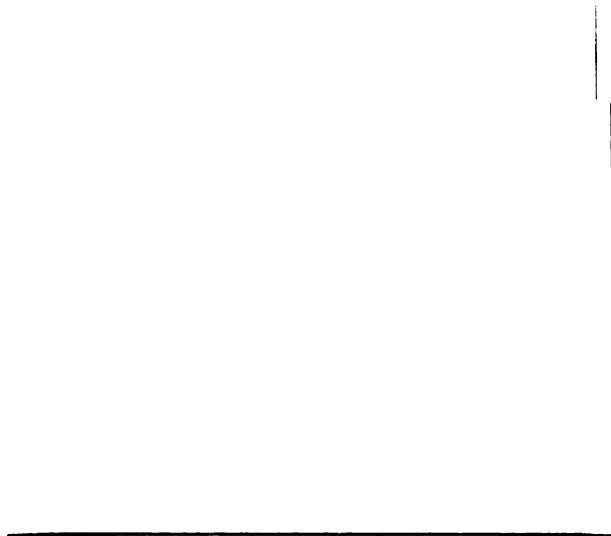DOGMATISM AND SELF DESCRIPTION AS THEY
ARE RELATED TO ATTRACTION
TO A THERAPEUTIC SITUATION

Thesis for the Degree of M. A.
MICHIGAN STATE UNIVERSITY
HARVEY B. MILKMAN
1969

THESIS

ABSTRACT

DOGMATISM AND SELF DESCRIPTION AS
THEY ARE RELATED TO ATTRACTION TO
A THERAPEUTIC SITUATION

by Harvey Milkman

This study was designed to shed light on some of
the personality variables which are related to an indivi-
dual's attraction to a therapeutic situation. In general,
it was hypothesized that subjects who score high on dog-
matism will tend to be unattracted to therapeutic situations
and that there will be a positive relationship between
degree of dogmatism and the subject's perception of himself
as competitive, managerial, blunt, and distrustful. In
addition, individuals who are attracted to therapeutic
situations will tend to view themselves as responsible,
cooperative, modest, and docile, while individuals who are
not attracted to therapeutic situations will tend to view
themselves as competitive, managerial, blunt, and distrust-
ful.

Subjects consisted of 150 male undergraduate
psychology students enrolled in junior level psychology

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courses at Michigan State University. Rokeach's Dogmatism
Scale was used to measure degree of dogmatism, Libo's
Picture Impressions Test (PIT) was used to measure attraction
to therapeutic situations, and Leary's Interpersonal Check-
list (ICL) was used to measure conscious self descriptions.

The results indicated that subjects who are not
attracted to therapeutic situations tend to be more dogmatic
than subjects who are attracted to therapeutic situations.
Subjects who scored high in dogmatism tended to describe
themselves as responsible, cooperative, docile, and modest.
This finding, while only a trend was contrary to the original
prediction. There were no significant relationships between
attraction to therapeutic situations and conscious self
description.

The results were discussed in terms of unconscious
processes which might cause the dogmatic person to avoid
the therapeutic situation and view himself as a less com-
petitive and blunt individual. Cultural stereotypes and
the developmental stage of the subjects were also seen as
forces acting against attraction to the therapeutic situation.
It was suggested that future research in this area might
direct itself toward using a more differentiated measure of
attraction to therapeutic situations which could then lead
to a study of the relationships between unconscious processes
and attraction to therapeutic situations.

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Harvey Milkman

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DOGMATISM AND SELF DESCRIPTION

AS THEY ARE RELATED TO ATTRACTION

TO A THERAPEUTIC SITUATION

By

Harvey B. Milkman

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
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Dedicated to Li'l Goof

she was always there

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DOGMATISM AND SELF DESCRIPTION

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INTRODUCTION

The purpose of this study was to shed light upon
those factors which are related to whether or not an indi-
vidual will be attracted to a therapeutic situation.
Tenbusch (1967) attempted to explain an individual's
receptiveness to a helping situation in terms of dogmatism
and self-ideal discrepancy. She hypothesized that a common
element of people who seek therapy is a non-rigid or open
belief system. If open-mindedness is accompanied by a
large self-ideal discrepancy, the relationship should be
inverted. Highly dogmatic individuals with large self-
ideal discrepancies and open-minded individuals with small
self-ideal discrepancies should only be moderately attracted
to a helping situation. After reviewing some pertinent
literature and scanning her results, (none of which were
significant) this author has concluded that the situation is
somewhat more complicated than she had imagined.

Leary (1951) stated that we can suspect that about
50 percent of individuals with marked character distortions

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(i.e. about one half of the diagnostic continuum) did not

show up in large numbers in the nineteenth century

psychiatric office because the very essence of their in-

balance tended to push them away from dependence, self-

revelation and conforming cooperation. They did not seek

therapeutic assistance because the core of their anxiety

reducing operations was a compulsive maintenance of power,

independence, competitiveness, of defiance; interpersonal

techniques which preclude, under ordinary circumstances,

the role of the psychiatric patient. Rokeach (1960)

defined persons with similar dynamics as "dogmatic".

These individuals attempt to overcome feelings of isolation

and helplessness by becoming excessively concerned with

needs for power and status. Along with such an overconcern

there follow compensatory attitudes of egotism on the one

hand and misanthropy (Sullivan and Adelson, 1954) on the

other. These in turn lead to feelings of guilt and

(through rationalization) projection to a generally dis-

affected outlook on life (Rokeach, 1960). Rokeach defines

open-mindedness as "the extent to which the person can

receive, evaluate, and act on relevant information received

from outside on its own intrinsic merits. Unencumbered by

irrelevant factors in the situation arising from within

the person or from outside." (Rokeach, 1960) Irrelevant

internal pressures which limit realistic reception of

information include irrational ego motives, power needs,

the need for self aggrandizement, the need to allay anxiety etc. External pressures include reward and punishment from external authority as exerted by parents, peers, social and institutional group norms, reference groups, and cultural norms.

Because the dogmatic individual is excessively concerned with needs for power and status and is generally misanthropic in nature, he would probably be quite uncomfortable perceiving himself as a dependent and socially incapable individual. Hence the very nature of his disturbance would repell him from the therapeutic situation.

Kemp (1961), using Rokeach's Dogmatism Scale as an index of open-mindedness, investigated the hypothesis that open-minded individuals (as indicated by a low score on the dogmatism scale) have fewer personal problems and respond more favorably to counseling than the closed-minded person. He 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. Kemp's subjects did not request therapeutic aid but agreed to participate in "counseling sessions" as part of his experiment. The fact that the dogmatic individuals changed little as a result of sessions lends support to the idea that closed-minded individuals have negative attitudes toward therapy and under natural conditions

would not seek assistance in solving their personal problems.

The therapeutic situation can be looked upon as a learning experience, Ehrlich (1961) explored the relationship between dogmatism and learning. He also studied the validity of certain aspects 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) He felt that if the above defining characteristic of a dogmatic person is accurate, then a highly dogmatic person should learn less in the classroom situation than the individual low in dogmatism. His data support this hypothesis. Ehrlich also found that the split-half reliability for the Dogmatism scale was .75, and the correlation between two administrations of the Scale was .73. After five years, he restudied the same population and his original findings were replicated. These results give further support to the validity of Rokeach's theoretical formulations which underly his scale.

Hollenback (1965) found that 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. Here we have further evidence that closed-minded individuals tend to deny their problems and thus experience little need for assistance in attempting a solution.

If open-minded individuals are more capable of ex-
periencing their problems, what are the dynamics which cause
them to seek assistance in a therapeutic situation? Or if
they don't seek therapy, why do they or they not have a
positive attitude toward a therapeutic situation?

Rogers (1961) found that individuals entering
therapy exhibit considerable discrepancy between their per-
ceived-self and ideal-self. Butler and Haigh (1954) found
that patients entering therapy had a self-ideal correlation
of -.47 while a non-therapy control group which was matched
for age, sex, and socioeconomic status had self-ideal
correlations of .58. From this, Tenbusch (1967) concluded
that if an individual experiences a large self-ideal dis-
crepancy, he should be attracted to a therapeutic situation.

In this study, however, we were interested in a
person's attitude toward therapy rather than in predicting
whether or not he will actually enter a therapeutic situation.
A person with a small self-ideal discrepancy may never ex-
perience the need for therapy but may still have a positive
attitude towards the therapeutic situation. This author
has speculated that while self-ideal discrepancy may be
important in predicting whether or not an individual will
enter therapy, it has little or no relevance to an indivi-
dual's attitude toward a therapeutic situation. Thus an
attempt shall be made to uncover personality variables
which are related to this attitude.

Leary (1951) classifies interpersonal behavior into sixteen mechanisms or reflexes. These variables are designed to measure, on the same continuum, the normal adjustive aspects of behavior as well as abnormal and pathological extremes. Degree of adaptiveness is defined by the intensity of the mechanism used rather than by culturally imposed criteria. Neurosis or maladjustment involves the "limiting of one's interpersonal apparatus and the compulsive use of certain inflexible, inappropriate interpersonal operations which bring about results that are painful, unsatisfactory or different from one's conscious goals." (Leary, 1951) Interpersonal operations can be viewed on any one, or all of five different levels, ranging from the level of public communication to the level of deeply internalized values of which the subject has no conscious awareness.

In this study, we predicted that dogmatic individuals would tend to be competitive, managerial, blunt, and distrustful (on the level of conscious self-description). Excessive use of these mechanisms tends to pull these people away from a therapeutic situation. Those people who see themselves as responsible, cooperative, docile, and modest should have a positive attitude towards therapy and when these mechanisms are excessively used, the individual should be more strongly attracted to a therapeutic situation.

Libo (1953) designed the Picture Impressions Test to measure patient-therapist attraction. The validity of this projective instrument was studied by investigating whether or not the test could predict that the client would return for his second interview. (Libo, 1957) The test was administered to forty 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 results indicated a significant relationship between actual and predicted behavior (chi square of 4.23). Mullen (1966) studied the ability of the P.I.T. to reflect information about the specific client-therapist relationships. He found that students attending one counseling interview had higher attraction scores than students with no counseling experience. He was also able to successfully predict whether or not a client would return for a second interview. From these research findings, it seems safe to consider the P.I.T. a valid measure of attraction to therapy.

PURPOSE OF THE STUDY

This study was designed to investigate the following hypotheses:

1) Individuals who are not attracted to therapeutic situations tend to receive higher dogmatism scores than individuals who are attracted to therapeutic situations.

2) Individuals who score high in dogmatism tend to view themselves as competitive, managerial, blunt and distrustful.

3) The more dogmatic the individual, the more marked will be his tendencies to perceive himself as competitive, managerial, blunt, and distrustful.

4a) Individuals who are attracted to therapeutic situations tend to view themselves as responsible, cooperative, modest, and docile.

4b) Individuals who are not attracted to therapeutic situations tend to view themselves as competitive, managerial, blunt, and distrustful.

METHOD

Sample: The subjects consisted of 105 male under-
graduates enrolled in 300 level psychology courses at
Michigan State University. All of the subjects were either
sophmores, juniors, or seniors. Freshmen were not used
because it was felt that their situational adjustment prob-
lems might influence the validity of the study. Subjects
who had received counseling, either in the past or during
the time of the study were eliminated. Subjects who either
did not understand the directions or who chose not to con-
sider the study seriously were also eliminated.

Instruments: The Picture Impressions Test is a
projective technique consisting of four pictures (see Table
A in Appendix). It was originally designed to measure the
attraction of a patient toward his therapist and toward the
setting that he represents. Attraction is defined as "the
resultant of all forces acting on the patient to maintain
his relationship with the therapist." The pictures are
appropriate for adolescents and adults of both sexes, and
for white and Negro subjects (Libo, 1956).

The client is shown each picture and is asked to
make up a story about it. He is instructed to use his

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imagination and 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 and
felt? What is Wanted? 4) What will happen? What will be
done? If the client asks what he is supposed to write, he
should be answered, "It's up to you." About five minutes
is required for the writing of each story.

Two methods can be used for analyzing the stories.
One is a systematic scoring method designed to yield a
quantitative statement of attraction strength (this is the
method used in this study). The other is a qualitative
clinical analysis. Before a story can be scored, it must
include an individual client whose relationship with the
therapist is with reference to diagnostic or therapeutic
functions. Help must be sought for the self, rather than
for a child, spouse or friend. The relationship can be
actual or imaginary, existing or desired, and can be seen
as in the past, present, or future.

If the story meets the above requirements, scoring
can begin. A + 1 is given for every indicator of attraction
in the story. A -1 is given for every indicator of repul-
sion. Attraction can be physical or psychological and is
scored for every mention of movement of one individual
(client) toward the other (therapist). The total score is
the algebraic sum of all the "+" and "-" scores; the higher
the score, the greater the individual's presumed attraction

to his doctor. The number of stories receiving a score was interpreted as the subjects degree of involvement in the story-writing task. Both the total score and number of stories receiving a score were given consideration in determining whether or not the client is attracted to therapy. The result for each subject is recorded. The following is a sample scoring unit: Score = +3(2). Explanation: +3 indicates the level of attraction. (2) indicates the level of involvement in the story writing task.

Some general rules were prescribed for the coding and scoring of stories. The scoreable unit was defined as any word, phrase, clause or sentence qualifying under one of the following coding categories: 1) Locomotion, actual or attempted, 2) Locomotion, desired, 3) Barriers to Desired Locomotion, 4) Barriers to Desired Locomotion Overcome, 5) Satisfaction. A series of descriptive words, all of which, if treated separately, would b e scored in the same code category and with the same sign is defined as one unit. But if the descriptive word is preceded by a verb, each verb-adjective combination is scoreable as a separate unit. "Either-or" statements are scored for each scoreable unit present, but conditional statements are not scored. If the writer expresses a personal opinion about what the story character should do, the item is not scored. Also if the item involves involuntary or accidental action or events, it is not scored. In general, unless movement, motivation,

or satisfaction are explicitly mentioned in the story, their nature should not be assumed by the scorer.

As mentioned earlier in this paper, two studies were conducted to investigate the reliability of scoring. Picture Impressions stories (Libo, 1956; Libo, 1957). Two coders independently scored the records of 30 subjects, and one coder repeated his scoring of 40 records after a six month interval. The two independent scorers achieved 87% agreement on their judgment of "attracted" or "not attracted." Agreement on number of stories receiving a score was 100%. One coder who repeated scoring achieved an agreement of 95% on his judgment of "attracted" or "not attracted," 98% on number of stories receiving a score, and 92% on total score.

Criteria for interpretation of "attracted" or "not attracted" are summarized in Table I.

TABLE I

Scoring Criteria for PIT (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

Leary (1956) devised a theory of personality whereby interpersonal behavior is classified into sixteen mechanisms or reflexes. These mechanisms operate to different

degrees in 5 levels of personality ranging from the level of public communication to the level of deeply internalized values of which the individual has no conscious awareness. He developed the Interpersonal Checklist as a means of quantifying behavior at two of these levels:

1) Level II - the individual's conscious descriptions of self and others,

2) Level V - the individual's conscious ideal self.

The checklist comprises 128 items - eight for each of the sixteen interpersonal variables. The sixteen variables can be combined to form a group of eight octant variables which are coded by the use of letters: 1) AP - Managerial-Autocratic, 2) NO - Responsible-Hypernormal, 3) LM - Cooperative-Over-Conventional, 4) JK - Docile-Dependent, 5) HI - Self Effacing-Masochistic, 6) FG - Rebellious-Distrustful, 7) DE - Aggressive-Sadistic, 8) BC - Competitive-Narcissistic. An intensity dimension is built into the checklist. The items in the left column are the most moderate aspects of the interpersonal trait, and the items in each of the rows increase in intensity as they move toward the right. Example: "Well thought of" is a moderate item for the variable "P" (prestige), and "Tries to be too successful" is an intense or maladaptive "P" item. Table 2 indicates the categories employed for interpersonal diagnosis of adaptive and maladaptive behavior at all levels.

TABLE 2

Adaptive Interpersonal Diagnostic Categories	Letter Code	Maladaptive Interpersonal Diagnostic Categories
Managerial	AP	Autocratic
Competitive	BC	Narcissistic
Critical	DE	Sadistic
Skeptical	FG	Distrustful
Self-effacing	HI	Masochistic
Docile	JK	Dependent
Conventional	LM	Over-conventional
Responsible	NO	Hypernormal

There are a number of ways in which the data from the Interpersonal Checklist can be handled statistically. A simple procedure is to count and graph the number of raw score items falling in each octant.

In this study the Interpersonal Checklist was given for the subject's description of his perceived "self" and his "ideal self." The test yields a set of 8 variables which tap the following areas of self description: competitive, managerial, blunt, distrustful, responsible, cooperative, modest, and docile. These variables were combined in groups of four, yielding two broad categories: a) Aggressive (competitive, managerial, blunt, distrustful) and b) Passive (cooperative, modest, responsible, docile). Scores for each major category were derived by taking the

algebraic sum of scores obtained on the minor categories.

Thus a score of 23 for passivity could represent the sum of

8 (responsible), 4 (modest), 6 (cooperative), and 5 (docile).

Scores for each subject were computed for his description of

his perceived "self" and his "ideal self." By taking the

absolute difference between scores on each minor variable

for ideal and perceived self, and then adding these differ-

ences algebraically, a score for SID (self-ideal discrepancy)

was derived. Thus the Interpersonal Checklist yielded 5

coding categories for each subject: a) SA (self-aggressive),

b) SP (self-passive), c) IA (ideal-aggressive), d) IP (ideal-

passive), e) SID (self-ideal discrepancy).

Directions to the subject are as follows:

This is a list of words and phrases which describe
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 128 items
in all.

The test is gone through separately for each person

described. To describe his ideal self, the subject is

requested to circle the number of each item that is descrip-

tive of himself as he would like to be (see Table B in

Appendix). The entire test requires about 10 - 15 minutes.

Test-retest reliability correlations average .78.

These correlations suggest that Interpersonal Checklist

scores have sufficient stability to be useful in personality

research.

Rokeach (1960) designed the Dogmatism Scale to measure individual differences in closedness of belief systems. Because of the way open and closed are defined (see introduction) the scale also measures authoritarianism and general intolerance. The procedure used to construct the scale was essentially deductive. The various defining characteristics of open and closed systems were scrutinized, and statements were devised to try to tap these character- istics. The primary assumption was that if a person strongly agrees with such statements it would indicate that he possesses one extreme of the particular characteristic being tapped, and if he strongly disagrees, that he possesses the opposite extreme. The statements that were chosen express ideas that are familiar to the average person. Each statement was designed to transcend specific ideologi- cal positions in order to penetrate the formal and structural characteristics of all positions; ie. persons adhering dogmatically to capitalism and communism should all score together at one end of the continuum. The Dogmatism Scale had 5 revisions to increase reliability and to take advant- age of theoretical refinements. For all statements, agree- ment is scored as closed and disagreement is open.

The Dogmatism Scale is typically administered to persons meeting in groups. They take the tests without putting their names to them, thus encouraging frank answers. Subjects are 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 un-
certain 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.

The scale is converted for scoring purposes to a

1 to 7 scale by adding a constant of 4 to each item scored.

The total score is the sum of scores obtained on all items

of the test. The final 40 item scale, Form E, was found to

have a reliability ranging from .68 to .93. A shorter

method of scoring, which has a reliability of .89 is

achieved by adding the number of positives without regard

to the numerical value of each. This method yields an

average score of about 17, an upper bound of 32, and a

lower bound of zero (Rokeach and Norrell, 1956).

Prcoedure: Data was collected on three separate

occasions. The procedure for each administration was the

same. 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

percent of the time and as the third test 50 percent of the

time.

The PIT was originally designed for administration

in a therapeutic situation. The directions for the test

were adjusted so that it could be used in the classroom.
There are separate cards for males and females but only male
cards were used because analysis of the data was limited
to male subjects. Pictures were traced on clear plastic
slides so that they could be projected on a screen in the
front of the room. Before presentation of the pictures,
subjects 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 answer 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 four pictures in all and each has a
separate answer sheet. Please work fast. Each story
should take you about five minutes to write. Be sure to
mark the number of the story at the top of each sheet.
> Are there any questions?
> O.K. Here is the first picture.

Each picture was shown for 25 seconds. It was then
removed from the projector and subjects were given 5 minutes
to make up a story. Those who did not finish were told to
go on to the next story (almost all subjects were able to
complete each story in 5 minutes).

After the PIT was administered, the following
directions were given:

> 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 necessarily 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.

Instructions for the Dogmatism Scale and ICL were not changed from those outlined in the section on instruments. The data sheet requested the subject's age, sex, student number and whether or not he had in the past or was presently obtaining psychological counseling or psychotherapy. The entire procedure took about one hour.

Results

Reliability of the Picture Impressions Test

Before the data could be submitted to statistical analysis, it was necessary to check the reliability of scoring on the P.I.T. Correlation Coefficients were computed for scores obtained by two independent scorers on the following dimensions: Absolute score, total number of stories scored, attraction to therapy. Table 3 presents the results of this analysis.

Table 3. Correlation Between Scores Obtained From Two
Independent Scorers on P.I.T. (N=28)

P.I.T. Dimension	r
Number of Stories Scored	.83*
Absolute Score	.77*
Attraction	.71*

* $p < .001$

These correlation coefficients suggest that scoring of the P.I.T. was sufficiently reliable for use in this investigation.

Table 4 presents the mean, variance and standard deviation obtained for all subjects on the Dogmatism Scale

and each of the 5 variables on the Interpersonal Checklist.

Table 4. Means, Variances and Standard Deviations for all
Subjects on Dogmatism Scale and I.C.L. (N = 105)

		ICL*				
	Dogmatism	SA	SP	IA	IP	SID
$\bar{x}$	15.68	23.95	21.35	22.90	19.32	19.19
s^2	21.74	50.35	90.99	26.71	48.25	107.53
s	4.66	7.09	9.54	5.17	6.75	10.36

* SA = Self-Aggressive (competitive, managerial, blunt, distrustful)
  SP = Self-Passive (cooperative, modest, responsible, docile)
  IA = Ideal-Aggressive (competitive, managerial, blunt, distrustful)
  IP = Ideal-Passive (cooperative, modest, responsible, docile)
  SID = Self-Ideal Discrepancy

Attraction on P.I.T.

The P.I.T. was scored and interpreted according to the criteria described in the section on instruments. Scores for 47 out of the 105 subjects were interpreted as "attracted to therapeutic situations" while scores for 58 out of the 105 subjects were interpreted as "not attracted to therapeutic situations."

Hypothesis 1

The first hypothesis to be tested was that individuals who are not attracted to therapeutic situations tend to receive higher dogmatism scores than individuals who are attracted to therapeutic situations.

The mean dogmatism score for individuals attracted to thera-
peutic situations was 14.74 while the mean dogmatism score
for those individuals who were not attracted was 16.44.
A t-test comparing these means reveals that the results
were significant at the .05 level (+ = 1.874, df = 100,
$p <$ .05). This indicates that subjects scoring high in
dogmatism indicate less attraction to a therapeutic situa-
tion.

Hypothesis 2

The second hypothesis tested was that individuals
who score high in dogmatism tend to see themselves as com-
petitive, managerial, blunt, and distrustful. These vari-
ables were combined to form a single variable, A (Aggressive).
Each subject received a score for two A variables; SA (Self-
Aggressive) and IA (Ideal-Aggressive). Each subject also
received a score on the ICL for SP (Self-Passive), IP (Ideal-
Passive), and SID (Self-Ideal Discrepancy). A description
of the derivation of these categories is presented in the
section on instruments. Table 5 shows the obtained corre-
lations and their significance levels.

From Table 5, it can be seen that the hypothesis
that dogmatic individuals tend to see themselves as com-
petitive, managerial, blunt and distrustful was not supported.
The results show a trend in the opposite direction. Dog-
matic subjects tended to view themselves as passive

Table 5.   Correlation Between Dogmatism and Five ICL
           Variables (N = 105)

ICL Variable	r
SA	-.19*
SP	.32**
IA	.06
IP	.17*
SID	.17*

* p < .05
** p < .001

(cooperative, modest, responsible, docile). The correlation

between dogmatism and SP is .32 and the correlation between

dogmatism and IP is .17. These correlations are significant

at the .001 and .05 level respectively. Interpretation of

this result is deferred for the discussion section.

Hypothesis 3

The third hypothesis tested was that the more dog-

matic the individual, the more marked will be his tendencies

to perceive himself as competitive, managerial, blunt, and

distrustful. This hypothesis was not supported. It has

already been pointed out that there is a negative relation-

ship between dogmatism and aggressive self description (r =

-.19).

In addition to the analyses of the stated hypothesis,

further analyses were performed. There appears to be a

positive relationship between dogmatism and all of the ICL

variables with the exception of SA. Perhaps dogmatic indi-

viduals tend to describe themselves as possessing a more

extreme degree of all the traits presented on the ICL. In

order to examine this possibility more closely, subjects

were divided into 3 dogmatism groups. Subjects who scored

more than one standard deviation from the mean were placed

in either the high (20-29) or low (6-11) category. T-tests

were then computed, comparing the mean scores for each of

the ICL variables. Results are indicated in Table 6.

Table 6. T-tests Comparing Mean ICL Scores for Subjects
High, Medium and Low on Dogmatism

| | Dogmatism | | | |
	High (N=19)	Medium (N=67)	Low (N=19)	Significance
SA	23.58	24.40	23.74	N.S.
IA	22.05	19.88	20.53	N.S.
SP	27.11*	23.78	20.79*	p $<$ .05 for H vs. L
IP	20.84	19.30	17.89	N.S.
SID	21.58	19.25	16.11	N.S.

With the exception of SA (Self-Aggressive), mean ICL scores

were highest for the high dogmatism group and lowest for the

low dogmatism gro up. The only significant difference how-

ever, was between high and low dogmatic subjects on the SP

variable. There does seem to be a trend for subjects who

scored high on dogmatism to describe their perceived and

ideal selves as possessing more extreme degrees of the
traits presented on the ICL than subjects who scored low on
dogmatism.

Hypothesis 4

The fourth hypothesis tested was that individuals
who are not attracted to therapeutic situations tend to
view themselves as managerial, blunt, distrustful, and com-
petitive, while individuals who are attracted to therapeutic
situations tend to view themselves as responsible, coopera-
tive, modest, and docile. These results are found in Table
6.

Table 7. T-tests Comparing Attracted and Not Attracted
Subjects on the Basis of Mean ICL Variables

	Attracted (N=47)	Not Attracted (N=58)	t	Significance Level
SA	22.96	24.75	-1.309	N.S.
IA	21.91	23.71	-1.784*	$p < .05$
SP	20.23	22.51	-1.221	N.S.
IP	18.49	20.00	-1.120	N.S.
SID	18.89	19.10	-0.101	N.S.

As the table indicates, the relationship between SA scores
and attraction to therapeutic situations did not reach
statistically significance. Neither was there a statistic-
ally significant relationship between SP scores and

attraction to therapy. If, however, we consider the
remaining variables, we note that the relationship between
IA and attraction to therapy was significant. Subjects who
are not attracted to therapy tend to describe their ideal
selves as more aggressive than subjects who are attracted
to therapy.

DISCUSSION

This study was designed to investigate some of the personality variables that are related to an individual's attitude toward a therapeutic situation. Of the four hypotheses that were tested, one was supported, two were not supported and one was partially supported. While some of the data were not specifically relevant to the stated hypotheses, they were analyzed in the hope that further insight might be gained.

The first hypothesis tested was that individuals who are not attracted to therapeutic situations tend to receive higher dogmatism scores than individuals who are attracted to therapeutic situations. The results were significant in the predicted direction. This finding is consistent with Rokeach's (1960) formulations concerning the dynamics of the dogmatic individual. He states that one of the defining characteristics of the dogmatic person is that his basic belief about the social world in which he lives is that it is threatening and unfriendly. In addition, the dogmatic individual is unable to receive new information to the extent that it threatens to provoke anxiety. The therapeutic situation can be viewed as one in which the individual

receives new information which is directly related to his means of coping with anxiety. For a dogmatic person, a direct confrontation with the anxiety, against which he is so strongly defending, could be extremely threatening. Hence he projects his basic belief about the unfriendly world in which he lives to the therapeutic situation. He is able to successfully ward off the threat of anxiety at the expense of being rigid and unable to utilize new information that might be relevant to his defensive maneuvers. This interpretation is consistent with Kemp's (1961) finding that dogmatic individuals responded less favorably to counseling than openminded persons.

The second hypothesis tested was that individuals who score high in dogmatism tend to view themselves as competitive, managerial, blunt and distrustful. This hypothesis was not supported. It is very interesting to note, however, that the results were significant in the opposite direction. Subjects who scored high on dogmatism tended to perceive their selves and ideal selves as cooperative, responsible, modest, and docile.

A possible explanation for the discrepancy between the predicted and obtained results centers around the difference between the dogmatic individual's unconscious motives and defenses and his conscious interpretation and understanding of these processes. One could speculate that at an unconscious level, the dogmatic individual is

defending against feelings of self-inadequacy and self-hate. He has been made to feel alone and helpless in a threatening world and attempts to overcome these feelings by becoming excessively concerned with needs for power and status (Rokeach, 1960). But conscious experience of these needs might well lead to pervasive feelings of guilt. The dogmatic individual denies his unconscious aggressive tendencies and projects them to the external world. Consequently he views himself as cooperative, responsible, modest and docile. Hollenback's (1965) finding, that the more dogmatic a blind person, the more he denies his disability and its effects, lends support to the notion that dogmatic individuals use the defenses of denial.

The dogmatic person's self-perception is not totally incompatible with his behavior. In pursuit of power and status, the closed-minded person does not rely on his own evaluation of environmental events. He adheres rigidly and unchallengingly to the values of an external authority figure. In this sense he is correct in describing himself as passive. What he does not see, however, is that by rigidly adhering to some absolute authority he behaves in a managerial, competitive, blunt, and distrustful manner with respect to the individuals and events that are incongruent with his absolute system of values.

The third hypothesis tested was that the more dogmatic the individual, the more marked will be his

tendencies to perceive himself as competitive, managerial, blunt, and distrustful. By extrapolating from the above discussion, one can see that this hypothesis was not supported. The correlation between dogmatism and aggressive self description was -.19.

There appears to be a positive relationship between dogmatism and all of the ICL variables with the exception of SA. It was thought that by dividing the subjects into high, medium, and low dogmatism groups (by defining high and low as scores falling one or more standard deviations from the mean), greater insight could be gained in terms of understanding the differences in self perception between high and low dogmatic subjects.

Although further statistical analysis along these lines were beyond the scope of this study, it is interesting to note that in all cases, the variance of ICL scores was higher for the group that scored high in dogmatism than it was for the group that scored low in dogmatism. This observation is consistent with the notion that dogmatic individuals tend to view life in absolute terms. The highly dogmatic subject either perceives himself as possessing an extreme amount of a trait or a very small amount of a trait. Restated in Rokeach's (1960) terms, there is a relatively great discrepancy in the degree of differentiation between belief and disbelief systems.

It is also interesting that there is a positive relationship between dogmatism and self-ideal discrepancy. Perhaps this relationship can be understood in terms of the closed-minded individual's de-emphasis of the present and preoccupation with the future (Bonier, 1957). Given that the dogmatic individual experiences a great deal of anxiety connected with his perception of the future, he is likely to defend against this anxiety by formulating extreme and unrealistic goals. Hence, his ideal self, which represents his projection of what he would like to be in the future, is likely to be discrepant from his perceived self which is rooted in the de-emphasized present. Conversely, the open-minded individual, who is not as anxious about what the future holds, is less likely to experience the desire for his future self to be different from his present self.

The fourth hypothesis tested was that individuals who are not attracted to therapeutic situations tend to view themselves as managerial, blunt, distrustful and competitive, while individuals who are attracted to therapeutic situations tend to view themselves as responsible, cooperative, modest, and docile. Only the first part of this hypothesis was partially supported. There was a statistically significant difference between "attracted" and "not attracted" subjects on the basis of their ideal-aggressive self descriptions. Subjects who were not attracted to therapeutic situations tended to view their ideal selves as

more aggressive than subjects who were attracted to thera-
peutic situations. Given that an individual is not
attracted to situations in which he must accept assistance
with his personal problems, he is being psychologically con-
sistent by valuing competition, dominance, distrust and
bluntness.

It is interesting to note that the majority of sub-
jects (57 out of 105) indicated that they were not attracted
to therapeutic situations. Furthermore, subjects who were
not attracted, tended to view their ideal selves as com-
petitive, managerial, blunt, and distrustful. Perhaps this
result is related to the social position of our subjects in
this culture. Late adolescents who are relatively naive
regarding therapy might view the therapeutic situation as
an extension of childhood dependency which they are struggl-
ing to overcome. This tendency, which may be exaggerated
by cultural values such as competition and independence,
might well exert a powerful force acting to repel the late
adolescent from a help seeking situation.

The finding that there were no other significant
relationships (with the exception of IA) between attraction
to therapeutic situations and conscious self description,
coupled with the observed relationship between attraction
to therapeutic situations and dogmatism, has led us to be-
lieve that attraction to therapeutic situations is more
closely related to unconscious processes than it is to

conscious self descriptions. In view of this formulation, a direction for future research might be to study the relationship between such variables as the need for affiliation (as measured by the TAT, for example) and attraction to therapeutic situations.

The PIT was originally designed for individual administration in a therapeutic situation. Because of the instrument's sensitivity to situational factors, it was felt that valid statistical analysis could only be achieved by interpreting PIT scores in terms of "attracted" or "not attracted" to therapeutic situations. In actual therapy, however, the PIT has been used to measure degree of attraction (Mullen, 1966). If this method of scoring could be validated for group administration, in a non-therapy situation (by testing a group of subjects and predicting which ones will enter therapy and how long they will remain), more powerful statistical analysis could be performed on the data. For example, an hypothesis such as, dogmatism is inversely related to attraction to therapeutic situations, could be tested.

In conclusion, this investigation was only roughly analagous to the actual therapy situation. Specifically, these subjects were not in treatment and did not seek treatment. It would be interesting to explore these same variables with an actual population of individuals who are seeking help.

SUMMARY

This study was designed to shed light on some of
the personality variables which are related to an individual's
attraction to a therapeutic situation. In general, it was
hypothesized that subjects who score high on dogmatism
will tend to be unattracted to therapeutic situations and
that there will be a positive relationship between degree
of dogmatism and the subject's perception of himself as
competitive, managerial, blunt, and distrustful. In addi-
tion, individuals who are attracted to therapeutic situa-
tions will tend to view themselves as responsible, coopera-
tive, modest, and docile, while individuals who are not
attracted to therapeutic situations will tend to view them-
selves as competitive, managerial, blunt, and distrustful.

Subjects consisted of 150 male undergraduate
psychology students enrolled in junior level psychology
courses at Michigan State University. Rokeach's Dogmatism
Scale was used to measure degree of dogmatism, Libo's
Picture Impressions Test (PIT) was used to measure attraction
to therapeutic situations, and Leary's Interpersonal Check-
list (ICL) was used to measure conscious self descriptions.

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The results indicated that subjects who are not attracted to therapeutic situations tend to be more dogmatic than subjects who are attracted to therapeutic situations. Subjects who scored high in dogmatism tended to describe themselves as responsible, cooperative, docile, and modest. This finding, while only a trend was contrary to the original prediction. There were no significant relationships between attraction to therapeutic situations and conscious self description.

The results were discussed in terms of unconscious processes which might cause the dogmatic person to avoid the therapeutic situation and view himself as a less competitive and blunt individual. Cultural stereotypes and the developmental stage of the subjects were also seen as forces acting against attraction to the therapeutic situation. It was suggested that future research in this area might direct itself toward using a more differentiated measure of attraction to therapeutic situations which could then lead to a study of the relationships between unconscious processes and attraction to therapeutic situations.

APPENDIX

APPENDIX

Table A

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 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.

+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.

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

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Appendix Table A (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.

____ 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.

____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
          ofperson.

____21.   To compromise with our political opponents is dangerous
          because it usually leads to the betrayal of our own
          side.

Appendix Table A (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.

____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.

____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.

Appendix Table A (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.

___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 fear-
        ful 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 B

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 as you would like to be. 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 con-
    ceited
40. Easily led
41. Encouraging to others
42. Enjoys taking care
    of others
43. Expects everyone to
    admire him
44. Faithful follower
45. Frequently disappointed
46. Firm but just
47. Fond of everyone
48. Forceful

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Appendix Table B (continued)

49. Friendly
50. Forgives anything
51. Frequently angry
52. Friendly all the time
53. Generous to a fault
54. Gives freely of self
55. Good leader
56. Grateful
57. Hard-boiled when necessary
58. Helpful
59. Hard-hearted
60. Hard to convince
61. Hot-tempered
62. Hard to impress
63. Impatient with others'
     mistakes
64. Independent
65. Irritable
66. Jealous
67. Kind and reassuring
68. Likes responsibility
69. Lacks self-confidence
70. Likes to compete with
     others
71. Lets others make decisions
72. Likes everybody
73. Likes to be taken care of
74. Loves everybody
75. Makes a good impresssion
76. Manages others
77. Meek
78. Modest
79. Hardly ever talks back
80. Often admired
81. Obeys too willingly
82. Often gloomy
83. Outspoken
84. Overprotective of others
85. Often unfriendly
86. Oversympathetic
87. Often helped by others
88. Passive and unaggressive

89. Proud and self-satisfied
90. Always pleasant and
     agreeable
91. Resentful
92. Respected by others
93. Rebels against
     everything
94. Resents being bossed
95. Self-reliant and
     assertive
96. Sarcastic
97. Self-punishing
98. Self-confident
99. Self-seeking
100. Shrewd and calculating
101. Self-respecting
102. Shy
103. Sincere and devoted
     to friends
104. Selfish
105. Skeptical
106. Sociable and neighborly
107. Slow to forgive a wrong
108. Somewhat snobbish
109. Spineless
110. Stern but fair
111. Spoils people with
     kindness
112. Straightforward and direct
113. Stubborn
114. Suspicious
115. Too easily influenced
     by friends
116. Thinks only of self
117. Tender and soft-hearted
118. Timid
119. Too lenient with others
120. Touchy and easily hurt
121. Too willing to give
     to others
122. Tries to be too
     successful

Appendix Table B (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

BIBLIOGRAPHY

Bonier, R.J. A study of the relationship between time per-
      spective and open-closed belief systems. Unpublished
      M.A. Thesis, M.S.U. Library.

Butler, J.M. and Haigh, G.V. Changes in the relation be-
      tween self-concepts and ideal concepts consequent upon
      client-centered counseling. In C.R. Rogers and
      Rosalind Dymond (eds.) Psychotherapy and Personality
      Change. Univ. of Chicago Press, 1954, pp. 55-75.

Ehrlich, H.J. Dogmatism and learning. Jour. Abn. and
      Soc. Psy. 1961, 62, 148-149.

Hollenbeck, P.N. A study of the effects of dogmatism on
      aspects of adjustment to severe disability. Ph.D.
      dissertation, Western Reserve University, 1964
      (Dissertation Abstracts, 1965, 25(4), 11, 6759-6760).

Kemp, C.G. Influence of dogmatism on counseling. Personal
      Guidance Journal, 1961, 39, 662-665.

Leary, T. The Intrapersonal Diagnosis of Personality.
      New York: Ronald Press, 1957.

Libo, L.M. Measuring Group Cohesiveness. Ann Arbor: Univ.
      of Mich. Press, Institute for Social Research, 1953.

_____. The projective expression of patient-therapist
      attraction. Jrn. Clinical Psy., 1957, 13 (1), 33-36.

Mullen, J. Client-therapist attraction as perceived on the
      Picture Impressions Test. M.A. Thesis, Michigan State
      University, 1966.

Rogers, C.R. Personality change in psychotherapy. In
      Rogers, C.R. On Becoming a Person, Boston: Houghton
      Mifflin, 1961.

Rokeach, M. The Open and Closed Mind. New York: Basic
      Books, 1960.