

THE ALCOHOLIC STUDY

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INTRODUCTION

The human consumption of alcohol, dating to the earliest of recorded history, has been one of man's most universally practiced way of altering his mind function.

While the majority of the population are judicious users of the drug, or in some cases teetotalers, there are those who because of genetic factors, certain personality factors or as a result of some unknown complex juxtapositioning of experiences in life have a proclivity for excessive indulgence of alcohol.

Many novel approaches have been tried but no school of medical or psychological therapy to date has claimed a very high rate of success with confirmed alcoholics.

Alcohol therefore continues to pose a serious problem to millions of Americans causing disruption and breakup of family life and destroying careers and lives. There can be no measurement in terms of the emotional anguish caused. In terms of economic loss by individuals, families and businesses the figures mount into the millions each year.

In November, 1973 the Director of an alcoholic treatment Halfway House, arranged to have the Silva Mind Control Basic Lecture Series presented to a group of recovering alcoholics living in the community or at the Halfway House. The Silva Mind Control BLS was made available as a research project. Spouses of the Alcoholic participants were also invited to attend. Participation was voluntary and there was no cost to the participants.

A personality questionnaire (16 PF CATTELL) was administered as a pre and post Mind Control measure. The non-alcoholic spouses were also tested but the following results reflect only the participants diagnosed as alcoholics.

PROCEDURE

The Cattell 16 PF was administered before and after the Silva Mind Control BLS to a group of recovering alcoholics living in the community or the Halfway House. Of this group, fifteen (15) completed the pre and post testing: thirteen (13) were males and two (2) were females. The Pre-Test was administered on November 4, 1973 and the Post-Test was completed on December 10, 1973. Testing was administered by a Psychologist who took the course along with the Alcoholic group.

THE TEST

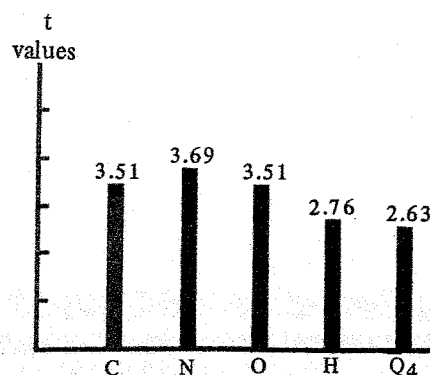
The test used, Cattell's 16 PF, measures 16 personality factors, each factor being capable of representation on a continuum from a negative to a positive pole. However, the terms positive and negative are in no way indicative of good or bad characteristics but simply ways of dichotomizing or denoting extremes of a continuum. In other words, movement toward the minus side should not be equated with a shift to an undesirable characteristic or vice versa.

For example, in Factor A, the A+ pole represents the extreme of "Warm hearted, Easy going, Participating," while the A- pole represents "Reserved, Detached, Critical, Aloof." (See Chart 1). The other situation can be illustrated by the example of Q₄- as representing "Relaxed, Tranquil, Composed," and Q₄+ indicating Tense, Driven, Fretful."

RESULTS

The following Graph illustrates the significant changes shown by the group tested. The t-value is a measure of the magnitude of change which occurred between the Pre and Post test: the higher the t-value, the greater the significance of the change that took place between Pre and Post Testing. For example, the t-value of Factor C in Graph I indicates that a significant change occurred between pre-test scores and post-test scores, in this case, at the .01 level of significance. A change of this magnitude could be expected to happen by chance less than one (1) time in a hundred. The variable introduced, the BLS, could be reasonably construed to have contributed to the change.

GRAPH I



CHANGES SIGNIFICANT AT THE .01 LEVEL

The following factor changes were found to be significant at the .01 level.

Ego Strength (Factor C)

It might be noted that Factor C has consistently shown movement to C+ among individuals taking the BLS (cf, Hallahan High Report, Effects With Three High School Populations and the Albuquerque Report).

In this group the shift towards the C+ pole indicates that after taking the BLS the Alcoholic group had responded to the items on the Questionnaire differently. This change indicates an increased sense of direction using internal points of reference.

This factor of ego strength is seen as very important in that it represents personality aspects which have a bearing on how we successfully or unsuccessfully cope with situations facing us in life. Low ego strength, in many instances, is indicative of existing pathology. It might be noted that the shift to C+ is away from psychosomatic disturbances, irrational fears, and sleep disturbances.

The groups shift to perceiving themselves as more inner-directed than outer-directed is significant in terms of mental health and emotional stability. The inner directed person because of his capacity for making choices based on his own expectations of himself seems better able to exert self-control over his own behavior

and life path.

Manipulative Behavior (Factor N)

In Factor N, movement is toward N— or towards a non-manipulative stance. This shows an interesting shift away from controlling, self-serving behavior to a more forth-right unpretentious stance with qualities of almost naive emotional genuineness, complete directness, and spontaneous outspokenness." (Handbook for 16 PF, p. 100)

It may well be that the Alcoholics ability to exert greater control over his mental equilibrium and hence greater control over external factors may provide him with less of a need to manipulate others in his environment. The need to manipulate ceases to exist when successful alternate ways or methods can be used to center oneself other than through external agents.

Self-Assurance (Factor O)

Many of our social institutions foster guilt and anxiety very effectively by teaching individuals to be heavily dependent on others for direction and reinforcement. Reflecting this, an individual who scores high on Factor O is very sensitive to approval or disapproval from others, experiences anxiety when encountering difficulty, and is prone to worry, depression, moodiness and guilt. "Clinically O is very important, first as one of the largest factors in anxiety, and secondly, as tending to be generally high in neurotics, alcoholics, and many psychotics." (Handbook, p. 102)

The test group moved away from this pole, and toward a state of confident self-guidance. Reliance on inner-assurance is seen as replacing dependence on external reinforcement. The recovering Alcoholic group reported a greater self-assurance in their ability to deal with any situation which might arise.

CHANGES SIGNIFICANT AT THE .05 LEVEL

The following changes were found to be significant at the .05 level. At the .05 level one can expect the changes that took place to occur less than five (5) times in a hundred.

Willingness to Experience (Factor H)

There was a shift in self-perception toward being more "Adventurous, and Socially Bold" as opposed to former characteristics of "Shy, Inhibited and Threat-Sensitive." The area of threat sensitivity, with its components of high autonomic tenseness and over-activity, may be of considerable importance in

understanding the behavior of the alcoholic. It is very possible that alcoholics use alcohol as a means of attempting to balance out their mental/physical systems. Alcohol as a response to balance the Mind/Body in a threat situation could provide a relief from that anxiety level. An improved self-concept and ability to handle anxiety would seem to be a meaningful alternative to alcohol.

Relaxation, Tranquility (Factor Q₄)

The shift found in Factor Q₄ parallels shifts found in previous studies. As in prior studies, the shift was to Q₄— which reflects a move toward a "Relaxed, Tranquil, Unfrustrated, Composed" state and away from Q₄+ which indicates a "Tense, Frustrated" condition.

The Q₄+ pole statements "Tense, Frustrated, Overwrought" are also indicative of the conflict or inability of the individual to process or control the transactions between various psychic levels in a smooth fashion. The diminished inner struggles reflected by the groups response to questionnaire items is perhaps indicative of the individuals perception of himself as having achieved better control of inner processes.

The balanced composed state of the Q₄— individuals can be interpreted as an outgrowth of changes in the other factors noted above. Individuals are seen as balancing the internal and external aspects of control as well as the controls exercised by the past and the future. Thus balance and control seems to produce a more relaxed approach to handling the present.

FOLLOW-UP

Six months after the completion of the BLS a follow-up was conducted with the 15 recovering alcoholics tested. Of the 15 tested, 12 had had no alcohol in the interim. One (1) individual had taken a glass of wine and stopped. One (1) individual had twice started drinking but managed to stop without becoming intoxicated to the point of requiring hospitalization. One (1) individual required hospitalization for excessive drinking of alcohol.

ANECDOTAL MATERIAL

The following observations were submitted by the Director of the Halfway House 6 months after the alcoholic group had completed the BLS.

To ensure the subjects anonymity certain information of an identifying nature was deleted from the original

material submitted, however, it is hoped that enough of the essence of the observations was retained for the benefit of the reader.

Subject #1

No relapse since undergoing a 90 day Rehabilitation program. Although S was not a comfortable individual even during his residency in a Halfway House setting. S since taking the BLS has progressed from a very passive withdrawn individual to an affable outgoing and dry-witted humorist. A new outlook in life has rekindled an interest in a profession S had abandoned.

Subject #2

Prior to the BLS, even after detoxification followed by 28 days of treatment at a Hospital Therapeutic Rehabilitation program, S was a very tense and anxious individual. Since taking the BLS, S has not experienced any relapses and has since left the residency and treatment program at the Halfway House. It seems that S is developing a sense of well-being and confidence in Self.

Subject #3

No relapses since undergoing rehabilitation treatment in Hospital program. Even after rehabilitation program, S was extremely tense with constant "free floating anxiety". Since the BLS, S has experienced definite progress in A.A. program.

Subject #4

No relapses since hospitalization prior to taking the BLS. The BLS has very definitely reinforced his therapeutic treatment program. An attitude change is very definitely taking place as exemplified in all areas of his life — familial, physical, social, mental, spiritual and financial.

Subject #5

No relapse has been experienced by S since discharge from Hospital Rehabilitation program. S has been on tranquilizers since discharge from the hospital even during and after the BLS program.

Subject #6

No relapses. The S's sense of well being is very definitely improving. Improvement is reflected in an apparent stabilization of his entire family. His grades in college have also improved.

Subject #7

To date S has not experienced any relapses. After the BLS, S discontinued A.A. treatment program. However, it is evident that he is living the A.A. philosophy. Family relations are also seemingly improving.

Subject #8

No relapses since taking the BLS. Family relations have vastly improved. S's behavior has changed from a caustic angry type of individual to an affable "Love thy neighbor" temperament. This change is attributed to a learned attitude change by the S.

Subject #9

The subject, a female, has had no relapses and is presently employed.

Subject #10

No relapse. S has stabilized and has noticed an interest in achieving even more serenity than he has already experienced. S is now goal-oriented and has definitely altered self-imposed limitations and is looking for opportunities for higher achievement. S is less fear motivated and feels like he now has the inner resources to develop to his full potential.

Subject #11

According to S's own statements, S has been "extremely tense" and "always uncomfortable" for as long as he can remember. Since taking the BLS, S has stated his life has progressively become better which is evident in the sense of well being exhibited by his family and in his work record. No relapses have been experienced by S. People who know S concur with my observation that S appears to be more comfortable.

Subject #12

Twelve years in A.A. program. Since taking the BLS, S has had one brief relapse of less than one hour duration. No subsequent relapses.

Subject #13

No relapses since discharge from Hospital Rehabilitation program. Since the BLS, S is progressively "getting it all together". Improvement is noted in areas such as work, family, etc. S has stated that had he used S.M.C. in the past, many areas of his life would have been vastly improved.

Subject #14

Since taking the BLS, S has had several relapses all of from which he has recovered on his own. He has not been hospitalized

for any of these relapses as was the case prior to taking the BLS.

Subject #15

Eight years "on" and "off" A.A. program. Hospitalized four times prior to taking the BLS. Intermittent slips or relapses during this interim. Since taking the BLS, S has experienced four relapses, two of which required brief hospitalizations. S had the desire and the physical stamina to pull himself together and proceed upward toward serenity.

DISCUSSION

The results in terms of personality changes tend to confirm and reinforce the findings in previous studies with populations as diverse as high school students (Hallahan Report: Three Schools Report) and adults in commercial Mind Control programs (Albuquerque Report).

It would seem that the changes of personality structure, self-image and coping behavior with this group of recovering alcoholics has positive indices of a meaningful and effective approach to the problems of alcoholism. Even though the number of individuals in the group was small, the results are provocative enough to warrant further investigation in the use of Mind Control as an adjunct treatment in alcoholism.

CHART I

16 PF - 16 Dimensions*

(A-) Reserved, detached, critical, aloof, stiff	Outgoing, warmhearted, easygoing, participating	(A+)
(B-) Dull	Bright	(B+)
(C-) Affected by feelings, emotionally less stable, easily upset, changeable	Emotionally stable, mature, faces reality calm	(C+)
(E-) Humble, mild, easily led, docile, accommodating	Assertive, aggressive, competitive, stubborn	(E+)
(F-) Sober, taciturn, serious	Happy-go-lucky, gay, enthusiastic	(F+)
(G-) Expedient, disregards rules	Conscientious, persistent, moralistic, staid	(G+)
(H-) Shy, timid, threat-sensitive	Venturesome, uninhibited, socially bold	(H+)
(I-) Tough-minded, self-reliant, realistic	Tender-minded, sensitive, clinging, over-protected	(I+)
(L-) Trusting, accepting conditions	Suspicious, hard to fool	(L+)
(M-) Practical, "down-to-earth" concerns	Imaginative, bohemian, absent-minded	(M+)
(N-) Forthright, unpretentious, genuine but socially clumsy	Astute, polished, socially, aware	(N+)
(O-) Self-assured, placid, secure, complacent, serene	Apprehensive, self-reproaching, insecure, worrying, troubled	(O+)
(Q1-) Conservative, respecting traditional ideas	Experimenting, liberal, free-thinking	(Q1+)
(Q2-) Group dependent, a "joiner" and sound follower	Self-sufficient, resourceful, prefers own decisions	(Q2+)
(Q3-) Undisciplined self-conflict, lax, follows own urges, careless of social rules	Controlled, exacting will power, socially precise, compulsive, following self-image	(Q3+)
(Q4-) Relaxed, tranquil, torpid, unfrustrated, composed	Tense, frustrated, driven, overwrought	(Q4+)

* Extracted and edited from the Handbook for the 16 PF (pp 16, 17) published and copyrighted by the Institute for Personality and Ability Testing as prepared by Raymond B. Cattell.

RECOVERING ALCOHOLICS CLASS N=15 (M=13;F=2)
16 PF RESULTS

<u>Factor</u>	<u>Means (Pre-Test)</u>	<u>Means (Post-Test)</u>	<u>SD*</u>	<u>T</u>
A	8.00	10.07	4.43	1.81
B	7.60	8.27	1.76	1.47
C	12.60	17.60	5.52	3.51 ***
E	13.27	12.47	2.88	1.08
F	12.00	14.53	5.47	1.56
G	13.33	14.07	3.69	.77
H	10.80	14.87	5.71	2.76 **
I	8.67	10.27	3.24	1.91
L	8.27	6.93	4.40	1.14
M	14.13	13.67	3.46	.53
N	10.20	8.60	1.68	3.69 ***
O	13.73	9.67	4.47	3.51 ***
Q ₁	9.13	8.60	3.23	.64
Q ₂	11.67	11.20	2.64	.69
Q ₃	12.27	13.47	2.31	2.01
Q ₄	16.60	13.27	4.89	2.63 **

* Standard Deviation of the D scores

** Significant .05 Level

*** Significant .01 Level