SEEKING THE ALCOHOLIC PERSONALITY: ROAD TO NOWHERE Charles M. Unkovic and Linda M. Schell University of Central Florida

ALCOHOLISM TYPES

Researchers, therapists, and alcoholics, are interested in the question "Is there an alcoholic personality?." To discover a single personality type could lead to the cure or prevention of alcoholism. The results of research into this question have been consistent that there are many factors to consider besides the possible existence of a single personality type. The word alcoholism is used synonymously with "problem drinking," "alcohol abuse", and "alcohol misuse." The meaning varies from the instance of a child who has a friend whose father drinks to that of a person who has endangered his or her life with alcohol, but the definition most commonly used is drinking which negatively affects a person's physical, social, and economic well-being.

The drinking behavior of alcoholics varies from person to person. There is the alcoholic who drinks a half-pint each day, and the one who drinks a quart or more each day. Some alcoholics drink every day while some go on periodic binges every few months. Some will frequent a favorite bar to do their drinking while others will drink alone at home.

Jellinek (1968) recognized this variation in drinkers when he devised his classifications of alcoholism. He describes Alpha alcoholism as a psychological dependency to relieve emotional or physical pain. This type of drinking is uncontrolled in the sense that it causes problems in the family or in some instances at work, but it does not exhibit any of the physical symptoms of withdrawl or of progression. This type of alcoholism may develop into Gamma alcoholism or it may continue as problem drinking for several decades.

Betal alcoholism Jellinek describes as the type where physical degeneration exists without psychological or physical addiction. This type of drinking is usually associated with nutritional deficiency disease. It may develop into Gamma or Delta alcoholism, but Jellinek says that this is less likely than in the instance of Alpha alcoholism.

Gamma alcoholism has been called "American alcoholism" since it is prevalent throughout the United States. This type of drinking

exhibits a progressive change from psychological to physical dependency. There is a loss of control which affects the physical, mental, financial, and social health of the individual.

Delta alcoholism is similar to Gamma alcoholism except that the individual is unable to abstain from alcohol without withdrawal symptoms, yet he is able to retain control over the intake of alcohol.

Alcoholics are found among the educated and the illiterate; the rich and the poor: the Christian and the Jew; and among the men, women, and children. Studies have indicated that the percentage of problem drinkers is highest among those with the least and the most education. While there are both more abstainers and heavy drinkers in the lower socioeconomic levels, it has been found that the moderate and heavy drinking increases with social class. The Anglo-Saxon Protestant group in the United States has a high incidence of alcoholism, attributed to the lack of well formed rules and customs for alcohol usage. Groups that have firmly established rules and customs surrounding the use of alcohol have a very low percentage who are alcoholic, such as the Jews who, in a California study, were found to be only 0.6% of the alcoholic population (Norback, 1979). Of the country's total population, 9.6% are estimated to be alcoholic: 88% of these are white. 12% are non-white. While it is estimated that 72.9% of the alcoholic population is male and 27.1% is female, current trends indicate that this difference is now decreasing as the number of women alcoholics increases (Marden, 1981). Of the youthful population, approximately 19% are problem drinkers; of these 62% are male. The difference between the number of boys and girls who are problem drinkers is also decreasing.

THE CONVENTIONAL ALCOHOLIC

While many people think of the skid row drunk as being the typical example, less than 5% of all alcoholics are found there. In fact, 70% of alcoholics hold down a job successfully, are married and have families, and are respected members of their communities.

When one looks at a membership profile of Alcoholics Anonymous, a large self-help program for alcoholics, it is seen that practically all occupations are represented. In their booklet "Profile of an AA Meeting" men are represented from the executive, professional, and technical occupations (30%); crafts (20%); sales (20%); service and semi-skilled laborers (20%); and other occupations (10%). Women are represented from homemakers (40%); sales and clerical (20%); executive, professional, and technical (20%); service and semi-skilled (10%); and other occupations (10%). (Alcoholic Anonoymous, 1972).

There are many examples of famous people who have admitted publically to being alcoholic. Edwin "Buzz" Aldrin, one of the astronauts who went to the moon, tells of his being an alcoholic prior to his Apollo flight. He quit drinking only two days before his famous flight only to resume drinking after his return. Dick Van Dyke, the television star, drank for relaxation until his early forties when he lost control. Robert Young, drank heavily for over thirty years to escape insecurity. Wilbur Mills, an influential congressman from Arkansas, thought that he was dying of a brain tumor, only to discover that he was trying to kill himself by drinking, while former first lady Betty Ford acknowledged publicly that she had developed an alcohol and drug problem.

Many cultural influences in the United States advocate the consumption of alcohol. It is acceptable and customary for one to offer a vistor to his home a drink. This practice is supported by television commercials and stereotypical characters in television programs. Sports events are usually associated with alcohol consumption. Dining out is facilitated with before, during, and after dinner drinks being offered. Advertisements for alcoholic beverages appear throughout magazines and they seem to say that to "fit in," or to "get along," you need alcohol. In other words, alcohol is culturally induced into your personalities.

A child who is brought up in the absence of one of the parents, or who has been neglected by one or both of the parents, may develop feelings of rejection and repressed dependency needs. He or she may compensate by extreme independence and the social isolation that it brings. The result is the creation of an

emotional environment that is condusive to drinking in order to relieve loneliness. Unfortunately, the alcohol consumption in itself leads to further isolation which sustains the cycle. This begins the psychological and physical dependence upon alcohol and alcoholism.

THE CASE OF GEORGE

George is a thirty-seven year old alcoholic. During George's early childhood his father was in the Navy, and when his father returned from overseas duty, he resumed his occupation as a brewer. George's father then worked long hours and much of the time he worked the evening shift. He seldom was home when George was there. George's mother had emotional problems which lead to several suicide attempts. George has many recollections of his mother having to recuperate and be taken care of by George and his brother. Both of George's parents are alcoholics.

When George reached high school, he attended school in the summer--for something to do. He graduated from high school younger than his classmates, and he went directly to college. It was in college that George began to drink heavily. He would go to a bar and do his homework there every night. He felt that his drinking helped him to be creative, but his grades were so poor that he was almost expelled from college.

After graduation from college George married, and three years later he went to work in Washington, D.C. in a position of responsibility. Under the daily stress of his job, George's repressed feelings of rejection and dependence emerged. Since he could not admit these feelings to himself, he drank more heavily, withdrew into himself, and became more immersed in his work.

As his children began to mature, additional stresses were put upon him; stresses to give and receive affection. But George had been isolating himself from his family with his drinking. His family felt rejected by him, and soon George felt rejected by his family. The inevitable cycle had begun. After nine years of marriage, George was divorced by his wife and his children were taken back to New York. With further isolation, George's drinking worsened. Today George lives alone. He remarried for a brief period, but the cycle of rejection and isolation ended in another divorce.

PARENTAL MODES

Having one or both parents who are alcoholic has a high correlation to development of a personality prone to alcoholism. It has been estimated that the child of an alcoholic has a 20 percent greater chance of becoming an alcoholic than does the child of non-alcoholic parents (Glennon, 1981). As the alcoholic parent withdraws into and isolation from the family, the children are deprived of the love and affection of that parent, and the non-alcoholic parent tries ineffectively to cope with the situation. In George's case, his father withdrew and his mother attempted suicide.

The role models these children are presented are in sharp contrast to those models vital to integrated personality formation and the ability to adapt to crises. This lack of role models, along with the resultant lack of intrapersonal and interpersonal, judgmental, and system skills, are characteristic of the personality prone to alcoholism (Pletarsky, 1981). Because these children are ill prepared for adult life and its stresses, they may turn to alcohol to ease their pain, or because of their alcoholic models, they may think that alcohol will enable them to handle the stresses more effectively.

THE CASE OF JOAN

Joan is a fifty year old alcoholic who found that for lack of skills she was ill prepared for adult life. Both parents were alcoholics and although she was provided with every material thing that she could desire, the necessary love and affection was missing from her childhood. During grammer school she became ill and was not disciplined, but instead was kept sheltered.

By the time Joan began college she was drinking, and by the end of her freshman year she was partying and drinking heavily. Joan's magic solution to her problems was to find a husband and get married. She found an eligible Navy man and got him to propose. But soon after her engagement she met Bill and they fell in love at first sight. To Joan, Bill was everything. But rather than break her engagement, since marriage was going to solve all her problems. Joan went forward with her plans for her "perfect" marriage. She couldn't leave the security of a marriage. Unable to cope with these problems, she tried to ease the pain and handle the stresses through alcohol, just as her parents had done. Joan drank and had affairs, only to lose her lover at the time that her divorce from her husband was final. She became immersed in alcohol. She married four more times, each marriage ending in divorce. By this time her drinking was very heavy-since she anesthetized with alcohol.

Today Joan has been a member of AA for ten years, living alone and not drinking.

PERSONALITY FACTORS

One of the most prevalent characteristics that is common among many alcoholics is the dependent personality. This dependency need appears throughout the alcoholics studied and was found overwhelmingly in the literature.

Other characteristics that were found to be common among alcoholics are perfectionism (the inability to effectively cope with an imperfect world), usually stemming from a sense of inferiority and insecurity. Many times this perfectionism is accompanied by aggression. Many women who suffer from alcoholism drink to hide their feelings of aggression; feelings that are not considered appropriate for women. Lastly, many alcoholics are found to be depressed and are usually anxious and tense individuals.

There are many different types of alcoholism, many different drinking behaviors, and many different influences upon the formation of the personality. There is no one deciding factor that will cause a person to become an alcoholic, nor one common personality type. Rather than searching for the alcoholic personality, a road leading nowhere, it would be better to find the way that alcoholism becomes a life style.

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the position of attempting to negotiate the strength of the labeling effect.

While disclaimers are usually viewed as a means of gaining audience acceptance prior to the commitment of a social act which would normally generate a negative response from the viewing audience, disclaimers were also employed by the respondents in a unique manner inasmuch as they were utilized after the fact in an attempt to relieve the severity of the reaction. Persons stigmatized in this manner seemed to accept that their identity would be spoiled, and the argument was not that the spoilage was unjustified. The spoilage was accepted by the person, even to the extent that they had conceptualized themselves as spoiled prior to the offering of the stigmatized attribute to a viewing audience. Disclaimers were utilized in an attempt to salvage part of a social identity. For example, while all respondents expressed some devaluation of self, all respondents explained in great depth the amount of time and trouble they went through in order to notify all possible sexual contacts they may have infected.

This guy I though I might have given it to was married so I couldn't call him at home or at his work. So I sent him a special delivery letter that he had to sign for. I made sure he knew so he could take care of it. I'm not really so rotten. I do clean up after myself.

Thus, for the respondents, techniques of normalization did not include a concentration on the continuance of a whole, undamaged social self, but rather for the retention of a part of the social identity which was considered acceptable, those qualities of honesty and responsibility expressing a redeemable part.

CONCLUSION

Several basic questions remain unanswered. In a society which is increasingly advocating freedom in human sexuality, particularly with regard to the meanings attached to sexual intercourse, why has this implied liberalism not been incorporated into all aspects of human sexuality? People today may more easily engage in casual sex as recreation without accompanying stigmatization but the moment the presence of venereal disease is established in a relationship, taboos dating from centuries back come into play and the meaning of the sexual encounter is changed for the participants. The sauve, liberated sexual swinger suddenly becomes an inept social deviant and the expressive act of intercourse becomes no longer a sexual communication between two people but rather a vehicle for degradation.

Health personnel are acutely aware of this dichotomous perspective. The Public Health Department has gone to great measures to convince the public that "V.D. is for Everyone" but despite the attitude that sex may be for everyone, venereal disease still remains an aspect of human sexuality which applied only to others.

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