SOCIAL AND PSYCHOLOGICAL CHARACTERISTICS OF MALE PROBLEM DRINKERS AND SOCIAL DRINKERS IN RURAL TENNESSEE

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SYNOPSIS

The problems of drinking-driving offences and related fatal accidents have prompted an increasing desire to know more about the social and psychological factors accompanying such behaviors. In the present study we examined 1,622 white male adults living in the Upper Cumberland region of rural middle Tennessee, who were referred by the courts to an educational rehabilitation program upon conviction of a driving-while-intoxicated (DWI) offence. The data from these respondents were analyzed with regard to their demographic, social, and psychological characteristics. The principal purposes were: (a) to search for casual social and psychological correlates of drinking-driving behavior; and (b) to validate some of the psychological measures closely related to drinking-driving. The results indicated that the problem drinkers experienced more powerlessness, had lower senses of self-esteem, and attributed slightly less control to external environmental forces than did the social drinkers. Moreover, problem drinkers were more inclined than social drinkers toward sensation-seeking. These results have practical and theoretical implications of the driving-while-intoxicated offence.

INTRODUCTION

We have recognized for a long time that "drinking driving" is a large contributing factor to highway accidents and fatalities in the United States. Statistics indicate that over 50% of all highway fatalities in the United States are alcohol-related (Malfetti & Winter, 1980). These statistics are alarming, especially among the young people below the age of 24 years. This group has the highest death rate in accidents, most of which occur following drinking driving.

These untimely deaths, injuries, and property damages have drawn the attention of some public and private sectors. Federal and state governments are very anxious to reduce the distressful problem of Driving-While-Intoxicated (DWI) or Driving-Under-the-Influence (DUI) and its often tragic consequences. Legislators have toughened the

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laws—convictions have been made mandatory, fines have been increased, and the jail sentences become longer—but neither the drinking-driving decreased nor have the alcohol-related highway accidents and fatalities has diminished. Further, the public is becoming involved: many voluntary organizations have been formed and with the cooperation of the governments a universal effort is being made to combat the "war against drunk driving." Over 1,000 educational and rehabilitative programs for persons convicted of DWI are at present operating throughout the United States. Data from these programs indicate that at least a third to a half of the persons referred to the programs are problem drinkers (Malfetti & Winter, 1980). For the problem drinkers, "drunk driving" is only one symptom of a more pervasive problem with alcohol, and supplementary rehabilitation is required if the short-term programs are to produce any beneficial results.

We are confident that the multiple efforts are sure to bring fruitful results. Yet a question still remains: "Do we have all the information about drunk driving against which we have declared war?" It is high time to accept that today we live in a "drinking culture," where drinking alcoholic beverages is not only socially and culturally accepted, but it is encouraged. Therefore, if we want to stop "drunk driving," we have to understand our culture and make every effort for planned change of the cultural pattern. This is not an easy task, but if we plan systematically and attack this problem from all cultural fronts, we may win the war.

The problem would have been easier if we change the concept of "drunk driving" to "drinking driving" as the concept of "drunk driving" refers to psychological and physiological conditions of an individual while "drinking driving" relates to physiological condition only. Although the "drunk driving law" refers to the psychological and physiological conditions of the driver, the emphasis should be given mostly to the physiological condition as the interpretations of psychological conditions for drivers vary and create controversy. So far, statistics show that two-thirds of the drinking-drivers who cause fatal crashes are identifiable as problem drinkers, and the remaining one-third of the alcohol-related crashes involve heavy social drinkers and young, less-experienced drivers who are experimenting with alcohol. The problem drinkers are known in their communities by their previous alcohol-related arrests and offences and by their troubled family relationships. Beside these general descriptions, we do not have any clear information about the drunk drivers, their
demographic characteristics, or their psychological characteristics by which we may be able to distinguish them from the social drinkers. Hence, a need to know more about the social and psychological factors accompanying drinking-driving behavior is recognized. In the present study, therefore, we (The Alcohol Safety Education Program) attempted to analyze the demographic, social, and psychological characteristics of drinking-drivers. The major objectives of this study were: 1) to explore for causal social and psychological correlates of drinking-driving behavior; and 2) to validate some of the psychological measures closely related to drinking driving.

METHODS

Sixteen hundred thirty (1,630) white male adults living in the Upper Cumberland area of rural middle Tennessee, who had been referred to an educational rehabilitation program by the court after a conviction of DWI offence were administered the Mortimer-Filkin Questionnaire. This questionnaire recorded alcohol impairment, socio-economic background, demographic, and behavioral and psychological characteristics of the informants. During the period of 1975 and 1979, the subjects were attending the educational rehabilitation program conducted at the Tennessee Technological University in groups of 15 to 20 persons. In the present study, we analyzed the subject's personal background information, such as age, education, and some psychological characteristics like, religious fundamentalism, powerlessness, locus of control, self-esteem, and sensation-seeking.

The analysis was made on 1,622 completed questionnaires. On the basis of the Mortimer-Filkin Questionnaire and interview results, the subjects were classified into problem drinkers (n=496), probable problem drinkers (n=1,005), and social drinkers or non-alcoholics (n=121). The responses to an 11-item Religious Fundamentalism Scale and to a 10-item Powerlessness Scale were used to measure the respondents' religious orthodoxy and perceived powerlessness (Mookherjee, 1984). Scores on the fundamentalism and powerlessness scales ranged from 11 (no orthodoxy) to 22 (high orthodoxy) and from 10 (low powerlessness) to 20 (high powerlessness), respectively.

Rotter's (1966) Internal-External Locus of Control Scale scored in the direction of external control, provided a measure of generalized expectancies of control.
Rosenberg's 5-item Self-Esteem Scale (Robinson & Shaver, 1976) and a 10-item Sensation Seeking Scale provided indirect measures of the respondents' senses of internal control.

Wilks' lambda statistic (Nie et al. 1975: pp. 437-467; Overall & Klett, 1972) was employed to assess the significance of difference between means for the problem drinkers, probable problem drinkers, and social drinkers. The overall group differences was evaluated by an F-ratio mathematically derived from the discriminant functions. In addition, t-tests for the samples of problem drinkers, probable problem drinkers, and social drinkers on each variable were employed for specific comparisons of mean scores for each of the 5 personality dimensions.

RESULTS

Social Characteristics

Approximately, 56% of our population of white male DUI/DWI offenders were 30 years of age or younger, 19% were between 31 and 40 years of age, and the remaining 25% were 41 years of age and older (Table 1). Interestingly, 25% of this population were 21 years of age or younger, and 91% of these young people were either problem drinkers (31%) or probable problem drinkers (60%). These results indicate the presence of severe alcohol abuse among the young population in rural middle Tennessee.

Unlike other studies, this study revealed that 59% of the DUI population were married; the remaining 41% were separated, divorced, widowed, or single. Among these married drinking drivers (957), 94% (892) were either problem drinkers or probable problem drinkers. Of the separated, divorced, widowed or single drinking drivers 92% (665) were either problem drinkers or probable problem drinkers. These findings suggest that a substantial portion (93%) of the convicted male drinking drivers in rural middle Tennessee are either problem drinkers (31%) or probable problem drinkers (62%), irrespective of their marital status.

An examination of educational levels of this population revealed that about 43% of the men were either high school graduates or had college education, and the remaining 57% did not complete high school; about 7% did not go beyond the fifth grade. When we analyzed these data to find out
whether education had any effect on problem drinking, we found that 95% of the population with below high school education were either problem drinkers (33%) or probable problem drinkers (62%) as opposed to 90% of the high school graduates (627). Among the high school graduates only, about 91% were either problem drinkers (28%) or probable problem drinkers (63%); whereas among the drinking drivers who had more than high school education (196), about 89% were either problem drinkers (29%) or probable problem drinkers (60%). Hence, the data suggest that education may be able to help in controlling problem drinking and drinking behavior.

It is often argued that unemployment led to alcohol drinking and, in turn, to problem drinking. In examining this body of data we found that about 80% of these drinking drivers were employed and only 20% of them were unemployed, retired, or disabled. Among the employed persons (1,296), about 93% were either problem drinkers (30%) or probable problem drinkers (63%) as opposed to 91% of the totally unemployed persons (230), who were either problem drinkers (30%) or probable problem drinkers (61%). In this population a high percentage (96%) of disabled or retired were found to be problem drinkers or probable problem drinkers.

While analyzing their responses on job satisfaction we established no conclusive pattern except that a significantly higher percentage of these drinking drivers (90%) expressed dissatisfaction with their work places. Among these dissatisfied people (1,456), about 92% were either problem drinkers (29%) or probable problem drinkers (63%). On the other hand, among the drinking drivers who were satisfied with their jobs (69), more than 98% were either problem drinkers (33%) or probable problem drinkers (65%). About 6% of this population (97) were undecided on job satisfaction.

Analyzing prior DWI/DUI arrests records of this population we found about 59% were not arrested before, whereas 41% had one or more prior arrest records. Among the first offender drinking drivers (954) about 91% were either problem drinkers (22%) or probable problem drinkers (69%), whereas among the men having prior arrest records (668) about 95% were either problem drinkers (43%) or probable problem drinkers (52%). Hence, the data show that a higher percentage of multiple offender drinking drivers are problem drinkers.
Earlier studies (e.g., Billings & Moos, 1982; Globetti & Windham, 1967; Heath, 1981; Kube, 1979; Lupadin, 1980; Maddox, 1964; Mookherjee, 1984; Stimmer, 1979; Ward, 1981; Wolin et al., 1980) have emphasized family environment and peer influence on drinking alcoholic beverages, especially on adolescent drinking behavior. Permissiveness of drinking alcoholic beverages during childhood in the family and among the peers has a great effect on an individual's drinking pattern. In the present study, about 43% of the respondents started drinking alcoholic beverages when they were 17 years of age or younger, and a majority of them started at 18 or later, during their late high school years or after high school. Note that among these drinking drivers, a larger proportion of those who started drinking at the earlier ages became either problem drinkers or probable problem drinkers (95% of 14 years or below; 93% of 15-17 years; and 91% of 18-21 years of age). About 50% of the respondents who started drinking at their 14 years of age or earlier became alcoholics.

Similarly, a history of drinking in the family was related to problem drinking. More than 98% of the respondents who had a history of drinking in their family (490) became either problem drinkers (48%) or probable problem drinkers (50%), as opposed to 91% who did not have a history of drinking in their family. In addition, when they were asked, "In your childhood were there any family members who used to drink alcoholic beverages," only 31% responded positively whereas 69% responded negatively. We then found that among the respondents (504) who as children experienced family members drinking behavior, about 96% became either problem drinkers (43%) or probable problem drinkers (53%) at present. On the other hand, only 25% of the drinking drivers who did not experience family member's drinking behavior in childhood became problem drinkers. These findings, further substantiate the influence of childhood experience toward problem drinking.

Personality Characteristics

Personality characteristics were analyzed through the dimensions of religious fundamentalism, powerlessness, self-esteem, sensation-seeking, and external locus of control. (See Table 2 for the mean scores and standard deviations of the personality characteristics and for the results of t-tests.) Although the problem drinkers and probable problem drinkers scored higher than the social drinkers on fundamentalism scale, these differences were not
statistically significant. On the other hand, the higher score of the problem drinker vs the social drinkers on powerlessness was significant \((t=1.97, p > 0.05)\), suggesting that the problem drinkers experienced a higher degree of powerlessness because of their lack of control over interpersonal sources of pressure. Similarly, the relatively lower score obtained by the problem drinkers in self-esteem \((t=5.22, p > 0.001)\) and the higher score in sensation-seeking \((t=3.05, p > 0.01)\), in comparison to the scores obtained by the social drinkers, indicate that the problem drinkers were more vulnerable in the area of intrapersonal sources of pressure than were the social drinkers in that the problem drinkers had relatively lesser control over the internal forces. Comparing the problem drinkers and probable problem drinkers, we noted a similar result: the mean score differences in self-esteem and sensation-seeking scales were statistically significant \((t=8.00, p > 0.001; t=3.46, p > 0.001, \text{ respectively})\). As to their external locus of control, the problem drinkers did differ significantly from the social drinkers \((t=2.97, p > 0.01)\), and the probable problem drinkers \((t=5.02, p > 0.001)\). In other words, except for the dimension of religious fundamentalism, problem drinkers were significantly different from the social drinkers and probable problem drinkers in other personality characteristics: powerlessness, self-esteem, sensation-seeking, and external locus of control.

In confirmation of the above pattern, the stepwise discriminant analysis applied to measure the power of these variables to differentiate the 3 groups (problem drinkers, probable problem drinkers, and social drinkers) excluded only religious fundamentalism; the remaining 4 variables were able to differentiate the 3 groups (chi-squared test on Wilk's lambda = 80.503, \(p > 0.0001\)). Moreover, about 45% of "grouped" cases were correctly classified. In addition, the multivariate F-ratio indicated that the problem drinkers, probable problem drinkers, and social drinkers differed significantly in their overall control orientations \((F=9.99, p > 0.0001)\). These findings, therefore, indicate that the problem drinkers appear to have experienced a lower degree of control over both interpersonal and intrapersonal pressures than did the social drinkers and probable problem drinkers.

**CONCLUSION**

The findings of the present study indicate that the white male problem drinkers in rural middle Tennessee differ significantly from social drinkers and probable problem
drinkers on several social and personality characteristics. Education and early childhood experience are important contributing factors toward alcohol dependency and alcohol abuse. In addition, employment status and job satisfaction have some influence on problem drinking. With regard to the personality characteristics, powerlessness, self-esteem, sensation-seeking, and external locus of control appear to be the important factors in distinguishing the problem drinkers from the probable problem drinkers and the social drinkers. The tendency of problem drinkers to score as less influenced by external forces than either the probable problem drinkers or the social drinkers reflects an unrealistic attitude the problem drinkers have of being able personally to control their fate, such as, to be able to quit drinking any time they want to.

In an earlier study, Tiffany (1967) noted that a relatively high degree of control over internal and external forces is related to more positive levels of psychological adjustment. Following this idea, I argue that problem drinkers who experience minimum control over internal and external pressures tend to be more anxious and depressed and to be less adept at coping with stress than the problem drinkers with higher levels of experienced control. Also, because of various unfavorable socio-economic and personality characteristics of problem drinkers, they are generally not able to acquire the adaptive skills necessary to deal effectively with the interpersonal and intrapersonal pressures (Donovan & O'Leary, 1975). Therefore, I suspect that drinking is serving a stress-reducing function among problem drinkers whose drinking behavior is a response reinforced by the modification of negative affective states associated with the lesser control experienced by them. Drinking may also produce alterations in the problem drinker's cognitive set which may allow him to perceive and experience himself as having increased control over his internal and external forces. Therefore, I conclude that the problem drinking is not only an effect of some social factors and environment, but also the combined effect of some psychological characteristics developed in and controlled by the social environment in which the drinker-driver lives.

REFERENCES


