
Why Do They Drink?

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This study is an exploratory attempt to use the Personality Assessment System (PAS) to identify groups of alcoholics and/or drug users and to form hypotheses about why they drink. If motivation for drinking differs then treatment should differ.¹

PAS theory begins with a motivational construct, that people attempt to avoid using their weaker cognitive skills and to exploit their strengths. The theory then postulates ten (or more) cognitive traits, the person variables which are used to understand and predict behavior. PAS theory says that abnormal behavior should be found in the interacting pattern of traits, not in any single sign. Further, even if a pattern is found that is highly vulnerable to alcoholism, probably no pattern will be 100% alcoholic. Access to alcohol may be limited. The environment may be very benign. For a more extensive discussion of the PAS see Krauskopf & Saunders (1994) and Winne & Gittinger, (1973).

If patterns of Wechsler scales (Matarazzo, 1972; Wechsler, 1981), which the PAS uses as measures, are important behavioral determinants, and if there is good theory to explain the patterns, then two things follow: 1) people who produce patterns which are significantly alike should also show some salient behavior alike, and 2) we should be able to use the theory to suggest reasons for the behavior.

Method

The subjects for this study are from a large

collection of Wechsler protocols from many sources including standardization samples. Included are two groups of alcoholics, 124 in patients and 188 outpatients. Behavioral data recorded vary from nothing to complete case histories.

The method is presented more completely in Krauskopf and Saunders (1994). We begin with a group of profiles which we believe are somewhat alike. A principal components analysis is done, first subtracting Normal Level from each sub-scale to prevent the matrix from being overwhelmed by "g". The resulting eigenvalues and group means constitute a description of the group. A d^2 procedure is used to measure the distance of individual profiles from the group centroid. Span is an index of the tightness or "goodness" of the group.

$$s = \frac{m}{(m-2)\sqrt{n}} \sum_{j=3}^{j=m} \lambda_j$$

We have found spans of less than .4 to often show common behavior. The process is iterative. After the initial calculations, outliers are discarded, groups of new cases are scanned for possible membership and the process repeated. Another desirable index is called penetrance and is the proportion within some larger group who show both the profile and the behavior.

The modal profile is used to generate a description of the expected behavior style and possible motivations for drinking. An Gittinger's Atlas of profile descriptions (1964) is used in this process to help avoid biasing descriptions in the direction of the hypothesis.

Results

Our procedure resulted in six groups of profiles where the significant shared behavior is alcohol and drug problems. A comparison of the distribution of alcoholic samples to the standardization sample and to our larger collection show highly significant difference, suggesting there are additional clusters of alcoholics.

Some of our patterns are normatively rare with alcohol and drug problems frequent. Others are sub-groups of normatively more common profiles. That is, members of the large group are usually effective people, but the pattern has a characteristic vulnerability which can result in alcoholism.

It is further interesting to compare our results to the results of a recent paper on motivation for drinking by Cooper, Russell, Skinner and Windle (1992). They divide motivation for drinking into three categories, social, enhancement and coping. They show that social motivation is less predictive of problem drinking than it is of amount of consumption. Coping motivation is more predictive of abuse than enhancement. They report most of the research is on social and coping motives and less on enhancement. We have one group we believe to be enhancement motivated and another where social may be mixed with coping. Their report of coping motivation being more predictive of abuse is consistent with our data.

Pattern One

This pattern, 8(IucFccAuu)M, is almost

narcissistic. Relational sensitivity has been repressed (Fc) to the point they are likely to be hostile to external interference with their internal world. They should be socially responsive with little social anxiety. In this kind of person social responsiveness is without any real involvement and is probably used to defend the important inner world. Drink and drugs are most likely to be used to enhance inner fantasy experience. This is the most likely group to be polydrug users. In Cooper, et al's scheme this group drinks for enhancement of experience. This group presents a real challenge to a therapist.

In this group are 10 inpatient drug addicts, three outpatient alcoholics, two inpatients diagnosed with psychosomatic ulcers, three diagnosed anxiety reaction, two schizophrenics and one sexual psychopath. Group members were tested in five different places.

Pattern one does not exist in the male standardization sample and there are only 39 in our large collection of about 30,000, 21 of which were known to have problems with alcohol or drugs at the time they were tested.

Pattern Two

This pattern, 13(EccFucUcc)L, is normally found in people who have made at least adequate adjustments to their world. People with this pattern are drawn to social occupations, but react with some anxiety and have a low threshold for disillusionment. Drinking problems, when they occur, would be most likely the results of attempts to dampen the effects of anxiety.

Pattern Two is normatively common. It ranks 17th in frequency among the 253 patterns found in the WAIS standardization sample. It is much less common in hospitalized and incarcerated samples.

Pattern Three

This pattern, 12(EucFucAuu)M, is seen mostly in females while the other patterns are mostly male. It can be a comfortable adjustment if she can exploit sensitivity, external awareness and social responsiveness in socially acceptable ways. Psychological control of impulsiveness is tenuous and can be tension producing. They are vulnerable to feelings of inferiority and guilt. Depression is a likely result. It is a succor dependent pattern** Drinking seems to occur in this group when they begin to age (psychologically) and have more difficulty being taken care of by playing the archetypical female. In Cooper, et al.'s (1992) terms the motivation is coping. It is a moderately common pattern in the WAIS standardization sample.

Pattern Four

In this pattern, 9(EucFccAuu)M, as in Pattern One, relational sensitivity has been repressed. Control over external distractibility is tenuous and the people are socially responsive without awareness. They are succor dependent and need stable relations with support or authority. They are likely to use their social responsiveness to avoid any real involvement with others. They are attracted to ritual or work with definite procedures and rules. Their problems are likely to be when they become aware that they cannot solve problems with their combination of ritual and responsiveness. Anxiety is the most likely symptom and the response is most likely obsessiveness. They may drink to dampen the effects of anxiety. Like Pattern One they are not insightful and response to normal psychotherapy is mostly poor. In cooper, et al.'s (1992) terms this is a coping motivation.

With one exception people in this group are inpatients, four alcoholics, six drug addicts, four conversion reactions and two anxiety reactions. The one outpatient is alcoholic.

Pattern Five

Without the low DS this pattern, 11(IccFucUuc)L, should be an independent, socially insulated person who finds identity in work. Under stress conditions which would be conditions where he must deal with interpersonal problems, perhaps being promoted to be in charge of others, he will be inclined to be self punishing and guilty for not being able to solve the problems and when he cannot escape the situation will become depressed. Psychosomatic problems (hypochondriasis) are common results. Drinking could result from trying to dampen feelings of guilt. In Cooper, et al.'s terms it is a coping motivation.

There are 15 alcoholics and 8 drug addicts in this group. The alcoholics were tested in six different treatment programs, four inpatient and two outpatient.

Pattern Six

Like pattern two, this pattern is normally found in people who have made an adequate adjustment to their world. There is vulnerability to social/sensual distraction which is controlled by intellectualizing and some degree of social anxiety. Ritual and work are often used as means to keep "intellectually occupied, and they can become dependent on "authority". When they are disillusioned by their "authority" or their ritual is not effective, they become anxious and when the anxiety is intolerable, depressed. Drinking then becomes a way or coping with depression.

There are 12 outpatient and 11 inpatient alcoholics in this group and one hospitalized depressive.

See accompanying profiles for spans, frequencies, motives and male/female composition.

Discussion

When we find people who drink because of vulnerability to anxiety, rather than depression or some other motivation, it should indicate some different treatment. The person vulnerable to anxiety needs a way to deal with anxiety which does not involve drink. Pattern two might be people who benefit from relaxation training, biofeedback or meditation.

Pattern one is more of a challenge to a therapist. Their hostility in defense of their inner world is likely to extend to the therapist who tries to interfere. In an outpatient setting the low Block Design, low Similarities, middle Comprehension pattern common to this group nearly always terminated "prematurely". (Krauskopf & Davis, 1973). Pattern Four also has the Fcc pattern.

Other identified groups seem to indicate depression, dependence and a form of immaturity as possible reasons for drinking.

It is interesting to note that we began with a group of alcoholic inpatients and a group of alcoholic outpatients, and this procedure has identified alcoholics and drug addicts from at least six other settings. And, that the procedure to this point has accounted for 30% of the two original groups.

PAS theory has helped to identify alcoholics who are different from each other and has suggested different reasons for drinking across the groups. We have hypotheses for either a confirmation study with other identified alcoholic groups or for a study of differential treatment.

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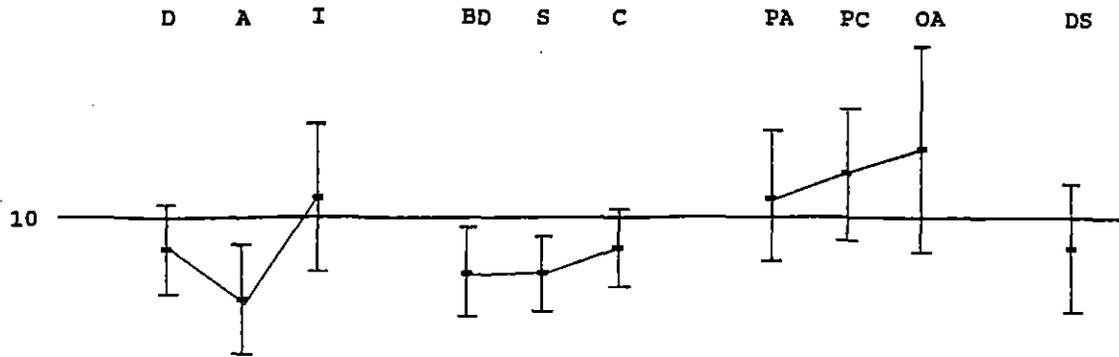
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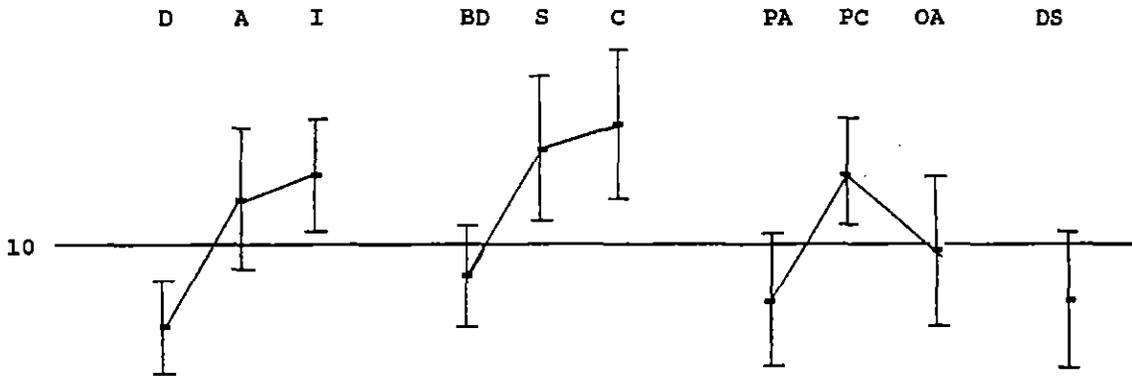
Profiles

#1 Anxious Addict 8(IucFccAuu)M



span = .285 20 male 1 female motive = enhancement
 frequency = 0% of WAIS norm sample

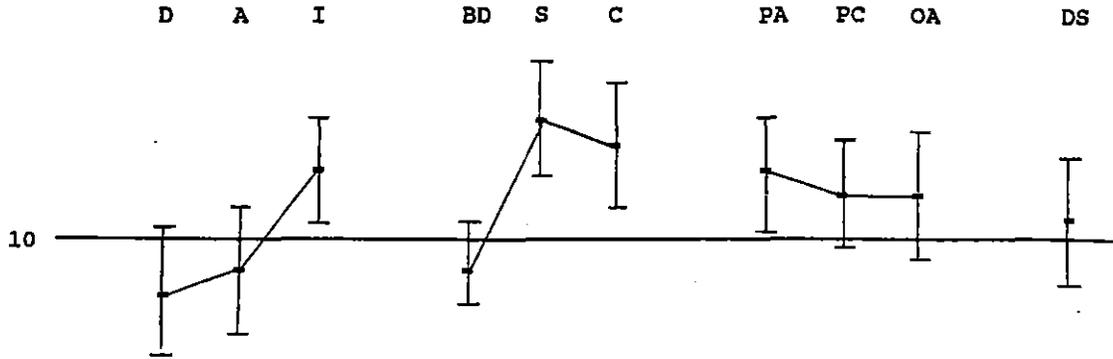
#2 Social Alcoholic 13(EccFucUcc)L



span = .293 35 males 1 female motive = social
 frequency = 12% of primitive pattern

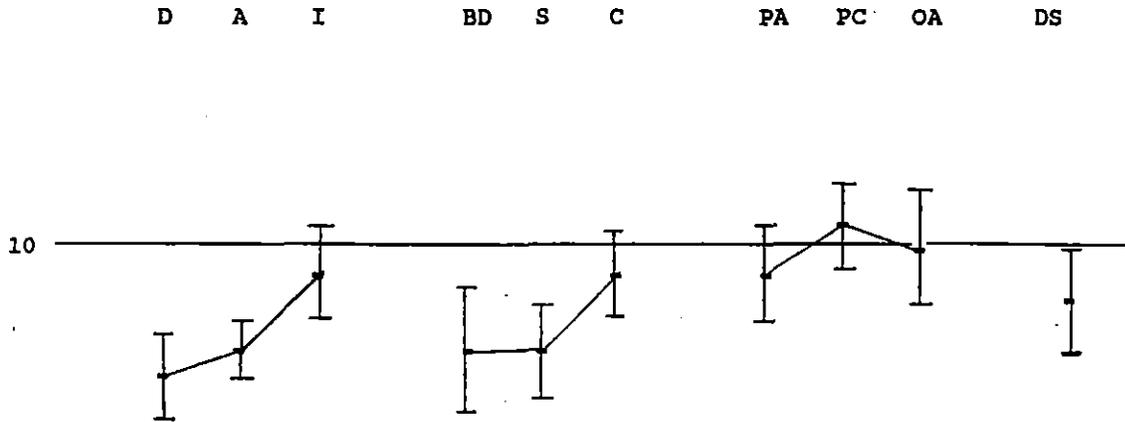
Profiles

#3 Depressed 12.1(EucFucAuu)M



span = .260 3 males 16 females motive = coping
 frequency = 3% of primitive pattern

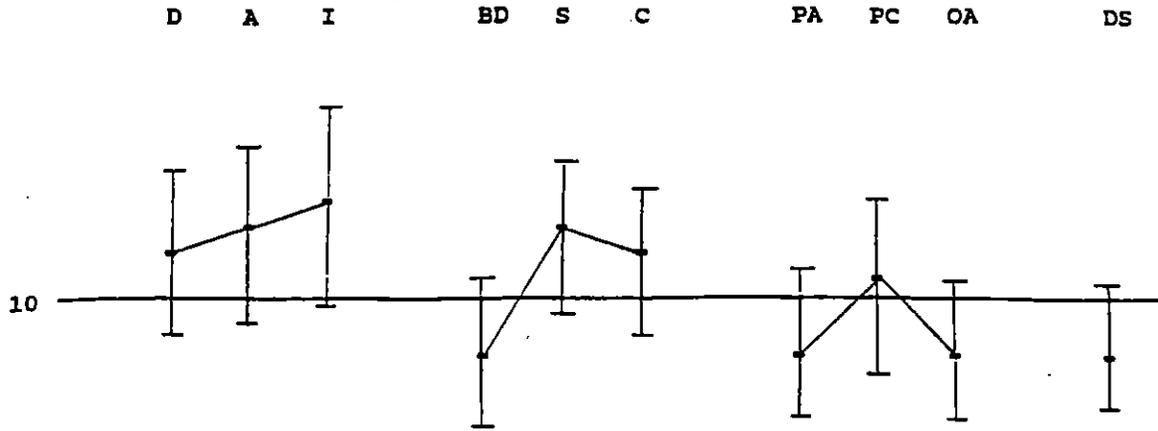
#4 Repressed Anxiety 9(EucFccAuu)M



span = .322 16 males 1 female motive = coping
 frequency = 8.6% of primitive pattern

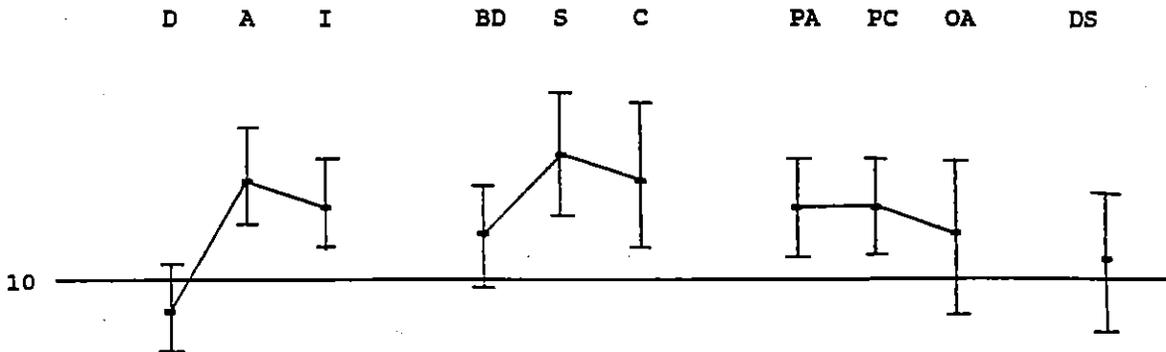
Profiles

#5 Guilty Alcoholic 11.2(IccFucUuc)C



span = .292 23 males 0 females motive = coping
 frequency = 4% of primitive pattern

#6 Anxious Depressive 13.3(EccFucAuc)L



span = .302 21 males 3 females motive = coping
 frequency = 13% of primitive pattern