

An Investigation of College Student Drinking Behaviors
and Selected Personality Variables

by

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Abstract

Past research had shown college trained professionals as having more tendencies toward drinking problems than other socioeconomic groups. This study attempted to determine whether or not significant relationships existed between the drinking behaviors of college students and selected personality factors.

Instruments employed for this study included The Adjective Check List and Drinking Scale that was developed to classify the students into three drinking behavior groups: Problem Drinkers (PD), Non-problem Drinkers (NPD), and Non-drinkers (ND). Ten of the 23 factors of the ACL were utilized and included: Self-acceptance, Self-criticality, Self-control, Endurance, Order, Change, Aggression, Autonomy, Liability, and Deference. Hypotheses were developed for each of the ten factors and five were found to be significant through analysis of variance. Those factors that were found significant were: Self-acceptance, Self-criticality, Self-control, Endurance, and Order. The Scheffe test was performed on the significant variables and it confirmed the author's hypotheses of predicted differences on all but one comparison. Problem Drinkers scored significantly lower than Non-problem Drinkers and Non-drinkers on the following variables: Self-acceptance, Self-control, Endurance, and Order. Problem Drinkers scored significantly higher than Non-drinkers

on the Self-criticality scale. No significant differences were found between the drinking behavior groups on the following variables: Change, Lability, Deference, Aggression, and Autonomy.

The writer concluded that Problem Drinkers could be characterized as having low self-evaluation, and as being low in self-control, endurance, and order. These results were consistent with findings of other research related to alcoholics and problem drinking college students.

Table of Contents

Chapter	Page
I. Introduction	1
X Statement of the Problem	2
X Significance and Purpose of the Study	2
Definition of Terms	4
Limitations of Study	7
II. Review of Selected Literature	9
Historical Overview of Problem Drinking on American College Campuses	9
College Trained Professionals and Alcohol	15
Possible Causes of Alcoholism and Problem Drinking	17
Personality Trait Theory	19
X College Students, Personality Traits, and Problem Drinking	21
+ Summary	26
III. Y Methods and Procedures	28
Selection and Development of Instruments	28
Description of Subjects	32
Method of Data Collection	32
Hypotheses	33

Chapter	Page
III. Continued.	
Method of Data Analysis	35
Choice of Significance Level	36
IV. Results of the Study	37
An Overview of the Results	37
Results by Hypothesis	41
V. Conclusions, Recommendations and Discussion. .	48
Conclusions	48
Recommendations for Further Study and	
Research	51
Campus Drinking Behaviors: Discussion	
and Recommendations	53
Appendix A	57
Appendix B	59
Selected References	60

Table of Tables

Table	Page
1. Mean T-scores and F-test Values for Defined Groups and ACL Variables	38
2. Scheffe Test of Significant ACL Variables	40

Chapter I

Introduction

Alcohol beverages have long played a significant role in the life of American college students, and more than a few students have made alcohol a part of their social life. While alcohol consumption has been evident on almost all college campuses, certain campuses have, at times, gained the reputation of being "drinking" or "party" schools. Except for a few private and church operated colleges, drinking has not only been tolerated but even encouraged through peer group pressure and traditional customs of college social activities. Drinking has been so popular on college campuses that it has been impossible for drinking related problems not to exist.

While many explanations have been proposed for the causes of alcoholism and problem drinking, it seems reasonable to propose that the beginning of problem drinking for many professional people may have occurred during their college experience. Research has indicated that members of college trained professions such as physicians, lawyers, educators, and clergy have recorded the highest incidence of alcoholism (19:65)¹. Thus, college campuses have been

¹The first number within the parenthesis refers to the reference listed numerically in the selected references. When this first number is followed by a colon and a second number, the second number refers to the page number of the citation.

considered as reasonable places to research and explore the roots of problem drinking and alcoholism.

Statement of the Problem

One predominant theme of research about the causes of problem drinking and alcoholism, has been whether or not pre-alcoholics display a personality pattern or constellation that predisposed them toward alcoholism. Lisansky suggested that the following personality type may be predisposed toward alcohol dependency under the stresses and strains of the environment (6:164).

- (a) an intensely strong need for dependency;
- (b) a weak and inadequate defense mechanism against this excessive need, leading, under certain conditions, to (c) an intense dependence-independence conflict. There is also
- (d) a low degree of tolerance for frustrations or tension; and (e) unresolved love-hate ambivalences.

Given the evidence that personality patterns may predispose an individual toward problem drinking and/or alcohol dependency, it appeared possible to research personality factors and predict a tendency toward alcoholism.

This project was an attempt to determine whether or not a significant relationship existed between the consumption of alcohol and personality factors of college students.

Significance and Purpose of the Study

Several theories have been proposed and researched

while trying to understand or explain the basis for problem drinking. Among these, personality trait theory has played a significant role in explaining possible causes for problem drinking by suggesting that personality factors may predispose certain individuals to be more dependent on drugs like alcohol (6:163).

Relatedly, problem drinking college students and their personality factors have been studied in an attempt to determine what personality factors precede the development of alcoholism. Williams (23:358) proposed reasons for studying problem drinking college students and their personality factors. He indicated:

By working with problem drinkers in young adulthood, it may be possible to isolate those personality characteristics which precede the development of alcoholism from any which follow primarily as a consequence of this disorder. And, once personality characteristics of problem drinkers are known, possible reasons for their heavy and frequent drinking and perhaps eventual alcoholism can be explored.

A 1973 report from the Secretary of Health, Education, and Welfare entitled Alcohol and Health, recommended the

* need for further study of college drinking patterns (6:261):
Studies of alcohol drinking among college and high school students which, two decades ago, indicated that most students at that time

were not getting into serious trouble over their drinking, now need to be followed up to learn whether early indicators of impending alcohol problems were accurate. Since campus drinking behaviors - just as many other campus patterns of life - probably have also changed, alcohol drinking studies among students will need to be replicated.

The purpose of this study was to compare selected personality factors of non-drinking (ND), non-problem drinking (NPD), and problem drinking (PD) college students. It was hoped that this study would be of benefit to college and university personnel in implementing alternate or corrective programming aimed at students with potential or established drinking problems.

Definition of Terms

The following terms were of importance to this study and were defined as follows for the purposes of this research:

ACL. An abbreviation for the Adjective Check List; a published and copyrighted personality inventory.

Alcohol dependence or addiction. 'Increased adaptation to the effects of alcohol so that one needs increasing doses to achieve and sustain a desired effect, and shows specific signs and symptoms of withdrawal upon suddenly stopping drinking' (6:5).

Alcoholic. One who manifests the behaviors of alcohol dependence or addiction (6:5).

Alcoholism. A chronic behavioral disorder manifested by reported drinking of alcoholic beverages in excess of the dietary and social uses of the community and to an extent that interferes with the drinker's health or his social or economic functioning (3:4).

ND or Non-drinker. An individual who scored zero, one, or two on the Drinking Scale used in this study. In more common terms, someone who never or very seldom consumes alcoholic beverages.

NPD or Non-problem Drinker. An individual who scored three to nine on the Drinking Scale used in this study. In more common terms, someone who drinks socially or moderately and shows no signs of having a problem with drinking.

PD or Problem Drinker. An individual who scored ten or more on the researcher's Drinking Scale. In more common terms, someone who drinks to the point of causing physical, psychological, or social harm to the drinker or to others.

Personality Factors. A defined personality characteristic or trait. For the purposes of this study, trait definitions as assigned by the ACL to describe various personality characteristics were utilized. The following scales of "personality factors" of the ACL were used in this research (7:7-11).

Aggression. To engage in behaviors which attack or hurt others.

Autonomy. To act independently of others or of social values and expectations.

Change. To seek novelty of experience and avoid routine.

Deference. To seek and sustain subordinate roles in relationships with others.

Endurance. To persist in any task undertaken.

Lability. To display spontaneity, flexibility, need for change, rejection of convention, and assertive individuality.

Order. To place special emphasis on neatness, organization, and planning in one's activities.

Self-acceptance (number of favorable adjectives checked). A score determined by the number of adjectives checked that are considered as favorable or desirable. The higher the number of favorable adjectives checked, the more the individual is defined as motivated by a strong desire to do well and to impress others, but always by virtue of hard work and conventional endeavor. The reaction of others would be to see him as dependable, steady, conscientious, mannerly, and serious; there is also the suspicion that he may be too concerned about others, and lacking in nerve and quickness of mind.

Self-criticality (number of unfavorable adjectives checked). A score determined by the number of adjectives checked that are considered as unfavorable or undesirable. The higher the number of unfavorable adjectives checked the more the individual is defined as rebellious, arrogant, careless, conceited and cynical. He tends to be a disbeliever, a skeptic, and a threat to the complacent beliefs and attitudes of fellows. This does not spring from a sense of humility and self-effacement, but more from a kind of impulsive lack of control over the hostile and unattractive aspects of one's personality.

Self-control. To display tendencies of being conscientious, serious, diligent, practical, and interested in and responsive to obligations. They are seen as diligent, practical, and logical workers.

Limitations of Study

The reader should be cautioned that the results or applications of this study may have been affected by the following:

1. The study was based on students enrolled at the University of Wisconsin-LaCrosse. To the extent that University of Wisconsin-LaCrosse students are representative of other populations this data may be generalized.

2. The author assumed the data provided by the participants was honest and in good faith. Since the problem dealt with a "social-emotional" topic, the tendency toward providing socially approved answers may have been present.

3. In some instances, personalities may already have been modified through excessive use of alcohol. Because this study dealt with specific subjects at a specific point in time, one should interpret with caution data which may indicate predisposed alcoholic personality traits. It would be impossible to state that predisposing personality factors lead to alcoholism without doing a longitudinal study on specific individuals.

Chapter II

Review of Selected Literature

The literature available on problem drinking and alcoholism was more than abundant. Since this study focused on problem drinking college students and their personality factors, the writer reviewed literature determined most pertinent. The following arbitrary divisions were established in this chapter: (a) a brief historical overview of problem drinking on American college campuses, (b) college trained professionals and alcohol, (c) an overview of theories regarding the causes of alcoholism and problem drinking with a special focus on personality trait theory, and (d) a summary of the research related to college students, problem drinking, and personality traits.

Historical Overview of Problem Drinking on American College Campuses

In the study entitled "Alcohol Trends in College Life: Historical Perspective," Harry Warner described the drinking trends of early American college campuses. He indicated that the social habits of early colonial colleges closely resembled those of the European founders (22:40). The social habits included the drinking customs of English Universities of Oxford and Cambridge (22:46).

The English universities held festivities known as 'college ales,' had a great variety

of ancient and later drinking occasions, developed famous student taverns, and wrote a mass of literature, poetry, and song in praise of drink. These or their equivalent were accepted as a traditional part of sociability by the colleges established in the Colonial period.

Even though the early universities attempted to regulate the use of alcoholic beverages by students, administrators did allow alcohol to be consumed in excess at special occasions (14:27, 22:46).

On special occasions in the college halls at Yale, 'a barrel of wine was elevated on the table and none were expected to leave until mid shouts and songs and harangues, the barrel was emptied. To the first commencement at Dartmouth, the founder who had secured the charter brought a roast ox and a barrel of rum.'

During the 19th century, contrasts were evident in regard to enforcement of college regulations, and students' drinking habits. In many church founded and "small colleges of whatever origin" (22:47)

alcoholic customs never gained dignified standing; social and personal drinking usually were under disapproval, and were not, as in European universities, a recognized part of the life of the community.

On the other extreme, at the older more prestigious schools, drinking by students was tolerated by administrators and sometimes became a troublesome state of affairs.

One well documented case, was that of Harvard University during the 1820's. Students had mid-week drinking bouts that lasted through the night, "halted only by the need to appear at morning chapel" (12:593). Harvard students of this era also involved themselves with weekend jaunts to saloons and brothels which often ended in town-gown brawls. One Harvard undergraduate during this period commented (12:593):

The time not spent in classes was divided between eating and drinking, smoking and sleeping. Approach the door of one of their apartments at any hour of the day, you will be driven back from it as you would from the cabin of a Dutch smack, by the thick volumes of stinking tobacco smoke, which it sends forth; should you dare enter, you will find a half dozen loungers in a state of oriental lethargy, each stretched out upon two or three chairs, with scarce any indication of life in them than the feeble effort they make to keep up the fire of their cigars.

Warner cited "two deeply divergent trends" occurring on American college campuses during the early 1900's (22:47).

One, a strong and increased questioning of the place and value of alcoholic liquors in the community and in personal use, because of their many unfortunate social consequences; and the other, a growing consciousness and attitude of defense of the traditional drinking privileges combined with efforts to retain support for the criticized customs.

Warner went on to describe numerous cases of violence and alcohol abuse on the part of students at prominent universities across the country (22:48-56). During this period, saloon drinking had become very popular because "colleges had discontinued the earlier practice of providing liquors and also the restrictions against going downtown" (22:47). Warner contended that the "use and extent" of liquor consumption during this period was very serious. He cited a 1903 research survey of an eastern university that found that 90% of the students drank, 35% drank heavily, and 15% became drunkards (22:48).

By 1910, student opinion had began to turn against drinking. From 1910 until 1918, student groups all across the country used their political clout of petitions and campaigning to rid their communities of saloons and drinking celebrations. Warner concluded that when prohibition began "the great body of college students accepted the new situation" (22:48).

) During the latter part of prohibition, drinking seemed to reappear as a strong social custom on some campuses. An example was the following account taken from the Wisconsin Daily Cardinal in 1928 (22:62).

The annual drunk is over. Practically every student is once more sober. The grand old homecoming spree has become a mere matter of history repeating history ... Drunken students have ceased their maudlin wanderings up and down the streets ... Impossible was it to walk down the street under night without meeting one drunken student after another.

Impossible to go even to a fraternity party without finding a number of students in various stages of intoxication and similar cases in non-fraternity rooming houses. Graduates and undergraduates, alumni, and visitors, many of them in all stages of intoxication, enjoying the annual homecoming.

When prohibition ended, college drinking became epidemic in proportion and two new trends had developed: (1) Drinking gained popularity at church related and smaller colleges. (2) It became more acceptable for women to drink (22:73).

✓ In 1953, Straus and Bacon in their book Drinking in College, reported that on a nation-wide scale "less than half of the students drink more than once a month; fewer

than a fifth of the men and a tenth of the women drink more than once a week" (16:250). Straus and Bacon studied and researched data

furnished during 1949-51 by nearly 17,000 students from 27 American Colleges and universities selected to provide representation of various kinds of schools and located in all major regions of the country, including students with varied socio-cultural characteristics.

Straus and Bacon concluded that their findings were "inconsistent with the stereo types of frequent heavy drinking and intoxication among college students" (16:34). Their study was one of the first to try to identify potential problem drinkers from a college population. The researchers estimated that perhaps "6% of the male student drinkers, and 1% of the women demonstrated positive signs of potential problem drinking" (16:35).

The findings of Drinking in College, revealed that "most college students who used alcohol in the period around 1950 did so moderately" (16:44).

In 1970, Robert Straus speculated that users of drugs such as marijuana or LSD would otherwise be misusing alcohol. He also suggested that (16:42):

It is also probable that the impressions created by the popular press greatly exaggerate these problems just as they have previously exaggerated the problems of student drinking.

In 1973, Jules Saltman reported that the current trend of drug use among young people was (18:2):

shifting back toward alcohol as the drug of choice. It appears that we are passing the peak of drug experimentation and are leveling out with a more chronic use pattern of mix substance abuse with alcohol quite prominent in the picture.

In the literature, evidence of problem drinking and drug abuse on college campuses has been almost non-existent over the past two years. Instead, there has been an abundant amount of literature on the problems of drinking and poly-drug use among high school students. According to surveys done by Dr. Morris Chafetz, who was the former director of the National Institute on Alcohol Abuse and Alcoholism, most high school seniors have used alcohol to some degree (2:1). Chafetz also found that 14% of high school senior boys are "getting drunk once a week, every week." Chafetz has estimated that: "about 1.3 million boys and girls between the ages of 12 and 17 have serious drinking problems." It remains to be seen whether or not these problem drinking trends have become a part of the college scene.

College Trained Professionals and Alcohol

A 1965 Gallup Poll indicated that "drinking habits and the amount of alcohol consumed parallels the amounts of education the person has obtained" (6:9).

Sixty-two percent of the people with less than an eighth grade education abstained from drinking, while only 15 percent of the college educated people abstained.

A survey entitled "American Drinking Practices" was conducted during the mid-1960's. This survey reported the drinking habits of Americans through various standards of comparison groups including sex, socio-economic levels, education, and professions. The group that had the highest proportion of drinkers (88%) was men between the ages of 21 and 39 in the highest socio-economic group. In contrast, the lower socio-economic groups of men of the same age group reported a higher proportion of heavy drinkers (6:62). When using level of education as the standard for comparison, the "majority of college graduates-both men and women-were light or moderate drinkers" (6:63). It was interesting to note that "those most likely to be heavy drinkers were men who had completed high school and men who did not finish college." Of the males in the professional type occupations who were drinkers, 18% of the "professionals," 38% of the "semi-professionals," and 30% of the "businessmen," were heavy drinkers.

In a more recent book (1975), entitled What You Should Know About Alcoholism, Don Tracy reported results that were different from those of the "American Drinking Practices" report. Tracy reported that people in the professions of

law, medicine, education, and clergy have the highest rates of alcoholism (19:65).

Possible Causes of Alcoholism and Problem Drinking

In reviewing the literature, it was evident that many theories and ideas had been proposed to explain the causes of alcoholism and problem drinking. However, experts have not been able to agree on any one particular cause of problem drinking or alcohol dependency.

In the Alcohol and Health report from the Secretary of Health, Education and Welfare, the following analysis was introduced (6:147).

The causes of alcoholism are unknown, although the number of theories that have been advanced are as numerous as the professions and scientific disciplines concerned with the problem. No single theory has yet proved adequate to explain the complex of symptoms which are collectively termed alcoholism, alcohol addiction, or alcohol dependence. Most probably the condition reflects a form or response to an interactive combination of physiological, psychological, and sociological factors in an individual and his environment.

The Alcohol and Health report went on to explain three broad theoretical propositions as to the cause of alcoholism. Physiological theories proposed that the possible causes of alcoholism were a combination of nutritional deficiencies,

inherited genetic traits, or as a dysfunction of the endocrine system (6:152, 156).

The sociological theories have suggested that certain cultural and national groups have different rates of alcoholism. Within the sociological framework, two theories have been proposed to explain problem drinking (6:166-177). (1) The Cultural theory stated that society creates tension within people, but also has norms and standards for which these tensions can be alleviated. Depending on taboos, social norms and other emotional outlets available, drinking can be explained as an outcome of the way some people handle their anxieties. (2) The Deviant Behavior theory has stated that once a person identifies and associates with a deviant sub-culture of problem drinkers, he finds it difficult to return to the mainstream of society as a non-problem drinker or abstainer.

The third major category, psychological based theories, has assumed that problem drinking was a symptom of an underlying personality or emotional disorder (6:158).

Psychoanalytic theorists have viewed alcoholism as a result of one or more of three unconscious tendencies including self-destruction, oral fixation, and latent homosexuality. An Adlerian view would represent alcoholism as a striving for power to overcome childhood inferiorities (6:158).

Learning and Reinforcement theory has described problem drinking as a learned way to reduce fear or anxiety of problems encountered in everyday living (6:160).

Personality Trait Theory

Besides psychoanalytic theory and learning theory, psychological research has also attempted to define the causes of problem drinking through personality trait theory in terms of an "alcoholic personality" (6:163). Clinebell describes the "alcoholic personality" as being "a distinctive syndrome of psychological attributes which predisposes one to alcoholism" (4:59). More specifically (6:163):

Though it is conceded that all alcoholic persons need not all have the same characteristics, it is postulated that in the pre-alcoholic stage, a personality pattern or constellation of characteristics should be discernible and should correlate with a predisposition toward alcoholism.

Much research has attempted to discern possible personality pattern or common personality characteristics that predispose one to problem drinking. Summarizing the review of this type of research, Lisansky (6:164) has suggested that the predisposed personality type has:

- (a) an intensely strong need for dependency;
- and (b) a weak and inadequate defense mechanism against this excessive need, leading, under

certain conditions, to (c) an intense dependence-independence conflict. There is also (d) a low degree of tolerance for frustration or tension; and (e) unresolved love-hate ambivalences.

Logically, the most credible way to view the possibility of there being predisposed personality traits to problem drinking was by combining personality trait theory with other factors in designing tentative models that suggest a multi-faceted approach. Such a model was suggested by Plaut (6:171):

An individual who (1) responds to beverage alcohol in a certain way perhaps physiologically determined, by experiencing intense relief and relaxation, and who (2) has certain personality characteristics, such as difficulty in dealing with an overcoming depression, frustration, and anxiety, and who (3) is a member of a culture in which there is both pressure to drink and culturally induced guilt and confusion regarding what kinds of drinking behavior are appropriate, is more likely to develop trouble than will most other persons.

Harrison Trice combined vulnerable personalities and socio-cultural factors to describe the causes of Alcoholism in American society (20:2).

(1) prone personalities who imbibe regularly in (2) drinking groups that reflect the

functional values of alcohol in a complex society, but which exercise (3) widely varying norms about what is deviant drinking behavior - a social ambivalence. As a result there are (4) weak social norms controls, since a deviant drinker in one group can readily move to a set of drinking companions with more tolerant norms. Finally, cultural values stressing the importance of self-control justify (5) a pattern of segregation of those who regularly become intoxicated.

In chapter four of his book, Alcoholism in America, Trice explained the role of personality in the development of alcoholism (20:42).

The unique ingredient in the process of alcoholism, however, is the fit between vulnerable personality traits and drinking-group values and roles. Thus personality readiness is necessary, but in most instances it is not all-important. Many persons have emotional traits similar to those of alcoholics, but they lack regular exposure to groups that turn latent tendencies to alcoholism.

College Students, Personality Traits, and Problem Drinking

Numerous researchers have attempted to evaluate the relationship between personality traits and the drinking habits of alcoholics, problem drinkers, and non-problem

drinkers. This review of literature focused on the comparison of alcoholics, problem drinkers and personality traits utilizing college students as the observed population.

Trice explained that "efforts to study the personality make-up of alcoholics have taken three approaches" (20:46).

First, and most frequent, have been ex post facto studies; i.e., once a person showed clear symptoms of alcoholism his personality pattern was analyzed. Though the logic was questionable, it was then assumed that traits discovered at this point were also present at the onset of the disorder. Second, efforts to study long-sober alcoholics have proceeded on the notion that personality traits are fixed even though they may be stretched by an experience such as alcoholism. Once sober for a substantial period the original personality returns to its state prior to alcoholism. Finally, there are those tentative efforts to describe personality features present before the onset of the disorder by longitudinal follow-up or by reconstructing the alcoholics' experience.

Through the use of the Adjective Check List, Ralph Connors found two self-descriptive themes of alcoholics (5:466):

The first of these, ... is the primary relationship aspect, the pronounced emphasis the

alcoholic places on primary relationship terms /centering around permissive friendliness/ when he undertakes to describe himself.

The second major theme ... /is/ a generalized lack of organization and integration of the self which is manifested by, and includes, the other three aspects of the alcoholic's self-description we have discussed - the lack of homogeneity and extensiveness, the absence of secondary relationship terms, and the use of terms characteristic of neurosis.

Taking a similar view, Howard Clinebell accepted evidence that a high percentage of alcoholics are emotionally disturbed even before they begin drinking. He reported that the following have been mentioned repeatedly as psychological problems and attributes that are typical of many alcoholics (4:53):

- (1) a high level of anxiety in interpersonal relationships,
- (2) emotional immaturity,
- (3) ambivalence toward authority,
- (4) low frustration tolerance,
- (5) grandiosity
- (6) low self esteem,
- (7) feelings of isolation,
- (8) perfectionism,
- (9) guilt, and
- (10) compulsiveness.

Numerous sources, including the American Medical Association (1:11) have doubted the concept of the "Alcoholic personality." Don Cahalan, in his book Problem Drinkers lists Trice, Jellinek, and Bowman as being among those who

have essentially said that "no personality constellation leads of necessity to addiction" (2:75). Rudolf Kalin, in a chapter he wrote entitled "Self Descriptions of College Problem Drinkers" for a book entitled The Drinking Man, discussed the controversy of the "Alcoholic Personality" (10:217-218).

A primary reason why many investigators doubt the existence of an alcoholic personality is the fact that its discovery is subject to a number of difficulties. Although a frequent strategy has been to describe the personalities of full-fledged alcoholics, a major problem with such an approach is the confounding of those personality attributes that predispose a person to alcoholism with characteristics that are outcomes of a long history of excessive drinking.

An option that Kalin and others have used to study problem drinking personalities is through the use of "pre-alcoholics." In his study, Kalin used heavy drinking college students and rationalized this procedure in the following way (10:218):

Of course, heavy drinkers can be regarded as pre-alcoholics only in a statistical sense, but a sample of heavy drinkers is likely to contain a greater proportion of future alcoholics than a sample of light drinkers or abstainers.

Kalin analyzed information received from personality inventories

given to 255 students at a western university. Inventories administered included: California Psychological Inventory, Minnesota Multiphasic Inventory, and the Yeasaying Scale of the Gough and Keniston Inventory. Information concerning the drinking behavior of these subjects was obtained through peer-rating. Kalin's results concluded that heavy drinkers have tendencies for anti-social behavior, lively social presence, and a lacking in order (10:224).

In another series of studies, A. F. Williams obtained self-descriptions of problem drinking college students through the use of the Adjective Check List and Parke's Problem Drinking Scale. Problem drinkers were found to be high in aggression and autonomy, and low in succorance, deference, and self control (10:226). Williams also found that problem drinkers display a lower self-evaluation, a liking for the new and different, and a corresponding dislike for consistency and routine; and a theme of restlessness, impatience, impulsiveness, spontaneity and action (23:357). By administering the anxiety and depression adjective scales developed by Zuckerman, Williams found that problem drinkers displayed significantly higher amounts of anxiety and depression. Williams contended that problem drinkers were similar to alcoholics on the following personality characteristics: low in self-evaluation, endurance, and order; high in anxiety and depression; and a de-emphasizing of secondary relationship terms. Because Williams found that

problem drinkers were similar to alcoholics on the bulk of the variables under study, he contended that (23:357)

if the problem drinking scale is an adequate prognosticator of alcoholism, these findings are of importance to an investigation of the etiology of alcoholism since they indicate that these traits precede the development of alcoholism.

The most recent study of college students and the "alcoholic personality" was done at the University of Minnesota in 1972. That study reported that (9:9)

students who abused alcohol during the early stages of college were more rebellious, more socially active than some of their classmates who did not become alcoholics. They were slightly discontented, interested in people, and more sensitive than their classmates.

Summary

Problem drinking among the college student population has been evident throughout American history. There also has been evidence that persons of college trained professions tend to be more vulnerable to alcoholism when compared to other socio-economic groups.

Broad theoretical propositions have been proposed by researchers within the disciplines of physiology, sociology, and psychology. More specific theories have also been proposed by researchers within each of these disciplines.

Some theorists have combined portions of these theories in the form of tentative models which display the inter-relationships of multiple causes of problem drinking.

Within the psychological framework of Personality Trait Theory, the "alcoholic personality" has been theorized and researched as being a part of the cause of alcoholism. There have been numerous attempts to research and describe the personality profile of alcoholics. Numerous studies have also attempted to identify the personality traits which predisposes one to alcoholism. College students have often been the subjects of such studies. Evidence has not been conclusive as to whether or not personality traits and drinking habits of college students are good predictors of alcohol problems.

Chapter III

Methods and Procedures

This chapter dealt with the selection and development of instruments, description of subjects, method of data collection, hypotheses, method of data analysis, and rationale for the use of the chosen significance level.

Selection and Development of Instruments

The instruments used in this study were the Adjective Check List (ACL), and a Drinking Scale developed to ascertain drinking habits.

Rational for the use of the Adjective Check List

The researcher considered the following criteria important in selecting an instrument to measure personality factors: (1) an instrument that could be administered in a relatively short amount of time, (2) an instrument that would create little or no suspicion or anxiety on the part of the subjects, and (3) an instrument that had previously been used in research on the personality factors of problem drinkers, alcoholics, and non-problem drinkers.

Major features of the ACL were that it could be "completed in 10 or 15 minutes," by relatively unsophisticated subjects, and it "arouses little resistance or anxiety and

yields a variety of potentially useful information" (6:4). Further, the ACL had been used in the previous research on personality factors and drinking (5, 10, 23).

Development of a Problem Drinking Scale

A drinking scale was to be used to determine which students were problem drinkers, non-problem drinkers, and non-drinkers. A panel of experts was formed to examine drinking scales and if necessary to edit or develop a new drinking scale.

This panel of experts included Dr. Richard Hardy, Michael Bockenbauer, and Dr. Tom Hood. All three have had extensive education and experience in research, teaching, and counseling with college students and problem drinking.

As Chairman of the Health Education Department at the University of Wisconsin-La Crosse, Dr. Hardy has made numerous contributions to the academic community in the form of research and teaching in the area of alcohol and drug abuse. He also has served as a "Resource Coordinator" for the University of Wisconsin-La Crosse Employees Assistance Program (an alcohol related assistance program) and has two and a half years experience in the pharmaceutical business.

As director of the Counseling and Testing Center at the University of Wisconsin-La Crosse, Tom Hood has had numerous counseling contacts, with student problems related to drinking. He also has served as a "Resource Coordinator" for the University of Wisconsin-La Crosse Employees Assistance Program.

Michael Bockenbauer has been the out-patient coordinator of the Coulee Council of Alcoholism and the Alcohol Information and Referral Service of La Crosse. He has served for many years as a counselor and resource person to the La Crosse region in the area of alcoholism and chemical abuse. As a former alcoholic he has a thorough understanding of alcoholism, problem drinking, and related problems. He was recently appointed Out-Patient Coordinator of the Western Wisconsin Dependency Services. He has been in service to Monroe, Vernon, and La Crosse Counties as a resource individual to health delivery agencies to include post discharge planning and rehabilitation efforts directed toward individual needs.

The following drinking scales and questionnaires were examined by the researcher and the panel of experts to determine which one was best for use in this study: "Parke's Problem Drinking Scale," by Peter Parke; "What Are the Signs of

Alcoholism," by the National Council of Alcoholism; "Twelve Questions Only You Can Answer," by Alcoholics Anonymous; and "Young People and A.A." by Alcoholics Anonymous. All of these scales and questionnaires have been utilized by various researchers and agencies to identify drinking problems and alcohol dependence.

The panel of experts decided that none of the scales examined were appropriate for this research. As a result, efforts were made to develop a more locally appropriate scale. Out of the various scales examined, the researcher selected 34 questions that were potentially valuable. Each question was then examined by the panel and the researcher for the following criteria: (1) duplication of meaning with other questions. (2) examined for logical applicability for present day college students. (3) examined for intensity, in that questions were chosen for being useful for identifying either problem drinkers, non-problem drinkers, and non-drinkers. (4) appropriateness for each group of this study (i.e. problem drinkers, non-problem drinkers, and non-drinkers).

An agreement was reached by the panel and the researcher that the scale would contain 26 questions,

some of which were reworded by the panel in order that they be suited for the purpose of this study. The number of questions checked by each subject would classify him or her as follows: zero, one or two as a non-drinker, three to nine as a non-problem drinker, and 10 or more as a problem drinker.

Description of Subjects

The subjects of this study were enrolled students at the University of Wisconsin-La Crosse during semester II, 1975-76. Since the mission of this study was to categorize students into three defined groups, a random sample was not necessary. As a result, classes and social organizations were selected and sampled until the desired number of subjects was obtained.

Because the data collected yielded a very high number of Non-problem Drinkers, only one out of three from this category was randomly drawn and scored for this study. The final sample included 64 males and 71 females. The male population included 25 Problem Drinkers, 21 Non-problem Drinkers, and 18 Non Drinkers. The female population included 16 Problem Drinkers, 22 Non-problem Drinkers, and 33 Non Drinkers.

Method of Data Collection

The data was collected under the supervision of the researcher in an orderly and logical manner. The inventories were administered at the beginning of meetings and

classes. A cover letter (Appendix B) was read aloud and enclosed with the testing materials that described the purpose of the study, emphasized the confidentiality of the data, and encouraged honesty from the subjects.

Hypotheses

Ten hypotheses were constructed based on the ten chosen ACL variables. Each variable was hypothesized in the following forms: H_0 : predicted significant differences between the three groups and H_a : predicted directional difference between problem drinkers and the other two groups.

1. H_0 : There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the "Self-acceptance" scale (positive adjectives) of the ACL.

H_a : Problem drinkers will score significantly lower on the ACL "Self-acceptance" scale than Non-problem Drinkers and Non-drinkers.

2. H_0 : There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the "Self-criticality" scale (negative adjectives) of the ACL.

H_a : Problem drinkers will score significantly higher on the ACL "Self-criticality" scale than Non-problem Drinkers and Non-drinkers.

3. H_0 : There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the "Self-control" scale of the ACL.

Ha: Problem Drinkers will score significantly lower on the ACL "Self-control" scale than Non-problem Drinkers and Non-drinkers.

4. Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the "Lability" scale of the ACL.

Ha: Problem Drinkers will score significantly higher on the ACL "Lability" scale than Non-problem Drinkers and Non-drinkers.

5. Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers, on the "Change" scale of the ACL.

Ha: Problem Drinkers will score significantly higher on the ACL "Change" scale than Non-problem Drinkers and Non-Drinkers.

6. Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers, on the "Order" scale of the ACL.

Ha: Problem drinkers will score significantly lower on the ACL "Order" scale than Non-problem Drinkers, and Non-drinkers.

7. Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers, on the "Endurance" scale of the ACL.

Ha: Problem Drinkers will score significantly lower on the "Endurance" scale than Non-drinkers and Non-problem Drinkers.

8. Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the "Aggression" scale of the ACL.
- Ha: Problem Drinkers will score significantly higher on the ACL "Aggression" scale than Non-drinkers and Non-problem Drinkers.
9. Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the "Autonomy" scale of the ACL.
- Ha: Problem drinkers will score significantly higher on the ACL "Autonomy" scale than Non-drinkers and Non-problem Drinkers.
10. Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the "Deference" scale of the ACL.
- Ha: Problem Drinkers will score significantly lower on the ACL "Deference" scale than Non-drinkers and Non-problem Drinkers.

Method of Data Analysis

In order to examine the relationship between the three groups, it was decided that analysis of variance was the most appropriate statistical method. Data were entered into the computer and the analysis of variance procedure was completed by an established computer program on the University of Wisconsin-La Crosse campus.

On the ACL variables determined to be significant through analysis of variance, a Scheffe Test was performed to more specifically define those significant differences.

Choice of Significance Level

In exploratory research, .10 or .20 levels of significance are at times appropriate. However, a risk decision of .05 was chosen for this project. This appears to be a logical compromise between .01, which would be too stringent, and exploratory type research levels of .10 or .20.

Further support for choosing the .05 level was based upon the following:

1. "Most behavioral research is conducted at the .01 and .05 levels of significance" (15:155).
2. Kerlinger supported the .05 choice for this type of research because (11:154)

The .05 level was originally chosen -- and has persisted with researchers -- because it is considered a reasonably good gamble. It is neither too high or too low for most social scientific research.

3. In similar research pertaining to college students, drinking habits, and ACL personality factors, significance levels were found to be at .05 or lower for the ACL personality factors used in this study (23:349).

Chapter IV

Results Of The Study

This chapter was divided into two sections; the first section presented an overview of the results, with an explanation of the two tables, and in the second section, the results of the hypotheses were presented with significant differences reported.

An Overview of the Results

In examining the researched variables of the ACL, five of the 10 variables revealed significant differences between the three drinking behavior groups (Non-drinkers, Non-problem Drinkers, and Problem Drinkers). The following variables were found significant at the .05 level.

1. Self-acceptance (positive adjectives checked)
2. Self-criticality (negative adjectives checked)
3. Self-control
4. Endurance
5. Order

Table 1 presented the mean T scores for each of the three defined groups. An F value in excess of 3.84 with $df=129$, indicated a level of significance at the .05 level. In Table 1, analysis of variance F values were located in the right hand column with those variables having been found significant marked with an asterisk.

The following variables were found not to be significant: Lability, Change, Aggression, Deference, and

Table 1
 Mean T-scores and F-test Values
 for Defined Groups and ACL Variables

ACL Variable	ND**	NPD**	PD**	F
Self-acceptance (positive)	52.41	47.83	43.65	9.82*
Self-criticality (negative)	46.41	49.11	52.58	4.74*
Self-control	48.76	47.04	41.85	7.35*
Lability	54.64	52.74	55.41	.79
Endurance	51.82	49.18	45.41	8.98*
Order	49.25	47.55	42.7	7.5*
Autonomy	51.39	49.95	50.60	.29
Aggression	49.82	50.37	53.39	2.00
Change	51.74	51.18	51.41	.05
Deference	47.37	48.72	45.92	.88

$p < .05$

Note: $F = 3.84$
 $df = 129$

* = Significant variables (F-values) that exceed 3.84
 were significant at .05.

** = Columns show the mean T-scores of Non-drinkers (ND),
 Non-problem Drinkers (NPD), and Problem Drinkers (PD).

Autonomy. Of the non-significant variables, the Aggression variable was the only one that resulted in mean scores with a trend in the predicted direction.

The five variables that were found to be significant through analysis of variance, were consequently examined through the use of the Scheffe Test. The Scheffe Test was performed to determine between which of the three drinking behavior groups the significant differences were located.

Table 2 presented the Scheffe Test results. An F score above 3.84 with $df=129$, was determined to be significant at the .05 level. Values which exceeded the adopted significance level were indicated by an asterisk.

Within the five significant variables, only one of the ten predicted comparisons was found not to be significant at the .05 level. On the Self-criticality scale, Problem Drinkers did score higher than Non-problem Drinkers, but not significantly higher. The most obvious differences appeared between Non-drinker and Problem Drinker groups. The next most obvious difference existed between Non-problem Drinkers and Problem Drinkers, while the least amount of difference was found between Non-drinkers and Non-problem Drinkers. Perhaps this trend should be expected since the Non-drinker-Problem Drinker comparison reflects the extreme ends of the continuum while Non-problem-Problem Drinker or Non-drinker-Non-problem Drinker comparisons would tend to blend into one another.

Table 2
Scheffe Test of Significant ACL Variables

ACL Variable	ND-NPD**	ND-PD**	NPD-PD**
Self-acceptance	5.43*	19.53*	4.1*
Self-criticality	1.86	9.46*	2.76
Self-control	.89	14.0 *	7.29*
Endurance	3.12	17.95*	5.73*
Order	.99	14.38*	7.28*

$p < .05$

Note: $F = 3.84$
 $df = 129$

* = Significant variables (F-values) that exceed the 3.84 (.05) significance level.

** = Columns show the F Values between the drinking behavior groups: Non-drinkers Non-problem Drinkers (ND-NPD), Non-drinkers Problem Drinkers (ND-PD), and Non-problem Drinkers Problem Drinkers (NPD-PD).

Results by Hypothesis

Hypothesis 1: Self-acceptance.

Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the ACL "Self-acceptance" scale.

Based upon an F score of 9.82, which exceeded the necessary value of 3.84, the null hypothesis was rejected. Therefore, a significant difference was found to exist among the groups in the way they endorsed the ACL items that measured self-acceptance.

Ha: Problem Drinkers will score significantly lower on the ACL "self-acceptance" scale than Non-problem Drinkers, and Non-drinkers.

This hypothesis was strongly supported by both analysis of variance and the Scheffe Test, in that significant differences did in fact exist. The Scheffe Test revealed that significant differences existed between all three drinking behavior groups. Problem Drinkers were found to have scored significantly different in the predicted direction. The F score between Non-drinkers and Problem Drinkers was 19.53 and the F score between Non-problem Drinkers and Problem Drinkers was 4.1. A significant difference was also found between Non-drinkers and Non-problem Drinkers ($F=5.48$).

Hypothesis 2: Self-criticality.

Ho: There will be no significant difference between Non-drinkers, Non-problem

Drinkers, and Problem Drinkers on the
ACL "Self-criticality" scale.

Based upon an F score of 4.74, which exceeded the necessary value of 3.84, the null hypothesis was rejected. Therefore, a significant difference was found to exist among the groups in the way they endorsed the ACL items that measured self-criticality.

Ha: Problem Drinkers will score significantly higher on the ACL "Self-criticality" scale than Non-problem Drinkers and Non-drinkers.

The Scheffe Test revealed that significant differences did exist between Problem Drinkers and Non-drinkers ($F=9.46$) in the predicted direction. But there were no significant differences between Non-problem Drinkers and Problem Drinkers, because the F score (2.76) did not exceed the necessary 3.84 level. Also, in comparing Non-drinkers and Non-problem Drinkers, the F value of 1.84 indicated no significant difference.

Hypothesis 3: Self-control.

Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the ACL "Self Control" scale.

Based upon an F score of 7.35, the null hypothesis was rejected. Therefore, a significant difference did exist among the groups in the way they endorsed the ACL items that measured self control.

Ha: Problem Drinkers will score significantly higher on the ACL "Self control" scale than Non-problem Drinkers and Non-drinkers.

In both comparisons, the Scheffe Test revealed that significant differences did exist in the predicted direction. The F value between Non-drinkers and Problem Drinkers was 14.0 and, the F value between Non-problem Drinkers and Problem Drinkers was 7.29. Both scores exceeded the necessary value of 3.84 to indicate statistical significance. However, in comparing Non-drinkers and Non-problem Drinkers, the F value of .89 did not exceed the necessary 3.84 value to be significant.

Hypothesis 4: Lability.

Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers and Problem Drinkers on the ACL "Lability" scale.

Values obtained from analysis of variance led to acceptance of the null hypothesis. An F score of .79 revealed no significant differences between the drinking behavior groups on this variable.

Ha: Problem Drinkers will score significantly higher on the ACL "Lability" scale than Non-drinkers and Non-problem Drinkers.

Because the null hypothesis was accepted through analysis of variance, the Scheffe Test was not performed.

Hypothesis 5: Change.

Ho: There will be no significant differences between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the ACL "Change" scale.

Values obtained from analysis of variance led to the acceptance of the null hypothesis. An F score of .05 revealed that there were no significant differences between the drinking behavior groups on this variable.

Ha: Problem Drinkers will score significantly higher on the ACL "Change" scale than Non-problem Drinkers and Non-drinkers.

Because the null hypothesis was accepted through analysis of variance, a Scheffe Test was not performed.

Hypothesis 6: Order.

Ho: There will be no significant differences between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the ACL "Order" scale.

Based upon an F value of 7.5 the null hypothesis was rejected. It was therefore concluded that a significant difference did exist among the groups on this ACL variable.

Ha: Problem Drinkers will score significantly lower on the ACL "Order" scale than Non-drinkers and Non-problem Drinkers.

The Scheffe Test revealed that significant differences did exist in the predicted direction between Non-drinkers and

Problem Drinkers and between Non-problem Drinkers and Problem Drinkers. The F value between Non-drinkers and Problem Drinkers was 14.38, and the F value between Non-drinkers and Problem Drinkers was 7.28. A non-significant F score of .99 was reported between Non-drinkers and Non-problem Drinkers.

Hypothesis 7: Endurance.

Ho: There will be no significant differences between Non-drinkers, Non-problem Drinkers and Problem Drinkers on the ACL "Endurance" scale.

Based upon an F score of 8.98, the null hypothesis was rejected. Therefore, a significant difference did exist among the groups on this ACL variable.

Ha: Problem Drinkers will significantly score lower on the ACL "Endurance" scale than Non-drinkers and Non-problem Drinkers.

The Scheffe Test revealed significant differences existed in the predicted direction between Non-drinkers and Problem Drinkers and between Non-problem Drinkers and Problem Drinkers. The F value between Non-drinkers and Problem Drinkers was 17.95 while the F value between Non-problem Drinkers and Problem Drinkers was 5.73. A non-significant F score of 3.12 was reported between Non-drinkers and Non-problem Drinkers.

Hypothesis 8: Aggression.

Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the ACL "Aggression" scale.

Through analysis of variance, the null hypothesis was accepted. An F score of 2.0 revealed that there were no significant differences between the drinking behavior groups on this variable.

Ha: Problem Drinkers will score significantly higher on the ACL "Aggression" scale than Non-drinkers and Non-problem Drinkers.

Because the null hypothesis was accepted through analysis of variance, the Scheffe Test was not performed.

Hypothesis 9: Autonomy.

Ho: There will be no significant differences between Non-drinkers, Non-problem Drinkers, and Problem Drinkers on the ACL "Autonomy" scale.

Through analysis of variance, the null hypothesis was accepted. An F score of .29 revealed that there was no significant differences between the drinking behavior groups on this variable.

Ha: Problem Drinkers will score significantly higher on the ACL "Autonomy" scale than Non-drinkers, and Non-problem Drinkers.

Because the null hypothesis was accepted through analysis of variance, the Scheffe Test was not performed.

Hypothesis 10: Deference.

Ho: There will be no significant difference between Non-drinkers, Non-problem Drinkers, and Problem Drinkers, on the ACL "Deference" scale.

Through analysis of variance, the null hypothesis was accepted. An F score of .88 revealed that there were no significant differences between the drinking behavior groups on this variable.

Ha: Problem Drinkers will score significantly lower on the ACL "Deference" scale than Non-drinkers, and Non-problem Drinkers.

Because the null hypothesis was accepted through analysis of variance, the Scheffe Test was not performed.

Chapter V

Conclusions, Recommendations, and Discussion

This chapter was divided into three sections. The first section (Conclusions) summarized the results presented in Chapter IV and related these findings to results of similar studies pertaining to alcohol consumption and personality factors. The second section (Recommendations for Further Study and Research) consisted of recommendations for further study on the topic of alcohol and college students. The final section (Campus Drinking Behaviors: Discussion and Recommendations) included discussion and recommendations concerning problem drinking, college students, and comments toward institutional responsibility.

Conclusions

Based upon an analysis of the data presented, the following conclusions were drawn:

Self-evaluation. Problem Drinkers were found to have lower self-evaluation indices than Non-drinkers and Non-problem Drinkers. This was displayed through significantly lower "self-acceptance" (number of positive adjectives checked) scores on the ACL when compared to Non-drinkers and Non-problem Drinkers. The concept of self-evaluation being an important variable in identifying drinking personalities was further supported by the results of the "Self-criticality" scale which measured the number of

negative adjectives checked. Problem Drinkers scored significantly higher on this scale than Non-drinkers. Another supportive but not significant finding was that Problem Drinkers scored higher, but not significantly higher, on the "Self-criticality" scale than Non-problem Drinkers.

Further support of this conclusion may be related to similar research, in which Connors found that alcoholics displayed low self-evaluation scores on the ACL (23:345). Williams also found that Problem Drinking College Students displayed low self-evaluation tendencies in scoring on the ACL. There appears to be consistent research to support the conclusion that low self-evaluation is an overriding theme of both alcoholics and problem drinkers.

Self-Control. Problem Drinkers were found to have significantly lower scores on the ACL "Self-control" variable, when compared to Non-drinkers and Non-problem Drinkers. Williams found that Problem Drinking College Students scored significantly lower on the "Self-control" variable of the ACL, when compared to Non-problem Drinkers. Williams also reported that alcoholics tended to be impulsive (23:355), while Clinebell reported that alcoholics tended to be compulsive (4:55). Both of these traits related well with problem drinkers' lacking in self-control. It can be concluded from research on both alcoholics and problem drinkers that people who have a problem with drinking also lack self-control over their behavior.

Endurance and Order. Problem Drinkers were found to have significantly lower scores on the ACL variables of "Endurance," and "Order" when compared to Non-drinkers, and Non-problem Drinkers. Similar research has found that alcoholics (Connors (5:466) and problem drinking college students (Williams) score significantly lower on both of these variables (19:357), when compared to non-problem drinkers. According to the ACL manual, lower scorers on the Endurance scale tend to be intolerant of prolonged effort or attention, and tend to be erratic, impatient, and changeable. Low scorers on the Order scale tend to be quick in temperament and reaction, and impulsive (19:354-355, 7:9-10).

Williams noted that there are common themes running through the variables of low scoring on Endurance, Order, and Self control. These themes include: dislike for consistency, and routine; restlessness, impatience, impulsiveness, and a disliking of prolonged effort or attention, delay or deliberation (23:355). Alcohol may play a significant role in relieving the anxiety caused by these personality characteristics.

Lability, Change, Autonomy, Aggression, Deference.
This research found no significant relationship (p .05) between the following ACL variables and drinking behavior: Lability, Autonomy, Aggression, Change, and Deference.

However, Williams found that problem drinking college students scored significantly higher than non-problem

drinkers on the lability, autonomy, change and aggression scales. He also found that problem drinkers scored significantly lower than non-problem drinkers on the deference scale of the ACL (19:348).

In a longitudinal study of alcoholics performed by McCord and McCord, it was concluded that (23:352):

while alcoholics were rated as dependent and were probably basically dependent, as pre-alcoholics they were counter dependent, expressing such traits as aggression, autonomy, and lack of deference as reactions against dependency.

It appears that the problem drinkers, of this study, do not display the pre-alcoholic tendencies expressed by the McCords on the variables of deference, autonomy, and aggression (23:351).

Williams reported that "it is not certain that alcoholics would also score high on lability and change" (23:357). Further research is needed to further clarify whether or not these five personality factors can be correlated with problem drinking or alcoholism.

Recommendations for Further Study and Research

The following recommendations may serve as aid for further study and research in the area of alcohol and drug abuse and how they pertain to personality factors.

1. Since most studies of this nature have utilized the Adjective Check List as the personality inventory, similar studies may utilize other

personality inventories in order to determine how they correlate with the ACL on key personality factors. This process may be important in determining whether or not construction factors of the ACL are contributing to the identification of significant differences in this and similar alcohol research.

2. The use and abuse of other drugs may be included in a study of this nature to determine how congenial the results of other drug research would be with alcohol research.
3. Because the drinking age has been lowered to 18, it would be appropriate to research high school students on problem drinking tendencies.
4. In order to validate a study of this nature, further research may attempt follow-up studies that may include the same subjects to see if certain personality traits predicted further alcohol or drug abuse. For example, a certain high school class may be studied and tested upon entering high school and again at graduation time.
5. Further studies may question students as to why they drink and/or abuse alcohol as well as evaluate drinking behavior and personality factors. This may be accomplished through additional questioning or interviewing of subjects to

determine their reasons for consumption and abuse of various alcohol and drug substances.

6. Similar research may consider the effects of a particular community environment on the drinking habits of its citizens. Such research may study availability of alcohol and various social pressures to drink. Such research may compare more than one campus or community to determine whether or not the reasons for drinking or abusing alcohol may vary because of local peculiarities of social climate.

Campus Drinking Behaviors: Discussion and Recommendations:

This study concluded that problem drinkers can be characterized as having a low self-evaluation, and lacking in self control, endurance, and order. It was noted that these characteristics were also attributed to problem drinking college students and alcoholics of other studies. Even though, controversy exists on whether or not certain personality factors can be correlated with problem drinking, these personality factors do reappear in the literature as probable contributors of potential alcoholism. It is hard to deny the possibility that there is some type of relationship between personality and alcohol abuse.

A more difficult question to answer is how do these personality traits develop and eventually lead to certain self-abusive behaviors. Tentative drinking behavior models

that link multiple causes (including personality factors), seem to be the most plausible.

It is as difficult to identify all of the reasons why people abuse alcohol as it is to identify all alcohol abusers. But problem drinking college students tend to have similar reasons for the abuse of alcohol. The lowering of the drinking age to 18, almost completely eliminates any chance that alcohol may not be available to most college students. Alcoholic beverages are readily available at most college and community social functions, and alcohol use is often encouraged and promoted as a major vehicle of good times and sociability.

Perhaps the functional responsibility of institutions of higher education, such as the University of Wisconsin-La Crosse, regarding the prevention of alcohol abuse and also in promoting productive human development of its students needs to be examined. The University of Wisconsin Mission Statement calls for development of the human condition. Specifically... (21:10)

inherent in, this broad mission are methods of instruction, research, extended education and public service, designed to educate people and improve the human condition.

But in reality, what specific activities and goals does such a system as the University of Wisconsin System or more specifically an institution such as the University of Wisconsin-La Crosse attempt to provide for its students in order to

prevent alcohol or drug abuse and thus effect the human condition? The students, faculty, and administration of an institution such as the University of Wisconsin-La Crosse may wish to consider the following recommendations in attempting to impact the lives of persons in the campus community who may be effected by alcohol and drug abuse.

Resources such as counselors, physicians, therapists, dollars, and programs should be identified and supported within the campus community by the administration, faculty, and student organizations. More specifically the following may be reasonable to consider:

1. University social organizations may be encouraged to plan alternative campus activities that discourage the excessive use of alcohol. *Part II*
2. Campus organizations may be encouraged to implement alcohol education seminars to alert the campus community to the dangers of alcohol and drug abuse.
3. Literature pertaining to drug and alcohol abuse may be made more readily available by locating it in places other than student health clinics and counseling centers. Such locations may include library reading rooms, dormitory lounges, and student union reading lounges.
4. Funding should be made readily available to student organizations and individuals who wish

to sponsor alcohol seminars or do research on the campus community.

5. Expressed support from the appropriate administrative persons may encourage acceptance of prevention, correction, or related health models.

Drinking Scale

Identification No. _ _ _ _

Instructions: Check the following questions that are true for you (past or present).

1. Do you usually drink to "loosen up" at social functions?
2. Do you sometimes find yourself drinking due to peer group pressure?
3. While you may consider yourself a social drinker, do you become drunk at times?
4. Have you ever wanted to tell people to mind their own business because they confronted you about your drinking?
5. Have you ever had conflicts (such as fights, arguments, arrests) connected with your drinking during the last year?
6. Do you think you have a "drinking reputation"?
7. Have you ever switched from one kind of drink to another in the hope that this would keep you from getting drunk?
8. After you have started drinking, do you have trouble saying no to additional drinks?
9. Have you often failed to keep the promises you made to yourself about controlling or cutting down on your drinking?
10. Do you tell yourself that you can stop drinking any time you want to but have gotten drunk when you did not mean to?
11. Have you felt dependent or addicted to the use of alcoholic beverages?
12. Have you ever decided to stop drinking for a week or so, but only lasted a couple of days?
13. Within the past year, have you had at least one weekend where you were either drinking or drunk most of the weekend?
14. After a hard day or week do you need a drink to "settle down"?
15. Did you ever wake up on the "morning after" and discover that you could not remember part of the evening before even though your friends tell you that you did not pass out?
16. Are there occasions when you feel uncomfortable if alcohol is not available?

17. Do you lose time from school or work due to drinking?
18. Have you feared the long range consequences of your drinking?
19. Do you drink in order to feel more comfortable with other people?
20. Do you envy people who can enjoy themselves without drinking?
21. Would you feel better about yourself if you did not drink?
22. Have you ever had a drink in the morning during the past year (excluding special occasions)?
23. At parties do you like to be one or two drinks ahead without others knowing it?
24. Do you regularly drink alone?
25. Have you become drunk alone?
26. Do you envy people who can drink without getting drunk or causing trouble?

Other Information: Circle Correct Item

1. Sex: Male Female
2. Year in school: 1 2 3 4
3. I have undergone treatment or therapy due to a former drinking problem: Yes No
4. If the answer to question 3 is "Yes," when was the rehabilitation program completed? _____

Dear Fellow Student:

I would like to ask you to supply me with information that I need to complete my Master's Seminar Paper. Completion of these two inventories should only take about ten minutes of your time. It is important that you be honest in completing the inventories and that you fully understand what you are being asked to do.

This study will compare "drinking habits" with "personality factors." If you are interested in the results of this study, the seminar paper will be presented on campus in the later part of the semester.

I would like to emphasize that individual results will be held in strict confidence. The only identification I need is your sex and the last four digits of your Social Security number so that I can match up the two inventories. Thank you for your cooperation.

Sincerely,



Bob Harrington
Graduate Student
Student Personnel Services

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