable that, due to the widespread abuse of alcohol in the military, a majority of soldiers have become essentially accepting of, if not immune to, the problem. Indeed, one respondent from the non-professional sample prefaced his alcoholic stimulus person evaluation scale by writing: "I think that this person is your typical lifer." The term "lifer" is commonly used in the military, in a somewhat derogatory manner, to refer to a career soldier, particularly a senior noncommissioned officer. In this regard, the results of the present investigation are unlike the results of an earlier study, in which it was suggested that the attitudes and beliefs of professionals tended "to reflect the opinions and biases of the community within which they work" (Kilty, 1975, p. 327). This is clearly not the case with the Fort Campbell sample.

The results of the present investigation are particularly

disturbing in that they reveal an apparent wide divergence of attitude between the professional sample and the other two groups. All of the characteristics agreed upon by the professionals regarding the alcoholic stimulus person were negative or critical. The results, then, tend to confirm that "therapists and patients do not agree on the description of patients to any substantial degree" (Reinehr, 1969, p. 444). "Therapists may be reacting to alcoholic patients as members of a group whose characteristics are quite undesirable, while patients, although self-admittedly members of this group, may perceive their characteristics quite differently" (Reinehr, 1969, p. 444). Such a divergence in perceived personality traits can have a substantial effect on communication. Perception of a patient's characteristics may be a major factor in determining the quality and quantity of treatment given. In a recent report concerned with another category of helping professionals, Wallston, Wallston, and DeVellis (1976) wrote:

> When a nurse holds a negative attitude, the patient may in turn develop a hostile or contratherapeutic posture. The patient or nurse may believe that it is neither useful nor safe for a negatively perceived patient to seek interaction, self-disclose, enlist aid, or express emotions. The failure of the patient to engage in these help-seeking behaviors is not conducive to his or her recovery or to the professional goals of the nurse.... The alcoholic would probably not be trusted by nursing personnel and, in turn, might reciprocate by not trusting them (p. 663).

"The psychological predisposition of one person to another plays a highly significant role in determining how each one behaves toward the other" (Mackey, 1969, p. 665). The present investigation substantiates

earlier findings (e.g., Mackey, 1969; Reinehr, 1969; Sowa & Cutter, 1974; Wallston, Wallston, & DeVellis, 1976) that alcoholics are viewed as generally undesirable by members of the helping professions. "Feelings about or attitudes toward other persons and groups may either enhance or destroy the potential for relating to them as separate human beings rather than as the embodiment of one's own prejudices and stereotypes" (Mackey, 1969, p. 665).

"The danger, of course, is not that people have these views, which may have some basis in reality, but that these views become entrenched into their value systems and get reflected as disabling stereotypes" (Mackey, 1969, p. 670). Even more important is the possibility that helping professionals may be unaware of the stereotypic attitudes they hold concerning their alcoholic patients and that their perceptions of the patient are quite different from the patient's perceptions of himself. Differences in perceived personality characteristics such as described in the present investigation almost certainly impede the establishment of an effective and meaningful therapeutic relationship and may even result in total rejection of the alcoholic patient as a person.

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APPENDIX A: Activities, Interests, and Attitude Questionnaire

Since how you feel and what you think are more important that who you are, it is not necessary to give your name. It is requested, however, that you respond to each of the following as honestly as possible.

1. Below is a list of various behaviors or actions. For each one, please place a check mark in the appropriate column.

	Have Often Done	Have Rarely Done	Haven't, But Would Like To	Never Considered Doing
a. yelled at someone in traffic	___	___	___	___
b. threw things around the room	___	___	___	___
c. stayed up all night for no reason	___	___	___	___
d. got drunk	___	___	___	___
e. got into a car and drove a long distance on the spur of the moment	___	___	___	___
f. played out a role that you didn't really like	___	___	___	___
g. didn't show up for work because you just didn't feel like it	___	___	___	___
h. stayed drunk for 2 or more days	___	___	___	___
i. made insulting remarks to clerks, storekeepers, etc.	___	___	___	___

2. Below is a list of statements about beliefs and attitudes. For each one, please place a check mark in the appropriate column.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
a. I enjoy playing cards for money.	___	___	___	___	___
b. Alcoholism is a physical illness.	___	___	___	___	___
c. Here today, gone tommorrow-that's my motto!	___	___	___	___	___
d. I must admit that I find it very hard to work under strict rules and regulations.	___	___	___	___	___
e. There are a few people who just cannot be trusted.	___	___	___	___	___
f. I often act on the spur of the moment without stopping to think.	___	___	___	___	___
g. I generally prefer being with people who are not religious.	___	___	___	___	___
h. I often lose my temper.	___	___	___	___	___
i. It is very important to me to have enough friends and social life.	___	___	___	___	___
j. If I get too much change in a store, I always give it back.	___	___	___	___	___
k. I dislike following a set schedule.	___	___	___	___	___
l. I would disapprove of anyone's drinking to the point of intoxication at a party.	___	___	___	___	___

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
m. When I work on a committee, I like to take charge of things.	___	___	___	___	___
n. I would like to wear expensive clothes.	___	___	___	___	___
o. I like to cook.	___	___	___	___	___
p. I am certainly lacking in self-confidence.	___	___	___	___	___
q. I set a high standard for myself, and I feel others should do the same.	___	___	___	___	___
r. I like sports and athletics.	___	___	___	___	___
s. I always try to do at least a little better than what is expected of me.	___	___	___	___	___
t. I like parties and socials.	___	___	___	___	___
u. I really enjoy plenty of excitement.	___	___	___	___	___
v. I like to read.	___	___	___	___	___

3. Please answer the following as they pertain to you:

   a. Marital status:_____
   b. Education level:_____
   c. Age:_____
   d. Race:_____
   e. Sex:_____

APPENDIX B: Narrative 1

Alcoholic Stimulus Person

Mr. Charles J. Simmons

Mr. Charles J. (Charley) Simmons is 34 years old. He lives with his wife, Jane, and their four children, David, age 9, Wendy, age 7, Paul, age 5, and Susan, age 2, in Nashville, Tennessee. Charley quit college after two years to enlist in the Marine Corps because, as he says, "We had a job to do in Viet Nam." After his discharge from the Marines four years later, Charley returned to Nashville to work as a tourist guide and escort with a local tour and travel agency because he wanted to work with people. His job required him to regularly escort tourist parties to the local night spots, especially the bars and clubs in the Printer's Alley and Music Row areas. After three years, Charley lost his job due to numerous complaints that he became intoxicated and boisterous while conducting tours.

Charley next applied to the Metro Police for a job, but he was turned down because of his history of excessive drinking. Since that time, he has had several short-term jobs, most of which he left voluntarily because "they weren't good enough" for a man with his qualifications. Even when he is working, however, Charley makes a habit of searching the downtown bars every day for his "old friends from the travel agency." Jane is now working as a supermarket cashier because she is never sure when Charley will have a job or bring any money home.

APPENDIX C: Narrative 2

Nonalcoholic Stimulus Person

Mr. Robert M. Preston

Mr. Robert M. (Bob) Preston is 34 years old. He lives with his wife, Nancy, and their two daughters, Debbie, age 6, and Cheryl, age 2, in Bowling Green, Kentucky. After he graduated from college, Bob served on active duty as an Army officer for three years, during most of which time he was assigned to Fort Sam Houston, Texas. He spent his last year in the Army in the Republic of Viet Nam. After his discharge from the Army, Bob returned to his home town to work in the personnel division of Western Kentucky University. He returned to college on a part-time basis and, two years later, received his master's degree in psychology.

Bob is a member of the Lion's Club and the Junior Chamber of Commerce. He and Nancy enjoy a very active social life and are often thought of as members of the "cocktail party set." Still employed at Western Kentucky University, Bob is making plans to start work on his PhD degree, and he eventually hopes to become a consulting psychologist with the Kentucky Department of Human Resources.

APPENDIX D: Stimulus Person Evaluation Scale

Please respond to the following as you think they apply to the person whose photograph and brief description you have.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
1. I think that this person:					
a. is intelligent.	___	___	___	___	___
b. is trustworthy and honest.	___	___	___	___	___
c. is of strong character.	___	___	___	___	___
d. is pleasant to be around.	___	___	___	___	___
e. is in need of a physician.	___	___	___	___	___
f. is good at dancing.	___	___	___	___	___
g. lives up to strict moral standards.	___	___	___	___	___
h. is sincerely religious.	___	___	___	___	___
i. is generally friendly.	___	___	___	___	___
j. treats others as equals.	___	___	___	___	___
k. should see a psychiatrist.	___	___	___	___	___
l. stands on his own two feet.	___	___	___	___	___
m. takes advantage of other people.	___	___	___	___	___
n. goes along with the crowd.	___	___	___	___	___
o. is worldly and sophisticated.	___	___	___	___	___
p. is industrious.	___	___	___	___	___
q. is materialistic.	___	___	___	___	___
r. is lazy.	___	___	___	___	___
s. is impulsive.	___	___	___	___	___
t. is cruel.	___	___	___	___	___
u. is tradition-loving.	___	___	___	___	___
v. is loyal to friends and family.	___	___	___	___	___
w. is well thought of by friends.	___	___	___	___	___
x. is very lonely.	___	___	___	___	___
y. is selfish.	___	___	___	___	___
z. thinks he is better than everyone else.	___	___	___	___	___

2. How much like you (beliefs, standards, etc.) would you say this person is?

____As much like me as anyone I know.
____Very much like me.
____A little like me.
____A little unlike me.
____Very much unlike me.
____As much unlike me as anyone I know.

3. If you met this person for the first time, what would your immediate reaction be?

I think I would feel:

____quite friendly.
____a little friendly.
____nothing either way.
____a little unfriendly.
____quite unfriendly.

4. I think I would be willing:

Yes	No	
___	___	to invite this person home to dinner.
___	___	to go to a party to which this person was invited.
___	___	to work with this person at the same job.
___	___	to have this person as a member of my social club or group.
___	___	to have this person as one of my speaking acquaintances.
___	___	to live in the same apartment building with this person and his family.
___	___	to eat lunch with this person several times a week.
___	___	to have this person as a close personal friend.
___	___	to work on a committee with this person.
___	___	to have this person date my sister.
___	___	

APPENDIX E: TABLES

Analysis of Variance Table

Source	SS	df	MS	*F*
1. Between Groups	7.7144	2	3.8572	2.0632 ns
2. Within Groups	151.4285	81	1.8695	
3. Total	159.1429	83		

TABLE 1

Analysis of Variance of Subjects' Scored Responses to the Concept of Alcoholism as a Physical Illness

Analysis of Variance Table

Source	SS	df	MS	*F*
1. Photographs (A)	2.0119	1	2.0119	1.2071
2. Narratives (B)	1.4405	1	1.4405	0.8643
3. Groups (C)	3.5238	2	1.7619	1.0571
4. AB	0.5833	1	0.5833	0.3410
5. AC	0.0950	2	0.0475	0.0285
6. BC	20.6666	2	10.3333	6.1999*
7. ABC	2.3813	2	1.1907	0.7144
8. Within Cell	120.0000	72	1.6667	
9. Total	150.7024	83		

* $p < .005$

TABLE 2

Analysis of Variance of Subjects' Scored Responses to the Similarity Question

Analysis of Variance Table

Source	SS	df	MS	*F*
1. Narratives (B)	1.4405	1	1.4405	0.8643
2. B at c1 (Professionals)	37.7858	1	37.7858	22.6710***
3. B at c2 (Nonprofessionals)	5.7857	1	5.7857	3.4714
4. B at c3 (Alcoholics)	0.6429	1	0.6429	0.3857
5. Groups (C)	3.5238	2	1.7619	1.0571
6. C at b1 (N1)	19.8096	2	9.9048	5.9428*
7. C at b2 (N2)	28.5714	2	14.2857	8.5712**
8. Within Cell	120.0000	72	1.6667	

* $p<.005$

** $p<.001$

*** $p<.0005$

TABLE 3

Simple-Main Effects Analyses of the Narratives x Groups Interaction on the Similarity Question

Analysis of Variance Table

Source	SS	df	MS	*F*
1. Photographs (A)	0.9644	1	0.9644	1.1463
2. Narratives (B)	11.4406	1	11.4406	13.5987*
3. Groups (C)	0.1668	2	0.0834	0.0991
4. AB	0.0118	1	0.0118	0.0140
5. AC	0.2141	2	0.1071	0.1273
6. BC	1.7378	2	0.8689	1.0328
7. ABC	0.4527	2	0.2264	0.2691
8. Within Cell	60.5714	72	0.8413	
9. Total	75.5596	83		

* $p<.001$

TABLE 4

Analysis of Variance of Subjects' Scored Responses to the Friendliness Question

Analysis of Variance Table

Source	SS	df	MS	*F*
1. Photographs (A)	0.0476	1	0.0476	0.0072
2. Narratives (B)	226.7144	1	226.7144	34.1700*
3. Groups (C)	122.8810	2	61.4405	9.260*
4. AB	4.7618	1	4.7618	0.7177
5. AC	8.1667	2	4.0834	0.6154
6. BC	13.7857	2	6.8929	1.0389
7. ABC	31.7381	2	15.8691	2.3918
8. Within Cell	477.7143	72	6.6349	
9. Total	885.8096	83		

* $p<.001$

TABLE 5

Analysis of Variance of Subjects' Scored Responses to the Social Distance Scale