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AN ORAL DEPENDENCY TRAIT-SCALE FOR THE  
PICTURE-PREFERENCE TEST OF  
ADDICTIVENESS

PAUL EDGAR BÉGIN

A Dissertation  
Submitted to the Faculty of Graduate Studies through  
the Department of Psychology in Partial  
Fulfillment of the Requirement for  
the Degree of Doctor of  
Philosophy at the  
University of  
Windsor

Windsor, Ontario, Canada

1975

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## ABSTRACT

Forty items were designed to comprise an oral dependency trait-scale for the Picture-Preference Test of Addictiveness. Items constituted choices between foods which require sucking and licking, and foods which require biting and chewing. The two pictures in each item were equated for social desirability and the internal consistency of the new scale and its ability to discriminate among subgroups of alcoholics, neurotics, and normals was tested on a sample of 271 male and female subjects. Two shorter scales were constructed from the 40 items. A 19-item scale was formed on the basis of each item's point-biserial correlation with total score on the scale. A five-item scale was formed using items which appeared to correlate with Wolowitz's Food-Preferences Inventory. The internal consistency of the 19-item scale improved from .24 to around .5. The five-item scale was not internally consistent and neither scale discriminated between subgroups. There was no correlation between these scales and Wolowitz's Food-Preferences Inventory.

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## CHAPTER I

### INTRODUCTION

#### The Psychology of Addiction

The "oral character" is presumed to manifest dominant personality traits more appropriate to the first year of life. He is inclined to be dependent and preoccupied with external supplies in the same way that the newborn infant passively demands the satisfaction of all its needs by others (Blum, 1953).

Fenichel (1946) describes the addictive personality in terms of oral character. In his view, the essence of addiction to alcohol and other drugs is an oral dependence on outer supplies. Whether the drug is taken by mouth or by hypodermic injection oral and cutaneous tendencies are manifest. The pleasure is secured through the skin and is a passive-receptive one.

In addition to the trait of oral character, addictive personalities typically have difficulty with interpersonal relationships and offer strong resistance to therapeutic intervention on their behalf. It is possible to regard these two latter characteristics, amounting to pathological independence, as a reaction formation against pervasive strivings for dependency gratification.

However, it is not necessary to rely totally on

reaction formation to explain the disturbed object relations of addicts in relation to oral character. The deep regression implied in oral character is to a point of fixation prior to the development of functional ego boundaries (Cameron, 1963). During much of the oral stage the infant has not yet developed the ability to distinguish between himself and others, between what happens to him as a result of his own efforts and what happens to him as a result of his mother's efforts. His perceptual world undergoes change with little or no experience of effort on his part. He is protected from having to recognize his actual helplessness and passivity and the poverty of his own resources. Regression in these terms unquestionably poses a real hazard to mature object relations. Yet regression in these terms is actively sought by addicts whose use of alcohol and other drugs destroys their functional ego boundaries and magically recreates a state of being normal only to an infant during the first year of life. Perhaps we see here, as well, a reason for the addict's resistance to treatment for his addictive problem. Psychotherapy requires that the addict take a stand directly opposed to his willful loss of functional ego boundaries and forces him to confront his feelings of helplessness and passivity.

It must be noted, of course, that addictive symptoms serve an adaptive function. In the face of overwhelming anxiety due to the frustration of his strivings after dependency gratification, an individual might become psychotic

rather than addicted. In psychotic states one undergoes ego disintegration as a result of deep regression. This would appear to be a less adaptive manoeuvre than becoming addicted to alcohol or other drugs wherein one retains an element of control over his regression. It is less permanent and permits interludes of more or less adaptive functioning.

In view of the foregoing, it is necessary to comment on the special case of food addiction which does not make use of the unusual effects of drugs. In food addicts, the original object of infantile strivings (food) remains the same. In the case of drug addiction, it has undergone a transformation (Fenichel, 1946). While this basic difference remains, nevertheless, both substances produce the alteration of body state or of feeling state sought by addicts. Just as the well-fed infant feels esteemed and loved, so too the addict feels all is right with the world once his craving is satisfied. The fact that addiction to alcohol and other drugs produces a more profound regression in terms of ego disintegration than does food addiction leads to the conclusion that food addicts are perhaps less seriously disturbed than are drug addicts.

#### Origin of Oral Character Traits

Although there is no direct evidence to support the long term effect on character of disturbances during the oral phase of infantile development, there is direct evidence to support at least short term effects from such disturbances.

Levy (1928) found that the frequency of thumbsucking

in infants was higher among infants who had had less opportunity for nutritive sucking during the feeding process itself as a result of overly quick withdrawal from breast or bottle. Levy (1934) also investigated pairs of puppies who were fed from either very slowly flowing nipples or from very rapidly flowing nipples. The fast fed puppies were found to suck more on the experimenter's preferred finger and on one another than the slow fed puppies. Both these showed more nonnutritive-sucking than a third group of puppies nursed normally by their mothers.

Both Ross (1951) and Yarrow (1954) have reported a "critical period" with respect to the effects of frustration at a particular developmental level. Yarrow found a greater incidence of thumbsucking in infants who had short feeding sessions during the first six months of life. Whiting (1954) compared data on oral socialization from thirty-eight different societies. He found a curvilinear relationship between age of weaning and degree of emotional disturbance, the relation being positive up to eighteen months and negative thereafter. This outcome provides further support for the critical period concept.

Evidence for Oral Character Traits in Addicts and Neurotics

Despite the fact that their source cannot be determined absolutely, there is empirical evidence regarding the presence of oral character traits not only in addicts but also in neurotic depressive conditions.

Wiener (1956) compared positive, neutral and negative oral responses on the Rorschach of alcoholics and neurotic depressives. He found that alcoholics gave significantly more positive (passive) oral responses and neurotic depressives gave more negative (sadistic) and neutral oral responses. There was no difference between groups in the total number of oral percepts given. Bertrand and Masling (1969) reported similar results from a comparison of 20 male psychiatric patients characterized as strongly dependent on alcohol, with 20 male patients in the same psychiatric unit who were either total abstainers or light social drinkers. Those strongly dependent on alcohol gave significantly more oral dependent responses on the Rorschach.

Masling, Rabie and Blonhiem (1967) compared the Rorschach and TAT responses of 20 patients being treated for extreme obesity and 18 patients being treated in the same hospital for complaints other than obesity. The obese patients gave significantly more oral dependent responses than the non obese controls.

Assuming that the different stages of oral development and fixation would be reflected in food preferences, Wolowitz (1964) paired foods which afford a greater opportunity for sucking and licking with those requiring biting and chewing. The pairs of foods were presented as forced-choice alternatives to 30 male alcoholics in a private sanatorium and 30 volunteer male controls. The alcoholics scores on Wolowitz's

Food Preferences Inventory were significantly greater (oral passivity) than the scores of the normal control subjects.

The conclusion to be drawn from these studies is that while both addicts and neurotics possess oral character traits, any attempt to discriminate these groups from one another and from normals on a scale of oral dependency would necessarily have to distinguish in what way addicts and neurotics manifest their oral character traits that is different from each other.

#### The Picture-Preference Test of Addictive Traits

One of the most comprehensive and promising attempts to investigate the character traits of addicts was undertaken by Cowan (1967). He designed a picture-preference test (P-PT) to measure the "trait of addictiveness" in personality. The items for the P-PT were in the form of pictures which represented all of the traits thought to characterize addicts. Each picture was paired with another picture in such a way that the "addict choice" between the two might be predicted. The 106 paired-items so constructed were then grouped on an a priori basis into ten subscales including a scale measuring oral incorporative trends. Because Cowan viewed addictiveness as a master personality trait under which a variety of subtraits would cluster, his interest lay in determining the degree to which total score on the P-PT would discriminate addicts from others. He made no attempt to analyze the subscales or to determine their reliability. Cowan tested the discriminatory power



of his new test on a sample of addicts (including alcoholics, drug addicts, compulsive eaters, and compulsive gamblers); neurotics, and normals (N=276). Using total score on the P-PT, he found a real difference between the scores of addicts and normals, although the neurotics in his sample tended to respond like the addicts. A subsequent analysis of the scores obtained by Cowan's male subjects on his trait-scale measuring oral incorporative trends showed that the scale was unreliable and that it failed to distinguish between groups. When the same trait-scale was cross-validated on a new sample (Bégin, 1972), the same results were observed.

Bégin, Auld and Morf (1974) sought to assess and improve the reliability of the scales in Cowan's test and to cross-validate the revised test on a new sample. As a result of this work the P-PT was considerably shortened. The number of items was reduced from 106 to 40 and the ten scales were reduced to four. No new items were added to the test. The shorter, more efficient P-PT, when tested on a new sample of 109 normals and 106 alcoholics, was found once again to distinguish alcoholic from normal subjects. The scale measuring oral character traits was one of the four scales retained in the revised P-PT. While it validly discriminated between alcoholics and normals, both male and female, it is not internally consistent and probably multifactorial.

Morrison (1973) undertook the task of improving the reliability of the P-PT by adding new items to the four scales.

8.

In addition, he added two new scales to the test. His subjects were 50 alcoholic, 35 neurotic, and 50 normal males. Of the four scales to which new items were added only the oral dependency scale failed to show improved reliability. Although it validly discriminated between alcoholics and non-alcoholics it was not internally consistent. Otherwise, Morrison found his expanded version of the P-PT to validly discriminate alcoholics from non-alcoholics. However, the neurotics in his sample tended to respond like the normals.

To summarize, the P-PT in its present form clearly discriminates alcoholic from normal subjects. When neurotic subjects are included for comparison, the results are ambiguous. The trait-scale measuring oral dependency validly discriminates between alcoholics and normals but is not internally consistent.

#### Aims in Developing a New Scale

An attempt to develop a more valid and reliable oral dependency trait-scale for the P-PT is warranted for several reasons. First of all, the trait of oral character plays an important role in our understanding of addictive personality. Secondly, the P-PT is an instrument of demonstrable value in furthering our understanding of addictive traits in general. Thirdly, whereas the oral dependency scale in its present form offers ambiguous results when neurotics are included for comparison with addicts and normals, the investigations of Wiener (1954) and others, reported above, suggest how this problem might be corrected. Neither Cowan nor Morrison in

designing items for the oral dependency trait-scale accounted for the differing response styles of addicts and neurotics based on the different stages of oral development. Moreover, an inspection of the items presently included in the oral dependency trait-scale reveals that many of the items are not specifically oral in nature even though they may have been designed to elicit dependency strivings. Yet oral character traits reflect both dependency and orality; dependency because the infant is dependent; orality because the focus of infantile dependence during the first year of life is decidedly the infant's mouth. Neglecting these considerations might well result in an oral scale lacking internal consistency.

Item Construction

The two periods of oral development described by Blum (1953) include an oral dependent phase characterized by sucking, dependence, and passivity, and an oral sadistic phase characterized by biting, chewing, and ambivalence. Following this distinction, Wiener (1954) and others have reported that addicts produce more passive oral responses and neurotics produce more sadistic oral responses on the Rorschach. These responses were evaluated according to the definitions of oral dependency and oral sadism offered by Schafer (1954). The thematic content producing the best discrimination between groups concerned food and food organs.

Food preferences have been specifically investigated by Wolowitz (1964). Oral dependent personalities were found

to prefer the former and oral sadistic personalities to prefer the latter of the following combinations: sweet-salty, soft-hard, wet-dry, sweet-bitter, sweet-sour, thick-thin.

These findings suggest that picture-preference items for a scale of oral dependency expected to discriminate between addicts, neurotics and normals should pair foods requiring sucking and licking with foods requiring biting and chewing or otherwise contrasted according to the adjective list given above. Food choices have the distinct advantage of disguising the personality traits being measured. One would expect subjects to be extremely defensive were the primitive oral traits attempted to be measured more directly.

While the proposed items emphasize the contrasting preferences of addicts vs. neurotics, it is not expected that normal subjects would score randomly on the scale (Wolowitz, 1964). They, too, have dominant character traits. However, they are not expected to be as extremely one-sided as either neurotics or addicts and should therefore score lower than addicts but higher than neurotics since only the "addict choice" will be scored.

#### Hypotheses

The aim of the present study is to design or redesign an oral dependency trait-scale for the P-PT which will be internally consistent and which will validly discriminate alcoholics from neurotics as well as from normals. It is hypothesized that:

1. real differences will be obtained between the scores of addicts and neurotics on a scale of picture-preference items measuring the trait of oral dependence when each item pairs a picture representing oral passive preferences with a picture representing oral sadistic preferences because the neurotics will be expected to choose the sadistic picture and the addicts to choose the oral passive one.
2. the scale will be internally consistent if comprised of items emphasizing orality.
3. addicts will score higher than normals higher than neurotics.

## CHAPTER II

### METHODOLOGY

#### Item Design

Thirty-nine picture-preference items were designed for a scale measuring the trait of oral dependency, incorporating the criteria mentioned above. Foods requiring biting and chewing were contrasted with foods requiring sucking and licking or otherwise contrasted according to the following combinations: sweet-salty, soft-hard, wet-dry, sweet-bitter, sweet-sour, thick-thin. Ten additional items were proposed in the event that the artist was unable to render some of the foods conveying the required aspects. The artist was instructed to provide simple black and white line drawings, being careful to ensure that the pictures to be paired to form items were approximately equal in size and complexity. One item (#87) was retained from Cowan's original oral scale.

Once the items had been drawn and matched for social desirability, preserving the intended point of contrast in each item, the right-left positioning of the "addict choice" was randomized as was the sequencing of the items as they were interspersed among the existing items in the P-PT, giving a total of 199 items. Table I provides a list of the new items, showing their position in the P-PT, and indicating the keyed direction of scoring for each item.

TABLE 1

## Items designed for the oral dependency-trait-scale

| Item No. | Picture A                             | Picture B                     | Addict Choice |
|----------|---------------------------------------|-------------------------------|---------------|
| 1        | banana                                | cob of corn                   | A             |
| 4        | drums                                 | harmonica                     | B             |
| 6        | soft ice cream cone                   | ice cream sandwich            | A             |
| 11       | soft boiled egg                       | hard boiled egg               | A             |
| 17       | jello                                 | pineapple slices              | A             |
| 25       | spaghetti                             | crusty rolls                  | A             |
| 32       | sliced peaches                        | apple pie with cheese         | A             |
| 35       | clarinet                              | trumpet                       | A             |
| 46       | man drinking a coke                   | man blowing a trumpet         | A             |
| 51       | pizza                                 | cream pie                     | B             |
| 54       | glass of milk                         | banana                        | A             |
| 59       | ice cream sundae                      | apple pie with cheese         | A             |
| 61       | jar of olives                         | bunch of radishes             | A             |
| 65       | glass containing cold drink and straw | ice cream sandwich            | A             |
| 75       | chunk of old cheese                   | banana split                  | B             |
| 77       | man eating a drumstick                | man eating watermelon         | B             |
| 84       | dill pickle                           | nectarine                     | B             |
| 86       | celery and olives                     | ripe pear                     | B             |
| 87       | baby with pacifier                    | same baby looking at a mobile | A             |
| 93       | bag of peanuts                        | milkshake                     | B             |
| 96       | fig newton                            | cream pudding                 | B             |
| 103      | tomatoes                              | raw carrot                    | A             |
| 106      | saltines                              | creamsicle                    | B             |
| 109      | cob of corn                           | half cantelope                | B             |
| 112      | french fries                          | potato chips                  | A             |

| Item No. | Picture A                     | Picture B              | Addict Choice |
|----------|-------------------------------|------------------------|---------------|
| 117      | marshmallow cookie            | peanut brittle         | A             |
| 121      | fried eggs                    | crisp bacon            | A             |
| 123      | baby mouthing a teething ring | baby sucking thumb     | B             |
| 125      | marshmallows                  | candy cane             | A             |
| 127      | box of popcorn                | milk chocolate bar     | B             |
| 130      | package of chewing gum        | package of life-savers | B             |
| 133      | box of popcorn                | bowl of raspberries    | B             |
| 136      | piece of celery               | popsicle               | B             |
| 138      | licorice twisters             | lollipop               | B             |
| 141      | lemon                         | orange                 | B             |
| 143      | salami                        | thick soup             | B             |
| 144      | watermelon slice              | lettuce salad          | A             |
| 180      | apple                         | orange                 | B             |
| 198      | shredded wheat                | oatmeal                | B             |
| 199      | bunch of grapes               | jar of olives          | A             |

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## Subjects

### Preliminary Samples

Preliminary studies employed 139 University of Windsor undergraduates. There were three separate samples making up this total.

The first sample comprised 35 female students who rated, individually, each of the 80 pictures for social desirability prior to their being paired to form items.

The second sample comprised 38 undergraduates (31 female, 7 male) who rated the 199 paired items of the P-PT with the 40 newly paired oral items randomly interspersed. At the same time they were asked to complete a social desirability questionnaire. Items were to be chosen to form a refined scale according to whether or not their correlation with the total scale score was found to be significant. Information concerning social desirability provided a second opportunity to observe whether or not a tendency to respond in the socially desirable manner might be biasing item selection.

The third sample came about because the author believed that item selection would be aided by knowing which of the new oral items correlated with those items Wolowitz found to be significant (Child, Cooperman & Wolowitz, 1969). This sample comprised 66 undergraduates (59 female, 7 male) who were administered the 40 oral scale items and the 22 items of the Food-Preference Inventory.

### Main Sample

The main sample summarized in Tables 2, 3 and 4 included 271 subjects. Attempts were made to obtain groups of normal, neurotic and alcoholic subjects each from the same locale or treatment facility. Prior to approaching each group, consideration was given to the level of social class generally associated with the group and estimates of each subjects social position were obtained using Hollingshead's two-factor index of social position (Myers & Bean, 1968). Originally subjects were to be all males.

Eighty normal males were recruited from a Catholic parish in the Windsor area. The pastor selected 166 names from his list of parishioners and letters were sent to each of these men introducing the researcher and inviting the men to participate in the research. The men selected by the pastor were generally in the 30-50 years age group, married, and not known to be addicted or to be emotionally disturbed. Following the presentation of the P-PT each of the men completed the questionnaire shown in Appendix A and they were excluded from the normal sample if they admitted to having been previously treated for mental or emotional problems, to having a problem involving the use of alcohol or other drugs, or to having a problem controlling how much food they ate.

There was some confusion as to the exact meaning of the question which asked did subjects have a problem controlling how much food they ate. Many who were not compulsive eaters

TABLE 2

## Ages of Subjects

| Group       | Male |       |      | Female |       |       | Total |
|-------------|------|-------|------|--------|-------|-------|-------|
|             | N    | Mean  | SD   | N      | Mean  | SD    |       |
| Alcoholics  |      |       |      |        |       |       |       |
| Residential | 52   | 43.69 | 9.93 | 24     | 45.08 | 12.75 |       |
| Day clinic  | 31   | 41.35 | 9.77 | 11     | 46.00 | 9.87  | 118   |
| Neurotics   |      |       |      |        |       |       |       |
| Inpatients  | -    | -     | -    | 20     | 40.55 | 14.26 |       |
| Outpatients | -    | -     | -    | 9      | 38.44 | 12.93 | 30    |
| Normals     | 30   | 47.05 | 8.53 | 35     | 46.91 | 8.81  | 115   |
|             | 163  |       |      | 100    |       |       | 271   |

TABLE 3

## Ranking of Male Subjects According to Social Position

| Social Position | Frequencies |         |
|-----------------|-------------|---------|
|                 | Alcoholics  | Normals |
| I - UC          | 6           | 4       |
| II - UMC        | 11          | 16      |
| III - LMC       | 19          | 25      |
| IV - ULC        | 29          | 31      |
| V - LLC         | 18          | 4       |
|                 | Percentages |         |
| I - UC          | 7.23        | 5.0     |
| II - UMC        | 13.25       | 20.0    |
| III - LMC       | 22.89       | 31.25   |
| IV - ULC        | 34.94       | 38.75   |
| V - LLC         | 21.69       | 5.0     |

TABLE 4

Ranking of Female Subjects According to  
Social Position

| Frequencies     |            |           |         |
|-----------------|------------|-----------|---------|
| Social Position | Alcoholics | Neurotics | Normals |
| I - UC          | 4          | 1         | -       |
| II - UMC        | 7          | 4         | 10      |
| III - LMC       | 6          | 5         | 5       |
| IV - ULC        | 16         | 23        | 17      |
| V - LLC         | 2          | 5         | 3       |

| Percentages     |            |           |         |
|-----------------|------------|-----------|---------|
| Social Position | Alcoholics | Neurotics | Normals |
| I - UC          | 11.43      | 2.63      | 0       |
| II - UMC        | 20.00      | 10.53     | 28.57   |
| III - LMC       | 17.14      | 13.16     | 14.29   |
| IV - ULC        | 45.71      | 60.53     | 48.56   |
| V - LLC         | 5.71       | 13.16     | 8.57    |

answered this question in the affirmative. Eight subjects who affirmatively endorsed the food question were included in the sample after it was ascertained that their weight fell within ten pounds of the normal weight for persons of their height.

It may be seen then that subjects were presumed to be normal if they were not known to have addictive or emotional problems, if they stated that they did not have such problems, and if they otherwise functioned as integrated members of their families and community.

Eighty-three alcoholic males were recruited from the Donwood Institute, Toronto, which is a residential hospital and day clinic exclusively for the treatment of alcoholism. The residential and day care programmes are identical. Patients are admitted to the hospital as opposed to the day clinic either because they are more medically damaged or, being from out of town, require accommodation for the four-week treatment. All alcoholic subjects were tested on the fifth day following their admission to the programme when they were considered to be detoxified.

During the course of data collection from normal and alcoholic men, several attempts were made to arrange for the testing of neurotic men without addictive symptoms. Each attempt met with failure. The researcher was told that neurotic men without addictive symptoms were not available either because they are rare, or secluded in private practitioner's offices, or because the facility in question

diagnosed mostly borderline states and schizophrenia. There appears to be some truth to these observations. The psychiatric wards of the city hospitals contacted by this researcher had at least four times as many female patients as male patients. Contrariwise, a group of 12 weekly admission at the Donwood Institute included only two women on the average.

At this point it became necessary to include females in the proposed research in order to guarantee a suitable neurotic subgroup.

Thirty-five female alcoholics were obtained from the Donwood Institute following the same procedures as for the males. Alcoholics were defined as those diagnosed as such by the treatment facility they attended. These diagnoses are based on the patients' use of alcohol so frequently or in such quantity that drinking has damaged the patient's physical health or has damaged his interpersonal functioning. For a more complete specification of these criteria, see Chafetz, Blane, and Hill, pp. 46-47.

Thirty-five normal females were obtained from two church groups in the Windsor area in the same manner as outlined above for the normal males.

Thirty-eight neurotic females were recruited from the psychiatric ward of two Windsor hospitals. Two women were referred by a private practitioner. The subgroup included nine outpatients. The diagnosis and selection of neurotic patients for the study was made by the treatment agent in

each case. However, definite criteria were provided. Patients were required to be diagnosed "neurotic" according to the diagnostic manual of the Canadian Psychiatric Association (which follows I.C.D. 8). They were to have no history of addiction involving the use of food, alcohol, or other drugs. Insofar as possible patients who were married, between the ages of 30-50, and middle class were to be preferred. The resulting female neurotic subgroup comprised 30 diagnoses of depression, six diagnoses of anxiety neurosis, and two diagnoses of obsessive compulsive neurosis.

#### Procedure

Wolowitz's items, were, of course, presented in written form. The P-PT was administered using a slide projector with each item being exposed for 10 seconds. Subjects were told that the researcher was investigating people's preferences, that their participation in the research was to be anonymous, and that they were simply to choose which one of the two pictures in each slide they preferred. In case they didn't prefer either picture in a given item they were asked to indicate which one of the two pictures they disliked least.

Following the slide presentation, each of the subjects in the main sample was asked to complete a questionnaire (Appendix A) which would enable the researcher to ensure that they were properly grouped.

In the preliminary studies, subjects used Edwards's (1951) nine point scale to rate the individual pictures for

social desirability prior to item formation (Appendix B).

Students who rated the 199 items of the P-PT with the 40 new items inserted among them completed a social desirability questionnaire provided by Jackson (1967), (Appendix C).

#### Item Selection

Of the 40 proposed items, those which had the highest correlation with total scale score were included in a 19-item scale, and the five which correlated best with Wolowitz's Food-Preferences Inventory were included in a briefer oral dependency trait-scale.



## CHAPTER III

### RESULTS

#### Preliminary Studies

##### Control of Social Desirability Response-Set

Eighty pictures, comprising the 40 proposed items, were rated for social desirability by 35 female undergraduates. The pictures were presented in booklet form. Pictures were retained as an item pair when the ratings on Edwards's (1957) nine point rating scale did not differ by more than .8. Eleven of the 40 items failed to meet this criterion and the pictures in these items were matched with other pictures to equate social desirability within the pairs. Five pictures were used twice in different pairings in order to maintain a total of 40 items. The mean difference (in absolute value) between the paired pictures was .36.

A second check for social desirability was made on the items themselves. The P-PT, with the new items included, was administered to 38 undergraduates who also completed a social desirability questionnaire derived from Jackson's Personality Research Form. An item analysis (programme ITAN) of subjects' responses showed no relationship between social desirability and P-PT scores. Only one of the 40 items tested (#1/199) correlated significantly with social desirability ( $p < .05$ ). There was a slight tendency for the items to correlate with

the social desirability criterion in the negative direction but this was slight ( $\bar{r} = -0.04$ ).

#### Check for Sex-Linked Choices

Item correlations with the sex variable (males vs. females) were not significant with three exceptions (items # 25, 35, 130). Only one of these items (#130) was utilized in the final scale.

#### Selection of Items to Improve Internal Consistency

Attempts to select items from the 40 proposed items so as to derive an internally consistent scale were made as follows:

Guttman Scaling. A Guttman scale was constructed from information provided by the item analysis of the group of 38 undergraduate subjects. Eight items were included. Five items were chosen on the basis of their significant point-biserial correlation with total scale score. Three additional items were chosen to complement the five items in such a way that the eight-item scale represented a continuum based on item endorsement. Table 5 shows the items selected for this scale, their point-biserial correlation with total scale score, and the endorsement proportion attaching to the keyed direction of scoring for each item.

The Kuder-Richardson formula 20 estimate of internal consistency for the 40 item scale ( $N = 38$ ) was .24. The Guttman scale yielded a K-R20 estimate of .48. Considering the small sample on which this statistic was based, the improvement in reliability was not considered sufficient to warrant relying on this method of item selection. Further attempts were therefore made to select items in the hope of improving the internal

TABLE 5

| Guttman Scale |            |               |
|---------------|------------|---------------|
| Item #        | Pt.-bis. r | Endorsement % |
| 4             | .38*       | 39            |
| 46            | .16        | 32            |
| 93            | .28*       | 66            |
| 103           | .30*       | 53.           |
| 133           | .21        | 79            |
| 138           | .11        | 21            |
| 144           | .07        | 26            |
| 198           | .35*       | 63            |

\* $p < .05$

consistency of the scale even further.

Item Analysis. Considering that the scale was designed to appeal to pathological groups, an item analysis was done on the scores of the 83 male alcoholics. On the basis of their point-biserial correlations with total scale score, 19 items were chosen to form a shorter and, it was hoped, more reliable scale. Each selected item had an item-total scale correlation of .10 or better. Table 6 lists the 19 items selected as well as their point-biserial correlation with total score on the scale. Table 7 shows the estimates of internal consistency for the 19-item scale when it was validated on the total sample of 271 subjects. The highest K-R20 estimate (.57), obtained on the sample of male alcoholics, was spuriously inflated because that subgroup was used to derive the 19-item scale.

#### Comparison of Alcoholics, Neurotics, and Normals

A one-way analysis of variances performed on data from the main sample (N = 271), using the 19-item scale, showed no differences among the subgroups. Table 8 gives the mean and standard deviation for each subgroup. Tables 9 and 10 give the analysis of variance data for male and female subjects, respectively.

#### Attempt to Link with Wolowitz's Scale

In view of these findings, and recalling Wolowitz's positive results, the author wanted to know in what way the present picture-preference scale was related to Wolowitz's Food-Preferences Inventory. Two attempts were made to select

TABLE 6

Nineteen items selected on the basis of  
male alcoholics scores (N = 83)

| Item # | Pt.-bis. r |
|--------|------------|
| 1      | .18*       |
| 4      | .13        |
| 59     | .13        |
| 75     | .14        |
| 77     | .16        |
| 84     | .12        |
| 86     | .18*       |
| 93     | .31*       |
| 103    | .10        |
| 106    | .34*       |
| 127    | .23*       |
| 130    | .17        |
| 133    | .25*       |
| 136    | .27*       |
| 138    | .19*       |
| 143    | .16*       |
| 144    | .13        |
| 180    | .13        |
| 199    | .20*       |

\* $p < .05$

TABLE 7

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---

| Group             | N   | K-R20 |
|-------------------|-----|-------|
| Total sample      | 271 | .50   |
| Alcoholic males   | 83  | .57   |
| Normal males      | 80  | .53   |
| Alcoholic females | 35  | .50   |
| Normal females    | 35  | .45   |
| Neurotic females  | 38  | .27   |

---

TABLE 8

Means and standard deviations for subgroups  
on the 19-item scale

| Subgroup          | Mean  | S.D. |
|-------------------|-------|------|
| Alcoholic males   | 10.22 | 3.02 |
| Normal males      | 10.60 | 2.92 |
| Alcoholic females | 9.51  | 2.79 |
| Normal females    | 10.11 | 2.70 |
| Neurotic females  | 10.84 | 2.41 |

TABLE 9

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Analysis of variance of male subjects on  
19-item scale

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| Source         | Sum of squares | d.f. | Mean squares | F      |
|----------------|----------------|------|--------------|--------|
| Between groups | 5.9797         | 1    | 5.9797       | 0.6774 |
| Within groups  | 1421.2822      | 161  | 8.8278       |        |
| Total          | 1427.2617      | 162  |              |        |

---

 $F_{.05} = 3.91$



TABLE 10

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Analysis of variance of female subjects  
on 19-item scale

---

| Source         | Sum of squares | d.f. | Mean square | F      |
|----------------|----------------|------|-------------|--------|
| Between groups | 32.3191        | 2    | 16.1595     | 2.3328 |
| Within groups  | 727.3372       | 105  | 6.9270      |        |
| Total          | 759.6563       | 107  |             |        |

---

$F_{.05} = 3.09$

items related to Wolowitz's scale. A canonical correlation analysis and a multiple regression analysis were performed on the scores of the 66 undergraduates who had been administered both the 40-item picture-preference oral dependency trait-scale and 22-item Food-Preferences Inventory.

The results of the canonical correlation analysis showed a correlation of .9974 on the first canonical variable. The items contributing the greatest loadings on this factor were items # 75, 93, 121, and 125. The multiple regression analysis revealed that items # 75, 106, and 125 of the oral dependency scale were the ones most able to predict scores on Wolowitz's scale. Since items # 75 and 125 were already included, item #106 was added to the four items from the canonical correlation analysis to form a five-item scale. An item analysis of the five-item scale produced the estimates of internal consistency shown in Table 11.

An analysis of variance performed on data from the main sample ( $N = 271$ ) on the five-item scale showed no significant differences among groups. Table 12 shows the means and standard deviations for each subgroup on the five-item scale. Tables 13 and 14 provide the analysis of variance data for the males and females, respectively.

The product-moment correlation between the oral dependency trait-scale and the Food-Preferences Inventory ( $N = 66$ ) was .0496, using the 40 oral items, and .1256 using the five oral items. These correlations are not significant.

TABLE 11

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---

| Group             | N   | K-R20 |
|-------------------|-----|-------|
| All groups        | 271 | .06   |
| Alcoholic males   | 83  | .07   |
| Normal males      | 80  | .07   |
| Alcoholic females | 35  | .21   |
| Normal females    | 35  | .10   |
| Neurotic females  | 38  | .27   |

---

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TABLE 12

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---

Means and standard deviations for the subgroups  
on the 5-item scale

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| Subgroup          | Mean | S.D. |
|-------------------|------|------|
| Alcoholic males   | 2.71 | 1.13 |
| Normal males      | 2.79 | 1.13 |
| Alcoholic females | 2.17 | .98  |
| Normal females    | 2.63 | 1.14 |
| Neurotic females  | 2.76 | 1.24 |

---

TABLE 13

| Analysis of variance of male subjects<br>on 5-item scale |                   |      |                |        |
|--|-------------------|------|----------------|--------|
| Source   | Sum of<br>squares | d.f. | Mean<br>square | F      |
| Between groups   | 0.2394            | 1    | 0.2394         | 0.1867 |
| Within groups  | 206.4467          | 161  | 1.2823         |        |
| Total  | 206.6861          | 162  |                |        |

$F_{.05} = 3.91$

TABLE 14

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Analysis of variance of female subjects on  
5-item scale

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| Source         | Sum of squares | d.f. | Mean squares | F      |
|----------------|----------------|------|--------------|--------|
| Between groups | 6.9054         | 2    | 3.4527       | 2.7052 |
| Within groups  | 134.0107       | 105  | 1.2763       |        |
| Total          | 140.9161       | 107  |              |        |

---

$F_{.05} = 3.09$

## CHAPTER IV

### DISCUSSION

Attempts to construct an internally-consistent oral dependency trait-scale for the Picture-Preference Test of Addictiveness were unsuccessful. Nor did the scale that was constructed differentiate the subject groups as expected. Having used Wolowitz's criteria, as the guide for selecting items, the author hypothesized that a scale of picture-preference items measuring the trait of oral dependency would discriminate between alcoholics and neurotics when each item paired a picture representing an oral passive preference with a picture representing an oral sadistic preference. Addicts were expected to choose the oral passive preference, neurotics the oral sadistic one. This did not happen. The mean scores and standard deviation of male and female alcoholic and normal subjects on each of the improved scales (19 items, 5 items) were virtually the same.

Considering the correspondence between groups of subjects in terms of age and social position, and the absence of any correlation between the items and sex or social-class variables, it would appear that the failure of the new scale to discriminate between groups of subjects must be interpreted on purely theoretical grounds. Either Wolowitz's findings do not generalize when a picture scale is used or,

more radically, the hypothetical fixation of alcoholics and neurotics at different stages of oral development (as measured by food preferences) does not provide a basis for their discrimination from one another and from normals. It can be noted here that the scores of normal subjects were not different from those obtained by the alcoholic and neurotic subgroups. The hypothesis that alcoholics would score higher than normals and normals higher than neurotics was not supported. Whatever slight differences there are, are in the opposite direction (see Table 15).

A comparison between Wolowitz's Food Preferences Inventory (22 items) and the oral dependency trait scale on the basis of what food quality was emphasized in the active vs. passive item pairings in each scale yielded the results shown in Table 16. It can be observed that, whereas 45 per cent of Wolowitz's items emphasized the sweet vs. sour dimension, 55 per cent of the item composition of the oral dependency scale emphasized the sucking vs. biting and the wet vs. dry dimensions. It may be that this difference in emphasis was responsible for the failure of the new oral scale to distinguish between groups.

However, if we consider that the oral fixation of alcoholics and neurotics is more directly linked to food-preferences on the sucking vs. biting and wet vs. dry dimensions more than to preferences for foods on the other dimensions, Wolowitz's scale should emphasize the sucking vs.



TABLE 15

Comparison of scores of alcoholic, normal,  
and neurotic subjects on 19-item and  
5-item scales

| Scale     | Alcoholics | Normals | Neurotics |
|-----------|------------|---------|-----------|
| 19 items  |            |         |           |
| (males)   | 10.22      | 10.60   |           |
| (females) | 9.51       | 10.11   | 10.84     |
| 5 items   |            |         |           |
| (males)   | 2.71       | 2.79    |           |
| (females) | 2.17       | 2.63    | 2.76      |

TABLE 16

| Comparison between Food Preferences Inventory<br>and oral dependency trait scale items on<br>food qualities represented |            |            |
|---|------------|------------|
|   | F.P.I.     | Oral Scale |
| Food quality  | % of items | % of items |
| soft vs. hard   | 23         | 30         |
| wet vs. dry   | 0          | <u>20</u>  |
| sucking vs. biting  | 9          | <u>35</u>  |
| sweet vs. sour  | <u>45</u>  | 2          |
| sweet vs. bitter  | 4          | 5          |
| highly seasoned vs. bland   | 19         | 0          |
| Miscellaneous   | 0          | 8          |

biting and wet vs. dry dimensions also. Since it does not, yet distinguishes between alcoholics and normals, it is possible that it is measuring something other than oral dependency. Recall the lack of correlation reported between the two scales.

The fact that the oral dependency trait-scale, emphasizing the sucking vs. biting and wet vs. dry dimensions of food-preference, did not distinguish between alcoholics, neurotics, and normals, as expected, suggests the possibility that they are not able to be discriminated by simply measuring and contrasting the strength of their oral drive. The oral drive might be the same in each group. What would then be needed to discriminate between the groups on an oral dependency trait-scale would be a measure of the defensiveness and anxiety (conflict) associated with the subjects' choices as a result of oral fixation. That would be a true test of the level and type of oral fixation since it seems to be not the food choice itself, but the defensiveness and anxiety associated with the food choices, that differs between alcoholics, neurotics, and normals. Neither Wolowitz's scale nor the oral dependency trait-scale were designed to measure these personality variables.

Recent findings support the view that dependency-conflict is associated with measures of alcohol consumption and frequency of drunkenness (oral-passive behaviour). In a cross-cultural study of drinking habits and socialization

patterns, Bacon (1974) reported finding a positive correlation between drinking and drunkenness and frustration with regard to dependent help-seeking behaviour. Limited indulgence of dependency in infancy, emphasis on achievement in childhood, and attempts to limit dependent behaviour in adulthood were all found to correlate in the positive direction with drinking and drunkenness across cultures. There is evidence in the child development literature that frustration of dependence needs in infancy and early childhood leads to increased demands for attention in later childhood and to inevitable frustration and conflict over the dependent demands when they are not met (Zigler & Child, 1969).

## CHAPTER V

### CONCLUSIONS

1. Insofar as the oral dependency trait-scale adequately measures the strength of oral passive and oral sadistic drives, it offers no evidence of a stronger oral passive tendency in one group of subjects than in another. The internal consistency coefficients of the oral scale are not adequate, nor is there independent evidence for the validity of the scale. However, these results should be taken seriously in the light of the differences in item-composition and the lack of correlation between the oral dependency trait-scale and Wolowitz's Food-Preferences Inventory.

2. The contradiction between the present findings and those reported by Wolowitz may be attributed to one or more of the following causes:

(a) It is possible that the oral dependency trait-scale measures a different aspect of food-preference and of orality than the Food-Preferences Inventory.

(b) Regardless of the content, what is able to be measured using verbal-items cannot as easily be measured using picture-items. Such qualities, for example, as

sweet or sour are difficult to represent pictorially.

- (c) There is no real difference in oral fixation between alcoholics and others when measured simply on the basis of food-preferences, without reference to the level of defensiveness and anxiety associated with each choice. Because of a methodological error, Wolowitz believed that he had found a difference, which in fact may have resulted from peculiarities of his sample or of his measurement technique.

3. Although the author still believes that the picture-preference approach to measuring personality holds promise, he cannot claim that an adequate scale of oral-passive preferences has been developed, even less that a scale measuring conflict about oral-passive tendencies has been constructed. However, some suggestions for paths to follow in developing such a scale can be made: (a) The biting-sucking, sweet-sour, sweet-bitter, and other dimensions of food preference need to be disentangled, if an adequate scale is to be constructed. (b) Independent evidence of validity by

showing correlations with appropriate measures, needs to be brought forward. (c) The items would have to evoke conflict; a way should be found to do this.

4. The question whether alcoholics have stronger oral-passive tendencies than normal people or neurotics, is more in doubt than it was before the author did this research. The question still needs answering. An adequate answer will probably require measuring not simply oral tendencies, but oral conflict.

APPENDIX A

Code # \_\_\_\_\_

Anonymous Questionnaire

Your answers to this questionnaire are confidential.

We need some information about such matters as your age, education, occupation and family background in order to classify our subjects into various groups to see whether these background factors are related to personality. Would you therefore please answer the following questions:

1. What is your age? \_\_\_\_\_ years
2. What is your height? \_\_\_\_\_: weight? \_\_\_\_\_
3. What is your occupation? (Please describe fully, for example, telephone installer rather than "Bell Canada".)

\_\_\_\_\_  
If unemployed, what is your usual occupation?

4. What is your ethnic background? \_\_\_\_\_
5. What level of education have you completed?  
\_\_\_\_\_
6. Have you ever been treated for any mental or emotional problem? Yes \_\_\_\_\_; No \_\_\_\_\_
7. Do you have or have you ever had a drinking problem? Yes \_\_\_\_\_; No \_\_\_\_\_
8. Have you ever been a heavy user of drugs? Yes \_\_\_\_\_; No \_\_\_\_\_
9. Do you now or have you in the past had a problem controlling how much food you eat? Yes \_\_\_\_\_; No \_\_\_\_\_
10. What is your sex? Male \_\_\_\_\_; Female \_\_\_\_\_
11. What is your marital status? Single \_\_\_\_\_; Married \_\_\_\_\_; Divorced \_\_\_\_\_; Widowed \_\_\_\_\_.

Thank you for your assistance in this research.



APPENDIX B

TRAIT RATING SCHEDULE

DIRECTIONS: Below are four pictures which a person might say he liked in preference to other pictures.

Rating

Picture

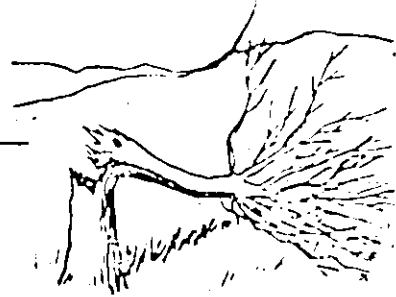
Rating

Picture

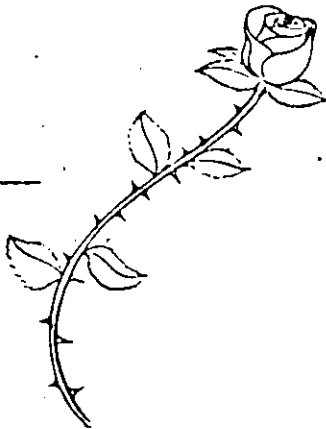
1. \_\_\_\_\_



3. \_\_\_\_\_



2. \_\_\_\_\_



4. \_\_\_\_\_



Please rate each of the four pictures as to how socially desirable or socially undesirable you consider it to be for a person to choose this picture in preference to other pictures. We are not interested in whether or not you yourself like the picture. Just rate it according to how socially desirable or undesirable you consider it to be if another person should choose the picture as one he prefers. Use the rating scale below in making your ratings.

Rating

1  
2  
3  
4  
5  
6  
7  
8  
9

Meaning of Rating

Extremely Undesirable  
Strongly Undesirable  
Moderately Undesirable  
Mildly Undesirable  
NEUTRAL  
Mildly Desirable  
Moderately Desirable  
Strongly Desirable  
Extremely Desirable

Your task is to look at and rate the social desirability of each of the pictures that will be presented, using the rating scale below. Remember that you are to judge the pictures in terms of whether you consider a preference for them to be socially desirable or undesirable. We are not interested in whether you like or dislike the picture. Be sure to make a judgement about each picture.

| <u>Rating</u> | <u>Meaning of Rating</u> |
|---------------|--------------------------|
| 1 _____       | Extremely Undesirable    |
| 2 _____       | Strongly Undesirable     |
| 3 _____       | Moderately Undesirable   |
| 4 _____       | Mildly Undesirable       |
| 5 _____       | NEUTRAL                  |
| 6 _____       | Mildly Desirable         |
| 7 _____       | Moderately Desirable     |
| 8 _____       | Strongly Desirable       |
| 9 _____       | Extremely Desirable      |

|           |           |           |           |           |
|-----------|-----------|-----------|-----------|-----------|
| 1. _____  | 20. _____ | 39. _____ | 58. _____ | 77. _____ |
| 2. _____  | 21. _____ | 40. _____ | 59. _____ | 78. _____ |
| 3. _____  | 22. _____ | 41. _____ | 60. _____ | 79. _____ |
| 4. _____  | 23. _____ | 42. _____ | 61. _____ | 80. _____ |
| 5. _____  | 24. _____ | 43. _____ | 62. _____ | 81. _____ |
| 6. _____  | 25. _____ | 44. _____ | 63. _____ | 82. _____ |
| 7. _____  | 26. _____ | 45. _____ | 64. _____ | 83. _____ |
| 8. _____  | 27. _____ | 46. _____ | 65. _____ | 84. _____ |
| 9. _____  | 28. _____ | 47. _____ | 66. _____ | 85. _____ |
| 10. _____ | 29. _____ | 48. _____ | 67. _____ | 86. _____ |
| 11. _____ | 30. _____ | 49. _____ | 68. _____ | 87. _____ |
| 12. _____ | 31. _____ | 50. _____ | 69. _____ | 88. _____ |
| 13. _____ | 32. _____ | 51. _____ | 70. _____ | 89. _____ |
| 14. _____ | 33. _____ | 52. _____ | 71. _____ | 90. _____ |
| 15. _____ | 34. _____ | 53. _____ | 72. _____ | 91. _____ |
| 16. _____ | 35. _____ | 54. _____ | 73. _____ | 92. _____ |
| 17. _____ | 36. _____ | 55. _____ | 74. _____ | 93. _____ |
| 18. _____ | 37. _____ | 56. _____ | 75. _____ | 94. _____ |
| 19. _____ | 38. _____ | 57. _____ | 76. _____ | 95. _____ |

## APPENDIX C

### PERSONALITY RESEARCH QUESTIONNAIRE

On this page and the following page, you will find a series of statements which a person might use to describe himself. Read each statement and decide whether or not it describes you. Then indicate your answer by circling either TRUE or FALSE.

If you agree with a statement or decide that it does describe you, answer TRUE. If you disagree with a statement or feel that it is not descriptive of you, answer FALSE.

Answer every statement wither true or false, even if you are not completely sure of your answer.

1. I am not willing to give up my own privacy or pleasure in order to help other people. TRUE FALSE
2. I almost always feel sleeny and lazy. TRUE FALSE
3. We ought to let the rest of the world solve their own problems and just look out after ourselves. TRUE FALSE
4. Most of my teachers were helpful. TRUE FALSE
5. My memory is as good as other people's. TRUE FALSE
6. I am able to make correct decisions on difficult questions. TRUE FALSE
7. I have a number of health problems. TRUE FALSE
8. I am always prepared to do what is expected of me. TRUE FALSE
9. I find it very difficult to concentrate. TRUE FALSE
10. I always try to be considerate of the feelings of my friends. TRUE FALSE
11. I often have the feeling that I am doing something evil. TRUE FALSE
12. In the long run humanity will owe a lot more to the teacher than to the salesman. TRUE FALSE
13. Rarely, if ever, has the sight of food made me ill. TRUE FALSE

## PERSONALITY RESEARCH QUESTIONNAIRE

14. Nothing that happens to me makes much difference one way or the other. TRUE FALSE
15. I am seldom ill. TRUE FALSE
16. Many things make me feel uneasy. TRUE FALSE
17. I often question whether life is worthwhile. TRUE FALSE
18. I believe people tell lies any time it is to their advantage. TRUE FALSE
19. My life is full of interesting activities. TRUE FALSE
20. I often take some responsibility for looking out for newcomers in a group. TRUE FALSE

Your answers to this questionnaire are anonymous--identified only by a code number which is in no way linked to you personally. However, we do need some information about such matters as your age, education, occupation, and family background, in order to classify our subjects into various groups to see whether these background factors are related to personality. Would you therefore please answer the following questions:

1. What is your age? \_\_\_\_\_ years
2. What is your sex? male: \_\_\_\_\_ female: \_\_\_\_\_
3. What is your own occupation? (Please describe it fully: for example, "telephone installer" rather than "Bell Canada").  
\_\_\_\_\_
4. \_\_\_\_\_
4. What is your father's occupation? \_\_\_\_\_
5. What level of education have you completed? \_\_\_\_\_  
\_\_\_\_\_
6. What level of education did your father complete? \_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance in this research.

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