MALADJUSTMENT AND THE DISTORTION
OF SELF-PERCEPTION

THESIS

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By

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CHAPTER I

INTRODUCTION

Contemporary psychology has shown an increasing interest in the self-concept of the individual. This interest has grown in large measure from studies of perception. Many theorists have felt that perception in general and self-perception in particular is a function of the needs of the organism, as well as a function of the external stimuli. It is the purpose of this study to investigate the relationships between distortions in self-perception and total level of adjustment in a population of college students.

Theoretical Background

Classical psychophysics, which originally concentrated on (1) the correlation between the physical stimulus and the attributes of sensation and (2) studies of judgment on the part of the organism, soon became aware of constant errors in perception. While Fechner tried to counterbalance these constant errors, recent investigators, such as Bruner (3, p. 123) have felt that theorists should maximize them and develop a personality-oriented perceptual theory to account for them.

From this view developed the approach that Allport (1) describes as Directive State Theory and its refinement,
Hypothesis Theory. Since these theories center around perception as a function of the total organism, they might better be classed as organismic perceptual theories.

In 1890 James (7, p. 467) developed a concept of the self which has been influential in present thinking. He saw the self, the "Empirical Me," as he called it, as the sum of all that a man felt was his--his views, values, possessions, friends, and so forth.

In its present usage Hall and Lindzey (7, p. 468) felt that the term self has come to have two distinct meanings. It is defined both as an object, in which case it is similar to James's definition, in that it is composed primarily of the values, attitudes, and feelings a person holds about himself, and as a process, in which case it is more like the psychoanalytic concept of ego. In this usage, it is a group of processes governing behavior.

Murphy (10, p. 523), who was one of the leaders in the development of Directive State Theory, distinguished between self, which he defined as "the individual person as the object of his percepts" and the ego, which is "the system of activities organized around the self." One of Murphy's collaborators, Chein (10, p. 523), felt that the system of interrelated values and motives which are ordered around the self is the ego. For the purpose of this paper, however, Murphy's definition of the self as "the individual person as the object of his percepts" is used.

The interrelationship between perception and personality has been stressed by many writers. Bruner and Postman (4, p. 99) have
pointed out that research on the Rorschach has shown that perceptual organization and personality organization are inextricably related. Piotrowski (12, p. 1) referred to Rorschach responses as a function of both the external visual stimuli and of the meaning the subject assigns to them.

The definition of the self advanced by Murphy centers around perception. Rogers held a similar view of the self, as shown by the following excerpt:

It seems no more unreasonable to speak of the perception of the self than to speak of the perception of another person, such as a close friend. In the latter case we have a multitude of sensory stimuli which we perceive as related to the social object, our friend. . . . In the same way a multitude of sensory and visual stimuli appear to be related to us and the meaning we attach to those stimuli is the perception we have of self (15, pp. 314-315).

Murphy (10, p. 332) believed that each person lives in a phenomenal world. Bruner (3, p. 121) carried this concept further. He believed perception is a function of the realities of the phenomenal world--the attitudes, motives, needs, and inconsistencies. These personal realities are a result of the interaction between the person and his environment.

Following the same line of reasoning, Rogers (15, p. 321) believed the individual is vulnerable to psychological trauma to the same degree that his perception of himself is incompatible with socially perceived reality. The individual whose self-perception is highly distorted is constantly facing situations which point this out to him; and, as a result, he must mobilize his defenses.
While these theorists are all organismic in outlook, similar views are held by psychologists of different persuasions. From a more psychoanalytic viewpoint, Frenkel-Brunswik said, "The functional realities of our behavior are distorted when they enter consciousness and are reported" (6, p. 376).

Since cognitive processes are molded by the pressure of wants and needs (10, p. 365), Bruner (3) concluded that expectancies are critical to adjustment. This is in agreement with Murphy's contention that the self is central and must be defended, not only against the world as it is but against perception of its own weaknesses (10, p. 529). The individual values the self as he sees it autistically, and it must be protected at all costs.

Following this line of thought, Bruner tentatively suggested:

Variations in the attributes of the perceived self provide the most highly relevant stimulus information for confirming adjustmentally relevant hypothesis, i.e., hypothesis, the confirmation of which are critical to adjustment (3, p. 143).

Review of Related Studies

Many studies have been conducted to ascertain the effect of needs on perception. Murphy and his associates did a great deal of the early work in this area. In a study with Levine and Chein (9), Murphy showed that food deprivation could significantly distort the number of food associations to an ambiguous visual stimuli. In another study with Proshansky (13), it was shown that such tasks as estimating the length of lines or estimating the weight of
lifted objects accurately could be distorted by rewarding a given estimate and punishing another.

In recent years a considerable body of research has centered around the relationships between self-perception and adjustment. In a study conducted on California children, Frenkel-Brunswick (6, p. 363) found that maladjustment showed a curvilinear relationship with self-perception, with both the very well adjusted and very poorly adjusted children perceiving themselves as "optimally adjusted." Ratliff (14) also reported similar findings in a study comparing the levels of self-perception between a group of college students and a group of institutionalized mental patients. He found that the mental patients reported a higher level of adjustment than did the college students.

Rogers (15) reported that clients in counseling frequently experience a sensation of their perceptions, both cognitive and sensory, changing as a function of the changes in their adjustment. He assumed that a positive self-perception is a sign of good adjustment (16). Chase (5) also reported that a negative self-perception is related to maladjustment. Considering the Frenkel-Brunswick and Ratliff studies, however, it would seem that the difference between the real self and the perceived self may be a critical variable. In studies comparing maladjusted subjects with better adjusted subjects, the maladjusted subjects seem to evidence more distortion of their self-perception. In a study of two groups of children,
one well adjusted and one maladjusted, Perry (11) found that when presented with a list of statements, some of which were self-damaging, the well adjusted group was able to accept a larger number of self-damaging statements than was the less well adjusted group. In a study comparing the self-perceptions of delinquent and non-delinquent boys, Amos (2) found that a significant difference existed between the two groups, with the delinquents being less realistic.

The discrepancies between the individual's perception of himself, of his ideal self, and his perception of others seem also to be important. Hickman (8) compared a well adjusted and a poorly adjusted group on their perception of themselves as opposed to their perception of the ideal self, the social self, the social-ideal self, and their perception of the average person. He found that the discrepancies between each of these perceptions were significantly related to the subject's adjustment.

Statement of Problem

In the research summarized preceding this section, it was shown that needs influence perception (9, 13), and more specifically that a relationship between self-perception and adjustment exists (2, 5, 6, 8, 11, 14). Some investigators felt that negative self-perception is associated with maladjustment; others, that in the extremes of adjustment, both good and bad, a positive level of self-perception is found.
The purpose of the present study is (1) to investigate the relationship between total adjustment and the total distortions of the self-perception and (2) to investigate the relationship between self-perception of specific facets of personality and total adjustment.

**Hypothesis I:** The total degree of maladjustment will be significantly related, in a positive direction, to the amount of distortion in the perception of the self.

**Hypothesis II:** The perceptions that a person has of himself are not equally critical to his adjustment. Some of these perceptions will be much more significantly related to adjustment than others.
CHAPTER BIBLIOGRAPHY


CHAPTER II

PROCEDURE

Subjects

The population utilized in this investigation was selected from a group of university students registered for three sophomore social-psychology classes. Their ages ranged from nineteen to twenty-six. The group was composed of nineteen women and thirty men, a total population of fifty-nine students. Two tests were administered. All students who were present to take both tests were included in the study.

Materials

Measure of Personality

The Sixteen Personality Factor Questionnaire by Cattel and Stice was used to measure personality. This test was developed by the technique of factor analysis; therefore, the traits are intercorrelated to an insignificant degree. These traits are considered as source traits from which surface traits spring (2, p. 397). The test yields sixteen subscores, which Cattel and Stice indicate give "the fullest information in the shortest time about the most personality traits" (1, p. 1).
The sixteen traits are rated on a ten-point bipolar scale.

The factors measured are (1) A. Aloof to Warm, (2) B. Dull to Bright, (3) C. Emotional to Calm, (4) E. Mild to Aggressive, (5) F. Serious to Happy-go-lucky, (6) G. Casual to Conscientious, (7) H. Shy to Adventurous, (8) I. Sensitive to Tough, (9) L. Accepting to Suspecting, (10) M. Practical to Bohemian, (11) N. Unpretentious to Sophisticated, (12) O. Self-secure to insecure, (13) Q₁. Conservative to Radical, (14) Q₂. Sociable, group-dependent to Self-sufficient, (15) Q₃. Uncontrolled to Controlled, and (16) Q₄. Composed to Excitable.

The test is untimed and is composed of 187 items, three of which are not scored. The test also supplies sten tables for both men and women so that their scores can be converted into comparable standard scores.

The standardization was on a large group from the general population, approximately one-sixth of which were students. The test is considered suitable for persons over sixteen years of age and for all but the least-skilled and the least-educated individuals.

The interpretation of the factors is based on "the known correlation between these 'mental interiors' as found in questionnaire factors and the factors established in behavior" (1, p. 3).

For the purpose of this study, the profiles derived from the Sixteen Personality Factor Questionnaire were accepted as the person's real personality.
Measure of Maladjustment

The measure of maladjustment was derived from the Sixteen Personality Factor Questionnaire. Research with this test (3) has indicated four factors which consistently discriminate between all clinical groups and normal groups. Scores of the seventh sten or above on factors O and Q₄ and scores of the fourth sten or below on factors C and F indicate pathology.

To derive an index of maladjustment, which will be referred to in this paper as the pathology score, the stens of O and Q₄ were taken as they were, and the position of C and F were reversed on the sten scale, so that high scores on all four factors could be considered pathological. This procedure made it possible to compute a pathology score with a possible range of from four to forty for each student.

Measure of Self-Perception

The self-perception of each subject was measured by a self-rating scale, designed for this investigation. It was composed of sixteen self-rating items. To make it directly comparable to the Sixteen Personality Factor Questionnaire, the description of each of the sixteen items was derived by using the words suggested in the manual for discussing cases with the layman. Below each item on the test was located a line, divided into ten units. At each end of the line was located a word which represented the extreme values of the trait.
Measure of Discrepancy

Discrepancy was measured by the simple process of taking the difference between the sten subscores of the Sixteen Personality Factor Questionnaire and the rating the subjects assigned themselves on comparable factors on the self-rating scale. Signs were not considered since direction of discrepancy on particular factors was not predicted, and it was felt that a balancing effect might occur.

Method

At the first of a class period, the subjects were given the Sixteen Personality Factor Questionnaire. Verbal instructions assured the students that this scale was being investigated by the Psychology Department and that it would not be considered in the determination of their term grade in the course. Then the instructions on the test form were read to the classes, and the students were told to begin. All subjects were allowed time to finish.

In a later class meeting, the subjects were given the self-rating scale. They were requested to read all the items over carefully, then to raise their hands. They were then told that this test was part of a study being conducted by the Psychology Department and that it would not affect their grades in the course.

The students were informed that there were no right or wrong answers on this test, that it measured only how they saw themselves. They were instructed to read all of the items again; and, considering
only the right-hand member of each of the bipolar attributes, to
pick the three traits that best described them. They were then told
to pick the one that best applied to them and to mark the scale
below that item at ten; then to take the next most applicable trait
and mark it at nine; then to mark the least applicable trait at
eight. They were told to read only the words at the left, describing
the other extreme of the traits. They were then instructed to
follow the same procedure they had used on the right-hand members,
except that the most applicable trait was to be rated one, the
next most applicable as two, and the least applicable of the three
was rated as three.

They were then told to check their papers. There should be
a mark on the scales below six of the items. The values one, two,
three, and eight, nine, ten should be marked once each. They were
then instructed to rate themselves on the remaining ten items.
They were told to use only the part of the scale from four to
seven units, but to indicate by the position of the mark how close
they felt they came to one of the bipolar descriptions. The above
procedure was adopted to insure a spread of ratings on the scales.

The self-rating sheets were then scored. Next, a table was
constructed, showing the sten scores each subject achieved on the
Sixteen Personality Factor Questionnaire arranged horizontally.
Below this was entered the self-rating scores the subjects had as-
signed themselves. Then, on a third line, the differences between
lines one and two, disregarding signs, was calculated. This showed the discrepancy on each factor; and, when the third line was added horizontally, the total discrepancy between the actual personality as measured by the Sixteen Personality Factor Questionnaire and self-perception as shown by the self-rating scale was obtained.

Statistical Treatment

The mean and standard deviations of each factor on the Sixteen Personality Factor Questionnaire were computed from the raw data. The mean and standard deviations were also computed for the factors on the self-rating scale, the discrepancies between the Sixteen Personality Factor Questionnaire and the self-rating scale, the total discrepancy, and the pathology score.

Then a correlation was obtained between the total discrepancy scores and the size of the pathology scores, to ascertain the relationship between the two. Since the possibility of a canceling effect being present among the individual discrepancies was considered, a correlation was obtained between the pathology score and each of the items of the discrepancy scores-

To test the relationship between specific self-perceptions and maladjustment, a correlation was obtained between each self-rating item and the pathology score.
CHAPTER BIBLIOGRAPHY


CHAPTER III

RESULTS

Presentation of Data

Each of the research hypotheses stated in Chapter I was statistically examined as a null hypothesis. In order to test the hypotheses, the means and standard deviations of each factor of the Sixteen Personality Factor Questionnaire were computed from the raw scores. These data are presented in Table I.

TABLE I

MEANS AND STANDARD DEVIATIONS OF RAW SCORES OF THE SIXTEEN PERSONALITY FACTOR QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Factor</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>11.530</td>
<td>3.963</td>
</tr>
<tr>
<td>B</td>
<td>8.136</td>
<td>1.976</td>
</tr>
<tr>
<td>C</td>
<td>14.561</td>
<td>4.053</td>
</tr>
<tr>
<td>E</td>
<td>17.667</td>
<td>4.110</td>
</tr>
<tr>
<td>F</td>
<td>16.836</td>
<td>3.872</td>
</tr>
<tr>
<td>G</td>
<td>12.045</td>
<td>4.106</td>
</tr>
<tr>
<td>H</td>
<td>13.061</td>
<td>5.376</td>
</tr>
<tr>
<td>I</td>
<td>10.348</td>
<td>3.994</td>
</tr>
<tr>
<td>L</td>
<td>8.773</td>
<td>3.765</td>
</tr>
<tr>
<td>M</td>
<td>13.076</td>
<td>3.448</td>
</tr>
<tr>
<td>N</td>
<td>11.303</td>
<td>2.958</td>
</tr>
<tr>
<td>O</td>
<td>10.424</td>
<td>4.503</td>
</tr>
<tr>
<td>Q1</td>
<td>10.106</td>
<td>3.331</td>
</tr>
<tr>
<td>Q2</td>
<td>9.545</td>
<td>3.966</td>
</tr>
<tr>
<td>Q3</td>
<td>9.712</td>
<td>3.132</td>
</tr>
<tr>
<td>Q4</td>
<td>13.258</td>
<td>5.601</td>
</tr>
</tbody>
</table>

*Number of subjects = 59.
To test the first hypothesis that the total degree of maladjustment (as measured by the pathology scores) is significantly related in a positive direction to the amount of distortion (as measured by the discrepancy scores) in the perception of the self, the pathology scores were correlated with the discrepancy scores. The technique used was Pearson's product-moment correlation coefficient (4, p. 112).

From Table II it can be seen that the pathology score was significantly correlated with the discrepancy score. The null hypothesis, that there is no significant correlation between degree of maladjustment and the amount of distortion in the self-perception, can be rejected at the 5 per cent confidence level.

**TABLE II**

**CORRELATION OF TOTAL DISCREPANCY SCORES WITH PATHOLOGY SCORES**

<table>
<thead>
<tr>
<th>Scores</th>
<th>Mean*</th>
<th>Standard Deviation</th>
<th>Correlation Between Scores</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total discrepancy</td>
<td>37.542</td>
<td>6.570</td>
<td>.308</td>
<td>.05</td>
</tr>
<tr>
<td>Pathology</td>
<td>22.243</td>
<td>4.932</td>
<td>. . .</td>
<td>. . .</td>
</tr>
</tbody>
</table>

*Number of subjects = 59.

The second hypothesis that the perceptions a person has of himself (as measured by the items on the self-rating scale) are not equally critical to his adjustment (as measured by the pathology score)
and that some of these perceptions are much more significantly related to adjustment than others was then tested as a null hypothesis. The scores on the individual items of the self-rating scale were correlated with the pathology scores yielding the data shown in Table III.

**TABLE III**

**CORRELATIONS OF SELF-RATING SCALE ITEMS WITH PATHOLOGY SCORES**

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean*</th>
<th>Standard Deviation</th>
<th>Correlation</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>6.356</td>
<td>2.536</td>
<td>-.215</td>
<td>ns</td>
</tr>
<tr>
<td>B</td>
<td>6.441</td>
<td>2.557</td>
<td>.026</td>
<td>ns</td>
</tr>
<tr>
<td>C</td>
<td>6.881</td>
<td>2.315</td>
<td>-.462</td>
<td>.01</td>
</tr>
<tr>
<td>E</td>
<td>6.068</td>
<td>1.687</td>
<td>-.027</td>
<td>ns</td>
</tr>
<tr>
<td>F</td>
<td>5.508</td>
<td>2.228</td>
<td>.038</td>
<td>ns</td>
</tr>
<tr>
<td>G</td>
<td>6.000</td>
<td>2.429</td>
<td>-.202</td>
<td>ns</td>
</tr>
<tr>
<td>H</td>
<td>5.746</td>
<td>1.901</td>
<td>-.270</td>
<td>.05</td>
</tr>
<tr>
<td>I</td>
<td>5.153</td>
<td>1.938</td>
<td>.010</td>
<td>ns</td>
</tr>
<tr>
<td>L</td>
<td>4.695</td>
<td>2.526</td>
<td>.399</td>
<td>.01</td>
</tr>
<tr>
<td>M</td>
<td>4.492</td>
<td>2.280</td>
<td>.021</td>
<td>ns</td>
</tr>
<tr>
<td>N</td>
<td>5.390</td>
<td>2.050</td>
<td>.022</td>
<td>ns</td>
</tr>
<tr>
<td>O</td>
<td>4.322</td>
<td>2.258</td>
<td>.343</td>
<td>.01</td>
</tr>
<tr>
<td>Q₁</td>
<td>4.559</td>
<td>2.044</td>
<td>.107</td>
<td>ns</td>
</tr>
<tr>
<td>Q₂</td>
<td>5.831</td>
<td>2.565</td>
<td>-.188</td>
<td>ns</td>
</tr>
<tr>
<td>Q₃</td>
<td>6.560</td>
<td>2.070</td>
<td>-.149</td>
<td>ns</td>
</tr>
<tr>
<td>Q₄</td>
<td>4.729</td>
<td>2.413</td>
<td>.275</td>
<td>.05</td>
</tr>
</tbody>
</table>

*Number of subjects = 59.

From Table III it can be seen that five items, C, L, and O, were significant at the 1 per cent level of confidence, and Q₁ and Q₂ were significant at the 5 per cent level of confidence. Since the other eleven items were not significant, the null hypothesis was accepted.
The possibility that while some items would correlate highly with the pathology score others would correlate negatively, thus creating a balancing effect, which would obscure systematic distortions, was considered. To check this possibility, correlations were computed between the individual discrepancy scores and the pathology scores. These data are presented in Table IV. The value of these relationships as a further refinement of the results will be treated in the following discussion of the data.

**TABLE IV**

**CORRELATIONS OF DISCREPANCY SCORES ON EACH ITEM WITH THE PATHOLOGY SCORES**

<table>
<thead>
<tr>
<th>Item</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Correlation</th>
<th>Level of Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2.780</td>
<td>1.923</td>
<td>.093</td>
<td>ns</td>
</tr>
<tr>
<td>B</td>
<td>1.915</td>
<td>1.608</td>
<td>.036</td>
<td>ns</td>
</tr>
<tr>
<td>C</td>
<td>2.644</td>
<td>1.783</td>
<td>.042</td>
<td>ns</td>
</tr>
<tr>
<td>E</td>
<td>2.136</td>
<td>1.336</td>
<td>-.034</td>
<td>ns</td>
</tr>
<tr>
<td>F</td>
<td>1.892</td>
<td>1.411</td>
<td>.027</td>
<td>ns</td>
</tr>
<tr>
<td>G</td>
<td>2.644</td>
<td>2.105</td>
<td>.250</td>
<td>.05</td>
</tr>
<tr>
<td>H</td>
<td>2.102</td>
<td>1.664</td>
<td>-.060</td>
<td>ns</td>
</tr>
<tr>
<td>I</td>
<td>2.724</td>
<td>2.246</td>
<td>.137</td>
<td>ns</td>
</tr>
<tr>
<td>L</td>
<td>2.102</td>
<td>1.963</td>
<td>.101</td>
<td>ns</td>
</tr>
<tr>
<td>M</td>
<td>2.695</td>
<td>1.862</td>
<td>.150</td>
<td>ns</td>
</tr>
<tr>
<td>N</td>
<td>2.424</td>
<td>1.843</td>
<td>.128</td>
<td>ns</td>
</tr>
<tr>
<td>O</td>
<td>2.119</td>
<td>1.776</td>
<td>.093</td>
<td>ns</td>
</tr>
<tr>
<td>Q1</td>
<td>2.542</td>
<td>1.754</td>
<td>-.073</td>
<td>ns</td>
</tr>
<tr>
<td>Q2</td>
<td>2.536</td>
<td>1.866</td>
<td>-.126</td>
<td>ns</td>
</tr>
<tr>
<td>Q3</td>
<td>2.119</td>
<td>1.668</td>
<td>.010</td>
<td>ns</td>
</tr>
<tr>
<td>Q4</td>
<td>2.407</td>
<td>1.923</td>
<td>.234</td>
<td>ns</td>
</tr>
</tbody>
</table>

*Number of subjects = 59.
Discussion of Data

Many theorists feel that perception is a function of the total organism rather than a reaction to a simple external stimulus (1, 2, 5, 8). They feel that the perceptions of the organism are governed by its needs (5, p. 365). This is not only true in the perception of objects and of others, but in the perception of self as well (7, pp. 314-315). Since these needs govern perception, the individual defends himself against threatening perceptions of the self (5, p. 529). The defenses that the individual uses are to protect this self-image (3, p. 380). It has been suggested that the type of distortions as well as the total amount of distortion in the self-perception is a criterion of adjustment (1, 7).

The present research was designed to test this theoretical position. The results generally seem to agree with this position and with other studies that have been conducted in this area.

Table II indicates that in the group studied the degree of distortion in the self-perception does increase as the level of maladjustment increases. This finding supports Perry's (6) findings that the better adjusted individual can admit his weaknesses. Apparently, the better adjusted individuals were aware of their weaknesses but were able to cope with them without falling back on perceptual defenses.

From Table III it can be seen that the tendency to rate one's self in a given way on certain items was significantly related to maladjustment. On the other items, the more maladjusted individuals
did not rate themselves in a way that was significantly different from the rest of the population. Significant correlations were obtained for five items. Item C was the most significant correlation; since it was negative, it means that the maladjusted individuals tend to see themselves as emotional. Next most significant was item L, which means that the more maladjusted subjects saw themselves as suspecting. The next most significant correlation was item O, which means that they saw themselves as insecure.

The above items were significant at greater than the 1 per cent level of confidence. Two more factors were significant at the 5 per cent level of confidence. First was item H. Since it was negative, it means that they saw themselves as shy. The other item was Q4, which means they saw themselves as excitable.

The criteria for determining maladjustment on the Sixteen Personality Factor Questionnaire were scores in the fourth sten or below on factors C and F and scores in the seventh sten or higher on factors O and Q4. Since three of the four criteria correlate significantly and in the same direction with the self-rating scale, apparently the maladjusted individual in the sample population was reasonably aware of the areas of difficulty in his adjustment.

The items that correlate highly with maladjustment may be similar to Bruner's concept of "Adjustment Critical Hypothesis" (1, p. 143). Since some of the items (C, O, and Q4) bear strongly on adjustment and since when rating themselves the subjects could see what was being measured (see self-rating scale in the Appendix), it is possible that they are simply realistic perceptions.
To investigate the areas of distortion, the correlations reported in Table IV were computed. Item G, which ranges from casual to conscientious, was significant at the 5 per cent level of confidence.

The results on the self-rating scale indicate that a definite pattern of self-perceptions is related to maladjustment. Since no similar pattern appears among the discrepancy scores, however, it appears that the relationship between the self-perceptions and the real personality is molded by the needs of the individual. This bears out Murphy's contention that each person lives in a "private world" (5, p. 332).

The one significant discrepancy (G) indicates that the maladjusted individual is not aware of the amount of energy he has available to carry through tasks. This particular distortion is thus related to unrealistic strivings. Some schools of psychotherapy consider the undoing of these unrealistic perceptions and the expectancies attached to them as the goal of treatment (8, 9).

Since a forced-choice technique was used, which made it necessary for a subject to rate one, but only one, item as one, two, three, eight, nine, and ten, a certain amount of distortion may be introduced into the self-concept rating. As a consequence, the correlational indices may be depressed. It is possible that under different instructions some subjects would have realistically rated more than one factor at one of the extreme positions or that no rating would have fallen outside the four to seven range.
CHAPTER BIBLIOGRAPHY


CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was devised to explore further the relationships between maladjustment and distortion of the individual's self-perception. This was done by employing a design somewhat different from other studies in the area. Two hypotheses were investigated:

Hypothesis I: The total degree of maladjustment will be significantly related in a positive direction to the amount of distortion in the perception of the self.

Hypothesis II: The perceptions that a person has of himself are not equally critical to his adjustment. Some of these perceptions will be much more significantly related to adjustment than others.

The population utilized in this investigation was composed of fifty-nine university students enrolled in three sophomore social-psychology classes. The Sixteen Personality Factor Questionnaire was administered to this group and considered as a measure of real personality. An index of maladjustment, the pathology score, was derived from the Sixteen Personality Factor Questionnaire.
The subjects were then given a self-rating scale that had been constructed from the descriptions of the traits measured on the Sixteen Personality Factor Questionnaire. This gave a measure of their self-perception as related to their real personality. Then the discrepancies between each factor on the Sixteen Personality Factor Questionnaire and the self-rating scale were computed, disregarding the signs. The discrepancy scores were then added to derive a total discrepancy score.

The total discrepancy scores were correlated with the pathology scores. Then the scores on the self-rating scale were correlated with the pathology scores, and finally the discrepancy scores were correlated with the pathology score.

Conclusions

It was found that the total degree of maladjustment was significantly correlated with the amount of distortion in the self-perception. Five of the items on the self-rating scale were significantly correlated with maladjustment. Of the discrepancy scores, only one was significantly correlated with maladjustment.

From these results, it was concluded that distortion of self-perception and maladjustment are related and that some self-perceptions are more related to maladjustment than others. The areas in which the individual distorts his self-perception are not systematically related to maladjustment, however, and these distortions are governed by his personal needs.
Recommendations

Several problems in this area need investigation. The difference between the self-perceptions and distortions of men and women is one problem. A future study could also utilize a population which included subjects of known psychopathology.

Probably the most effective use of this study would be to repeat it, using different measures. Judges and another test or tests could rate personality and maladjustment. When compared with a different self-rating scale, such a study could open new lines of inquiry into the self-perceptions associated with good and bad adjustment.
APPENDIX

Self-Rating Scale

1. This characteristic ranges from the very warm, sociable person at one extreme to the very aloof, stiff person at the other.
   Aloof /1/2/3/4/5/6/7/8/9/10/ Warm

2. This characteristic ranges from the very bright person at one extreme to the very dull person at the other.
   Dull /1/2/3/4/5/6/7/8/9/10/ Bright

3. This characteristic ranges from the very mature, calm person at one extreme to the very emotional, immature and unstable at the other.
   Emotional /1/2/3/4/5/6/7/8/9/10/ Calm

4. This characteristic ranges from the very aggressive, competitive person at one extreme to the very mild, submissive person at the other.
   Mild /1/2/3/4/5/6/7/8/9/10/ Aggressive

5. This characteristic ranges from the very enthusiastic, happy-go-lucky person at one extreme to the very glum, sober and serious person at the other.
   Serious /1/2/3/4/5/6/7/8/9/10/ Happy-go-lucky

6. This characteristic ranges from the very conscientious, persistent person at one extreme to the very casual and undependable person at the other.
   Casual /1/2/3/4/5/6/7/8/9/10/ Conscientious
7. This characteristic ranges from the very adventurous, thick-skinned person at one extreme to the very shy, timid person on the other.

Shy /1/2/3/4/5/6/7/8/9/10/ Adventurous

8. This characteristic ranges from the very sensitive, effeminate person at one extreme to the very tough, realistic person on the other.

Sensitive /1/2/3/4/5/6/7/8/9/10/ Tough

9. This characteristic ranges from the very suspecting, jealous person at one extreme to the very accepting, adaptable person at the other.

Accepting /1/2/3/4/5/6/7/8/9/10/ Suspecting

10. This characteristic ranges from the very Bohemian, introverted, absent-minded person to the very practical, concerned-with-facts person at the other extreme.

Practical /1/2/3/4/5/6/7/8/9/10/ Bohemian

11. This characteristic ranges from the very sophisticated, polished person at one extreme to the very simple, unpretentious person at the other.

Unpretentious /1/2/3/4/5/6/7/8/9/10/ Sophisticated

12. This characteristic ranges from the very timid, insecure person at one extreme to the very confident, self-secure person at the other.

Self-secure /1/2/3/4/5/6/7/8/9/10/ Insecure

13. This characteristic ranges from the very radical person at one extreme to the very conservative person at the other.

Conservative /1/2/3/4/5/6/7/8/9/10/ Radical
14. This characteristic ranges from the very self-sufficient, resourceful person at one extreme to the very sociable, group-dependent person at the other.

Sociable, group-dependent /1/2/3/4/5/6/7/8/9/10/ Self-sufficient

15. This characteristic ranges from the person of very controlled, exacting will power to the very uncontrolled, lax person.

Uncontrolled /1/2/3/4/5/6/7/8/9/10/ Controlled

16. This characteristic ranges from the tense, excitable person at one extreme to the very phlegmatic, composed person at the other extreme.

Composed /1/2/3/4/5/6/7/8/9/10/ Excitable
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