YOUNG ALCOHOLICS: A CHALLENGE TO FULLER'S "ALCOHOLIC PERSONALITY?"

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An Abstract

Presented to

the Graduate Council of

Austin Peay State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Elizabeth Anne Henry

May 1974

ABSTRACT

The Sixteen Personality Factor Questionnaire (16 PF) and a personal history questionnaire were administered to 36 enlisted men receiving treatment for alcoholism at the Fort Campbell, Kentucky, Alcohol Rehabilitation Program.

The purpose of this study was threefold: to provide basic information on the characteristics of alcoholics with a mean age of less than 25; to determine how these subjects differed from groups of older alcoholics, neurotics, and character disorders; and, to test the validity of Fuller's (1966) neurotic "alcoholic personality" theory.

Material gathered through the personal history questionnaire and clinical files indicate that the lives of young alcoholics are more severely disturbed than those of older alcoholic comparison groups. Analyses of variance indicated that the personalities of the young alcoholics and Fuller's (1966) alcoholics could not be consistently distinguished from groups of neurotics or character disorders by scores on the 16 PF. Calculation of pattern similarity coefficients suggested that the young alcoholics are most similar to the inadequate personality disorder group. Fuller's contention that alcoholics have a neurotic personality structure was not supported by these calculations. His alcoholics as well as other groups of alcoholics, were found to be at least as similar to character disorder

groups as to a neurotic group. Recommendations and implications for further research were discussed.

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May 1974

To the Graduate Council:

I am submitting herewith a Thesis written by Elizabeth Anne Henry entitled "Young Alcoholics: A Challenge to Fuller's "Alcoholic Personality?" I recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Psychology.

Peter Ulrich
Major Professor

We have read this thesis and recommend its acceptance:

Stephen F. Davis
Minor Professor
or
Second Committee Member

Garland E. Blair
Third Committee Member

Accepted for the Council:

Dean of the Graduate School

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Chapter I

Introduction

During the 1960's when public concern was focused on the drug use in young people, many parents felt a sense of relief to learn that their children were using the more familiar, less anxiety-producing drug...beverage alcohol. Recently, however, this sense of security is being threatened. Many popular magazines such as Time, Newsweek, P.T.A., and Parents, have published reports from school and mental health officials suggesting that alcohol is a more widespread and serious problem among today's youth than any other form of drug abuse.

Although there have been no systematic studies of this phenomenon, there are numerous indices which would tend to support these observations. An increase in the number of young people who drink and a decrease in the age at which they begin to drink has been noted in several studies (Maddox, 1967; Glatt & Hills, 1968; Stacey & Davies, 1973). The numbers of young people arrested for drunkenness and for driving while intoxicated have increased dramatically since 1960 in the United States (Saltman, 1973), in Canada (Addiction Research Foundation, 1974), and in Britain (Glatt & Hills, 1968).

The symptoms of alcoholism were previously thought to take a period of 15 to 20 years to develop (Trice & Wahl, 1958). Recent reports have presented contrary evidence.

Young people who begin drinking heavier and at an early age are experiencing the symptomatic effects of alcoholism in a much shorter period of time (Foulds & Hassal, 1969; Rosenberg, 1969; Stacey & Davies, 1973). Although data concerning the numbers of youth thus affected are not available at this time, Dr. Morris Chafetz, Director of the National Institute of Alcohol Abuse and Alcoholism reported one estimate suggesting that there are 450,000 child and teenage alcoholics in the United States (Alcoholics Anonymous Inc., 1973). Maddox (1962) in his review of research on the drinking habits of teenagers, estimated that the proportion of those drinking as much as one drink a day ranged from 2 to 6 percent.

A recent report of the drinking practices of the personnel in the U. S. Army revealed that large numbers of enlisted men between the age of 18 to 25 drink excessively (Cahlan, Cisin, Gardner, & Smith, 1972). In a random sampling of 3,682 men in this category, 29 percent drank five or more drinks per day on at least four days of the week or remained intoxicated for more than one full day at a time. Another 44 percent were reported to be problem drinkers. Men in this category were defined as those experiencing serious adverse consequences in their personal relationships, with the police, on their jobs or in their health, as a result of excess drinking. Considering this information, it is not surprising that 50 percent

of the men receiving treatment for alcoholism at the Fort Campbell, Kentucky, Alcohol Rehabilitation Program are under the age of 25.

A review of the literature produced little information on the young alcoholic. Only one study was found which investigated the characteristics of alcoholics with a mean age of less than 30 years. Rosenberg (1969) compared a group of alcoholics with a mean age of 26 to a control group of alcoholics with a mean age of 44. He found that the younger group of alcoholics had begun drinking earlier and had become dependent on alcohol at a much earlier age. They were also more severely disturbed than the older group of alcoholic controls. These results reflect substantially what this writer has observed in clinical experience; the younger the alcoholic the more severe his problems appear to be.

Purpose of the Study

With the reportedly growing numbers of adolescents and post-adolescents who are experiencing alcohol related problems, there is a need for further investigation using subjects younger than in Rosenberg's study. The purpose of this study is to measure and report the personality characteristics, social histories, and drinking experiences of a group of alcoholics having a mean age of less than 25, and to determine if these subjects differ from groups of older alcoholics.

This study will also investigate the existence of the "alcoholic personality" proposed by Fuller (1966). Specifically, it will determine if this personality profile is valid in comparison to the profiles of young alcoholic subjects and older alcoholics tested since Fuller's study (Hoy, 1969; Walton, 1969; Gross & Carpenter, 1971; Gross & Elton, 1972). Furthermore, this study will explore Fuller's assertion that the "alcoholic personality" is neurotic rather than a character disorder or a combination of many personality types as would be expected.

Review of the Literature

Since the appearance of alcohol in 3700 BC, men in every culture have seriously misused this drug and experienced its powerful physiological effects (Pinarde, 1964). Not until the late 18th Century, however, were efforts made to investigate the characteristics of those persons who had become known as alcoholics. During this period most reports were written by physicians and philosophers who described the characteristics of alcoholics in moralistic terms and generally theorized about the causes of such "spiritual decay" (Mann, 1958). For the most part, these studies were judgmental and unscientific. With the advent of psychometric instruments the literature became replete with studies reporting the personality characteristics of various groups of alcoholics. Many of the studies found certain characteristics which were quite

prominent in the majority of the alcoholics investigated. A review of articles (Clinebell, 1956) prior to 1950 lists thirteen of the most outstanding characteristics observed in studies of alcoholics. They are:

A. Angry over-dependency

B. Inability to express emotions adequately

C. High level of anxiety in interpersonal relations

D. Emotional immaturity

E. Ambivalence toward authority

F. Low frustration tolerance

G. Grandiosity

H. Low self-esteem

I. Feelings of isolation

J. Perfectionism

K. Guilt

L. Compulsiveness

M. Sex-role confusion.

Due to the frequency with which these characteristics were used to describe alcoholics, many researchers argued for the existence of an "alcoholic personality" (Knight, 1937; Menninger, 1938; Tiebout, 1954). A vigorous controversy took place between those holding the "alcoholic personality" viewpoint and other researchers who concluded that there was no satisfactory evidence to justify the belief that alcoholics can be distinguished from other clinical groups on the basis of any one characteristic (Sutherland,

Shroeder, Tordella, 1950; Diethelm, 1955; Symes, 1957; Armstrong, 1958).

The existence of an alcoholic personality has again been the subject of discussion and examination (Blane, 1968). In recent years several studies (DePalma & Clayton, 1958; Fuller, 1966; Gross & Carpenter, 1971), have indicated that alcoholic subjects differed significantly from the general population on the majority of the sixteen factors on the Sixteen Personality Factor Questionnaire (16 PF), (Institute for Personality and Ability Testing, 1967). On the basis of these findings and the fact that the resulting profiles were highly similar (Fuller, 1966) reported an alcoholic personality which he felt applicable to all U.S. males. On the basis of correlations computed between the profiles of his subjects and eight other Institute for Personality and Ability Testing (IPAT) groups, Fuller proposed that the alcoholic had a neurotic personality.

Recent investigations have failed to find evidence which suggests any personality structures similar among all alcoholics (Partington & Johnson, 1969): Stein, Rozynko and Pugh (1971) found eleven different personality patterns across six personality dimensions within their sample of alcoholics; Walton (1968) demonstrated that different personality types are associated with different forms of alcoholism; and, several studies using Edward's

Personal Preference Schedule (EPPS), (Fitzgerald, Pasework & Tanner, 1967; Pryer & Distefano, 1970; Hoffman & Nelson, 1971) demonstrated that their alcoholic subjects were not significantly different from the general population. Golightly and Reinehr (1969) found low correlations between Fuller's (1966) alcoholics and the IPAT comparison group and their subjects. These authors suggested the need for further research prior to accepting Fuller's proposal.

Current investigations have indicated that age affects the personality profile of alcoholics (McGinnis & Ryan, 1965; Goodwin & Schai, 1969; Hoffman, 1970). Hoffman and Nelson (1971) found that there are fewer personality differences between alcoholics and non-alcoholics than between alcoholics of varying ages. Blume and Sheppard (1967) have suggested that changes in the effects of drinking on behavior and personality are a function of time and vary from early to late periods in the alcoholics' life. Jellinek (1946) and Trice and Wahl (1958) demonstrated that alcoholism in the average alcoholic develops over a period of fifteen to twenty years. Rosenberg (1969), however, found that his young alcoholics had begun drinking earlier and had more deviant personalities than older alcoholic controls.

There is also evidence which does not support Fuller's (1966) assertion that all alcoholics have neurotic

personalities. Several investigators have linked the age at which an alcoholic begins to experience the symptoms of alcoholism with personality behavior patterns. Bahr (1969) found that subjects whose onset of alcoholism occurred before the age of 30 exhibited greater disaffiliation and lower occupational status than those whose heavy drinking began after 30 years of age. Foulds and Hassall (1969) reported that old early-starters (alcoholics who were over 45 years of age, but had begun drinking heavily before the age of 30) and young early-starters (alcoholics who were both under the age of 30 and had begun to drink heavily) were significantly different ($P < .01$) from old late-starters (alcoholics who were over the age of 45 and had not begun their excessive drinking until they were over the age of 39). The old late-starters had more frequent job changes, involvements with police, and greater interpersonal difficulty. Foulds and Hassall's study also suggested that the absolute time an alcoholic drank had less effect on the severity of symptoms than did the age of onset of excessive drinking. They also reported that 80 percent of the early starters had been independently diagnosed as personality disorders compared to only 19 percent of the late starters. The test scores of the earlier starters were similar to the scores of personality disorders while those of the late starters resembled the neurotic profiles. These results would not be inconsistent with Fuller's

findings if his group were primarily comprised of late starters. Such evidence is somewhat analogous to the "early and late skid" theory proposed by Pittman and Gordon (1958) in their study of the Skid Row subculture. These authors suggest that the early onset of excessive drinking is the primary cause of arrests and occupational instability; while in a later onset a relatively stable life adjustment is disrupted by a personal crisis or an earlier maladjustment.

This theory and the preceding studies on early onset of excessive drinking raises an interesting question. Did the antisocial behavior precipitate the drinking, or were the antisocial personality characteristics the result of the toxic effect of alcohol? Jones (1968) in her longitudinal investigation indicated that the acting-out and assertive behavior predated the drinking patterns later formed by her sample of problem drinkers. Her investigations and other longitudinal studies (McCord & McCord, 1960; Robins, Bates & O'Neil, 1962) used widely varied subject populations. These studies suggested that adolescents who never acquired control over impulsivity and aggression, and who overplayed an assertive, masculine role were predisposed to alcoholism as adults. If valid, these characteristics should be evident in the present study of adolescent alcoholics.

Chapter II

Method

Subjects

Thirty-six male enlisted men admitted for the treatment of alcoholism at the Fort Campbell, Kentucky, Alcohol Rehabilitation Program were selected as subjects. The only criteria for selection were that the subjects be less than 28 years of age and have completed detoxification prior to testing. Treatment consisted of 45 minute sessions of group counseling four days per week; the mean time of treatment was 2.5 weeks. Although participation in the program was designed by the staff to be voluntary, eleven of the subjects felt that they had been coerced into the program by their commanders. The subjects ranged from 18 to 27 years of age with a mean age of 21.6 years. Because of their youthful ages, many would question a diagnosis of alcoholism. However, for the purpose of this study, "alcoholics are those excessive drinkers whose dependence upon alcohol has attained such a high degree that they show a noticeable mental disturbance or an interference with their bodily and mental health, their interpersonal relations, and their smooth social and economic functioning" (World Health Organization, 1952). To aid this definition with a more objective measure of alcoholism, the subjects completed the Michigan Alcohol Screening Test (MAST). This instrument (Seltzer, 1971) distinguishes

between normal and alcoholic drinkers. A score of five or above is indicative of alcoholism. The mean score of the Fort Campbell subjects was 21.

Apparatus

The Sixteen Personality Factor Questionnaire (16 PF), Form A, was selected to measure personality characteristics. The 16 PF was designed to provide comprehensive and objective scores on sixteen personality traits. Raw scores are converted to sten scores by referring to the appropriate normative table. In this study the male general population norms were utilized.

Each factor is described in bipolar terms; low scores (1-4) indicate small amounts of a factor while high scores (7-10) denote large amounts of a factor. The normal mean sten score is 5.5 for each factor. The factors are presented in Table 1.

A personal history questionnaire was designed to select only those items which could not be gathered from the patient's file. Copies of the 16 PF, MAST, Personal History Questionnaire, Social History Form, and Intake Interview Form are presented in the Appendices.

Procedure

Testing was accomplished in the room where patients generally received group therapy. The 16 PF and attached questionnaire were given under conditions of anonymity as

Table 1

Characteristics Measured by the 16 PF

Factor	Low Score Description	High Score Description
A	Reserved, Detached	Outgoing, Warmhearted
B	Less Intelligent, Concrete-Thinking	More Intelligent, Abstract-Thinking
C	Affected by Feelings	Emotionally Stable
E	Humble, Mild	Assertive, Aggressive
F	Sober, Prudent	Happy-Go-Lucky
G	Expedient, Disregards Rules	Conscientious, Persevering, Staid
H	Shy, Restrained, Timid, Threat-Sensitive	Venturesome, Socially Bold, Uninhibited
I	Tough-Minded, Self-Reliant, Realistic,	Tender-Minded, Clinging, Over-Protected
L	Trusting, Adaptable, Free of Jealousy	Suspicious, Self-Opinionated
M	Practical, Careful, Conventional	Imaginative, Wrapped Up in Inner Urgencies
N	Forthright, Natural	Shrewd, Calculating
O	Self-Assured, Confident, Serene	Apprehensive, Self-Reproaching, Worrying
Q_1	Conservative, Respecting Established Ideas	Experimenting, Liberal, Analytical
Q_2	Group-Dependent	Self-Sufficient
Q_3	Undisciplined Self-Conflict	Controlled, Socially Precise
Q_4	Relaxed, Tranquil, Unfrustrated	Tense, Frustrated Driven, Overwrought

recommended in the Handbook for the 16 PF (Cattell, Eber & Tatsuoka, 1970). As a result, the material taken from files of each subject could only be calculated into means and not used to correlate with test scores.

Analyses of variance were performed on the data for each factor of the 16 PF for the following groups: Fort Campbell subjects, Fuller's alcoholics, criminals, anti-social personality disorders, sociopaths, and neurotics (The last four being reported in the Handbook for the 16 PF, Cattell, Eber & Tatsuoka, 1970). Because only mean scores and standard deviations were available for these groups, the mean scores were treated as single observations by the method as developed by Edwards (1972). Significant F ratios were further investigated by the use of the Newman Keuls procedure.

Chapter III

Results

Analyses of variance were performed to determine if significant differences existed between the six clinical groups. The means, standard deviations, and resulting F ratios are presented in Table 2.

Pattern similarity coefficients were calculated to determine the similarity between any two clinical groups. This method measures the similarities between the total profiles, but does not take into account the direction of the differences between the factors. Calculations were made according to the procedures for group to group comparisons as presented in the Handbook for the 16 PF (Cattell, Eber & Tatsuoka, 1970).

The profiles of the Fort Campbell alcoholics were compared to the original clinical groups used by Fuller (1966) and later by Golightly and Reinehr (1969). The results of this comparison and those of Fuller and Golightly and Reinehr are presented in Table 3.

Other clinical groups are presented in the Handbook for the 16 PF which appeared to be equally appropriate for these comparisons. The Fort Campbell group and Fuller's (1966) alcoholics were compared to the antisocial and inadequate personality disorder groups and the criminal group. Comparisons were also made between the two groups of alcoholics. The results of these comparisons are presented in Table 4.

Table 2

Means, Standard Deviations and F Ratios Between Clinical Groups

Factors	Fort Campbell Alcoholics N=36		Fuller Alcoholics N=696		IPAT Antisocial Personality N=97		IPAT Criminals N=891		IPAT Sociopaths N=28		IPAT Neurotic N=272		F Ratios
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	
A	4.7	1.9	5.7	1.9	5.3	1.9	5.6	1.8	7.1	1.9	5.8	2.1	3.63 $P < .005$
B	5.4	1.9	4.2	1.7	5.6	1.9	4.5	3.0	N/A	N/A	6.5	2.0	4.70 $P < .005$
C	4.1	2.1	3.5	1.7	4.5	2.5	3.6	2.4	3.0	2.3	3.0	2.3	1.01
E	5.6	1.9	4.2	1.7	4.6	1.9	4.9	2.0	4.9	2.5	4.0	2.1	1.35
F	5.6	2.2	3.8	2.0	5.1	1.9	4.5	2.3	5.4	2.4	3.6	2.1	2.24 $P < .05$
G	4.0	1.8	4.8	1.8	4.7	2.1	4.5	2.1	4.8	2.2	4.6	2.0	.41
H	4.1	2.4	4.4	1.8	4.6	2.0	5.5	1.9	4.0	2.0	4.3	2.4	1.23
I	5.7	2.0	6.4	1.8	6.1	2.0	6.4	2.3	5.3	1.8	7.0	2.0	1.76
L	7.1	1.6	6.4	2.0	6.0	2.3	6.3	2.0	5.8	1.9	7.2	2.3	1.64
M	4.7	1.7	6.9	1.7	5.5	1.9	6.9	2.2	5.0	2.2	6.5	2.1	4.50 $P < .005$
N	6.2	2.1	4.9	1.8	5.1	1.9	5.2	2.2	4.6	1.5	5.4	2.0	2.84 $P < .025$
O	7.0	2.0	7.8	1.6	6.8	2.6	6.9	1.8	6.8	2.2	8.1	2.5	1.39
Q_1	6.6	2.3	4.5	1.7	4.7	2.0	5.4	1.7	4.7	1.9	5.4	1.5	3.74 $P < .005$
Q_2	6.8	2.3	6.0	1.7	6.3	1.8	6.1	1.7	5.0	1.9	6.1	1.7	2.14 $P < .10$
Q_3	4.0	1.9	4.9	2.0	5.6	2.0	4.8	2.1	3.4	2.0	4.4	2.1	2.66 $P < .025$
Q_4	7.4	1.4	7.9	1.0	6.4	2.5	6.6	2.0	6.5	2.6	8.0	2.3	2.50 $P < .05$

Table 3

Pattern Similarity Coefficients in Comparison of Alcoholic Groups with IPAT Clinical Groups

IPAT Clinical Groups	Fuller's Alcoholics N=696	Golightly's & Reinehr's Alcoholics N=59	Fort Campbell Alcoholics N=36
Alcoholics N=144	.36**	.20	-.01
Neurotics N=272	.62**	.27*	.01
Anxiety Reaction (Among 272 above)	.10	.05	-.06
Depressive Reaction (Among 272 above)	.33**	.00	-.05
Psychopaths N=15	-.16	.03	-.49**
Psychotics N=531	.01	.00	-.06
Sociopaths N=28	-.11	.20	-.09

* $P < .05$

** $P < .01$

Table 4

Pattern Similarity Coefficients in

Comparison of IPAT Character Disorders

Clinical Group	Fuller's Alcoholics	Fort Campbell Alcoholics
Inadequate Personality N=54	.39**	.23*
Antisocial Personality N=97	.44**	.13
Criminals N=891	.55**	.11
Fuller's Alcoholics	-	-.14

* $P < .05$

** $P < .01$

To allow for greater generalities the profiles of groups of alcoholics reported by Hoy (1969), Gross and Elton (1971), Gross and Carpenter (1972), and Walton (1968) were compared to Fuller's (1966) and the Fort Campbell alcoholics, and five clinical groups. The results of comparisons are presented in Table 5.

Table 5

Pattern Similarity Coefficients in Comparisons of Later Alcoholic Subjects

Clinical Groups	Hoy's Alcoholics	Gross & Elton's Alcoholics	Gross & Carpenter's Alcoholics	Walton's Alcoholics
Neurotics N=272	.40**	.37**	.32**	.14
Antisocial Personality N=97	.33**	.35**	.41**	.29*
Inadequate Personality N=54	.49**	.22	.23*	.37**
Fuller's Alcoholics N=696	.26*	.39**	.44**	.13
Fort Campbell Alcoholics N=36	.33**	.13	.11	.36**
Criminals	.36**	.28*	.26*	.21

* $P < .05$

** $P < .01$

Chapter IV

Discussion

Before discussing the findings of this study, it should be mentioned that the criteria for classification of the different clinical groups presented by Cattell, Eber and Tatsuoka (1970) are not provided. These researchers did not provide adequate data for their clinical groups. Conspicuous by its absence was the method of clinical diagnosis by which these groups have been identified. Additionally, there was no available information relating to the subject's social and medical background.

These problems are further compounded by the fact that the clinical titles for these groups are quite ambiguous. Because of their lack of preciseness, the Diagnostic and Statistical Manual for Mental Disorders (DSM), (American Psychiatric Association, 1968) has replaced classifications such as psychopath, criminal and sociopath by the one term, "antisocial personality disorder". Cattell, Eber and Tatsuoka list separate scores for each of these groups. Under the new definition, these individuals are described as being unsocialized, incapable of loyalty to groups, individuals or social values, and grossly selfish and irresponsible. Their behavior pattern typically brings them into conflict with society and they do not learn from experience or punishment. Their tolerance for frustration is low and they tend to blame others for their

difficulties.

Discussion of the Results of the Analysis of Variance

As indicated by Table 2, significant differences between the groups were observed on half of the factors of the 16 PF. The results on each factor will be discussed in relation to the general population means and to the findings of other researchers. Where significant F ratios were noted, the results of the Newman Keuls Test will be discussed.

On Factor A, Reserved vs Outgoing, the analysis of variance indicated the presence of significant ($P < .005$) differences among the groups. The results of the Newman Keuls indicates that the Fort Campbell subjects were significantly ($P < .01$) more reserved than any of the other clinical groups. They were also slightly below the mean on this factor. No significant differences were observed between the older alcoholics, the neurotics, criminals and antisocial personality disorders who received near average scores on this factor. The sociopathic group was very outgoing and were significantly ($P < .01$) higher on this trait than all of the other groups.

According to IPAT bulletin #8 (1963), the character disorders would receive scores indicating an outgoing and extroverted behavior pattern. However, the sociopaths were the only group who scored above average on this trait. Jones (1965, 1968), Hanfmann (1951) and Kalin (1972)

support this expectation with their finding that sociability and gregariousness correlated highly with excessive drinking. Other investigations, however, have demonstrated that this may be a superficial sociability (Machover & Puzzo, 1959; Shulman, 1959; Blane, 1960). Although the alcoholic may appear to be extroverted and an exhibitionist, he does not enjoy emotional ties with others. Because of the difficulty he has maintaining interpersonal relationships and dealing with people on a reciprocal basis, he prefers only limited, shallow relationships where he can satisfy his needs for attention, but not satisfy the wants of others. Considering this explanation, a low score on Factor A may not be inconsistent for the alcoholics or the other character disorder groups.

Factor B is a measure of intelligence on a continuum from dull to bright. No scores on this factor were available for the sociopaths. Analysis of variance conducted on the remaining group indicated significant ($P < .005$) differences between the scores. Fuller's group and the criminal group were below normal intelligence, and were significantly ($P < .01$) less intelligent than all the other groups. The Fort Campbell alcoholics and the antisocial personality disorder group were of average intelligence, but were significantly less intelligent than the neurotics who were above average in intelligence.

Tarter and Jones (1971) have reported that chronic

alcoholics were not intellectually inferior to non-alcoholic control groups and suggested that ingestion of alcohol does not impair intellectual functioning. This assertion seems somewhat contradictory considering the variety of chronic neurological disorders associated with excessive intake of alcohol (American Medical Association, 1967). Also, Hoffmann and Nelson (1971) have reported that their younger alcoholic subjects had significantly ($P < .01$) higher intelligence quotients than their older alcoholics. Furthermore, using a multivariate analysis, Gross and Elton (1972) demonstrated that Factor B decreases as drinking experience increases. Although a longitudinal study would be the only appropriate way to resolve this question, the lower intelligent scores of Fuller's (1966) subjects, might have been the result of neurological damage from many years of alcohol ingestion.

No significant difference was noted on Factor C, Emotionally Unstable vs Emotionally Stable. All the groups scored low on this factor which indicates emotional instability. Weak ego strength (Cattell, Eber & Tatsuoka, 1970) has historically been reported in alcoholic subjects (Halpern, 1946; Buhler & Lefever, 1947; Quaranta, 1947).

No significant differences were observed between the groups on Factor E, Humble vs Assertive. High scores on this factor which IPAT (1963) claims would differentiate between the character disorders and the neurotics were not

observed. The lack of significance is also noteworthy because this factor can be considered a measure of the degree of dependency. Historically, alcoholism has been linked with dependency. The problem drinker has been described as manifesting an intense independence-dependence conflict (Lisansky, 1960) and an inability to function comfortably in a dependency relationship (Jones, 1968). A denial of dependency desires has been one of the hypothesis advanced to explain the origins of alcoholism (McCord & McCord, 1960; Robins, Bates & O'Neal, 1962; Bacon, Barry & Child, 1965). This appears to be merely a simpler restatement of the psychoanalytic view formulated by Knight (1943). In the preceding studies no direct measures of conflict over dependency were utilized. In one of the studies (McCord & McCord, 1960) the continuum that the raters used to evaluate their subjects on dependency ran from highly masculine, through normally masculine, to dependent <u>and</u> effeminate. It would appear logical that a person could be effeminate but at the same time not be dependent; however, in this situation the rater could not make such an evaluation. These assertions concerning alcoholic's dependency appear to be based on speculations regarding the nature of this type of behavior. The Fort Campbell subjects were average on this factor, while Fuller's subjects and the other clinical groups were slightly below average. Scores on this factor in other studies of

alcoholics (Walton, 1968; Hoy, 1969; Gross & Carpenter, 1971; Gross & Elton, 1972) ranged from 4.6 to 6.8. There is no support for this dependency contention unless it is also inferred that the low-scoring subjects are being truthful and the high-scoring subjects are denying their dependency needs.

On Factor F, Sober vs Happy-Go-Lucky, the antisocial personality disorders, the sociopaths and the Fort Campbell group had significantly ($P < .01$) higher scores and were more happy-go-lucky than the neurotics and Fuller's group (as predicated by IPAT Bulletin #8, 1963). It must be noted, however, that these scores cluster around the mean for the standardization sample which would not support the impression that character disorders are any more happy-go-lucky than normal. The criminal group was similar to the antisocial personality disorder group but was significantly ($P < .01$) more sober and serious than the sociopathic group and the Fort Campbell alcoholic group.

On Factor G, Expedient vs Conscientious, no significant difference was observed between the groups. All groups were slightly below average indicating a lack of acceptance of society's moral standards and weaker superego development. Several studies have linked this deficiency with alcoholism (Lentz, 1943; Force, 1958; Jones, 1968).

Although it is indicated in IPAT Bulletin #8 (1963) that the character disorders would move away from introverted

tendencies on factor H, Shy vs Adventuresome, no significant difference among the groups was found. With the exception of the criminal group who was average, means on factor H for all other groups suggest a greater degree of shyness, timidity and withdrawal than the general population.

On Factor I, Tough-Minded vs Tender-Minded, no significant difference was observed. This factor was presumed to differentiate between the character disorders and the neurotics (IPAT, 1963). This factor also reflects masculine vs feminine characteristics. Although the scores for the Fort Campbell alcoholic group were about average, the scores of the older alcoholic group lie toward the tender or feminine end of the continuum. Unfortunately, the literature is replete with contradictions. Studies previously cited have referred to the alcoholics' dependency conflict. Several researchers have suggested that in order to repress these fears of being dependent or unmasculine the alcoholic unconsciously overemphasizes a masculine facade to hide these tendencies (Hanfmann, 1951; Robins, Bates & O'Neal, 1962; Madsen, 1964; Jones, 1968). It would appear that if the alcoholic subjects were striving to compensate for their "feminity" lower scores on this factor would have been reflected.

The scores obtained on Factor L, Trusting vs Suspicious, did not indicate a difference between the various groups.

Except for the sociopathic group, which was average on this factor, all subjects appeared to be highly suspicious and jealous in nature. It seems surprising that sociopaths who are characterized by their own antisocial behavior could be so trusting.

A significant ($P < .005$) difference between the groups was observed on Factor M, Practical vs Imaginative. The Fort Campbell group and the sociopathic group were slightly below average and had similar mean scores. The antisocial group was average and obtained a significantly ($P < .01$) higher score than the Fort Campbell group, but were similar to the sociopathic group. The neurotics, older alcoholics, and criminals were the most imaginative or Bohemian and were significantly ($P < .01$) higher than the other groups.

The analysis of variance revealed a significant ($P < .025$) difference among the groups on Factor N, Forthright vs. Shrewd. Further evaluation by the Newman Keuls technique revealed that the sociopaths were significantly ($P < .05$) more forthright and genuine than the antisocial personality disorder group, the criminal group ($P < .01$), the neurotic group ($P < .01$), and the Fort Campbell group ($P < .01$). Fuller's group, while similar to the sociopathic group, antisocial personality disorder group, and criminal group was significantly ($P < .05$) less shrewd than the neurotics and the Fort Campbell groups ($P < .01$).

From the characteristics typically associated with the criminal, sociopath, and antisocial personality disorder groups, it would appear that these groups would be highly scheming and calculating. A low score on this factor also indicates a person who tends to become emotionally involved with others. This is not a characteristic of these groups (American Psychiatric Association, 1968).

A low score on Factor O, Placid vs Apprehensive has been said to distinguish those who "act out" their maladjustments from those with an equally low Factor C score who suffer a more internal conflict (Cattell, Eber & Tatsuoka, 1970). The groups investigated in this study who typically "act out" were not distinguished from the neurotics by this factor. All of the groups had elevated scores on this factor suggesting insecurity, guilt, depression, worthlessness and anxiety. The typical association between character disorders and lack of guilt was not evidenced by these scores.

The difference in the score of the groups on Factor Q_1, Conservative vs Experimenting, was significant at the $P < .005$ level. The Fort Campbell group was higher than the general population and significantly ($P < .01$) more liberal than all of the other groups. Fuller's alcoholics were the most conservative of all the groups and did not differ significantly from the antisocial personality disorders, or the sociopaths who had exactly the same score.

These two groups differed significantly ($P < .01$) from the neurotics and criminals who also had the same scores. Cattell, Eber and Tatsouka (1970) indicated that neurotics score low on this factor; however, their score of 5.4 is considered average.

On Factor Q_2, Group Dependent vs Self-Sufficient, the average scores of the sociopathic group stand out among the high scores of the other clinical groups; however, the difference was not ($P < .10$) significant. High scores on this factor identifies a person who is introverted and is accustomed to making his own decisions. This description of the other character disorders is certainly not consistent with the clinical lore. Similarly, the alcoholics lack of dependence on the approval of others appears to be inconsistent with the dependency theories proposed by many investigations discussed in association with Factors E and I.

On Factor Q_3, Undisciplined vs Controlled, significant ($P < .025$) differences between the groups were noted. The high scoring antisocial personality disorder group and the low scoring sociopathic group differed significantly from all of the other clinical groups. The Fort Campbell group was similar to the neurotics group on this factor; but while the former differed significantly from the criminal and older alcoholic groups, the latter did not. All of the groups with the exception of the antisocial personality disorder group, were characterized by their lack of control.

This characteristic has frequently been used in discussion of alcoholics (Halpern, 1946; Buhler & Lefever, 1947; Quaranta, 1947). Force (1958) described his alcoholic subjects as being unable to prolong endeavors, reach a goal, or postpone satisfaction.

On Factor Q_4, Relaxed vs Tense, all the scores suggested high levels of tension and frustration. The neurotics, and the older and younger groups of alcoholics did not differ among themselves but scored significantly ($P < .01$) higher than the criminal group, antisocial personality disorder group, and the sociopathic group.

High levels of tension have long been associated with neuroses but have rarely been mentioned in connection with character disorders (American Psychiatric Association, 1968). Character disorders have been described as "acting out" their tension on the environment rather than allowing it to affect them internally. Horton (1943) made an interesting observation after studying many different cultures: "The primary function of alcoholic beverages in all societies is the reduction of anxiety." Alcoholics have historically been described as anxious (Clinebell, 1968) and this characteristic has often been noted in various studies (Walton, 1968; Hoy, 1969; Gross & Carpenter, 1971; Gross & Elton, 1972).

The preceding discussion presented numerous contradictions between the personality traits exhibited by these

six clinical groups and the personality traits predicted by Fuller and IPAT. The source of these contradictions could be twofold: perhaps the 16 PF factors do not accurately measure the characteristics of the pathological personalities; or, the clinical diagnosis of a subject is over generalized and stereotyped. Specifically, Fuller's claims of a distinct, neurotic alcoholic personality is an example of such over generalization and stereotyping. The data do not indicate differences between the groups on half of the factors. On seven of the eight factors having significant differences, the Fort Campbell group was unlike Fuller's group. Further analyses revealed that although Fuller's subjects were similar to the neurotics on six out of the eight significant factors, the Fort Campbell subjects were far less similar. The Fort Campbell group was significantly different from all of the groups on Factors A, N, and Q_1; similar to the character disorders on Factors B, F, and M; and resembled the neurotics on only two factors, Q_3 and Q_4. Whereas the analyses of variance investigated differences between the groups on the individual factors of the 16 PF, the next section will consider profile comparisons.

Discussion of Pattern Similarity Coefficients

The pattern similarity coefficients obtained by Fuller (1966), Golightly and Reinehr (1969) and this experimenter in comparisons of alcoholic subjects with similar IPAT

groups are presented in Table 3. When Golightly and Reinehr reported these results they suggested the need for further evaluation of the neurotic alcoholic personality proposed by Fuller. Inspection of the present results reveal even more marked disparities. Extremely low correlations were observed between the IPAT neurotics and both alcoholic groups. Since it was predicted that the Fort Campbell subjects would be somewhat more similar to the character disorders, it was surprising to discover the highly significant ($P < .01$) negative correlations with the psychopathic group and similarly negative relation to the sociopathic group. Before abandoning this hypothesis, however, three clinical groups not used in Fuller's comparisons must be considered.

As was discussed in the beginning of this section, the lack of clarity in the diagnostic criteria for placement in these groups make conclusions extremely difficult. For example, the inadequate personality disorders, although listed by Cattell, Eber and Tatsuoka (1970) under the neuroses, is considered a character disorder by most clinicians and is so labeled by the DSM (American Psychiatric Association, 1968). According to this source, the definition of inadequate personality is reserved for those individuals who are ineffectual at meeting emotional, social, and interpersonal demands. They are further described as manifesting unadaptability, ineptness, poor

judgment, and social instability. For this reason, they will be considered character disorders for the purpose of this discussion.

The striking results of comparisons between the younger and older alcoholic groups (Fuller, 1966) and the criminal group, antisocial personality disorder group, and inadequate personality disorder groups are presented in Table 4. The correlation of -.14 between the two groups of alcoholics would not indicate that the young alcoholics are similar to Fuller's proposed alcoholic personality; furthermore, the young alcoholic subjects resemble these character disorders more than any other group used in the previous comparisons. In fact, the correlation between these subjects and the inadequate personality group was the only comparison demonstrating significant ($P < .05$) positive similarities. The conception of a basically neurotic personality structure is certainly not applicable to these subjects.

On the basis of the correlations presented in Table 3, Fuller (1966) indicated that he would diagnose his subjects as depressive neurotics. It is noteworthy that comparisons with the criminal, the antisocial and the inadequate personality disorder groups yielded much higher similarity coefficients. Considering these data the personalities of Fuller's subjects could be considered at least as similar to these character disorders as the

neurotics. Whether this is consistent for other groups of alcoholics remains to be discussed.

Since the publication of Fuller's (1966) study, several other investigators have utilized the 16 PF in research with alcoholics (Walton, 1968; Hoy, 1969; Gross & Elton, 1971; Gross & Carpenter, 1972). Pattern similarity coefficients between the various groups were calculated to determine if relationships previously discussed can be generalized to other more typically aged alcoholics. The results of these comparisons support the aforementioned data. Especially damaging to Fuller's contention is the fact that comparison groups are as similar to the anti-social and inadequate personality disorder group as to his alcoholic subjects and the neurotic groups. Fairly high correlations were indicated between Fuller's subjects and the comparison groups examined in Table 5; whereas, the Fort Campbell subjects showed less similar correlations. Comparing only Fuller's group with the Fort Campbell subjects, produced a low negative correlation. It is also interesting to note that the groups least similar to the Fort Campbell subjects were most similar to Fuller's group.

Identification of the factors which distinguish between the groups is not possible because the social histories of the individuals tested were not reported. Although Fuller's subjects correlated highly with the criminal group, it is important to note that their comparisons with other

alcoholic groups were less elevated. These findings suggest that alcoholics cannot be distinguished from other clinical groups by their 16 PF profiles--the evidence does not support the contention that alcoholics have a basically neurotic personality structure.

Descriptive Characteristics

The most distinguishing characteristic of the Fort Campbell subjects is their youth. Their mean age of 21.6 is five years younger than the only other report on young alcoholics (Rosenberg, 1969) and 20 to 30 years younger than the mean age in the majority of the other studies. One could expect that subjects differing in age would have had different life experiences and educational, social and cultural opportunities. This variable has been considered in the discussion of the findings.

One such variable concerns the educational attainment of the Fort Campbell subjects. These subjects had completed a mean of 11.0 years of formal education. It could be expected that the general trend of increasing national educational levels would be reflected by many more years of schooling for the younger subjects. This was only apparent in a few cases. In studies of the demographic characteristics of large numbers of alcoholics receiving treatment in Florida and Minnesota (Hoffman, Wojtowicz & Anderson, 1971), alcoholics with a mean age of 43 and 45 had each completed 10.9 years of school. Alcholics being

treated in a Veterans Hospital in the same geographic region as the Fort Campbell alcoholics had a mean age of 43 and had completed 11.9 years of school (Gross & Elton, 1972). At a New York State Hospital, 12 years of school had been completed by the average alcoholic patient (Blume & Sheppard, 1967). The only study where subjects had a lower educational level was Depalma and Clayton's (1958) study of court committed alcoholics who had completed 9 years of formal education. Fuller's (1966) large number of alcoholics at Willmar State Hospital had completed a mean of 10.3 years of school and had a mean age of 47.7 years. Compared to the national educational levels of the different age groups, the older subjects (except for Depalma's group) were very similar to their contemporaries while the Fort Campbell group had a much lower educational level than the comparison group (U.S. Bureau of the Census, 1972). This finding would support the observation that young alcoholics are more deviant than older alcoholics.

Marital status is another area which, because of the youth of the Fort Campbell subjects, makes comparison difficult. The majority (64%) of the Fort Campbell subjects were single. Only 25 percent of the subjects were married and living with their wives while 12 percent were divorced or separated. Averages for the alcoholic comparison groups above were 50 percent married, 30 percent divorced or separated, and 20 percent single. The Fort Campbell

subjects had considerably fewer years of marriageable age.

Their youth also affects consideration of their occupational histories. The average subject entered the service about eight months after leaving school. The majority (78%) of the subjects indicated that they were employed in more than one job during this period and had experienced periods of unemployment. The most common reasons given for entering the service were: "I couldn't find a job,""I wanted to learn a skill," and "I didn't have anything else to do." Their mean number of years in the service at testing, was two years and one month; during that time they had obtained a mean rank of E-3 or Private First Class. According to their Military Occupation Specialities (MOS), 93 percent are presently performing unskilled jobs. These observations are very similar to the employment histories of other alcoholics who had begun drinking at an early age (Schuckit, Rimmer, Reich & Winokur, 1970).

The majority (80%) of the subjects had been arrested by civilian authorities at least once. The average age at first arrest was 15.4. An interesting observation is that, although similar in Factor C on the 16 PF (emotional instability), the mean intelligence score for those who were not arrested was 6.5 compared to 5.4, the group average. The mean number of arrests for those who were arrested was 3.4 and of these, 2.3 or 68 percent were for

alcohol related incidents. Over half (58%) of these subjects were disciplined for infractions of military law. For a group of alcoholics with a mean age of 47, 3.3 out of 3.6 arrests per man were alcohol related (Hoffman, Wojtowicz & Anderson, 1971). Adding the number of military violations, the younger group has exceeded the arrest records of men more than twice their age. They had also been arrested for more offenses unrelated to alcohol; e.g. burlaries and thefts.

Problems in the comparison of frequencies and the amounts of drinking have long been recognized (Keller, 1960; Sanford, 1968). Rarely do reports of a psychological nature include reference to the extent of their subject's drinking practices because of difficulties encountered in quantification. Often, attempts result in vague information, as in the case of one reporter who stated that his subjects drank 32-64 ounces per week. However, there was no indication of whether it was beer, wine, or hard liquor being consumed (Schuckit, Rimmer, Reich & Winokur, 1970).

Although difficulties of this type are also present in this discussion, it is better to provide some idea of the drinking behavior of these subjects than none. In the present investigation, 73 percent of the subjects felt the need to drink daily; 22 percent drank at least four times per week and 5 percent indicated that they were "binge" drinkers who only drank heavily for several days at a time.

Rosenberg (1969) reported that 68 percent of his young subjects drank daily and 62 percent drank predominately beer.

An estimate of consumption was calculated from the Fort Campbell intake interview forms. In all cases, where ranges were given, the experimenter recorded the lesser amounts in order to avoid distortion from exaggeration. Nevertheless, the results were quite striking. Subjects who drank predominately beer, reported drinking from one six-pack to three cases per drinking session. The mean amount was twenty cans or bottles of beer per session. Many of the same subjects reported that when they could afford to buy "hard" liquor, it was consumed by the fifth. The remaining subjects reported drinking predominately hard liquor. Some subjects reported drinking as much as one to two fifths per drinking session. The reasons given for heavy drinking included relief from anxiety, boredom, and frustration. Typical comments included "I've always had bad nerves.", "There's nothing else to do around here.", "When I am drinking nobody bothers me." and "I forget all my problems."

While there were no cases of severe liver disorders in these young subjects, 96 percent reported some type of gastric disturbances. Over half (52%) of the subjects reported using other nonprescription drugs in addition to alcohol. Marijuana appeared to be the most commonly

reported and frequently used drug; some subjects reported using other hallucinogins as well as barbituates. Rosenberg (1969) also reported that 52 percent of his subjects had used various drugs.

Jellinek (1946) suggested that there is a "typical age sequence" of alcoholic symptom progression. Although Trice and Wahl (1958) did not find this sequence stable except in very early and advanced stages, it was thought that it may be useful to compare the percentage of subjects who have experienced these symptoms and the ages at which they occurred to the Fort Campbell alcoholics. The comparison group is Trice and Wahl's (1958) Wisconsin alcoholics group who were not affiliated with Alcoholics Anonymous; their mean age is 46.2. Some of this information is also available on the Rosenberg (1969) subjects. Table 6 consists of the mean age of occurence of each symptom and the percentage of subjects denying the onset of that symptom. The absolute difference between the groups is also provided.

It is striking to note that the Fort Campbell group took their first drink four years earlier than the Wisconsin group and one year and seven months earlier than even Rosenberg's (1969) young alcoholics. The Fort Campbell group also became intoxicated for the first time 2.9 years earlier than the Rosenberg group and 3.7 years earlier than the Wisconsin group. Some of the large discrepancies between the two groups could be attributed to cultural

Table 6

Age at Onset and Percentage of Denials of Twelve Alcoholic Symptoms

	Fort Campbell Alcoholics		Wisconsin Alcoholics		Absolute Difference In Years	
	Age	%	Age	%	Age	%
First Drink	13.6	-	17.6	-	4.0	-
First Intoxication	14.1	-	17.9	-	3.7	-
First Blackout	17.6	25	30.2	29	12.6	4
First Frequent Blackouts	19.1	50	34.2	47	15.0	3
First Morning Drinking	19.5	38	36.6	12	17.1	26
First "Bender"	18.6	61	36.7	16	18.1	45
First Loss of Control	19.3	11	37.1	9	17.8	3
First Drinking Alone	18.5	47	37.2	16	18.7	31
First Convulsion	17.8	83	38.4	69	20.6	14
First Protecting Supply	19.7	72	38.8	25	19.1	47
First Tremors	22.0	17	39.5	19	22.5	2
First Occasion Became Drunk on Less Liquor	21.8	61	39.4	34	17.6	27

changes in the last forty years; however, this would not seem to account for the differences between Rosenberg's (1969) young alcoholics.

A finding of interest was that 60 percent of Rosenberg's (1969) subjects, 33 percent of the Wisconsin group, and 68 percent of the Fort Campbell group became intoxicated on the same occasion that they had their first drink. Ullman (1953) found that this occurence frequently discriminates between "normal" and problem drinkers.

It is noteworthy that a larger percentage of the Fort Campbell group had reported experiencing blackouts and tremors than the older Wisconsin group and that these symptoms occurred 12.6 years and 22.5 years earlier in the younger subjects, respectively. On two other symptoms, the onset of frequent blackouts and the loss of control of drinking, there were minimal differences. Again, the age of occurence for the older group is almost double that of the younger alcoholics. With these few exceptions, more of the older alcoholics had experienced the symptoms than younger subjects. In no case did these experiences occur at a younger age than the Fort Campbell subjects reported.

The descriptive data support observations which suggest that the younger alcoholics are less well-adjusted than older alcoholics. Although a limitation of the data is imposed by its reliance on the subjects' truthfulness and recall of questioned material.

There is substantial research evidence to support the validity of self-report (Mischel, 1968). Another limitation was the absence of an older alcoholic group from the same clinical setting as the younger alcoholic subjects for use as a control group. Unfortunately, very few subjects of this age are being treated within this setting.

Chapter V

Conclusion

The subjects of this investigation consisted of 36 male enlisted men who were receiving treatment for alcoholism through the Fort Campbell Alcohol Rehabilitation Program. Data was gathered from their clinical records and through the administration of the 16 PF with an attached personal history questionnaire. The resulting information was used to determine what characteristics these subjects exhibit, how they differ from other groups of alcoholics, and whether their personalities were similar to the "alcoholic personality" as proposed by Fuller (1966). This alcoholic personality profile was reevaluated by replication using different clinical groups, and then comparing them to other groups of alcoholics for the purpose of establishing its' validity.

The results of the nonstatistical section of this investigation indicated that the young alcoholics had been arrested as often as men twice their age; they are less well educated relative to their peers. They began drinking at an earlier age, and they experienced the symptomatic effects of excessive alcohol consumption in a much shorter period of time than groups of more typically aged alcoholics. Although limited by small sample size, lack of adequate control procedures and statistical methods, the findings of this section are consistent with the results of

another study investigating the same problem (Rosenberg, 1969). The life experiences of the young alcoholics appear to be more severely disturbed than those of the older alcoholics.

Several investigators (Partington & Johnson, 1969; Gross & Elton, 1972) have presented a strong case for multivariate designs in studies on alcoholism. Yet, research which could determine if the severity of the symptoms in the young alcoholic is the result of excessive intake of alcohol, pre-existing psychodynamic factors, or some combination of the two, must necessarily be of longitudinal design and could have begun no more than ten years ago.

In the second area of investigation, it was demonstrated through the use of analyses of variance that all of the clinical groups were similar on 8 of the 16 factors of the 16 PF. On the remaining factors, where significant differences were observed between the comparison groups, the young alcoholics were similar to Fuller's (1966) alcoholics on only one factor, Q_4, Relaxed vs Tense. This factor and Factor Q_3, Undisciplined vs Controlled, were the only two factors out of the eight common to both the neurotics and the young alcoholics. In no case did the score of Fuller's group discriminate them from other clinical groups.

Calculation of pattern similarity coefficients revealed that the young alcoholics were not similar to

Fuller's alcoholics; nor did it indicate that they were neurotic. Although the correlations were of low magnitude, the group profile resembled the inadequate personality disorders. Fuller's alcoholic group was found to be as similar to the groups of character behavior disorders as they were to the neurotics. Other groups of alcoholics were found to resemble the character disorders more consistently than the neurotics.

In conclusion, the results of this section are consistent with the findings of other investigators (Sutherland, Shroeder, Tordella, 1950; Diethelm, 1955; Symes, 1957; Armstrong, 1958) who demonstrated that no single personality characteristic or constellation of characteristics distinguish alcoholics from other clinical groups. Because the pattern similarity coefficients resulting from comparisons between the alcoholics, neurotics, and character disorder groups indicated significant similarities between different groups concurrently, it would appear highly likely that several different types of individuals made up each composite alcoholic profile. This viewpoint has been successively tested by several different investigators (Walton, 1968; Partington & Johnson, 1969; Stein, Rozynko & Pugh, 1971).

Fuller (1966) felt that clinicians had been guilty of misdiagnosing alcoholics as character disorders on the basis of "surface traits" and the "social nuisance" value

of their behavior; however, to diagnose all alcoholics as neurotics on the basis of his findings would be just as erroneous. His insistence that with his new diagnosis a more hopeful prognosis would be realized since ". . . therapeutic success and understanding of neurotics has been consistently higher than with psychotics, psychopaths, and sociopaths", is simplistic. Granted, many clinicians wrongly consider all alcoholics character disorders, feel that there is a poor prognosis for sobriety, and refuse to treat them (Knox, 1969); however, changing their diagnosis is not going to change their presenting symptom—alcoholism.

The prevention and treatment of alcoholism can better be accomplished by adapting to the needs of the individual patient and recognizing that alcoholism is a manifestation of a multitude of different personality types and causitive factors. Researchers must reformulate their conception about the nature of alcoholic personality types.

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QUESTIONNAIRE

CHECK OR FILL IN THE BLANK

_____ 1. How many weeks have you been in the program?

_____ 2. Your age (in years and months Example: 22-5).

_____ 3. Your rank.

_____ 4. How long have you been in the service? (In months and years).

_____ 5. Highest school grade completed. Your age at that time _____.

6. Marital status.

_____ A. Never married.

_____ B. Married. How many years? _____

_____ C. Separated. How long? _____

_____ D. Divorced. How long were you married? _____

_____ E. Widowed. How long ago? _____

_____ 7. If married, are you presently living with your wife?

_____ 8. Have you ever been arrested either as a juvenile or as an adult?

9. If yes, please fill in your age at arrest, the charge or charges, and the results of the charges, ie., not guilty, or sentences in reform school, jail or probation. Please include traffic violations such as DWI and any other alcohol related incidences. Try to be as specific as possible.

	Age	Charge	Result
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

10. If you have any article 15's or court martials, complete as you did above except include the amount of the fine, days of extra duty, restriction, or time in the stockade.

Age	Charge	Results
1.____	_____	_____
2.____	_____	_____
3.____	_____	_____
4.____	_____	_____
5.____	_____	_____
6.____	_____	_____

_____ 11. How long after you left school was it before you entered the Army?

12. In the space provided, give the age at which the following happened to you. If it never happened check the "Never" space. Be as specific as possible.

How old were you when.....

Never	Age	
____	____	You took your first drink? (not just a sip of your parents')
____	____	You first got drunk?
		Did you get drunk at the same time you took your first drink? ____
	_____	If no, how long after your first drink was it before you got drunk?
____	____	You had your first blackout? (When you didn't remember what you did after a certain point.)
____	____	Blackouts began to happen frequently? (At least 2 or 3 times out of about 10 drunken periods.)
____	____	You first began taking drinks in the morning.
____	____	You began to go on benders lasting more than two days without regarding your work or family.

Never	Age	
____	____	You lost control of your drinking. (Intended to have only a few drinks but wound up getting drunk.)
____	____	You first started drinking alone.
____	____	You first had a convulsion after drinking.
____	____	You began "protecting" your supply? (Keeping it handy and making sure someone wouldn't find it.)
____	____	You noticed that you got drunk on less liquor.

13. How often did you drink before entering the program? Check the one which best describes your drinking.

_____ A. Only on "binges" weeks or months apart.

_____ B. At least twice a week.

_____ C. At least five days out of a week.

_____ D. Almost every day of the week.

_____ E. Other. _____

_____ 14. What did you drink most of the time? Wine, Beer, Hard Liquor?

NAME _____ UNIT _____ GRADE _____

TIME IN SERVICE _____ AGE _____ MARITAL STATUS ___ DATE ___

HIGHEST GRADE COMPLETED (NOT INCLUDING GED) ____ SSAN _____

MICHIGAN ALCOHOLISM SCREENING TEST

PLEASE ANSWER THE FOLLOWING QUESTIONS AS HONESTLY AS YOU CAN:

1. Do you feel that you are a normal drinker? YES___NO___
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening before? YES___NO___
3. Does your spouse (or parents) ever worry or complain about your drinking? YES___NO___
4. Can you stop drinking without a struggle after one or two drinks? YES___NO___
5. Do you ever feel badly about your drinking? YES___NO___
6. Do your friends or relatives think you are a normal drinker? YES___NO___
7. Do you ever try to limit your drinking to certain times of the day or to certain places? YES___NO___
8. Are you always able to stop drinking whenever you want to? YES___NO___
9. Have you ever attended a meeting of Alcoholics Anonymous (AA)? YES___NO___
10. Have you gotten into fights when drinking? YES___NO___
11. Has drinking ever created problems with you and your spouse? YES___NO___
12. Has your spouse (or other family member) ever gone to anyone for help about your drinking? YES___NO___
13. Have you ever lost friends or girlfriends/boyfriends because of drinking? YES___NO___
14. Have you ever gotten into trouble at work because of drinking? YES___NO___

15. Have you ever lost a job because of drinking? YES___NO___

16. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking? YES___NO___

17. Do you ever drink before noon? YES___NO___

18. Have you ever been told you have liver trouble? Cirrhosis? YES___NO___

19. Have you ever had delirium tremens (DT's), sever shaking, heard voices, or seen things that weren't there after heavy drinking? YES___NO___

20. Have you ever gone to anyone for help about your drinking? YES___NO___

21. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking had played a part? YES___NO___

22. Have you ever been in a hospital because of drinking? YES___NO___

23. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem? YES___NO___

24. Have you ever been arrested, even for a few hours, because of drunk behavior? YES___NO___

25. Have you ever been arrested for drunk driving or driving after drinking? YES___NO___

HX OF DRINKING AND SYMPTOMATOLOGY

DISPOSITION: NOT TO ENTER PROGRAM
TO ENTER PROGRAM - DATE _____ RE: _____
TO ENTER HOSPITAL - DATE _____ TENTATIVE DX _____

REASON FOR REFERRAL _____ DATE _____

CLIENT APPEARS: anxious, depressed, to be denying, tremulous, agitated, to be perspiring excessively, Erythrophthalmia (red-eyed), under the influence. (CIRCLE) Other _____

DRINKING HOW MANY YEARS? _____

INCREASE IN TOLERANCE NOTED _____

DECREASE IN TOLERANCE NOTED _____

DRINKS WHICH ALCOHOLIC BEVERAGE THE MOST? _____

DAILY DRINKER _____ MORNING DRINKER _____ (HOW LONG)

HOW MUCH DO YOU DRINK AT PRESENT TIME? _____

HOW LONG TO DRINK THAT AMOUNT? _____

DRINK ALONE OR WITH OTHERS? (CIRCLE)

REASON FOR DRINKING _____

BLACKOUTS: FIRST _____ FREQUENCY _____ LAST _____

HEMOTEMESIS (vomiting blood) _____

HEMOPTYSIS (cough or spit blood) _____

GASTROINTESTINAL DISORDERS _____

LAST PERIOD OF ABSTINENCE: FROM _____ TO _____

TREMORS: FIRST _____ FREQUENCY _____ LAST _____

MILD _____ MODERATE _____ SEVERE _____

PARANOID IDEATION: _____

VISUAL HALLUCINATIONS: (DESCRIBE) _____

AUDITORY HALLUCINATIONS: (DESCRIBE) _____

SUICIDAL RUMINATIONS OR ATTEMPTS (CIRCLE AND DESCRIBE) _____

WHEN WAS LAST DRINK? _____

PAST HOSPITALIZATION DUE TO DRINKING: WHY _____
WHERE _____
WHEN _____

COUNSELOR

PSYCHO - SOCIAL HISTORY

Date

is questionnaire has been designed for use by active duty personnel referred to ntal Hygiene Consultation Service for assistance. Its sole purpose is to provide e professional staff with the information needed to best help the soldier solve his oblem. It should be completed carefully and honestly. Fill in appropriate spaces th a check, number or word as applicable.

Identifying Data

me | Rank | SSAN

te of Birth | Place of Birth | Religion | Unit

Enlisted | Drafted | National Guard | Reserve | Date Entered Active Duty

S | Primary MOS | Current Job

Self Referred to MHCS | Medical Off | Unit Cmdr | Lawyer | Other

s this an emergency ☐ Yes ☐ No | Are charges for misconduct pending ☐ Yes ☐ No

Problem

lease describe your problem and how you feel. Indicate date and place of any prior ivilian or military mental health treatment for the same or a similar problem. Did ou have this problem as a civilian? ☐ Yes ☐ No

Personal History

A. Immediate family (parents, brothers, sisters, wife, children). *In the column ntitled "comments", indicate if the individual suffers from mental illness, alcoholism, or has been involved in any serious trouble.

Name	Age	Relationship	State of Health	Job	*Comments

B. School

Highest Grade Completed | Age When Left School | High School Diploma ☐ Yes ☐ No

College Attendance ☐ Yes ☐ No | As a student I was ☐ Good ☐ Average ☐ Poor

Frequently Truant ☐ Yes ☐ No | In trouble with ☐ Teacher ☐ Expelled ☐ Suspended

Best Subject | Worst Subject | I was in a ☐ Reg Class ☐ Special Class ☐ Special School

C. Work

No. of Jobs Held Since Leaving School	Length of Longest Single Job

Ever ☐ fired or ☐ quit because of an argument with the boss? ☐ Yes ☐ No

What kind of job would you most like to be doing five years from now?

D. Social and Family History

No. of Best Friends	Hobby	Pet	Relationship with people in general		Good		Bad

		Yes	No
Trouble getting along with either parent			
With certain people			
Natural parents are together			
Divorced			
Separated			
Either one deceased			
When I was a child, my parents usually got along	Well		
	Argued		
Engaged			
Married			
Separated			
Divorced			
Married more than once			
Age of First Intercourse			

E. Legal (Civilian)

Ever arrested for any of the following:

	Alcohol		Drugs		Theft		Fighting		Sex

		Yes	No
Ever seen in Juvenile Court			
Ever convicted of a crime			
Ever sentenced to	Reform School		
	Jail		

F. Medical History

List all serious accidents or injuries

List and explain all hospitalizations

List current illnesses and medications

List all allergies (Include allergies to medicines)

Military

	Army		Navy		Air Force	Highest Rank	Present Rank

BCT At	AIT At
How long at Fort Campbell	Last duty station prior to Fort Campbell

Ever assigned to the following:	Yes	No
Special Training Company		
US Army Personnel Control Facility		
Correctional Training Facility		
Stockade		
Disciplinary Barracks, Fort Levenworth		

No. of Article 15's	No. of Summary or Special Courts-Martial
No. of General Courts-Martial	No. of AWOL's

Ever previously seen at A MHCS	Yes	No
Previous tour in RVN		
Korea		
Wounded in combat		
Decorated for bravery		
Ever punished in the Military for any offense related to: Alcohol		
Drugs		
Theft		
Fighting		
Sex		
Disrespect to or disobeying order of an NCO or Officer		
Do you want to complete your obligated military service		

If you enlisted, please indicate reason(s) in the space below:

SYMPTOM CHECKLIST (Check only if applicable)

Symptom	Present Now	In the Past
1. Hay fever, asthma, skin rashes		
2. Bad headaches or backaches		
3. Frequent stomach-aches, nausea or vomiting		
4. Diarrhea and/or constipation		
5. Stuttering, bed-wetting, sleep-walking or fire-setting		
6. Trouble concentrating or extreme nervousness		
7. Blackouts, amnesia, dizziness, fainting		
8. Convulsions		
9. Blank spells		
10. Can't stand pressure and yelling		
11. Extreme loneliness or homesickness		
12. Trouble eating or sleeping		
13. Often feel sad or hopeless		
14. Thoughts of suicide		
15. Ever attempted suicide		
16. Any serious problem with sex		
17. Any unusual sexual behavior		
18. Fears of homosexuality		
19. Homosexual acts		
20. Serious problem with alcohol		
21. Quick temper, sometimes get into fights		

Symptom	Present Now	In the Past
oughts of murder		
equent use of marijuana or hashish		
e of barbiturates		
caine, heroin		
eed, LSD, Mescaline, Peyote		
ver addicted		
lashbacks		
ver do something without knowing it		
erious trouble with stealing or lying		
trange or silly thoughts		
trange or silly habits		
pecial fears or phobias		
id life give you a raw deal		
Like to be alone		
Ever felt unreal		
Things ever look unreal		
Ever heard voices		
Ever saw visions		
Do people look at or talk about you behind your back		
Ever felt someone was plotting to hurt you		
Very stubborn		
Will lose temper if pushed around		

mmary and Impressions by Social Work Technician (Including Recommendations)

omments by Social Work Officer and/or Psychiatrist

1967–68 EDITION

FORM A

16 PF

WHAT TO DO: Inside this booklet are some questions to see what attitudes and interests you have. There are no "right" and "wrong" answers because everyone has the right to his own views. To be able to get the best advice from your results, you will want to answer them exactly and truly.

If a separate "Answer Sheet" has not been given to you, turn this booklet over and tear off the Answer Sheet on the back page.

Write your name and all other information asked for on the top line of the Answer Sheet.

First you should answer the four sample questions below so that you can see whether you need to ask anything before starting. Although you are to read the questions in this booklet, you must record your answers on the answer sheet (alongside the same number as in the booklet).

There are three possible answers to each question. Read the following examples and mark your answers at the top of your answer sheet where it says "Examples." Fill in the left-hand box if your answer choice is the "a" answer, in the middle box if your answer choice is the "b" answer, and in the right-hand box if you choose the "c" answer.

EXAMPLES:

1. I like to watch team games.
   a. yes, b. occasionally, c. no.

2. I prefer people who:
   a. are reserved,
   b. (are) in between,
   c. make friends quickly.

3. Money cannot bring happiness.
   a. yes (true), b. in between, c. no (false).

4. Woman is to child as cat is to:
   a. kitten, b. dog, c. boy.

In the last example there *is* a right answer—kitten. But there are very few such reasoning items.

Ask *now* if anything is not clear. The examiner will tell you in a moment to turn the page and start.

When you answer, keep these four points in mind:

1. You are asked not to spend time pondering. **Give the first, natural answer as it comes to you.** Of course, the questions are too short to give you all the particulars you would sometimes like to have. For instance, the above question asks you about "team games" and you might be fonder of football than basketball. But you are to reply "for the average game," or to strike an average in situations of the kind stated. Give the best answer you can at a rate not slower than five or six a minute. You should finish in a little more than half an hour.

2. Try **not** to fall back on the middle, "uncertain" answers except when the answer at either end is really **impossible** for you—perhaps once every four or five questions.

3. Be sure not to skip anything, **but answer every question, somehow.** Some may not apply to you very well, but give your best guess. Some may seem personal; but remember that the answer sheets are kept confidential and cannot be scored without a special stencil key. Answers to particular questions are not inspected.

4. Answer as honestly as possible what is true of **you.** Do not merely mark what seems "the right thing to say" to impress the examiner.

. I have the instructions for this test clearly in mind.
a. yes, b. uncertain, c. no.

. I am ready to answer each question as truthfully as possible.
a. yes, b. uncertain, c. no.

. I would rather have a house:
a. in a sociable suburb,
b. in between,
c. alone in the deep woods.

. I can find enough energy to face my difficulties.
a. always, b. generally, c. seldom.

. I feel a bit nervous of wild animals even when they are in strong cages.
a. yes (true), b. uncertain, c. no (false).

. I hold back from criticizing people and their ideas.
a. yes, b. sometimes, c. no.

. I make smart, sarcastic remarks to people if I think they deserve it.
a. generally, b. sometimes, c. never.

. I prefer semiclassical music to popular tunes.
a. true, b. uncertain, c. false.

. If I saw two neighbors' children fighting, I would:
a. leave them to settle it,
b. uncertain,
c. reason with them.

. On social occasions I:
a. readily come forward,
b. in between,
c. prefer to stay quietly in the background.

. It would be more interesting to be:
a. a construction engineer,
b. uncertain,
c. a writer of plays.

. I would rather stop in the street to watch an artist painting than listen to some people having a quarrel.
a. true, b. uncertain, c. false.

. I can generally put up with conceited people, even though they brag or show they think too well of themselves.
a. yes, b. in between, c. no.

14. You can almost always notice on a man's face when he is dishonest.
a. yes, b. in between, c. no.

15. It would be good for everyone if vacations (holidays) were longer and everyone *had* to take them.
a. agree, b. uncertain, c. disagree.

16. I would rather take the gamble of a job with possibly large but uneven earnings, than one with a steady, small salary.
a. yes, b. uncertain, c. no.

17. I talk about my feelings:
a. only if necessary,
b. in between,
c. readily, whenever I have a chance.

18. Once in a while I have a sense of vague danger or sudden dread for reasons that I do not understand.
a. yes, b. in between, c. no.

19. When criticized wrongly for something I did *not* do, I:
a. have no feeling of guilt,
b. in between,
c. still feel a bit guilty.

20. Money can buy almost everything.
a. yes, b. uncertain, c. no.

21. My decisions are governed more by my:
a. heart,
b. feelings and reason equally,
c. head.

22. Most people would be happier if they lived more with their fellows and did the same things as others.
a. yes, b. in between, c. no.

23. I occasionally get puzzled, when looking in a mirror, as to which is my right and left.
a. true, b. uncertain, c. false.

24. When talking, I like:
a. to say things, just as they occur to me,
b. in between,
c. to get my thoughts well organized first.

25. When something really makes me furious, I find I calm down again quite quickly.
a. yes, b. in between, c. no.

(End, column 1 on answer sheet.)

26. With the same hours and pay, it would be more interesting to be:
a. a carpenter or cook,
b. uncertain,
c. a waiter in a good restaurant.

27. I have been elected to:
a. only a few offices,
b. several,
c. many offices.

28. "Spade" is to "dig" as "knife" is to:
a. sharp, b. cut, c. point.

29. I sometimes can't get to sleep because an idea keeps running through my mind.
a. true, b. uncertain, c. false.

30. In my personal life I reach the goals I set, almost all the time.
a. true, b. uncertain, c. false.

31. An out-dated law should be changed:
a. only after considerable discussion,
b. in between,
c. promptly.

32. I am uncomfortable when I work on a project requiring quick action affecting others.
a. true, b. in between, c. false.

33. Most of the people I know would rate me as an amusing talker.
a. yes, b. uncertain, c. no.

34. When I see "sloppy," untidy people, I:
a. just accept it,
b. in between,
c. get disgusted and annoyed.

35. I get slightly embarrassed if I suddenly become the focus of attention in a social group.
a. yes, b. in between, c. no.

36. I am always glad to join a large gathering, for example, a party, dance, or public meeting.
a. yes, b. in between, c. no.

37. In school I preferred (or prefer):
a. music,
b. uncertain,
c. handwork and crafts.

38. When I have been put in charge of something, I insist that my instructions are followed or else I resign.
a. yes, b. sometimes, c. no.

39. For parents, it is more important to:
a. help their children develop their affections,
b. in between,
c. teach their children how to control emotions.

40. In a group task I would rather:
a. try to improve arrangements,
b. in between,
c. keep the records and see that rules are followed.

41. I feel a need every now and then to engage in a tough physical activity.
a. yes, b. in between, c. no.

42. I would rather mix with polite people than rough, rebellious individuals.
a. yes, b. in between, c. no.

43. I feel terribly dejected when people criticize me in a group.
a. true, b. in between, c. false.

44. If I am called in by my boss, I:
a. make it a chance to ask for something I want,
b. in between,
c. fear I've done something wrong.

45. What this world needs is:
a. more steady and "solid" citizens,
b. uncertain,
c. more "idealists" with plans for a better world.

46. I am always keenly aware of attempts at propaganda in things I read.
a. yes, b. uncertain, c. no.

47. As a teenager, I joined in school sports:
a. occasionally,
b. fairly often,
c. a great deal.

48. I keep my room well organized, with things in known places almost all the time.
a. yes, b. in between, c. no.

49. I sometimes get in a state of tension and turmoil as I think of the day's happenings.
a. yes, b. in between, c. no.

50. I sometimes doubt whether people I am talking to are really interested in what I am saying.
a. yes, b. in between, c. no.

(End, column 2 on answer sheet.)

51. If I had to choose, I would rather be:
a. a forester,
b. uncertain,
c. a high school teacher.

52. For special holidays and birthdays, I:
a. like to give personal presents,
b. uncertain,
c. feel that buying presents is a bit of a nuisance.

53. "Tired" is to "work" as "proud" is to:
a. smile, b. success, c. happy.

54. Which of the following items is different in kind from the others?
a. candle, b. moon, c. electric light.

55. I have been let down by my friends:
a. hardly ever,
b. occasionally,
c. quite a lot.

56. I have some characteristics in which I feel definitely superior to most people.
a. yes, b. uncertain, c. no.

57. When I get upset, I try hard to hide my feelings from others.
a. true, b. in between, c. false.

58. I like to go out to a show or entertainment:
a. more than once a week (more than average),
b. about once a week (average),
c. less than once a week (less than average).

59. I think that plenty of freedom is more important than good manners and respect for the law.
a. true, b. uncertain, c. false.

60. I tend to keep quiet in the presence of senior persons (people of greater experience, age, or rank).
a. yes, b. in between, c. no.

61. I find it hard to address or recite to a large group.
a. yes, b. in between, c. no.

62. I have a good sense of direction (find it easy to tell which is North, South, East, or West) when in a strange place.
a. yes, b. in between, c. no.

63. If someone got mad at me, I would:
a. try to calm him down,
b. uncertain,
c. get irritated.

64. When I read an unfair magazine article, I am more inclined to forget it than to feel like "hitting back."
a. true, b. uncertain, c. false.

65. My memory tends to drop a lot of unimportant, trivial things, for example, names of streets or stores in town.
a. yes, b. in between, c. no.

66. I could enjoy the life of an animal doctor, handling disease and surgery of animals.
a. yes, b. in between, c. no.

67. I eat my food with gusto, not always so carefully and properly as some people.
a. true, b. uncertain, c. false.

68. There are times when I don't feel in the right mood to see anyone.
a. very rarely,
b. in between,
c. quite often.

69. People sometimes warn me that I show my excitement in voice and manner too obviously.
a. yes, b. in between, c. no.

70. As a teenager, if I differed in opinion from my parents, I usually:
a. kept my own opinion,
b. in between,
c. accepted their authority.

71. I would prefer to have an office of my own, not sharing it with another person.
a. yes, b. uncertain, c. no.

72. I would rather enjoy life quietly in my own way than be admired for my achievements.
a. true, b. uncertain, c. false.

73. I feel mature in most things.
a. true, b. uncertain, c. false.

74. I find myself upset rather than helped by the kind of criticism that many people offer one.
a. often, b. occasionally, c. never.

75. I am always able to keep the expression of my feelings under exact control.
a. yes, b. in between, c. no.

(End, column 3 on answer sheet.)

76. In starting a useful invention, I would prefer:
a. **working on it in the laboratory,**
b. **uncertain,**
c. **selling it to people.**

77. "Surprise" is to "strange" as "fear" is to:
a. **brave,** b. **anxious,** c. **terrible.**

78. Which of the following fractions is not in the same class as the others?
a. 3/7, b. **3/9,** c. **3/11.**

79. Some people seem to ignore or avoid me, although I don't know why.
a. **true,** b. **uncertain,** c. **false.**

80. People treat me less reasonably than my good intentions deserve.
a. **often,** b. **occasionally,** c. **never.**

81. The use of foul language, even when it is not in a mixed group of men and women, still disgusts me.
a. **yes,** b. **in between,** c. **no.**

82. I have decidedly fewer friends than most people.
a. **yes,** b. **in between,** c. **no.**

83. I would hate to be where there wouldn't be a lot of people to talk to.
a. **true,** b. **uncertain,** c. **false.**

84. People sometimes call me careless, even though they think I'm a likable person.
a. **yes,** b. **in between,** c. **no.**

85. "Stage-fright" in various social situations is something I have experienced:
a. **quite often,**
b. **occasionally,**
c. **hardly ever.**

86. When I am in a small group, I am content to sit back and let others do most of the talking.
a. **yes,** b. **in between,** c. **no.**

87. I prefer reading:
a. **a realistic account of military or political battles,**
b. **uncertain,**
c. **a sensitive, imaginative novel.**

88. When bossy people try to "push me around," I do just the opposite of what they wish.
a. **yes,** b. **in between,** c. **no.**

89. Business superiors or members of my family, as a rule, find fault with me only when there is real cause.
a. **true,** b. **in between,** c. **false.**

90. In streets or stores, I dislike the way some persons stare at people.
a. **yes,** b. **in between,** c. **no.**

91. On a long journey, I would prefer to:
a. **read something profound, but interesting,**
b. **uncertain,**
c. **pass the time talking casually with a fellow passenger.**

92. In a situation which may become dangerous, I believe in making a fuss and speaking up even if calmness and politeness are lost.
a. **yes,** b. **in between,** c. **no.**

93. If acquaintances treat me badly and show they dislike me:
a. **it doesn't upset me a bit,**
b. **in between,**
c. **I tend to get downhearted.**

94. I find it embarrassing to have praise or compliments bestowed on me.
a. **yes,** b. **in between,** c. **no.**

95. I would rather have a job with:
a. **a fixed, certain salary,**
b. **in between,**
c. **a larger salary, which depended on my constantly persuading people I am worth it.**

96. To keep informed, I like:
a. **to discuss issues with people,**
b. **in between,**
c. **to rely on the actual news reports.**

97. I like to take an active part in social affairs, committee work, etc.
a. **yes,** b. **in between,** c. **no.**

98. In carrying out a task, I am not satisfied unless even the minor details are given close attention.
a. **true,** b. **in between,** c. **false.**

99. Quite small setbacks occasionally irritate me too much.
a. **yes,** b. **in between,** c. **no.**

100. I am always a sound sleeper, never walking or talking in my sleep.
a. **yes,** b. **in between,** c. **no.**

(End, column 4 on answer sheet.)

101. It would be more interesting to work in a business:
a. talking to customers,
b. in between,
c. keeping office accounts and records.

102. "Size" is to "length" as "dishonest" is to:
a. prison, b. sin, c. stealing.

103. AB is to dc as SR is to:
a. qp, b. pq, c. tu.

104. When people are unreasonable, I just:
a. keep quiet,
b. uncertain,
c. despise them.

105. If people talk loudly while I am listening to music, I:
a. can keep my mind on the music and not be bothered,
b. in between,
c. find it spoils my enjoyment and annoys me.

106. I think I am better described as:
a. polite and quiet,
b. in between,
c. forceful.

107. I attend social functions only when I have to, and stay away any other time.
a. yes, b. uncertain, c. no.

108. To be cautious and expect little is better than to be happy at heart, always expecting success.
a. true, b. uncertain, c. false.

109. In thinking of difficulties in my work, I:
a. try to plan ahead, before I meet them,
b. in between,
c. assume I can handle them when they come.

110. I find it easy to mingle among people at a social gathering.
a. true, b. uncertain, c. false.

111. When a bit of diplomacy and persuasion are needed to get people moving, I am generally the one asked to do it.
a. yes, b. in between, c. no.

112. It would be more interesting to be:
a. a guidance worker helping young people find jobs,
b. uncertain,
c. a manager in efficiency engineering.

113. If I am quite sure that a person is unjust or behaving selfishly, I show him up, even if it takes some trouble.
a. yes, b. in between, c no.

114. I sometimes make foolish remarks in fun, just to surprise people and see what they will say.
a. yes, b. in between, c. no.

115. I would enjoy being a newspaper writer on drama, concerts, opera, etc.
a. yes, b. uncertain, c. no.

116. I never feel the urge to doodle and fidget when kept sitting still at a meeting.
a. true, b. uncertain, c. false.

117. If someone tells me something which I know is wrong, I am more likely to say to myself:
a. "He is a liar,"
b. in between,
c. "Apparently he is misinformed."

118. I feel some punishment is coming to me even when I have done nothing wrong.
a. often, b. occasionally, c. never.

119. The idea that sickness comes as much from mental as physical causes is much exaggerated.
a. yes, b. in between, c. no.

120. The pomp and splendor of any big state ceremony are things which should be preserved.
a. yes, b. in between, c. no.

121. It bothers me if people think I am being too unconventional or odd.
a. a lot, b. somewhat, c. not at all.

122. In constructing something I would rather work:
a. with a committee,
b. uncertain,
c. on my own.

123. I have periods when it's hard to stop a mood of self-pity.
a. often, b. occasionally, c. never.

124. Often I get angry with people too quickly.
a. yes, b. in between, c. no.

125. I can always change old habits without difficulty and without slipping back.
a. yes, b. in between, c. no.

(End, column 5 on answer sheet.)

126. If the earnings were the same, I would rather be:
a. a lawyer,
b. uncertain,
c. a navigator or pilot.

127. "Better" is to "worst" as "slower" is to:
a. fast, b. best, c. quickest.

128. Which of the following should come next at the end of this row of letters: xoooxxoooxxx?
a. oxxx, b. ooxx, c. xooo.

129. When the time comes for something I have planned and looked forward to, I occasionally do not feel up to going.
a. true, b. in between, c. false.

130. I can work carefully on most things without being bothered by people making a lot of noise around me.
a. yes, b. in between, c. no.

131. I occasionally tell strangers things that seem to me important, regardless of whether they ask about them.
a. yes, b. in between, c. no.

132. I spend much of my spare time talking with friends about social events enjoyed in the past.
a. yes, b. in between, c. no.

133. I enjoy doing "daring," foolhardy things "just for fun."
a. yes, b. in between, c. no.

134. I find the sight of an untidy room very annoying.
a. yes, b. in between, c. no.

135. I consider myself a very sociable, outgoing person.
a. yes, b. in between, c. no.

136. In social contacts I:
a. show my emotions as I wish,
b. in between,
c. keep my emotions to myself.

137. I enjoy music that is:
a. light, dry, and brisk,
b. in between,
c. emotional and sentimental.

138. I admire the beauty of a poem more than that of a well-made gun.
a. yes, b. uncertain, c. no.

139. If a good remark of mine is passed by, I:
a. let it go,
b. in between,
c. give people a chance to hear it again.

140. I would like to work as a probation officer with criminals on parole.
a. yes, b. in between, c. no.

141. One should be careful about mixing with all kinds of strangers, since there are dangers of infection and so on.
a. yes, b. uncertain, c. no.

142. In traveling abroad, I would rather go on an expertly conducted tour than plan by myself the places I wish to visit.
a. yes, b. uncertain, c. no.

143. I am properly regarded as only a plodding, half-successful person.
a. yes, b. uncertain, c. no.

144. If people take advantage of my friendliness, I do not resent it and I soon forget.
a. true, b. uncertain, c. false.

145. If a heated argument developed between other members taking part in a group discussion, I would:
a. like to see a "winner,"
b. in between,
c. wish that it would be smoothed over.

146. I like to do my planning alone, without interruptions and suggestions from others.
a. yes, b. in between, c. no.

147. I sometimes let my actions get swayed by feelings of jealousy.
a. yes, b. in between, c. no.

148. I believe firmly "the boss may not always be right, but he always has the right to be boss."
a. yes, b. uncertain, c. no.

149. I get tense as I think of all the things lying ahead of me.
a. yes, b. sometimes, c. no.

150. If people shout suggestions when I'm playing a game, it doesn't upset me.
a. true, b. uncertain, c. false.

(End, column 6 on answer sheet.)

151. It would be more interesting to be:
a. an artist,
b. uncertain,
c. a secretary running a club.

152. Which of the following words does not properly belong with the others?
a. any, b. some, c. most.

153. "Flame" is to "heat" as "rose" is to:
a. thorn, b. red petals, c. scent.

154. I have vivid dreams, disturbing my sleep.
a. often,
b. occasionally,
c. practically never.

155. If the odds are really against something's being a success, I still believe in taking the risk.
a. yes, b. in between, c. no.

156. I like it when I know so well what the group has to do that I naturally become the one in command.
a. yes, b. in between, c. no.

157. I would rather dress with quiet correctness than with eye-catching personal style.
a. true, b. uncertain, c. false.

158. An evening with a quiet hobby appeals to me more than a lively party.
a. true, b. uncertain, c. false.

159. I close my mind to well-meant suggestions of others, even though I know I shouldn't.
a. occasionally, b. hardly ever, c. never.

160. I always make it a point, in deciding anything, to refer to basic rules of right and wrong.
a. yes, b. in between, c. no.

161. I somewhat dislike having a group watch me at work.
a. yes, b. in between, c. no.

162. Because it is not always possible to get things done by gradual, reasonable methods, it is sometimes necessary to use force.
a. true, b. in between, c. false.

163. In school I preferred (or prefer):
a. English,
b. uncertain,
c. mathematics or arithmetic.

164. I have sometimes been troubled by people's saying bad things about me behind my back, with no grounds at all.
a. yes, b. uncertain, c. no.

165. Talk with ordinary, habit-bound, conventional people:
a. is often quite interesting and has a lot to it,
b. in between,
c. annoys me because it deals with trifles and lacks depth.

166. Some things make me so angry that I find it best not to speak.
a. yes, b. in between, c. no.

167. In education, it is more important to:
a. give the child enough affection,
b. in between,
c. have the child learn desirable habits and attitudes.

168. People regard me as a solid, undisturbed person, unmoved by ups and downs in circumstances.
a. yes, b. in between, c. no.

169. I think society should let reason lead it to new customs and throw aside old habits or mere traditions.
a. yes, b. in between, c. no.

170. I think it is more important in the modern world to solve:
a. the question of moral purpose,
b. uncertain,
c. the political difficulties.

171. I learn better by:
a. reading a well-written book,
b. in between,
c. joining a group discussion.

172. I like to go my own way instead of acting on approved rules.
a. true, b. uncertain, c. false.

173. I like to wait till I am sure that what I am saying is correct, before I put forth an argument.
a. always,
b. generally,
c. only if it's practicable.

174. Small things sometimes "get on my nerves" unbearably, though I realize they are trivial.
a. yes, b. in between, c. no.

175. I don't often say things on the spur of the moment that I greatly regret.
a. true, b. uncertain, c. false.

(End, column 7 on answer sheet.)

asked to work with a charity drive, I would

accept,
uncertain,
politely say I'm too busy.

Which of the following words does not belong with the others?

. **wide,** **b. zigzag,** **c. straight.**

"Soon" is to "never" as "near" is to:

a. **nowhere,** **b. far,** **c. away.**

If I make an awkward social mistake, I can soon forget it.

a. **yes,** **b. in between,** **c. no.**

I am known as an "idea man" who almost always puts forward some ideas on a problem.

a. **yes,** **b. in between,** **c. no.**

1. I think I am better at showing:

a. **nerve in meeting challenges,**
b. **uncertain,**
c. **tolerance of other people's wishes.**

182. I am considered a very enthusiastic person.
a. yes, **b. in between,** **c. no.**

183. I like a job that offers change, variety, and travel, even if it involves some danger.
a. yes, **b. in between,** **c. no.**

184. I am a fairly strict person, insisting on always doing things as correctly as possible.
a. true, **b. in between,** **c. false.**

185. I enjoy work that requires conscientious, exacting skills.
a. yes, **b. in between,** **c. no.**

186. I'm the energetic type who keeps busy.
a. yes, **b. uncertain,** **c. no.**

187. I am sure there are no questions that I have skipped or failed to answer properly.
a. yes, **b. uncertain,** **c. no.**

(End of test.)

ANSWER SHEET: THE 16 P. F. TEST, FORM A

NAME _____ First _____ Middle _____ Last _____

SEX _____ (Write M or F) AGE _____ (Nearest Year) DATE _____

★

R. SC

FILL IN THE BOX COMPLETELY. ERASE ENTIRELY ANY ANSWER YOU WISH TO CHANGE.

END OF TEST

FORMS USED:
- HS
- Coll
- Gen Pop
- A
- B
- A + B
- M
- F

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