OPEN-MINDEDNESS AND SELF-IDEAL
DISCREPANCY AS THEY AFFECT
ATTRACTION TO A HELPING SITUATION

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ABSTRACT

OPEN-MINDEDNESS AND SELF-IDEAL DISCREPANCY

AS THEY AFFECT ATTRACTION TO A HELPING

SITUATION

by Lynne G. Tenbusch

Attitude toward becoming involved in a helping sit-
uation is shaped by many factors, two of which should be
receptivity to new information and the extent to which
one describes his real self as differing from his ideal
self. Attraction to a helping situation, receptivity to
new information, and self-ideal discrepancy were investi-
gated by assessing the relationship among these variables.
In general it was hypothesized that: 1) dogmatism is nega-
tively related to attraction to therapy, 2) size of self-
ideal discrepancy is positively related to attraction to
therapy, and 3) size of self-ideal discrepancy is nega-
tively correlated with dogmatism.

Two hundred sixty undergraduate students enrolled
in introductory psychology courses, who had never had any

psychological counseling or psychotherapy, filled out Ro-

keach's <u>Dogmatism Scale</u> for a measure of openness to new

information, Leary's <u>Interpersonal Check List</u> (ICL) as an

index of self-ideal discrepancy, and Libo's <u>Picture Impres-</u>

<u>sions Test</u> (PIT) for an attraction to therapy indicator.

Males and females were analyzed separately.

The hypothesis that dogmatism and attraction to

therapy would be negatively related was not supported at a

statistically significant level, but data tended in the ex-

pected direction. The relation between ICL discrepancy

score and PIT score, predicted as positive, turned out neg-

ative, but not significantly. Further analysis indicated

that degree of dogmatism and size of self-ideal discrepancy

are positively correlated at a significant level for females

but not for males. Difference in N was postulated to ac-

count for the lack of significance in males.

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A THESIS

ACKNOWLEDGMENTS

Dedicated to Tammela Lynne and Michelle Karen

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INTRODUCTION

What types of people are attracted to therapy?
Are there some characteristics common to those individuals
who approach a therapeutic situation? Since attitudes
play an important role in behavior, it is reasonable to
suspect that one's attitude toward helping situations in
general will be influential in whether he will approach
such situations. But, then what shapes attitudes toward
helping situations? Given that therapeutic settings are
oriented to reception, evaluation, and integration of new
information, ideas, and experiences, it seems plausible
that one's attitude toward helping situations will be in-
fluenced by his degree of openness to new information
(cognitive functioning). But given that an individual's
cognitive functioning is flexible enough to enable him to
receive and objectively evaluate new information, it does
not necessarily follow that he will get involved in therapy.

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A second relevant factor, obviously, is recognition by the individual that he is different from what he wants to be, or a feeling of dissatisfaction with himself, and the consequent desire to change. This lack of satisfaction should be reflected in the way he perceives himself.

How are perceptions and attitudes influenced by cognitive functioning? If we define the latter in terms of openness or closedness (dogmatism), then certain perceptions should vary systematically with degree of openness. Specifically, the manner in which one perceives himself as he really is and the ideal person that he would like to be, as well as his perception of helping situations should be related to his cognitive functioning. That is, one's perception of discrepancy between his real and ideal self, and his perception of helping situations should vary with increasing degrees of cognitive openness. Thus, receptivity to new information and self-ideal discrepancy may be determining factors in whether or not an individual will seek therapy.

It is assumed that one's perception of a given situation or object reflects his attitude toward it. Thus, we can refer to an attitude toward, or perception of, a helping

situation. In the same manner, we can speak in terms of an attitude toward oneself or in terms of perception of self-ideal discrepancy.

This investigation was concerned with openness of belief systems and self-ideal discrepancy as they relate to attraction to helping situations. It was reasoned that one's receptivity to new information influences how he perceives himself, and that both variables then contribute to forming his attitude toward helping situations. Libo (1957, p. 35) defines attraction as ". . . the resultant of forces acting on the patient to maintain his relationship with the therapist." In the present study, that definition was extended, interpreting attraction as the resultant of all forces acting on the subject to perceive helping situations in a positive manner. Self-ideal discrepancy, or the extent to which one describes his real self as differing from his ideal self, is considered as one force contributing to attraction, with attraction increasing as amount of discrepancy increases. On the other hand, closed or dogmatic cognitive functioning is interpreted as a force working against attraction to a helping situation. Low dogmatism may be conceived as the removal of an obstacle

to attraction, becoming a positive force for attraction only when accompanied by a sufficient degree of discrepancy between real and ideal self.

According to this approach, an individual's attraction to a helping situation is positively related to his willingness to accept new information, to recognize and explore his subjective experiences, and to perceive and conceptualize himself and his experiences in each of possible alternatives. Furthermore, self-ideal discrepancy is negatively related to degree of closed-mindedness, and positively related to attraction to therapy. For example, if a person sees himself as deviating to a great extent from the ideal to which he aspires, he should perceive a helping situation more favorably than should an individual unaware of any self-ideal discrepancy. If a person's cognitive functioning is very dogmatic, he should be less capable of perceiving how he differs from his ideal self, and less interested in obtaining help. On the other hand, an open-minded approach should facilitate one's perception of differences in real and ideal self and, given a sizeable discrepancy, should dispose the individual favorably toward obtaining help. Thus, according to the ideas presented here, the

manner in which an individual perceives himself is related
to the manner in which he perceives a helping situation,
and also to the openness of his belief system or cognitive
functioning.

Rokeach (1960) has developed a scale to measure one
aspect of cognitive functioning--how open is the individual
in his approach to new experiences, problems, situations,
opportunities, etc.? Open-mindedness is defined as ". . .
the extent to which the person can receive, evaluate, and
act on relevant information received from the outside on
its own intrinsic merits, unencumbered by irrelevant factors
in the situation arising from within the person or from out-
side." (Rokeach 1960, p. 57) Irrelevant internal pressures
functioning to limit realistic reception of information in-
clude unrelated habits, beliefs, and perceptual cues, irra-
tional ego motives, power needs, the need for self aggran-
dizement, the need to allay anxiety, etc. External pres-
sures include reward and punishment from external authority
as exerted by parents, peers, social and institutional group
norms, reference groups, and cultural norms.

The same author (Rokeach, 1960) has shown that the
Doodle Bug Problem can be solved more easily by open-minded

than closed-minded individuals. Solution of the problem requires the individual to discard old beliefs, or sets, and replace them with new ones, which must then be organized into a new system by some process of integration. From his experimental findings, Rokeach concluded that open-minded persons are superior in solving this and other problems requiring transfer of learning. Similarly, Kemp (1960) found the performance of open-minded subjects superior to that of closed-minded subjects in handling critical thinking problems.

From the demonstration of difference in approach to experience between the open and closed-minded individual, and given the nature of the counseling situation as one requiring analysis and evaluation of ideas, replacement of old beliefs with new, the making of inferences, and transfer of learning, it follows that the closed-minded, or highly dogmatic person, is less likely to profit from counseling. Kemp (1961) investigated this idea, using the specific hypothesis that an open-minded person, as indicated by a low score on Rokeach's Dogmatism Scale, will have fewer personal problems and will respond more favorably to counseling than will the closed-minded person. Results indicated that low dogmatism subjects, during the counseling sessions, were

described as more relaxed, having greater tolerance of ambiguity (less need for closure), attempting a more complete exploration of problems and issues, and having greater awareness of multiple contributors to a single effect. High dogmatism subjects spoke mainly about topics with no personal relevance, showed difficulty in tolerating certain ideas or areas of discussion, and tended to label these prior to exploration. Kemp concluded that dogmatism influences the number of an individual's personal problems, and that highly dogmatic persons have a greater number of such problems, which are reduced to a lesser degree through counseling than for low dogmatic subjects.

It should be noted that Kemp does not indicate whether his subjects were obtained from a population of students requesting counseling, but it seems as though they were not. The 25 highest and the 25 lowest scorers on the Dogmatism Scale became the experimental group, each member of which then participated in four individual counseling interviews over the course of ten weeks. Subjects agreed to attend counseling sessions, but from all indications they did not seek such help themselves prior to the experiment. Thus, attitude toward the counseling situation is a variable

overlooked by Kemp. That is, whether subjects sought help on their own initiative has important implications for their attitude toward helping situations, which could have been an influencing factor in Kemp's results. To phrase it differently, we suspect that dogmatism is related to one's attitude toward a helping situation, which in turn affects one's behavior with respect to such situations.

Concerning Kemp's study, whether or not a subject's problems were reduced during counseling may have been due to his attitude toward helping situations, which was influenced not only by the openness or closedness of his cognitive functioning, but also by the subject's perception of his real and ideal self. It is proposed that awareness of discrepancies between perception of real self and perception of ideal self is a crucial factor in one's attitude toward helping situations. Self-ideal perception, however, is also influenced by one's receptivity to new information. But does the openness of one's cognitive functioning affect one's perception of self-ideal discrepancy, or does the latter influence the former, or are both manifestations of a third factor which we have not even mentioned? In general, the present study intended to show that the relationship between dogmatism

and the other variables discussed here is not as simple as Kemp's study would lead one to believe.

Finally, in contrast to Kemp's demonstration that high dogmatics have more personal problems, we suspect that a highly dogmatic person may, in fact, admit to fewer problems because he is less aware of discrepancies between his real and ideal self. That is, the narrow approach of highly dogmatic persons may limit their ability to recognize their problems, in which case dogmatic persons will have fewer problems than more open-minded persons. We could not directly test this last speculation, however, because our study did not include a measure of personal problems as such. Where Kemp used the Mooney Problem Check List as an index of personal problems, we used an interpersonal check list as a measure of self-ideal perception, through which we attempted to demonstrate a lower awareness of self-ideal discrepancy on the part of high dogmatics.

Kaplan and Singer (1963) proposed that pathology is primarily characterized by various forms of closed-mindedness and rigidity, all of which detract from self-awareness. Their experimental results warranted the conclusion that the degree of dogmatism operant within an individual reduces, to that

extent, his self-awareness. This limited self-awareness is reflected by decreased emphasis on personal experience and subjective reactions, and increased emphasis on ". . . objectification, or grasping the nature of the object . . ." (Kaplan and Singer 1963, p. 487) In addition, Kaplan and Singer found that open and closed-mindedness are not approaches specific to some areas of a person's life. Rather, they represent pervasive attitudes. An open-minded person approaches personal _and_ objective data openly, while a closed-minded person approaches both narrowly.

An individual enters a therapy situation (or a helping situation) for the purpose of learning something, whether such learning refers to altered behavior patterns, increased self-knowledge, revision of a value system, or a change in stimulus response connections. Ehrlich (1961) explored the relationship between dogmatism and learning. He also proposed to investigate certain aspects of the validity of the Dogmatism Scale, i.e. the defining of closed-mindedness as ". . . a relatively closed cognitive organization of beliefs and disbeliefs about reality." (Ehrlich 1961, p. 148) He reasoned that if the above defining characteristic of a dogmatic person is accurate, then a highly dogmatic person

should exhibit less learning in the classroom situation than should the person low in dogmatism. Data indicated that low dogmatism subjects had already achieved a higher level of learning before they enrolled for the course, learned more in the course, and retained the information to a significantly greater degree than highly dogmatic subjects. Time lapse was 5 to 6 months. Split-half reliability for the Dogmatism Scale was .75, and correlation between the two administrations of the Scale was .73. In a follow-up study, Ehrlich (1961) restudied the same population after five years, and his findings replicate those of the original study. These results render further validity to Rokeach's theoretical formulations underlying the Dogmatism Scale.

Restle, Andrews, and Rokeach (1964) and Moore (1961) have demonstrated the differences in types of learning which open versus closed-minded persons can achieve. Restle et al. (1964) showed that open-minded subjects perform better at a task requiring them to seek a general principle which would predict the Experimenter's reinforcements, than do closed-minded subjects. The dogmatic subject's tendency to rely passively on authority was cited to account for the results. Moore (1961) has demonstrated the greater influence of verbal

reinforcement for low dogmatics than high dogmatics in a dis-
crimination conditioning situation. In this situation, the
only source of information available to the $\underline{S}$s were rein-
forcements from the Experimenter, thus making all reinforce-
ments, initially, relevant information. A significant point
illustrated in this study is the fact that the limited range
of responses available to the $\underline{S}$s put a premium on the abil-
ity to differentiate the crucial responses or relevant infor-
mation. Viewed in this way, the open-minded person, who is
theoretically more capable of making cognitive discrimina-
tions and separating relevant from irrelevant information,
would be expected to respond more easily in this type of con-
ditioning situation. Results confirmed such expectations and
suggest that low dogmatics are more attuned to accepting all
incoming information and more capable of discriminating the
greater relevancy of some.

Additional data pertinent to the present study were
obtained by Hollenbeck (1965) in her investigation of the
effects of dogmatism on aspects of adjustment to severe dis-
ability. Depression and mourning were used as signs of ac-
ceptance of loss of sight, while denial indicated non-
acceptance of the loss. Analysis, or taking in new

information, was equated with learning facts about the disability; synthesis, or organizing new beliefs into a working system, was equated with acceptance of the disability. Results showed that the reactions of denial and depression are inversely related. In addition, the less dogmatic a blind person, the more depression he showed in relation to his disability, and the more dogmatic a blind person, the more he denied his disability and its effects.

If a large discrepancy between self and ideal is thought of as undesirable, or as a defect or imperfection, and if it is assumed that recognition of a defect is similar to acceptance of it, then, given (from the above results) that highly dogmatic persons are less likely to accept their defects, it would follow that highly dogmatic persons will be less willing to recognize or become aware of discrepancies between real and ideal self. Then, if such recognition (not necessarily termed as self-ideal discrepancy, but generally that the person desires to become different in some way from his present self) is a necessary prerequisite to seeking therapy, it would follow that highly dogmatic persons are less likely to seek therapy or to perceive a helping situation positively.

Rokeach (1960, p. 70) has written ". . . in the extreme, the closed system is nothing more than the total network of psychoanalytic defense mechanisms organized together to form a cognitive system and designed to shield a vulnerable mind." This, too, points in the direction of predicting that a closed-minded person will be less willing to recognize how and where he deviates from his ideal, and less likely to approach or have a positive attitude toward a helping situation.

Rogers' (1961) findings that the client entering therapy exhibits considerable discrepancy between his real self and the ideal person he would like to become, contributes to the vast array of literature on the subject. Typical of Rogers' general findings is a decrease in such discrepancy during and after therapy, thus facilitating a congruence between self and ideal. Butler and Haigh (1954) demonstrated a significant decrease in self-ideal discrepancy as a function of therapy. The self-ideal correlation moved from a -.47 at the beginning of therapy, to a .59 at the termination of therapy. Important to the present study is the fact that the control group--a non-therapy group matched for age, sex, and socio-economic status--had initial self-ideal

correlations of .58 which did not change significantly over time, measuring .59 at the follow-up. In other words, the control group had self-ideal correlations equivalent to the post-therapy correlations of the therapy group. These results strongly suggest the function of self-ideal discrepancy as a positive force contributing to an individual's attraction to a helping situation.

Hartley (1950) has also presented evidence showing that before therapy the self as perceived had little relationship to the ideal self, while after therapy, the discrepancy had decreased significantly. Raimy (1948) has provided testimony that successful counseling involves a change in the client's self-concept, manifested as a shift from a preponderance of self-disapproval and ambivalence at the beginning of therapy to a preponderance of self-approval at the end of therapy. Self-approval can be defined as a significant positive correlation between real and ideal self. Braaten (1961) showed significant movement in therapy when the self-ideal correlation was used as a criterion. Similar evidence has been obtained by Sheerer (1949).

From the above research, it seems justified to assume that the manifest awareness of self-ideal discrepancy is

related in some manner to an individual's perception of a helping situation.

Libo (1953) designed the Picture Impressions Test (PIT) in an attempt to capitalize on the sensitivity of projective techniques to the social situation in which they are administered. Validity of the PIT as a measure of patient-therapist attraction has been investigated (Libo, 1957; Mullin, 1966). Operationally, Libo's study tested the ability of the PIT to predict whether or not a patient will return for his next interview. The test was administered to 40 patients at a psychosomatic clinic after the first interview. Strength of attraction to therapy was derived from both total score and number of stories with a score. Two approaches were used to measure reliability of scoring: 1) agreement ranging between 92% and 100% was obtained with one scorer who repeated scoring after six months; 2) agreement between 87% and 100% resulted from the use of two independent scorers. The study included observation of whether the patients actually attended therapy the following week. Results indicated a significant relationship between actual and predicted behavior. Six of the nine patients who did not return, and 24 of the 31 patients who did return, were

correctly predicted. In other words, 89% of the predicted
returns, and only 53% of the predicted 'not returns' did,
in fact, return for the second interview.

Mullin (1966) explored the concurrent validity of
the PIT as an index of the client's projected attraction to
the therapeutic situation. More specifically, he investi-
gated the ability of the PIT to reflect information about
the client-therapist relationship. Results showed that the
PIT does elicit information relevant to attraction between
client and therapist. Students attending one counseling
interview had higher attraction scores than students with
no counseling contact. In addition, he found that after
eliminating Ss whose behavior (i.e. returning or not return-
ing for counseling) was influenced by factors other than
attraction, students returning for the second interview had
higher attraction scores than those not returning.

The present study was designed to investigate the
following hypotheses:

1) The higher the dogmatism score, the less will the indi-
    vidual be attracted to therapy or to a helping situation.

2) The greater the perceived discrepancy between real self

and ideal self, the more will the individual be at-
tracted to therapy.

3) The higher the dogmatism score, the less will be the
perceived discrepancy between real and ideal self.

4) Dogmatism and self-ideal discrepancy will interact in
such a manner that:

a) The highly dogmatic person with high self-ideal dis-
crepancy will show a moderate attraction to therapy.

b) The person low in dogmatism with high self-ideal
discrepancy will be highly attracted to therapy.

c) The highly dogmatic person with low self-ideal dis-
crepancy will show a low attraction to therapy.

d) The person low in dogmatism with low self-ideal dis-
crepancy will show a low attraction to therapy.

METHOD

Sample. The subjects consisted of 260 students en-
rolled in undergraduate psychology courses at Michigan State
University. Ages ranged from 17 to 22 years old. Students
who had in the past, or were at the time of the study, re-
ceiving counseling or therapy were eliminated.

Instruments. The Picture Impressions Test (PIT) is
a series of four pictures, similar to TAT cards, designed to
elicit stories about patient-therapist interactions. They
can be used for white and Negro subjects and for adolescents
and adults of both sexes (Libo, 1956). Separate cards are
given to males and females (see Appendix, Table B). After
the first therapy session, the therapist administers the
pictures to the client, requesting that he write or tell a
story about each one. In each story he is asked to include
answers to the following questions: 1) What is happening?
Who is involved? 2) What led up to this? What happened
before? 3) What is being thought or felt? What is wanted?
4) What will happen? What will be done? About 20 to 25
minutes are required for completion of the test.

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Coding renders an attraction score, with attraction
being defined as ". . . the resultant of forces acting on
the patient to maintain his relationship with the therapist."
(Libo 1957, p. 35) The coding scheme is derived from the
same general principles used in Libo's first study (Libo,
1953). Accordingly, to be scoreable a story must include
a doctor, therapist, or examiner (i.e. medical man, dentist,
psychiatrist, psychologist, etc. as opposed to a friend,
lawyer, employee, etc.), and a client seeking diagnosis or
therapy for himself rather than for a friend, child, etc.
If either of these elements is not present, the story is
marked Not Scoreable (NS). If both requirements are satis-
fied, a +1 is assigned to each mention of actual or desired
movement of a patient toward a therapist and of expected or
derived satisfaction from their relationship. A -1 is as-
signed to each mention of actual or desired movement away
from the therapist and of loss of satisfaction caused or
expected from contact with him. A score for each story is
the algebraic sum of all the plus and minus values assigned
to it, while the total score is the sum of scores obtained
on all four stories. Results are reported in two parts;
the algebraic sum explained above, and the number of stories

with a score. To be considered as having a score, a story

must receive at least one value other than a zero, even if

the algebraic sum for the stories is zero. The number of

stories receiving a score is interpreted as the Subject's

degree of involvement in his story-writing. It is assumed

that the higher the positive total score and the greater the

number of stories from which scores are obtained, the stronger

is the client's attraction to the therapist and the thera-

peutic situation. Criteria for interpretation of 'attracted'

or 'not attracted' are summarized in Table I.

Table I

Scoring Criteria for PIT

(See Manual; Libo, 1956)

No. of stories with a score	Total score	Interpretation
2, 3, or 4	+1 or higher	Attracted
Any	0 or lower	Not attracted
0 or 1	Any	Not attracted

Additional scoring criteria include the following.

The scoreable unit is any word, phrase, clause, or sentence

which contains an indication of the movement or satisfaction

described earlier. More than one scoreable part may be contained in a sentence, clause, or phrase, but each scoreable part can only receive one score. The shortest part necessary should always be chosen for scoring, thus facilitating the scoring of other parts of the story. A series of words which, if treated separately, would receive the same sign, is treated as one unit, but if a descriptive word is preceded by a verb, it is scoreable as a separate unit even if it appears in a series. A sequence of descriptive words qualifying for both positive and negative scores receives one plus and one minus regardless of the number of positives and negatives in the sequence. Each scoreable unit in an 'either-or' statement is scored. Conditional statements, moralistic statements, and involuntary or chance actions are not scored.

As mentioned earlier, Libo has conducted two studies to determine the reliability of scoring the PIT (Libo, 1956; Libo, 1957). Emphasis was on determining the reliability of scoring procedures which influence the final interpretation of a Subject as 'attracted' or 'not attracted.' Results from two independent scorers using 30 $\underline{S}$s showed 87% agreement on interpretation of 'attracted' or 'not attracted,' 100% agreement on 'number of stories receiving a score,'

and 87% agreement on 'total score.' Results from one coder's repeated scoring indicated 95% agreement on interpretation of 'attracted' or 'not attracted,' 98% agreement on 'number of stories receiving a score,' and 92% agreement on 'total score.'

Rokeach's Dogmatism Scale was used to obtain a measure of open-mindedness or openness to new information (see Table C in Appendix). The scale contains a total of 40 statements on a number of important questions. Subjects were instructed as follows:

> The following is a study of what the general public thinks and feels about a number of important social and personal questions. The best answer to each statement below is your personal opinion. We have tried to cover many different and opposing points of view; you may find yourself agreeing strongly with some of the statements, disagreeing just as strongly with others, and perhaps uncertain about others. Whether you agree or disagree with any statement, you can be sure that many other people feel the same as you do.
>
> Mark each statement in the left margin according to how much you agree or disagree with it. Please mark every one. Write +1, +2, +3, or -1, -2, -3, depending on how you feel in each case.

Scores are added algebraically and yield an index of dogmatism. Reliabilities of the final form of the Dogmatism Scale range from .68 to .93 (Rokeach, 1960). A shorter method of scoring can be accomplished by simply adding the number

of positives without regard to the numerical value of each.
This method has a reliability of .89 and renders an average
score of about 17, an upper bound of 32, and a lower bound
of zero (Rokeach and Norrell, 1966).

Timothy Leary (1957) has constructed an interpersonal
adjective check list (ICL), to be used as a tool in assessing
various aspects of personal adjustment. It contains 134
words and phrases descriptive of the way people feel and be-
have. One purpose of the ICL is to measure the discrepancy
between real and ideal self, thus providing an index of self-
acceptance. This level of the ICL deals with the individ-
ual's perception of himself and his world as he reports
them.

Directions to the S were as follows:

> This is a list of words and phrases which des-
> cribe the way people behave. Circle the number of
> each item that is descriptive of you. Your first
> impression is generally the best. Therefore, go
> through the list as quickly as you can. However,
> please be certain to consider each item, but circle
> only those that describe you. There are 134 items
> in all.

To describe his ideal self, the S was requested to circle
the number of each item that is descriptive of himself as he
would like to be (see Table D in Appendix).

The discrepant items are added algebraically, and used as a measure of self-ideal discrepancy. The entire procedure requires about 10 to 15 minutes. Test-retest correlations average from .73 to .78. These correlations suggest that the ICL discrepancy scores have sufficient stability to be useful in personality research and clinical evaluation.

Procedure. All three tests were given in the classroom situation. To avoid contamination of the data by order effects, the PIT was always administered first, and the Dogmatism Scale and ICL were each administered as the second test 50% of the time and as the third test 50% of the time, with sex controlled (i.e. the ICL was given immediately after the PIT to 50% of the Ss, half being male and half female).

Because the PIT was originally designed to be administered in a therapeutic situation, the directions were amended to adjust the test to a classroom setting. Pictures were shown one at a time by projecting them on to a screen at the front of the room. Before presentation of the pictures, Ss were told:

> For the first part of the study, I am going
> to show you some pictures. Each one will be
> flashed on the screen for a short time. Look at
> it, and imagine that you or a close friend has
> gone to see someone about some problems you or
> he may have. Then make up a story about the

picture, answering the four questions on the an-
swer sheet. By answering these questions, all
the parts of your story's plot will be covered.
Write a definite, interesting story, rather than
a simple description of the picture. Use your
imagination. There is no right or wrong way.
Your story should be about what you see in the
picture.

There are separate pictures for males and
females. I will always show the male (female)
picture first. As soon as it goes off the screen,
males (females) begin working on your story. Do
not wait for the female (male) picture to be shown.

There are four pictures in all and each has
a separate answer sheet. Please work fast. Each
story should take you about five minutes to write.

Are there any questions?

O.K. Here is the first picture for the males
(females).

Each picture was shown for 25 seconds, after which

the $\underline{S}$s were given 5 minutes to write a story. Male and fe-

male pictures were each shown first 50% of the time.

On completion of the PIT, $\underline{S}$s were given further

directions.

Now you may go on to the other tests. You
should each have a data sheet, two check lists,
and a psychology questionnaire, but not necessar-
ily in that order. Please complete them in the
order in which they appear, and replace them in
the envelope in the same order. Directions for
each one appears at the top of the page. Please
begin.

Instructions for the Dogmatism Scale and ICL were not changed from those outlined in the section on instruments. Since $\underline{S}$s were taking three tests, each $\underline{S}$ was given an envelope containing all test materials at the beginning of the hour. In this way, it was hoped to save time. A data sheet requesting the following information was also in the envelope: age, sex, and whether the $\underline{S}$ had in the past or was presently obtaining psychological counseling or psychotherapy. Possible answers to this last question included; none, one session, 2-5 sessions, 6-10 sessions, more than 10 sessions. The purpose of such detail was to eliminate the possibility of a yes-no dichotomy. Finally, $\underline{S}$s were asked not to sign their name.

RESULTS

Of the 260 $\underline{S}$s who met the requirements of the study,
24 had no scoreable stories on the PIT. Their data were not
included in any of the analyses. Means, standard deviations,
and a correlation coefficient for dogmatism and ICL discrep-
ancy score from these 24 $\underline{S}$s appear in Table II. No signifi-
cant differences were found between the mean scores of these
$\underline{S}$s as compared to the mean scores of the remaining 236 $\underline{S}$s.
The $\underline{t}$-value obtained from a comparison of the two groups on
dogmatism was .826 (df = 258) and the $\underline{t}$-value from a compar-
ison of mean ICL discrepancy scores was .239 (df = 258). The
correlation coefficient between dogmatism and ICL discrepancy
score for the 24 $\underline{S}$s with no scoreable stories (r = .596),
however, was markedly higher than that for the group with at
least one scoreable picture (r = .178 for males and .221 for
females).

Inter-scorer reliability for the PIT was obtained by
having 25% of the PITs scored independently by a second
scorer using PITs from every fourth $\underline{S}$. The criteria for com-
parison were: 1) Correlation coefficient for total score,

Table II

Means, Standard Deviations, and Correlation Coefficient for
Dogmatism and ICL Discrepancy Scores from Subjects with
No Scoreable Pictures on the PIT (N = 24)

Measure	Dogmatism	ICL
Mean	17.458	34.50
Standard deviation	5.192	13.76
Pearson r	.596*	

*Significant at .01 level

using the Pearson product moment correlation coefficient; 2)
Agreement on the 'number of stories scored,' using the Pear-
son product moment correlation coefficient; 3) Agreement on
interpretation of 'attracted' or 'not attracted,' using the
phi coefficient, which is the Pearson r for dichotomized var-
iables; 4) Agreement on interpretation of 'attracted' or 'not
attracted,' measured in percentage. Table III summarizes the
results for all four criteria. These results indicate a con-
sistency in the scoring system when used by independent
scorers.

All test data were first analyzed with the sexes com-
bined, and then identical analyses were performed on data for
each of the sexes separately. Means and standard deviations

of dogmatism, ICL discrepancy, and PIT score for both types

of analysis appear in Table IV.

Table III

Inter-Scorer Reliability for the PIT

N	Correlation Coefficient for Total Score	Correlation Coefficient for Number of Stories Scored	Interpretation of 'Attracted' or 'Not Attracted'	
			Phi Coef.	% Agreement
54	.85*	.89*	.775	.889

*Pearson Product Moment Correlation Coefficient

Table IV

Means and Standard Deviations for Dogmatism,
ICL Discrepancy, and PIT Scores

Test	Males & Females		Males		Females	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Dogmatism	18.28	4.576	18.44	4.824	18.18	4.407
ICL	33.84	12.798	34.55	13.129	33.38	12.560
# Pictures	2.114	.952	1.946	.913	2.22	.961
PIT Total Score	1.191	3.545	.630	3.071	1.549	3.775
N	236		92		144	

To compare the mean score of males and females on dogmatism, ICL discrepancy, and PIT score (both 'number of stories scored' and 'total score'), $\underline{t}$-tests were performed. A significant difference between males and females was obtained for the 'number of stories scored' on the PIT ($t = 2.16$, df = 234), with females having higher mean scores. The difference in means for the 'total PIT score' was very close to statistical significance. The obtained value for $\underline{t}$ in this case was 1.949 (df = 234), which is significant at the .06 level, whereas the value necessary for significance at the .05 level is between 1.98 and 1.96. Table V presents these results.

Table V

$\underline{T}$-Values from Comparison of Male and Female Scores
on Dogmatism, ICL Discrepancy, and PIT

Variable	Obtained $\underline{t}$-value	Df
Dogmatism	.426	234
ICL	.686	234
# Stories Scored	2.160*	234
Total PIT Score	1.949	234

*Significant at .05 level.

In exploring the hypotheses of this study, several methods of analysis were used: Pearson product moment correlation coefficient to test for linear relationships; eta to reveal non-linear relationships; analysis of variance to test for interaction effects; and t-tests to detect differences among mean scores. Results will be presented in terms of specific hypotheses.

Hypothesis 1 was not supported. Analysis of dogmatism and PIT score yielded a Pearson product moment correlation coefficient of -.068 for males and -.064 for females, neither of which is significant. Table VI summarizes the correlation data relating to linearity. It should be noted that though neither relationship is statistically significant, both are in the predicted direction. Inspection of

Table VI

Summary of Pearson Product Moment Correlation Coefficients for Dogmatism, ICL Discrepancy, and PIT Scores

Sex	Pearson Product Moment Correlation Coefficients			N
	Dog and PIT	ICL and PIT	ICL and Dog	
Males	-.068	-.075	.178	92
Females	-.064	-.139	.221*	144

*Significant at .01 level.

the mean PIT score for upper and lower quartile dogmatism scorers provides further indication of this direction among females. For example, the mean PIT score for high dogmatism scorers (N = 34) is .62, while the mean PIT score for Ss scoring low on dogmatism (N = 41) is 2.15. The relationship is as predicted, i.e. highly dogmatic Ss as a group (disregarding ICL discrepancy scores) have a lower PIT mean score than do Ss low on dogmatism. However, close scrutiny of data from male Ss reveals that, though there is an overall negative relation between dogmatism and total PIT score, high dogmatism scorers as a group, in fact, have the highest mean PIT score (see Table VII.a).

The etas obtained from male data were .445 for PIT/Dog and .527 for Dog/PIT, and from female data were .435 for PIT/Dog and .299 for Dog/PIT. None of these is statistically significant. Table A summarizes results from the non-linear analyses (see Appendix).

For the t-tests, dogmatism, ICL discrepancy, and PIT scores were divided into quartiles, as in Table VII (see Criterion Variable). Then, Ss in the high and low quartiles of a given variable were looked at more closely in terms of means and standard deviations on the other two variables.

Table VII

Quartile Comparisons Between Criterion and Dependent Variables on Dogmatism, ICL, and PIT*

MALES

a.

N	Criterion Variable Dog.	ICL Mean	ICL St.Dev.	PIT Mean	PIT St.Dev.
24	Low 25%	29.29	12.936	.917	2.842
22	2nd 25%	34.18	9.429	.636	3.032
20	3rd 25%	38.65	13.834	-.150	2.207
26	Top 25%	36.58	14.691	.962	3.893

b.

N	Criterion Variable ICL	Dog. Mean	Dog. St.Dev.	PIT Mean	PIT St.Dev.
25	Low 25%	17.44	4.866	.960	3.007
20	2nd 25%	18.00	4.549	.650	3.646
21	3rd 25%	17.48	4.792	.333	3.276
26	Top 25%	19.88	4.974	.538	2.672

c.

N	Criterion Variable PIT	Dog. Mean	Dog. St.Dev.	ICL Mean	ICL St.Dev.
32	Low 25%	19.31	5.057	35.47	11.376
26	2nd 25%	18.27	4.695	34.46	14.517
21	3rd 25%	16.33	4.386	36.24	15.234
13	Top 25%	20.00	4.673	29.77	29.769

FEMALES

a.

N	Criterion Variable Dog.	ICL Mean	ICL St.Dev.	PIT Mean	PIT St.Dev.
41	Low 25%	30.85	14.38	2.15	4.30
40	2nd 25%	32.55	11.11	1.35	2.95
29	3rd 25%	33.38	9.84	2.07	3.77
34	Top 25%	37.41	13.57	0.62	3.99

b.

N	Criterion Variable ICL	Dog. Mean	Dog. St.Dev.	PIT Mean	PIT St.Dev.
33	Low 25%	16.45	5.14	2.09	3.86
44	2nd 25%	18.25	4.01	1.82	4.05
35	3rd 25%	18.74	4.00	1.74	2.82
32	Top 25%	19.25	4.27	0.41	4.19

c.

N	Criterion Variable PIT	Dog. Mean	Dog. St.Dev.	ICL Mean	ICL St.Dev.
39	Low 25%	18.49	4.47	35.62	13.17
31	2nd 25%	18.39	4.53	34.48	12.24
34	3rd 25%	18.15	4.82	31.06	13.22
40	Top 25%	17.75	4.06	32.33	11.77

*Means and Standard Deviations of Two Variables (Dependent Variables) When Ss are Divided into Quartiles on the Basis of Scores on a Third Variable (Criterion Variable).

In reference to hypothesis 1, no significant differences were found between the PIT scores of the upper and lower quartile of dogmatism scorers for either males or females. $\underline{T}$-ratios of -.0462 (df = 48) and 1.586 (df = 73) were obtained for males and females respectively. Table VIII presents these results.

Table VIII

$\underline{T}$-Values for Upper Versus Lower Quartiles
As Found in Table VII   (N = 236)

MALES				FEMALES			
Var.	Criterion	Df	$\underline{T}$-Value	Var.	Criterion	Df	$\underline{T}$-Value
ICL	Dog	48	-1.854	ICL	Dog	73	-2.017*
PIT	Dog	48	-0.046	PIT	Dog	73	1.586
Dog	ICL	49	-1.773	Dog	ICL	63	-2.380*
PIT	ICL	49	0.306	PIT	ICL	63	1.434
Dog	PIT	43	-0.422	Dog	PIT	77	0.767
ICL	PIT	43	1.523	ICL	PIT	77	1.172

*Significant at .05 level.

Hypothesis 2 was not supported. The Pearson r for males was -.075 and that for females was -.139, neither of which is statistically significant. For both males and

females, however, the relationship tends in a direction oppo-
site to that which was predicted. Comparison of the mean
PIT scores for high and low ICL discrepancy scorers also in-
dicates a negative relationship. That is, among both males
and females, the group with the highest ICL discrepancy
scores has a lower mean PIT score than does the group with
the lowest ICL discrepancy scores. For example, the mean
PIT score for high ICL male scorers (N = 26) is .538, while
that for low ICL scorers (N = 25) is .96. Regarding females,
it is true that the upper quartile ICL scorers have the high-
est mean PIT score. However, among males the increase in
mean PIT score with decrease in mean ICL discrepancy score
is not so consistent. Here the 3rd quartile of ICL scorers
has the lowest mean PIT (.333), while the upper quartile has
the second lowest mean PIT (.538). (See Table VII.b) It
was predicted that the greater the discrepancy between the
real and the ideal self, the higher would be the attraction
to therapy, but results, though not significant, indicate
the reverse.

Statistical analysis of ICL discrepancy score and
PIT score using eta yielded no significant findings. Among
the males, an eta of .323 was obtained for PIT/ICL and .398

for ICL/PIT. <u>Etas</u> for females were .294 for PIT/ICL and .335 for ICL/PIT.

<u>T</u>-tests revealed no significant differences between the mean PIT scores of the upper and lower quartile of ICL scorers. The obtained values of <u>t</u> were .3058 (df = 49) and 1.4342 (df = 63) for males and females respectively (see Table VIII).

Hypothesis 3 was not supported. The Pearson r for ICL discrepancy and dogmatism was .178 for males (N = 92, p < .10), and .221 for females (N = 144, p < .01). These results indicate a relationship opposite to the original prediction.

<u>Etas</u> of .447 for Dog/ICL and .479 for ICL/Dog were found from male data, while <u>etas</u> from female data were .387 for Dog/ICL and .50 for ICL/Dog. The only value which reached statistical significance was the <u>eta</u> for ICL/Dog from female data (F = 2.03; df = 19, 122; p < .01). A test for linearity of regression indicated that ICL/Dog for females is significantly non-linear (F = 1.739; df = 19, 122; p < .05). These tests were computed according to Walker and Lev (1953, p. 278).

A _t_-test on the ICL means of the upper and lower quartile dogmatism scorers produced a significant _t_-ratio for females, but not for males (see Table VIII).

Hypothesis 4 was not supported. A one-way analysis of variance was performed on the means of the four groups created by assigning _S_s according to whether they scored high or low on dogmatism and ICL discrepancy. For this analysis, dogmatism and ICL discrepancy scores were dichotomized into high and low groups by dividing at the value closest to the median. Table IX summarizes the results.

Table IX

Summary Data from Analysis of Variance

MALES					FEMALES				
N Dog	ICL	Mean PIT	σ		N Dog	ICL	Mean PIT	σ	
26 Low	Low	0.8077	2.8145		47 Low	Low	1.8936	4.0552	
19 High	Low	0.8421	3.8911		30 High	Low	2.0000	3.8327	
20 Low	High	0.7500	3.0929		34 Low	High	1.5588	3.1641	
27 High	High	0.2222	2.8330		33 High	High	0.6364	3.9514	

Source	SS	DF	F	Source	SS	DF	F
Between	6.453	3	0.2199	Between	39.173	3	0.908
Within	860.981	88		Within	2012.487	140	
Total	867.435	91		Total	2051.660	143	

Although the overall F test showed a non-significant difference, comparison of group means with the hypothesized order relation reveals some interesting trends. For example, if the dichotomized groups were arranged in descending order for mean PIT score, results would appear as in Table X.

Table X

Comparison of Predicted PIT Total Score with Obtained
PIT Total Score

Predicted PIT Score	Obtained PIT Score	PIT Mean Score		Dichotomized Groups		N		Hyp.
		Male	Female	Dog.	ICL	Male	Female	
Moderate	Low	.2222	.6364	High	High	27	33	4.a.
High	Low	.7500	1.5588	Low	High	20	34	4.b.
Low	High	.8077	1.8936	Low	Low	26	47	4.d.
Low	High	.8421	2.0000	High	Low	19	30	4.c.

Regarding the PIT scores, if 'moderate' were considered 'moderately high' or 'high,' the results become just the reverse of the original predictions. Let us consider the findings in terms of each particular hypothesis.

Hypothesis 4.a: The combination of high dogmatism and high self-ideal discrepancy, predicted to result in a

moderate attraction to therapy, was associated with the lowest mean PIT for both males and females.

Hypothesis 4.b: The group low in dogmatism and high in self-ideal discrepancy, predicted to indicate high attraction to therapy, showed the second lowest mean PIT score for both males and females.

Hypothesis 4.c: High dogmatism and low self-ideal discrepancy, hypothesized to interact in such a manner as to produce low attraction to therapy, was associated with the highest mean PIT score for both males and females.

Hypothesis 4.d: The group low in dogmatism and low in self-ideal discrepancy, predicted to show a high attraction to therapy, had the second highest mean PIT score among both males and females.

Finally, t-tests on mean dogmatism and ICL discrepancy scores comparing 'attracted' versus 'not attracted' groups yielded insignificant t-ratios for both males and females. Table XI presents the findings of this analysis.

In summary, no significant relationships were found between PIT scores and dogmatism scores or between PIT scores and ICL discrepancy scores. Analysis of variance revealed no interaction effects between dogmatism, ICL discrepancy,

and PIT. Results did show that ICL discrepancy and dog-
matism are positively related.

Table XI

T-Ratios from Comparison of 'Attracted' Versus
'Not Attracted' Groups on Dogmatism and ICL
Discrepancy Scores

	MALES (N = 92)						
	Attracted (N = 33)		Not Attracted (N = 59)		Df	t
Variable	Mean	St. Dev.	Mean	St. Dev.		
Dog	18.06	4.636	18.64	4.992	90	-0.551
ICL	34.21	13.946	34.75	12.885	90	-0.266

	FEMALES (N = 144)						
	Attracted (N = 70)		Not Attracted (N = 74)		Df	t
Variable	Mean	St. Dev.	Mean	St. Dev.		
Dog	17.68	3.752	18.65	4.956	142	-1.309
ICL	32.83	12.970	33.91	12.312	142	-0.665

DISCUSSION

While none of the hypotheses of this study were sup-
ported, data from one were in the predicted direction, and
data from six were in a direction opposite to the prediction.
Results from only one of the seven were statistically sig-
nificant.

None of the hypotheses involving the PIT were statis-
tically significant, which we must consider a generic issue
in evaluating these results. It is suspected that the lack
of significant findings here is due to the particular sample
used. In past research, the PIT was always used with clin-
ical populations, i.e. with $\underline{S}$s having had experience in
therapy. The one exception was Mullin's study (1966), in
which case the $\underline{S}$s, being enrolled in 400-level psychology
courses, can be considered more psychologically sophisti-
cated than the $\underline{S}$s in this study, the majority of whom were
18 or 19 years old. Thus, possibly the PIT is not sensitive
to this age group. However, Libo claims that his projective
measure can be used with adolescents or adults. The issue,
then, may be that the sensitivity of the PIT is restricted

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by the combination of group administration and a non-client

population which is relatively unsophisticated.

Support for this suggestion is provided by Webster's

studies (Sanford, 1964) of college girls. Results indicated

that in terms of attitudes and amount of personality disturb-

ance experienced, students entering therapy are more like

seniors than freshmen. The latter Sanford (1964, p. 836)

described as ". . . idealistic, sociable, well-organized,

well-behaved . . . " individuals whose participation in

family values and community is comfortable and uncritical.

In terms of the present study, it follows that a freshman

would be much less likely to project a helping situation

into the four pictures of the PIT than would the senior who

has had several years to develop an awareness of personal

feelings and become sensitized to value conflicts, differ-

ent points of view, etc. In conjunction with this, it is

important to note that the proportion of clients seeking

help with personal problems at the MSU Counseling Center is

greater for upperclassmen than for freshmen and sophomores.

(Annual Report, MSU Counseling Center).

Now let us consider the results of the present study

in light of the underlying theory and explore possible in-

ferences.

The first hypothesis predicted that as dogmatism increases, the individual will become less likely to project attraction to a helping situation. Results, though not significant, were in the predicted direction. If we assume that the negative trend is not due to chance, the following is a plausible explanation. The closed-minded or dogmatic person perceives things, as well as himself, differently than does the open-minded person. The former is not willing to discuss subjective experiences, to seek and/or accept new information, or to see things as changeable. Consequently, if he perceives the therapeutic setting as one facilitating the exploration of new concepts and ideas, the discussion of his feelings and experiences, and the learning of different vantage points from which to view information, issues, and experiences, then he will not be drawn to it. In short, if the dogmatic individual sees therapy as a situation conducive to change, he will not approach it.

It is interesting to speculate that the relationship between dogmatism and attraction to therapy could just as easily be positive. That is, given a certain conception of the therapeutic situation, the dogmatic person could be more, rather than less, attracted to it than the open-minded person.

If a dogmatic individual views therapy as "a way to produce a fixed or rigid 'healthy state of mind,'" or as "a virtuous act which will be rewarded by relief of difficulties" (Goldstein, 1962), or as a setting which he can enter, thereafter relying on the therapist to tell him what to do and solve his problems for him, he will be more likely to approach therapy than will the open-minded person with the same conception of therapy. Such an expectation of the therapeutic process is referred to by Apfelbaum (1958) as 'nurturant.' Thus, it would seem that an essential factor in relationships between manner of thinking and attitude toward helping situations is one's qualitative conception of the therapeutic process.

The second hypothesis stated that the greater the discrepancy between real self and ideal self, the greater would be the projected attraction toward a helping situation. However, results indicated a negative trend between ICL discrepancy and attraction to therapy, though not at a statistically significant level. If there really is a negative relation between these two variables, how can it be explained?

According to Leary (1957, p. 205), ". . . discrepancy between ideal and real self provides an index of self-

acceptance. This variable then plays a most crucial role in arousing motivation for therapy." Are we to conclude, then, that the less a person accepts himself (as indicated by high ICL discrepancy score), the less likely he will be to seek help? Those $\underline{S}$s who, on the basis of self-ideal discrepancy, would seem to be the most highly motivated for therapy are not really the ones who approach it. If this is true, then those who do, in fact, seek and obtain therapeutic help are those that need it the least! But recall that Rogers has demonstrated a considerable discrepancy between real and ideal self in clients entering therapy. In addition, Butler and Haigh (1954) not only have shown that such discrepancy decreases as a function of therapy, but also that a non-therapy control group had consistent self-ideal correlations similar to the post-therapy correlations of the experimental group. So we cannot conclude that in general those who really need help, as indicated by self-ideal discrepancy, do not enter therapy, or that discrepancy scores of those entering therapy are not really different from discrepancy scores of those not entering therapy.

Perhaps the discrepancy among freshmen students is situationally bound rather than psychically or dynamically

related. Thus, the star of the debate team in high school finds himself surrounded by stars of greater magnitude in college, setting up a conflict in self-concept and related self-ideal which may or may not be dynamically based. Dynamic is used here to refer to psychological functioning. Accordingly, perhaps the discrepancy indicated by freshmen is simply a result of what they see about them (i.e. talent equaling and surpassing their own) rather than an index of how they really feel about themselves or how much they really accept themselves. An evaluation of Rogers' discrepancy measures suggests that his Q-sort items are more related to feelings, attitudes, and values. The crucial factor could be the instrument itself or the age and experience of the clients used in his studies. At any rate, it seems reasonable to suspect that his measures are a more accurate reflection of how the Ss think and feel than are the ones used in the present study.

In viewing the negative trend between ICL discrepancy and attraction to therapy, we may ask what high ICL discrepancy reveals about an individual. Why would the person with many characteristics that he would like to change actually be unwilling to approach therapy? Perhaps we must ask what

the ICL is really measuring, or what is another level at which the discrepancy score can be interpreted. Then, why would the person scoring high in this 'something' be less willing to enter a helping situation than the person scoring low? Perhaps the therapeutic situation would be too threatening for the person who is so much different than he would like to be. If this is the case, it would seem that the ICL is measuring defensiveness. At any rate, it cannot be assumed that ICL is necessarily an indication of an individual's dissatisfaction with himself.

It is reasonable to suppose that experiences at a large university have a great deal of effect on the typical freshman. The extent to which this impact affects him in his first or second term may be quite variable. Thus, the freshman may be admitting a difference between self and ideal without feeling that he would need to do much about change (attraction to therapy) at that time. There is so much novel stimuli impinging upon him that he has not yet had a chance to evaluate and integrate it so that his whole person is influenced.

To speculate as Rokeach has done (1966), perhaps the ICL measures attitude toward the object, i.e. the self,

whereas the PIT measures attitude toward the situation in which the self is functioning as the major focus, i.e. a helping situation. High ICL discrepancy would indicate a negative attitude toward oneself, while low discrepancy would reveal a positive attitude toward oneself. High PIT can be interpreted as a testimony that the individual feels capable of change, that he has a positive attitude toward undergoing change, or toward functioning in a situation designed primarily to help him change. Finally, low PIT would imply a more static concept of the self, in that it indicates a negative attitude toward being in a change-inducing situation. One could also speculate using ICL discrepancy as a measure of attitude toward change in the abstract, with PIT measuring attitude toward the process of changing.

At this point, it should be interesting to consider some of the responses to the PIT made by $\underline{S}$s with high and low ICL discrepancy scores. In answer to the question "What will happen? What will be done?" in Picture I, a $\underline{S}$ with a high ICL discrepancy score (e.g. 47) wrote the following:

> I will leave the counselor (in my imagination) feeling disgusted. I didn't find any answers. I will be depressed. I probably won't go for counseling.

The same <u>S</u>, describing what is being thought or felt in Picture II, wrote:

> I again have this feeling of not letting myself express my innermost feelings. I want to yet I don't feel secure enough to think he'd understand.

Similarly, answering all four questions about Picture III, this <u>S</u> wrote:

> Some woman is leaving a doctor's office (presumably a counselor). She isn't happy - She is confused. She can't take advice from this man - it reminds her of her father.
>
> She got mad at him. He asked her questions she didn't want to answer. He seemed to confuse her.
>
> She is frustrated - she can't feel innocent - it's always guilty, guilty, guilty.
>
> Nothing because she can trust no one or love no one. She is alone.

A negative attitude toward the therapist is quite evident.

On the other hand, a positive feeling is conveyed by the stories of a <u>S</u> who scored low in ICL discrepancy (e.g. 21).

Describing what will happen in Picture II, she wrote:

> The psychiatrist will ask her many questions about her association with males before and after and during this instance. He will have her come for numerous visits and try to help her overcome her fear of getting involved and hurt again.

The same <u>S</u> composed the following in response to Picture III:

Janice is leaving the office of her trusted analyst for the last time.

Janice had an abnormal fear of the dark. Her husband had sent her to the analyst in the first place, because even when she went to bed she had to have a light on.

Janice is feeling proud now. Proud, because she had enough courage to go to an analyst and together the two of them conquered her problem. All that is wanted is a chance.

Janice will go home with more confidence in herself. She will become a much better person - and a much happier one.

These stories are not representative, in that the client-therapist relationship is directly projected and described. A more typical protocol, from a $\underline{S}$ scoring low in ICL discrepancy (e.g. 19) is the following story written in response to Picture I.

A man is thinking of seeing his doctor.

He had a violent argument with a friend who called him mentally insane.

He wants to find out from his doctor if he needs treatment.

The doctor says no - his friend is the one who needs help.

His story for Picture III was:

This man is leaving his doctor's office. He has just had a physical.

He had an accident on his job, he sprained
his back.

The doctor has just given him the O.K. to
go back to work. This is what the man wanted.

The man will resume work beginning Monday.

Finally, here is the story he composed about Picture IV.

A man is waiting to see his doctor.

He has had a chest X-ray - is waiting to
find out the results.

He is concerned for fear he might have can-
cer. He hopes the X-ray will be negative.

When he sees the doctor he will be told he
has not got cancer.

A representative story from a <u>S</u> scoring high in ICL discrep-

ancy (e.g. 63) is the following, written in response to Pic-

ture III:

A woman is just leaving a doctor's office,
after having her yearly physical.

She does this regularly, once a year, so
this is no abnormal activity.

The woman thinks nothing. She has had her
physical, and commonly thinks little of it. She
is healthy and well adjusted. Should she be
thankful? Might this be lacking?

The woman will go on living life as usual.
She will be oblivious to those around her, per-
haps even to those persons who are physically
handicapped and unhealthy. Nothing will be done,
because most people are like the woman, and are
not concerned.

The same S composed the following for Picture IV:

The woman is waiting for the dentist to return from lunch, because she has an appointment with him.

She has a toothache which suddenly developed. She called the dentist an hour ago and he said that he would see her during his lunch hour. (The toothache is, after all, quite painful.) She is waiting, but he is not there.

The woman is disgusted and discouraged, because the dentist has not shown up, and because her toothache is very painful.

The woman will leave before the dentist returns from lunch, forgetting about her pain because she is too mad at the dentist for failing to show up. The next day she will call up another dentist, and stop seeing her old dentist.

Finally, another S scoring high in ICL discrepancy (e.g. 56)

and low on the PIT responded to Picture III as follows:

A woman is leaving the office of her family physician. (Who is involved?) She, Dr., husband, an unborn child.

She suspected that she was pregnant. She and her husband wanted a child so they had sexual intercourse.

The woman is pleased with herself and her husband, and yet she is terribly afraid of having a child. She wants her husband to get very thrilled over the aspect that she is expecting.

She will tell her husband. He will hug and kiss her. Eventually she will have feelings that she is less appealing and will continually need reassurance from her husband. They will have the child, but may argue a lot before it is born.

Her story about Picture IV was:

     The woman is waiting to see the doctor about
her regular pregnancy checkup. (Who is involved?)
Woman, Dr., baby.

     She has to make these visits. (What happened
before?) No complication.

     She is nervous for it is nearing the time of
delivery. (What is wanted?) No complications,
plus not having to have the baby.

     She will suffer and then have it. She will
receive an anesthetic as soon as she can.

Many of the stories written by female $\underline{S}$s described

a visit to the doctor regarding pregnancy, while physical

examinations for the army constituted the theme for many of

the males' stories. It is plausible that for this age group,

a positive attitude toward a medical doctor or dentist has no

relation to his attitude toward a therapist. This may pro-

vide further indication of the PIT's lack of sensitivity to

freshmen.

In addition, recall that in all but one previous use

(Mullin, 1966) the PIT was administered individually (in a

testing room or by a therapist in his office) in a one to

one relationship, and always after a counseling session,

rather than in the classroom. In designing the present

study, it was hoped that this factor was compensated for

in part by the directions to ". . . imagine that you or a
close friend has gone to see someone about some problems. . ."
Perhaps, with more psychologically sophisticated $\underline{S}$s or
with $\underline{S}$s having had some experience in therapy or counseling,
the classroom situation would not stifle the projection of
more experiential, personal, psychological types of problems.
However, in this study, $\underline{S}$s having had therapeutic experiences
were discarded for this very reason. That is, it was sus-
pected that $\underline{S}$s who had at one time obtained psychotherapy
would make different responses in general than $\underline{S}$s without
such experience. We wanted to avoid confusing the 'gestalt'
by contamination due to the experience factor. In light of
results it is reasonable to conclude that, given the lack
of certain types of experiences, the classroom situation
may, indeed, elicit more medical or objective types of
problems than would the clinical setting.

The third hypothesis predicted that a high dogmatism
score would be correlated with a low ICL discrepancy score.
Results, however, showed that these two variables are posi-
tively related at a significant level for females but not
for males. It is suspected that the difference in N accounts
for the lack of significance among males.

Through this study, we had hoped to show that a
highly dogmatic person would be less aware of discrepancy
between real and ideal self. It was reasoned that his
narrow approach would prevent him from recognizing charac-
teristics in himself that deviate from his ideal. Results,
however, demonstrated that the highly dogmatic person ac-
tually sees more about himself that he would like to change,
or more that differs from his ideal, than does the less dog-
matic person. Apparently then, a closed outlook does not
prevent the individual from identifying desired changes in
himself. But can we assume that self-ideal discrepancy in-
dicates desired change? Again, what does ICL discrepancy
score indicate? If we considered ICL discrepancy an index
of personal problems, present results would be consistent
with those of Kemp (1961) who demonstrated a positive rela-
tion between dogmatism and number of personal problems.
However, we are not completely satisfied with this inter-
pretation of the discrepancy measure.

The positive correlation between dogmatism and self-
ideal discrepancy, and the tendency for both to be negatively
related to attraction score leads to the suggestion that ICL
discrepancy score is a measure of defensiveness. Given that

dogmatism has been referred to as a ". . . network of . . .

defense mechanisms" (Rokeach 1960, p. 70), it seems plausible

that recognition of large differences between real and ideal

self is also a defense. Identifying a great many desired

changes or less than ideal characteristics in oneself could

be very threatening. But such identification could also

function to reduce the threat of the possible accuracy of

large discrepancies. In this case, the recognition is not

integrated with the self-concept or psychological function-

ing. It is, rather, kept at a safe distance, and compart-

mentalized from the functioning self. In short, indicating

a manifest awareness of very large discrepancies between

ideal and real self can shield an individual from the threat

of genuinely believing any of the less than ideal traits to

which he subscribes. Within this interpretative framework,

the low attraction score of highly dogmatic and discrepant

$\underline{S}$s is easily explained as the avoidance of exposing or

threatening situations. If an individual is defensive

about certain areas, it follows that he will not approach

situations which will focus on the vulnerable material.

Let us for a moment discuss the positive correlation

between ICL discrepancy score and dogmatism in terms of the

latter. Recall that a 'closed-minded' outlook refers to a tendency to receive, evaluate, and act upon information on the basis of irrelevant factors. Highly dogmatic persons perceive things in categories, in terms of blacks and whites with no allowance for greys. They tend to label new experiences prior to exploration, and they approach objective as well as personal data very narrowly. Given the tendency to categorize, it is reasonable to speculate that a dogmatic person will see himself as 'always' acting a certain way or 'never' acting that way. He will picture himself as 'all' of something or as 'none' of it because he cannot deal with shadings of a trait or with subtle mixtures of good and bad or worthy and unworthy. In terms of the ICL, he will tend to conceive of himself as 'always' or 'never' bitter or as 'all' forgiving or completely incapable of forgiving. Consequently, he will have a higher discrepancy score than the individual who can discern an overlap between degrees of 'always' and 'never' or between 'all' and 'none.' In addition, the dogmatic person is more likely to have an unrealistic self-ideal in the sense that his ideal is based more on external sources of what is desirable than on his potential and desires or on his tendency to self-actualize.

Consequently, the dogmatic $\underline{S}$ will be more stringent in evaluating himself. He perceives himself one way--he either is or is not described by given characteristics, and the description he wants to fit is unrealistic, so he has little chance of qualifying for 'all of it, all of the time.'

In light of the age group used in this study, it is interesting to consider that perhaps highly dogmatic $\underline{S}$s perceive themselves as falling so far short of their ideal because they are different from their parents whom they tend to glorify (Rokeach, 1960; Adorno et al., 1950). Since dogmatic persons tend to rely on external authority, perhaps the $\underline{S}$s in this study were actually comparing themselves to their parents who have become their ideal.

The fourth hypothesis speculated that high ICL discrepancy and high dogmatism would be opposing forces in relation to attraction to therapy, the former pushing an individual toward therapy and the latter pulling him away from therapy. The results were not significant, but it is interesting to infer from the obtained trends.

It was found that high dogmatism and high self-ideal discrepancy both function as resisting forces, serving to inhibit an individual from being attracted to therapy. On

approaching this study, it was assumed that ICL discrepancy
is a measure of how much the individual is hurting--i.e.,
how much mental conflict he is experiencing as indicated by
his dissatisfaction with himself. However, as discussed
earlier, it appears that self-ideal discrepancy is another
index of openness. Further, there is reason to suspect that
ICL discrepancy score is a more subtle measure of openness
than dogmatism score. Indication of this possibility is
provided by those Ss whose scores on dogmatism and ICL dis-
crepancy were in opposite directions--i.e. high on one and
low on the other. For these Ss, PIT scores tended in the
direction predicted by the relation between ICL and PIT.
For example, Ss with low ICL discrepancy scores (which
would predict high PIT scores) and high dogmatism scores
(which would predict low attraction) actually have the high-
est mean PIT score as a group. Again, Ss with high ICL dis-
crepancy scores (which alone would predict low attraction
score) and low dogmatism score (which would predict high PIT
score) actually have the second lowest mean PIT score as a
group.

There is another possibility to account for the
above trends. Perhaps the ICL is a less threatening instru-
ment than the Dogmatism Scale. For a college student it may

be more socially acceptable to admit to differences in real
and ideal self than it is to be closed-minded.

Several results remain to be discussed. The high
correlation between dogmatism and ICL discrepancy score for
the Ss with no scoreable pictures warrants some comment. In
light of previous discussion, it seems reasonable to conclude
that projection of helping situations was too threatening
for these 24 Ss. Their defenses were tight enough to pre-
vent projection of therapeutic settings into any of the four
pictures. That is, given their high dogmatism and ICL dis-
crepancy scores, they would be too threatened to see in any
of the pictures, someone seeking help. To ward off the po-
tential threat, these Ss kept their stories far enough re-
moved from anything personal as to render them completely
devoid of help seeking settings or indications of attitude
toward seeking help.

Two minor issues seem worthy of mention. The signif-
icant difference between males and females on the number of
pictures scored seems explainable by the fact that girls
tend to be more verbal than boys. Finally, it should be
noted that the lack of sex differences in dogmatism is not
consistent with past research. Rokeach and Norrell (1966)
found a significantly higher mean dogmatism score for males.

In general the results of this study did not support the original theory. Individuals with a closed-minded approach tended to be less willing than open-minded persons to become involved in a helping situation, but the differences were not statistically significant. Persons who described themselves as very different from their ideal tended to be less desirous of obtaining help than those admitting to lesser degrees of self-ideal discrepancy, but again the differences were not significant. Closed-minded $\underline{S}$s admitted large discrepancies between real and ideal self, while the more open-minded individuals described their real selves as much closer to their ideal selves. The positive correlation was statistically significant.

For future research, it would be interesting to convert the Check List scores of these $\underline{S}$s into placements on Leary's interpersonal diagnostic grid to obtain personality profiles. Also, this study might be replicated with a more sophisticated non-client population and a clearly clinical population, including individuals continuing and discontinuing treatment.

SUMMARY

Since the therapeutic setting is one in which new information and ideas are evaluated and personal experiences are explored, one's attitude toward such a situation should be related to his willingness to receive and integrate new information. Another important motivational factor in attitude toward therapy should be the extent to which one is different from what he would like to be.

It has been shown that closed-minded persons have a greater number of personal problems and are less likely to succeed in therapy than open-minded persons (Kemp, 1961). Experimental results also testify that self-ideal correlations are significantly lower for $\underline{S}$s entering therapy than for non-therapy control $\underline{S}$s (Butler and Haigh, 1954), and that self-ideal correlations increase as a function of therapy (Rogers, 1961).

This study investigated the relationship between receptivity to new information (dogmatism), discrepancy between description of real self and description of ideal self, and projected attraction toward a helping situation. The following

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hypotheses were tested: 1) The higher the dogmatism score,
the less will an individual project attraction to a helping
situation. 2) The greater the discrepancy between self and
ideal, the greater will be the projected attraction toward
a helping situation. 3) The higher the dogmatism score,
the lower will be the discrepancy between perception of real
and ideal self. 4) Dogmatism and self-ideal discrepancy
will interact with projected attraction to a helping situa-
tion in such a way that (a) high dogmatism combined with
high self-ideal discrepancy will result in moderate attrac-
tion to a helping situation and (b) low dogmatism combined
with high self-ideal discrepancy will result in high attrac-
tion to a helping situation while (c) high dogmatism combined
with a low self-ideal discrepancy will result in low attrac-
tion to a helping situation and (d) low dogmatism combined
with low self-ideal discrepancy will result in low attraction
to a helping situation.

Subjects consisted of 260 male and female undergrad-
uates (who had never sought psychological help) enrolled in
introductory psychology courses at Michigan State University.
Separate analyses were made for males and females.

Rokeach's Dogmatism Scale was used to obtain an in-
dex of open-mindedness or receptivity to new information,

Leary's <u>Interpersonal Check List</u> (ICL) rendered a measure of discrepancy between self and ideal, and Libo's <u>Picture Impressions Test</u> (PIT) yielded a measure of projected attraction to a helping situation.

Hypothesis 1 was not supported, though results indicated a trend in the expected direction. Analysis of data for hypothesis 2 suggested a strong trend in the direction opposite to prediction. Hypothesis 3 was supported in the direction opposite to the prediction ($p < .10$ for males, $p < .01$ for females). Hypothesis 4 was not supported though data tended in a direction opposite to the prediction.

It was suggested that the lack of significant results with regard to the PIT may be accounted for by the fact that the test was administered in the classroom situation to a non-clinical population of (freshman) undergraduate students. It is suspected that the combination of these two factors rendered the PIT less sensitive in eliciting personal, psychological types of problems of sufficient intensity to provide statistically significant results.

The positive correlation between dogmatism and ICL discrepancy score is plausible if both are interpreted as measures of openness. The trend toward low attraction

scores for high dogmatism and high ICL discrepancy scorers was explained as the defensive avoidance of a situation that may arouse threatening material.

Within the framework of Rokeach's theory on the nature of attitudes, it was argued that attitude toward an object (e.g. myself or therapy as an object) is quite different from attitude toward a situation (e.g. myself in therapy). Thus, while highly dogmatic individuals will not be attracted to helping situations in general, individuals whose high dogmatism is accompanied by low self-ideal discrepancy may perceive the helping situation positively when considered for its advice-giving potential or seen in terms of someone other than themselves receiving help. On the other hand, dogmatic individuals with high self-ideal discrepancy, having a greater amount of personal defensiveness, fail to show attraction to therapy because they see it as an ongoing situation in which they are personally involved, rather than something more objective and removed from themselves. That is, their higher self-ideal discrepancy, suggesting more personal defensiveness and hence greater fear, facilitates their perception of therapy as a situation in which they are involved and prevents them from projecting themselves into the helping situation.

It was also suggested that the self-ideal discrepancy to which freshmen subscribe may be more situationally bound than dynamically related. Thus, they are willing to admit discrepancies between what they are and what they would like to be, while not necessarily wanting to do anything about it at the time because they are struggling with the impact of a new environment.

APPENDIX

APPENDIX

Table A

Obtained Values of _Eta_ for all Combinations of Variables

Variables	MALES			FEMALES		
	Eta	Df	F	Eta	Df	F
PIT/Dog	.445	17,74	1.04	.435	20,123	1.43
Dog/PIT	.527	17,74	1.6	.299	19,124	.633
PIT/ICL	.323	16,75	.544	.294	19,124	.614
ICL/PIT	.398	17,74	.813	.335	19,124	.823
Dog/ICL	.447	16,75	1.187	.387	19,124	1.14
ICL/Dog	.479	17,74	1.3	.500	20,123	2.04*

*Significantly different from 0 at .01 level. Also significantly non-linear at .05 level (F = 1.739; df = 19,123). These tests were computed according to Walker and Lev (1953, p. 278).

APPENDIX

Table B

Male Pictures for the Picture Impression Test*

PICTURE I

PICTURE II

PICTURE III
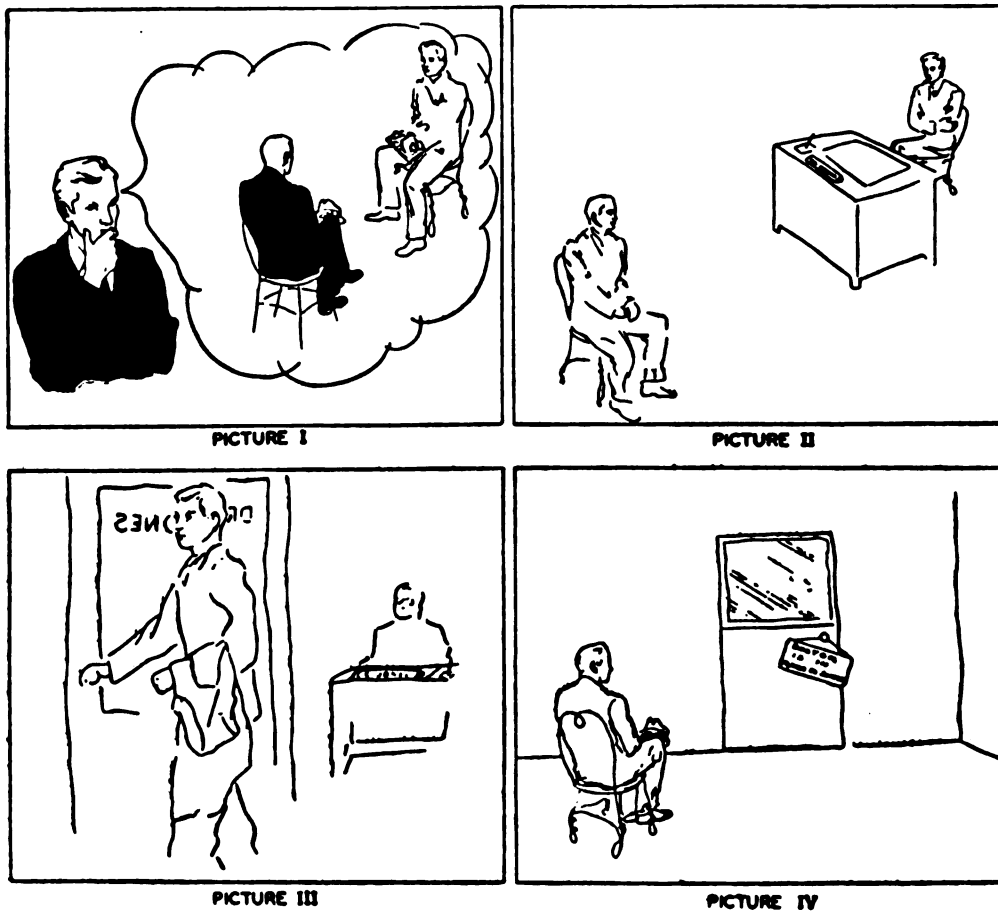
PICTURE IV

*Female cards have the same setting, but a woman appears in the picture rather than a man.

APPENDIX

Table C

Dogmatism Scale

PSYCHOLOGY QUESTIONNAIRE

The following is a study of what the general public thinks
and feels about a number of important social and personal
questions. The best answer to each statement below is <u>your</u>
<u>personal opinion</u>. We have tried to cover many different and
opposing points of view; you may find yourself agreeing
strongly with some of the statements, disagreeing just as
strongly with others, and perhaps uncertain about others.
Whether you agree or disagree with any statement, you can
be sure that many other people feel the same as you do.

Mark each statement in the left margin according to how much
you agree or disagree with it. <u>Please mark every one</u>. Write
+1, +2, +3, or -1, -2, -3, depending on how you feel in each
case.

+1	I agree a little.	-1	I disagree a little.
+2	I agree on the whole.	-2	I disagree on the whole.
+3	I agree very much.	-3	I disagree very much.

____ 1. A person who thinks primarily of his own happiness is
         beneath contempt.

____ 2. The main thing in life is for a person to want to do
         something important.

____ 3. In a discussion I often find it necessary to repeat
         myself several times to make sure I am being under-
         stood.

____ 4. Most people just don't know what's good for them.

____ 5. In times like these, a person must be pretty selfish
         if he considers primarily his own happiness.

____ 6. A man who does not believe in some great cause has
         not really lived.

Appendix Table C (continued)

+1	I agree a little.	-1	I disagree a little.
+2	I agree on the whole.	-2	I disagree on the whole.
+3	I agree very much.	-3	I disagree very much.

____ 7. I'd like it if I could find someone who would tell me how to solve my personal problems.

____ 8. Of all the different philosophies which exist in this world there is probably only one which is correct.

____ 9. It is only when a person devotes himself to an ideal or cause that life becomes meaningful.

____ 10. In this complicated world of ours the only way we know what is going on is to rely on leaders or experts who can be trusted.

____ 11. There are a number of persons I have come to hate because of the things they stand for.

____ 12. There is so much to be done and so little time to do it in.

____ 13. It is better to be a dead hero than a live coward.

____ 14. A group which tolerates too much difference of opinion among its own members cannot exist for long.

____ 15. It is only natural that a person should have a much better acquaintance with ideas he believes in than with ideas he opposes.

____ 16. While I don't like to admit this even to myself, my secret ambition is to become a great man, like Einstein, or Beethoven, or Shakespeare.

____ 17. Even though freedom of speech for all groups is a worthwhile goal, it is unfortunately necessary to restrict the freedom of certain political groups.

Appendix Table D (contined)

+1 I agree a little.   -1 I disagree a little.
+2 I agree on the whole.   -2 I disagree on the whole.
+3 I agree very much.   -3 I disagree very much.

___ 18. If a man is to accomplish his mission in life it is
         sometimes necessary to gamble "all or nothing at
         all."

___ 19. Most people just don't give a "damn" for others.

___ 20. A person who gets enthusiastic about too many causes
         is likely to be a pretty "wishy-washy" sort of per-
         son.

___ 21. To compromise with our political opponents is danger-
         ous because it usually leads to the betrayal of our
         own side.

___ 22. If given the chance I would do something of great
         benefit to the world.

___ 23. In times like these it is often necessary to be more
         on guard against ideas put out by people or groups
         in one's own camp than by those in the opposing camp.

___ 24. In a heated discussion I generally become so absorbed
         in what I am going to say that I forget to listen to
         what the others are saying.

___ 25. Once I get wound up in a heated discussion I just
         can't stop.

___ 26. There are two kinds of people in the world: those
         who are for the truth and those who are against the
         truth.

___ 27. Man on his own is a helpless and miserable creature.

___ 28. The United States and Russia have just about nothing
         in common.

Appendix Table D (continued)

+1 I agree a little.   -1 I disagree a little.
+2 I agree on the whole.   -2 I disagree on the whole.
+3 I agree very much.   -3 I disagree very much.

____ 29. In the history of mankind there have probably been
           just a handful of really great thinkers.

____ 30. The highest form of government is a democracy and
           the highest form of democracy is a government run by
           those who are most intelligent.

____ 31. The present is all too often full of unhappiness.
           It is only the future that counts.

____ 32. Unfortunately, a good many people with whom I have
           discussed important social and moral problems don't
           really understand what's going on.

____ 33. Fundamentally, the world we live in is a pretty
           lonesome place.

____ 34. It is often desirable to reserve judgment about
           what's going on until one has had a chance to hear
           the opinions of those one respects.

____ 35. The worst crime a person could commit is to attack
           publicly the people who believe in the same thing
           he does.

____ 36. In the long run the best way to live is to pick
           friends and associates whose tastes and beliefs are
           the same as one's own.

____ 37. Most of the ideas which get printed nowadays aren't
           worth the paper they are printed on.

____ 38. It is only natural for a person to be rather fearful
           of the future.

____ 39. My blood boils whenever a person stubbornly refuses
           to admit he's wrong.

____ 40. When it comes to differences of opinion in religion
           we must be careful not to compromise with those who
           believe differently from the way we do.

APPENDIX

Table D

Interpersonal Check List

DIRECTIONS FOR IDEAL-SELF

This is the same list of words and phrases that you just used to describe yourself. This time, please circle the number of each item that is descriptive of yourself <u>as you would like to be</u>. Remember that your first impression is generally the best, so please go through the list as quickly as you can. Be sure to consider each item, but circle only those that describe yourself as you would like to be.

1. Able to give orders
2. Appreciative
3. Apologetic
4. Able to take care of self
5. Accepts advice readily
6. Able to doubt others
7. Affectionate and under-
   standing
8. Acts important
9. Able to criticize self
10. Admires and imitates others
11. Agrees with everyone
12. Always ashamed of self
13. Very anxious to be
    approved of
14. Always giving advice
15. Bitter
16. Bighearted and unselfish
17. Boastful
18. Businesslike
19. Bossy
20. Can be frank and honest
21. Clinging vine
22. Can be strict if necessary
23. Considerate
24. Cold and unfeeling
25. Can complain if necessary

26. Cooperative
27. Complaining
28. Can be indifferent to
    others
29. Critical of others
30. Can be obedient
31. Cruel and unkind
32. Dependent
33. Dictatorial
34. Distrusts everybody
35. Dominating
36. Easily embarrassed
37. Eager to get along with
    others
38. Easily fooled
39. Egotistical and conceited
40. Easily led
41. Encouraging to others
42. Enjoys taking care of
    others
43. Expects everyone to ad-
    mire him
44. Faithful follower
45. Frequently disappointed
46. Firm but just
47. Fond of everyone
48. Forceful

Appendix Table D (continued)

49.	Friendly	89.	Proud and self-satisfied
50.	Forgives anything	90.	Always pleasant and agreeable
51.	Frequently angry	91.	Resentful
52.	Friendly all the time	92.	Respected by others
53.	Generous to a fault	93.	Rebels against every-thing
54.	Gives freely of self	94.	Resents being bossed
55.	Good leader	95.	Self-reliant and assertive
56.	Grateful	96.	Sarcastic
57.	Hard-boiled when necessary	97.	Self-punishing
58.	Helpful	98.	Self-confident
59.	Hard-hearted	99.	Self-seeking
60.	Hard to convince	100.	Shrewd and calculating
61.	Hot-tempered	101.	Self-respecting
62.	Hard to impress	102.	Shy
63.	Impatient with others' mistakes	103.	Sincere and devoted to friends
64.	Independent	104.	Selfish
65.	Irritable	105.	Skeptical
66.	Jealous	106.	Sociable and neighborly
67.	Kind and reassuring	107.	Slow to forgive a wrong
68.	Likes responsibility	108.	Somewhat snobbish
69.	Lacks self-confidence	109.	Spineless
70.	Likes to compete with others	110.	Stern but fair
71.	Lets others make decisions	111.	Spoils people with kindness
72.	Likes everybody	112.	Straightforward and direct
73.	Likes to be taken care of	113.	Stubborn
74.	Loves everybody	114.	Suspicious
75.	Makes a good impression	115.	Too easily influenced by friends
76.	Manages others`	116.	Thinks only of self
77.	Meek	117.	Tender and soft-hearted
78.	Modest	118.	Timid
79.	Hardly ever talks back	119.	Too lenient with others
80.	Often admired	120.	Touchy and easily hurt
81.	Obeys too willingly	121.	Too willing to give to others
82.	Often gloomy	122.	Tries to be too success-ful
83.	Outspoken		
84.	Overprotective of others		
85.	Often unfriendly		
86.	Oversympathetic		
87.	Often helped by others		
88.	Passive and unaggressive		

Appendix Table D (continued)

123. Trusting and eager to please	129. Wants to be led
124. Tries to comfort everyone	130. Will confide in anyone
125. Usually gives in	131. Warm
126. Very respectful to authority	132. Wants everyone to like him
127. Wants everyone's love	133. Will believe anyone
128. Well thought of	134. Well-behaved

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