A STUDY OF THE SENSE OF SELF

by

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I

INTRODUCTION

As is so often the case with exploratory research, this study evolved gradually through several stages. The first stage antedated any formulation of a research project as such. It was the period when I became aware of the "self" as a useful, and occasionally indispensable, concept for the clear understanding of some clinical pictures. I do not think it would be digressing to recall here by way of introduction some of the experiences, hunches, and preliminary thoughts which led to an attempt in this study to give operational definition to one segment of a general and still somewhat loose theory of self.

One case stands out particularly in my memory as a rather simple example of the central importance of the self for the proper understanding of a patient's problems. The identifying details such as name and occupation have been changed to insure anonymity, but the clinical "feel" of the patient I have tried to preserve as faithfully as I could.

Mrs. Silver was a poised, well-groomed, tall and handsome woman in her early fifties when she presented herself at the hospital for a "check-up" and an opportunity to "rest" and get rid of attacks of tiredness which she had been experiencing with increasing frequency in recent months. Her hair, which was an even silver color, enhanced the impression she created of being a cultured, distinguished woman. Her smile was the kind which assured one that she would be gracious, pleasant and cooperative. She was from a southern city, had been active in community affairs and was well regarded among the better

families of the community.

Mrs. Silver had grown children all of whom had by then left home either for the army or to get married. Her husband had died three years before, at which time she became a salaried member of a social-help agency in which she had been an active part-time worker for many years. Her intelligence, enthusiasm, and self-denying diligence quickly advanced her to the responsible position of regional director. She was on one of her many trips to a local agency when she decided to cancel her visit and come to the hospital instead. She was seen for psychiatric evaluation in the course of which she was given psychological tests.

Mrs. Silver's test productions confirmed the initial impression of an intelligent and conscientious person. Her complaint notwithstanding, there was little evidence of anxiety, depression, fatigability or any other ripple in her well-polished surface. What was particularly distinctive about the test results -- especially on the Sentence Completion and Thematic Apperception Tests -- was the clarity with which she revealed, by way of her expressed attitudes and values, her preferred self-concept. A number of her sentence completions were distinctive for their emphasis on fairness, on maintaining a highly ethical, Christian spirit, and on self-denial in the interest of service. But, after the first of these affirmations, one began to wonder if she did not protest too much. Such responses as the following occurred.

Charles was happiest when "he was doing something for someone less fortunate than he."

He liked nothing better than "to give a word of cheer when someone was down."

A person's life "in relation to time and eternity is so short; make it count -- make every day a step forward."

My standards are "probably too high. Few meet them."

I take pains "to be pleasant to everyone and never offend."

People think of me as "a very dignified, but lovely and understanding lady."

It would take too long to cite here the responses and bits of behavior from other tests which contributed to the impression that her virtuousness and charity were too conspicuous and self-conscious. This impression became progressively stronger until it was crystallized by the following TAT story in which the patient's chosen life role and all that it meant to her came into clear relief. The story was told in response to picture 14, showing the silhouette of a man (or woman) against a bright window. The rest of the picture is black.

"It is 3 a.m. The room is dark except for one window where light from the street shines in. I am in Paris -- alone -- afraid -- disturbed.

"My desire to be another Michelangelo or Whistler or just give expression to what was inside of me had led me to a strange new land and strange new experiences.

"The people were gay, mad. Inhibitions? -- well, none. Am I to remain aloof and be true to myself, my ideals, or be gay, reckless?

"The lights below were very bright. My room is very dark -- there is nothing alive here. Down there I hear laughter -- gaiety -- happiness.

"No. I am wrong. There is no happiness there. That is artificial -- the kind of substitute so many accept for happiness. Happiness is not something I can pick up in my fingers -- it is intangible -- but so real. Happiness is doing for others -- making the way a little easier or brighter for others -- thinking of others. Wine, women and song are only temporary sedatives. I want and will have everlasting happiness. I will not mingle with the degraded. I will be true to my ideal."

Apparently, this woman consciously saw herself in the role she had adopted -- that of the gracious, generous, pure person. But she permitted herself to be aware of only one aspect of this role -- namely, its goodness. She did not seem to recognize the narcissistic self-inflation, emotional aloofness, and lack of genuine compassion for others which one began to detect beneath her "goodness". Besides the narcissistic gratification which her role thus afforded her, it accomplished a second purpose. It gave her a morally unassailable argument against the "pleasures of the street." Bolstered with this role of "the good woman", she could fend off any temptation to give in to less noble aggressive or sexual feelings from which she had dissociated herself.

Subsequent data obtained in the psychiatric interview seemed to support this interpretation. The patient had been an allegedly self-sacrificing mother yet probably also a selfishly possessive one. She had been sexually frigid throughout her life. She had put up with the repeated unfaithfulness of her husband, and refused to consider divorce "because of the children." She never really let her hair down during the examination, showed no inclination or readiness to look into herself, and left the hospital shortly afterward.

It was apparent from her test productions that the patient had a well-articulated self-concept. She looked upon herself as the "good woman" and gave every reason to others to regard her in like fashion.

At the same time, this woman's self seems to have been more than a bare "concept" or percept. It was a dynamic construction, a concept which she tried to live up to and maintain in deed as well as word. Her self-concept had, in fact, become for her a way of life.

Accordingly, "self construction" or Sullivan's term, "self-dynamism", seems a more apt term for this phenomenon than "self-concept".

One could make certain general conjectures about this self-construction on the basis of the body of psychoanalytic data and theory, although we obtained too little evidence during the brief time in which we knew her, to confirm them. One cannot suppose that any such self-construction exists apart from the determining matrix of deeper processes in the person. And, in fact, Mrs. Silver gave many hints that her self-characterization was probably deeply intertwined with much which had been repressed, and served to help keep her unacceptable impulses from coming to spontaneous expression.

Here, again, the term "self-concept" seemed to be particularly inadequate. Connoting as it does only the conscious perception of self, it strips from the larger idea some of its richest layers of meaning and its significant link with the dynamic taproots of behavior. In Mrs. Silver's case, we begin to appreciate the full meaning of her self-construction only when we get some inklings of those tendencies within herself against which she had erected it. Self-concepts appear to be only pale attempts by a person to capture in words an ongoing life process. The self is wider, deeper and more directly embedded in behavior-dispositions than is the field of conscious awareness. One is oneself more fully than one knows oneself. Conscious reflection about oneself can at best be only a limited source of knowledge about the self in all of its depth and complexity.

We may suppose from general psychoanalytic theory that if we could learn more about the deeper processes which Mrs. Silver's self

construction tended to mask, we would learn something about how it came into being. Every person's self emerges in the process of growth. The individual learns his capabilities and limits, his strengths and weaknesses, the activities which he makes a part of himself, -- in short, himself -- through a long series of experiments in living. In childhood he works hard at finding for himself an ego-identity (9). He experiments at this in play. He plays "house", "doctor and patient", "cops and robbers", "mommy and daddy". Some experiments in selfhood are carried on only in the privacy of inner fantasy life. Gradually each person builds up for himself a set of behavior-patterns which are congenial both to himself and to his society. Normally, the end result of this process is a personality which affords a large enough measure of self-actualization to enable the individual to live a productive and reasonably satisfying life. Sometimes the process goes awry, often far more painfully so than in the case of Mrs. Silver. We may rightly wonder how a restrictive, essentially neurotic self-role is acquired, and what purpose it serves. We owe much to Erickson (9) for some key conceptual tools for a psychology of self-formation. It was in the hope of contributing further to a general theory of self that this study was undertaken.

It was quite early in the study that some of the working postulates for a theory of self were formulated: (1) that the self is embedded in behavior and behavior dispositions, (2) that, as such, it cannot be fully grasped by the person himself, and (3) that it may have a dual-aspect -- an outer aspect in the manifest behavior of the person, and an inward aspect in his own inner-psychological processes. The job of further conceptualizing the phenomenon of selfhood became

then a two-fold one: to develop the theory and its operational implementation along behavioral lines and along subjective lines.

Perhaps it still seems strange to the reader to speak of a "behavioral" aspect of so traditionally subjective a phenomenon as the self. The seeming paradox is easily dispelled if the idea is put in different words: How does a person's sense of self insinuate itself into, and become manifest in, his behavior?

Like Mrs. Silver, many people have fashioned neurotic self-constructions into neurotic ways of life. The person for whom self-abasement behavior serves both as a defense against latent arrogance and as a source of indirect and secret gratification, may crystallize this form of behavior into an unconscious self-role: "I am the self-effacing, self-sacrificing tool of others." The "clown", the "lone wolf", the "doormat" personality, the "jolly one", in fact all those neurotics who can be identified by one such descriptive label or another, have adopted more or less artificial self-roles to present to the world. They have become prisoners within their chosen roles -- and may seem to others to be prisoners of fate.

The assumption is that people may conceal from themselves some or all of their neurotic self-construction, but they do not conceal it in their behavior with others. A convenient formula to help identify the self-role is the phrase: "He behaves as if he were..." Inserting into this formula characterizations which seem most apt for a particular person, would hit close to the person's more or less covert but implicit self-role.

A more systematic analysis of patients' behavior along these lines would probably contribute valuable, and in some cases, perhaps even crucial information, for understanding neurotically warped personalities. More operational techniques and more data are needed before we understand more fully this facet of the psychology of selfhood. A promising start has been made by Karl Menninger in his manual for conducting and reporting a psychiatric examination (16), in which he recommends that psychiatrists routinely try to identify such determining self-constructions which may be implicit in a patient's prevailing way of life.

The second direction for theory development would be to devise constructs in terms of which we could more effectively map out in non-behavioral, or "subjective", terms the dimensions of a person's self.

I have deliberately chosen to speak of this realm of data as the subjective self rather than the phenomenological self to avoid a particular misconception which might otherwise arise. The word "subjective", as used here, extends beyond the field of conscious experience. The subjective self is not the self of which one is conscious. Not all which transpires within a person occurs within his scope of consciousness. Certain of these processes are, nevertheless, "subjective" in the sense that, conscious or not, they occur within the event-orbit of the subject (person) who carries them, and who is the agent responsible for their expression or suppression. They are his processes and fall within his subjective domain whether he chooses to recognize them or not. Under certain conditions processes of this kind which have been kept out of consciousness may become conscious. The emergence into awareness of previously repressed thoughts, feelings and impulses during psychotherapy is probably the best demonstration of this phenomenon.

The distinction between role-consistent behavior of the self which is manifested overtly for all to observe, and the subjective or inward self which is never fully available for observation by anyone, neitherothers nor oneself, are two sharply different realms of phenomena which must be approached and analyzed in separate realms of discourse. And yet they represent two sets of "events" which are profoundly interrelated. Every behavioral manifestation has its inner-person correlates and all subjective events will find some expression in overt behavior. When, as in Mrs. Silver, we see behavior which seems to be consistent with a certain self-role, then we must assume that this behavior has its correlate in subjective processes which establish these behavior "sets". On the other hand, the thoughts and attitudes which comprise Mrs. Silver's self-construction will find <u>some</u> expression in her overt behavior. The correlation may not always be one-to-one; in fact, rarely will this be the case. Nevertheless, in all cases we may take for granted that some meaningful and internally consistent relationship would become apparent if we were in full possession of the facts. The manifest self and the subjective self would prove to be profoundly interrelated sets of phenomena.

Nevertheless, there remains a sharp distinction between the self which is manifested overtly in behavior for all to see, and the subjective or inward self, which is never fully available for observation by anyone; neither others nor oneself. The manifest self and the subjective self refer to different realms of phenomena which must be approached and analyzed separately, although with some thought always to the interconnections between the two. When we have fully explored these facets of the person, we will be better able to articulate a unitary conception of the self with inward and outward aspects. At present, it is more convenient, and probably more fruitful, to emphasize the need for a dual approach to the study of the self.

The subjective self, as it has been defined above, is far and away a more complex realm for investigation than is the manifest self. There may be some value in thinking of it as a three-dimensional structure which has depth as well as surface. In fact we may even carry the suggestion a bit further and suggest a laminated model with layers of self-processes receding from surface to core.

Several facets of selfhood have already been touched upon explicitly or implicitly in this discussion: the conscious or self-perceived self; the preconceived self role, which may be maintained without awareness; the fragmentary models with which a person experiments in his search for selfhood; the potentialities for action and mastery of reality which, when they come to fruition, afford the satisfactions of self-actualization and become the warp and woof of selfhood. Let us consider briefly where each of these falls in the laminated structure model and how they are more effectively integrated one with the other, and thereby enriched in meaning, through reference to this model. The discussion

which follows is admittedly highly speculative and will probably sound far more dogmatic than is intended. I hold no brief for any but one small part of it in the present investigation. I present it here because I believe that the chapters which follow would be less meaningful without it.

First, there are some things which may be said of the self as a whole before we consider any one of its levels. (1) The self evolves genetically, adding new levels of self awareness as it grows (4,8,9, 15,22). (2) In this developmental process, the self is at first largely undifferentiated. In a young enough child one cannot distinguish such distinct levels of self as one can in adults. Self roles have not yet crystallized; much that occurs later in life only at a submerged level of selfhood may, at this stage of development, appear on the surface; the recognized self is vague and probably highly unstable; the child is taken up largely with developing its repertoire of intellectual and motor skills which are to be its equipment for living. (3) At every level of development, the self is a relational phenomenon. One never experiences himself nor actualizes himself except with reference to certain non-self objects. The child's first experience of selfhood consists largely of seeing, reaching for and learning to acquire things. As he grows, he incorporates into self-other relational ties an ever-widening scope of people and things. (4) As the self matures, it tends to stabilize its relational ties, sort them into hierarchical order, and develop major axes of self-reference. In this process, other people normally acquire ever-increasing importance to the child as compared with non-human objects. (5) Finally, just as thinking at different levels of consciousness tends to vary in content and formal characteristics according to level (18, 23), the subjective self also varies in content,

complexity and structural principles at different levels.

The "surface self" we take to mean the phenomenal self as it is experienced consciously by a subject. Within this phenomenal field of self experience lies the "recognized" or "self-perceived" self, consisting of that set of observations about the self which an individual can report explicitly in answer to direct inquiry. The recognized self of an individual consists of those aspects of himself of which he is most conscious. It is in a sense the fovea of the surface self. At the periphery of the surface self there may be somewhat dimmer aspects of self-awareness which are not easily verbalized by the person and yet are not out of his awareness. The surface self is therefore somewhat wider in scope than the recognized self.

The surface self is that aspect of the subjective self which is in most direct touch with reality. In the interests of effective adjustment, it takes into full account the world of objects and people which are accented by the psycho-social milieu as important elements of reality. Toward the same end, the self should be well differentiated from others, but yet should be joined with them in membership within the social group. Other people, parents, friends, lovers, colleagues, and society in general should hold particularly important places in an individual's subjective field. He should have developed well crystallized axes of self-reference in relation to such figures, around which he will have built and stabilized a set of attitudes and relationship patterns.

Since it is this level of the subjective self which we shall investigate more fully in the present study, it will be considered again in greater detail shortly.

Occurring at times within the surface self, but often falling outside its scope at a deeper (less conscious) level, are the highly complex behavior "sets" which are the inner-personal correlates of the manifest self-roles discussed earlier. These behavior sets will be referred to in the discussion as "preconceived self-role constructions" or as simply the preconceived self.

The preconceived self is narrower in scope than the surface self, and usually though not necessarily, less available to conscious awareness. It may at times be fully conscious and adaptive -- for example, the special identifying manner of the salesman, the lawyer, the doctor, sometimes even the patient, are facades which the person may consciously adopt in order to "properly" fill a certain role. These preconceived roles are socially prescribed forms for behavior in certain situations. Often, however, the preconceived role functions in rigid, restrictive fashion in the service of defensive rather than adaptive ends. At such times, the preconceived self may intrude with neurotic persistence and inflexibility into the relationships of the individual, influencing his behavior toward others in a manner which is usually not clear to him and which, if it were, would probably seem to him to be beyond his power to change.

Transference, as it is observed in psychoanalytic treatment, may be looked upon as a special instance of this phenomenon. The way in which the patient seeks to structure his relationship with the analyst may be viewed as the activation of a preconceived self role which stems from early childhood relationships and which reappears with compulsive insistence to alter temporarily the personality of the patient in the direction of the "transference neurosis."

But even when one is not undergoing a searching self-analysis, such preconceived self roles may dominate behavior. Those people who relentlessly present themselves to others as certain kinds of persons, regardless of situation or circumstance, are prisoners of a preconceived self-role which has become an ingrained and enduring part of their personality make-up, whether they recognize this fact or not.

The preconceived self usually shows the clear-cut appreciation of the difference between self and not-self which would be expected of conscious or near-conscious processes. Moreover, much as in the case of the surface self, the not-self will be comprised principally of other people with whom the self maintains interrelational ties. However, this "social gallery" of the preconceived self is more restricted in range and is very likely to be a carryover from an earlier time when parents and siblings were virtually the sole figures in the individual's social field. The preconceived self is likely to be rooted, not in the current social nexus, but in the nexus of the child within his family group.

At lower levels, the self may be assumed to consist of fragments of ego-identity (8,9) which harness, to some extent at least, the more amorphous urges, impulses and functional dispositions of the person. These deeply rooted patterns for self-integration are the forms of behavior which the growing child borrows from parents, playmates and other carriers of his culture in his first gropings for an organized ego-identity. These forms are incorporated into his self and may be carried by him throughout his life.

At the most remote level of selfhood, there lies what may be called the "core self." The "core self" is a more purely hypothetical construct than the other "selves" in the sense that it does not necessarily have specific ideational representation as a self-structure and therefore is not, strictly speaking, part of the subjective self. Core self refers rather to behavior-potentials and pressures toward fulfillment which, if more fully and freely actualized, would provide the sense of self-realization that is the earmark of normal, healthy living. It is the self that the neurotic dimly yearns for at the same time that he clings to his more limiting self structure.

Finally, the behavioral or actualized self is the non-subjective product in behavior of the interaction between all these processes which are embodied within an individual's selfhood structure. Normally the actualized self will be a compromise between core-self potentialities and preconceived self deterrents. It will include behavior which permits a considerable measure of self-fulfillment. And it will serve largely as the basis for the self which the individual recognizes as himself. That is, the recognized self should correspond closely with the self as it is manifested in actual behavior.

Let us return now to the "surface self" which is the specific point of departure for the study to be reported in the following chapters, wherein attempt is made to give some operational definition to this one segment of the more general self theory.

Since the surface self is not only more directly available for study, but may open up an avenue to the deeper facets of the subjective self, it is probably the best point of attack in any attempt to make

this general formulation operationally-meaningful. We therefore set about attempting to develop a technique for identifying some of the major dimensions of the surface self of an individual.

Many self-concept studies (1,2,3,17,19) have attacked this problem by trying to find the answer to the question: How does the subject see himself? The approach in these studies was to inquire into the recognized self of their subjects. It is suggested here that a more fruitful way would be to study the surface self, particularly the set of organizing attitudes which give it a cohesive framework and structure. According to the theory put forth in this chapter, the major beams and crossbars of this structure are certain central, stable self-referential attitudes that define the interpersonal frame of reference within which the subject should have established for himself a well defined place. The major reference points for these axes of self-reference will be other people. At this level of consciousness, most, if not all, attitudes and values can be traced back to the social group; what is proper and appropriate in behavior, what is admirable in a person, what is objectionable, and even the sort of person one has become cannot be made fully explicit without reference to self-other relationships. For example, one is never entirely free of seeing himself in relation to some ideal, or set of ideals, which he has set up as goal-models toward which to grow. Similarly, one cannot see himself entirely unselfconsciously unless he falls into a state of deep absorption. That is to say, he cannot see himself except in terms of how he is likely to impress others -- be they the social group in general (i.e., the generalized "others") or more limited social entities (the opposite sex, one's peers, boss, best friend.)

To map out the characteristic structure of a person's surface self requires, therefore, not only an examination of the individual's recognized self, but also an examination of the less explicit attitudes of the surface self which define for him his relationship to major reference points in this self-reference field.

The points in this field which we have chosen to use for this purpose are the "ideal person", the generalized "others" or social gallery, the "average man", and of course the self-perceived self at the center of this field.

These four "points" were not chosen because they were considered necessarily most particularly advantageous. We could have asked the person to define what he feels his father sees him as, or the sort of person he would least like to be, or what women see him as, etc. These could conceivably have served as well, or better, than the self-reference points which were chosen for study.

Whatever may be the particular self construction which the subject is asked to define, it is important to remember that he gives only his conception of the average person, his conception of what others see him as, etc. We can make no presuppositions about the correctness of these conceptions, their stability for the subject, etc. They are no more than crystallizing points around which he articulates his surface sense of self. It is the presumption of this investigation that the properties and interrelations of these various self constructions of an individual will reveal important structural characteristics of his surface self. For example, it would be most interesting to see what

happens to the stability or clarity of the various reference points as a person gradually loses his anchorage in the world of events, people and things. Do these constructions grow vague and fade away, or do they persist as props for the warped percepts and attitudes of the subject's phantasmagoric phenomenal field? What happens to these self and alter-self constructions in the person who has developed a deeply-rooted conviction of his own worthlessness? What interrelationships does the "normal" person experience between these points of self-reference? These are some of the specific questions which the present study will explore.

A few more words are needed regarding terminology. The four self-reference points which are to be used in this study will be designated henceforth as self-constructions, inasmuch as they do represent four selves which the subject had differentiated or constructed more or less explicitly within his self-reference field, and which he sketches for us on request.

The self-perceived self -- which will be called "own self" from here on -- is the self of the subject which he recognizes or is willing to acknowledge on the test. It consists of those traits which a subject actually feels are his own, or those which he is willing to "own up" to. "Own self" seems therefore an appropriate term to use.

The "ideal person" construction is a model self which the subject conceives. It may represent a model which the subject accepts to pattern his own self after, but this need not necessarily be the case.

"Gallery self" will be used to denote the self which the subject feels "other people" see when he interacts with them. This self

construction was included in the study largely under the influence of Cooley's concept of "the reflected or looking-glass self" (4) and Sullivan's (22) extension of that idea in his concept of "consensual validation" This "self", like the other two, is also an individual construction. The person cannot actually state what others' view of him is. He can tell only what he believes himself to be in the eyes of the others. This is as much a self-perception as is the own self construction, but it is the self-perception which emerges when the subject's attention is focussed specifically on the self-other relationship -- i.e., upon his status in his fantasied social gallery.

Finally, the "average man" is the self which the subject conceives for someone other than himself. It represents another alter-self which, as with the "ideal person" construction, one may aspire to or which, unlike the "ideal person" model, one may reject.

II

DEVELOPMENT OF METHOD

A. Construction of the questionnaire.

A method of investigation was not hard to find once the decision was reached to limit this study to the surface self. We adapted the device recommended by Sargent (21) and used to some extent by the Chicago psychotherapy research group (3,19), namely, the use of a questionnaire, not for the content-statements it elicits, but rather for the more indirect information it can give us about a subject through the formal characteristics of his responses.

To illustrate briefly, let us consider for a moment the Chicago studies on the relationship of the self-concept to progress in therapy. These investigators had their subjects rank a series of behavior traits in a predetermined number of categories ranging from "most characteristic" to "least characteristic". The number of traits to be placed in any one category was specified in order to insure their being normally distributed and so subject to analysis according to the "Q-technique". The subject then ranked these same traits in different orders which best described the sort of person he would like to be, the sort of person he believed others thought him to be, etc. These various sortings could then be intercorrelated and a measure of their general commonality or divergence obtained. Such correlations permitted some such statement as this*: "During therapy this client's perceived self changed markedly. It more closely approximated the desired self, while the desired self became more tailored to the

*Not a direct quote.

unique individuality of the subject. Nevertheless, the self ideal continues to retain much in common with that of other members of the subject's socio-cultural group. His view of others has also changed significantly in the direction of a more tolerant, more positive attitude toward them."

What is unique about such statements is that they are, in a sense, made entirely independently of the particular answer to any given question. It matters not whether a subject considers a particular trait to be characteristic of himself or not. What does matter is whether the rating assigned to any trait in the self-description differs significantly from the rating made on this same trait when the subject is describing the ideal person, the desired self or the average man.

Implicit in this approach is the assumption that answers on each item are not entirely specific to that one item; they are dictated in part by certain underlying and rather pre-potent attitudes. Thus, if a person suffers from a deep sense of inadequacy, he will tend to answer questions in such a way as to reflect a sharp divergence of self from ideal regardless of the specific content of the question. Moreover, the more pre-potent such a general attitude becomes, the more will answers be loaded with this general factor and the less will each question be answered on its individual merit. One need only think of a deeply depressed person making such a rating to convince himself of the soundness of such an assumption." *

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*See footnote on page 24.

From here, the step is a very short one to the method we finally settled upon as best suited to our purpose.

We developed a behavior inventory which was presented to a subject four times with four different instructions. The items of the questionnaire in each case were unchanged except that they were stated in the first person for "own self" and "average man", and in the third person for "ideal person" and "gallery self". The inventories were given at three to four day intervals. Subjects were asked to rate each item of the first inventory on a discontinuous five-point scale ranging from "definitely true" through "don't know whether this is or is not true" to "definitely not true". In the second session, the subject follows the same procedure but now describes an imagined "ideal person" on the same set of behavior traits. The next time the subject is told to imagine that he is listening in while "a group of people" who know him are talking about him, not knowing he is listening. What is he likely to hear them say about him? At the fourth session the subject indicates how an average man in an average group would describe himself on these same behavior items. The instructions and the final form of the questionnaire are reproduced in Appendix I along with the general introductory statement made to all groups before testing was begun.

It has been argued in the introductory chapter that the surface sense of self is a relational phenomenon. That is, it can be analyzed into axes of self-reference, bipolar relationship patterns between own self and various non-self reference points. In asking a subject to define for us on the questionnaire some of the more important of these reference points, we give him an opportunity to

reproduce his characteristic relationship patterns in a setting where they can be carefully observed and analyzed. We presuppose that relationships within the test are "projected" expressions of parallel processes within the subjective self.

To implement this assumption, it is necessary to devise a scoring system which successfully identifies the pertinent test interrelationships. For example, we may suppose that a person who is suffering from a gnawing sense of his own inadequacy will express this in the own self -- ideal person polarity, but we must learn the "language" in which it is expressed. A person who has lost his sense of personal identity would probably show particular disturbance in the self - others polarity. The person who feels himself an outcast in a hostile world, might be expected to reveal something of this sense of self in the own self -- gallery self relationship. But do these attitudes actually make themselves manifest in the test responses, and if so, how? Before this question can be answered, -- and this study represents one attempt to provide an answer -- a scoring method which analyzes a subject's responses into identifiable variables must be developed.

The Q-technique used by the Chicago group is not suitable for this purpose; it is too cumbersome and provides too few variables to be sensitive to the nuances of difference among the four self-constructions. To determine which variables to use, and what kind of scoring system will elicit them from our test data, a series of exploratory pilot studies were run. In the course of these studies, the inventory was repeatedly revised according to certain guiding con-

siderations until it reached the final form in which it is reproduced in the appendix. Moreover, a scoring system which seemed to hold promise of identifying some of the significant features of the surface sense of self did gradually crystallize.*

In the interest of completeness and historical perspective, these preliminary steps will be reviewed before I present in detail on pages 34 to 48 the scoring system which was developed.

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* I was gratified to learn only a few weeks before completion of this study that Cronbach (6, 7) and Fiedler (11) have been exploring the usefulness of a method very similar to this one. In their studies they use a measure of "Assumed Similarity" very much like our "Commonality" score (see pages 44-48); the subject is asked to describe himself on a personality questionnaire and then to predict how his most preferred and his least preferred co-workers will describe themselves on this same questionnaire. His questionnaire calls for judgments ranging from "definitely true" to "definitely untrue" on a seven-point scale. By comparing a subject's self-description with his prediction of others, the "Assumed Similarity" between them is determined.

Fiedler's use of the method is different from that of the present study. He attempts to discover attitudes relevant to the sociometric structuring of work groups. In the study reported here the goal is to identify attitudes about the self, and attitudes which are not linked to any specific work situation but reflect rather a stable, enduring sense-of-self which more or less consistently influences the way in which a person adapts himself within every interactional social relationship.

The difference in objective makes for some difference in the development of the method. In addition to "Assumed Similarity" (that is "Commonality" in our terminology, see pages 44 - 48), we have tried to develop a variety of measures all of which can be derived from the one test procedure. It was felt that especially for something so elusive as the sense-of-self, the more facets of it we could observe, the more interlocking inferences we could draw, and consequently the more valid would be our final conclusions.

The results of the two studies are not directly comparable, because Fiedler's items were chosen according to different criteria,

Two 100-item inventories were first constructed by borrowing items from available questionnaires* and adding to them other items thought up for the purpose. In view of our previously expressed disinterest in the content of the individual items, it may seem contradictory that considerable thought and care were exercised in the selection of items. There were two guiding considerations in our picking and choosing. The first was to choose a set of questions which were as neutral as possible without being trivial. The intention was to find interesting items which stimulated ego-involvement while at the same time they did not provoke in the subject an acutely self-conscious frame of mind nor a coldly objective, reportorial frame of mind. It was felt that the combination of a minimum of defensive self-consciousness and a maximum of interested absorption in the task would provide an optimal setting for the "projective" expression of the underlying attitudes in which I was interested.

Such a question as: "I am liked by most people who know me" was rejected because it might focus a subject's attention too bluntly on his painful deficiencies. "I am unreliable" would be rejected

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* (continued) most important of which was his preference for items with large variances on self-description -- quite the reverse of the procedure followed here (see pages 27-28). Nevertheless, it is gratifying to learn that his study supports one of our major working hypotheses: that the underlying "set" concerning pre-conceived similarities or differences plays a more potent part in a subject's responses than does the specific content of the questionnaire items (6). Cronbach also shares our hunch that a free-choice questionnaire may prove to be a more fruitful approach in such studies than a forced-choice method like the "Q-technique". His speculations about what "Assumed Similarity" scores may signify about an individual follows a direction different from that taken in this study (see pages 27 - 28).

* Including such published inventories as: The Bernreuter, Guilford-Martin, Minnesota Multiphasic, and the Murray behavior traits listed in Chapter 3 of Explorations in Personality; and unpublished inventories used by Rummer, Horn, and Fiedler.

because it would mobilize a self-conscious, self-judging attitude. Whether or not the subject says he is unreliable, we will have gotten him to pass judgment on himself, and a judge by tradition is supposed to be stiff, careful and unspontaneous. None of these sets did we wish to encourage in our subjects.

The items which best satisfied this criterion were items which called for a report on behavior dispositions or feeling states of the subject. These seemed generally less value-oriented than the "I am -- " questions; at times they could be quite neutral in tone. For example, "I like to wear expensive clothes," or "I live according to the motto 'here today, gone tomorrow.'" A person could answer such questions about himself without becoming acutely embarrassed or guilty.

This assertion becomes more convincing if it is considered in terms of the "logic" of grammar. Item statements were given preference if their predicates were objective or adverbial rather than adjectival. An adjectival predicate refers directly to the subject. A predicate which completes the verb with only an adverbial or objective affirmation calls attention rather to the subject's behavior. A statement like "I live according to the motto, "Here today, gone tomorrow," is a more indirect remark about the self than is a statement like, "I am uneasy in a large group of people." The latter refers directly and inescapably to the "I"; the former refers directly only to a way of living.

The success in constructing such a semi-neutral scale was only relative, as can be readily seen by glancing over the items of the Inventory. Yet, I think that the Inventory does achieve this objective to some extent.

The second guiding consideration was a rather unusual one. Although the neutrally toned items seemed to carry little judgmental bias, actually many were answered in predominantly one direction by a normal group. That is, the dictates of convention actually make the item not at all "neutral" in practice. Those items were chosen which carried such a sharp social bias. Items not answered by the group in preponderantly one direction or the other were rejected. (A chi^2 significance test was used.)

There are several reasons which could be given for such action. For one, when test items are "stacked" in this fashion, we have an a priori basis for evaluating each response. Whatever else it may signify, we know that a particular response either deviates from, or conforms with, the norm.

Another advantage in this procedure is that the test becomes less sensitive and will therefore show individual fluctuations only in response to major pressures. In this way it becomes a more stable, more reliable instrument. What we want is optimum, not maximum sensitivity in any test instrument. If a stethoscope had the sensitivity of a seismograph, it would be utterly useless to the doctor. Of course, we avoided including more than a handful of items which were answered the same way by most or all of the subjects in the normative group, for such items were too stable and could have made the test too insensitive for our purposes.

But the chief reason for designing the Inventory in this manner was at the time an only half-formulated thought; namely, that "No man is an island entyre unto himself." In phenomenological research

particularly it is necessary to remember this truth. Each of us is, of course, in some respects unlike anyone else and his phenomenal world will have elements in it which contribute to this uniqueness. But the uniqueness is not absolute. We also share with others a multitude of common experiences. Members of a single culture are shaped in a common mold. Like the finger and its fingerprint, while no two are identical, all fingers are nevertheless very much alike.

By constructing an inventory with "built-in norms", it becomes possible to make immediate interpersonal comparisons. Since each person's self is derived in large measure from his membership in a particular social group and his sharing with them common values and a behavior code, it follows that the relation of own self to the group norm, or "group self" so to speak, can serve as an index of the extent to which the subject's "ego-identity" is consonant with the wider "group-identity."

At each stage in the construction of the questionnaire, the attempt was made to have approximately equal numbers of items which "should" be answered "+" or "-", and which were distributed randomly so as to counteract any tendency to develop a position-set in answering the questions.

The initial set of two hundred items was tried first on a group of freshman college students. For the sake of simplicity, only the self descriptions and ideal descriptions were studied in these first pilot investigations. Out of the group of approximately one hundred students, most of whom were girls, sixty-two questionnaires were returned, thirty-two answering the first hundred items, and twenty-four

answering the second hundred items.

On the basis of this initial trial over a hundred items were weeded out and a new inventory was constructed using ninety-five of the best items from both forms. This new questionnaire was then administered to a group of eighteen neurotic and psychotic patients. Again subjects were asked to describe only themselves and their concept of the ideal person.

The outcome of this second step was the paring off of twenty more items and the revision of others which seemed poorly worded or too difficult for the average person to understand. In this group, however, we tried for the first time to study the intra-individual discrepancies in each subject's performance, and the inter-individual score differences which seemed to reflect significant personality traits.

The results were gratifying. Individual differences stood out sharply and seemed to be meaningful. One man was tested who, following lobotomy, had developed a grandiose, megalomanic paranoia. He bristled with restless energy, was full of grandiloquent self-importance and was constantly busy writing the President to tell him of the atrocities being committed at the hospital. His "own self" deviated almost not at all from his "ideal person" construction. Moreover, he admitted to virtually no deviancy from the social norm (as if he knew what might be considered inappropriate, and were being careful not to put himself in an even faintly questionable light), and he was absolutely certain about every one of his responses. This man's particular form of insanity revealed itself in a set of scores which were grandiosely,

abnormally super-normal. The analysis of the tests of several quite different cases seemed to be equally successful. With this encouragement, we decided to proceed in earnest to gather more reliable normative data on the four self constructions: own self, ideal person, gallery self, and average man.

B. Derivation of Test Norms

We used for this purpose a group of non-commissioned air force personnel from Forbes Air Force Base. That is to say, the commanding officers posted lists of names of those men who would "volunteer" for this research project at an appointed time and place.

It was important to win the full cooperation of these men since the results from this group would have a direct bearing on all subsequent phases of the research. For this reason, they were given a full and straightforward explanation of the object of the study. (see Appendix I). It was hoped that in this way the examiner would enlist the interest and involvement of the men in the project. Since each test took no more than fifteen minutes, it did not become tedious and, in fact, probably represented for many a welcome break in their routine. Those who lost interest could be eliminated from the normative group if it proved to be advisable to do so. These cases could be detected as they were very likely to "forget" to come to one or several of the test sessions.

Sixty-eight usable own self constructions were obtained, fifty-eight "ideal person" constructions, forty-five "gallery-self" constructions, and thirty-eight "average person" constructions. Some subjects missed one session because they were on leave, ill, or had not been released that morning by their commanding officers, so the tapering off of subjects does not reflect only those who gradually dropped out for lack of interest. All four self constructions were turned in by twenty-eight of the original group of sixty-eight subjects.

The next step in the derivation of norms was to determine whether to discard the tests of those subjects who dropped out along the way. To decide this question, the own self constructions of the twenty eight men who attended every test session were compared with the own self constructions of the thirty-nine who missed one or more of the sessions. See Table 24 in the appendix for an item analysis of responses of the two groups. The results were extremely similar, and there seemed to be no reason to reject the less faithful attenders.*

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* On only one item, "I am shrewd at buying things cheap and selling them at a profit." do the two groups differ in the direction of their answers. The "shrewd" group missed at least one test session; there was no profit for this group in giving something for nothing. The only other items on which the groups diverged significantly were: "I am a domineering person," "I have a tendency to do what people ask of me, even things which I don't feel much like doing," and "I like to cook." Two-thirds of the men who submitted to all four test sessions said they were not domineering; only 7% felt they were. In contrast, 38% of those who missed one or more sessions said they <u>were</u> domineering and only 38% (as compared with 61%) said they were not. This divergence is easy to understand and accept at face value. Even more obvious is the meaning of the difference on the items dealing with compliance, where 85% of those who came to all four sessions describe themselves as compliant as compared with 57% of the poorer attenders.

We next compared these results on own self description with the responses of freshman college students. The comparable items on which the two groups differed sharply in their answers were: "I keep strict control over my sexual impulses" (college students: 68% yes, 13% no; airbase: 24% yes, 71% no). "My way of doing things is apt to be misunderstood by others" (college group, 17% yes; 58% no; airbase: 56% yes, 29% no). "It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important", (college students: 21% yes, 79% no; airbase, 68% yes, 25% no). Aside from these items, there was close agreement between the two groups. Bearing in mind the fact that the first group were younger, mostly girls, and a group who were planning to become teachers, these differences speak for themselves. We accepted the findings of the air force group as the valid norm, for our prospective subjects were to be male veterans about ten years older than the college group.

To determine the relative importance of education for the own self construction, the percentage distribution of +, ?, and - answers of seventeen men who had not completed high school were compared with the responses of those who had (See Table 25).

The items where the sharpest difference occurred were: Items 7, 9, 17, 40. Most of these seem to touch upon special difficulties which might be encountered by the mentally retarded person, or with some of his reactions to such difficulties. For this reason we decided to exclude from our study those subjects with low educational attainment unless there were psychometric evidence that they had at least average I.Q.

To assess the possible influence of age on the norms for these items, the responses of the fourteen men who were twenty-five years of age or older were compared with the rest of the group. (The average age of the fourteen older men was 30; the average age of the fifty-four younger men was 21 1/2.) Despite the fact that the small size of the group makes it more vulnerable to chance fluctuation, there is a remarkably close correspondence with the larger group in the frequency distribution of "+", "?", and "-" scores on each item (See Table 26 in the Appendix.) On only three items (9, 24, 26) do we find a sharp divergence between the groups in the trend of their answers: The older group have noticeably less doubt that they "could organize and successfully run an enterprise even if there were as many as a hundred people working for me". They also indicate that "What others think of me does not bother me", and "I feel younger than my age." All of these discrepancies are consistent with the fact that the older men hold positions of command or authority, yet were at an age when, unlike the late adolescents, they would like to hold on to their youth. Less marked discrepancies between groups occurred on items 1 and 6. ("I drive myself to be successful in most things I do"; "I would rather stick to my present way of life than gamble on a new and untried venture which looks more promising."

These analyses support the prediction made earlier that the method of item selection greatly enhances the reliability of the scale in the sense that it becomes resistant to chance fluctuations. Most of the differences found in the various sub-group comparisons on own self description were meaningful variations, and a remarkably large

number of items behaved consistently in the variety of sub-groups which were studied. Our confidence in the scale grew despite the fact that it had been reduced to only fifty-five items.

C. Scoring System and Score Interpretation

The final step in the development of a method for studying the surface self was the systematic formulation of a scoring system which would reduce the complex mass of test data to a relatively simple set of variables.

Table 1 is a sample score sheet on an imagined subject who shall be used here for illustrative purposes. It gives the thirty discrete scores which are computed for any one subject. The scores themselves represent one of six variables which supply three broad categories of information:

(a) Characteristics attributed to self and others in the phenomenal self-reference fields: (Deviancy percent on each of the four self constructions);

(b) The confidence or assurance with which these "self" and "other" reference points are defined by the subject (Extreme ratings percent and number of ? responses on each of the four self constructions);

(c) The way the subject experiences (structures) the relationship between self and alter-self constructions in his surface self. (Commonality score, Non-comparability score, and Divergence percent, on each of the six possible intercomparisons of pairs of self construction).

TABLE 1

Data Sheet: Sample Case A

Score		I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	(Extreme ratings percent)	78	10	0	0
?	(Number of ?)	10	0	15	15
D %	(Deviancy percent)	40	10	50	10

Tests Compared	Commonality	Non-comparability	Divergence %
I with II	25	10	44
I with III	25	20	29
I with IV	25	15	38
IV with II	40	15	0
III with II	25	15	38
III with IV	25	30	0

The scores were computed as follows:

D %

The Deviancy percent on I, II, III and IV indicates how often a subject gives deviant -- or idiosyncratic -- responses -- that is, a response counter to the norm for that item -- on each of the four self constructions. No attention was paid here to the degree of certainty in making the response -- only whether it was answered "+" or "-".

The score is computed as follows:

$$D_I\% = 100 \times \frac{\text{number of deviant responses on test I}}{\text{55 minus the number of "?" responses on test I}}$$

This formula does not hold up for self constructions II, III and IV where the group trend could not be determined for some of the fifty-five items (see Table 23 in the Appendix). There were six such items on II, (24, 29, 30, 45, 46, 52); four on III, (15, 24, 29, 41); and seven on IV, (7, 9, 15, 34, 41, 47, 55). Therefore the constant statistic, "55", in the denominator changes to 49, 51 and 48 in computing $D_{II}\%$, $D_{III}\%$, and $D_{IV}\%$ respectively. In our sample case, the $D_I\%$ was 40. This means that of the 45 items which were answered with some rating other than "?", 40%, or 18 of the 45 items, were answered in a direction counter to the group trend. On test II, where the subject gives no "?" responses, it is possible to compare the subject's responses with the normative group on all forty-nine of the items on which the normative group showed a distinct trend in their answers. We see that he deviates from the group on only 10% or 5 of the 49 items.

E %

The Extreme ratings percent score is computed in much the same way (although now no items on II, III, or IV need be dropped from consideration). The formula used was:

$$E\% = 100 \times \frac{\text{number of "+2" and "-2" ratings}}{\text{55 minus the number of "?" responses}}$$

In the sample case, an $E_I\%$ score of 78 means that the subject used the extreme ratings of +2 or -2 rather than the more moderate ratings of +1 or -1 on 78%, or 35 of the 45 "yes" or "no" responses. In contrast to this high degree of certainty, the subject had much less conviction in describing the characteristics of the ideal person ($E_{II}\% = 10$) or

in stating how the average man would answer these same questions about himself ($E_{IV}\% = 0$).

?

The ? score is not converted into a percentage score because the range of score possibilities remains fixed from test to test. The maximum number of "?"'s which can be given is, in every case, 55. In the sample case, the ? score of 10 means simply that the subject gave ten "?" responses on the fifty-five items. He gave no "?" responses on test II and 15 on both tests III and IV.

Commonality

This score like the ? score is not a percentage. It is computed rather by adding up the total number of items which are answered similarly on any two tests being compared -- that is, answered "yes" on both of the inventories under consideration, or "no" on both. As in computing the D%, no attention is paid here to the degree of certainty in making the rating. In sample case A, own self and ideal person were alike on twenty-five of the fifty-five items; in contrast, the average man resembled the ideal person on forty of the fifty-five items.

Divergence %

The divergence between own self and ideal in Case A is 44%. This means that the two self constructions diverge on twenty of the forty-five items where comparison is possible, i.e., 20/45 or 44% of the items where an unambiguous answer is given on both tests. The relation between tests II and IV is quite different. There are forty-five items on which the "average man" is like the ideal. Ten items were answered with a "?" on one or the other of the two questionnaires and so do not permit any comparison. This accounts for all fifty-five

items. Consequently, there is not a single item on which the subject sees the average man as clearly different from the ideal person. In this case, therefore, there is no divergence and the Divergence % is zero.

Non-comparability

This score tells us how many items were answered with a ? on one or the other or both of the tests being compared. In Case A, of the thirty items on which own self and ideal do not resemble each other, ten are neither common to the two selves nor divergent because the ambiguous ? response was made. This leaves twenty items unaccounted for and therefore necessarily this is the total number of items on which the own self and ideal diverge.

The advantage of such a three-way analysis of commonality and divergence is that it affords greater analytic clarity. Self and ideal may be defined in such a way as to have few traits in common. But it is important to know if this is because of a high degree of non-comparability or because of an acute, sharply crystallized sense of differentness or distance between these two points in the self-reference field. The latter is best illustrated in the own self-ideal person relationship in Case A. The low commonality-low divergence pattern is illustrated in the relationship between III and IV in Case A.

The preceding paragraphs give only a narrowly operational definition for the six score variables. To make the scores more meaningful to the reader as conceptual tools it will be necessary to discuss them more fully. The assumed interpretations for these scores are, of course, only a priori and still unvalidated assumptions at this point, but it will be useful to present them briefly at this time.

(a) The D% is a measure of the deviancy, or idiosyncracy, of a self construction. The D score on I represents the degree to which the own self differs from the "group self" of the normative group. Earlier in this chapter, the belief was expressed that a well-adjusted person should share with others in his group a certain optimal number of traits. Too much differentness, like too little differentness, is not a particularly healthy state of affairs. Forty percent of the non-"?" own self responses in Case A are answered deviantly. Even without a good standard for comparison, this seems to be a rather high degree of deviancy. Does the subject describe himself in this way wittingly or not? Does he report deviant behavior traits with a full knowledge of the standards set by his group for "proper" behavior, or is he for one reason or another oblivious to these norms? These and other questions are not answered by the D_I score alone.

Presumably, Case A <u>is</u> aware of being different from the norm, because on tests II and IV he shows a good appreciation of what is normal or conventional . . . His ideal person conforms closely with the ideal described by the group, which -- as has been pointed out -- resembles very closely the group norm for own self. He thinks of the average person as someone who also closely approximates this norm, and as such is believed to fall closer to the ideal than does Case A himself. The gallery self of Case A is rather deviant as compared with other gallery selves and, by implication, deviant also in relation to the group norm for behavior.

There are many possible permutations and combinations of D scores on the four self constructions. It would be naive to suggest that each combination of scores has its own unique meaning. Test interpretation is a sensitive, highly intricate reasoning process. One traces out the many possible implications of each of the bare facts and tries to find that complex "explanation" which most satisfactorily ties together into an internally consistent whole the otherwise discrete bits of data. In this instance, the D% scores are the bare facts. What one makes of them will depend in part upon what is learned in the subsequent statistical analysis about the variations in the D score, and partly on what one can bring to bear from his experience with people, their complexities and their internal consistencies.

In the statistical analysis we shall look into such questions as: How deviant is the own self of the "average " schizophrenic, neurotic, normal (D_I%)? How realistic is the concept of the average man in each group? (D_{IV}%)? How closely do their "ideal person" and "average man" conceptions conform with those of others in their group? (D_{II} and D_{IV}%)? What view of the self does the subject attribute to others? (D_{III}%)? D%'s and their interrelationship should supply us with information about (1) how realistic one can be in his appraisal of others; (2) how strong a tendency there is to conform with the conventional; (3) how different the own self is as compared with that of others ; and (4) how different one feels himself to be. At the conclusion of Chapter IV, a number of sample cases will be reviewed so that the reader may study more closely the kinds of interpretations which may be made for a variety of D-score patterns ; how one might distinguish good reality appreciation from the pseudo-appreciation of reality found occasionally in the psychotic

subject with a facade; how one might distinguish between the normal and the neurotic in their definition of self and alter-self reference points; what are the limits of neurotic warping in the definition of self and others, beyond which some other diagnostic hypothesis should be entertained.

(b) The two confidence scores and the three scores which analyze inter-test relationships, help to articulate further the attitudes about self and others which define a subject's surface sense-of-self. They give other kinds of information only in the sense that they enable us to take more than one view of this many-faceted nexus of attitudes which comprise the surface sense-of-self.

Some might raise objection to a procedure which assumes that a preference for ? or extreme ratings on a test may be used as an index of a particular psychological attitude. There has been a growing literature on the subject of such "response-sets" (5, 13, 14, 20). Although this question is not yet settled, these data were used here as meaningful clinical observations. The statistical analysis will, I believe, bear out the wisdom of this procedure.

What may these scores reveal about a subject's level of assurance when he makes his ratings? Once again we should distinguish between the 'bare fact' and more interpretive inferential reasoning around the bare fact. In sample case A, we get the impression that there is an excess of confidence (E%=70) on test I which, however, is quickly punctured on the subsequent questionnaires. As will be demonstrated later in the chapter, there is an average confidence level which may be used as a baseline for evaluating individual scores.

There is also a common pattern of fluctuations in confidence on the four self constructions. The sample case represents one unusual pattern of scores: rather over-positive about his ratings on self-description; too tentative in characterizing the ideal person. Marked diminuition in certainty on III and IV is not uncommon. In fact, somewhat expected. Contrast this pattern of scores with other possible patterns.

Sample B

	I	II	III	IV
E%	100	95	100	70

Sample C

	I	II	III	IV
E%	15	10	0	0

Sample D

	I	II	III	IV
E%	45	70	35	20

Each reflects a strikingly different confidence pattern. Case D is reasonably sure of himself on own self description. He has even less question about what one should ideally be like; he is quite sure about his model for good adjustment. When asked to state what others think he is like or what the own self of the average man is like, Case D quite realistically becomes less assured; he can't be as certain when he is speaking for someone else.

Case B seems to be swept along by a wave of certainty which tolerates no hesitation or reasonable doubt. It's either absolutely "yes" or absolutely "no" for this person -- never "perhaps" or "somewhat". One is reminded of the loud, overbearing, aggressively over-enthusiastic person with a sweep to all of his attitudes and

reactions, a person who is unreasonably, rigidly intolerant of ambiguity or of any alternative point of view. The defensiveness of this bluster is readily apparent to the sensitive observer.

An alternative interpretation for the Case B scores is suggested by some of the cases in the experimental groups which shall be studied shortly. Some psychotic subjects may give such scores without showing any sweep or bluster in their behavior. In these subjects, there may be an inability to discriminate degrees of rightness or wrongness of a statement. They seem unable to do more than answer "yes" or "no". This "de-differentiation" in reality appraisal leads them to adopt either the extreme scores exclusively or the more moderate scores exclusively, in answering the questions.

Case C, in contrast to the other examples, suggests an attitude of tentativeness. It seems as if this subject responds with an attitude that one can rarely be sure of one's judgments -- even about such a familiar object as the self. The approach seems to be one of ultra-moderation or caution. Such a subject could be an obsessive, insecure normal, or a timid confused psychotic. Which of the alternatives is the more likely depends on the context in which this score-pattern occurs. Other variations are possible. Some will be covered in the sample cases of Chapter IV.

The ? score gives a somewhat different perspective on the confidence with which the subject defines the various nodal points to which he anchors his surface sense-of-self. In Sample Case A, for instance, the high E% score on I suggested that this subject was putting up, at best, a thin veneer of assurance. How, then, can one explain the occurrence of ten "?" responses if, as shall be shown later, the expected

number of "?" responses in any record is no more than four or five? This fact only serves to enhance the impression already half-formed that the show of confidence is largely "bluff" which is easily punctured. The "?" score in this context suggests that the subject, at the very least, is unduly evasive about himself, or, at worst, is experiencing fairly far-reaching confusion about himself. Which interpretation is used in any case depends as usual upon the hints which are afforded by other test scores. Someone who reveals very little about himself is probably being evasive when he uses many ?'s; someone whose scores form a peculiarly warped pattern of self-other relationships probably expresses a deep-seated sense of bewilderment when he resorts frequently to "?" responses in presenting his own self and his alter-self constructions.

(c) In analyzing the meaning of the four D% scores in Case A, it was inferred only circuitously that the subject probably experiences a conscious sense of difference from the average person and from the ideal. The three Commonality, Divergence and Non-Comparability scores make such comparisons between an individual's self-constructions simpler and more direct. All six possible intercomparisons were carried out, because each gives a somewhat different cross-sectional view of the data. The degree of commonality and divergence between I and II tells us how the person believes he compares with the ideal person.

Comparing I and III we learn to what extent the subject believes others see him as he sees himself. From the congruency between II and III we learn to what extent the subject believes others see him as

approximating the ideal, and we may check back to determine how this accords with the comparison between his own view of himself and the ideal. Comparing tests II and IV gives us a set of rather important scores which show how the subject sees the average person in relation to the ideal; this can be compared with the own self -- ideal person relationship to determine whether the subject feels he is more like the ideal than is the average man, or less so. Finally the congruency between III and IV was determined in order to round out the picture. A few concrete examples will help to make clear how these scores may be interpreted in the individual case.

In Case A, the greatest divergence (Divergence % = 44) is that between I and II. Apparently, the subject sees himself as differing widely from the ideal. Even without any normative data, one would be prone to concede that a person who feels himself to be so different from the ideal, must suffer from a deep sense of personal insufficiency. Nevertheless, there remain 25 items which self and ideal have in common. Though below the average Commonality score (see Chapter III), this degree of commonality between self and ideal indicates that the subject does not see himself as utterly worthless. Contrast this with a subject whose Divergence % score is 54 and Commonality score is only 12. Here, the divergence is only a little higher, but it becomes more significant when only 12 of the 55 items are considered by the subject to show any noticeable parallel between own self and ideal. He seems to look upon himself as a most contemptible creature.

It would take too long to review all the possible meanings of each of the many combinations which can be put together with these eighteen scores, but a few of the more important patterns should be

mentioned. We have considered the case where the self and ideal are seen as widely divergent. There are some cases in which there is allegedly no divergence. This would suggest either an evasive guardedness, or else a pathologically exalted view of the self. One should be able to choose between these two possible interpretations on the basis of supporting inferences from some of the other test scores.

We may expect to find relatively little divergence between own self and gallery self. Although one is not likely to believe that others' view of him is identical with his own, he has reason to expect no more than a small degree of discrepancy. After all, though no one should feel that his self is an open book for all to behold, he should recognize that it is a book which others have leafed through often enough to be fairly familiar with. Gross discrepancies between own self and gallery self may signify the presence of pathological attitudes -- either a vague sense of being too far off from others to be able to share with them common experiences and a common perspective; or else it could signify the more sharply structured sense of distance from others which so pointedly characterizes the paranoid person's sense of isolation in a hostile world.

When there is little divergence between these two self constructions, this should not always be considered an indication of a good self-other relationship. There are many subjects who see themselves as falling far short of the ideal and who seem to believe that their inadequacies are readily apparent to even the casual observer. In such a case, a low divergence score between own self and gallery self would seem to suggest that one's faults are thought to be apparent even to the

casual observer. The subject is in a sense rubbing salt on his wounds: "Not only is it true that I'm no good, but everybody else knows it!"

It is reasonable to suppose that the normal subject will extend his belief in a commonality of viewpoint between self and others, expressed in his low Divergence$_{I.III}$ and high Commonality $_{I.III}$ scores, to a belief in a basic sameness between self and others in the I.IV comparisons. However when one's concept of the average man's self-description falls under the influence of defensive needs, the sense of commonality between own self and average man will be altered in the direction of an increasing sense of distance or differentness. The Divergence $_{I.IV}$ score and the Commonality $_{I.IV}$ score reflect the subject's degree of felt difference between himself and the average man. To learn wherein lies the difference we must look to the Divergence $_{I.II}$ and Divergence $_{IV.II}$ scores. For example, in Sample Case A the Divergence $_{I.IV}$% is greater than would be expected on the basis of the norms which will be reported presently. The subject feels he is rather different from others. We have already learned that he reveals in his score patterns a sense of even sharper difference between himself and his ideal person. On the other hand, in striking contrast to himself, the average man is not at all divergent from the ideal. (The Divergence $_{IV.II}$% is zero, and the Commonality score is rather high). Therefore, we may conclude that the felt difference between self and the average man lies in the subject's presumption that the average man has none of the deficiencies which the subject finds in himself. The average man is in fact idealized as a walking representation of what a person should be like.

A wide divergence between I and IV may also be based on the opposite set of attitudes: that one is quite well satisfied with himself, and finds the average man very deficient in his behavior and adjustment. A third subject may see himself as one kind of person, the average man as another kind of person, with both falling short of the ideal, to an equal extent, but in widely different ways.

In this review of the meanings which we attach a priori to each of the variables in the matrix of scores, there has been no attempt to present a comprehensive listing of all of the possible score variations and how they are to be interpreted. The purpose, and I hope the effect, of this brief discussion of the test scores has been to make the reader familiar enough with the scores, the terminology used here, and the kind of thinking one may do about score variations, to make it easier for him to assimilate more meaningfully the inter-group statistical data which follow.

III

RESULTS OF THE APPLICATION OF THIS TEST TO GROUPS

A. Procedure

If this test and its rationale have any validity, it will discriminate meaningfully between relatively homogenous clinical groups. It should even be possible to discriminate meaningfully and reliably between individuals. How well this can be done will concern us in the remainder of the dissertation. This chapter reviews group differences with respect to each of the variables. Chapter IV will attempt to determine whether the method works as well for diagnosing inter-individual differences as it does for inter-group differences.

A total of 174 subjects were studied in the inter-group comparison. The study proceeded stepwise.

(1) The tests of two widely different normal groups and one chronic psychotic group were first obtained and compared.

(2) Significant group differences were analyzed; hypotheses concerning the self theory were further refined on the basis of these findings; and operational norms were established.

(3) Four other groups -- normal, neurotic, near psychotic, and psychotic -- were tested by the writer but scored by an assistant, so that there could be no way in which the writer might identify a case on the basis of the case scores. The individual data sheets of the ninety-one cases comprising these groups were then thrown together in random order, and the writer attempted to diagnose "blindly" each of the individuals in this heterogeneous group. This phase of the study shall be discussed in the following chapter.

(4) The differences between each of the seven normal, neurotic and psychotic groups were studied and summarized. These group data, together with the data from the first three groups, are presented in this chapter.

The reader already knows something about the first of the normal groups -- the twenty-eight airbase men who attended faithfully each of the four testing sessions. The men were not officers and had a variety of job assignments. All had had at least an eighth-grade education; several had been to college. It was felt that they could be considered fairly representative of the "average young man". Their mean age was twenty. In the tables which follow, this group will be referred to as "A" for "Airbase personnel".

One of the most difficult problems in clinical research is the one of obtaining "normal" controls. Many studies have used groups such as hospital aides or college students who are conveniently available for study, but hardly represent the "normal". Since it is questionable whether or not one can ever obtain a representative sample of the normal population, a more practical approach would be to test several widely differing sub-groups of the larger body of normals. If each of these sub-groups is relatively homogenous and well-defined, it should be possible to determine which findings are specific to any one of the sub-groups, and which are common to all and may be considered a general attribute of 'normalcy".

Since we did want to establish "normalcy" as one end of a continuum of cases with varying degrees of pathology, we adopted this method of psychological "triangulation" for defining the "normal".

We obtained two other very different normal groups, and have considered only those findings which were common to at least two of the three groups as reasonably representative of the normal.

The first of these alternative normal groups consisted of thirty-two psychiatrists in residency training. All of these subjects knew the examiner and were taking the test in response to an appeal for volunteers. To encourage spontaneity, the papers were kept anonymous by having each subject identify each of his self constructions with a self-chosen, four-digit code number. (The subjects in other groups were strangers and would remain strangers to the examiner, so they could take the test in relative anonymity without resorting to such a device. In their case, the more natural method of having them identify their papers by name was used.) Insofar as one can generalize about any group of subjects, one may say that this one is quite distinctive in several respects: all are highly intelligent; they are prone to be rather introspective or at least self-analytical; they are prone also to be ruminative and precise. They were older than the airbase group; the average age is about thirty years. This group will be designated in the tables as "P" for "psychiatric residents."

The third normal group consisted largely of members of the community Cosmopolitan Club. This is a social group of young executives and professionals. The Club is a semi-exclusive one and it may be assumed that members are selected from among more successful, more up-and-coming citizens of the community. They were more settled in their chosen walks of life than were the airbase men; and more nearly like the "average fellow" than were the psychiatrists. This group will be designated

with the code letter "E" for "business executives and professionals".

The first patient group tested was chosen for its likelihood of bringing into sharpest relief the various differences from the air-base and psychiatric resident groups which were tested at about the same time. For this purpose, a group of twenty-three chronic schizophrenics was chosen. They were young enough to have served in the armed forces during the second World War. All had been hospitalized for a number of years and were assigned to wards for the quiet but chronic schizophrenics. Though still very much bound to their psychotic ruminations and reveries, they could be "contacted" and their attention enlisted for particular tasks. In their case, we can say that cooperation in the study was in most cases rather passive but they were not completely disinterested or resistive since otherwise they would not have participated appropriately in all four of the testing sessions. (Well over half of the starters did, in fact, drop out of the study through occasional non-attendance, or non-participation if they did attend.)

Many of the responses of "starters" in this group had to be rejected because their tests were in one respect or another unusable. Those of the patients who seemed to establish a perseverative position-set, who skipped one or more pages, who omitted answers to a large number of items, or who in some other respect gave evidence of insufficient contact in the testing situation, were eliminated from the group before any of the tests were scored. However, when a subject failed to record an answer to one or several questions but did answer other items, the test was not discarded. Rather, it was assumed that he meant to answer with a "?", and the "?" was circled

post hoc by the examiner. This procedure was followed in other groups as well. This group will be referred to subsequently with the code letter "C" for "Chronic schizophrenic".

The remaining three groups were chosen to represent various degrees of psychological illness falling between the extremes set by the normals and the chronic schizophrenics. In selecting these additional groups, it was decided not merely to try to duplicate the results obtained with the first three groups tested. Rather, it was felt we would learn more by "testing the limits" of this method for studying variations in the surface self, by trying it out on patients representing all degrees of illness. With this in mind, a neurotic group, a borderline psychotic group, and a less chronic psychotic group were tested.

The neurotic group consisted of twenty-five open ward, hospitalized veterans with various neurotic complaints. The borderline group is made up of sixteen patients from the very same wards who seemed ostensibly "neurotic" but were considered by their doctors to be near-psychotic on the basis of the severity and pathognomonic character of their complaints. The new group of psychotic subjects was made up of twenty-two less chronically "settled" cases. Patients were drawn from a variety of wards and included some acute and even some partially remitted psychotics. These three groups will be designated by the code letters: "N" for"neurotic", "B" for "borderline", or "near-psychotic", and "M" for "mixed schizophrenics".

The criterion for determining whether a case belonged to one or another of the diagnostic groups was a two-fold one. The first was

the ward to which a patient was assigned. For example, the mixed schizophrenic subjects were drawn from eight different wards, and on an a priori basis could be assumed to represent at least three degrees of illness. Each patient's doctor was then asked to rate the patient on a seven-point diagnostic scale (see page105). These diagnostic ratings served as the basis for distinguishing neurotics from near-psychotic subjects. The ratings served also as a check upon the very fallible initial criterion for psychosis: namely, assignment to a locked ward. It was found that three such subjects were considered "non-psychotic" and were discarded from the mixed schizophrenic group. (though not from the study of blind diagnosis of individual cases, which is reported in Chapter IV).

B. Results

It is always difficult to decide upon the optimal plan for presenting a mass of statistical data in comprehensive and yet also comprehensible form. With data on thirty different scores for each of seven groups, the task could easily degenerate into a compendium of bewildering minutiae.

I shall attempt to avoid this by limiting my discussion to the most meaningful findings and relationships and leave it to the reader to fill in my "sketch" with the relevant data from the accompanying tables. Where reference to a table would only serve to interrupt the development of a particular point, the data will be incorporated into the text itself.

The plan of presentation will be to proceed from score to score, discussing the more important and interesting group characteristics and inter-group differences on each of the variables. At the conclusion of this presentation, I shall try to pull together the findings on each group in the form of a composite test profile. Illustrative cases will be presented in the latter half of the following chapter.

Deviancy %

Table 2 suggests that this first of the six variables seems to discriminate rather well between groups. The table is arranged in descending order of mental health, except for the three normal groups where no attempt was made to estimate relative health.

TABLE 2

AVERAGE DEVIANCY PERCENTS
OF EACH OF THE COMPARED GROUPS

GROUP	N	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
A: Airbase	28	21.9	11.5	22.0	18.5
P: Psychiatrist	32	27.1	14.1	25.1	29.3
E: Executive	25	23.0	12.8	23.4	26.8
N: Neurotic	25	36.6	14.9	35.8	27.8
B: Borderline	16	42.1	17.1	43.4	27.4
M: Mixed Schizophrenic	22	29.6	15.6	27.7	28.3
C: Chronic Schizophrenic	23	35.3	20.7	36.5	29.8

Before considering Table 5 which summarizes the significance of the differences between the group D% means, it would perhaps be well to consider first the evidence supporting the previous assumption that the four self constructions do elicit different kinds of information from the subjects -- that is, that they are actually four different self constructions. The difference between each individual's D_I and D_{II} scores, as well as the difference between his D_I and D_{III}, D_I and D_{IV}, and D_{II} and D_{IV} scores were computed and frequency distributions obtained for each of these difference scores. If one self-construction were no different from another, the individual inter-score differences would average out to zero. Table 3 shows the significance of the deviation from zero of the means of each set of difference scores.

TABLE 3

SIGNIFICANT DEVIATIONS FROM ZERO OF MEAN INTRA-INDIVIDUAL D% DIFFERENCES FOR SELECT PAIRS OF SELF CONSTRUCTIONS

		P-Values*			
GROUP	N	$D_I - D_{II}$	$D_I - D_{III}$	$D_I - D_{IV}$	$D_{IV} - D_{II}$
A:Airbase	28	<.001	--	.10--.20	<.01
P:Psychiatrists	32	<.001	--	--	<.001
E:Executives	25	<.001	--	.10--.20	<.001
N:Neurotics	25	<.001	--	.01	<.001
B:Borderline	16	<.001	--	<.001	.01
M:Mixed Schizophrenics	22	<.001	--	--	<.001
C:Chronic Schizophrenics	23	<.001	--	--	.05

*The probability that a particular distribution of difference scores may be due to chance is listed only when it is significant at the 10-20% level or below.

The "ideal person" is presented as significantly less deviant than the own self in all of the groups. The "average man" also is considered to be less deviant than the own self by neurotics and near-psychotics and to some extent also by the airbase men and executives. The psychiatric residents, on the other hand, tend to think of the average man as more deviant tham themselves.

The difference between own self and average man remains somewhat ambiguous in these data. However, in studying the distributions of these difference scores in addition to their means, a particularly interesting phenomenon emerges which helps to establish more conclusively the fact that a difference does exist between subjects' responses on I and IV. Table 4 shows that the groups differ markedly in the relationship between each subject's D% score on IV and that on I. The distribution of intra-individual differences between D_I and D_{IV} scores, bear only a faint resemblance to the normal curve in three of the groups (A, E, M) and no resemblance at all to a regular curve of any kind in the other four groups. That is to say, it is quite common for the D_{IV} % of a subject to be either markedly greater than, or markedly less than, the D_I % of that subject. There is little evidence of a detectable regular relationship between the degree of deviancy which a subject attributes to the average man as against that which he attributes to himself.

TABLE 4

FREQUENCY DISTRIBUTION BY GROUP
OF INTRA-INDIVIDUAL DIFFERENCES BETWEEN D_I% AND D_{IV}%

		D_I-D_{IV} Number of Cases with Degrees of D_I-D_{IV} Difference											
GROUP	N	under -24	-24 to -20	-19 to -15	-14 to -10	-9 to -5	-4 to 0	+1 to +5	+6 to +10	+11 to +15	+16 to +20	+21 to +25	over +25
A	28	1	1	1	0	3	3	3	9	2	3	2	0
P	32	2	4	1	2	3	10	0	3	2	2	2	1
E	25	3	1	0	3	3	5	5	3	1	0	0	1
N	25	0	1	0	4	1	3	2	2	3	3	1	6
B	16	0	0	1	1	1	1	1	0	4	1	2	4
M	22	2	0	1	0	2	2	4	6	2	1	1	1
C	23	1	1	0	1	3	3	3	1	3	2	1	4

The relationship is not quite as chaotic as it would seem, however. An inspection of individual case scores in Table 27 shows that there are at least two regularly-recurring own self -- average man relationships which may be identified. These introduce bias in different directions, so that the resultant effect seems more chaotic than it really is.

Some subjects, especially among the airbase men, tend to think of the average man as someone who probably has few if any difficulties in making a satisfying adjustment. The average man seems normal and contented to these subjects, and they accept this matter-of-factly, describing him as a self who is very much like the ideal person in his normalcy. There may or may not be the same naive affirmation of normalcy in their own self descriptions. A second type of subject sees himself as more

normal, and closer to the ideal person, than the "average man." In subjects with this viewpoint, the average man may be described as quite deviant from the norm. This pattern occurs in all groups, but somewhat more often among the better adjusted normals in this study. Finally, there is the subject who sees the average man neither as better nor worse off than he is. This more realistic point of view conceives of the average man as deviant, but not unduly so, and usually not quite as deviant as the own self.

More will be said about these patterns subsequently. For the time being, it is necessary only to establish the fact that the average man self construction <u>does</u> actually represent a different entity from the own self construction.

The mean intra-individual differences between own self and gallery self scores do not deviate significantly from zero in any of the groups. Nevertheless, the dispersion of scores is greater in the psychotic group and a $D_{III}\%$ score which is ten or more points higher than a $D_I\%$ score is always a warning sign of possible disturbance in this axis of "self"-reference. ... Proof that a subject's gallery self construction does actually differ from his own self construction must be postponed until the discussion of some of the other scores.

There is no need for a devious approach to demonstrate the difference between D_I and D_{II}; there is less than one chance in a thousand that any of the distributions of intra-individual differences between D_I and D_{II} scores could have occurred by chance.

Though of only peripheral relevance to the purpose of this study, the characteristics of the ideal person provide some interesting food for thought about social psychological, as well as individual psychological, processes. Ordinarily, we think of a person's ideal as that which transcends his work-a-day situation -- as his "private star" which symbolizes the life for which he longs and toward which he may strive. What, then, can we make of the fact that in every group -- even among the psychotic subjects -- there was a high degree of stereotypy concerning the definition of this "ideal person". This self model varied less from subject to subject within any group, or even between groups, than did the other self constructions, (see the distribution of D_{II}% scores in Tables 23 and 27.)

Moreover, this model self concerning which there was so much agreement, proved to be remarkably unspectacular. It was, in fact, no more than the highly conventional, individualized representation of all of the most common characteristics of the groups' own selves -- i.e., by definition, the group norm for behavior. As may be seen in Table 23, the group norm for behavior derived from I, and the group norm for an "ideal person" derived from II were identical on 48 of the 55 items, with less deviation from this norm occurring in the subjects' description of the ideal. The only general divergence between own self and ideal person occurs on item nine. On only six other items does there seem to be anything approaching a general tendency toward divergence between the two self constructions. These six items represent in a sense the most conventionally acceptable items on which to depart from the norm. Interestingly enough, discrepancies between own self and

ideal do occur relatively more often on these items in normals, less often in neurotics and proportionately least often in psychotic subjects.

In short, most subjects, when asked to describe an ideal person, present a good approximation of the model for conventional behavior -- and almost invariably a closer approximation to the norm than their own self proves to be. This occurs despite the explicit instructions that the subject try to imagine a peron who is ideal not in the sense that he is "good" or "does what he is supposed to," but rather is a person "who has all of the traits you really admire in a person."

It seems that individuals tend to be quite conformist in their attitudes toward behavior which has pronounced implicit social value, such as the items included in this inventory. This finding would be consistent with a hypothesis that the individual, in his deeply rooted craving to be a member in good standing of his social group, quietly incorporates as his own the dictates of his group concerning the proprieties of social behavior. Only by sharing with them their ways, their values, and their mores does he become one of them. And this force is so powerful as to make itself clearly evident even in the test responses of the schizophrenic.

Enough has already been said about the differences between the four varieties of self-construction. What can be learned from the data concerning the differences between groups?

Table 5 presents the results of "t"-test analyses of the difference between the mean Deviancy percents listed in Table 2. Among the normal groups we find that the own-self descriptions of

Table 5

SIGNIFICANCE OF THE DIFFERENCES BETWEEN GROUP MEAN D%'s
(t-test)

Groups Compared	P-values (reported only when significant at the .10 - .20 level or below) I	II	III	IV
A : P	.02 - .05	--	--	.001
A : E	--	--	--	.02 - .05
P : E	.05	--	--	--
A+P+E : N	< .001	--	< .001	--
A+P+E : B	< .001	.01 - .02	< .001	--
A+P+E : M+C	< .001	< .01	< .001	--
N : B	--	--	.10	--
N : M	.05 - .10	--	.05	--
N : C	--	.10 - .20	--	--
B : M	< .01	--	< .01	--
B : C	.10 - .20	--	--	--
M : C	.10 - .20	--	.05 - .10	--

the psychiatric residents are more deviant than are the corresponding self-constructions of the other two normal groups. This may be an expression of the fact that as a group they are prone to be more aware of, and less defensive about, their deviant traits. In this respect they resemble neurotics more than do other normals.

In their conception of the average man, both residents and executives indicate that they are prone to see him as more deviant than themselves, in contrast to the airbase men who see him as less deviant. Probably the best way of accounting for this difference is to refer it to the change in sense of self which comes when an individual passes out of adolescence (the airbase men averaged only twenty years of age), and successfully attains a degree of self-realization within his chosen profession. He is likely to acquire increasing self-satisfaction. From this more elevated state, he may begin to see the average person as inferior to himself.

A D% score of about 23 seems to be normal for own self description. This score is significantly lower than that which is likely to occur in neurotic or psychotic subjects. The "normal" D_{II}% is approximately 13; D_{III}%, 24; the "normal" D_{IV}% is questionable. Normals are much less deviant than either neurotics or psychotics on all but the average man self construction. It is interesting to observe that the D_{I}% tends to be higher in neurotics than in the mixed psychotics, and is significantly higher in borderline cases than in psychotic patients. The D_{II}% scores of the neurotic and borderline groups do not rise proportionately. The conclusion we may draw is a reasonable one under the circumstances. These neurotic subjects were men who found it so difficult to live with themselves, as to be driven to enter a hospital

for psychiatric treatment. Since they were not psychotic, the capacity to stand off and look at themselves had not collapsed as so often happens in psychosis. If anything, self-awareness and consciousness of one's painful deficiencies were morbidly intense in the neurotics -- even more so than in the psychotic subjects.

In ideal person and average person constructions we find . . . few differences between group D% scores. The chronic psychotics show significantly less appreciation for, or acceptance of, the social norm as a standard for ideal adjustment than we find in the normals but, as was indicated above, they deviate far less on this self construction than on any of the others. Otherwise, only the low D_{IV}% scores of the airbase group are conspicuous.

The D_{III}% scores parallel closely the D_{I}% scores and reveal the same inter-group differences; so we can conclude little from these results except that the gallery-self construction tends to be neither more nor less deviant than the own-self construction.

The last finding which is of particular interest is the fact that the mixed psychotic subjects are closer to the normals in their D% scores than are any of the other clinical groups. There is, in fact, virtually no difference in D% averages between this group and the psychiatric residents. The reason for this probably lies in the fact that these cases include many subjects who have retained, or recovered, the capacity to simulate normalcy by hiding behind conventional stereotypes. Individual data on the cases of those psychotics who were misdiagnosed as normal or neurotic, are studied in the following chapter for supporting evidence of this hypothesis.

To confirm the fact that the sample of chronic schizophrenics was not unrepresentative, as one might suspect from the data of the mixed schizophrenic subjects, the test was administered to a third group of psychotic patients who were approximately as ill as the first chronic schizophrenic group. Unfortunately only eight usable records were obtained -- not enough for separate statistical treatment. The data sheets of these subjects do resemble those of the chronic schizophrenics. For example, the mean D% scores are as follows: $D_I\%$ = 40.8; $D_{II}\%$ = 36.5; $D_{III}\%$ = 33.3; $D_{IV}\%$ = 36.1. Four of these cases are obviously psychotic in their self constructions and two others very probably would have been called psychotic in blind diagnostic analysis. The individual scores of these eight cases have been added to the twenty-three other chronic psychotic cases in Table 27 in the appendix.

In view of the length of the D% discussion, it may be well to summarize the major conclusions from these data before turning to the discussion of the confidence scores.

(1) Own-self, ideal person, and average man are clearly different self constructions and each gives us different information about the subject. The gallery self construction probably does too, but this is not clearly established by the D% scores.

(2) Neurotics are prone to present a very deviant own-self construction, probably as an expression of their painfully intense self-dissatisfaction. This becomes even more intense in those whose illness approaches psychotic proportions.

(3) Some psychotic subjects succeed in hiding their pathology on this variable. They present ostensibly normal self constructions. In general, however, the self constructions of psychotics are clearly

more deviant than those of normals.

(4) Neurotics cannot be distinguished from psychotic subjects in the deviancy of their self-constructions alone.

(5) The more mature groups of normals differ from the younger normals in their "average man" construction. They see him as significantly more deviant than does the more immature normal group.

(6) The more self-examining and pathology-minded group of normals have more deviant own self constructions than do other normals.

Confidence Scores: Extreme ratings per cent

The mean E% scores do not discriminate between groups as well as do the D% scores. (See Tables 6 and 7).

TABLE 6

AVERAGE EXTREME RATINGS PERCENTS
OF EACH OF THE COMPARED GROUPS

Group	N	I*	II	III	IV
A: Airbase	28	46.1	57.4	36.1	26.0
P: Psychiatrists	32	35.1	50.5	31.1	16.5
E: Executives	25	49.2	58.6	40.3	20.7
N: Neurotics	25	54.8	61.7	46.7	35.5
B: Borderline	16	45.1	43.6	41.8	28.8
M: Mixed Schizophrenics	22	57.4	59.1	42.2	35.4
C: Chronic Schizophrenics	23	54.4	51.0	42.4	39.7

* I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

Table 7

SIGNIFICANCE OF DIFFERENCES BETWEEN GROUP MEAN E%'s
(t-test)

Groups Compared	P-values (reported only when significant at the .10 - .20 level or below)			
	I	II	III	IV
A : P	.02 - .05	--	--	.05
A : E	--	--	--	--
P : E	.01 - .02	--	--	--
E : N	--	--	--	.05 - .10
E : B	--	.10	--	--
E : M	--	--	--	.10
E : C	--	--	--	.05
A+P+E : N	$<$.01	.10 - .20	.05	.01
A+P+E : B	--	.05 - .10	--	--
A+P+E : M+C	$<$.01	--	--	.001
N : B	--	.05	--	--
N : M	--	--	--	--
N : C	--	--	--	--
B : M	.10 - .20	.10 - .20	--	--
B : C	--	--	--	--
M : C	--	--	--	--

Normal subjects seem to be less confident of their average man construction than are neurotics or psychotics. This reflects their more realistic attitude. The instructions on IV call for a prediction of what the own-self of the average man would be. Subjects must try to put themselves in the place of the average man and answer the questions as he would. It is quite appropriate for a subject to become more tentative in such a task. He should, after all, be less certain concerning what transpires in the mind of some other person than he can be about his own thoughts and feelings. This interpretation is supported by the fact that the psychiatric residents, who chose as their lifework the task of empathizing with other persons' subjective frames of reference, have <u>least</u> confidence of all the groups on this self construction. Any departure from this attitude of caution when predicting the thoughts of others probably implies an autistic disregard of reality considerations. It is interesting too that <u>all</u> groups, including the psychotics obtain their lowest scores on this self-construction.

Psychotic subjects and neurotics seem to be more certain of their judgments in own-self construction than are normals. This difference is probably largely accounted for by the fact that there are many more extremely high D% scores among neurotics and psychotics than we find among the normals. In Table 8, the number of cases with scores exceeding the critical upper limit on each self construction is listed for each group. The critical points -- 75% for I, 85% for II, 65% for III and 55 % for IV -- were arrived at by adding approximately thirty percentage points to the mean D% values of the airbase group.

TABLE 8

NUMBER OF CASES IN EACH GROUP WITH D% SCORES
WHICH EXCEED THE UPPER CRITICAL LIMIT SET FOR EACH SELF CONSTRUCTION

GROUP	N	Number of Cases with Excessively High D% Scores			
		Own Self	Ideal Person	Gallery Self	Average Man
A: Airbase	28	1	1	2	1
P: Psychiatrist	32	0	2	1	1
E: Executive	25	2	3	7	2
N: Neurotic	25	7	5	7	7
B: Borderline	16	2	2	3	2
M: Mixed Schizophrenics	22	6	7	6	6
C: Chronic Schizophrenics	23	8	6	7	7

The P-values for various inter-group chi^2 comparisons are listed below:

TABLE 8A

Groups Compared	P-Value I	II	III	IV
(A+B+C):D	n.c.*	n.c	n.c	n.c
(A+B+C): (F+G)	.001	.001	.01 - .02	.001
D: F+G	--	--	--	--

* Theoretical frequencies of some cells were too low to compute a valid chi^2.

It seems reasonably safe to conclude that there is an optimal level of confidence. When a subject becomes overly certain in his judgments on any one of the self constructions, we may take this as a major sign of disturbance in the articulation of the sense of self. What its significance may be is open to some speculation. The most likely explanation is that such pseudo-confidence is really an attitude of evasive bluster. Another would be that the subject refuses to reflect long enough to draw the finer distinctions on which a choice between the "1" and the "2" rating must be based.

The third significant difference between groups in mean E% concerns the psychiatric residents. This group consistently made ratings with less certainty than other groups. This finding is probably associated with the tendency of subjects in this group to be more obsessively ruminative and to make fine discriminations in their descriptions of people.

Probably the most important difference between groups is brought into focus by another statistical treatment, which analyzes the intra-individual fluctuations in E% from one self construction to another. Airbase men, residents, executives and neurotics all show a marked rise in E% on II and a tapering off on III and IV (Table 6). Since they are based upon correlated scores, the difference between two E%'s of any one group cannot be tested for significance by means of a simple t-test. To determine more precisely the significance of these differences, the intra-individual differences between pairs of E% scores were computed for all the individual cases in each group and the distribution of these difference scores then analyzed. If two sets

of E% scores are not "different", the average of the differences between them should approximate zero. Table 9 shows the result when select distributions of differences are submitted to a t-test of this null hypothesis.

TABLE 9

SIGNIFICANCE OF THE DEVIATION FROM ZERO
OF THE INTRA-INDIVIDUAL DIFFERENCES BETWEEN PAIRS OF E% SCORES
(t-test)

Group	N	P-Value (reported only when significant at the .10 - .20 level or below)				
		I < II	II > III	III > IV	I > III	I > IV
A: Airbase	28	<.001	<.001	.02	.02-.05	<.001
P: Psychiatrists	32	<.001	<.001	<.001	--	<.001
E: Executives	25	.01-.02	<.001	<.001	.01-.02	<.001
N: Neurotics	25	10-20	<.001	<.001	.02-.05	<.001
B: Borderline	16	--	--	<.001	--	<.001
M: Mixed Schizophrenics	22	--	<.001	10-20	.001	<.001
C: Chronic Schizophrenics	23	--	.01	--	<.01	.01

Regardless of any other differences between them, the normal group show great uniformity in their confidence patterns. They characteristically shown an abrupt rise in confidence on II from the starting level of confidence on I, and then an equally abrupt decline

in confidence on III and IV with their confidence on IV being lowest of all. Neurotics show virtually the same pattern, although the rise in confidence from I to II is not quite as sharp. The psychotic groups, on the other hand, show no significant rise in confidence on II; in fact, their confidence tends to drop from its initial level when they are asked about their ideal person construction.

This difference between groups in the pattern of shifts in the level of confidence between tests proves to be significant at below the .001 probability level. (See Table 10).

Table 10 shows that the key point of difference between the groups lies in the relative confidence with which the ideal person is constructed. The subject with relatively good reality orientation -- that is, the normal or neurotic -- tends to be more sure about the ideal than he is about himself. The near-psychotic or psychotic subject tends, if anything, to be less sure about what an ideal person should be like. From a psychological as well as a statistical viewpoint, this may be one of the most significant findings of the study.

The significance of the "ideal person" construction for the individual has been developed at some length in Chapter I, as well as in the preceding discussion of the D% score. From the D% results we learn that the construction which is elicited is not the person's own ideal, but rather his model of the social human being, the man who is in a sense the norm, a man who is the prototype of normalcy and harmonious integration of self into society.

Table 10

SIGNIFICANCE OF DIFFERENCES BETWEEN GROUPS IN THE PATTERN OF THEIR INTRA-INDIVIDUAL FLUCTUATIONS IN E%.

(t-test)

Groups Compared	P-values (reported only when significant at the .10-.20 level or below)			
	I<II	II>III	III>IV	I>IV
A : D	--	--	--	--
A : E	--	--	.10 - .20	.10 - .20
P : E	--	--	--	--
A+P+E : N	--	--	--	--
A+P+E : B	.01 - .02	<.001	--	--
A+P+E : M	.02	--	.10 - .20	--
A+P+E : C	<.001	<.001	--	.10 - .20
A+P+E : F+G	<.001	<.01	.01	--
N : B	--	.05 - .10	--	--
N : M	--	--	--	--
N : C	.05 - .10	--	.10 - .20	--
M : C	--	.10	--	--

This prototype seems to be so powerful a force in our culture as to survive to a remarkable extent even the ravages of an extensive personal disintegration such as occurs in a schizophrenic psychosis.

The model survives in psychosis, but the E score tells us something of its fate. The person with essentially sound social roots, entrenched in the society of which he is a part, -- even though perhaps an ill-fitted part, as the neurotic -- reveals his belongingness in the relation of his $E_{II}\%$ score to his $E_I\%$ score. No matter how well he may feel he knows himself, he will feel he knows with even more certainty what society would have him be. He assimilates as his own the values, norms and goals of his socio-cultural milieu, much as a plant absorbs its tissue-building nutriments from the soil and air in which it is immersed.

It is this rootedness which the schizophrenic has lost. The models set by society are still available to him, but only as empty shells. He may know what is expected of him (i.e., a low $D_{II}\%$ score), but he has lost some of the inner conviction about these norms and values, because such conviction is based upon the firmness of the integrative ties which one maintains within his socio-cultural milieu.

This seems to be a particularly sensitive indicator of one's loss of his object ties and his moorings within reality, for even those subjects who are only bordering on psychosis, and those who are able in other respects to "cover up" their psychosis, lose confidence on II.

In summary, the following conclusions were drawn from the significant findings regarding the E% scores:

(1) One's confidence in predicting what others will say about him tends to drop below his confidence in what he can say about himself. His assurance about what another's own-self description is likely to be will be far lower than he feels in any of the other self constructions. This drop is normal and seems to reflect an appreciation of the fact that another person has a mind of his own which often proves to be rather unpredictable.

(2) Subjects with extremely high E% scores on any of the tests, probably express in this manner a certain impatience or defensiveness which is likely to be symptomatic of a pathological soreness in the sense of self. Such scores are highly correlated with clinical maladjustment.

(3) The more thoughtful and reflective the subject, the finer will be his self-construction discriminations, and the more conservative his use of extreme ratings.

(4) Most important of all, perhaps, is the finding that with the development of a schizophrenic process, one is likely to show his profound loss of group-belongingness in a relative decline in conviction regarding the values and norms for behavior which are set by his forsaken social group.

CONFIDENCE SCORE: ?

It was anticipated that the ? score would prove to be as discriminating a measure of the schizophrenic's perplexity about himself and his world as was the E% score. The early results based only on

the airbase men, the psychiatrists and the chronic schizophrenic subjects seemed to support these expectations. The schizophrenics were far more often unable to say whether a particular attribute was or was not true of self-construction, particularly the gallery self. However, later testing of the neurotics and the less disturbed schizophrenics diluted considerably the significance of this score as an index of stability or perplexity in one's sense of self. Even the eight supplementary cases failed to show as marked a tendency toward high ? scores as did the original schizophrenic group.

Nevertheless, the ? variable does discriminate between groups with some success, and does so in accord with our a priori speculations. Table 11 lists the group averages.

TABLE 11

AVERAGE ? SCORES OF EACH OF THE COMPARED GROUPS

GROUP	N	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
A: Airbase	28	5.5	4.0	6.9	5.4
P: Psychiatrists	32	3.8	3.3	5.2	4.9
E: Executives	25	2.6	2.8	4.6	4.2
N: Neurotics	25	6.8	5.1	8.6	7.8
B: Borderline	16	7.9	5.6	9.3	5.8
M: Mixed Schizophrenics	22	5.4	6.5	7.6	5.5
C: Chronic Schizophrenics	23	7.2	7.9	16.4	9.5

Among the normals, the more mature subjects (P and E) use consistently fewer ? ratings than the more immature group (A). It is particularly interesting that the psychiatric residents, who as a group of "intellectualizers" are more inclined to be obsessive in their judgments, did not give more "?" ratings. They expressed their innate indecisiveness or caution in the more frequent use of the tentative, moderate "somewhat true" or "not particuarly true" ratings. This supports our initial assumption that an above average number of"?" scores is more likely to be an expression of deep-seated confusion than of ruminating indecisiveness.

Since the t-test of difference between groups could not be used because the scores form a J-curve distribution, a chi^2 method of analysis was adopted. An upper limit was set arbitrarily, above which a subject's ? score would be considered excessive. The groups were then compared with regard to the number of cases whose ? scores exceeded this upper critical limit. Two critical values were chosen: one of them two points above the average "?" score of the psychiatric residents, and the other one, seven points above. The results of this analysis appear in Tables 12 and 13.

The normal group as a whole uses ? ratings to excess significantly less often than do neurotic or psychotic subjects on all but the ideal person construction. On the ideal person construction, the neurotics behave more like the normals as they did in their E_{II}% scores.

TABLE 12

NUMBER OF CASES IN EACH GROUP WHOSE ? SCORES EXCEEDED EACH OF TWO PREESTABLISHED UPPER CRITICAL VALUES FOR EACH SELF CONSTRUCTION*

GROUP	N	Number of Cases Exceeding Stated Limits							
		I		II		III		IV	
		?>6	?>11	?>5	?>10	?>7	?>12	?>7	?>12
A: Airbase	28	8	3	8	3	11	7	6	4
P: Psychiatrists	32	7	3	5	0	7	3	5	3
E: Executive	25	3	1	6	0	5	1	5	3
N: Neurotics	25	12	4	7	5	11	7	9	7
B: Borderline	16	8	4	6	4	8	7	4	3
M: Mixed Schizophrenics	22	5	4	10	6	7	5	6	3
C: Chronic Schizophrenics	23	9	5	10	5	14	11	11	7

*The critical points are approximately +2 and +7 above the mean resident scores

Intra-individual Comparisons between Self-Constructions: Commonality Score

Thus far, we have discussed only the subjects' behavior on each of the four self construction tasks. Even when we considered the relation of a score on one to the corresponding score on another of the questionnaires, we did not deal with the intrinsic interrelatedness of the responses. For example, a subject may have obtained identical D% scores on I and III and yet show almost no similarity between the two self constructions. That is, his deviant responses on I may have occurred on entirely different items from those on II to which he gave

Table 13.

GROUP COMPARISONS WITH REGARD TO THE EXCESSIVE USE OF ? RATINGS ON EACH SELF CONSTRUCTION (chi^2 test*)

P-values
(reported only when significant at the .10-.20 level or below)

Groups Compared	I ?>6	I ?>11	II ?≥5	II ?>10	III ?>7	III ?>12	IV ?>7	IV ?≥12
A : D	--	n.c.**	--	n.c.	--	n.c.	--	n.c.
A : E	--	n.c.	--	n.c.	--	n.c.	--	n.c.
P : E	--	n.c.	--	n.c.	--	n.c.	--	n.c.
A : P+E	--	n.c.	--	n.c.	.05-.10	.02-.05	--	n.c.
A+P+E : N+B+M+C	<.01	.02-.05	.02-.05	<.001	<.01	<.001	.01-.02	.05
A+P+E : N	<.01	--	--	--	.10	.05-.10	.05-10	.05
A+P+E : C	.10	.05-.10	.02-.05	--	<.01	<.001	.02	.02-.05
A+P+E : M+C	--	.05	<.01	<.001	.02-.05	.001	.01-.02	.10-.20
D : E	--	n.c.	--	n.c.	--	n.c.	--	--
D : F	.10-.20	--	--	--	--	--	--	--
D : G	--	n.c.	--	--	--	--	--	--

*Yates correction was used in all chi^2 computations except A : P+E and A+P+E : other groups.

**"n.c." indicates that the chi^2 was not computed, usually because there were too few cases to do a valid chi^2 test.

deviant responses. The following three scores help us to look more closely at the actual congruency between the four self constructions of a subject.

The Commonality score expresses the degree of actual congruency of traits between two self constructions. Tables 14 and 15 summarize the results of a group analysis of the Commonality scores.

TABLE 14

AVERAGE COMMONALITY SCORES OF EACH OF THE COMPARED GROUPS FOR EACH OF SIX PAIRS OF SELF CONSTRUCTIONS

GROUP	N	I.II	I.III	I.IV	IV.II	III.II	III.IV
A: Airbase	28	34.8	37.1	35.0	37.5	34.4	34.1
P: Psychiatrists	32	35.9	38.0	30.6	32.0	36.3	30.2
E: Executives	25	39.8	41.2	34.6	35.6	39.2	34.0
N: Neurotics	25	29.2	33.2	28.6	33.4	30.0	28.6
B: Borderline	16	23.9	32.0	23.7	31.9	23.2	23.5
M: Mixed Schizophrenics	22	32.8	36.0	30.6	34.0	33.7	30.2
C: Chronic Schizophrenics	23	24.6	19.4	23.9	23.9	19.4	18.9

Among the normal subjects, the self -- not-self pattern of relationships seems to have these characteristics, insofar as we can judge from group averages alone. (1) All normal subjects show a high degree of congruency between any two self constructions. There are

Table 15

SIGNIFICANCE OF THE DIFFERENCES BETWEEN MEAN COMMONALITY SCORES
(t-test)

Groups Compared	P-values (reported only when significant at the .10-.20 level or below) I·II	I·III	I·IV	IV·II	IV·III	III·IV
A : D	--	--	.05	.05	--	.10
A : E	.01	.01-.02	--	--	.01-.02	--
P : E	.02-.05	.05-.10	.05-.10	.10-.20	.10	.10
A+P+E : N	<.001	.001	.02	--	<.001	.05-.10
A+P+E : B	<.001	<.001	<.001	--	<.001	<.001
A+P+E : M	.05	.10-.20	--	--	--	--
A+P+E : C	<.001	<.001	<.001	<.001	<.001	<.001
N : P	.05-.10	--	.05	--	.02-.05	.10
N : M	--	--	--	--	--	--
N : C	.10-.20	<.001	.10-.20	<.02	<.01	.01-.02
P : M	.01-.02	--	.05	--	.01	.05-.10
P : C	--	<.01	--	.05	--	--
M : C	.02-.05	<.001	.05-.10	.02	.001	.01-.02

approximately two items in common for every item which is marked with a "?" or which shows an inter-construction divergence. (2) The greatest commonality is felt to exist between own self and gallery self. (3) The next greatest degree of congruency, among the more mature normal subjects, exists between own self and ideal person. They feel that they have more in common with this ideal than they have with the average man, and more than the average man has with the ideal person. The opposite is true of the younger and less mature airbase men, who feel the average man has more in common with the ideal than they themselves have. (4) There is also a wider spread among the six Commonality score averages in the more mature groups, suggesting a more sharply crystallized pattern of relationships between self and others, or between self and alter-selves. That is, they show much more clear cut difference between their perception of self in relation to the average man. They find more marked commonality in the relationship of own self to ideal. Such sharp differentiations are not so apparent in the more immature subjects.

Among the remaining groups, the more ill the subject, the lower tends to be the commonality between their self constructions. The statistical significance of this difference between groups is summarized in Table 15. Only the mixed psychotics, who in other respects, were found to resemble the normal groups, present an exception to this rule.

The pattern of intra-individual fluctuations in commonality between various pairs of self constructions also changes from group to group in some very interesting respects. The neurotics, like the highly differentiated normals, show a sharper pattern of fluctuations,

suggesting an equally sharply crystallized sense-of-self in this group. But the outline of their sense-of-self is different in one important respect. Namely, they feel the average man is better than they are. As they see him, the average man has more in common with the ideal than do they themselves. Finally, like all the normals, their greatest commonality between self constructions occurs in the own self -- gallery self comparison.

The chronic psychotics show a sudden abrupt shift in the lines of relationship which define <u>their</u> sense-of-self. The commonality between own self and gallery self is now the <u>lowest</u> of all the Commonality scores, rather than the highest as in the non-psychotic groups. Secondly, own self, ideal person and average man do not fall into any meaningful, well-differentiated pattern as happens in the mature normals and the neurotic groups. The relationship between various points of self reference seems to remain more diffuse.

These pattern differences make sense, if we look upon the four self-constructions which we are using as moveable foci in terms of which one may sketch in broad outline the pattern of an individual's sense-of-self. In such a conceptual model, the commonality score tells us how the subject constructs the self-other polarities which substantiate and actualize for him his individual sense-of-self.

The particular relatedness which is taken most for granted among non-psychotic subjects, tends to become rather nebulous in the psychotic subjects; namely, the commonality between own self and others' view of self. We expect normal subjects to have a firm sense

of community -- of having shared past experiences and being a co-participant in present experiences -- with other members of their social group. The earmark of this sharing of experience is the belief that others will tend to see reality as one sees it himself. The test supports this presupposition. Those subjects whose reality contact is still intact show an implicit conviction that others will see one as he sees himself. Indeed if Cooley, Mead, Sullivan and other proponents of the social psychological origin of the sense-of-self are correct, the own self recognition is an innately social experience, inseparable in the last analysis from the presence of a social gallery which make such judgments real. A decline in commonality between own self and gallery self in psychotic subjects may be an expression of their sense of estrangement from others. That he and others do not see eye-to-eye is only one proof of how weak the common bond with others has become. He feels increasingly like a stranger among strange people. The gallery self probably becomes warped and blurred, because the social gallery has lost its hold upon him. And as the synthesis of own self with gallery-self diffuses, the likelihood is that the person's sense-of-self as a whole de-differentiates, and the own self dissolves into a nebulous, unstructured phenomenal field. Some of the individual case records which are reviewed in Chapter IV illustrate what appear to be instances of such a disintegrated state. Beyond a certain point, such subjects would be unable to take the test, so we are not likely to learn by this method what the most disintegrated sense of self is like.

With the neurotics one might say that their difficulties lie not so much in their relationship to the entire fabric of reality as

seems to be the case with the psychotic subjects, but rather they arise in more discrete human relationships. They may feel emotionally starved, pleasureless, grossly inadequate or any one of the variety of painful experiences which accompany and highlight the neurotic problem, but this suffering goes on within the nexus of their social relationships. Other people remain real enough for him. His trouble arises in carrying out his various inter-personal transactional relationships. The neurotic's trouble is not likely to appear as it does in psychotics, i.e., in a gap between self and others' view of himself and his particular individuality. Rather, he is likely to develop symptoms of disturbance along the own self -- ideal person self-reference axis, usually a sense of self deficiency. He compares himself with others and finds himself lacking. This is the situation reflected in the mean scores of the group. The own self is described as falling short of the ideal on many traits, while the "average man" is seen as closely approximating the ideal.

The normal subject, in his view of self as compared with others, does not find himself grossly deficient. His scores do not reflect a pervasive sense of his own inadequacy. On the contrary, many normal subjects seem to value themselves more highly than they do the average man. This finding was anticipated in the discussion of the D% score; the normals often defined the average man as more deviant than their own self or ideal person consturctions. The Commonality score shows directly what the set of D% scores showed more indirectly: that the normal person surface self is structured in such a manner as to be consistent with a sense of self-satisfaction. Occasionally the self-satisfaction becomes so pronounced as to take on the appearance

of supercilious smugness (e.g., Case E2 analyzed in Chapter IV).

Non-Comparability

Increasing frequency of "?" responses qnd the increasing sense of discongruity between the various self-constructions, both serve to undermine the fundamental sense of integration of the variety of self-constructions within the framework of a unified sense of self. For example, the schizophrenic's low commonality between own-self and gallery-self was based largely, but by no means solely, upon the frequent use of "?" rating which denied commonality without at the same time affirming a discrepancy between the two self-constructions. The neurotics on the other hand had a lowered commonality between self and ideal largely because of a very high felt discrepancy between these two self-constructions. It is useful in considering the Commonality score to know to what extent the non-congruency is caused by "?" responses. It is primarily for this reason that the score is included in this analysis.

The Non-Comparability score need be dealt with only very briefly. Actually it offers no new information. The differences between groups which are revealed in the following table have already been recognized and discussed in our treatment of the ? and Commonality scores. The tables below do put these findings in a somewhat new perspective.

Divergence %

With the Divergence score the picture is virtually the obverse of that found with the Commonality score in all the normal and

TABLE 16

AVERAGE NON COMPARABILITY SCORES
OF EACH OF THE COMPARED GROUPS FOR EACH OF
SIX PAIRS OF SELF CONSTRUCTIONS

GROUP	N	I.II mean	I.III mean	I.IV mean	IV.II mean	III.II mean	III.IV mean
A: Airbase	28	8.7	10.3	9.6	8.4	9.6	10.8
P: Psychiatrists	32	6.4	8.6	8.2	7.8	8.2	9.8
E: Executives	25	5.2	6.4	6.3	6.2	6.5	7.8
N: Neurotics	25	10.4	12.8	12.2	10.9	11.7	13.0
B: Borderline	16	11.7	13.8	11.9	9.8	13.1	12.7
M: Mixed Schizophrenics	22	10.7	10.8	9.6	9.9	11.7	11.3
C: Chronic Schizophrenics	23	13.1	20.2	14.0	14.2	20.5	21.2

Table 17

SIGNIFICANCE OF THE DIFFERENCES BETWEEN MEAN NON-COMPARABILITY SCORES
(t-test)

Groups Compared	P-value (reported only when significant at the .10-.20 level or below)					
	I·II	I·III	I·IV	IV·II	III·II	III·IV
A : P	.10	--	--	--	--	--
A : E	.02	.02	.10	--	.10	.10-.20
P : E	--	--	--	--	--	--
A+P+E : N	.01-.02	.01	.05	.10	.05	.10
A+P+E : B	<.01	.01	.10-.20	--	.02	--
A+P+E : M	.02	--	--	--	.05	--
A+P+E : C	<.001	<.001	.01	<.01	<.001	<.001
N : B	--	--	--	--	--	--
N : M	--	--	--	--	--	--
N : C	--	.05-.10	--	--	.05	.05
B : M	--	--	--	--	--	--
B : C	--	--	--	--	.10-.20	.10
M : C	--	.05	.10-.20	--	.05	.05

neurotic groups. Here, even more clearly than in the Commonality scores, we see evidence of the sharp sense of self-dissatisfaction and unrest of the neurotic -- his sense of difference from others who do not share his aults, and his "halo" perception of the average man as the embodiment of what the subject himself would like to be but isn't. In general, however, the statistical difference between the groups is of the same order as that found in the analysis of the Commonality scores.

TABLE 18

AVERAGE DIVERGENCE % SCORES OF EACH OF THE COMPARED GROUPS FOR EACH OF SIX PAIRS OF SELF CONSTRUCTION

GROUP	N	I.II	I.III	I.IV	IV.II	III.II	III.IV
A: Airbase	28	24.8	16.8	23.1	20.1	24.4	23.6
P: Psychiatrists	32	26.2	18.2	35.6	33.1	22.8	33.8
E: Executives	25	19.8	15.1	28.6	26.7	19.1	27.0
N: Neurotics	25	35.1	21.3	32.2	25.3	31.8	32.0
B: Borderline	16	44.3	20.6	43.3	28.1	43.3	41.4
M: Mixed Schizophrenics	22	27.0	19.0	32.0	24.9	22.2	30.4
C: Chronic Schizophrenics	23	28.9	23.7	34.3	24.5	26.7	33.6

There is one findings which emerges more clearly here than in the analysis of the Commonality scores. It is an observation made before in the D% discussion; namely, that near psychotic subjects show an intense accentuation of the "neurotic" pattern. Once again, this

Table 19

SIGNIFICANCE OF THE DIFFERENCES BETWEEN GROUP MEAN DIVERGENCE % SCORES
(t-test)

Groups Compared	P-value (reported only when significant at the .10-.20 level of below)					
	I·II	I·III	I·IV	IV·II	III·II	III·IV
A : P	--	--	<.001	<.01	--	.01
A : E	.10	--	.10	.10	.10	--
P : E	.02-.05	.10-.20	.05-.10	.10-.20	--	.05-.10
A+P+E : N	<.001	.02-.05	--	--	.001	--
A+P+E : B	<.001	--	.001	--	<.001	<.01
A+P+E : M	--	--	--	--	--	--
A+P+E : C	.10	.01	--	--	--	--
N : B	.10	--	.02-.05	--	.05	.10
N : M	.10-.20	--	--	--	.05	--
N : C	--	--	--	--	--	--
B : M	<.01	--	.05-.10	--	.001	.10
B : C	<.01	--	.10-.20	--	.02-.05	--
M : C	--	--	--	--	--	--

this group of near-psychotics resembles the neurotic group to a certain extent, and yet gives evidence also of the presence of a more severe degree of pathology. Their Divergence % pattern appears to be an over-extension of the neurotic orientation. Their confidence pattern on the other han, showed traces of the underlying schizophrenia. The test behavior of this group is certainly in full accord with their clinical diagnosis.

Recapitulation of Findings

A brief "profile" of the outstanding score patterns in each group may help to pull all this data together into more compact bundles.

The more mature normals record is characterized by moderate D% scores on I and III, a low D_{II}% and a D_{IV}% which often may be higher than the other D scores. There is very little use of ? ratings, especially on own self and ideal person constructions. One of the most outstanding features of the confidence pattern in these cases is the significant rise in confidence on II and decline in confidence on III and IV. The confidence level with which one approaches the questionnaire seems to vary with the personality of the subject. In less ruminative subjects, the E_I% is likely to be around 50. In more ruminative subjects, the E_I% may be lower. There is a fairly high commonality between all of the self constructions (with the occasional exception of the "average man" who is not infrequently seen to differ from self and ideal to a significant extent.) However, the high commonality is not likely to approach the point of identity between self constructions.

The less mature normals tend to have somewhat lower D % and Divergence % scores. The more frequent use of ? ratings prevents the Commonality scores from being higher than occur in the more mature normals. The only striking difference between the mature and less mature normal groups is in the preception of the average man. The less mature subjects are prone to see the average man as more nearly like the ideal than they see themselves to be; the more mature subjects (or more successful subjects) tend to have the reverse attitude.

The most characteristic score pattern of the neurotics concerns the own self in relation to the ideal. The neurotic describes an own self which is very deviant, but his ideal person model is of someone who falls close to the social norm for behavior. This makes for a very high Divergence $_{I.II}\%$. Since the average man is seen as much closer to the ideal, and the gallery self as close to the own self, the divergence between I and IV, III and IV, and III and II tends also to be rather high. Commonality does not, however, drop as low as it does in the chronic schizophrenics, nor as low as in the neurotic-bordering-on-psychotic group. There may or may not be an excessive use of ? ratings or of extreme ratings. The fluctuation in E%s continue, however, the normal pattern: rise on II (though not quite so sharp a rise for the group as a whole) and decline in confidence on III and IV.

The borderline psychotic group resembles the neurotic group in some respects and the psychotic group in others. The divergence between self and ideal becomes even more pronounced than we find it in the neurotics, and with it, the divergence between I and IV, III and II, III and IV also tend to rise. As in the neurotics, $D_{II}\%$ continues to remain fairly close to the norm (although not as close to the norm as

we find in the normal groups). The higher Divergence scores tend to make for somewhat lower Commonality scores, but not quite as low as we find in the chronic psychotics. These borderline cases resemble the schizo-phrenics in the peculiar intra-individual confidence pattern; they show the relative decline in confidence level on II instead of the normal in $E_{II}\%$ rise.

The mixed schizophrenic group resembles the normal group in almost all mean scores. The only hint of pathology occurs in the "schizophrenic" type of confidence pattern. Although the average $E_{II}\%$ is slightly higher than $E_I\%$, the rise is so slight as to be clearly different from the normal pattern. The fact that no other score reveals the disorganization which is present in these subjects will be discussed more fully in Chapter IV.

The chronic schizophrenics are markedly different from other groups on virtually all of their scores. Their own self construction is significantly more deviant than we find in the normal groups (but not quite as deviant as in the neurotic or borderline groups). There are a great many ? responses on all self-constructions. Confidence drops on ideal person construction. The greatest number of ? answers, and also the lowest Commonality score, occurs in own self--gallery self comparison, where the normals and neurotics ordinarily show very little evidence of disturbance. The ideal person construction suggests some concession to reality pressures in the low $D_{II}\%$ score (relative to their D% scores on other self constructions), but even here the D% score is significantly higher than that of the normals or neurotics. Summing up all of these hints of disintegration along the various self-referencial axes, are the very low Commonality scores between any two self constructions.

From these rather skeletal profiles, a number of more speculative generalizations seem warranted.

(1) Individuals do seem to differ in the articulation of their sense of self along certain self-referential axes.

(2) Even using such a crude trichotomy as "normal", "neurotic", and " psychotic", we are able to show meaningful and consistent group differences along each of these axes.

(3) The normal adult approaches the task of describing himself and certain non-self points in his subjective frame of self-reference with an optimal measure of assurance. He indicates that he is reasonably comfortable with the job of describing himself, that he feels he knows himself pretty well. He is neither overly-certain nor unduly tentative in making his self-ratings. The degree of assurance is modified as he turns to defining some of the non-self images which make up his subjective field. He becomes more certain when making statements about what an ideal person is like, and less certain when stating what "other people" think about him or what they may think about themselves.

(4) In articulating these self and non-self constructions, the normal adult seems to be guided in his task by an awareness of what is conventional and what is proper in behavior. He sees the "ideal" person and the "average man" as figures who closely approximate the average or "group self". He is generally realistic in his constructions. He feels for instance that what he is and what he does is fairly apparent to others who would, he believes, describe him pretty much as he describes himself. The differences between self and others which he feels to exist do not outweigh the similarities. In most respects, self, others and ideal have much in common.

(5) The "typical" regressed schizophrenic finds himself, as might be expected, at a loss when asked to define the various points in his subjective self-referential field. He is unable to say "yes" or "no" on many more items than the normal. His behavior traits, according to his own reports, are more deviant from the norm. He tends to be either overly certain about his ratings or very uncertain of them. Even though his concept of the ideal person does show some recognition and acceptance of the socially-defined norms for behavior, he is far more uncertain about the tenability of the group given standards, in contrast to the normal person who is more certain about what one should be like than even what he himself is like as a person. The underlying core of commonality between self, others and ideal grows extremely "thin" so much so that in many cases we may assume that it hardly exists at all. Especially is this so when the schizophrenic is asked about others' view of him. Here we find the most acute evidence of disturbance. It seems to be especially difficult for him to stand off and take the role of another in appraising his own behavior.

The less incapacitated the schizophrenic, the more likely is he to resemble the normal group in the articulation of his sense-of-self, perhaps because he has sufficient presence of mind to be able to simulate normalcy on this test.

(6) The "typical" neurotic enters easily into the task of articulating his sense of self in terms of the four self constructions. He has some strong convictions about himself and these come to expression. Except for slightly more frequent use of 1 ratings, he is as definite and self confident about his ratings as is the normal, and shows the same confidence pattern as did the normal. In all of these respects

he seems to indicate that his surface self is based on firm foundations, and not on the shifting sands of psychosis.

(7) The neurotic's difficulty lies not in the stability of his sense of self but in its structural plan. In contrast to the normal, the typical neurotic score-pattern on this test shows an acute self-consciousness coupled with an equally acute sense of insufficiency or abnormality of the self. The attitude of flagellating self-regard attained high intensity in the neurotic and highest intensity in the neurotic who borders on psychosis. This attitude is far more evident among neurotics than it is among the psychotic subjects in this study.

* * *

In the foregoing chapters, we have discussed self theory in general to establish a frame of reference for the narrower line of investigation to follow. We described its early gropings, the development of methodological tools as the problem grew clearer, and the validation of the method in the meaningful findings which it elicited regarding the sense of self at various stages of ego integration.

There remains now the final question, "What generalizations may be drawn from these findings regarding self theory, and how useful are these generalizations likely to be?" It is these questions which the final chapter considers.

IV

REFINEMENT OF THE THEORY AND EXTENSION OF THE METHOD TO INDIVIDUAL CASES

These empirical formulations point to certain generalizations which may be drawn. Or perhaps it would be more correct to say that it is possible to define a set of basic principles to which this mass of data may be reduced. These generalizations are not "proved" by the data, but they represent a tentative answer to the question: What have we learned here about the psychology of selfhood.

The set of general principles is stated below with the absoluteness of basic postulates. I am aware that it would be premature to take them as basic postulates. They need to be "tested", that is worked with, defined further, modified, perhaps even rejected on the basis of further study. The statements are presented in the form of "postulates" only for the sake of succinctness of exposition.

Postulates Concerning the Crystallization of a Sense-of-self

1. The "self exists only in the context of self-other relationship patterns.

The self can never be conceived except in relation to non-self people and things. One's 'place' in the scheme of things is gradually fashioned by the individual, enhanced by the many accomplishments which mark his growth, and warped by the frustrations, tensions and fears which are an inescapable concommitant of growth. The individual gradually crystallizes for himself a network of attitudes, skills and modes of behavior which come to be his characteristic ways of acting upon, or interacting with, the objects and people around him. Optimally, these interactional ties help the person to maintain a successful integration of

himself into his social nexus, an integration through which he achieves self-fulfillment in socially harmonious and constructive activity, and which provides the basis for a feeling of self-realization, adequacy and well-being. When we find, as so often we do, a person with a sense of chronic frustration rather than wholesome self-fulfillment, then we may assume that self-development has gone awry as a result of the failure to successfully resolve the tensions responsible for neurosis.

This postulate has already been discussed in the first chapter. It is reproduced here not because it is supported by the data, but rather because it is basic to the other postulates which follow.

2. The self can be said to have crystallized into a normal adult"ego-identity" only when the individual has successfully transcended his egocentrism and has learned to differentiate clearly himself from other people or things.

In evolving his sense of self, a person learns not only his scope, but also his limits. One should learn that the self is a circumscribed entity surrounded by a vast area of not-self. A person's self-feeling (10,12) should attach only to certain objects and processes which he comes to know as his own. Outside this self-"boundary", he should see a world peopled by other individuals with properties, motives, powers, and viewpoints -- in short, with "selves".-- of their own, over which his will does not hold sway as it does within his self-domain. He must learn to see that other people are different from himself, go their own ways, think their own thoughts, feel their own feelings and live their own lives -- each within his own unique field of self-determination. Only when

he achieves this appreciation of other persons' differentness can an individual be considered to have grown up. Probably no one ever fully grows up in this sense, but some show considerable stunting in this aspect of their development. Neurotics, for example, show a deficiency here in several respects. They may fail to appreciate fully the effect of their behavior on others. They may misinterpret the motives of others in accord with a preconceived neurotic fiction concerning the special character of their relationships. In fact, the adoption of a preconceived self role, as defined in Chapter I, represents the acceptance of a neurotic form of self-other differentiation. The psychotic is even more seriously deficient in this regard. He may be said to have suffered a collapse of his self-other differentiation, and to have reverted back to a more primitive level of organization at which it is virtually impossible for him to comprehend the reality of other selves and other viewpoints.

The ability to appreciate the other fellow's point of view is reflected in several scores on our test:

(a) A person with good self -- other differentiation should be less certain of his ratings on tests III and IV than on test I; that is, if he recognizes the differentness of others, he knows he can be less sure about what others think than he can be certain of what he thinks.

(b) He should have a realistic view of the average man. That is, he should appreciate the fact that the average man will be different in some respects from himself. He should appreciate the fact that the average man will approach the group norm in his behavior, yet will not be a walking embodiment of the group norm.

(c) He should recognize that others will have some appreciation of the sort of person he is, based largely on the same behavior which he uses as the basis for his own self description. The gallery self should, therefore, be very similar to (but not identical with) the own self.

3. Intrinsic to a healthy sense-of-self is the sense of belongingness or group membership.

The recognition of differentness should not, however, proceed too far, for a sense of unselfconscious fellowship, of intimate participation and oneness with others, is vital to an individual's well being. This sense of belongingness is so much a part of us as to go unnoticed, like beating of the heart, except when a disturbance in this aspect of one's self-feeling projects it into awareness.

When this sense of belongingness is undisturbed, one experiences kinship or closeness with others of one's group. One feels himself to be one with the others because he has so much in common with them. They share a common reality by participating together in the multitude of facts and events of their social field. As a consequence of this togetherness of experience they can understand each other, sympathize with each other, and live together in relative harmony as fellow creatures.

When an individual's group feeling is disturbed, it is probable that he is a severely maladjusted person because this attribute of the self is so deeply rooted in our existence as social beings. Neurotics may feel acute intra-personal distress because they are "no good", "different", "isolated", etc., but these feelings represent only a partial loss of belongingness; they do not lose the underlying conviction that they are still

active members of the human community. Inadequate as they may feel themselves to be, they do not develop the sense of bleak aloneness and differentness which mark for the schizophrenic the estrangement or chasm which exists between him and the nebulous "others" of his psychotic world.

The neurotic type of disturbance in the sense of belongingness shows itself most characteristically in the pattern of D% scores: High D% on own self description, average D% in characterizing the ideal person. This is almost always associated with high Divergence % scores between I and II indicating the subject's intense self-dissatisfaction which crystallizes in a conviction that he falls far short of the ideal, in contrast to the average man who, he believes, has few if any of his deficiencies. Usually this sense of inferiority is associated with a feeling that his faults are glaringly apparent to others as well as himself. This is expressed in the pattern of scores: marked divergence between own self and ideal; little or no divergence between own self and gallery self.

A schizophrenic sense of apartness from others is distinguishable from the neurotic's sense of differentness, in another patterning of scores. It is expressed implicitly in a set of scores which suggest a collapse of self-other differentiation to the extent that others exist for this patient only as warped, strange or nebulous figures. It appears more directly the Commonality scores where the "typical" schizophrenic shows most poignantly how thin is his contact with others. He shares extremely few traits with the average man, or with the socially approved ideal, or even with the self as seen by others.

4. At the core of the general sens-of-self is an enduring conviction of one's stable and enduring self-hood.

This fourth aspect of one's general sense of self may be identified as a narrower, more literal sense of self -- the deep-rooted conviction that "this is me."

As with the other facets of the general sense of self, this attribute of selfhood does not exist apart from the others. A healthy sense of individuality is contingent upon wholesome self-other relationships in which differentiation has been achieved without any serious impact on the sense of group belonging. It is in fact a good index of the normalcy of the self-differentiation which has occurred. It invariably accompanies the sense of wholesome well-being.

The most obvious index of a stable sense of individuality -- of "me-ness" -- is, of course, the degree of assurance expressed in one's self description. Here we should put more weight on the frequent use of "?" answers than on the choice of the extreme "+2" or "-2" ratings. The more disturbed the schizophrenic, the more difficulty he has in telling what is or is not true of him. The frequent use of "?" ratings in own self description may in many cases be the most direct expression a subject can give of his sense of deep confusion at the core of his being concerning who he really is. This is, unfortunately, not a reliable index of self-confusion because evasive subjects may resort to the "?" as a defense against self-scrutiny. Though they too are somewhat confused about themselves, it is usually not to the degree which one might presume from the number of "?" responses.

It is interesting to note that the assurance one has about the ideal person construction is probably the most reliable index of the stable sense of "me-ness." A person who knows who he is, will know where he is going. One cannot have a sense of ego-identity except within the context of action. Or to put this somewhat differently, a sense of structure and direction in one's life are necessary components of the sense of individuality. When the schizophrenic shows a drop in assurance as to what he aspires toward, he indicates a loss of self-direction, which necessarily implies a severe disturbance in his self-hood.

The most common neurotic expression of disturbance in this facet of the sense of self appears in the divergence of own self from ideal, which probably expresses the neurotic's sense of stunted self-development. Though indicating some sense of loss of selfhood, the loss is not as profound as that found in schizophrenia.

5. Finally, implicit in all of what has been said above is a generalization which is, in a sense, a corollary of the first four postulates. The differentiation of normal self -- other relationships along the various axes of self-reference may become chronically warped by persistent inner stresses which interfere with optimal self-development. Individuals differ in the bending and twisting which enter into the process of self-development. Under sufficient conditions, the warped self may become set into characteristic and enduring relationship patterns. The degree of pathology in the sense of self will be revealed in the kind of self -- other differentiation which has been achieved. It may be possible to rank all deviations from normal self-development according to the degree and kind of warping or crumbling which appears in a person's sense-of-self.

The Testing of this Rationale in Practice; Application of the Method to Individual Cases.

If the method and its rationale have any substantial validity, they should enable one to differentiate degrees of pathology in the surface sense of self. Is it possible in fact to diagnose successfully the presence of a neurotically warped sense of self or a psychotically crumbled sense of self?

The subjects used for this test were the business executives, neurotics, near-psychotics, and mixed schizophrenics, totally ninety-one cases in all. The reader will recall that these cases were tested some time after the airbase men, psychiatric residents and chronic schizophrenics. The data on the latter three groups was analyzed, and a first draft of the preceding "postulates" was formulated before the second testing series was launched. On the basis of the preliminary formulations, an attempt was made to diagnose "blindly" each of the subjects in the second test series.

The four groups of subjects: junior executives, hospitalized open-ward neurotics, closed ward schizophrenics (largely from the "acute" section); and open-ward borderline or ambulatory schizophrenics, were shuffled together at random. The writer was careful to avoid any chance of identifying one of these cases from illicit information. He had someone else score the records, tabulate the responses, and carry out the statistical tallies used in the preceding chapter. The only information he had which could be of any use to him was the knowledge that the neurotic group tended to have higher D% scores on tests I and III, and that the psychotic group appeared to be better integrated than the earlier psychotic group. The individual diagnosis in each case was based on the postulates defined above,

and on the meaningfulness and internal consistency of the score patterns which were interpreted in line with these postulates. Only the six score variables were used. The writer at no time looked at the content of any of the responses.

Each case was studied, the attitudes concerning self, others and ideal set down, the meaningfulness of these inferences and their interrelationships evaluated, and an overall diagnosis assigned. Any doubts and qualifications were noted, but no case was passed by without receiving a definite diagnosis. A seven-point diagnostic scale was used:

a. Essentially normal; leading a satisfying life.

b. Neurotic but capable of functioning effectively though in somewhat limited fashion (i.e., not getting as much from life as he should).

c. Neurotic to a degree which seriously interferes with basic life functions (work, family).

d. Severe neurosis verging on psychosis (borderline states and incipient schizophrenics).

e. Ambulatory schizophrenic (able to make a marginal though queer adjustment outside the hospital despite the latent disorganization).

f. Psychotic but with some capacity to "cover up" the full extent of the disorganization.

g. Actively and overtly psychotic.

At the same time that an attempt was being made to diagnose these cases on the basis of their test patterns alone, the patients' doctors were asked to assign a clinical diagnostic rating on the same diagnostic scale. All normal subjects were assumed arbitrarily (and probably incorrectly) to merit a clinical diagnostic rating of "a", since no clinical data were available on these subjects.

Anyone who has tried his hand at drawing diagnostic inferences from a set of barren-seeming numbers will know how much doubt one develops concerning the reliability of his conclusions. In the course of such a venture one often wonders whether he would not come up with a very different set of diagnoses if he looked at the data another day in another mood. To check on this, the entire group of cases were rediagnosed and the repeat reliability of diagnostic ratings was studied. See Table 20.

A three by three frequency table was set up to permit the computation of a chi^2 and contingency coefficient of correlation. The breakdown had to be limited to three groups to meet the requirement that theoretical frequencies for each cell be no less than 5. The breakdown was: Normal and Mildly Neurotic and Borderline cases; Ambulatory Psychotic and Overtly Psychotic.

Table 20

COMPARISON OF INITIAL AND REPEAT BLIND DIAGNOSES OF INDIVIDUAL CASES FROM TEST SCORES

Initial Diagnostic Rating	Repeat Diagnostic Rating* a	b	c	d	e	f	g	Total
a	16	10			1	1		
b	3	5	4		2	1		
c		1	5	2	1	3	1	
d			3	2	2			
e			3	3	4	4		
f			3		3	1		
g				1		3	1	
								89**

*Ratings were made on a continuous scale ranging from "a" for "normal and satisfying adjustment," to "g" for "actively and overtly psychotic". See page .

**Total n= 89 because no diagnostic rating was recorded for two cases in the initial diagnostic series.

The chi^2 for this distribution is 59.64, significant at far below the .001 level of significance. The uncorrected reliability coefficient (contingency correlation) is .63. If we assume that our diagnostic scale is continuous and that the scale intervals are equivalent, we may compute a Pearson product-moment reliability coefficient. For the total group of scores this proves to be .67. We may safely conclude that test diagnoses could be made with satisfactory repeat reliability.

It was found that self-consistency was better on the second half of the cases than on the first half. Twelve of the first forty-five subjects showed a discrepancy of more than one scale unit between first and second diagnoses. Eight of these occurred among the first twenty cases. In the second half of the group there was such a discrepancy in only five of the forty-five cases. It seems clear that the more experience with the task, the greater the stability of one's diagnostic ratings.

Where differences in diagnosis occurred between the first and second diagnostic runs, a final diagnosis was made on the basis of a third analysis of the test scores and a weighing of the arguments which were recorded in support of the two divergent diagnoses.

The test diagnoses were then matched against diagnoses made by the patients' doctors. Table 21 shows the degree of agreement between test diagnoses and clinical diagnoses.

Table 21

COMPARISON OF TEST DIAGNOSIS WITH PSYCHIATRIC DIAGNOSIS ON NINETY-ONE INDIVIDUAL CASES

Test Diagnosis	Psychiatric Diagnosis* a**	b	c	d	e	f	g	Total
a	11	1	3		1	2		
b	6		4	2	1	1	2	
c	2		8	1	3	1		
d	1		4	2	4	3		
e	3		2	2	3	2		
f	2		4	1	3	4	1	
g						1		
								91

*ibid.

**All normal subjects were arbitrarily given a clinical diagnostic rating of "a", since no ratings by psychiatrists were available on these subjects.

If this table is converted into a three-by-three contingency table using the same categories which were used in computing the reliability of test diagnoses: normal plus mildly neurotic; severely neurotic and near-psychotic ambulatory and overt psychoses, the chi^2 for this distribution is 18.76, which is significant at below the .001 level of significance. The contingency coefficient of correlation is .41. We may safely conclude that diagnoses based solely on an analysis of test scores can be made with significant validity.

But these scores tell us only of the over-all effectiveness of our diagnostic principles; they do not tell us anything of their relative potency in various areas of the diagnostic range. Table 22 shows the distribution of blind diagnoses for each of the four diagnostic sub-groups and provides an opportunity to look further into the differential diagnostic effectiveness of the test.

TABLE 22

BLIND DIAGNOSTIC RATINGS ASSIGNED
TO SUBJECTS IN EACH OF THE FOUR GROUPS

Group	N	Diagnostic Ratings *						
		a	b	c	d	e	f	g
A: Airbase	25	11	6	2	1	3	2	0
N: Neurotics	25	3	3	8	5	2	4	0
B: Borderline	16	0	2	2	5	5	2	0
M: Mixed Schizophrenics	22	3	3	3	3	2	7	1

* a: normal; b: mildly neurotic; c: severely neurotic; d: borderline psychitoc; e: ambulatory schizophrenic; f: psychotic with a "front"; g: actively and overtly psychotic.

In general, there is evidence of differential success at each level of personality integration. Most of the normals received blind diagnostic ratings of A or B: most neurotics, C or D; most borderline cases, D or E; and there were proportionally more psychotic diagnoses assigned to psychotic subjects than to non-psychotic subjects.

However, there are several points of fairly serious overlap between groups. Six psychotics were misdiagnosed as non-psychotic. Six neurotics were erroneously thought to be psychotic, and the line separating neurotics from near-psychotics seems to be particularly vague.

In a simply analysis of group data there is little need to concern oneself with exceptional cases which run counter to the general trend if they do not nullify this trend. They can be dismissed as "chance" variants. In a clinical study, exceptions cannot be dismissed so lightly. The demands here are generally more rigorous. One is impelled to understand what transpires in every case. The principles of self-differentiation and integration are considered to hold for all cases, not just the majority of them. For this reason, we cannot be satisfied with a good overall validity coefficient; we should seek to account for at least the major sources of diagnostic error which kept the coefficient from being even higher.

Perhaps the most arresting diagnostic "errors" were those which occurred in the psychotic group. It is puzzling that one can discriminate so much better between the normals and neurotics than between normals and psychotics. We first encountered this paradoxical finding in the preceding chapter and a tentative explanation was offered for it there. We are now in a position to see whether the explanation advanced there is only a convenient rationalization or has some basis in fact.

Table 22 indicates that six of the psychotics were diagnosed "normal" or "mildly neurotic" and six others "severely neurotic" or "neurotic bordering on psychotic". In studying the available data to see what, if anything, these patients had in common, we found that all but three of the schizophrenics who seemed non-psychotic on their self-concept tests came from three special "semi-open" wards. They had a sufficiently "good front" to be allowed to come and go without the close supervision which other psychotic patients received.

The patients who were able to appear non-psychotic on the tests were those who were well enough to be on the "better" wards. This must be more than coincidence. Though incorrect, the test diagnoses were not as wrong as they appeared to be at first. We must conclude, however, that a psychotic patient who has re-established ego functioning to an extent which enables him to make a fairly ambulatory hospital adjustment can, if he wishes, put up a "front" in his test responses so that he will appear to have more self-integration than we have reason to credit him with.

These cases didn't pass entirely undetected. Some of the marginal diagnostic notes included the following observations: "The subject is obviously giving the 'correct' answers and admitting to nothing about himself, but he does this quite smoothly and there is no reason to conclude that this is not a normal, albeit, an evasive one" (M-12); "An evasive record with little self-involvement" (M-14); "A generally evasive record but nothing to suggest this might not be normal" (M-13); "There is tension and defensiveness. What lies back of it? There are suggestions that it could be a paranoid streak." (M-17); "Why is the subject being so careful to avoid admitting anything deviant? This pattern could occur in a very defensive, uncooperative normal,

a negativistic neurotic, or a psychotic who is somewhat paranoid and trying to cover up." (M-19) Especially where the test diagnosis of "neurosis bordering on psychosis" (M 20, M 21, M 22) was made do we get hints of psychosis.

Other diagnostic errors are not so easily accounted for. It is highly unlikely that the six normals who were considered psychotic or near-psychotic on the basis of their test productions were anything more than neurotic. Here again, however, the error was not quite as great as at first appears to be the case. There is the face-saving fact that two of the six were diagnosed "normal" or "mildly neurotic" on one of the diagnostic runs, but these diagnoses were countermanded when the diagnostic pro's and con's were reviewed. Not one of the cases was diagnosed "psychotic" without hesitation. Most were evasive records, and in each case there were recorded comments accompanying the diagnosis such as, "I smell a mouse here, though there's nothing obviously psychotic", "Is this score-pattern masking something?" "This record presents the usual diagnostic difficulties of evasive records."

The considerable overlap between neurotics and near-psychotics in their test diagnoses seems to be unavoidable. As will be shown shortly, the near-psychotic patients had records very similar to the severe neurotics. This is not too serious an error, for very often these cases are hard to differentiate on the basis of clinical interview material as well. Often, only the more penetrating understanding which comes after months of psychotherapy, or the use of a testing device sensitive to the more hidden currents of thought and affect, will reveal the presence of a latent psychosis. As with the misdiagnosed psychotic patients, the pragmatic criterion of type of

ward assignment supports the "wrong" diagnosis. The severe neurotics and near psychotics were assigned indiscriminately to the same set of wards in the hospital.

In summary, it appears that the experiment reported in this chapter has been successful. Solely on the basis of the test scores, their rationale and the principles which link these scores to self-theory, it was possible to predict clinical diagnosis with significant accuracy. A study of the individual cases suggests that some of the sources of error can be detected, so that with further experience the correlation between test and clinical diagnoses would be still more unambiguous. On the basis of this initial test, the principles of self-organization which were tentatively put forth, have been fully sustained.

In the concluding section of this chapter, some sample cases are presented for discussion. The purpose is twofold. First, this will enable the reader to see how test diagnoses were reached from the individual score patterns, and, so to know more concretely how the principles of self-organization were tested. Secondly, it will provide an opportunity to study the kinds of statements which one can make about personality disorder if he takes self-theory as his springboard for discussion. This may make it easier for the reader (and the writer, too) to compare this approach to personality study with more familiar approaches, and to decide whether it contributes anything new to our enduring search for understanding of the complex creature -- man.

Illustrative Cases

These cases were chosen with an eye not only to illustrating the most "typical" representative of each group, but also the form-variants which occur at each level of adjustment.

Case No. E 6: A "typical" normal.

Any one of many records could have been chosen as an example of the ideal normal record. The case which was chosen will do as well as any. For convenience, the relevant scores are reproduced below.

Data Sheet: Case E 6

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	62	54	22	4
?	2	1	5	2
D %	21	10	15	18

Tests Compared	Commonality	Non-Comparability	Divergence %
I : II	46	3	12
I : III	42	7	13
I : IV	37	4	27
IV : II	40	3	23
III : II	41	5	18
III : IV	33	6	33

This first fact which strikes one is the essentially normal assurance with which this subject approaches the test. He is sufficiently sure of himself to use Extreme ratings in 62% of his non-ambiguous responses on own self description, and 54% on ideal person description. Ordinarily, we would expect some rise in assurance on the ideal person description, but the difference is slight and there is no other reason to suspect that there has been any undermining of convictions concerning the guiding models for socially integrative behavior. This is supported by the fact that the subject does not find it necessary to use more than a minimal number of "?" responses.

This subject's assurance appears to be based upon a soundly realistic orientation: a good appreciation of the differentness of self from others and a firm sense of rootedness in the social matrix. The subject does differ from the social norm, but not to any pronounced degree (D_I%). His concept of the ideal person shows both appreciation and acceptance of the socially set standards for behavior. He has much in common with others, and yet he recognizes differences. He recognizes for instance that he is in no position to speak for the other fellow with as much assurance as he can speak for himself, so the confidence scores drop on tests III and IV. He recognizes that the average man differs from himself (Divergence $_{I,IV}$%). What he indicates about the nature of this felt difference is soundly sensible. He feels that those ways in which he deviates from the norm, and thus falls short of ideal behavior, are individual faults not shared by the average man. On the other hand, there are other items on which the average man falls short of the ideal, but the self does not. (This is not apparent from the scores reported on the Data Sheet.) In general, the "average man" deviates more from the

ideal than he himself does. Similarly, in his concept of how others see him, he seems to exercise sound judgment and a proper appreciation of the fact of self -- other differentness in point of view. He indicates his belief that others do not see some of his faults. They see him as he is on only three of the six items on which he falls short of the ideal. He seems to feel that others see him pretty much as he is, with the exception of a few of his faults which they do not know about. (The latter observation, too, is based on a more refined analysis of commonality and divergence than is possible with only the scores reported in the data sheet.)

In maintaining this pattern of self-other differentiation, the subject gives no indication of anything other than a quite normal sense of self. His Divergence scores show no sign of tension, unrest, self-dissatisfaction. If anything there is a trace of complacency and self-prizing: the average man falls somewhat farther short of the ideal -- that is, is more inadequate -- than he is.

All of these attitudes are entirely consistent with normal, non-warped self-other differentiation; with a normal sense of beloningness or oneness with others; and with an unshaken sense of selfhood. In all respects, we get evidence of normal self-individuation.

Case E 1.: <u>An evasive normal</u>.

At first glance the test scores of the preceding case bear a close resemblance to those below. The D% scores, the confidence scores, the apparently marked sense of commonality between self and others, all seem similar. There are, however, a few puzzling scores. I have in mind the near-zero Divergence % scores. The description of own self, ideal person

and gallery self have too much in common. They are, in fact, virtually identical. The only reasonable conclusion to draw from this is that the subject, after describing himself, tacitly refused to comply with the spirit of the instructions. He did not try to differentiate self from ideal, or self from others' view of the self.

Data Sheet: Case E 1

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	34	40	35	19
?	1	4	4	2
D %	20	16	28	23

Tests Compared	Commonality	Non-comparability	Divergence %
I : II	49	5	2
I : III	47	4	8
I : IV	45	3	15
IV : II	43	6	12
III : II	45	7	6
III : IV	44	5	12

Why this avoidant behavior? Has he something to hide? Or is he just impatient with the task and getting it over with as quickly and easily as possible? If the latter, is the impatience a symptom of neurotic short-temperedness? Avoidance of self-scrutiny? Or is it something milder and

less pathognomonic? These questions are among the most difficult to answer, since such evasive records occur among subjects at all levels of integration.

In this case, a number of scores reassure us of the probable normalcy of the subject's self-individuation. First his judgment is sound: The D%'s are within normal limits; the confidence he has in his ratings is within normal limits, and also shows the appropriate rise on II and fall on IV. Moreover, E 1's evasiveness is not unrelenting. He <u>does</u> admit to behavior which is deviant from the norm, and he also admits to some difference between himself and the average man, with hints that the average man is conceived as differing in appropriate fashion: further from the norm in some respects, closer to the norm in others. It was these hints which were responsible for the correct guess that this evasive record was probably obtained from a normal subject. For similar records see E 3, E 5 or E 17.

Case E 2: <u>A self-satisfied normal</u>.

This pattern of scores was particularly common among the psychiatric residents, (P 9, P 18, P 21, P 30, P 31) but has occurred often enough among intelligent non-psychiatrists to suggest that it is probably a characteristic of those who pride themselves for their superior endowments. Case No. E 2 is a good example of this type of subject.

Data Sheet: Case E 2

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	52	69	13	7
?	1	0	0	0
D %	22	20	24	51

Tests Compared	Commonality	Non-comparability	Divergence %
I : II	45	1	17
I : III	50	1	7
I : IV	29	1	46
IV : II	34	0	38
III : II	47	0	15
III : IV	44	0	46

His D% scores and his confidence scores are all quite normal, with the exception of the D_{IV}% score. His degree of deviancy is moderate, even optimal. He shows individuality without any undue uniqueness. He is confident of his self-description, even more certain of his model for behavior, and shows a quite realistic caution when he speaks for others on tests III and IV.

In fact, the only scores which depart in any way from the ideally normal pattern are the D_{IV}%, the Disc I.IV% and the Disc. III.IV%. It is in this set of scores that the attitude toward others comes into focus. As Case E 2 sees him, the average man is in a very sorry state: highly deviant,

falling far short of the group standard or E 2's personalized model for behavior. So badly adjusted is the average man presumed to be, that he begins to resemble in his degree of abnormality the own self descriptions of neurotics who border on psychotic disintegration. One might, at first, think this a serious lapse of judgment on the part of E 2, a peculiarly warped viewpoint which might well lead us to doubt the initial impression that the quality of his reality appraisal is excellent. To avoid being misled into such a conclusion, one must keep in mind the curious fact that this distorted view of the average man occurs more often among our normal subjects than among the patients. It seems that one can, within the bounds of normal self-admiration, subtract something from the merits of the other person in order to help sustain the illusion of superiority.

With this baseline of normal variations in the surface sense-of-self, let us now see how pathological warpings and diffusions in the sense-of-self may appear in the test score patterns.

Case N 1: The "typical" neurotic pattern.

Once one has assimilated a baseline of norms and a working model of the normal pattern, he will recognize immediately that something is seriously wrong in N 1's sense-of-self.

Data Sheet: Case N 1

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	63	64	73	57
?	9	4	13	1
D %	41	11	45	16

Tests Compared	Commonality	Non-comparability	Divergence %
I : II	21	13	50
I : III	30	20	14
I : IV	24	19	48
IV : II	43	6	12
III : II	22	18	41
III : IV	24	14	41

Perhaps a good point at which to start this analysis is to learn what we can about the patient's sense of belongingness, for it is in this facet of a person's subjective self where we usually see most quickly the disturbances associated with neurosis or psychosis. For this purpose let me call the reader's attention to the D_I% score of 41 with D_{II}% and D_{IV}% of only 11 and 16, the $\text{Divergence}_{I,II}$% of 50, the $\text{Divergence}_{I.IV}$% of 48, and the $\text{Divergence}_{IV.II}$% of only 12. Translating these scores directly into descriptive terms, this subject sees himself as someone who is not normal; the average man is normal, the ideal is normal, but not the self. In the low

$D_{II}\%$ and $D_{IV}\%$ it is clear that the subject appreciates only too well the group's concept of normalcy. The effect of this on his inner state is marked. There is an acute sense of self-dissatisfaction and of being unlike the average person. He feels that he falls far short of what he should be like. From his Confidence scores we learn that there is little uncertainty or doubt accompanying the expression of this point of view; rather, if anything, he is more convinced of his judgments than is generally the case. This man is set in his conviction of his own inadequacy.

However, he does seem to continue to share with others a common social reality. He appreciates the "normal" patterns of behavior, and he believes others see him for what he is. There is some sharing of experiences, which suggests that he is not as isolated and alone as one might be. This would seem to indicate that the disturbed sense of belongingness in this case is of neurotic rather than psychotic proportion.

This last inference is confirmed by the analysis of self-other differentiation. The self <u>has</u> been differentiated from the not-self. Too much so, in fact; like a painfully sore thumb. And he indicates that he can recognize others as separate entities -- as individuals in their own right, although his view of them is somewhat warped. He sees them through the autistic lenses of his neurosis: the average man seems to this subject to be <u>very</u> normal; he feels too that others undoubtedly see him in all his lowly insufficiency, etc. These are the somewhat autistic perceptions, but they are certainly not psychotic misperceptions. They only lend support to the growing picture of an acutely neurotic, unhappy man.

To a somewhat lesser degree, this general pattern occurs in N 5, N 12 and in quite a few of the supposedly normal subjects. Unfortunately,

we have no criteria for determining whether those normals who show such a pattern are the more maladjusted members of their group.

An exaggerated version of this pattern occurs in N 2, N 3, N 4 who illustrate records which pose a major differential diagnostic pat-problem. -- that of distinguishing the simple neurotic from the "neurotics" with latent psychotic tendencies. This question will be taken up when we analyze the scores of a "typical" borderline case. Let us instead consider briefly some of the differential diagnostic difficulties which were encountered.

Case N 23's scores resemble in almost all respects a normal record. Only the confidence scores and the minimal differentiation of IV from II, and III from I raised doubts about the diagnosis of "normal." Admittedly, the evidence for neurosis in this case was not very great.

Case N 24 presented some initial difficulty but the many "?" responses indicated that all was not quite as it should be, thus tilting the scales against a diagnosis of "normal" in this case. Cases N 9 and N 10 were misdiagnosed because no such warning signs occurred in their records. This was not true of N 8, where the same suggestions of neurosis were present which occurred in N 23's record; these should have been given more weight. Case N 25 presents an interesting problem of another kind and merits more careful consideration.

Case N 25: A neurotic record which could easily be mistaken for psychotic.

Data Sheet: Case N 25

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	42	38	35	7
?	7	2	7	1
D %	56	58	50	30

Tests Compared	Commonality	Non-comparability	Divergence %
I : II	39	8	17
I : III	29	15	28
I : IV	24	9	48
IV : II	24	3	54
III : II	33	9	28
III : IV	25	8	47

The scores which immediately catch one's eye in this record are the extremely high D%'s. We have already learned to make some allowance for the possibility that this may occur on tests I and III of severe neurotics who are inclined to subject themselves to a constant regime of self-flagellation. But a D% of 58 on II is extremely rare. Only a handful of the most disorganized psychotics had such a deviant concept of the ideal person. Who but a psychotic individual could choose as a model for behavior someone so different from the group norm?

In this case, however, there is another more convincing explanation available. The low $Divergence_{I.II}$ score and high Commonality between I and II together tell a very simple story: N 25 is trying not to differentiate between self and ideal. He admits to very little difference between his very deviant self and an ideal person. In effect, he refuses to admit to us on the test that there is anything wrong with him, the high $D_I\%$ score notwithstanding.

It is conceivable of course that in going to such lengths to avoid facing his faults, the subject may be using the denial mechanism to a psychotic degree. There is reason to doubt this interpretation. For one thing, the nearly normal pattern of confidence scores speaks for a more appropriate approach to reality. Also, the more normal description of the average person shows that N 25 does appreciate what is or is not appropriate. He chooses to flout convention on test II and defiantly refuses to find fault with his rather abnormal self. The gnawing sense of self-dissatisfaction and unrest is expressed, but in a less direct form, i.e., in the $Divr._{I.IV}\%$ rather than the $Divr._{I.II}\%$. The record as a whole is like that of N 23 or N 3, with but the one sudden "reverse twist" on the ideal person construction.

Case M 1: A chaotic pattern.

The normal and the neurotic records which we have reviewed so far have had one quality in common: they seemed to make sense. That is, it was possible to draw inferences from the many scores in the matrix, and have all the inferences converge into a single internally consistent picture of a person. In some records this fails to occur. The analysis arrives at a point where it can go no further and yet has not crystallized into a meaningful

gestalt. Such a "chaotic pattern" occurs most often with psychotic subjects, and probably reflects their inner chaos and bewildered sense of self.

More blatant examples of this pattern could have been selected for consideration here -- C 1 and C 2 for example. M 1, however, seems superficially to resemble the preceding case, N 25, and gives us an opportunity to see how important the few differences between two records may be.

Data Sheet: Case M 1

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	50	54	7	4
?	1	8	1	1
D %	31	41	30	40

Tests Compared	Commonality	Non-comparability	Divergence %
I : II	27	9	41
I : III	35	2	34
I : IV	32	2	40
IV : II	29	9	37
III : II	27	9	41
III : IV	40	2	25

The confidence pattern is like that in N 25. There is a good degree of assurance in the self description and an appropriate drop in certainty when guessing what others would say about himself or themselves. The confidence scores on test II are arresting: We wonder why the sudden spurt in ? responses on II, and why there is not more rise in the E_{II}% score. However, we can not safely conclude that the patient shows a psychotic uncertainty concerning the models for appropriate behavior.

Only on turning to the D% scores do we begin growing seriously perplexed by the strange definition of self and alter-self points. There is a reversal of the usual pattern. The own self and the gallery self are somewhat more deviant than the average normal subject, but not excessively so. The ideal person,on the other hand, is far more deviant from the group norm, as is the "average man." Instead of helping to clarify the meaning of this pattern, the Divergence % scores only add to the confusion. For there we learn that C 1 sees the average man as differing sharply from the self, but not in the direction of the ideal person model. Rather, the average person differs as much from the ideal as does the self. That is to say, the self, the average person, the ideal and the group norm are for this subject all widely diverging points in his self-reference field. This subject seems to feel also a wide divergence between others view of him and his own view of self. Despite the fairly good commonality scores, one can detect no meaningful relationship in the self-reference field. Everything seems strangely unpredictable. There is no real sense of commonality at all; only a strange world with strange people and a strange ideal, as if a disintegrative process had crumbled all the meaningful patterns which ordinarily occur in the phenomenal self-other field of a subject. The conclusion we draw is that M 1 is psychotic.

Cases M 4 and M 5, as well as many cases in the C group, illustrate this same phenomenon in some of their scores. Other cases, most common in the C group, show their chaotic sense of self more directly in the profusion of ? responses. There is no need to review such a record in detail.

Case M 8: An unusual variation of the "chaotic pattern".

One form-variant of this chaotic pattern is the willful, senseless arbitrariness reflected in the scores of M 8 and C 6.

Data Sheet: Case M 8

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	89	98	98	93
?	--	--	--	--
D %	9	6	10	85

Tests Compared	Commonality	Non-comparability	Divergence %
I : II	53	-	4
I : III	54	-	2
I : IV	4	-	93
IV : II	6	-	89
III : II	51	-	7
III : IV	5	-	91

Except for the responses on IV, this has all of the earmarks of an extremely evasive record -- the kind which may be "normal" or may mask a psychosis. The arbitrary certainty expressed in the confidence scores suggests, however, that this subject may have very poor judgment even though the D% scores are low. Somewhat more convincing evidence of this is the fact that differentiation between own self, ideal person and gallery self is almost nil. As in M 9, M 10, M 11 and M 12, the evasiveness inherent in these near-zero D% scores and Divergence % scores may well be the rigidly mechanical use of a social stereotype to mask psychotic confusion in the sense of self.

But the most conclusive sign of schizophrenia is the patient's description of the average man on test IV. There we see a complete and sudden reversal in his use of the social stereotype. Instead of continuing to use the remnants of good ego functioning to help him cover up his underlying diffuseness, the subject seems suddenly to give vent to all of his enormous hate of others, in his concept of the "average man." In a characteristic burst of wilful but arbitrary negativism he defines the average man as someone who in every way is objectionable and asocial. It is the average man, not himself, who is a miserable, asocial outcast. The primitivity of this denial and the crudeness of its hostility establish it as either extremely infantile or as psychotic.

This phenomenon resembles many other signs of intense negativism or rage which appeared on the records of schizophrenics whose tests could not be used in this study. At least five of the cases indicated their answers on the behavior inventory by means of cross marks, check marks or by writing "yes" or "no" over the numerical rating, notwithstanding the fact

that at each test session, the phrase "circle the number ..." was used seven times in the instructions. Other subjects gave less subtle expression to their hostility. Some covered the pages with heavy, slashing strokes of the pencil and otherwise refused to respond; some perseveratively circled the same numbers for every item on a test; and of course many did not respond at all. Of course, none of these test protocols could be used in the study.

M 8 may be used also as an illustration of one form of evasiveness which characterizes the records of some schizophrenics and which can easily be misdiagnosed as normal (as happened with M 12 and M 13).

Cases M 2, M 12, M 13, M 14, M 15, M 16, M 17, M 18: Psychotic subjects misdiagnosed as normal or neurotic.

Obviously it would be impractical to present here the data sheets on all of these cases. However, these cases may be reviewed en masse for signs which might have precluded some of the misdiagnoses.

Five of the nine cases (M 13, M 14, M 17, M 18, M 19) had above average E% scores; two of the cases had scores close to 100%. Some (M 12, M 13, M 14) showed the shallow type of defensive denial which has already been discussed. Some gave unrecognized hints of a disturbance in self-other differentiation -- a kind of disturbance which we have posited as the distinguishing characteristic of psychotic maladjustment: one (M 19) gave many "?" responses on tests I and III so that the commonality score was only 13; another (M 18) denied any divergence between the ideal person and the gallery self; a third (M 17) had a rise in the $Divergence_{I.III}$% rather than the usual drop. Similar difficulties in the gallery self construction occur in cases M 20 and M 21 who were diagnosed as "neurotic bordering on psychosis."

To what extent could these misdiagnoses have been precluded? The above average E% scores seem to occur fairly often among normal subjects, and the near-zero D% and Divergence % scores occur more often among normals, so these scores cannot in themselves be used as earmarks of schizophrenia. However, disturbances of one sort or another on test III can be used as a differential diagnostic sign for they are fairly uncommon in records of normals or neurotics. They would have helped tilt the scale toward a diagnosis of psychosis in cases M 19, M 20 and M 21.

Case B 7: A "typical" neurotic bordering on psychosis.

Data Sheet: Case B 7

Score	I Own Self	II Ideal Person	III Gallery Self	IV Average Man
E %	92	45	76	5
?	2	2	1	0
D %	53	11	60	23

Tests Compared	Commonality	Non-comparability	Divergence %
I : II	24	4	53
I : III	38	3	27
I : IV	22	2	59
IV : II	36	2	32
III : II	19	3	63
III : IV	18	1	67

The case illustrates as well as any the mixed test picture of the borderline psychotics. On the one hand some scores are strongly suggestive of a psychotically unstable articulation of the self-reference field. As usual, this is brought into focus by the peculiar fluctuations in the E % score. On own self description, B 7 is almost absolutely certain of all of his responses, a "bad" sign in itself. This is followed by a precipitous drop of nearly 50% in the E% score on II, a pattern which has been fully discussed as suggestive of the schizophrenic's lack of inner conviction about the mores and norms of his culture. The peculiar fluctuations continue: there is a marked rise in E% on III (a most unusual occurrence), and then an abrupt collapse in confidence on IV.

Apart from this highly unstable confidence pattern, the scores resemble those of the "typical" neurotic rather than the schizophrenic. The commonality between own self and gallery self is high in contrast to what might be expected of the schizophrenic whose self-other relationships are severely disturbed. The own self is described as extremely deviant, and is clearly an expression of intense self-dissatisfaction as evidenced by the very high $\text{Divergence}_{\text{I.II}}\%$. There is also the typical neurotic "halo" perception of the average man who is set in contrast to the self as far more normal than oneself. This latter trend is, however, not carried to the extreme which we occasionally find it (as in B 2, B 10 or B 14), and there is even some question as to whether this subject might not be seeing the average man rather realistically.

This subject's marked sense of difference from the "average man" is interesting in this connection. A large part of the difference between the two self constructions is referrable to the alleged normalcy of the average man in contrast to the self. But not all of it can be accounted for in this fashion, for on some of ones deviant traits the average man resembles the self. He is, on the other hand, assumed to have other faults which the own self does not have. All of this suggests good differentiation of the "average man" conception from the own self, and would suggest a more mature state were the divergence between self and average man not so extremely great. As it is, this score may well reflect a sense of estrangement from others.

Other borderline psychotic cases could have served equally well as typical cases, especially B 10, B 9. It is interesting to note that both B 7 and B 9 were misdiagnosed as "psychotic" in the blind diagnostic study. It is only after an analysis of the group results that these cases emerge as "typical." It is probable that these misdiagnoses would not occur again.

CONCLUSION

In the course of an undertaking such as this one, there are pauses during which one finds himself confronted with the question: What is being accomplished? Now, upon its completion, the question comes back once again in a new tense: What has been accomplished?

Not an achievement in test construction, certainly, for I am fully aware of the deficiencies of the test as a measuring device in its present form.

This is perhaps just as well, for there was no intention at the outset to develop still another test to add to the clinician's already crowded bag of tools. The hope rather was that something would be learned about the psychology of selfhood, its constructs and some of its general principles on self-development and self-organization. The questionaire, nevertheless, played an instrumental role in this endeavor. It provided the reality ties, or "operational definitions" for the more abstract speculations. Thinking, if it is to be productive, must not lose touch with its concrete empirical foundations. It must preserve some clear-cut connections with reality, not only in the interest of clearer exposition, but also for the proper nourishment of ideas. Armchair theorizing has always seemed to me to be in special danger of growing stagnant.

It was decided, therefore, to explore certain preliminary thoughts and constructs about the self, by tying them to a specific test procedure. An instrument to be used for this purpose was developed, and its reliability and rationale were assumed to be sufficiently well established to justify pursuing further the study

of the surface self.

An attempt was then made to see whether one could infer from the structure of a person's surface sense of self the adequacy of his over-all personal integration and adjustment. In this effort, the test scores and test rationale provided the operational "language" for some broader principles regarding self-organization which were reformulated in the course of the study and which were to serve as the basis for the diagnostic inferences to be drawn.

The experiment was successful. Solely on the basis of the test scores, their rationale and the principles which link these scores to a theory of self, it was possible to predict clinical diagnoses with statistically significant accuracy.

I feel now, at the conclusion of this study, that I am better able to speak meaningfully about the self than I was at its start. The measure of success of the study will be whether this is also true for the reader.

A P P E N D I X

GENERAL INSTRUCTIONS

Prior to the Distribution of Questionnaires and Test Instructions

The following statement was made by the examiner on first meeting each group. The examiner did not try to present them strictly verbatim, but he did adhere closely to its form and content. The attempt at all times was to establish a sense of personal contact with the subject and to win their cooperation by impressing them with the value of their participation for others who would stand to benefit from such a test.

* * *

You men are here to take part in a research project in which we need your cooperation. Have you been told anything about this project yet? ...

Well, then, I want to tell you some more about the project before we start.

First, I'll introduce myself. I am Mr. Mayman, a staff psychologist at the Menninger Foundation, and I have no official connection with the Air Corps (Veterans Administration). Some of you may have had some contact with a psychologist before. You may know that a psychologist is someone who uses tests and questionnaires of various sorts to learn more about people and their problems in order to help those people who come to a psychiatrist for help. Psychologists are constantly trying to develop new methods for this purpose.

I have such a questionnaire here, which is still in an experimental stage. It is a procedure which will help us to get at some new

information which we do not now obtain very easily with our present set of tests. However, before we can put it into regular use, we have to learn more about the questionnaire itself and how well it works. To do this we must try it out on people whom we know pretty well already, and on people who present a variety of personal problems ranging from the ordinary problems of every day living to the more serious emotional upsets.

It is for this that we need your cooperation. Your frank statements on the questionnaire will do much to help us improve our services to people who are in trouble. Your answers to all these questionnaires will be kept strictly confidential; no one will see them except me and my co-worker. They will be kept locked in my file and no report on your answers will be included in your record. (For the hospitalized patients this statement was modified to fit more meaningfully the particular context in which they were being tested. They were told "I will not be in a position to send your doctor a report on your tests." However, in cooperating in this research project you are enabling us to help patients who will be coming to us for help in the future.")

The test consists of four short questionnaires which I will ask you to answer. The first will be given today. The others will be given at three to four day intervals. For any of these tests to be useful to me, it will be necessary for me to have <u>all</u> of them. This means that if you agree to cooperate I will want you to take four tests in all, in four different testing sessions. Each session will take about ten to twenty minutes ("twenty to thirty", for the psychotic patients) on the

average. I will try to answer any questions you may have now about the procedure, but I can't give you at this time any specific information about the test. I will, however, meet with those of you who are interested after the last session and will answer any questions about the test which you may have.

I

It isn't often these days that a person has a chance to stop and take stock of himself, to reflect on the sort of person he is, how he is getting on with people and how he is getting on with himself. That's what we would like you to do now. In this questionnaire, we would like you to tell us how you feel and think about things, some of the things you do, and the way that you are inclined to do them.

You are to judge how well each of the following statements fits you. If after reading a statement, you feel you can say about it, "This is definitely true of me," then put a circle around the "+2" alongside the statement. If you feel it is definitely not a statement which you would make about yourself, then circle "-2". Or you may feel less definite one way or the other, in which case you would circle "+1" or "-1". If you don't know whether a statement is true of you or not, then put a circle around the question mark. To repeat:

Circle: "+2" alongside the statement if you can say about it, "This is very true of me."

"+1" if you can say, "This is somewhat true of me."

"?" if you can say, "I don't know if this is or is not true of me."

"-1" if you can say, "I believe this is not true of me."

"-2" if you can say, "I am sure this is not true of me."

Answer quickly. Do not think long over any one item. Make up your mind about each statement before going on to the next.

II

Last time you told us something about yourself and the sort of person you are. Today we would like to find out your point of view about other people. One way to do this is by having you tell us what you think an ideal person would be like.

Think of some imaginary person whom you would consider an ideal person in every way. By this we do not necessarily mean that he is "good" and does what he "should do". Rather, he is someone who has all the traits you really admire in a person.

I say you are to think of an imaginary person because there is probably no one you know who fits this ideal in every respect. Stop now and try to imagine what such a person would be like...

Assume that you know this person very well -- so well, that you would have no trouble telling us how he behaves and how he feels about things. Which of the following statements would be true of him and which would not?

Keep thinking of this ideal person as you consider how well each of the statements fits him.

Circle: "+2" if you can say about this ideal person, "This is very true of him."

"+1" if you can say, "This is somewhat true of him."

"?" if you can say, "I don't know if this is or is not true of him."

"-1" if you can say, "I believe this is not true of him."

"-2" if you can say, "I am sure this is not true of him."

Do not think long about any one item. Make up your mind on each statement before going on to the next.

III

You have already told us some things about yourself -- how you feel about some things, how you act in certain situations, what sort of person you are, how you view other people. Today, we would like you to tell us how you think other people see you.

Often a person does not see himself exactly the same way as other people see him. He may hide from them some of his faults; or they may fail to recognize some of his good qualities. You may feel in your own case that people who know you would answer some of these questions about you differently from the way you answered them about yourself. Suppose you were listening in while some people, not knowing you were listening, talked about you and told what sort of person they think you are. What are you likely to hear them say about you?

Keep thinking about this group of people and what they might be saying about you. As you read each of the statements,

Circle: "+2" if they say about you, "This is very true of him."

"+1" if they say about you, "This is somewhat true of him."

"?" if they say about you, "I don't know if this is or is not true of him."

"-1" if they say about you, "I believe this is not true of him."

"-2" if they say about you, "I am sure this is not true of him."

Do not think long about any one item. Make up your mind on each statement before going on to the next.

IV

You have told us so far something about yourself and something of how you see other people? Today, we want to learn more about how you see other people by having you tell us what you think an <u>average person</u> is like. How do you think an average man would answer these questions about himself?

These questions have already been answered by a group of pretty average men who, like you, volunteered to take part in this study. They are veterans ranging in age from 20 to 39 years. They are mechanics, farmers, accountants, etc. Most of them are married though some are not. They are men who have their share of troubles like anyone else, but they have never gotten so upset or unhappy that they felt they had to turn to a hospital or a psychiatrist for help.

We have tabulated the answers these men gave to the same set of questions on which you described yourself. Think of the average man in this group...How do you think <u>he</u> answered these questions about himself? As you consider each statement, think of what this average man might have said about himself.

Circle: "+2" next to the statement if you think he said, "This is <u>very</u> true of me."

"+1" if you think he said, "This is somewhat true of me."

"?" if you think he said, "I don't know if this is or is not true of me."

"-1" if you think he said, "I believe this is not true of me."

"-2" if you think he said, "I am <u>sure</u> this is not true of me."

Do not think long about any one statement. Make up your mind about each statement before going on to the next.

NAME _____ _____

OCCUPATION _____ DATE _____

I

		TRUE	true	?	not true	NOT TRUE
1.	I drive myself to be successful in most things I do.	+2	+1	?	-1	-2
2.	I usually try to hide my real self from people.	+2	+1	?	-1	-2
3.	I like myself.	+2	+1	?	-1	-2
4.	I find it hard to stick up for my rights.	+2	+1	?	-1	-2
5.	I enjoy having bold, sweeping ideas and thinking forcefully.	+2	+1	?	-1	-2
6.	I would rather stick to my present way of life than gamble on a new and untried venture which looks more promising.	+2	+1	?	-1	-2
7.	The better I like someone, the harder it is to tell him so.	+2	+1	?	-1	-2
8.	I am very careful about the way I dress.	+2	+1	?	-1	-2
9.	I feel younger than my age.	+2	+1	?	-1	-2
10.	I tend to be devoted to one girl at a time.	+2	+1	?	-1	-2
11.	I would rather not go to a sexy show if I can avoid it.	+2	+1	?	-1	-2
12.	My friends seem to have a better time than I do.	+2	+1	?	-1	-2
13.	While I am working on some job, I think about what others will say about my work when I am through.	+2	+1	?	-1	-2
14.	I try at all times to be nice to people.	+2	+1	?	-1	-2

	TRUE	true	?	not true	NOT TRUE
15. When I do something, I do it because it will benefit <u>me</u>, not <u>other</u> people.	+2	+1	?	-1	-2
16. I like to play with children.	+2	+1	?	-1	-2
17. I seem to be unable to reach or hold on to the things I strive for.	+2	+1	?	-1	-2
18. I have an explosive temper.	+2	+1	?	-1	-2
19. I have not lived the right kind of life.	+2	+1	?	-1	-2
20. Given the opportunity, I could do great things.	+2	+1	?	-1	-2
21. I am really a lone wolf.	+2	+1	?	-1	-2
22. I am a likeable person.	+2	+1	?	-1	-2
23. I tend to worry about my aches and pains and secretly fear that there might be something seriously wrong.	+2	+1	?	-1	-2
24. What others think of me does not bother me.	+2	+1	?	-1	-2
25. I usually find it hard to hold up my end of a conversation.	+2	+1	?	-1	-2
26. I could organize and successfully run an enterprise even if there were as many as a hundred people working for me.	+2	+1	?	-1	-2
27. I like horseback riding.	+2	+1	?	-1	-2
28. People can pretty easily influence me even though I thought my mind was already made up on a subject.	+2	+1	?	-1	-2
29. I am a domineering person.	+2	+1	?	-1	-2

		TRUE	true	?	not true	NOT TRUE
30.	I sometimes tease people just for the fun of it.	+2	+1	?	-1	-2
31.	I am just not facing things.	+2	+1	?	-1	-2
32.	My control over my sexual impulses is too weak.	+2	+1	?	-1	-2
33.	I have a gloomy nature.	+2	+1	?	-1	-2
34.	I have been disappointed in love.	+2	+1	?	-1	-2
35.	I am inclined to think about how I look and what impression I am making on others.	+2	+1	?	-1	-2
36.	I feel physically weak or inferior.	+2	+1	?	-1	-2
37.	I have sex appeal.	+2	+1	?	-1	-2
38.	I generally hold a grudge for a long time when my feelings are hurt.	+2	+1	?	-1	-2
39.	I am likely to get discouraged if I do not get sympathy and support from others.	+2	+1	?	-1	-2
40.	I sometimes feel that in life's competitions I am usually left behind.	+2	+1	?	-1	-2
41.	I avoid people who are likely to be coarse or vulgar.	+2	+1	?	-1	-2
42.	I like to wear expensive clothes.	+2	+1	?	-1	-2
43.	I enjoy myself at parties and large gatherings.	+2	+1	?	-1	-2
44.	I would never get angry if I could help it.	+2	+1	?	-1	-2
45.	My way of doing things is apt to be misunderstood by others.	+2	+1	?	-1	-2

		TRUE	true	?	not true	NOT TRUE
46.	It makes me angry if people interrupt me when I am working on something important.	+2	+1	?	-1	-2
47.	My childhood seems to be a very far off and unfamiliar time; it feels as if not I took part in it, but rather some child who happens to have been me.	+2	+1	?	-1	-2
48.	It makes me feel like a failure when I hear of the success of someone I know well.	+2	+1	?	-1	-2
49.	I am systematic and orderly in my daily life.	+2	+1	?	-1	-2
50.	I am a gentle, considerate person.	+2	+1	?	-1	-2
51.	I have a tendency to do what people ask of me, even things which I don't feel much like doing.	+2	+1	?	-1	-2
52.	There are many people who are better than me even at activities which are supposed to be my strong points.	+2	+1	?	-1	-2
53.	It does not hurt me particularly to see animals suffer.	+2	+1	?	-1	-2
54.	I enjoy doing things that are a little dangerous.	+2	+1	?	-1	-2
55.	I live according to the motto: "Here today, gone tomorrow."	+2	+1	?	-1	-2

TABLE 23

PERCENTS OF CASES IN NORMATIVE GROUP ANSWERING "≠", "?" OR "–" ON EACH ITEM OF EACH SELF CONSTRUCTION

Item No.	Own Self Percent of cases responding with: ≠	?	–	Ideal Person responding with: ≠	?	–
1.	82	6	12	93	2	5
2.	25	7	68	16	2	83
3.	62	19	19	67	14	19
4.	24	3	74	7	2	91
5.	69	15	16	78	9	14
6.	24	0	76	14	3	83
7.	25	4	71	19	16	66
8.	94	3	3	97	2	2
9.	31	10	59	64	10	26
10.	79	4	16	79	9	12
11.	19	13	68	28	19	53
12.	24	3	74	3	2	95
13.	82	3	15	62	5	33
14.	90	3	7	95	2	3
15.	35	4	60	21	2	78
16.	75	4	21	88	7	5
17.	29	10	60	9	0	91
18.	38	4	57	19	0	81
19.	18	12	71	7	9	84
20.	53	32	15	86	3	10
21.	19	9	72	17	3	79
22.	66	28	6	97	0	3
23.	22	7	71	9	9	83
24.	28	6	66	43	7	50
25.	26	4	70	3	3	93
26.	62	28	10	88	9	3
27.	75	7	18	67	24	9
28.	26	4	69	12	2	86
29.	25	28	47	41	16	43
30.	78	0	22	45	5	50
31.	26	9	65	5	7	88
32.	24	6	71	7	9	84
33.	21	10	69	9	2	90
34.	34	7	59	14	29	57
35.	90	0	10	83	3	14
36.	15	6	79	3	2	95
37.	41	38	21	74	17	9
38.	28	6	66	12	3	84
39.	31	12	57	10	7	83
40.	22	6	72	10	2	88
41.	59	9	32	64	2	34
42.	82	7	10	79	7	14
43.	85	7	7	91	0	9
44.	79	4	16	81	7	12
45.	56	15	29	43	14	43
46.	68	7	25	45	9	47
47.	28	13	59	10	33	57
48.	35	0	65	9	2	90
49.	78	7	15	86	7	7
50.	76	13	10	97	3	0
51.	69	6	25	79	3	17
52.	81	7	12	55	7	38
53.	15	4	81	9	9	83
54.	88	3	9	79	7	14
55.	26	7	66	21	5	74

TABLE 23 continued

PERCENT OF CASES IN NORMATIVE GROUP ANSWERING "/", "?" or "-"
ON EACH ITEM OF EACH SELF CONSTRUCTION

Item No.	Gallery Self Percent of cases responding with: /	?	-	Average Man responding with: /	?	-
1.	80	7	13	92	0	8
2.	27	7	67	13	11	76
3.	69	13	18	71	13	16
4.	22	2	76	21	0	79
5.	60	22	18	66	11	21
6.	31	7	62	34	3	63
7.	29	18	53	50	5	45
8.	82	4	13	92	3	5
9.	36	13	51	45	11	45
10.	60	2	38	61	8	32
11.	13	11	76	21	21	58
12.	20	2	78	16	5	79
13.	60	18	22	79	5	16
14.	82	4	13	92	3	5
15.	44	13	42	39	16	45
16.	69	18	13	87	13	0
17.	16	9	76	24	13	63
18.	31	4	64	21	18	61
19.	16	22	62	18	5	76
20.	64	29	7	76	13	11
21.	18	18	64	13	11	76
22.	76	18	7	82	13	5
23.	13	9	78	21	8	71
24.	36	7	58	21	5	74
25.	27	4	69	16	5	79
26.	76	20	4	71	13	16
27.	71	13	16	68	21	11
28.	31	11	58	29	8	63
29.	31	31	38	24	18	58
30.	67	7	27	66	5	29
31.	13	13	73	26	8	66
32.	20	2	78	16	18	66
33.	20	4	76	13	0	87
34.	29	16	56	37	16	47
35.	87	4	9	92	5	8
36.	11	2	87	8	3	89
37.	47	38	16	66	32	3
38.	29	7	64	21	11	68
39.	13	11	76	24	11	66
40.	22	20	58	24	3	74
41.	49	18	33	55	5	39
42.	80	7	13	92	5	3
43.	84	4	11	92	0	8
44.	76	13	11	82	8	11
45.	67	9	24	66	3	32
46.	62	9	29	58	8	34
47.	27	22	51	37	18	45
48.	20	13	67	34	8	58
49.	76	13	11	89	0	11
50.	80	13	7	84	8	8
51.	84	2	13	74	8	18
52.	84	11	4	89	8	3
53.	20	9	71	16	3	82
54.	82	7	11	84	5	11
55.	31	11	58	34	16	50

TABLE 24

COMPARISON OF NORMATIVE GROUPS' REGULAR PARTICIPANTS AND IRREGULAR PARTICIPANTS WITH REGARD TO THEIR RESPONSES ON EACH ITEM OF OWN SELF CONSTRUCTIONS

Item No.	Regular Percent of cases responding with:			Irregular Percent of cases responding with:		
	≠	?	=	≠	?	=
1.	89	4	7	77	8	15
2.	18	7	75	30	8	62
3.	50	36	14	69	8	23
4.	18	4	78	23	3	74
5.	71	11	18	67	18	15
6.	14	0	86	30	0	70
7.	21	7	72	28	3	69
8.	89	4	7	97	3	0
9.	29	4	67	33	15	52
10.	79	7	14	79	3	18
11.	25	7	68	15	18	67
12.	21	4	75	25	3	72
13.	85	4	11	79	3	18
14.	85	4	11	92	3	5
15.	29	4	67	40	5	55
16.	68	11	21	80	0	20
17.	21	18	61	35	5	60
18.	32	0	68	43	8	49
19.	18	21	61	18	5	77
20.	43	39	18	59	28	13
21.	14	11	75	23	8	69
22.	57	39	4	72	20	8
23.	21	4	75	23	10	67
24.	18	4	78	35	8	57
25.	32	7	61	23	3	74
26.	53	29	18	69	28	3
27.	75	11	14	75	5	20
28.	29	7	64	25	3	72
29.	7	32	61	38	25	38
30.	64	0	36	87	0	13
31.	29	14	57	25	5	70
32.	18	7	75	28	5	67
33.	25	11	64	18	10	72
34.	36	4	60	33	10	57
35.	89	0	11	90	0	10
36.	14	4	82	15	8	77
37.	29	46	25	49	33	18
38.	43	7	50	18	5	77
39.	29	21	50	33	5	62
40.	18	11	71	25	3	72
41.	64	7	29	55	10	35
42.	85	4	11	80	10	10
43.	89	4	7	82	10	8
44.	71	4	25	85	5	10
45.	64	11	25	49	18	33
46.	78	4	18	60	10	30
47.	36	14	50	23	13	64
48.	36	0	64	35	0	65
49.	75	11	14	80	5	15
50.	78	11	11	75	15	10
51.	85	4	11	57	8	35
52.	85	4	11	77	10	13
53.	18	0	82	13	8	79
54.	89	0	11	87	5	8
55.	14	11	75	35	5	60

TABLE 25

COMPARISON OF SEVENTEEN NON-GRADUATES WITH FIFTY-ONE HIGH SCHOOL GRADUATES IN THE NORMATIVE GROUPS WITH REGARD TO THEIR RESPONSES ON EACH ITEM OF OWN SELF CONSTRUCTION

Item No.	Non-Graduates Percent of cases responding with:			Graduates Percent of cases responding with:		
	/	?	−	/	?	−
1.	71	12	18	86	4	10
2.	29	12	59	24	6	71
3.	53	12	35	63	22	16
4.	35	0	65	20	4	76
5.	88	6	6	63	18	20
6.	35	0	65	20	0	80
7.	47	6	47	18	4	78
8.	88	12	0	96	0	4
9.	47	6	47	25	12	63
10.	71	6	24	82	4	14
11.	29	18	53	16	12	73
12.	35	0	65	20	4	76
13.	76	0	24	84	4	12
14.	88	0	12	90	4	6
15.	35	0	65	35	6	59
16.	65	0	35	78	6	16
17.	53	0	47	22	14	65
18.	53	0	47	33	6	61
19.	6	6	88	22	14	65
20.	35	41	24	59	29	12
21.	12	18	71	22	6	73
22.	53	41	6	71	24	6
23.	29	18	53	20	4	76
24.	35	12	53	25	4	71
25.	35	6	59	24	4	73
26.	47	35	18	67	25	8
27.	82	0	18	73	10	18
28.	29	0	71	25	6	69
29.	29	29	41	24	27	49
30.	65	0	35	82	0	18
31.	24	6	71	27	10	63
32.	18	12	71	25	4	71
33.	35	12	53	16	10	75
34.	18	18	65	39	4	57
35.	76	0	24	94	0	6
36.	24	12	65	12	4	84
37.	35	41	24	43	37	20
38.	29	6	65	27	6	67
39.	29	12	59	31	12	57
40.	35	12	53	18	4	78
41.	65	6	29	57	10	33
42.	76	12	12	84	6	10
43.	76	12	12	88	6	6
44.	82	6	12	78	4	18
45.	59	12	29	55	16	29
46.	59	12	29	71	6	24
47.	18	24	59	31	10	59
48.	41	0	59	33	0	67
49.	82	6	12	76	8	16
50.	76	24	0	76	10	14
51.	59	18	24	73	2	25
52.	71	12	18	84	6	10
53.	18	12	71	14	2	84
54.	100	0	0	84	4	12
55.	24	12	65	27	6	67

TABLE 26

COMPARISON OF FOURTEEN OLDER SUBJECTS WITH THE FIFTY-FOUR YOUNGER SUBJECTS IN THE NORMATIVE GROUP WITH REGARD TO THEIR RESPONSES ON EACH ITEM OF OWN SELF CONSTRUCTION*

Item No.	Older subjects Percent of cases responding with:			Younger subjects Percent of cases responding with:		
	≠	?	=	≠	?	=
1.	64	7	29	87	6	7
2.	7	14	79	30	6	65
3.	71	21	7	59	19	22
4.	21	0	79	24	4	72
5.	71	7	21	69	17	15
6.	50	0	50	17	0	83
7.	7	7	86	30	4	67
8.	100	0	0	93	4	4
9.	50	14	36	26	9	65
10.	86	7	7	78	4	19
11.	7	14	79	22	13	65
12.	14	14	71	26	0	74
13.	79	0	21	83	4	13
14.	93	0	7	89	4	7
15.	29	7	57	37	4	59
16.	86	7	7	72	4	24
17.	14	14	71	33	9	57
18.	36	7	57	39	4	57
19.	14	14	71	19	11	70
20.	64	21	14	50	35	15
21.	7	21	71	22	6	72
22.	64	29	7	67	28	6
23.	14	7	79	24	7	69
24.	50	14	36	22	4	74
25.	14	0	86	30	6	65
26.	86	7	7	56	33	11
27.	71	7	21	76	7	17
28.	29	7	64	26	4	70
29.	29	36	36	24	26	50
30.	86	0	14	76	0	24
31.	36	0	64	24	11	65
32.	14	7	79	26	6	69
33.	7	14	79	24	9	67
34.	29	7	64	35	7	57
35.	79	0	21	93	0	7
36.	0	14	86	19	4	78
37.	57	29	14	37	41	22
38.	21	7	71	30	6	65
39.	21	7	71	33	13	54
40.	14	0	86	24	7	69
41.	57	14	29	59	7	33
42.	79	14	7	83	6	11
43.	71	21	7	89	4	7
44.	79	7	14	80	4	17
45.	64	21	14	54	13	33
46.	71	14	14	67	6	28
47.	29	21	50	28	11	61
48.	36	0	64	35	0	65
49.	86	7	7	76	7	17
50.	71	7	21	78	15	7
51.	57	7	36	72	6	22
52.	79	7	14	81	7	11
53.	7	0	93	17	6	78
54.	79	0	21	91	4	6
55.	14	7	79	30	7	63

* Older men were twenty - five years of age or older

TABLE 27a

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Airbase

Case No.	DEVIANCY % I	II	III	IV*	EXTREME RATINGS % I	II	III	IV*
1.	9	14	20	18	28	43	27	4
2.	15	7	13	6	65	40	36	21
3.	20	12	24	9	64	64	40	36
4.	22	2	18	26	4	33	27	16
5.	20	11	18	13	39	77	39	9
6.	35	7	43	14	29	51	19	8
7.	18	19	18	10	27	11	7	9
8.	11	10	10	13	53	66	26	16
9.	14	14	14	37	39	76	38	9
10.	6	7	5	10	54	70	50	14
11.	21	7	18	16	49	60	51	55
12.	9	6	3	7	36	76	26	42
13.	19	2	11	2	62	77	78	83
14.	15	10	23	13	38	81	21	39
15.	27	22	27	19	95	41	2	36
16.	10	5	6	3	10	6	3	0
17.	24	11	15	16	51	63	44	53
18.	16	16	24	49	43	69	27	39
19.	15	25	15	20	17	38	29	8
20.	25	5	27	40	53	65	13	31
21.	30	14	19	22	62	58	57	20
22.	31	13	42	38	72	60	91	28
23.	20	24	13	14	22	21	29	26
24.	25	16	39	7	65	62	58	8
25.	40	10	45	24	46	67	56	15
26.	32	17	28	19	48	73	40	40
27.	42	6	33	33	66	87	63	44
28.	43	9	44	20	55	72	13	19

*I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27a

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Airbase

	NUMBER OF ? RESPONSES				DIVERGENCE % BETWEEN SIX PAIRS OF SELF CONSTRUCTIONS					
	I	II	III	IV*	I-II	I-III	I-IV	IV-II	III-II	III-IV*
1.	12	6	11	4	18	13	23	9	28	33
2.	7	3	5	3	13	11	11	8	16	11
3.	0	0	2	0	24	26	20	7	34	30
4.	2	0	0	0	26	28	23	29	16	27
5.	6	3	6	2	30	24	21	18	23	25
6.	4	4	12	6	30	38	29	9	38	33
7.	0	0	0	0	7	4	7	11	4	7
8.	2	2	1	0	12	15	15	15	19	9
9.	6	0	0	1	29	18	42	50	25	35
10.	5	5	13	6	2	8	9	9	7	8
11.	2	7	2	2	17	14	18	9	15	10
12.	8	0	16	7	19	5	11	4	10	3
13.	2	3	6	7	20	13	11	4	13	9
14.	3	1	3	1	20	22	13	17	24	10
15.	0	1	1	11	24	17	18	23	28	25
16.	13	7	17	14	13	3	3	3	3	0
17.	10	3	10	4	21	18	19	10	11	5
18.	4	6	7	0	29	17	40	43	29	33
19.	2	7	14	3	27	15	29	30	23	28
20.	4	12	23	0	24	10	39	40	25	41
21.	8	12	9	15	31	7	35	37	23	38
22.	23	2	1	30	38	31	38	54	44	67
23.	10	16	13	13	24	16	22	10	22	24
24.	4	5	0	5	23	27	33	8	32	36
25.	1	0	0	1	46	20	38	33	55	39
26.	5	4	13	5	38	23	22	19	38	23
27.	5	1	6	10	35	13	24	25	27	17
28.	6	2	1	2	55	13	33	29	52	33

* I: Own Self; II: Ideal Person: III: Gallery Self; IV: Average Man

TABLE 27a

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Airbase

	NON-COMPARABLE ITEMS IN EACH OF THE SIX COMPARISONS						ITEMS ANSWERED IN COMMON IN EACH OF THE SIX COMPARISONS					
	I-II	I-III	I-IV	IV-II	III-II	III-IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	15	17	15	11	15	15	33	33	31	40	29	27
2.	10	10	9	6	6	8	39	40	41	45	41	42
3.	0	2	0	0	2	2	42	39	44	51	35	37
4.	2	2	2	0	0	0	39	38	41	39	46	40
5.	9	10	8	5	7	7	32	34	37	41	37	36
6.	8	13	10	10	16	16	33	26	32	41	24	26
7.	0	0	0	0	0	0	51	53	51	49	53	51
8.	4	2	2	2	3	1	45	45	45	45	42	49
9.	6	6	7	1	0	1	35	40	28	27	41	35
10.	9	15	9	9	14	17	45	37	42	42	38	35
11.	9	4	4	8	8	4	38	44	42	43	40	46
12.	8	18	11	7	16	17	38	35	39	47	35	37
13.	5	7	9	8	7	11	40	42	41	45	42	40
14.	4	5	3	1	4	3	41	39	45	45	39	47
15.	1	1	11	11	1	11	41	45	36	34	39	33
16.	17	22	22	15	21	22	33	32	32	39	33	33
17.	12	17	13	6	11	13	34	31	34	44	39	40
18.	10	9	5	8	13	9	32	38	30	27	30	31
19.	7	14	4	8	16	15	35	35	36	33	30	29
20.	13	24	4	12	27	23	32	28	31	26	21	19
21.	19	14	21	20	15	18	25	38	22	22	31	23
22.	23	23	42	31	3	31	20	22	8	11	29	8
23.	22	17	18	24	23	21	25	32	29	28	25	26
24.	8	4	9	7	5	5	36	37	31	44	34	32
25.	1	1	2	1	0	1	29	43	33	36	25	33
26.	8	15	9	8	15	16	29	31	36	38	25	30
27.	6	9	14	11	7	13	32	40	31	33	35	34
28.	8	7	6	4	3	3	21	42	33	36	25	35

*I: Own Self; II:Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27b

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Psychiatric Residents

Case No.	DEVIANCY %				EXTREME RATINGS %			
	I	II	III	IV*	I	II	III	IV*
1.	30	12	21	13	33	46	12	27
2.	42	19	30	47	31	41	0	0
3.	19	8	13	23	58	82	51	49
4.	27	27	28	27	20	27	0	0
5.	35	15	35	28	39	48	22	2
6.	20	10	16	14	28	8	8	0
7.	30	27	16	46	50	88	81	48
8.	15	12	20	29	42	65	41	33
9.	25	20	29	46	25	30	17	4
10.	19	8	17	33	50	42	33	2
11.	50	17	46	40	61	88	62	0
12.	40	31	46	26	51	76	58	52
13.	37	14	38	10	24	67	22	65
14.	15	20	27	39	23	45	15	2
15.	19	15	15	20	49	51	16	31
16.	20	19	22	28	2	9	2	0
17.	38	19	33	15	43	61	38	24
18.	19	12	14	41	50	58	57	15
19.	48	7	49	23	41	31	23	10
20.	33	8	34	36	48	71	14	13
21.	26	9	21	52	56	61	63	26
22.	22	11	15	22	27	43	32	15
23.	26	11	15	30	43	60	51	11
24.	22	16	9	31	45	32	31	27
25.	38	7	26	13	34	44	45	13
26.	15	14	16	19	15	0	0	0
27.	12	13	26	13	12	79	18	4
28.	19	7	8	8	31	69	51	2
29.	32	12	27	36	2	39	23	0
30.	27	9	34	51	13	42	6	11
31.	26	15	33	56	42	67	53	4
32.	20	8	25	24	33	45	49	37

*I: Own Self; II:Ideal Person; III:Gallery Self; IV:Average Man

TABLE 27b

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Psychiatric Residents

	NUMBER OF ? RESPONSES				DIVERGENCE % BETWEEN SIX PAIRS OF SELF CONSTRUCTIONS					
	I	II	III	IV*	I-II	I-III	I-IV	IV-II	III-II	III-IV*
1.	9	5	14	10	17	19	16	13	15	16
2.	7	6	21	21	54	38	21	47	33	48
3.	3	4	6	2	19	6	24	22	18	25
4.	0	3	1	0	44	26	35	42	44	37
5.	9	7	9	6	18	10	54	40	23	49
6.	1	4	2	6	16	15	19	6	0	6
7.	1	4	8	3	48	27	45	58	23	55
8.	3	1	6	7	22	13	35	27	27	34
9.	3	2	2	3	18	8	57	60	15	62
10.	1	3	3	1	12	10	32	37	16	27
11.	17	5	16	50	47	25	67	60	41	50
12.	2	1	3	3	40	24	44	31	37	26
13.	1	1	1	1	36	23	38	6	30	33
14.	2	2	2	0	22	23	36	59	22	40
15.	2	2	12	3	21	9	17	8	10	12
16.	0	2	1	1	15	22	30	34	25	31
17.	2	1	5	1	40	20	44	19	41	35
18.	1	0	1	1	11	6	57	54	11	55
19.	11	7	11	13	45	14	46	24	48	44
20.	1	0	4	0	33	30	39	33	29	33
21.	1	4	3	5	18	15	50	48	11	41
22.	0	2	5	1	17	10	26	23	6	24
23.	2	5	6	2	22	14	33	24	20	27
24.	4	5	4	4	17	17	34	30	17	33
25.	5	5	4	2	40	20	29	22	26	27
26.	2	6	1	0	21	13	19	4	8	13
27.	3	3	5	1	12	17	16	25	19	32
28.	3	4	4	9	33	16	18	20	18	7
29.	14	9	15	16	24	9	38	41	17	34
30.	7	3	7	0	24	31	46	54	36	33
31.	2	1	6	5	17	24	60	61	22	60
32.	0	0	0	1	15	27	15	28	20	33

* I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man

TABLE 27b

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Psychiatric Residents

	NON-COMPARABLE ITEMS IN EACH OF THE SIX COMPARISONS						ITEMS ANSWERED IN COMMON IN EACH OF THE SIX COMPARISONS					
	I-II	I-III	I-IV	IV-II	III-II	III-IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	14	19	17	12	15	18	34	29	32	38	34	31
2.	11	26	27	25	25	32	20	18	22	16	20	12
3.	7	8	5	6	10	7	39	44	38	38	37	36
4.	3	1	0	3	3	1	29	40	36	30	29	34
5.	16	16	14	13	16	14	32	35	19	25	30	21
6.	5	3	7	8	5	7	42	44	39	44	50	45
7.	5	11	6	5	8	11	26	32	27	21	36	20
8.	4	9	9	6	6	11	40	40	30	36	36	29
9.	4	3	6	5	3	5	42	48	21	20	44	19
10.	4	4	2	3	4	3	45	46	36	33	43	38
11.	21	27	52	50	18	51	18	21	1	2	22	2
12.	3	5	5	4	4	5	31	38	28	35	32	37
13.							34	41	33	51	38	36
14.	4	3	2	2	4	2	41	40	34	22	40	32
15.	3	12	3	3	13	13	41	39	43	48	38	37
16.	2	1	1	2	2	1	45	42	38	35	40	37
17.	3	6	3	2	6	6	31	39	29	43	29	32
18.	1	2	2	1	1	2	48	50	23	25	48	24
19.	15	18	20	18	15	21	22	32	19	28	21	19
20.	1	5	1	0	4	4	32	35	33	37	36	34
21.	4	3	5	7	8	4	42	44	25	25	42	30
22.	2	5	1	2	6	5	44	45	40	41	46	38
23.	6	11	4	6	14	11	38	38	34	37	33	32
24.	7	8	8	8	7	9	40	39	31	33	40	31
25.	7	9	6	5	8	7	29	37	35	39	35	35
26.	8	2	2	6	7	1	37	46	43	47	44	47
27.	6	7	4	4	8	5	43	40	43	38	38	34
28.	6	6	11	11	6	11	33	41	36	35	40	41
29.	18	22	23	23	19	26	28	30	20	19	30	19
30.	10	13	7	3	8	7	34	29	26	24	30	32
31.	3	9	5	6	9	12	43	35	20	19	36	17
32.	0	0	1	1	0	1	47	40	46	39	44	36

*I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27c

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Executives and Professional Men

Case No.	DIAGNOSIS Clin*	Test*	DEVIANCY % I	II	III	IV**	EXTREME RATINGS % I	II	III	IV**
1.	a	a	20	16	28	23	63	78	69	36
2.	a	a	22	20	24	51	52	69	13	7
3.	a	a	13	2	14	7	69	93	89	2
4.	a	a	19	9	17	20	40	60	10	2
5.	a	a	13	9	11	12	51	44	38	19
6.	a	a	21	10	15	18	62	54	22	4
7.	a	a	23	10	20	16	32	34	26	8
8.	a	a	15	10	17	20	75	72	78	48
9.	a	a	23	8	25	21	62	85	50	47
10.	a	a	12	9	13	17	71	69	63	32
11.	a	a	39	9	20	31	20	71	40	15
12.	a	b	19	21	21	26	2	0	0	0
13.	a	b	29	16	29	28	24	51	2	0
14.	a	b	20	11	29	31	20	12	4	0
15.	a	b	38	6	40	42	34	76	35	2
16.	a	b	22	14	31	9	31	38	4	5
17.	a	b	16	10	8	13	56	60	73	42
18.	a	c	40	2	44	9	98	100	98	100
19.	a	c	27	17	20	57	58	72	47	15
20.	a	d	27	9	41	54	27	67	2	6
21.	a	e	13	10	28	24	63	68	62	17
22.	a	e	21	14	21	21	72	71	66	10
23.	a	e	25	10	8	49	9	0	11	0
24.	a	f	35	33	29	35	44	26	7	6
25.	a	f	24	35	33	35	96	96	98	95

*a: normal; b: mildly neurotic; c: severely neurotic; d: near psychotic; e: ambulatory psychotic; f: psychotic with capacity to "cover up"; g: actively and overtly psychotic.

** I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27c

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Executives and Professional Men

	NUMBER OF ? RESPONSES				DIVERGENCE % BETWEEN SIX PAIRS OF SELF CONSTRUCTIONS					
	I	II	III	IV *	II	III	IV	II	II	IV*
1.	1	4	4	2	2	8	15	12	6	12
2.	1	0	0	0	17	7	46	38	15	46
3.	1	1	1	3	6	4	11	10	9	11
4.	3	3	5	2	10	4	18	18	10	24
5.	2	5	5	7	10	0	9	9	6	7
6.	2	1	5	2	12	13	27	23	18	33
7.	2	8	5	2	22	14	14	16	19	15
8.	2	1	4	3	17	10	20	13	10	14
9.	2	1	3	0	21	20	28	26	19	33
10.	3	6	12	5	20	2	21	18	13	20
11.	4	6	7	8	25	20	24	23	13	24
12.	7	1	3	0	21	17	27	22	24	21
13.	0	0	0	0	29	24	27	27	35	29
14.	6	3	3	2	20	13	36	38	31	48
15.	2	0	4	11	29	29	22	36	33	29
16.	1	0	0	0	33	31	20	31	22	29
17.	5	0	14	3	18	12	18	13	5	7
18.	2	7	1	5	30	11	35	2	32	35
19.	0	1	12	0	28	14	58	61	14	56
20.	0	3	5	3	17	32	60	64	38	45
21.	7	8	5	14	16	22	30	19	27	30
22.	12	6	8	16	3	8	33	31	12	29
23.	0	0	0	0	20	20	52	53	9	51
24.	0	4	10	2	34	27	39	32	14	32
25.	0	0	0	15	35	16	25	33	36	20

*I: Own Self;II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27c

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Executives and Professional Men

	NON-COMPARABLE ITEMS IN EACH OF THE SIX COMPARISONS						ITEMS ANSWERED IN COMMON IN EACH OF THE SIX COMPARISONS					
	I-II	I-III	I-IV	IV-II	III-II	III-IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	5	4	3	6	7	5	49	47	45	43	45	44
2.	1	1	1	0	0	0	45	50	29	34	47	44
3.	2	1	2	3	2	2	50	52	47	47	48	47
4.	5	6	4	4	6	6	45	47	42	42	44	37
5.	7	7	10	10	7	10	43	48	41	41	45	42
6.	3	7	4	3	5	6	46	42	37	40	41	33
7.	10	6	4	10	12	7	35	42	42	38	35	41
8.	3	5	4	3	4	5	43	45	41	45	46	43
9.	3	5	2	1	3	3	41	40	38	40	42	35
10.	9	14	7	11	16	14	37	40	38	36	34	33
11.	11	11	14	12	10	13	33	35	31	33	39	32
12.	8	7	7	1	4	3	37	40	35	42	39	41
13.	0	0	0	0	0	0	39	42	40	40	36	39
14.	9	8	8	4	6	5	37	41	30	32	34	26
15.	3	7	14	11	4	14	37	34	32	28	34	29
16.	1	1	1	0	0	0	36	37	43	38	43	39
17.	5	14	5	3	14	14	41	36	41	45	39	38
18.	9	2	7	9	8	6	32	47	31	45	32	32
19.	1	12	0	1	12	12	39	37	23	21	37	19
20.	3	5	3	5	7	6	43	34	21	18	30	27
21.	12	10	18	18	10	18	36	35	26	30	33	26
22.	15	15	22	19	13	20	39	37	22	25	37	25
23.	1	1	1	0	0	0	43	43	26	36	50	52
24.	5	10	1	5	13	11	33	33	33	34	36	30
25.	0	0	15	15	0	15	36	46	30	27	35	32

*I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27d

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Neurotics

	DIAGNOSIS		DEVIANCY %				EXTREME RATINGS %			
Case No.	Clin*	Test*	I	II	III	IV**	I	II	III	IV**
1.	c	c	41	11	45	16	63	64	73	57
2.	c	c	60	21	56	29	93	46	48	4
3.	c	c	54	13	42	17	42	73	46	14
4.	c	d	54	11	66	18	56	58	37	33
5.	c	c	33	13	31	30	82	98	83	80
6.	c	c	28	4	13	10	46	84	63	71
7.	c	c	33	26	23	44	78	92	68	43
8.	b	a	19	9	17	7	40	62	13	53
9.	c	a	23	8	32	36	60	71	43	16
10.	c	a	35	14	44	40	17	42	10	2
11.	c	b	38	6	31	27	84	75	45	58
12.	c	b	35	8	38	33	78	87	63	34
13.	c	b	30	7	33	29	64	84	69	85
14.	c	d	36	5	31	28	69	69	87	52
15.	b	d	34	15	45	56	77	100	100	62
16.	c	d	33	0	39	6	56	13	17	0
17.	c	f	20	27	26	30	89	96	93	96
18.	c	e	51	14	61	32	49	83	43	0
19.	c	f	49	21	48	59	16	5	7	9
20.	c	f	53	29	36	41	47	53	33	38
21.	c	f	50	32	25	33	11	11	20	8
22.	c	e	12	7	26	13	29	4	17	0
23.	c	d	25	8	22	17	17	54	8	55
24.	c	c	14	5	14	14	64	81	46	10
25.	c	c	56	58	50	30	42	38	35	7

*a: normal; b: mildly neurotic; c: severely neurotic; d: near psychotic; e: ambulatory psychotic; f: psychotic with capacity to "cover up"; g: actively and overtly psychotic.

**I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27d

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Neurotics

	NUMBER OF ? RESPONSES				DIVERGENCE % BETWEEN SIX PAIRS OF SELF CONSTRUCTIONS					
	I	II	III	IV*	I-II	I-III	I-IV	IV-II	III-II	III-IV*
1.	9	5	14	2	50	14	48	12	41	41
2.	10	1	13	2	55	19	51	34	44	51
3.	3	4	3	6	69	33	53	27	38	51
4.	7	2	1	4	69	38	69	10	64	65
5.	6	1	3	4	43	26	27	32	34	38
6.	5	0	4	6	24	17	20	10	12	4
7.	1	7	8	15	43	20	33	58	33	40
8.	3	3	9	21	24	11	24	0	26	22
9.	3	0	4	4	21	12	18	27	27	11
10.	1	0	6	0	26	21	37	33	31	36
11.	0	0	8	3	38	17	40	27	36	48
12.	6	1	1	8	33	14	20	21	36	24
13.	11	5	6	7	22	19	15	18	22	9
14.	13	13	17	11	17	13	43	33	10	37
15.	2	1	2	2	25	35	47	38	34	46
16.	0	0	2	0	31	15	31	4	34	36
17.	1	0	1	1	24	19	19	15	13	6
18.	8	13	25	28	61	31	33	43	57	53
19.	18	14	26	23	54	4	3	45	55	0
20.	6	10	13	15	49	53	44	20	56	53
21.	19	28	25	15	45	35	32	36	17	21
22.	13	4	1	2	5	15	17	14	18	27
23.	7	1	6	0	21	9	19	9	16	18
24.	11	12	9	14	12	15	15	12	13	15
25.	7	2	7	1	17	28	48	54	28	47

* I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man

TABLE 27d

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Neurotics

	NON-COMPARABLE ITEMS IN EACH OF THE SIX COMPARISONS						ITEMS ANSWERED IN COMMON IN EACH OF THE SIX COMPARISONS					
	I-II	I-III	I-IV	IV-II	III-II	III-IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	13	20	9	6	18	14	21	30	24	43	22	24
2.	11	19	12	2	14	14	20	29	21	35	23	20
3.	7	5	8	10	7	8	15	32	22	33	30	23
4.	7	7	10	5	2	4	15	30	14	45	19	18
5.	6	8	10	5	5	8	28	35	33	34	33	29
6.	5	7	10	6	4	9	38	40	36	44	45	44
7.	8	9	15	17	13	20	27	37	27	16	28	21
8.	6	10	21	22	12	23	37	40	26	38	37	25
9.	3	6	6	4	4	8	41	43	40	37	37	42
10.	1	7	1	0	6	0	40	38	34	37	34	35
11.	0	8	3	3	8	11	34	39	31	38	30	23
12.	7	6	10	8	2	9	32	42	36	33	34	35
13.	14	13	14	11	9	11	32	34	35	36	36	40
14.	20	24	20	22	25	25	29	27	20	22	27	19
15.	2	3	2	2	2	3	40	34	28	33	35	28
16.	0	2	0	0	2	2	38	45	38	53	35	34
17.	1	2	2	1	1	1	41	43	43	46	47	53
18.	17	29	31	32	32	38	15	18	16	13	10	8
19.	31	29	28	33	35	31	11	25	26	12	9	24
20.	14	17	16	20	19	21	21	18	21	28	16	16
21.	35	35	27	33	37	31	11	13	19	14	15	19
22.	16	14	14	6	5	3	37	35	34	42	41	38
23.	8	10	7	1	6	5	37	41	39	49	41	41
24.	21	16	21	21	16	19	30	33	29	30	34	31
25.	8	15	9	3	9	8	39	29	24	24	33	25

*I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27e

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Borderline Psychotics

Case No.	DIAGNOSIS Clin*	Test*	DEVIANCY % I	II	III	IV**	EXTREME RATINGS % I	II	III	IV**
1.	d	d	47	14	53	14	37	46	33	41
2.	d	d	43	14	44	0	57	5	10	0
3.	e	d	21	32	28	39	6	30	24	96
4.	e	d	58	10	64	55	84	94	95	88
5.	f	d	52	19	59	27	35	57	45	50
6.	d	e	31	13	45	36	31	37	95	4
7.	d	e	53	11	60	23	92	45	76	5
8.	e	e	49	18	31	33	84	89	39	19
9.	d	f	52	22	58	30	43	15	35	16
10.	e	c	62	11	60	15	73	54	37	55
11.	e	e	6	9	13	7	10	13	0	0
12.	f	e	34	18	53	47	10	18	31	4
13.	e	f	48	26	37	33	48	33	53	30
14.	d	c	49	13	32	38	11	14	0	3
15.	f	d	35	26	29	21	54	81	40	45
16.	e	b	33	17	28	21	47	67	55	5

*a: normal; b: mildly neurotic; c: severely neurotic; d: near psychotic; e: ambulatory psychotic; f: psychotic with capacity to "cover up"; g: actively and overtly psychotic.

**I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27e

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Borderline Psychotics

	NUMBER OF ? RESPONSES				DIVERGENCE % BETWEEN SIX PAIRS OF SELF CONSTRUCTIONS					
	I	II	III	IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	17	14	16	4	24	14	42	21	36	41
2.	9	16	25	30	45	4	33	9	55	38
3.	22	12	13	1	66	21	47	40	57	46
4.	10	1	15	3	67	12	11	54	71	13
5.	1	2	2	1	60	34	64	23	60	72
6.	16	3	0	2	51	34	59	22	32	44
7.	2	2	1	0	53	27	59	32	63	67
8.	6	9	22	8	53	15	35	46	25	34
9.	1	0	1	0	48	29	57	31	56	69
10.	3	3	3	0	61	10	63	19	73	63
11.	7	3	13	7	13	8	9	15	17	13
12.	5	0	0	0	35	20	47	40	44	36
13.	1	3	2	2	45	53	54	24	22	33
14.	18	11	25	16	35	12	42	16	17	27
15.	1	3	0	0	35	24	42	31	46	38
16.	10	7	11	18	18	13	29	27	18	29

* I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man

TABLE 27e

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Borderline Psychotics

	NON-COMPARABLE ITEMS IN EACH OF THE SIX COMPARISONS						ITEMS ANSWERED IN COMMON IN EACH OF THE SIX COMPARISONS					
	I-II	I-III	I-IV	IV-II	III-II	III-IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	26	26	19	17	27	21	22	25	21	30	18	20
2.	22	28	34	33	35	39	18	26	14	20	9	10
3.	26	26	23	13	20	14	10	23	17	25	15	22
4.	10	21	11	5	17	16	15	30	39	23	11	34
5.	3	2	2	2	3	2	21	35	19	41	21	15
6.	16	17	18	5	4	3	19	25	15	39	35	29
7.	4	3	2	2	3	1	24	38	22	36	19	18
8.	12	22	12	16	27	26	20	28	28	21	21	19
9.	1	2	1	0	1	1	28	38	23	38	24	17
10.	6	5	3	3	6	3	19	45	18	40	13	18
11.	9	16	10	9	14	16	40	36	41	39	33	34
12.	4	4	4	0	0	0	33	41	27	33	31	35
13.	4	2	3	4	4	4	28	25	24	39	40	34
14.	24	30	24	23	31	33	11	3	13	5	4	6
15.	3	1	1	3	3	0	34	40	31	36	28	33
16.	17	15	24	22	15	24	31	35	22	24	33	22

*I: Own Self; II:Ideal Person; III: Gallery Self; IV: Average Man.

TABLE 27f

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Mixed Schizophrenics

Case No.	DIAGNOSIS Clin*	Test*	DEVIANCY % I	II	III	IV**	EXTREME RATINGS % I	II	III	IV**
1.	g	f	31	41	30	40	50	54	7	4
2.	f	b	25	10	20	15	64	40	4	22
3.	f	g	32	50	57	47	38	0	0	5
4.	f	f	43	18	34	35	46	64	9	23
5.	e	f	59	37	38	45	22	18	0	2
6.	f	e	40	16	54	32	44	49	54	39
7.	f	f	22	6	27	8	38	8	0	3
8.	e	f	9	6	10	85	89	98	98	93
9.	e	e	18	10	14	15	93	100	84	91
10.	f	f	11	7	14	36	13	0	0	2
11.	f	f	37	23	29	27	17	5	2	4
12.	f	a	15	9	13	11	45	65	47	10
13.	f	a	21	9	16	13	56	90	64	49
14.	e	a	24	15	20	21	68	88	52	24
15.	g	b	29	14	25	26	27	49	2	15
16.	g	b	40	8	45	20	60	80	44	70
17.	e	c	27	20	25	20	86	81	78	89
18.	e	c	31	8	15	39	90	91	90	43
19.	f	c	19	6	28	21	71	61	53	26
20.	f	d	28	15	25	29	50	60	44	3
21.	f	d	36	9	27	14	100	100	97	62
22.	e	d	55	6	43	13	95	100	100	100
23.*	c	a	25	24	21	11	33	55	26	6
24.*	c	b	20	12	38	12	41	64	19	10
25.*	d	d	31	31	24	34	67	91	91	100

*Closed ward cases which were removed from the group when group differences were analyzed, because they were diagnosed "non-psychotic" by their doctors.

**I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.

‡ ibid.

TABLE 27f

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Mixed Schizophrenics

	NUMBER OF ? RESPONSES				DIVERGENCE % BETWEEN SIX PAIRS OF SELF CONSTRUCTIONS					
	I	II	III	IV *	I - II	I- III	I- IV	IV- II	III- II	III- IV *
1.	1	8	1	1	41	34	40	37	41	25
2.	0	0	5	0	11	10	24	13	6	12
3.	5	27	10	17	64	49	49	17	33	36
4.	20	11	22	11	52	33	23	44	41	37
5.	6	6	15	9	51	47	45	42	33	53
6.	3	6	1	6	46	33	43	31	57	53
7.	10	18	22	24	13	16	26	23	17	29
8.	0	0	0	0	4	2	93	89	7	91
9.	0	0	0	0	7	13	9	5	7	5
10.	1	7	7	3	7	6	40	39	5	46
11.	3	12	10	9	19	11	9	10	10	0
12.	2	3	4	4	4	2	0	6	2	2
13.	3	5	0	0	15	15	19	6	10	16
14.	5	3	7	0	21	6	12	12	22	17
15.	0	0	0	0	35	20	27	25	29	29
16.	0	0	0	2	49	24	44	8	45	46
17.	4	2	0	2	16	29	10	16	34	26
18.	4	2	5	1	20	20	57	44	10	47
19.	24	17	36	5	14	0	15	25	19	12
20.	15	12	7	16	22	11	34	28	2	29
21.	13	4	15	5	30	18	33	26	23	22
22.	0	0	0	0	53	20	51	2	36	35
23.**	0	0	5	4	24	10	24	20	16	14
24.**	6	0	1	6	24	25	20	2	31	33
25.**	3	0	2	0	17	24	27	27	19	30

*I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man
**Closed ward cases which were removed from the group when group differences were analyzed, because they were diagnosed "non-psychotic" by their doctors.

TABLE 27f

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Mixed Schizophrenics

	NON-COMPARABLE ITEMS IN EACH OF THE SIX COMPARISONS						ITEMS ANSWERED IN COMMON IN EACH OF THE SIX COMPARISONS					
	I-II	I-III	I-IV	IV-II	III-II	III-IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	9	2	2	9	9	2	27	35	32	29	27	40
2.	0	5	0	0	5	5	49	45	42	48	47	44
3.	30	16	20	31	31	22	9	20	18	20	16	21
4.	26	34	25	19	28	28	14	14	23	20	16	17
5.	16	23	17	17	22	23	19	17	21	22	22	15
6.	7	3	7	10	6	6	26	35	27	31	21	23
7.	24	24	24	33	32	38	27	26	23	17	19	12
8.	0	0	0	0	0	0	53	54	4	6	51	5
9.	0	0	0	0	0	0	51	49	50	52	51	52
10.	9	6	3	9	11	7	43	46	31	28	42	26
11.	12	11	10	16	15	15	35	38	41	35	36	40
12.	7	7	8	6	6	7	46	47	47	46	48	47
13.	7	3	3	5	5	0	41	44	42	47	45	46
14.	7	9	5	3	9	7	38	44	44	47	36	40
15.	0	0	0	0	0	0	36	44	40	41	39	39
16.	0	0	3	3	0	3	28	42	29	48	30	28
17.	5	3	5	4	2	2	42	37	45	43	35	39
18.	6	9	6	3	7	6	39	37	21	29	43	26
19.	33	42	28	19	39	39	19	13	23	28	13	14
20.	23	19	26	23	14	20	25	32	19	23	40	25
21.	15	22	19	8	16	18	28	27	24	35	30	29
22.	0	0	0	0	0	0	26	44	27	54	35	36
23.**	0	5	4	4	5	6	42	45	39	41	42	42
24.**	6	7	11	5	1	6	37	36	35	49	37	33
25.**	3	4	3	0	2	2	44	39	37	39	42	36

*I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man.
** Closed ward cases which were removed from the group when group differences were analyzed, because they were diagnosed "non-psychotic" by their doctors.

TABLE 27g

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Chronic Schizophrenics

Case No.	DEVIANCY % I	II	III	IV*	EXTREME RATINGS % I	II	III	IV*
1.	49	55	53	23	13	2	0	4
2.	28	35	46	50	98	75	71	51
3.	48	14	50	8	59	47	40	36
4.	57	51	60	58	13	2	6	50
5.	36	18	61	31	21	33	0	6
6.	15	10	10	85	84	91	89	95
7.	53	20	50	17	47	36	50	16
8.	18	11	19	9	12	3	0	0
9.	23	18	29	28	94	100	100	93
10.	19	6	0	28	24	5	0	0
11.	25	16	38	7	67	55	11	0
12.	52	14	61	15	80	71	57	80
13.	49	29	57	60	20	35	24	36
14.	48	53	46	31	80	64	49	45
15.	64	24	49	50	64	79	46	33
16.	27	30	34	26	94	100	100	56
17.	35	10	28	36	27	17	22	2
18.	21	8	42	30	53	33	19	26
19.	43	29	40	31	80	91	98	98
20.	20	2	12	20	98	96	98	98
21.	30	7	11	9	36	2	0	4
22.	20	8	16	17	67	89	82	78
23.	31	8	27	17	20	47	16	5
24.**	56	19	39	28	7	0	0	0
25.**	18	15	10	13	47	25	31	27
26.**	25	22	24	23	49	46	47	50
27.**	29	19	18	24	52	29	31	13
28.**	44	47	37	39	65	84	97	93
29.**	57	63	41	61	16	26	26	22
30.**	67	74	70	68	13	0	4	7
31.**	30	33	27	33	17	0	13	35

*I:Own Self; II:Ideal Person; III:Gallery Self; IV:Average Man.
** Additional cases not included in the statistical analysis. (See page

TABLE 27g

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Chronic Schizophrenics

	NUMBER OF ? RESPONSES				DIVERGENCE % BETWEEN SIX PAIRS OF SELF CONSTRUCTIONS					
	I	II	III	IV *	I-II	I-III	I-IV	IV-II	III-II	III-IV *
1.	0	0	0	0	49	49	53	58	45	44
2.	2	3	41	18	44	54	49	46	15	67
3.	1	23	45	41	31	0	29	10	11	17
4.	25	14	24	9	65	54	52	9	30	15
5.	16	9	35	24	27	38	52	19	56	64
6.	0	0	0	0	13	15	85	84	7	87
7.	21	5	53	5	41	50	50	14	100	100
8.	21	23	17	28	4	4	0	0	12	9
9.	3	43	19	10	17	8	9	14	0	6
10.	1	0	55	0	11	0	19	22	0	0
11.	0	6	11	22	14	19	12	19	24	25
12.	5	6	13	10	49	45	47	12	70	59
13.	0	0	0	0	43	22	20	44	52	13
14.	11	5	4	6	22	15	32	27	7	26
15.	19	17	18	15	62	26	44	28	27	23
16.	6	3	1	1	23	25	31	37	24	36
17.	0	1	4	0	33	25	38	39	25	43
18.	8	10	8	8	15	32	59	44	35	65
19.	1	0	1	2	35	21	31	20	26	21
20.	10	9	9	1	8	3	20	11	9	17
21.	8	4	15	3	16	17	16	2	5	0
22.	1	0	0	1	7	6	8	0	1	1
23.	6	0	5	14	35	17	32	5	32	34
24.**	1	3	2	0	35	33	35	25	48	40
25.**	4	2	0	0	24	18	24	15	19	15
26.**	0	1	0	1	9	13	13	0	2	2
27.**	7	6	3	1	27	28	19	31	21	24
28.**	21	23	22	12	55	33	38	48	38	48
29.**	4	8	9	9	52	52	51	53	40	55
30.**	16	6	5	10	23	34	29	12	22	17
31.**	9	7	7	3	46	24	27	39	40	32

* I: Own Self; II: Ideal Person; III: Gallery Self; IV: Average Man

** Additional cases not included in the statistical analysis.

See page

TABLE 27g

TEST SCORES AND DIAGNOSTIC RATINGS OF INDIVIDUAL CASES

Chronic Schizophrenics

	NON-COMPARABLE ITEMS IN EACH OF THE SIX COMPARISONS						ITEMS ANSWERED IN COMMON IN EACH OF THE SIX COMPARISONS					
	I-II	I-III	I-IV	IV-II	III-II	III-IV	I-II	I-III	I-IV	IV-II	III-II	III-IV
1.	0	0	0	0	0	0	28	28	26	23	30	31
2.	5	42	18	18	42	46	28	6	19	20	11	3
3.	23	44	41	45	46	49	22	11	10	9	8	5
4.	35	42	28	21	32	28	7	6	13	31	16	23
5.	22	42	28	28	39	44	24	8	13	22	7	4
6.	0	0	0	0	0	0	48	47	8	9	51	7
7.	26	53	23	11	54	54	17	1	16	38	0	0
8.	28	27	34	37	29	33	26	27	21	18	23	20
9.	43	19	12	41	43	23	10	33	39	12	12	30
10.	1	55	1	0	55	55	48	0	44	43	0	0
11.	6	12	22	23	17	31	42	35	29	26	29	18
12.	10	17	12	12	18	21	23	21	23	38	11	14
13.	4	1	1	5	5	2	29	42	43	28	24	46
14.	14	15	14	10	8	9	32	34	28	33	43	34
15.	26	24	23	23	25	24	11	23	18	23	22	24
16.	8	7	7	4	4	2	36	36	33	32	39	34
17.	1	4	0	1	4	4	36	38	34	33	38	29
18.	16	14	14	16	15	15	33	28	17	22	26	14
19.	1	2	3	1	1	3	35	42	36	43	40	41
20.	16	15	11	10	11	9	36	39	35	40	40	38
21.	10	19	10	6	17	16	38	30	38	48	36	39
22.	1	3	2	1	2	3	50	49	49	54	52	51
23.	6	8	18	14	5	17	32	39	25	39	34	25
24.**	4	3	1	3	5	2	23	20	23	34	22	25
25.**	6	4	4	2	2	0	35	40	37	41	41	46
26.**	1	-	1	2	1	1	39	38	37	41	42	41
27.**	11	9	7	7	8	4	27	27	29	29	32	31
28.**	35	37	29	32	34	32	4	9	9	6	8	7
29.**	11	13	12	15	15	17	5	8	8	5	8	5
30.**	20	20	20	13	9	14	7	6	7	10	8	10
31.**	14	14	10	9	12	8	16	24	25	20	20	26

*I:Own Self; II:Ideal Person; III:Gallery Self; IV:Average Man.
**Additional cases not included in the statistical analysis. See page

BIBLIOGRAPHY

1. Brownfain, John J. "Stability of the Self Concept as a Dimension of Personality". Dept. of Med. and Surg. Info. Bull., Psychiatry and Neurol. Div., IB 10-17, 1951.

2. Bugenthal, J.F.T. and Zelen, S.L. "Investigations into the Self Concept", I The W-A-Y Technique. J. Personality, 18: 483-498, 1950.

3. Butler, John M. and Haigh, George V. Summary of research in "A Study of the Process and Outcomes of Client-Centered Therapy." Second Interim Report, Rockefeller Grant for the Study of Psychotherapy. Counseling Center, U. of Chic., 1950.

4. Cooley, Chas. H. Human Nature and the Social Order. New York: Chas. Scribner's Sons. 1902.

5. Cronbach, Lee J. "Further Evidence on Response Sets and Test Design". Educ. Psychol. Meas. 10: 3-31, 1950.

6. Cronbach, Lee J. "Investigation of the Character and Properties of Assumed Similarity Measures." Tech. Report No. 3, Contract N60 ri - 07135, Bur. Naval Research, U. of Ill., 1953.

7. Cronbach, Lee J. and Gleser, Goldine C. "Similarity between Persons and Related Problems of Profile Analysis". Tech. Report No. 2, Contract N60 ri - 07135, Bur. Naval Research, U. of Ill., 1952.

8. Erickson, Erik H. "Ego Development and Historical Change". Psychoanalytic Study of The Child, Vol. 2. New York: International Universities Press, 1947.

9. Erickson, Eric H. Childhood and Society. New York: W.W. Norton and Co., 1950.

10. Federn, Paul. Ego Psychology and the Psychoses. New York: Basic Books, 1952.

11. Fiedler, Fred E. "Assumed Similarity Measures as Predictors of Team Effectiveness in Surveying". Tech. Report No. 3., Contract N60 ri - 07135, Bur. Naval Research, Bur. of Res. and Serv., U. of Ill., 1953.

12. James, William. The Principles of Psychology. New York: Henry Holt Co., 1890.

13. Johnston, A.M. The Relationship of Various Factors to Autocratic and Democratic Classroom Practices. Unpubl. Doctoral Dissertation, U. of Chic., 1948.

14. Lorge, Irving. "Gen.-Like: Halo or Reality". Psych. Bull. 34: 545-546, 1937.

15. Mead, George. Mind, Self and Society. Chicago: Univ. of Chic. Press, 1934.

16. Menninger, Karl. A Manual for Psychiatric Case Study. New York: Grune and Stratton, 1952.

17. Raimy, Victor. The Self Concept as a Factor in Counseling and Personality Organization. Unpubl. Doctoral Dissertation, Ohio State Univ., Columbus, Ohio, 1943.

18. Rapaport, David. "States of Consciousness, A Psychological and Psychodynamic View." Josiah Macy, Jr. Foundation, Second Conference on Problems of Consciousness, 1951.

19. Rogers, Carl. "The Case of Mrs. Oak: A Research Analysis." Psychological Serv. Center Journal 3: 47-165, 1951.

20. Rundquist, Edward A. "Response Sets: A Note on Consistency in Taking Extreme Positions." Educ. Psych. Meas. 10: 97-99, 1950.

21. Sargent, Helen. "Projective Methods: Their Origins, Theory and Application in Personality Research." Psychol. Bull. 42: 257-293, 1945.

22. Sullivan, Harry S. Conceptions of Modern Psychiatry. Repr. from Psychiatry, Vol. 3, 1940 and Vol. 8, 1945.

23. Varondonck, J. Evolution of the Conscious Faculties. New York: Macmillan Co., 1923.