SELF-IDEAL, SELF-DISCREPANCY AND

SOCIOMETRIC CHOICE STATUS

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Swann, Susan Elizabeth, Self-Ideal, Self-Discrepancy and Sociometric Choice Status. Master of Science (Clinical Psychology), August, 1973, 28 pp. 2 tables, 1 figure, bibliography, 49 references.

This study hypothesized a relationship between self-acceptance and acceptance by others. The hypothesis was that patients chosen frequently by other persons on a friendship criterion would have lower self-ideal, self-discrepancy scores than patients chosen infrequently by other persons on a friendship criterion. The study also hypothesized that depressed patients would have higher discrepancy scores than either the psychopathic or situational stress groups.

Instruments used in this study included the Leary Interpersonal Check List, a self-report adjective check list, and a sociometric questionnaire. Subjects included 16 female and 14 male in-patients at a county psychiatric hospital. Patients were mixed racially, averaged 28 years of age, and were from the lower socioeconomic level. All patients were in-patients for at least four days before testing.

Patients were administered the sociometric questionnaire and ICL. They were asked to rate themselves and their ideal selves. A statistical analysis of the difference between independent means was conducted on the discrepancy scores of the high and low sociometric groups. The t was significant

at the $p < .01$ level. A Chi square was conducted to determine if those patients diagnosed as depressed had higher discrepancy scores than either those patients diagnosed as psychopathic or those diagnosed as having situational stress. The Chi square was not significant.

The results of this study support Timothy Leary's theory of interpersonal interactions and also validate the ICL as a measure of interpersonal behavior. Interpretations of the data on the study of discrepancy score and diagnostic category should be made with caution, since the validity of the diagnoses is in question.

Further investigation of self-concept formation would be advantageous in discerning the components operating in the relationship of self-concept and social feedback. The ICL is viewed in this study as a potentially helpful technique for predicting behavior and planning psychotherapy goals.

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THESIS

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

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Denton, Texas
August, 1973

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SELF-IDEAL, SELF-DISCREPANCY AND SOCIOMETRIC CHOICE STATUS

Introduction

In self-concept research, the meaning of the self-ideal, self-discrepancy score has been heavily studied. The self-ideal, self-discrepancy score is an index developed by psychologists for measuring the difference between how a person perceives himself and how he would ideally like to be. Just what this index actually measures has never been clearly defined. The discrepancy index has been labeled a self-satisfaction, self-actualization measurement. However, the major problem has been relating this subjective index, gleaned from self-report measures, to behavioral, observable, and clinically useful criteria. The purpose of this study is to relate the self-ideal, self-discrepancy score to the behavioral criterion of sociometric status.

Most of the research attempts to link the discrepancy index with level of adjustment and/or defensive modes of adjustment. Adjustment criteria have been derived from further testing, hospitalized versus non-hospitalized patients, and other psychological evaluations. The social realm of adjustment has begun to receive some notice because of the obvious and inescapable link between social and personal percepts.

It is within this social realm that the interrelationship between self-acceptance and acceptance by others has begun to be explored.

The Leary Interpersonal Check List is a self-report measure which is based upon a social interaction theory. The instrument measures reported self-concept and ideal self-concept, as well as reported perceptions of significant others. (A significant other is a person who is important to the subject. This can be a family member, or a work associate, or a good friend). The Leary Interpersonal Check List (ICL) is interpreted according to behavioral and interpersonal reactions. The descriptive interpretive results are in terms of how a person behaves and what kind of effect he has upon others. Because the ICL is within the interpersonal framework, it is a useful device for measuring self-concept and ideal self-concept discrepancy with a social adjustment criterion.

Sociometric techniques have been found to demonstrate social adjustment within many settings and with many different types of subjects. A subject's sociometric rank has been correlated with many different types of adjustment. Therefore, if the self-ideal, self-discrepancy index is a measure of social adjustment, it should be related to results of sociometric measures. A subject's self-acceptance measured by his self-report would be related to his acceptance by others.

The Leary Interpersonal Check List is a self-rating adjective check list containing one hundred and twenty-eight descriptive items. These items are arranged so that they group into sixteen interpersonal variables. An intensity dimension has been built into the ICL to present each of the sixteen variables on a four-point scale. Bentler (1965) describes the method used for selecting the words and phrases composing the ICL. Psychologists' ratings, frequency of endorsement, and hypothesized cultural norms were utilized in the final selections of descriptive phrases. The intensity levels correspond to 90, 67, 33, and 10 per cent of examiners agreeing with the phrase as being descriptive of self. Trait intercorrelations and item correlations were also used in the final selections. The problem of set was partially alleviated through the development of different intensity levels.

Behavior at five levels of communication is categorized by the same set of sixteen variables. Level I deals with the way a person is described by others. Level II consists of a person's conscious description of himself. Private fantasies as determined by the Thematic Apperception Test represent Level III. Level IV is the level of unexpressed consciousness, and Level V represents values and ideals. This study only dealt with Level II and Level V.

All five levels can be compared on the same scale. A circular array is used, with the vertical axis measuring dominance-submission variables, and the horizontal axis

measuring love-hate variables. The intensity levels vary with distance from the center, which is the mean of the normal population. The distance and direction of the subject's summary score from the center indicate the type of interpersonal behavior and its deviation from the norm. Adaptive modes of behaving are contained within the first two standard deviations, with maladaptive scores being more than two standard deviations from the mean.

Leary (1957) operationally defines all five levels of communication. He does not attempt to measure consciousness or any subjective view of self. Because of cultural stereotypes of ideals, Leary devised correctional norms so that a scatter of scores throughout all quadrants would be achieved.

Several validity and reliability studies have been conducted on the ICL. Leary and Coffey (1955) conducted validity tests with prison inmates, college students, and army officers. They found that the mean score of prison inmates falls in the rebellious-aggressive category, that the mean score of a normal college population falls in the inner ring or adaptive area, and that the mean score of 100 army officers falls in the outer ring of autocratic behavior. Thus, the intensity levels of all sectors were found to measure what they purported.

Frost (1971) conducted a semantic differential analysis of the ICL. He tested the commonality of meaning of the sixteen adjectives assigned to each of the eight categories. The

adjectives within each category must have similar connotations if the scores are to be valid. Frost's results supported the placement of the adjectives in the ICL.

Briar and Bieri (1963) studied the nature of the empirical substructure of the ICL in order to clarify its multidimensional characteristics. A factor-analytic and trait-inference study was performed. Briar and Bieri found that the terms "dominance" and "love" defined the octants to which they were attributed. The authors' findings were consistent across two different response tasks.

Construct and concurrent validity of the ICL were tested by Zacherman, Levitt, and Lubin (1961). They tested construct validity by factor analyzing the correlations of the ICL and peer ratings. It was assumed that the factors emerging would represent the broad categories as defined by the Leary. Concurrent validity was determined by comparing the ICL with forced-choice tests, projective techniques and peer ratings. The ICL was found to yield the highest correlation with external criteria.

Meers and Neuringer (1967) conducted a validation study of self-concept measures of the ICL. They hypothesized that a congruence between the public image projected by an individual (level I), and his self-appraisal (level II), would lead to behavior reflecting an adherence to and dependency upon socially approved mores. The individual's self-image would be reinforced by feedback received concerning his

his public image. Thus his self-image would be dependent upon the opinion of others. Leary (1955) had postulated that those with congruency between self-image and public image were characterized as being more adherent, loyal, accepting, and dependent. The hypothesis tested by Meers and Neuringer was confirmed, and thus Leary's postulated characteristics and descriptions were validated.

Test-retest reliability of the ICL was found to be .78 with psychiatric patients tested by Dinitz, Mangus and Pasamanick (1959). Leary (1957), using obese women for his study, reported test-retest reliability. Getzels and Guba (1956) found test-retest reliability of .73-.78. They also developed a set of means and standard deviations for psychiatric out-patients.

Leary (1957) has also reported intervariable correlations. He found that the size of the correlation coefficient decreases systematically as the interval distance on the circular continuum increases.

The problem of endorsing items according to their social desirability has been examined by Edwards (1951). The need to control for variable of social desirability is especially apparent in studies measuring self concept and ideal self concept discrepancies. Kenny (1962) found that subjects were able to distinguish between what they considered to be desirable behavior and how they perceived their own behavior. Sperber and Spanner (1962) tested whether or not neurotic

subjects, when rating their self and ideal self-concepts, could refrain from answering socially desirable items not part of their behavioral repertoire. It was found that neurotics could make a distinction.

Cowen and Tongas (1959) found that self-ideal, self-discrepancy scores do not correlate with social desirability, although the self-concept and ideal self-concept when analyzed separately were found to correlate. Leary (1957) found the social desirability factor producing a homogeneity of scores on level V (ideal self) measures. A different set of norms correcting for the social desirability weightings was therefore developed.

Studies examining the self-ideal discrepancy as an indicator of adjustment have utilized various self-report measures, including the ICL and Q-sort technique. Lockwood and Guerney (1962) related self-ideal self discrepancy, as measured by the ICL, with other measures of adjustment. They postulated that the more dissatisfied the child is with himself, the poorer his total adjustment will be. They found a significant correlation between ICL self-ideal, self-discrepancy scores and total and emotional adjustment. Crandall and Bellugi (1954), using college students, also found that self-ideal, self-discrepancy scores varied with maladjustment in the hypothesized direction. Achenback and Zigler (1963), using psychiatric patients, hypothesized that self-ideal disparity was related to particular types of maladjustment

rather than maladjustment per se. It has been found that neurotics have a greater discrepancy index than either normals or schizophrenics. The rationale is that neurotics are characterized by anxiety and the schizophrenics by defensiveness. The type of defense mechanism employed is felt to be related to the amount of self-ideal, self-discrepancy. The authors found that level of anxiety was related to self-ideal self discrepancy. Guerney and Burton (1963) also found that self-ideal, self-discrepancy was correlated with anxiety.

The amount of self-ideal, self-discrepancy has been used as a predictor of suicidal behavior in a study by Wilson and Miskimens (1971). The authors found that suicide attempters were characterized by high total tension, high self-ideal self discrepancies, high goal anxiety, and high self derogation. Dinitz, Mangus and Pasamanick (1959) found that the ICL self-ideal, self-discrepancy score has some discriminatory power in distinguishing between normal persons and psychiatric patients. Psychiatric patients had higher discrepancy scores and viewed themselves as being self-effacing and powerless. The authors discovered that patients were unable to find methods of altering their interpersonal behavior to conform with their ideals. Self-ideal self discrepancy scores were not found to be related to the criteria of age, sex, education, length of hospitalization, diagnosis, and number of previous admissions.

Self-acceptance as measured by the self-ideal, self-congruence score has been thought to be related to type of defense

mechanism used in adjustment, as well as actual adjustment. It has been felt that self-ideal, self-discrepancy could be measuring the vulnerability or lack of defensiveness of the maladjusted. Zuckerman and Monashkin (1957), using psychiatric patients, found that high self acceptance was correlated with defensiveness, acting out behavior, and externalizing blame. The low self-acceptance patients were found to internalize blame, be socially withdrawn, and depressed.

Block and Thomas (1955) found that overcontrollers who were over-conforming, restrained, and used projection, denial and repression had higher self-acceptance scores than under-controllers. They also found that satisfaction with self was curvilinearly related to the social dimension of adjustment. Wylie (1957) also found that self concept-ideal self concept discrepancies were related to defensiveness. Lorr and McNair (1965) found that different defense mechanisms were correlated with different octants on the ICL. Thus, those scoring in the hostile octant demonstrated extrapunitiveness and projection, and had lower discrepancy scores. Those scoring in the masochistic octants utilized self-blame and intra-punitive defenses and scored higher on self-ideal self discrepancy.

The repressor-sensitizer dimension, as conceptualized by Byrne, deals with methods or characteristic modes of responses used to ward off threatening stimuli. Repressors use avoidance defenses, whereas sensitizers use approach defenses.

Sensitizers use obsessive defense mechanisms and ruminate about threat, conflict, negative qualities in themselves and others. Parsons and Dickoff (1960) found that sensitizers have higher self-ideal, self-discrepancy scores than repressors. Repressors describe themselves as more dominant and they use denial and projection. Foulds and Worchime (1971) duplicated the findings that sensitizers score higher on self-ideal self discrepancy.

Self-acceptance has also been related to extraversion and depression. Kornreich, Straha and Kane (1968) found that high discrepancy scores were found in those patients diagnosed as depressed. Two studies, one by Knapp (1965), and the other by Vingoe (1968), found that extraverts were more self-accepting than introverts.

When Rosen (1956) examined what the average person thinks society wants him to be, he found that subjects endorsed the following items: defensive and controlled behavior, behavior that is not impulsive, not anxious, not compulsive and not bizarre. The subjects also endorsed extraverted behavior. These factors were characteristic of subjects scoring low on self-ideal self-discrepancy. Also, these characteristics were found to determine sociometric choices.

From the examination of minority groups, it has been found that Negro and Mexican-American children have lower self-esteem than White children. Peterson and Ramirez (1971)

found larger discrepancy scores for minority group children. The authors found that the negative self-concepts and the self-rejecting attitude of these children were highly related to negative evaluations and feedback from others. Thus, the self-evaluations were inseparable from interpersonal reactions. Helson (1968) also found that social feedback was largely operating in level of self-esteem. The slightly neurotic group that she tested was found to be more self-accepting and more accepted by others than the more maladjusted group.

The importance of social and interpersonal feedback on self-esteem has been both theoretically postulated and empirically tested. Sociometric techniques have become an important method for measuring the social prestige or valence that an individual has.

A genuine sociometric test includes a choice criterion such as with whom one would like to engage in some activity. The sociometric test measures the choice status of each member of the group tested in reference to the stated choice criterion. Reliability of sociometric techniques have been found to be as high as .52 after one year. There is apparently a great deal of stability in one's choice status, irrespective of which group one is in. There seem to be certain characteristics of high and low sociometric rank individuals which determine their acceptability in all types of situations.

Byrd (1951) examined the validity and constancy of choice in sociometric tests and found that the choices expressed on the sociometric test correlated with choices made in real life situations. Mouton, Blake and Fruchter (1955), in studying the validity of sociometrics, found that the number of positive choices a subject has predicts such performance criteria as productivity, combat effectiveness, training ability, and leadership. Number of negative choices was found to be related to accident proneness, sick bay attendance, and frequency of disciplinary offenses. Mouton, Blake and Fruchter reported testing in such diversified settings as industry, schools and military operations. They review fifty-three studies reporting high reliability of sociometric judgments.

Wylie (1961), in her review of studies on the self-concept, presents several theoretical and empirical cases relating self-esteem and acceptance by others. Theorists propound that high self-regard will lead to a better ability to get along with others, and that acceptance by others will enhance self-regard. Thus a reciprocal relationship is postulated. Coopersmith (1959) found a significant correlation between sociometrics and self-acceptance with sixth graders. Turner and Vanderlippe (1958) reported that college students with high self-ideal, self-congruency scores ranked higher sociometrically among their dormitory peers.

A review of literature dealing with self-esteem was done by Ziller, Hagey, Smith and Long (1969). They report several studies where social self-esteem is related to sociometric status. Brownfain (1952) found that those ranking higher on sociometric measures had higher self esteem and felt more in control of their environment. Fey (1955) found that those individuals who had low self-acceptance, but chose others frequently on sociometric measures, were intropunitive and self-disparaging.

Levinson and Mezei (1970) in testing run-away youths, have found that a lack of self-acceptance reflects lack of acceptance by others, and that the youths' problems in personal perception are the result of problems in interpersonal relationships. Another study in the area of personal perception is that of LeMann and Solomon (1952). They found that there is a high correlation between self-depreciation and low sociometric status. Horowitz (1962) also found a correlation between low sociometric status and poor self-concept and found that those with poor self-concepts had higher anxiety scores.

Forlano and Wrightstone (1951) found that sociometric status was correlated with social and emotional adjustment in school children. Mill (1953) found that sociometric "rejects" were characterized by recessive, schizoid, and inefficiently aggressive behavior, whereas sociometric "stars" were higher on defensive scales.

Using psychiatric patients as subjects, Brown (1965) found that sociometric rank was inversely related to degree of illness. Those patients who were least ill were found to interact more frequently and in a different manner than those patients more severely disturbed. Thus, there were patterns of social interaction as well as personality characteristics influencing how well accepted the patients were.

The literature on sociometric status and self-esteem consistently points out the relationship between self-acceptance and acceptance by others. Sociometric choice subjects also consistently possess certain characteristics. They are better adjusted emotionally and socially, are more defensive and less self-disparaging. Thus, the literature on sociometric status reveals a relationship between the type of person with high sociometric choice status and the type of person who has a low self-ideal self discrepancy score. Literature on self-ideal self discrepancy also consistently demonstrates similar trends. Those with greater discrepancy scores were more self-disparaging, more anxious, less defensive, and more socially withdrawn.

Therefore, it is hypothesized in this study that those patients within a psychiatric hospital having a high sociometric choice status would obtain significantly lower self-ideal scores than those patients having low sociometric choice status. It is also hypothesized that those patients diagnosed as depressed would obtain higher self-ideal self

discrepancy scores than either those patients diagnosed as psychopathic or those suffering from situational stress.

Method

Subjects. The in-patient population of a county psychiatric hospital was used as subjects. Subjects utilized included 16 females and 14 males. Socioeconomic status was utilized as a control. All the subjects were from the lower-class socioeconomic group, as determined by financial rankings. The subjects were mixed racially, and ranged in age from 21-35.

Procedure. Each subject was given a sociometric questionnaire with the following choice criteria: (1) List those patients in the hospital with whom you would most like to spend your leisure time. (2) List those patients in the hospital with whom you would least like to spend your leisure time.

The rationale for using a negative forced-choice criterion is that it broadens the measured scope of each patient's social field. It has been found that negative choices are more difficult to give and are consequently more revealing.

Each patient was given a list of names of all patients present in the hospital. The patients were instructed to make their choices from among these names. The patients were told that their choices would remain confidential. No patient refused to complete the task.

The rationale for using a four day minimum stay criterion was derived from the staff at the hospital. They use this criterion in their level promotion system and consider it an adequate period of time for adjusting to the program and becoming acquainted with the other patients.

The 15 highest and 15 lowest sociometric choices were administered the ICL. The instructions used were standard with the exception that each patient was told only to rate his self and ideal self. Each patient was privately tested in the same office and by the same examiner. Each patient was given an identifying number in order that the examiner would not know his sociometric status when administering and scoring the ICL.

Results

The self-ideal self discrepancy score was obtained by subtracting the converted self raw score from the converted ideal self raw score. Sociometric choice status was obtained by algebraically summing the number of positive and negative choices for each patient.

The ICL self-ideal self discrepancy scores were divided into the high and low sociometric choice groups. A Fisher's t difference between independent means was statistically computed. The t was significant ($t = 3.19$, $df = 28$, $p<.01$) in the direction hypothesized.

Table 1

Summary of Difference Between Means for Discrepancy Scores

Source	Means	df	t
High choice	17.60	28	3.19*
Low choice	36.67		

*$p < .01$

A high correlation between the sociometric rank of the patient and his discrepancy can be seen in Figure 1 of the Appendix.

A 2X3 Chi square was statistically computed on the data. The categories utilized were high and low discrepancy score versus diagnostic category. A mean discrepancy score was determined and those with scores falling above the mean were placed in the high group and those with scores below the mean were placed in the low group. The patients' diagnoses spanned three major categories: Situational stress, depression, and psychopathic disturbances. The Chi square was not significant at the .05 level for any of the cells. The largest trend towards significance was obtained in the high discrepancy depressed cell.

Table 2

Summary of Psychiatric Diagnosis and Discrepancy Score

Source	Number of patients		
	Situational	Depressed	Psychopathic
High discrepancy	7	7	2
Low discrepancy	8	2	4

Discussion

The hypothesis that those patients who were high sociometric choices would obtain a significantly lower self-ideal, self-discrepancy score than those patients who were low sociometric choices was supported by the statistical analysis. The results concur with previous data taken from non-hospitalized populations. Because of the size of the in-patient population of a psychologically rather than medically oriented psychiatric hospital, the groups utilized were small. It was necessary to use only patients present during one block of time in order that the sociometric data would not be contaminated. A larger population would be preferable for several reasons: For example, the patients could be better matched over a wider area of criteria. However, some of the research indicates that the variables of age, I.Q., sex, race, and education are not relevent. Socioeconomic status, in the view of previous research, appeared to be a

possible variable. Consequently, in utilizing a county psychiatric hospital with a sliding financial scale, socio-economic status became a controllable variable. The population studied was quite varied as to race, previous number of hospitalizations, and occupations, but were mainly residents of the county. Therefore, generalizations from the data concerning other county psychiatric patients would be dependent upon the similarity of the subject pool.

The results of the data on self-ideal discrepancy and sociometric choice status support the theory that there exists some interrelationship between one's self-acceptance and one's acceptance by others. Clinical observation following testing of the patients revealed further evidence for supporting a self-social interaction theory. Although unempirical, by observing patients' interactions socially as well as their voiced views of self, there appeared to be a difference between those patients who continually expressed self-deprecating feelings and those who were more outwardly directed. Those who expressed negative self views were rarely sought out for noncompulsory conversations.

There are several reasons why the negative effect upon the listener could occur. Expressed negative views of self could be threatening to the listener because they remind him of his own failings, or it could simply be that there is not much one can say to another person who expresses negative

self feelings. Consequently, one would feel uneasy, frustated,and eventually bored in his company. Determining exactly what components are operating in the relationship of expressed self-dislike and dislike by others would be extremely difficult. However, what the findings seem to emphasize is that it is not how one feels about oneself in an absolute sense that is operating in the response of others. It is more what is willingly or unconsciously expressed that determines the reaction in others. Non-verbal communication of self-deprecating feelings also must be considered. Hanging one's head, being shifty eyed, speaking inaudibly soft are thought to be indicators of a low self concept, and they generally are not traits that are appreciated by others. Thus, as a result of the data obtained from the population tested, there appears to be a significant relationship between one's verbalized self-acceptance and one's acceptance by others. The validity of the instruments used for the testing must be assumed in order to accept the findings. The sociometric criterion used in this study has been used and recommended in previous research. The validity of sociometrics has been widely accepted. Because the ICL correlates with the findings of the sociometrics, the validity of ICL as a measure of interpersonal behavior is supported by this study. Consequently, the usefulness of the ICL as a predictor of interpersonal behavior and as a tool for structuring therapy is supported.

The statistical analysis of the relationship between self-acceptance and psychiatric diagnosis did not yield significant results. The diagnoses used were those obtained from the intake interview of the patient as he entered the medical county hospital. The diagnoses were not made at the psychiatric hospital and were not based on any psychological testing or psychotherapy interactions. The diagnostic interviews are made by resident psychiatrists and last from five to ten minutes. Thus, one way of viewing the results of the data would be to examine the validity of the diagnoses. Consequently, any interpretations made from these data should be done with caution. A more careful and thorough examination of the patients before diagnosis would be advantageous. Since these diagnoses form a part of the patient's permanent record, and sometimes determine his future, their validity becomes a crucial problem.

A follow-up study using the psychiatric in-take diagnoses, psychiatric diagnoses following psychological testing, and careful evaluation, would be valuable. If different results occurred with the different diagnoses, then more definite conclusions as to the relationship between type of psychological maladjustment and self-ideal self discrepancy could be drawn.

The results of the data confirm the hypothesized relationship between self esteem and esteem by others. The interpersonal theory of behavior postulated by Leary is supported.

It would appear that there exists an interrelationship between one's veiw of oneself and the feedback concerning oneself that is given by others. In order to determine the causal element of the relationship, studies on social learning during infancy would have to be conducted. The cues that the infant receives concerning his worth apparently influence his self esteem and his further patterns of social interaction. Research concerning the formulation of the self-concept, especially emphasizing social feedback, would help clarify the dynamics in the relationship.

The results of this study also further validate the ICL as a measure of interpersonal behavior. By utilizing an external, behavioral criterion such as sociometrics, the validity of the ICL for clinical use is supported. The subjective, but expressed ratings of self and ideal self appear to have behavioral correlates. What one feels about oneself is somehow communicated to others and influences their perceptions. The sociometric responses serve as feedback on how one is perceived. That they coincide with self-perception validates both the instrument used to measure self-perception and the theory purporting a relationship between self perception and perception of self by others.

Clinically, the ICL could be used as a predictor of how one is being reacted to by others significant in one's life. The significant relationships could be improved in order to change self-perception. Because of the interrelationship,

by improving feedback from the environment, one can assume that an improved self-concept would result. Thus information gleaned from the ICL could be used as a starting point in planning psychotherapy and improving self perceptions. Further research could explore whether a change in self-concept would result from changes in interpersonal behavior.

APPENDIX

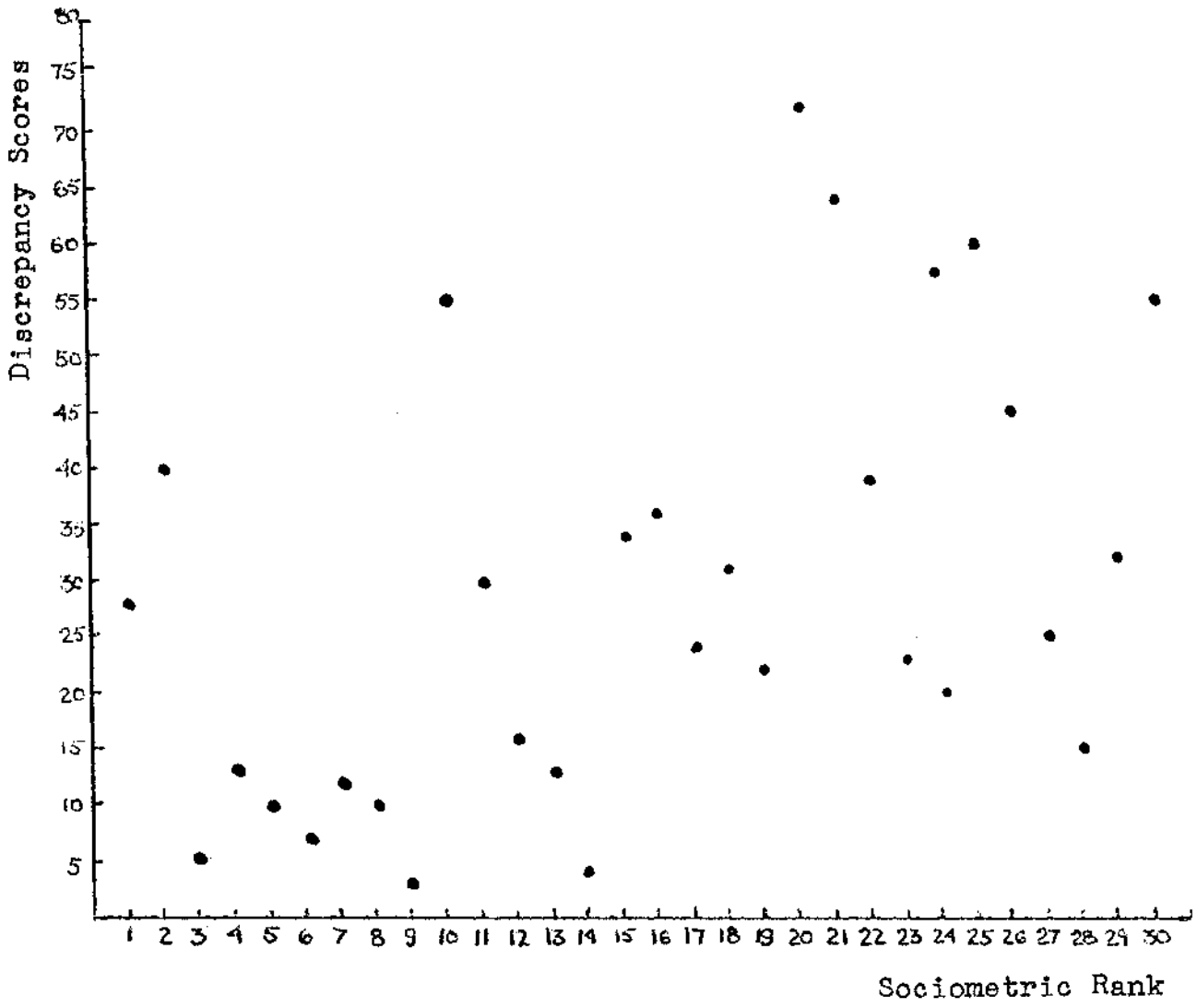

Fig. 1--Discrepancy scores and sociometric choice status

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