

## PERSONALITY CHARACTERISTICS OF ALCOHOLICS DROPPING OUT OF TREATMENT

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### SUMMARY

Twenty seven male alcoholics were prospectively studied to find out the characteristics of those who drop out soon after discharge from the hospital. Seven persons, failed to make a single visit over a six-month period, and were termed 'dropouts'.

On admission, after detoxification, all 27 patients were individually administered, the following tests :

- (1) Bhatia's Performance Test of Intelligence
- (2) Multiphasic Questionnaire
- (3) Internal—External Locus of Control Scale and
- (4) 16 P. F. Questionnaire (Form G).

Dropouts did not differ from the completers on any of the socio-demographic or clinical variables. Two personality characteristics significantly differentiated the dropouts from the completers.

Alcohol treatment programmes are plagued by high rates of attrition. Backlund and Lundwall (1975) in a review article concluded, that an average of 28% of alcoholics drop out from an inpatient setting while the rates are still higher in an out-patient treatment programme. Dropping out of treatment is usually thought of as therapeutic failure and, thus, an indication of wasted resources (O'Leary *et al.*, 1977). Psychological tests have been employed to predict dropouts, but with limited success.

Effective utilization of the available, but limited treatment resources is of great relevance in a developing country like India. The present preliminary study is an attempt to explore this area in our set up.

### METHOD AND MATERIAL

The study was conducted over a 13 month period at the National Institute of Mental Health and Neuro Sciences,

Bangalore, India. The sample comprised of 27 males, admitted to the hospital for inpatient treatment with a diagnosis of Alcohol Dependence Syndrome (ICD-9).

After detoxification, all patients were assessed using the following tests :

- (1) Bhatia's Performance Test of Intelligence. Short Scale (B.S.S.) (Murthy, 1966).
- (2) Multiphasic Questionnaire (M.P.Q.) (Murthy, 1964).
- (3) Internal—External Locus of Control Scale (L.O.C.) (Valecha *et al.*, 1980).
- (4) Sixteen Personality Factor Questionnaire Form G (16 PF) (Cattell, 1962).

The tests were administered by the same examiner (K. R.), order and mode of presentation being kept constant. The average time taken for test administration was 3-4 hours, spread over two sessions. In addition, using a semi-structured proforma, patients were assessed on various parameters of alcohol abuse.

Following the discharge (average

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duration of in-patient stay was  $25.6 \pm 9.5$  days for completers and  $24 \pm 15.5$  days for dropouts) each patient was advised to report for follow up and continue treatment on an outpatient basis. Patients who failed to make even a single visit during the subsequent 6 months were considered as dropouts.

#### RESULT AND DISCUSSION

All 27 patients fulfilled, the criteria for a diagnosis of definite alcoholism using Research Diagnostic Criteria (Spitzer *et al.*, 1978). The mean age of the group was 38.4 years, S. D. 7.4, with an average of 9.3 years of formal education (S. D. 5.2 years). All, but one of the patients were married.

The final sample comprised of 2 groups; 20 patients (74%) who completed treatment referred to, henceforth, as 'completers', and 7 patients (26%) who dropped out of treatment referred to as 'dropouts'.

The 2 groups did not differ significantly on any of the following variables.

- (i) Age
- (ii) Years of formal education
- (iii) Duration of alcohol consumption (Mean 13.5 yrs., S. D. 8.7 yrs.)
- (iv) Severity of alcoholism (scores obtained on the Michigan Alco-

holism Screening Test, Selzer 1971, meanscore  $23.8 \pm S.D. 6.7$ )

(v) Reasons for seeking treatment.

The dropouts did not differ from the completers in their level of intellectual functioning as indicated by their scores on the B.S.S. (Performance Quotient being 97 and 91.1. respectively,  $t=1.65$ , N. S.)

Of the eight M. P. Q. subscales the Mania (Ma) scale was the only one which significantly differentiated the two groups. Dropouts were found to have a lower score as compared to the completers (Table I). This indicates that the patients who stayed in treatment were more restless, active and easily excitable than the dropouts. This is in contrast to earlier studies. Canter (1966) Pokorny *et al.* (1968) Heilbrun (1971) have all reported that those who dropped out were more symptomatic and disturbed, scoring high on psychotic scales like the Paranoia, Schizophrenia and Mania scales of the M.M.P.I. However it should be noted that, in both groups, the score are below the cut-off point indicating that they are not clinically significant.

The LOC scale did not differentiate dropouts from completers, both having an internal orientation, with means of 10.71 and 13.15 respectively ( $t=1.37$ ,

TABLE I. Variables that Significantly Differentiate the Dropouts from the Completers

Variable	Dropouts		Completers		't' Value
	MEAN	S. D.	MEAN	S. D.	
Ma (M.P.Q.)	2.89	0.99	3.90	1.87	2.24*
F (16 P.F.)	2.71	1.58	4.60	2.97	3.78**
M ,,	8.43	0.73	7.45	1.47	2.51*
I ,,	5.86	0.64	4.15	1.46	4.89**
Q <sub>1</sub> ,,	7.14	1.96	5.14	1.50	4.14**

\*  $p < 0.05$ ; \*\*  $p < 0.01$

NS). The results are similar to those reported by other investigators. Distefano *et al.* (1972) and O'Leary *et al.*, 1976, 1977, 1979) have found that alcoholics in general, and dropouts in particular, were internally oriented. This is, however, contrary to theoretical expectations wherein one expects the alcoholic to have no control over his drinking.

On the 16 PF Questionnaire, although the dropouts differed significantly from the completers on 4 factors (D, I, M and Q) with regard to their mean scores, in terms of the profile interpretation they differed significantly only on Factor  $Q_1$  (Table I).

Both groups score low on Factor F, and show a tendency to be asocial, restrained, reticent, pessimistic and dull, prone to anxiety and depression. However, the completers are slightly less so. Contrary results have been reported by Hoy (1969) who found that dropouts scored higher on 'F' being more surgent and extroverted than completers.

On the 'P' factor, both groups score in the middle range indicating that they are neither too tough or realistic, nor too sensitive. However, the dropouts show a slight tendency to be more impatient and impractical, demanding of attention and help than the completers.

A high score on the 'M' factor indicates an unconventional nature, a lack of concern over every day matters and psychopathic traits. Both dropouts and completers score high on this factor. That alcoholics, in general, show more psychopathic traits is well supported by previous studies.

The dropouts differ significantly from the completers in their profile on  $Q_1$  factor. The dropouts are skeptical, tolerant of inconvenience and change and inclined to experiment with life. The completers, however, show a tendency to accept the tried and tested and are more cautious and traditional.

Thus the present study found two personality variables to significantly differentiate the dropouts from the completers, they are the Ma scale of the MPQ and the  $Q_1$  Factor of the 16 PF Questionnaire. The dropout appears to be the one who is less symptomatic, more skeptical and tolerant of inconvenience and change as compared to the completer.

No other significant personality characteristic emerged even when the definition of dropout was extended to include those who had paid a single visit during the 6 month followup period (N=15). Dropouts tend to have a worse outcome, although good attendance and good outcome are not causally related. Both features may, however, be attributes of a good prognostic patient.

The limitations of present study are that the sample was small (N=27) although the study was conducted over a period of 13 months. This was mainly due to the fact that (1) alcoholics with suspected organic brain deficits were excluded and (2) the sample was restricted to certain language speaking subjects. Such a study should be replicated with a larger sample.

#### REFERENCES

- BAEKLAND, F. AND LUNDWALL, L. (1975). Dropping out of treatment: a critical review. *Psychological Bulletin*, Vol. 82(5), 738.
- CANTER, F. M. (1966). Personality factors related to participation in treatment by hospitalized male alcoholics. *J. Clin. Psychol.*, Vol. 22, 114.
- CATTELL, R. B. (1962). *Handbook for the Sixteen Personality Factor Questionnaire (Form C)*. Institute for Personality and Ability Testing, Champaign, Illinois.
- DISTEFANO, M. K. JR., PRYER, M. W. AND GARRISON, J. L. (1972). Internal-External Control among alcoholics. *J. Clin. Psychol.*, Vol. 28, 36.
- HEILBRUN, A. B. (1971). Prediction of rehabilitation outcome in chronic courtcase alcoholics. *Quar. J. Studies on Alcohol*, Vol. 32, 328.
- Hoy, R. M. (1969). The personality of inpatient

- alcoholics in relation to group psychotherapy as measured by the 16 P.F. Quar. J. Studies on Alcohol, Vol. 30, 401.
- MURTHY, H. N. (1964). Development and Validation of a Schizophrenic scale. Transactions of All India Institute of Mental Health, Vol. 4, 1.
- MURTHY, H. N. (1966). A short scale of the Bhatia's Performance Tests. Indian Psychological Review, Vol. 2, 133.
- O'LEARY, M. R., ROHSENOW, D. J. AND DONOVON, I. M. (1976). Locus of control and patient attrition from an alcoholism treatment programme. J. Consult. Clin. Psychol., Vol. 44, 686.
- O'LEARY, M. R., CALYN, D. A., CHANEY, E. F. AND FREEMAN, G. W. (1977). Predicting alcohol treatment programme dropouts. Dis. Nerv. System, Vol. 38(12) 993.
- O'LEARY, M. R., ROHSENOW, D. J. AND CHANEY E. F. (1979). The use of multivariate personality strategies in predicting attrition from Alcoholism treatment. J. Clin. Psychiatry, Vol. 4, 190.
- POKORNY, A. D., MILLER, B. A., AND CLEVELAND, S. E. (1968). Response to treatment of alcoholism. A follow-up study. Quar. J. Studies on Alcohol, Vol. 29, 364.
- SELZER, M. L. (1971). The Michigan Alcoholism Screening Test. The quest for a new diagnostic instrument. Am. J. Psychiatry, Vol. 127, 1653.
- SPITZER, R. L., ENDICOTT, J. AND ROBINS, E. (1978). Research Diagnostic Criteria. Rationale and Validity. Arch. Gen. Psychiatry, Vol. 35, 773.
- VALECHA, G. K., SRIDHAR, SANDHYA, NANDAGOPAL, V. B. (1986). Contribution of a new personality Scale--Internal--External locus of control. Bombay Psychologist, Vol. 2, 327.