CHAPTER II

REVIEW OF LITERATURE

The psychological literature in the area of self concept is voluminous and may be examined in terms of the different theories pertaining to its conceptualization, the methods of measurement used in indexing it as well as in respect to the various empirical studies avowedly examining some aspect of its theoretical structure; Since the present study is rather well demarcated and limited in scope, this chapter endeavours to highlight a few of the salient efforts of clinicians and/or researchers in accordance with the chief aims of this investigation. However, to begin with an attempt will be made to provide an overall view of the development of the construct of self in a broad historical framework. The purpose here being to highlight its theoretical diversity and richness rather than a full-fledged presentation of each and every theory that has evolved within the mainstream of psychological theorizing or thereof.
(a) **Evolution of the concept of self in Psychology**

Since antiquity the concept of self has been the focus of considerable speculation in the philosophy of consciousness. Both western and eastern philosophies accorded it an important status. However, most pre-twentieth century discussion of self was embedded in a morass of philosophy and religious dogma, and it is only in the past few decades, comparatively, that it has been the object of vigorous systematic formulation and contemporary empirical research in attempts to explain various aspects of human behavior (e.g., Lowe, 1961; Gordon & Gergen, 1968; Gergen, 1971; Epstein, 1973; Kaplan, 1976; Wylie, 1961, 1968, 1974, 1979; Fitts, 1971, iii, 1972, iv, Shrauger & Schoeneman, 1979).

This resurgent interest in the concept of self was caused by a retreat from the hard-line behavioristic position in the late 1930's, which in turn, was due to several converging developments important among them being the introduction of the hypothetical construct of the intervening variable that interpolates itself between stimulus and response by Hull and Tolman, and the rise of humanistic - existential philosophy and psychology. This, coupled with the pervasive influence of the writings of earlier psychologists and sociologists served as an impetus for a great deal of theorizing on the self, thereby, resulting in diverse approaches eg., Symbolic Interaction, Freudian and Neo Freudian,
Phenomenological and Humanistic, Cognitive and Neo Behavioristic and Existential approaches.

Briefly, tracing the development of the concept of self within the mainstream of psychological theorizing, James (1890) can be considered as the first psychologist to elaborate on this subject systematically. He described the infant without self at birth and suggested that the self develops to become the sum total of 'I', the knower it experiences, and 'me' the self that is known or experience. James, apparently, viewed the self as having unity as well as being differentiated, and as being intimately associated with emotions as mediated through self esteem. His contribution to theorizing about the self concept cannot be overestimated. He gave it deeper coverage than any of his predecessors, and his writings mark the change between older and newer ways of thinking about it.

Cooley (1902 cited in Gordon and Gergen, 1968) in considering the meanings of 'I' described a social self since labelled the "Looking Glass Self". Cooley's basic premise was that the self imagines a perception of itself in the mind of another and this affects behavior. Later, Mead (1934) described the features of self conception from the stance of a social interactionist. He departed from the single notion of self as experienced and placed the emphasis on social interaction as an integral part of the development of the self concept. Cooley and
Mead provided the basic ideas for the approach called symbolic interactionism. Goffman (1959, 1967) offers an extension of symbolic interactionism into a dramaturgical metaphor, claiming that the individual puts on a 'show' for others by managing the impression he gives others about himself. In addition, Passon (1968), Turner (1968), Gordon (1968) - to name a few - further highlight and contribute to the sociological influence on a conceptualization of the self.

Kinch (1963) has summarized and systematized symbolic interactionist self theory by noting that it basically involves an interrelation of four components; our self concept, our perception of others attitudes and responses to us, the actual attitudes and responses of others to us, and our behaviour.

In recent years, self theories have been proposed that do not insist on the primacy of social others as sources of information about the self. Bem (1967, 1972) has asserted that self-perception is a special case of person perception. Jones and Nisbett (1971) have qualified Bem's analysis somewhat by proposing differences in inference (attribution) processes for self relevant vs. other relevant information (referred to as the actor-observer distinction by attribution theorists). Duval and Wicklund's (1972) objective self-awareness theory also emphasizes the potential of the individual
for active self-appraisal. The assumption of symbolic interactionism that self awareness is dependent on the imagination of another's view is minimized. More recently, Franks and Marolla (1976) have summarized the views of various writers expressing dissatisfaction with a model of self esteem which gives pre-emptory emphasis to the approval of others as its only source and conclude from these writings that feedback from one's own actions on an impersonal environment must be viewed as an analytically distinct dimension of self esteem. They argue for an outer and an inner dimension to self esteem that nevertheless can be seen as belonging inside a sociological frame of reference. Earlier to this it needs to be mentioned, Brisset, (1972) had made a similar point. Self-esteem is conceived by him as encompassing two psychological processes, namely, the process of self evaluation and the process of self worth.

Considering the influence of the psychoanalytic school it is interesting to note that Freud played a leading (if unintentional) role in preserving the concept of ego from total obliteration through out two generations of strenuous positivism. Though the term ego had stringently limited meanings for Freud it was easier for dynamically inclined psychologists including the Neo-Freudians, to enlarge the properties of the ego, making it a far more active and important
agent than it was in the hands of Freud (e.g., Jung, 1960, for eg. refers to self as an archetype; Adler, 1927 to 'fictitional goals' and 'life styles'; Horney, 1942; to actual self-image; idealized self-image and despised self-image; Sullivan, 1953, to personifications—'good me' and 'bad me'.)

In the 1940's and 1950's the indiscriminate use of the somewhat parallel concepts of ego and self caused considerable controversy. Recently, Hall and Lindzey (1970) remark in their survey of self theory that "one could wish that it were possible to establish by fiat standard definitions of the self and ego and make it illegal to use them, in any other way" (Hall and Lindzey, 1970; p 523). Allport (1955) preferred the term proprium to self and proposed that it consists of those aspects of the individual which he regards as of central importance, and which contribute to a sense of inward unity. Chein (1944) Bertocci (1945) Sherif and Cantril (1947) further contributed to the conceptualization of the ego and self though this was not interpreted uniformly by them. For example, Sherif and Cantril present a developmental picture of the self giving clear evidence of the developing awareness of status that occurs in social interaction. They tended to use ego not in terms of psychoanalytic theory but as the object self and a motivating force which energises and directs behavior.
Of the Neo Freudian's, perhaps only Erickson really paid much attention to the self as object. He generated an eight stage developmental sequency of identity growth and defines identity as a 'subjective sense of an invigorating sameness and continuity' (Erickson, 1968, p 19). Recently Loevinger (1966) has proposed an ego development as referring to the framework of meaning which one subsequently imposes on experience' (Hauser, 1976, p 930). Mention is also to be made of Kohut (1971) who has formulated a comprehensive self-theory within the psychoanalytic frame work and whose contribution appears to be decisive. For him the self is not only a content of the ego......, but it is also the organising center of the personality.

Though the aforementioned approaches to the self concept have contributed richly to its conceptualization, it is perhaps the phenomenological - humanistic school that has played a pivotal role in the theorizing and empirical study of this construct. They have added new dimensions to it which are relevant in terms of both pathology as well as positive mental health. Diggory, (1966) commenting on the different self theories feels that the most productive group of research have been those who deal with the self concept phenomenologically.
Lewin (1936) can be viewed as the precursor of this approach and he prepared the ground for a phenomenal approach to the self-concept by Rainey (1948). Later, Snygg and Combs (1949) whose ideas have much in common with Lecky (1945) defined the self-concept as 'those parts of the phenomenal field which the individual has differentiated as definite and fairly stable characteristics of himself' (1949, p 112). They viewed the self-concept as the nucleus of a broader organization which contains incidental and changeable as well as stable personality characteristics.

However, the credit goes to Rogers (1951) for much of the present state and formulation of self-concept theory (Burns, 1978). He defined the self as:

"an organized, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the 'I' or the 'me', together with values attached to these concepts" (Rogers, 1951, p 498).

He stated that the self-concept includes only those characteristics of the individual that he is aware and over which he believes he exercises control. Further, Rogers stresses growth motives and holds that the one basic tendency and striving of the organism is to actualize, maintain and enhance the experiencing organism. The 'fully functioning person' for Rogers, is one whose:
Self experiences are accurately symbolized, and are included in the self concept in this accurately symbolized form, then the state is one of congruence of self with experience. If this were completely true of all self experiences, the individual would be a fully functioning person" (Rogers, 1959, p 206).

Maslow (1954, 1970) is often regarded as the leader of a 'third force' in psychology - the alternative to both behaviorism and psychoanalysis. He gave the concept of positive mental health tremendous appeal and momentum, and broadened the connotations to the construct of self and thereby, its study. Maslow (1934) in his concern for the whole individual has proposed a hierarchical model of needs from the most potent to the least potent. In general, according to Maslow, need deprivation leads to sickness and need gratification to health and the 'self actualizer' is one whose deficiency needs have been adequately met and whose life is governed largely by B-value, i.e., those associated with growth or being needs. In this formulation self concept or self attributions are linked and tend to change/evolve according to level of growth. Maslow has discerned some basic personality characteristics that distinguish self actualizing persons from 'ordinary mortals'.

Shostrom (1966) has endeavoured to measure self actualization as proposed by Maslow. Shostrom and Brammer propose that the self is a construct rooted in Gestalt and phenomenological psychology and is
typically defined as the individuals dynamic organization of concepts, values, goals and ideals which determine the ways in which the person should behave (Brammer and Shostron, 1968). Shostron notes that the concept of self is a learned attribute. The various terms that are used to define the self concept - all reflect what the individuals speak of as 'I' or 'me'. The main sources of these personal evaluations are direct experiences and the values and concepts of parents and important 'others' which are incorporated as directly experienced (Shostron & Knapp and Knapp, 1976).

Coan (1974, 1977c) has given a new slant to the conceptualization of the optimal personality. He has criticized past approaches to this subject on methodological grounds and in contrast to the theories of Rogers and Maslow, has proposed that optimal personality is better construed in multidimensional terms. The most general dimensions and modes to human fulfilment proposed by him are efficiency, creativity, inner harmony, relatedness and transcendence. These are stated to be relatively independent to one another and by virtue of this it is quite possible to attain a high level of fulfilment or self actualization within one of these modes without doing anything unusual with respect to some of the others (Coan, 1977c) In this model high self esteem need not be a pervasive
concomitant of 'human fulfilment' or a necessary feature of the 'optimal personality'.

Quite different to Coan's view is that of Fitts (1971,iii) who, apparently, presents a relatively narrower approach to the study of personality but nevertheless a systematic and operational one in terms of the self concept - the theoretical underpinnings of which draw generously from earlier self psychologists like Rogers, Lecky, Snygg and Combs. For Fitts, the self concept summarizes all that an individual is and serves as a supramoderator of his functioning and an index of his level of self-actualization. He has proposed a multi-dimensional theory of the self concept that is operationalized and measured on the Tennessee Self Concept Scale (TSCS). On the whole Fitts appears to be one of the foremost self psychologists who has endeavoured to meticulously hypothesize (incorporating both adaptive and growth models) and empirically study the theoretical formulations as proposed by him.

Jourard and Landsman (1980) within a humanistic frame work refer to the self structure as 'one's sense of identity of who one is' (1980, p 208). They observe that persons act as the persons they wish others to believe they are and if their public selves are radically different from their self concepts and their
real selves, the person will become increasingly self alienated. Jourard and Landsman stress authentic being and authentic self disclosure as important factors in the attainment of a healthy personality.

Existential writers like Bugental (1952, 1978) May, (1961) and Laing (1965, 1969) have stressed the uniqueness and totality of the individual human being and on experience per se. They have accorded the concept of self a unique place in their writings. For example, Laing in the 'Divided Self' (1965) treats disturbances in the experience of identity in terms of ontological insecurity, the unembodied self, and the false self-system.

Bugental (1952, 1978) makes a distinction between identity and self and believes that they point to quite importantly different aspects of being. The 'me' and 'self' are viewed as objects. The self 'is the distillation of one's past experiences of one's own being and of conscious and unconscious hopes and fears for one's own being now and in the future' (Bugental, 1978, p 132). This is synonymous with the self concept as used for instance by Raimy (1948). On the other hand the 'I' is a process, it:

'is a term to designate the subject of one's being, the beingness of a human life.... which is expressed through the person's acting, speaking, and so on' (Bugental, 1978, p 133).
In the psychotherapeutic model proposed by Bugental self and identity are important foci in terms of both 'self-renewal' therapy as well 'growth' (evocative) therapy.

Turning to other orientations there are a few theorists who emphasize to a relatively greater extent the cognitive overlay in self concepts. One of the earliest to incorporate this approach is Sarbin (1952) who noted that behavior is organized around cognitive structures and one such important structure is the self. Gergen (1971) has conceptualized the self concept in terms of a 'socio-cognitive' model, and argues that the notion of self can be defined first as process and then as structure. Epstein (1973) presents a 'Self theory' which attempts to incorporate phenomenological views on the self concept within an objective frame work to explain behavior. Following in the cognitive line, there is also an incipient development of a body of data in which 'self' is demonstrated to be an organizing principle in human information processing (eg: Cantor and Mischel, 1977; Markus, 1977; Rogers and Kuiper and Kirker, 1977). In this context, Rogers (1977) proposes that the self is a cognitive structure and it functions like a prototype. Recently, Greenwald (1980) introduced the concept of the 'Totalitarian Ego' and argues that ego or self, is an organization of knowledge. It is seen as characterized by cognitive biases analogous to totalitarian information-control strategies and
these totalitarian ego biases function to preserve organization in cognitive structures and support effective functioning.

It is interesting to note that other theorists who cannot be strictly identified as self theorists have also employed/converged on the self concept and taken cognizance of it - albeit, using different terminology. For example, Ellis (1974) speaks of 'irrational beliefs', Bandura (1977, 1978) of 'self efficacy' Beck (1963, 1967) of 'stylistic patterns of thinking', Meichenbaum (1969, 1975) of self-speech, which serve to further underscore the centrality of this concept. Even critics of a personality approach to understanding social behavior (eg: Mischel, 1968) suggest that one's choice of role and situations reflects in large part of one's idiosyncratic skills, beliefs and self perceptions.

Lately, there have been several attempts to test and construct a model of the self concept using multivariate statistical techniques (eg: Fleming and Watts, 1980; Marx and Winne, 1978, 1980; Strang, Smith and Rogers, 1978; Winne, Marx and Taykir, 1977). In this context, the hierarchical model of self concept proposed by Shavelson, Hubner and Stanton (1976) has received a great deal of attention.

A brief, though by no means exhaustive survey of the major influences on self concept theory in a...
historical frame work has just been attempted. A survey of the literature indicates that the different extant theories on self concept are still divided on major issues (Gordon and Gerger, 1968; Gergen, 1971; Wright, 1977). Further, Goldstein and Doller (1978) point out that if self concept theory is to prove its utility and robustness it should take into account interactive relationships towards which personality theory in general is moving into. In another vein, Smith points out that 'selfhood is better evoked by a succession of disparate perspectives than by any forced synthesis' (Smith, 1978, p 1060). A common element in all these theories is the proposition that self concept is an important determiner of behavior and consequently its comprehension and prediction. However, as Vallacher, Wegner and Hoine (1980) observe there are certain boundaries to the operation of the self, and that these boundaries restrict the range of behaviors and problems to which self theories can be applied.

'.....the self system should be seen as one that is superimposed on the biological, physiological, and genetic causes of behavior. The self is developed in human beings as an extension of these foundations, and hence must function within the limits of the human organism, operating along certain themes that are inchangeable through self processes. (Vallacher, Wegner and Hoine, 1980, p 263).

Nevertheless these authors conclude that when all is said and done self theory remains uniquely and specially qualified to explain the social psychology of human being.
As a next step the available literature was scrutinized with respect to the tests that have been employed by clinicians and researchers to examine the self concept.

The measuring tools used to index the self concept are varied. These range from the self report technique, to check-lists, and Q sorts, unstructured and free response methods and projective techniques. Interviews also have been used to study the self concept, the most striking example being the client-centred approach of Rogers with its open-ended encounter. Lately, quite different methods of indexing self esteem have been developed. For example, Zeetner and Weight (1979) have attempted to study the pupillometric response as a parameter of self esteem. Greeson (1981) developed a psycholinguistic index to assess self esteem in the counseling session. However, this is relatively still in its infancy. Also, a phenomenological use of photographs has been developed by Ziller and his associates (Ziller and Smith, unlisted cited in Combs and Ziller, 1977).

Table 1 below highlights some of the major tests commonly used in self concept research. Some of these are used to index mainly global self regard whereas others intend to measure self concepts regarding more specific dimensions and/or global self regard.
TABLE 1

Showing some of the major extant self concept measures

<table>
<thead>
<tr>
<th>Name of the test</th>
<th>Author(s)</th>
<th>Year</th>
</tr>
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<tbody>
<tr>
<td>Butler &amp; Haigh Q set</td>
<td>Butler &amp; Haigh</td>
<td>1954</td>
</tr>
<tr>
<td>Hilden Q set</td>
<td>Hilder</td>
<td>1958</td>
</tr>
<tr>
<td>Index of adjustment and values adult Form (IAV)</td>
<td>Bills, Vance &amp;</td>
<td>1951</td>
</tr>
<tr>
<td>McLean</td>
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<tr>
<td>Self Activity Inventory (SAI)</td>
<td>Worcel</td>
<td>1957</td>
</tr>
<tr>
<td>Self Esteem Inventory (SEI)</td>
<td>Coopersmith</td>
<td>1967</td>
</tr>
<tr>
<td>Piers-Harris Children's Self Concept Scale (PH)</td>
<td>Piers &amp; Harris</td>
<td>1964</td>
</tr>
<tr>
<td>Rosenberg's Self Esteem Scale (RSE)</td>
<td>Rosenberg</td>
<td>1965</td>
</tr>
<tr>
<td>Social Self Esteem Scale (SSE)</td>
<td>Long Henderson &amp;</td>
<td>1970</td>
</tr>
<tr>
<td>Ziller</td>
<td></td>
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</tr>
<tr>
<td>Adjective Check List (ACL)</td>
<td>Gough &amp; Heilbrun</td>
<td>1965</td>
</tr>
<tr>
<td>Interpersonal Check List (ICL)</td>
<td>Laforge &amp;Suczek</td>
<td>1955</td>
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<tr>
<td>Semantic Differential (SD)</td>
<td>Osgood, Suci &amp;</td>
<td>1957</td>
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<tr>
<td>Tannenbaum</td>
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<tr>
<td>Tennessee Self Concept Scale (TSCS)</td>
<td>Fitts</td>
<td>1965</td>
</tr>
<tr>
<td>Body Cathexis Scale (BC)</td>
<td>Secord &amp; Jourard</td>
<td>1953</td>
</tr>
<tr>
<td>Jourard &amp; Secord</td>
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<tr>
<td>Who Are You? (WAY)</td>
<td>Buental &amp; Zelen</td>
<td>1950</td>
</tr>
<tr>
<td>Twenty Sentences Test (TST)</td>
<td>Kuhn &amp; McPartland</td>
<td>1954</td>
</tr>
</tbody>
</table>

As is evident from the foregoing table the research investigator has access to a variety of self concept tools from which to make a choice depending on the purpose of his/her study in hand. The considerations.
guiding the choice of a particular test in this research is taken up in the next chapter.

(b) Studies on Self Concept in Psychiatric Patients

The ensuing pages pertain to the major empirical studies relating to self concept and maladjustment (psychiatric patients). The literature bearing on this aspect is quite extensive and hence a few guidelines were adopted so as to facilitate a focused review in relation to the present investigation. Consequently, only such studies were included that:

1. has as their avowed purpose the aim to index some aspect of the self concept.

2. Studies which attempted to index the unconscious self concept were excluded due not only to the methodological ambiguities (Wylie, 1974) in which such measures are still enshrouded but also because the focus of the present investigation is on the role of conscious self concept in behavior.

3. Studies on only normal samples are not considered in view that many of the investigations pertaining to the maladjusted utilize a sample of normal control population.

It is hoped that in spite of the stringencies imposed on this review it will, nevertheless, serve the purpose of bringing out the role of self concept in
maladaptive behavior (particularly in the neuroses and psychoses) on the basis of diverse measuring tools and theoretical approaches.

In one of the earlier studies on the self, Sarbin and Rosenberg (1955) within a role taking theory framework found that neurotic students as compared to normal students used adjectives to characterize the self as confused, anxious, and insecure. In contrast, the normal control group used adjectives characterizing the self as warm, interpersonal, social, intellectual and rational. In addition, their study indicated that the neurotics were more self-critical than the normals.

Chodorkoff (1954) concludes on the basis of his study pertaining to the relationship between self concept and personal adjustment that the most adequately adjusted subjects showed the highest correspondence between perceived and ideal self. On the contrary, the least adequately adjusted subjects did not show the least correspondence. The results indicated a significant curvilinear relationship between adjustment and degree of correspondence between the individual's perceived and Ideal Self.

Zuckerman and Monashkin (1957) conducted a study to see if the relationship between self acceptance and MMPI scales found in college students could be replicated in patients and whether these relationships were
due to a real relationship between self acceptance and adjustment. The subjects in their study were 43 psychiatric patients. Results indicated a significant negative relationship between self acceptance, F, Hs, D, Pa, Pt, Sc, and 'g' scales of the MMPI. A significant positive relationship was found between self-acceptance and the K scale. Most of these relationships replicated the results found in college students. Based on a profile analysis the authors observe that these results need to be interpreted in the light of the influence of personal and social desirability on MMPI items, and different modes of handling problems in low and high self acceptors.

Hillson and Worchel (1957) predicted certain hypotheses based on self theory and Adlerian theory. They used a self-rating inventory on a group of 47 normals, 37 neurotics and 36 schizophrenics. Their results showed that the neurotic group gave significantly poorer self-appraisals than the other two groups. However, the normals and schizophrenics gave practically similar self-appraisals. On the ideal, the neurotic was not significantly different from the normals but the schizophrenics set their level significantly lower than that of the normals. On the corrected self-other discrepancy, the normals differed significantly from the two maladjusted groups in that the normals tended to enhance themselves while the maladjusted group tended to depreciate themselves when the effect of the self-ratings
was partialled out. The authors also found that when the effect of the self rating is partialled out, the self-ideal discrepancy for the neurotics is significantly greater than that of the normals and schizophrenics. No differences were noted for the schizophrenics and normals.

et al., McPartland (1961) concludes that self conception as reported in writing to the question 'Who Am I' were related to different levels of ward behavior and to the occurrence of grossly disturbed actions as well.

Downing and Rickels (1965) study on 58 patients from a university psychiatric clinic, 62 patients from the psychiatric clinic of a large city hospital, and a group of 64 patients from the medical clinic of a city hospital whose vague multiple somatic complaints were judged to be functional in origin differed from each other in a number of aspects of their self evaluative behavior as reflected in the Q sort responses. The sharpest contrasts emerged between the university psychiatric clinic and the medical clinic in that the former group produced lower, more variable actual-self scores and higher, less variable ideal-self scores than medical clinic patients. Indexes reflective of the self evaluative behavior of the psychiatric clinic fall between those of the university psychiatric clinic and the medical clinic. These differences were explained in terms of defensive orientation to a number of demographic variables.
Manasse (1965) examined the hypothesis that self regard would be related to the degree to which a person is able to meet the demands and expectations of his social setting on two groups of chronic schizophrenics. One group was hospitalized and the other attending a day treatment center. A sort procedure was used to obtain a measure of self regard. They found that the hospitalized group had higher self regard than the non hospitalized group. This study draws attention to the importance of situational variability in the development and maintenance of self regard.

Gullor (1966) concludes on the basis of his study that schizophrenics appear to have a self concept disorder component which manifests itself through inconsistent self descriptions.

Ziller and Ossmon (1967) hypothesized that individuals with personality disorders in comparison with normals have acquired self-social constructs which reflect greater power orientation and self centrality but lower self esteem, identification, and social interest. The hypothesis emerged from a self social construct theory of personality and were tested by means of a topological measurement technique with limited verbal demands. The sample consisted of 90 acute neuropsychiatric patients and 87 normal controls. The potentially confounding effects of age among adult hospitalized neuropsychiatric
patients was separated in the analysis. Results supported the hypotheses with regard to self esteem, self centrality, social interest, and identification with others. Results with regard to age supported the disengagement hypothesis within the self-social construct frame work.

Vingoe (1968) within the frame work of Roger's self theory found that neurotics were less self-aware and self-acceptant than normals, although the former only approached significance. In addition they found that introverts were significantly less self acceptant than extraverts but there were no significant differences in introverts and extraverts in self-awareness.

Moudgil (1968) found that the schizophrenics and normals who were controlled for age and education did not differ with regard to their self perception in terms of 'ascribed' and 'achieved' roles on W.A.Y and Eves dropping test. However, actual and the ideal-self discrepancy was present for perception of self and their parents.

Kaplan and Pokorny (1969) hypothesized that self-derogatory attitudes would be related to reports of psychophysiological manifestations of anxiety, depressive affect, and utilization of psychiatric and other medical helping resources during the year preceding the interview of the subject (N=500). In all instances, the authors note that the hypotheses were confirmed
and suggest 'the possible utility of an explanatory model based on the concept of negative self-attitudes as a general theory of psychosocial deviance (Kaplan and Pokorny, 1969, p 421).

Martin (1969) administered a Q sort to four groups of subjects (neurotic adolescents, normal adolescents, neurotic adults and normal adults). They were asked to describe themselves as they saw themselves in three different situations - self in general, self with family and self with friends. Results indicated a tendency for the adolescent neurotics to describe themselves inconsistently which was not found in adolescents or neurotics in general. The authors discussed these results in relation with adolescence as a time of 'identity crisis' and with previously reported findings that neurotics tend to have inconsistent self concepts.

Spiegel (1970) observes on the basis of his study that one characteristic of the more severely ill patient may be distortion of his self-image in a favourable direction, whereas the more healthy patients self-perception is fairly congruent with the perception of other persons - 'with perhaps a slight tendency to underestimate his own degree of health' (Spiegel, 1970, p 276).

The relationship between adjustment and self acceptance was explored by Botkawar (1970) in neurotics
adjusted normals and maladjusted normals using adjective sorting test. His findings indicate a significant positive correlation between adjustment and self acceptance.

Plutchick, Platman and Fieve (1970) studied 14 manic-depressive patients, 16 staff and 52 college students who described their normal self, their ideal-self and their least liked self in terms of certain personality traits. One of the results was that the groups differed more in their descriptions of their normal selves than in the description of their ideal or least liked selves. The depressive profile was found to be more socially undesirable than the manic one.

Miskimins and Braucht (1971) using the Miskimins self goal - other discrepancy scale (MSGO) on 346 patients successfully discriminated certain psychodiagnostic categories which heretofore were found to be unidentifiable on the basis of self-ideal self discrepancy scores.

Melges, Anderson, Kraemer, Tinklenberg and Weisz (1971) found that a person's self-esteem was found to be significantly related to how he views his own future. Their study sample consisted of 30 normals and 20 psychiatric patients who had diverse diagnoses. In addition six acutely ill neuropsychiatric patients were studied intensely over time. The results indicated that the process of change in self esteem is dynamically related to changes in future outlook, thereby suggesting that low
self-esteem may be treated by influencing attitudes forward the personal future.

Employing a configurational analysis technique Geertsma and Reivich (1972) found that a balanced inter-object distance configuration was evidenced for the schizophrenic group, an unbalanced configuration centering around the self was found for the depressive reaction and mixed neurosis group, and an unbalanced ideal centered configuration for the character disorder group. On second testing, the authors found that all configurations became more compact.

Mojdehi (1973) utilizing the Semantic differential technique on three samples of out-patients, inpatients and professional staff members found that patients with first admissions had a significantly higher self concept than patients admitted for the second or more times, the self concept of the normal groups was significantly higher than that of mental patients, the self concept of mental patients was significantly less stable over a period of 4 weeks than that of the normals and the perception of 'future self' was significantly higher after psychiatric treatment than at admission. The author interprets the lower self concept of patients with repeated admissions in terms of Rosenberg's concept of 'chronic patient syndrome'; the self-concept characteristics of worthlessness, hopelessness and helplessness
is seen as an extension of this syndrome.

Gruba and Johnson's (1974) study comparing schizophrenics and normals on a modified Q sort technique found that schizophrenics have more contradictory elements in their self concepts than do normals. These results were explained by them in terms of communication patterns within the families of schizophrenics (eg: 'double-bind').

Ostrauskas (1975) investigated the relationship between the global generalized self conception and self as perceived in relationship with significant others relating the patterns of self conception, particularly the dimension of self evaluation to the issue of self consistency, interpersonal relationships, and the dimension of adjustment maladjustment. The study sample consisted of 42 psychiatric patients and 42 normal controls. To study the variation in self conception, 5 inner dimensions of self conception were specified. The Semantic differential technique was used. Each respondent was asked to rate eleven concepts; first the way he views himself (global self conception) and then how he views himself when with his mother, his father, his spouse, a friend and when with a disliked person; perception of these persons were also obtained. The results indicated the most pronounced differences between groups in how they perceived themselves when with their mothers. The
maladjusted individuals perceived and evaluated themselves more consistently and more negatively when with their mother than did the adjusted. The maladjusted individuals also had higher discrepancy scores between their global self conception and self as perceived when with the mother than did the adjusted. These differences were particularly evident in their patterns of self-evaluation. When the data were analysed in relation to the variables such as education, sex, age, race and voluntary - involuntary status of hospitalization, the global self conception of the maladjusted varied considerably and frequently did not differ significantly from that of the adjusted, whereas self as perceived with the mother revealed a more stable and reliable measure of psychopathology. The self as perceived with the others revealed significant differences between the groups primarily in their patterns of self evaluation. The adjusted individuals evaluated themselves in a relatively consistent manner across relationships, while the maladjusted were quite inconsistent in their self-evaluation depending on with whom they happened to be. The maladjusted group had a significantly higher structured inconsistency index. This inconsistency was particularly evident in their patterns of self evaluation. The index of Structural Inconsistency for patterns of self evaluation was found to correlate significantly with an independent measure of adjustment-maladjustment, i.e., the Social Competence Index.
Bond and Lader (1976) studied self concepts in anxiety states as compared to normal controls. Subjects were 16 male and 14 female anxiety patients and a matched group (for age, sex, social class) of 30 normal controls. Six concepts relating to perception of self and others and attitude to treatment were rated by all subjects on each of 16 semantic differential scales. In addition, the patients rated a 7th concept, 'myself without nervous symptoms'. Self concepts ('Myself as I am') of the patients were significantly lower than those for the controls. Patients ratings of themselves without their symptoms were significantly more favourable than their ratings of self concept on 14 of the 16 scales. In addition, Bond and Lader found that these, patients rated their 'doctor', 'hospital care' and 'medicine' significantly more favourable than did the controls.

Stein et al. (1978) found few changes in self-estimates over the course of treatment with either drug or placebo in anxious (N=96) and depressed (N=79) outpatients. However, patients rated as improved had significantly higher pretreatment potency scores than those rated unimproved and this was more pronounced for depressed than for anxious persons. There were no significant effects for evaluative factor scores.

Johnson, Petzel and Rohde (1979) assessed the self perception of depressive mood states among 20 high
depressive scoring subjects and 20 non-depressed subjects who were selected from a larger group based on their MMPI D scale. These two groups were given 3 adaptations of the Depression adjective check list (DaCL) - a present or 'now' version, and ideal self or 'like to be' version, and a now 'deserve to be' form. Results showed significant differences between the low groups on the 'now' and 'deserve to be' adaptation of the DaCL, but not on the like to be' adaptation.

Harder, Strauss, Kokes and Gift (1979) conclude on the basis of their study on 97 community mental health center out-patients that life events and self derogation are each associated with impairment but that life events do not affect health sickness via self derogation.

Morgan (1979) using the Leary Interpersonal check list on 70 non-patients, 27 psychotics, and 26 non-psychotics found that non-psychotics and psychotics presented themselves as hostile and submissive in comparison to non-patients. He also found that psychiatric patients used extreme descriptions significantly more frequently than non-patients.

Lazzari and Gough (1980) conclude on the basis of their study utilizing The Adjective Check List on MMPI defined clinical samples (males 61 and females 119) that:
description of the real self appears to be related systematically and meaningfully to psychiatric status as indicated by the Meehl — Dahlstrom rules, whereas descriptions of the ideal self are not associated with diagnosis" (Lazoari and Gough, p 905).

They also found that adequacy of personal adjustment was poorest for patients with 'psychotic MMPI profiles, next poorest for the indeterminants, and least for those in the neurotic category.

Cofer and Wittenborn (1980) found that depressive female patients now in remission described certain aspects of their personality in a manner different from that of comparable women who had no psychiatric history. The former group could be characterized in part as having low self esteem.

Lewin, Peter and Mischel (1980) utilizing both self-ratings and ratings from observers for 71 depressed, 59 psychiatric controls and 74 normal controls found that the controls perceived themselves more positively than others saw them, whereas the depressed saw themselves as they were seen. However, this realism of the depressives tended to decrease in the course of treatment.

Fitts in his monograph, 'The Self Concept and Psychopathology' (1972, iv) has summarized the self concept literature in the different areas of psychopathology using the Tennessee Self Concept Scale(TSCS)
to provide evidence that the self concept can be considered as a means of understanding and differentiating between types of psychopathology. He has studied various groups of neuroses, psychoses, brain disorders, alcoholism, sociopathic personality disturbance, psychophysio logic autonomic and visceral disorders, mental retardation, and situational reactions (Fitts, 1972). However for purposes of this investigation some of the essential findings in respect to the neuroses and schizophrenia will be highlighted below.

Fitts (1972 iv) studied the self concept of various groups of psychoneurotics (N-122). He found that the differences between the neurotic groups are smaller on all scores than between the psychotic groups. The number of deviant signs (NDS) was the most deviant score on the profile followed by Neurosis, General Maladjustment, Identity, Physical Self and Personal Self scales. It was found that neurotics in general tend to have low self esteem. At the same time he notes that the positive scores accomplish the best differentiation between types of neuroses. This suggests according to Fitts that 'what we are really examining are the differences between the effectiveness of specific defenses in maintaining self esteem" (Fitts, 1972, iv, p 60). In this vein, he found that the most effective defenses for maintaining self esteem and a relatively normal self concept are dissociation and phobias. Conversion
reactions, obsessive compulsive and depressive reactions are the least effective. Anxiety reactions with no systematic channels for anxiety, tend to fall between. Self-satisfaction and Moral ethical self are considerably the best protected areas. On the basis of the harmony scores Fitts observes that Behavior, Identity and Physical Self are the most dissonant areas and Self Satisfaction and Moral - ethical self are the most harmonious.

Fitts also examined the TSCS profiles of 280 psychotic patients (paranoid schizophrenics, simple schizophrenics, acute undifferentiated patients, chronic undifferentiated patients, the schizo-affective patients). He observes that in some instances these patients may see:

"themselves as superior, more desirable, more impressive than others. Even then, however, other indices suggest that such positive self-perception is artificial and probably a frantic effort toward self deception" (Fitts, 1972, iv, p 43).

More frequently, their self concepts are entirely negative, particularly, in terms of Identity, Behavior and Physical self. Further, the very task of self description is reported to be difficult for the schizophrenics. They display a great deal of confusion and cognitive dissonance in self-perception. The following shows the largest between group differences (more than one standard deviation) between the highest and lowest scores.
1. **T/F and Net Conflict:** On these scores the catatonic group scores highest and the schizo-affective group lowest. The schizo-affective patients are able to accomplish self-definition in a more normal fashion and show less systematic conflict.

2. **Total conflict:** The schizo-affective group again score lowest at a normal level on confusion and dissonance in self perception. The paranoids are very close to normal, and 4 groups are clustered at a high level (i.e., simple, acute, undifferentiated type, catatonic type and others). The chronic undifferentiated group is slightly higher than the others.

3. **Row 2 (Self Satisfaction) Row 3 (Behavior) Col c (Personal self).** On the self esteem scores the paranoid group score highest and the simple schizophrenic group the lowest. This suggests that paranoid defenses are especially useful in maintaining self-esteem in these particular areas.

4. **DP (Defensive Positive)** Fitts points out that differences in self-esteem scores may well be accounted for by the differences in defenses as reflected by the DP score. The paranoid group is the best defended while the simple schizophrenics show the poorest defenses.
5. V (Variability) On this score considerable spread is evident largely because of the high scores of the simple schizophrenic group. However, no group is consistently low, i.e., variable in perception of self-regard from one area to another.

6. D (Distribution) The schizoaffective group are the most uncertain in their self description and the paranoid group the most certain.

Considering some other studies based on the Tennessee Self concept Scale Owen's (1979) is worthy of mention. Using the TSCS in addition to other tests on 33 black, male chronic schizophrenic out-patients and inpatients (N=16 and 17 respectively) and a control group of 33 patients surgical patients (non psychiatric) found an inverse and significant relationship between overall levels of self esteem and psychopathology for the surgical control group and for the chronic schizophrenic inpatients, but not for all subjects combined, for chronic schizophrenic out-patients, or the combined chronic schizophrenic group. The results of total group comparisons in reported self-esteem provided no support for the hypothesized differences in self concept when the total schizophrenic sample of inpatients and outpatients combined was compared with the surgical sample. In addition, it was found that the chronic schizophrenic group was bimodally distributed in self concept. The inpatient and outpatient chronic schizophrenics
evidenced low and high self concept respectively, relative to the surgical control. Discriminant function analysis produced four subscales - Total positive, Moral-ethical self, Self-satisfaction, and Distribution score. These scales significantly separated the surgical controls, in-patient and outpatient chronic schizophrenics.

Marx (1978) explored specific components of the self concept and investigated their ability to differentiate psychiatric types. Three aspects of the self construct were considered: the mean self concept scores, the variability of the self concept scores and the real-ideal self congruence. The TSCS and the Self concept incongruence scale were administered to 325 participants. The groups consisted of 100 psychotics, 74 neurotics, 52 personality disordered, and 100 non-patients. Analysis of the data indicated that the non-patients had the most positive mean self concept scores, the least variability in their mean scores, and the most congruent perception of self. When the 3 groups were considered, the psychotics had the most favourable mean self concept scores, the greatest variability in those scores, and fell between the other 2 patient groups in terms of congruence. The neurotics had the least favourable self-concept scores, the least variability in those scores and the most incongruent perceptions of self. The personality disordered fell
between the other two patient groups in terms of mean self concept scores and variability scores. They had the most congruent perception of self within the patient groups.

In addition to the above noted studies there have been a number of others that have used the discrepancy score to examine some aspect(s) of the self concept in clinical groups (eg: Achenback and Zigler, 1963, Feder 1968; Sathyavathi, 1968, 1971, 1973; Chandrika, 1968; Berry and Miskimins, 1969; Berry, Miskimins and Wilson, 1972; Radha, 1973; Moaldehi, 1968; Vinutha, 1980; Nagalukshmi, 1977; Rajini, 1982). These studies also indicate a negative self concept in the clinical samples studied.

Studies that have been carried out on different maladjusted groups, for example, alcoholics and addicts have also found evidence for deviant self concepts in them (eg: Carrall and Fuller, 1969; Gross and Alder, 1970; McKenna-Hartung, Hartung and Baxter, 1971; Simon, Primavera, Simon and Orndoff, 1974; Schaeffer, Schuckit and Morrissey, 1976; O'Leary, 1978; Ellison, 1978; Rees and Faye, 1979; Whitmire, 1979). Further, Berg (1974) and Tamayo and Felix (1977) found negative self concept in sociopathic criminal offenders and psychopaths incarcerated felons respectively. Finally, self concept has been observed to be deviant in suicidal patients (eg: Diggory, 1964; Kamano and
Crawford, 1966; Wilson, Braucht, Miskiminis and Berry, 1971; Spalt and Weisbuck, 1972; Leonard, 1973; Neuringer, 1974; Wetzel, 1975; Sharon, 1975; Wetzel, 1976).

C. Studies from Growth Oriented View Points

Having considered some major studies pertaining to the nature of the self-concept in clinical groups it is apparent that a majority of these tests attempt to measure global self regard/self esteem and/or limited dimensions of the self. However, there is a rapid burgeoning of research pertaining to the self in terms of other dimensions which, in general, have emulated from theoretical frameworks better identified, though not strictly, as growth-oriented. In this context the self is studied in terms of its self-actualization characteristics as well as in regard to specific dimensions like openness to experience, experience/locus of control among others. The latter construct it may be mentioned, has roots in social learning theory too. The operational measurement of these constructs is exemplified in such tests as the Personal Orientation Inventory (Shostrom, 1966), The Experience Inventory (Coan, 1977a), The Personal Opinion Survey (Coan, 1977b) - to mention a few. The ensuing pages will attempt to delineate a picture of the characteristics of the self-actualizing personality/optimal personality on the basis of the above constructs in psychopathology and health and their relationship
to some concept instruments which have avowedly been used for this purpose.

Self actualization

Russell (1974) studied the relationship between self concept, self actualization and self disclosure as these have been proposed as components of a healthy personality. However, only the first two variables will be discussed here. The data for Russell's study was secured from college students consisting of 47 males and 41 females subjects. The Personal Orientation Inventory was used to index level of self-actualization and the Tennessee Self Concept Scale was used to measure self concept. In addition, a 15 item questionnaire was devised by the author using Maslow's descriptions of the self-actualized person in an attempt to provide a brief test for assessing an individual's general level of self-actualization. Results indicated that self concept correlated significantly for both sexes with the two major scales of the P0I, i.e., Time competence and inner-directed. The author concluded that the individual who is self actualizing has a significantly higher self concept than does a non self-actualizing person.

The same relationship was found to exist in a similar study by Wills (1974). Wills administered the Tennessee Self Concept Scale, the Differential Value Profile and The Achievement Motivation Scales to 150
male and 150 female undergraduates with high, median, and low scores on the POI. The results from this study indicated that high self-actualizing males were more open to self-criticism, had less positive views of themselves from a moral-ethical frame of reference and felt better about themselves as individuals than did low self-actualizing males. The average self-actualizers fell between the high and low groups on self-criticism and personal self but had a lower score than the high self-actualizing group on moral ethical self. With reference to the female groups, Wills found that the high self-actualizing females were more open to self-criticism, had more positive feelings about themselves as individuals and felt better about their interactions with others than did the low self-actualizing female. The average self-actualizing females fell between the high and low groups in each of these variables. The data also indicated that the males and females were differentially discriminated by the personality variables. The author concludes with the suggestion that a close relationship may exist between self-actualization and self-concept that is, high self-actualization scores are accompanied with a more positive self-concept.

Using two scales from the existential study of the Integration level series of Thorne viz., self-concept ES I and self actualization ES II on four groups of subjects, i.e., a group of incarcerated black males,
incarcerated white males and black and white normal controls, Davis (1975) found that the black and white incarcerated males were significantly less self actualized than black and white free males respectively. In addition it was found that the self concept of incarcerated males both black and white were not significantly lower than free males.

Hogan and McWilliam (1978) found that males and females self actualization scores (POI) were inversely correlated with the degree of undesirability they subjectively associated with their height and weight.

Wehler and Hoffman (1978) studied the POI scores of 14 female alcoholism counselors who were accepted into a 9 month full time counselor training program. Their POI scores were compared before and after training. After training the counselors scored significantly higher on Self regard as well as Inner directed, Time competent, Spontaneity, Capacity for intimate contact, Existentiality, Feeling reactivity and Synergy. Thus within the POI also it can be seen that self concept and self actualization are positively related and this is further underscored in Fisher's and Knapp's (1977) therapeutic study.

Studies by Fox (1969), Fox, Knapp and Michael (1968) in a sample of 100 hospitalized psychiatric patients indicate lower scores on all POI scales for this sample than the nominated self actualizing and
normal adult samples reported by Shostrom (1964). Similarly, Shostrom and Knapp (1966) found that all POI scales significantly differentiated a sample of outpatients just beginning therapy from those in advanced stages of psychotherapeutic progress. These studies further highlighted the relationships between self concept (as measured on the Self regard and Self acceptance scales of POI) and self actualization (as evident on other scales of the POI).

Fitts (1971) hypothesized that people high in personality integration (of the TSCS) would differ from the general population on all major self concept variables. He proposed that this difference would be in an opposite direction from the low Personality Integrated groups. Fitts (1971) has reviewed a number of studies that have used the TSCS as an index of personality integration or self actualization and a few of these will be given below.

In one such study by Fitts (1971, iii) the investigation involved the blind analysis of TSCS profiles for a group of 18 applicants for positions as child care workers. The aim was to identify the eight most highly integrated subjects on the basis of a blind analyses of their TSCS profiles. The results indicated that of the eight applicants who were actually selected by the screening process that is, interviews with professionals, six were also identified by the TSCS scores. Interestingly, the two not identified by the TSCS were soon dropped from
the child care training program. Thus Fitts, hypothesis that the self concept is a valid indicator of level of self actualizations appears to have been upheld in this study.

Summarizing the various studies bearing on the above hypothesis (e.g., Garvey, 1968; Vargas, 1968; Seeman, 1966—all cited in Fitts, 1971). Fitts proposes that the highly integrated person has the following self concept as seen on TSCS;

- high self esteem
- less internal dissonance
- less variability in self perception across the various subselves.
- fewer deviant and pathological features in their self concept.
- less acquiescent response set in defining their self concepts.
- they are neither extremely defensive nor lacking in defenses in reporting their self concepts.
- their self concepts are neither extremely certain nor uncertain.
- they uniformly score well above the mean on the personality integration score of the TSCS.

In addition, Fitts (1971, iii) has cited various studies using the TSCS as measures of self concept and
self actualization (Personality Integration Scale) within the theoretical frame work of Seeman's Personality Integration theory. For example, studies by Duncan (1966 cited in Fitts, 1971), Richard and Seeman (1966, cited in Fitts, 1971) indicate a positive relationship between peer judgement of exceptional behavioral competence and self concept; Wrightsman et al. (1966 cited in Fitts, 1971, McClain, 1969, Swan, 1970 cited in Fitts, 1971) further substantiate Fitts hypothesis that the TSCS is a valid index of self-actualization when the criteria used for the latter is interpersonal competence. Finally, a study by Thomas and Seeman (1971) investigated the hypothesis that the unusually healthy personality is a highly integrated network of subsystems which interact in an efficient, effective and mutually enhancing way. However, this study only involved investigating differences in cognition and perception between high personality integrated (PI) females and randomly selected controls. An abbreviated version of the List Form of Kelly's deputation test was used as the cognitive task. The perceptual task was the Rorschach scored according to the Prognostic Rating scale as described in Klopfer et al. (1954) and personality integration was measured on the PI scale of the TSCS. Their findings supported the notion that people who are high in personality integration also have the most complete and efficient integration of their cognitive and perceptual subsystems.
few studies aimed at indexing self actualization have been done in the Indian milieu (e.g., Zolfahari and Sathyavathi, 1979; Nayak, 1982; Hemachand, undated). Further, Walker, (1977) found that the student group studied by him did not reach the self actualization range defined by Shostrom and that the POI correlated positively with other measures of mental health (Bell’s Adjustment Inventory and California Test of Personality).

Similarly, Kumar (1981) studying a group of meditators, patients and non meditators non patients found on the POI that the patients tended to show greater flexibility in the application of values to life than the other two groups. The meditators were found to be more self accepting than patients but lower in acceptance of aggression than patients.

Coming to the efforts of researchers examining the characteristics of optimal personality in terms of openness to experience, Coan's (1974, 1977a, 1977c) conceptualization is noteworthy to begin with.

Coan (1974) observed that people vary considerably in the range of experiences to which they are open and the scope of events of which they are capable of being aware. He has identified openness to experience as one of the basic factors to have emerged from a factor analytic study of a large battery of tests - the aim of which was to elucidate the probable
characteristics/dimensions of the optimal personality. In this context he states that a certain kind of openness may be a precondition for human fulfilment in the realms of creativity, inner harmony and transcendence.

Coan distinguishes two classes of 'modes of being' identified as the 'structured attitude' and 'open attitude'. The structured attitude involves analysis, deliberation, control in action and experience. The open attitude involves fluidity, flexibility, permeability and an attitude of 'let go'. The structured attitude is seen as conducive for stability, adjustment and freedom from distress and the open attitude is required to have a broad awareness of the world and self without unduly structuring the flow of impression. Open attitude is said to go with spontaneous action and uncalculated responses in one's dealings with the environment.

Coan (1974) examining Fitzgerald's Experience Inventory observes that his work:

"constitutes a sound beginning with the study of openness to experience, but it is important to recognize that his questionnaire is limited by its heavy (and, of course, deliberate) emphasis on phenomena of a 'regressive' nature (Coan, 1974, p 60).

Tellingen and Atkinson's (1974) study also reflects on this subject. They found an 'absorption factor independent of a stability and an introversion factor. This implies that: 'absorption is not related to anxiety. Further according to them absorption is interpreted as a
cognitive motivation trait and the cognitive component appears to include the ability to operate diverse representational modalities synergistically so that a full but unified experience is realized. This imaginative and integrative aspect is, perhaps, captured by the term 'syngnosia' (Tellegen and Atkinson, 1974, p 275). In addition, the authors draw attention to the empathetic quality and versatility of the representations of high absorption person and note that the motivational-affective component would seem to consist in a sentient and tolerant 'openness to experience'.


Shapiro's (1962, 1965) work on what he calls 'neurotic style' also bears on this discussion. He notes that certain kinds of subjective experiences, particularly require by their nature an abandonment or at least a relation of the attitude of deliberateness and that when such relaxation is impossible, as in the obsessive-compulsive style, those areas of psychological life tend to shrink, similarly, Deikman (1971) has related obsessive-compulsive style to 'action mode' and the hysterical style to 'receptive mode'. The action mode involves acting upon the environment and the receptive mode
involves maximizing the intake from the environment.

Rokeach's (1960) 'open' and 'closed' mind can be interpreted in terms of openness as pertaining more to a cognitive dimension. Rokeach (1960) regards belief subsystems about the self to be one among a number of belief systems about which a person can have an open or closed mind. Witkin (1965) concept of field dependence and independence may also be regarded as two distinct ways of experiencing.

Fitts (1971, iii) states on the basis of certain studies as follows:

Persons with positive self concept report both positive and negative experiences, but were able to use both kinds of experience to open themselves to new and additional experiencing. Such a process we would equate with growth, i.e., with increased self actualization or personality integration. In contrast, persons with negative self-concepts had found negative experience most significant in their lives, and the effect of these negative experiences had been to close up the person and to make him more defensive and way of life (Fitts, 1971, iii, p 80).

From the above discussion it is readily apparent that the concept of 'openness' can be construed from a number of different perspectives and the major empirical studies pertaining to this construct will be dealt with now.

Coan's (1974) multivariate study based on a college sample of 361 males and females wherein the inventory to index openness to experience Experience was administered in addition to the utilization of several other tests indicated that various
forms of openness tended to be related positively to subjective distress. As Coan notes:

"Much of the mental hygiene literature in this country has stressed order, stability, adjustment, and freedom from anxiety. In existentialism and contemporary humanism, however, we see a greater emphasis on openness and a recognition that the experience of anxiety and guilt may be a necessary procedure for accepting and exercising our freedom (Coan, 1977c, p 290).

Victor, Grossman and Eisenman (1973) found in their study that increasing frequency of marijuana use among students was related to a personality profile that could be identified as (openness to experience'). According to these authors this concept was used to indicate such qualities as high creativity, adventurosomeness, internal sensation, novelty seeking and impulsivity.

Lynch (1968, cited in Fitts, 1971) focussed his attention on the relationship of intense human experience to psychological openness and self concept. The project was divided into two parts. In part I it was found that for the subjects as a whole, pleasure experiences had a predominantly opening effect (reducing defensiveness and increasing the readiness for additional experiencing), while suffering experiences had a closing effect (increasing defensiveness, withdrawal, and avoidance).

Part II of the study involved 54 selected subjects, and an additional variable, self esteem, as measured by
total P score on the TSCS. Self esteem or the positive-negative dimension of self concept, had a very clear and significant relationship to other variables. Subjects whose experience were judged as opening had significantly higher P scores than those for whom the effect of an intense experience was closing. Twenty-two of the 27 subjects with high self esteem reported opening effects and only five reported closing effects. Of the 27 low self-esteem subjects, only three reported opening effects while 24 gave evaluations of their experiences which were categorized as closing. High self esteem subjects reported about an equal number of pleasure and suffering experiences, while the low group reported a preponderance (24 of 27) of suffering experiences. Thus, Lynch's work demonstrates a strong relationship between the degree of positiveness of self concept and the nature and effects of previous significant experiences. Fitts (1971) points out that the only safe conclusion here is that there is an interaction between the way a person experiences life and reacts to these experiences, and the kind of self concept he has.

Further evidence of this relationship is found in Vergas (1968, cited in Fitts 1971, iii) study. administered to 277 subjects The Positive Experiencing and Behavior Scale (Puttick, 1968). Subsequently, 3 subject groups were constituted; the 30 students reporting the highest frequency of positive experiences, the 30
students with the lowest frequency and the 30 whose frequency score fell closest to the mean. The high group were open to others significantly more than the low group (as assessed on Firo-B scales of Schultz). The greater openness of the high group was also evident on both Jourard's self-disclosure questionnaire and the tape recordings which were judged rated for self-disclosure.

Frost, Stimpson and Maughan (1978) found in a group of undergraduates that a trusted person is one who is high in self-esteem and one who is open to being influenced by others. They used the James-Field Inadequacy Scale and Schultz's Firo-B Scale.

Correlational studies have been conducted by Bone (personal communication to Coan, 1977a) using the Experience Inventory with Maudsley Personality Inventory, Zuckerman's Sensation Seeking Scale, and the Sixteen Personality Factor Questionnaire. The significant correlations between the Experience Inventory and Maudsley Personality Inventory indicated that 'Indulgence in fantasy vs avoidance of fantasy' related negatively to extraversion, while 'Unusual perceptions and associations' and 'Indulgence in fantasy vs avoidance of fantasy' were positively related to neuroticism. 'Openness to theoretical or hypothetical ideas' and 'Indulgence in fantasy' correlated positively with the psychoticism scale of Eysenck and Eysenck.
Relating the Experience Inventory to some Sensation Seeking Scales of Zuckerman, Bone found that 'aesthetic sensitivity, Openness to theoretical or hypothetical ideas, Openness to unconventional views of reality' and 'Indulgence in fantasy' correlated positively with thrill and adventure seeking. 'Aesthetic sensitivity' was correlated positively with boredom susceptibility.

Bone also correlated the Experience Inventory scales with those of Cattell's Sixteen Personality Factor Questionnaire. He found that 'Unusual perceptions and associations' correlated positively with Guilt proneness (factor 0) and negatively with Self-concept control (factor Q 3). 'Openness to theoretical or hypothetical ideas' correlated negatively with Guilt proneness and positively with Self-sufficiency (Q2). 'Openness to unconventional views of reality' correlated positively with Dominance (factor E). 'Indulgence in fantasy' correlated negatively with Ego strength (factor C), Super-ego strength (factor G), Parmia (H), Shrewdness (N) and Self-concept control (Q3) while it correlated positively with factors Protension (L), Autia (M) Guilt proneness (O) and Ergic tension (Q4). 'Deliberate and systematic thought' correlated positively with Super-ego strength (factor G) and Self-concept control (Q 3).

Coan (1977a) concludes that on the whole Bone's data support the idea that the components of the
Experience Inventory reflect an openness to and perhaps a seeking of fresh experiences and sensations, while confirming findings for the earlier Inventory which indicate that this openness tends to be accompanied by a proneness to distress. However, 'Deliberate and systematic thought' is reported to show some evidence of trends in the opposite direction.

Kumar (1981) has replicated the dimensions of the EI in the Indian milieu on the basis of a factor analytic study. Further, he found that meditators and non-meditators were more 'aesthetically sensitive' than a patient group of schizophrenics.

At present, the empirical literature bearing on the concept of openness to experience as conceptualized from a humanistic framework is relatively yet in its infancy. The available literature suggests that the relationship between self concept and openness to experience in clinical entities is quite unexplored. Coan's Experience Inventory (1977a) probably represent one of the major and systematic approaches to measure this construct in a comprehensive and multidimensional format. Since this construct occupies a key position in the various phenomenological-humanistic theories (e.g., Combs and Snygg, 1949; Rogers 1959; Jourard and Landsman, 1980) its further exploration in conjunction with other variables ought to be fruitful.
Another contribution of Coan (1974, 1977b) towards understanding the characteristics of the optimal personality is in terms of his 'Personal Opinion Survey' which is intended to tap an important personality dimensions viz., the experience of control. Coan (1974) states that the experience of control—the sense that one actively chooses, successfully wills, or achieves mastery over himself and the circumstances in which he finds himself is one of the most fundamental features of human experience. Further,

People who function in ways we regard as successful and productive seem usually to maintain a strong sense of mastery and appear to approach new situations with a confidence that they will succeed in coping. An experienced loss of control, on the other hand, is perhaps a universal concomitant of psychopathology (Coan, 1974, p 83).

While considering the experience of control construct one cannot but take cognizance of the work of Rotter in this area. According to Rotter (1966) the construct of internal-external control of reinforcement refers to the degree to which an individual believes his reinforcements are contingent upon his own behavior (internality) or are controlled by forces beyond his control such as luck, chance, fate or powerful others (externality) Rotter has developed a test for this purpose viz, the Internal-External Locus of Control Scale.

Studies with the I-E dimension has been bounteous and as Lefcourt notes 'research revolving around problems related to perceived control is growing in new and
different directions (Lefcourt, 1972, p 32) of which Coan's (1974, 1977) can be considered as one such.

A few studies on internal-external locus/experience of control in selected clinical populations will be considered below including some which have examined this dimension with reference to self-concept.

It is of pertinence to note that nowhere has this concept been more extensively employed than in the clinical area. Reviews of locus of control research (eg, Strickland, 1978; Lefcourt, 1976; Phares, 1976) reveal extensive applications in such areas as personality functioning and psychological adjustment, drug abuse, alcoholism, and self-control of behavior.

The relationship between locus of control and more extreme maladjustment or psychological disturbances has been quite extensively studied. However, only a few more studies pertaining to the neuroses and psychoses will be dealt with here. Shybut (1968) in comparing normals, moderately disturbed and severely disturbed individuals, found externality to be associated with severity of disturbance. The severely disturbed group consisted of psychotic patients, with schizophrenic predominating; while the moderately disturbed group consisted primarily of psychoneurotics and some character disorders. Smith, Pryor, and Distefano (1971) found that severely disturbed patients were higher in external control than
mildly disturbed patients, Lottman and DeWolfe (1972) found process schizophrenics to be more external than both reactive schizophrenics and normal subjects. Reactive schizophrenics did not differ significantly from normals.

Harrow and Ferrante (1969) on the basis of their study suggested that patients with greater psychopathology and fewer social skills are highly externally oriented. Levenson (1973) using a multi-dimensional locus of control scale found that patients perceived significantly more control by powerful others and chance factors than normals. She also, reported significant differences between hospitalized groups on these scales. Psychotics had greater expectancy in control by both powerful others and chance factors than neurotics.

Cash and Stuck (1973) found schizophrenic and psychotic depressive groups to be more external than anxiety neurotics and neurotic depressives. Additionally, they reported that paranoids accounted for a major portion of the internality in the schizophrenic sample. Non-paranoids did not differ significantly from neurotics and the non-psychiatric group. Pryer and Steinke's (1973) study indicated that among chronic undifferentiated schizophrenics, personality disorders and paranoid schizophrenics, the latter two groups were significantly more external than the former two groups.
Rajini (1982) in 3 male samples consisting of neurotics, schizophrenics, and normals controlled for age, sex, and marital status found that the normals were significantly more internal than neurotics or schizophrenics.

Taken as a whole, research in maladjusted clinical groups indicates a trend towards a positive relationship between external locus of control and psychopathology. Tiffany (1967) notes in a similar vein that:

"Recovery from mental illness would, therefore, be represented by the individuals increased control over internal and external conditions, because the freedom and decisions regarding internal and external conditions become his responsibility and not the responses of fate, chance or powerful others, which are forces external to himself". (Nowicki and Duke, 1974).

Lefcourt (1966) opines that individuals labelled as externals would be described in lay language as lacking in self confidence, a construct which is closely related to self esteem. Phares (1971, 1974) found that expectancies of internal control are related negatively to giving-up behavior on a difficult task. Coopersmith (1967) also appears to relate the internal external dimension to self-esteem. His description of people with low self esteem are similar to James descriptions of individuals high on external control. Lefcourt observes that:
"subjects who are less external depict themselves as goal directed workers who strive to overcome hardships, whereas high external subjects portray themselves as suffering anxious and less concerned with achievement per se than with their affect responses to failure" (Lefcourt, 1966, p 217).

Turning to the relationship between locus/experience of control and self-concept, Turner and Vanderlippe (1958) found that students who had a large self-image disparity were more external and they exhibited emotional instability, neurotic, tendencies, and poor social adjustment.

Hersch and Scheibe (1967) correlating scores on the 1-E with those on the adjective check list found that internals described themselves as more assertive than externals on the ASC.

Strassberg and Robinson (1974) studied the relationship between the Tennessee Self Concept Scale and Rotters 1-E locus of control scale in a sample of 47 males and 13 female heroin users. The correlations indicated that internality was associated with higher levels of self esteem (Total Positive) and with psychological adjustment (i.e., less of Defensive positive DP; less of General maladjustment GM; less of neuroticism, N; and less of Psychosis, Psy.).

Tobacyk, Broughton and Vaught (1975) investigated the effects of congruence and incongruence between perceptual skills and expectancies. As predicted the
two theoretically congruent groups (i.e., internal locus of control and field independence, and external locus of control and field dependence) demonstrated better personality adjustment on a real self, ideal self Q sort than did the incongruent groups (i.e., internal locus of control field dependence; external locus of control field independence).

Lambert, Dejulio and Cile (1976) compared three tests to determine the degree to which they might be measuring a single construct. The tests used were Rotters I-E locus of control scale, JR Pest's adaptation of Kohlberg's test of moral development and selected scales from Shortrom's Personal Orientation Inventory. All 3 scales were expected to show positive relationships with a measure of personal adjustment - The Tennessee self concept scale. The authors found numerous significant correlations among these instruments suggesting some commonality in the personality dimensions being measured. Nevertheless, they found enough differences to suggest continued refinement and to mitigate against substitution of one test for another without loss of information.

Kawash and Sherf (1975) studied the relationship of internal-external locus of control and self concept in a married sample consisting of 85 pairs of couples. The tests administered were the Coopersmith Self-Esteem Inventory, modified for adult use, the Marlowe-Crowne Social
Desirability Scale and Rotters I-E locus of control scale. An interesting finding to emerge from this study is the lack of relationship between I-E scores and scores on any of the part or total self-esteem inventory scores for either partner. The authors explain this apparent contradiction by postulating that internal people blame themselves for their misfortunes as often as they take pride in their successes. They also note that if life offers both in equal number, their level of self-esteem would tend to equalize to that of externals.

Manganiello (1976) contrasted non-addicts with controls with respect to 3 important psychological dimensions - self esteem, future time perspective and locus of control. The sample studied consisted of 45 male heroin addicts and 50 white students served as the control group. The measures used included the Tennessee Self Concept Scale of Fitts and Rotters internal-external locus of control scale. Among other positive findings of this study it was found that heroin addicts have lower self esteem and external locus of control.

Coan (1977b) after reviewing a number of studies using the Personal Opinion Survey which is a multi-dimensional measure of the experience of control construct reports that there is a tendency for factors of experienced control to be positively associated with variables that involve emotional control and
negatively associated with variables that suggest anxiety distress or emotional sensitivity.

Frost et al., (1978) found that a trusted person is one who has an internal locus of control and high self esteem in addition to other personality characteristics.

Rajini (1982) study is noteworthy as it is one of the few investigations examining the relationship of self-concept and locus control in neurotic and schizophrenic. Rajini studying a neurotic, schizophrenic and normal control sample found that high self esteem was associated with internal locus of control in normals. However the same did not correlate significantly in the clinical groups. Further, self acceptance and self-criticality (real self) were not found to be significantly correlated with locus of control.

In addition, there are a large number of studies using different type of subjects that have indicated that internal locus of control is positively associated with positive self concept/greater self-esteem and self acceptance. Such studies are by, eg: Fish and Karabenick (1971), Heaton and Duerfeldt (1973), Ryckman and Sharman (1973); Ryckman and Cannon (1975); Work (1976.. (1977); Getman (1979); Fleming and Watts (1980).
Studies by Lombardo, Fantasia, and Solheim (1975) and Chandler (1976) indicate that external locus of control subjects exhibit lowered self acceptance, higher self-ideal self discrepancy and lower self concept.

Though a large number of studies indicate a trend toward a positive relationship between internality and self concept there are a few studies, however, which do not support this uniformly across various samples and/or across different instruments. For example, Flannelly (1974) concludes on the basis of her study that the relationship between locus of control and self regard is not invariant across different populations. Lloyd, Chang and Powell (1979) found quite contradictory results while using two measures of the self concept and correlating these with the Rotter's I-E locus of control scale. Finally, Donovan (1975) in a sample of male alcoholics did not find the external subjects to be characterized significantly by lower self concepts.

Having concluded an examination of a few relevant studies concerning self-concept in relation to experience/locus of control it may be desirable to look at the relationship of self concept to anxiety.

d. Anxiety and Self Concept

Anxiety and self esteem are intimately related. The empirical evidence for this assertion is relatively
strong but before substantiating on this aspect the theoretical rationale for this relationship will be highlighted.

It is well known in the clinical area that any threat to the individual's self-esteem provokes anxiety, and neurotic defense mechanisms are intended to prevent additional anxiety as well as lessen present anxiety or poor self-esteem. Horney (1945, 1950) postulated that her concept of basic anxiety that it tends to generate low self-esteem. Rosenberg (1965) highlights the relationship of low self-esteem to anxiety under 4 considerations:


b. low self-esteem persons frequently have to present a false front to the world. This is a strain and it creates tension and results in anxiety.

c. low self-esteem makes a person sensitive to evidence that confirms his inadequacy. This vulnerability is anxiety provoking.

d. worthlessness and inadequacy creates isolation, both physical and emotional from others.

For Sullivan (1953) unlike Horney (1950) self-devaluation is the basis of chronic anxiety. Rogers
(1959) states that when there is discrepancy between the needs of the organism and the needs of the self concept for positive self-regard, maladjustment may ensue resulting in symptoms such as anxiety. Finally, the relationship between low self-concept and anxiety can also have its origins in the learning of negative attributes.

Turning to the empirical studies, Ohnmacht and Muro (1967) set to determine whether dimensions subsumed by the construct of anxiety all make a contribution to the relationship of anxiety with self-acceptance on 125 college students. Anxiety was assessed on the 16 PF questionnaire and self-acceptance was measured on Bill's Index of adjustment and values. Their results indicated that the means of the high and low self-acceptance groups are significantly different for 7 of the 16 scales of the 16 PF questionnaire. More specifically, it was found that the low self-acceptant group manifested tendencies towards ego-weakening, shyness, paranoid tendency, guilt proneness, low integration and high ergic tension. This study supports the position that a variety of source traits which make a contribution to the general anxiety syndrome all make a contribution in delineating relative degree of self-acceptance.

Thompson (1972) has summarized several studies correlating the Tennessee Self Concept Scale (TSCS)
to anxiety. For example, Pitts (1965) administered the TSCS and the Taylor manifest anxiety scale to 68 nursing student, Harris (1968) to 18 high school counselors and 36 high school student using the Neuroticism scale Questionnaire and Helbig (1967) used behavioral ratings of anxiety on 98 psychiatric patients. Findings from these studies, notes Thompson, indicate that self concept and anxiety are related variables. All of the TSCS P scores, which measure self-esteeem, show a negative correlation with the anxiety scores, and almost all of these correlation co-efficients are significant. Several other studies discussed by Thompson (e.g. Dobson, 1970; Miller, 1971; Ornes, 1970) reported highly significant correlation co-efficients between total P scores and some index of anxiety. In addition several other sizeable correlations were noted for the TSCS Empirical scales on the basis of these studies. Higher maladjustment as seen on the empirical scales was found to be concomitantly associated with significantly higher anxiety.

The following study by Donovan, Smyth, Paije and O'Leary (1975) is somewhat different in that they explain the expected relationship between self concept and anxiety on the basis of the self-report measure used. Specifically, they propose that for e.g. the MAS and IPAT measures of anxiety are moderated by neuroticism and/or negativism toward self and that the expected relationship between self concept and anxiety would not
hold when a non-obtrusive measure of anxiety is used. Their sample consists of 60 alcoholic male veterans. The measures used to index anxiety consisted of the Taylor Manifest Anxiety Scale (the self-report measure) and the Social Anxiety Scale (SAS), Physical fear scale (APFQ), and Total Anxiety Reactivity Scale (APQT) of the Activity Preference Questionnaire (APQ). This served as the non-obtrusive measure of anxiety. Self-concept was measured on the Tennessee Self Concept Scale (TSCS). Support for their contention was found in the differential pattern of correlations among the MAS, APQ, and measures of self concept. The MAS had significant moderately high correlations with neuroticism, negative self concept and psychological disturbance. These results indicate that subjects with high score on the MAS tend to have a low overall self-concept, to be relatively dissatisfied with themselves, to have a low sense of self worth, to feel inadequate in social interactions, and to be lacking in defenses necessary to maintain a minimal level of self-esteem. The relationship between the measures of APQ and self concept were not significant though the correlations were in the hypothesized direction. The authors concluded that 'the MAS may measure more accurately a dimension of neuroticism and/or negative self concept rather than anxiety' (Donovan et al., p684)
Bond and Lader (1976) studying 30 patients suffering from severe anxiety and 30 matched normal controls on a semantic differential found that anxiety was negatively related to self-concept.

Marcia, Gentil and Lader (1979) also found the expected relationship between anxiety and self-concept. Their experimental group consisted of 18 female outpatients suffering from chronic anxiety status and 25 normal women matched for age. The semantic-differential test was administered consisting of 21 concepts. The results indicated that anxiety patients rated themselves as less pleasant, less accepting, sad, sick, tense, dull, unsuccessful and powerless. The low anxious normals tended to mark toward the positive ends of these scales more consistently than the high anxious normal subjects.

Zivelonghi (1976) hypothesized that individuals with high self esteem will experience more primary emotions that are felt tendencies toward an object (i.e., beneficial appraisal) and fewer ones that are 'felt tendencies' away from an object (i.e., harmful appraisal) than individuals with low self-esteem. The authors assumed that this may be so because high self esteem individuals feel more adequate. Using the Self-Esteem Inventory and the Emotions Profile Index on a sample of 39 male and 70 female students, he found that self esteem is positively related to joy, acceptance and surprise and negatively related to sorrow, disgust and anger.
Lundgren (1977) attempted to examine the effects of different sources of self-esteem on anxiety by using questionnaire data on 595 college students. He tested the hypothesis that high anxiety occurs as a function of (a) low subjective public-esteem (perceived negative appraisal of self by others) (b) low self-esteem; (c) discrepancies where subjective public self-esteem is more negative than self-esteem; (d) absolute discrepancies between public self-esteem and self-esteem regardless of evaluative direction. Results suggest that level of self-esteem and absolute discrepancies between subjective public self-esteem and self-esteem are important and relatively independent factors in anxiety.

Lohr and Bonge (1981) investigated the relationship between dysfunctional cognitions and anxiety among 242 undergraduates. They found significant correlations between the two measures of cognitive dysfunctions as measured on the Irrational Beliefs Test and Dysfunctional Attitude scale and anxiety. Further, a canonical correlation analysis showed that the relationships between measures of anxiety and of cognitive dysfunction could be almost entirely accounted for by the simple relationship between the score on Irrational beliefs, and trait anxiety.

In general it can be said that a majority of the researches indicate that higher the anxiety level
lower the self esteem and vice versa. This has been brought out in other studies also. Example, Cowan (1957); Guerney (1963), Winkler and Myers (1963), Kaplan and Pokorny (1969); Pedersen (1969), Deo and Sagar (1971), Mehrabian and Ksionzky (1970); Sharan (1972), Rico, Luis and Cook (1975), Furlong and Laforge (1975), Clark and Arkowitz (1975), Shand and Grace (1977), Hassan (1977), Shahi and Thakur (1978), Fleming and Watts (1980), Watkins and Hattie (1981), among others. In these studies self concept and anxiety have been variously indexed across differing groups with consistent results, i.e. a positive self-concept is concomitantly associated with lower anxiety and as Lundgren, Jergens & Gibson (1980) found self evaluation can be considered as a strongest predictor of anxiety.

However certain authors note that the relationship between self concept and anxiety may be influenced by the social desirability factor in self-reports and thus mask their true relationship (Donovan et al. 1975; Burns, 1979). This has been studied by Scanlon (1979) who concludes on the basis of his study that social desirability bias functions at a low level in the measurement of self esteem thereby indicating that research on the self-esteem construct is eredible. The research further suggested that anxiety/defense is a complex response which operates as a component of self-esteem.
In short, it can be seen that the relationship of anxiety to self-concept has been well explored. Nevertheless it may still serve a relevant area to be examined on clinical groups of subjects especially in the Indian set-up wherein not much empirical studies are in evidence.

From the foregoing account pertaining to a survey of the empirical studies in regard to self-concept, self actualization as well as other dimensions of the self it is evident that a great deal of effort has been expended in the study of these constructs. Various tools have been used in varying samples ranging from the grossly sick to the optimal healthy. However, many of these studies, apparently, have not been controlled adequately and simultaneously on certain variables, especially in terms of the socio-demographic ones. In the book published by the Indian Council of Social Science Research 'A survey of research in Psychology in India' it was pointed out that:

"though the concept of self is regarded as one of the main aspects of personality very few studies have concerned themselves with this aspect" (1971-76 p 1 p 279).

In addition, in India, the clinical population in particular with respect to the concept of self has not been the focus of investigation with varied approaches and measuring techniques. Studies employing normal subjects are relatively more than in the clinical groups. Further, those studies dealing with the self-concept in the clinical groups have predominantly utilized the semantic differential technique (eg; Chandrika, 1968).
Interpersonal-check-List (eg: Botkawar, 1970; Sathyavathi, 1975; Vinutha, 1978; Nagalakshmi, 1980), and only in a few instances other tests have been used (eg: Moudgil, 1968, utilized the 'Who Are You' technique and adjective check list. Rajini, 1982 used Sarbin's Personality Word Card and McKenzie's Self Esteem Scale). Studies on self concept utilizing tests which are multi-dimensional as well as pertaining to the growth oriented dimensions/aspects of self are comparatively few especially in the clinical groups. Sharma (1970) in his review on the self-concept recommends that 'interaction of variables which are yet unexplored in a systematic way by presently available studies also deserve investigation' (Sharma, 1970, p 74). Though it is over a decade since the author has made this statement the existent literature in India on clinical groups suggests that except for few isolated instances the picture is more or less the same.

Thus, in addition, cognizance was taken of these lacunae in the planning of the present study and the following chapter gives an account of the aims and design of the present investigation.