

A STUDY OF THE RELATIONSHIP BETWEEN
ONE ASPECT OF THE SELF CONCEPT AND A DIRECT
AND AN INDIRECT MEASURE OF BEHAVIOUR

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ABSTRACT

This thesis reports a study of the relationship between one aspect of a person's self concept and his behaviour in two test situations. The individual's concept of "self" in terms of a good and bad dimension was first evaluated by how he described himself on a test. The index so obtained was then compared with self statements spontaneously expressed in an interview, and secondly with his clinical diagnosis.

The self concept was first measured by having the subject answer the MMPI. In this test are included 46 items reflecting either a positive or a negative self view. An index, the A/D ratio, was derived which compared the relative number of appreciative and depreciative self statements selected by the subject.

The first study was comprised of 19 patients who took the MMPI and were interviewed shortly after. The hypothesis investigated was that a person's self concept as determined by the A/D ratio would relate positively to the number of the appreciative and depreciative statements volunteered in an interview situation. This expectation was not borne out.

In a second study the relationship between the A/D ratio obtained in the test situation was compared to the clinical diagnosis. No significant relationship was found. It was predicted that those patients diagnosed as neurotics would have a poorer self image than patients

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diagnosed as behaviour disorder, since it was assumed that the former would be more self-critical. This prediction was not borne out. The group diagnosed as behaviour disorder was found to have a poorer self image than the neurotic group. Because of the limited number of patients, this difference could not be statistically verified.

The third study was undertaken to further explore the unexpected findings of the second study. An additional 35 patients were added to the original group of 19. Since they had not been interviewed by the author, a diagnosis of neurosis or behaviour disorder was made on the basis of the MMPI profile. The appreciative-depreciative check list was then carefully scrutinized to make certain that common items from the MMPI did not contribute both to the diagnostic criterion and to the A/D ratio. Patients diagnosed as behaviour disorder were found to have significantly poorer self images than patients diagnosed as neurotic. Various hypotheses are offered to explain these findings.

TABLE OF CONTENTS

	Page
Acknowledgements.....	i
Abstract.....	ii
Chapter I.....	1
The Problem and Introduction.....	1
Historical Review.....	2
The Concept of the Self.....	2
Measurement of Interview Behaviour.....	6
The Minnesota Multiphasic Personality Inventory.....	9
Chapter II.....	12
Experimental Method.....	12
Study 1.....	12
Study 2.....	16
Study 3.....	16
Chapter III.....	19
Experimental Findings and Discussion of Results.....	19
(1) Results.....	19
Study 1.....	19
Study 2.....	19
Study 3.....	19
(2) Discussion of Results.....	20
Chapter IV.....	23
Summary and Conclusions.....	23
(1) Summary.....	23
(2) Conclusions.....	25
Appendix A.....	27
Appendix B.....	34
Appendix C.....	36
Appendix D.....	40
Appendix E.....	41
Appendix F.....	43
Appendix G.....	46
Appendix H.....	76
Bibliography.....	79

CHAPTER I

THE PROBLEM AND INTRODUCTION

Early philosophers treated the "self" as a metaphysical entity, something to speculate about, but beyond precise definition. It has been only recently that both psychologists and psychiatrists have attempted to define the concept of self in such a way that measurement, and hence scientific study of it, could be carried out.

The author, influenced by the writings of Sullivan and Rogers, selected for study the relationship between one aspect of personality, the self concept, and certain measures of behaviour. More specifically one dimension of the self concept was measured and then correlated with interview behaviour and psychiatric diagnosis.

The following hypotheses were tested in this research:

- 1) that a positive relationship exists between self measurements obtained in an interview and in a test situation.
- 2) that the neurotic patient has a poorer self image than the patient with a behaviour disorder.

These hypotheses were derived from the assumption that the self concept has a regulatory influence upon all aspects of behaviour and also that the behaviour of psychiatric patients can be understood, in part, as a

2

response to their self picture. The neurotic is likely to be depressed, guilty, and anxious because he views himself as inadequate. The patient diagnosed as a behaviour disorder may become involved in difficulties because he is not sufficiently self blaming and hence might be expected to have a self concept reflecting few critical statements.

Historical Review

The Concept of the "Self"

The Britannical World Dictionary (Preble 1954) defines the "self" as "an individual known or to be considered as a subject of his own consciousness" or "anything considered having distinct personality". Since Antiquity, philosophers have speculated about the concept of the "self". The Roman philosopher Anicius Boethius (by Runes 1959) referred to it as "a series of conscious acts and contents, which the mind is capable of organizing by direct inspection". Socrates (by Runes 1959) acknowledged the soul or the "self" as "the center from which sprang all man's actions". Plato (by Runes 1959) regarded the "self" as "an abstract idea". David Hume (by Runes 1959) described the "self" as "a bundle or collection of different perceptions, which succeed each other with an unconceivable rapidity". Schopenhauer and Nietzsche (by Masserman 1955) introduced the concept of an "immutable self", which is inviolate and capable of infinite development. It is clear from the foregoing

that the "self", although it was considered central, varied considerably in its meaning according to the philosophic system of the individual thinker.

The philosopher and psychologist William James (by Hall and Lindzey, 1958) set the stage for much of the contemporary theorizing about the "self". He described the "self" as "the sum total of all that man can call his--his body, traits and abilities; his material possessions, his family, his friends and his enemies, his vocations and his associations".

William James introduced the notion that the individual had more than one self in the sense that he reacted differently to different situations. Therefore, one can conceive of varying "selves"--for example, a "social self", a "business self" and so on. This definition described the "self" in terms of the role the individual was playing.

It was Sullivan (by Perry and Gawel, 1954) who developed a theory of personality that rendered the "self" central. In his opinion psychiatry is the study of processes that involve or go on between people. He defined personality as "the relatively enduring pattern of recurrent interpersonal situations, which characterize a human life". He believed that the "self" developed out of early experience and became the base from which future experience was integrated. Those aspects of experience which were inconsistent with the "self" were

dissociated. The "self" was both the keystone of the personality and the greatest source of error and conflict. The only "truth" man could realize was achieved through the agreement between several perceiving persons as a "consensual validation".

Carl Rogers (by Hall and Lindzey 1958) played an important part in developing a theory of the "self", which he related to his counselling procedures. He agreed with Sullivan and William James that the "self" developed from experience and that it also played a crucial role in man's adjustment to his environment. In Rogers' view the critical aspect of psychopathology was the conflict between man's "ideal self", what he thinks he should be, and his "real self", what he believes he is. The greater the discrepancy between the two, the greater the dissatisfaction with the "self", which results in anxiety and depressions. The process of psychotherapy helped the patient to bring together his "ideal self" and his "real self" pictures.

The chief distinction between contemporary theories of the "self" and the earlier formulations is the endeavour of modern theorists to define the "self" in such a way that it becomes more than an abstraction. Sullivan (by Perry and Gawel 1954) by defining the personality as the "recurrent pattern of interactions" with other persons, placed personality and the "self" in the arena of public observation. Rogers (by Hall and

Lindzey, 1958) developed a technique whereby the "self" can be measured. This involved patients sorting through cards and dividing them into piles with respect to the degree to which they believe the statement described themselves. This could be done in terms of describing the "self" as the patients believed it to be or the "self" as they wished it to be. By a rather elaborate method of sorting, known as Q-sort, it was possible to use self descriptions in a statistically valid way to assess differences between concepts of "self", also to assess changes that took place through therapy. Timothy Leary (1957) developed the most ambitious procedures for evaluating the concept of "self". Leary based his theoretical assumptions on Sullivanian theory, then proceeded to develop a complex set of measuring instruments, which provided self descriptions at varying levels. By rating a person's behaviour it was possible to arrive at a public concept of "self". By having a person rate himself it was possible to devise a private concept of "self". Utilizing projective materials, one could derive a concept of "self" that was less conscious. The individual also rated himself as he would like to be, yielding an ideal concept of "self".

In this study the author will not attempt to derive a theory of self-development nor a complex definition; rather, he will postulate that how a person sees himself will be related to how he views his world and hence

influences his behaviour. If such is the case, then by measuring negative and positive aspects of a "self" concept, it may be possible to both predict behaviour in the clinical situation and to shed more light on clinical diagnosis.

Measurement of Interview Behaviour

Language is the most important means of communication between individuals. It is a medium through which both individual and social values are expressed. Therefore, increasing attention was paid to the possibilities of analyzing language as it spontaneously occurs in the interview situation. Gill, Redlich and Newman (1954) presented a comprehensive and historically oriented survey of the initial interview. They contrasted the more rigid approach of Kraepelin's thinking as displayed, for example, by Henderson-Gillespie (1940), Cheney (1934), and Preu (1945) (by Gill, Redlich and Newman), with a more flexible approach in which the patient had the opportunity to tell his story in his own way. This second type of interview, as represented by Garret (1942) and Appel (1937), was the type followed in this study.

The clinical application and evaluation of the interview posed a problem. Appel (1937) and Whitehorn (1944) commented on the different abilities of the individual psychiatrist to allow his patients to talk freely and spontaneously. They furthermore describe its

special aspects, the dynamic consideration of the personality study, the definitions and terms of "personality" or "self", the stages of emotional growth and the possible organization of a case report. Whitehorn (1944) regarded any impersonal questioning or unresponsive behaviour on the part of the therapist as self defeating. Samson and Blanchet (1950) discussed faulty and correct therapeutic relations. In their opinion, the correct therapeutic attitude would promote in the patient an increase in emotional growth, more frequent spontaneous communications with others, and finally a feeling of regained security.

The use of sound tracks constituted a definite step toward a scientific evaluation of the interview. The taped record conveyed the verbal content and the feeling tones accompanying it. According to Gill, et al. (1954), it was Whitehorn who first used tape recordings in 1941. Rogers and Corner used it in 1942, Porter in 1943 and many others since. Eldred, Hamburg, Inwood, Salzman, Meyersburg and Goodrich (1954) used sound tracks to scan the interview for segments of speech. They hoped to find related criteria which might serve the evaluation of the psychotherapeutic situation. They recommended a systematic method for the study of the interview. Lorenz (1954), (1953), (1953) investigated the language behaviour of neurotics and psychotics. She found that, in particular, neurotics used fewer nouns

as, for example, "table, chair, wall, tree..." than did normal subjects. Adjectives were least frequently used by manics, whereas obsessive-compulsives employed many verbs and adverbs. The language pattern of neurotics appeared more abnormal than that of manics when both were compared with language patterns of normal subjects. Gottschalk and Gleser (1957) scanned samples of five minutes' of speech in psychiatric patients and control subjects. They attempted to find variables relevant to the individual personality adjustment and reported that psychiatric patients used more words of self reference than normal subjects, that psychiatric patients lacked the feeling of belonging to a group, and finally, that psychiatric patients expressed more verbs of incipient action as a possible wish for a change. A further paper of Lorenz (1955) was devoted to the study of linguistic patterns as forms of behaviour. She analyzed the language of ten hysterics, ten obsessive-compulsives, ten manics and then paranoid schizophrenics. She failed to find a specific language pattern which might have identified individual groups and believed that all the language characteristics described might be found in normal people. She suggested that the consistent emergence of a particular language habit in a certain person may reflect his or her psychological background. More recently, Lorenz (1957) presented a more detailed inquiry into language patterns of the

schizophrenic patient, whose language is influenced by his illness. She named four different levels of language: Firstly, "overt content", secondly "implied meaning", thirdly, "revealed meaning", and fourthly, "latent content". McQuown (1957) transcribed the interviews of Will and Cohen phonetically. Checking the interview material for particular sound and speech phenomena he also failed to establish diagnostic categories. Pittenger, Smith and Lee (1957) offer a more detailed description of a linguistic approach in the analysis of interviews. They review the sound and the language patterns as well as the gestures and motions of the patient. Possibly appalled by the vast amount of data collected they limited themselves to the statement that linguistic tools are useful in psychiatric research.

The Minnesota Multiphasic Personality Inventory

In this project the Minnesota Multiphasic Personality Inventory (MMPI) (Hathaway and McKinley 1943) was used to obtain one measure of self concept, and can be considered a "standardized interview". The MMPI currently ranks fifth in clinical usage in the United States. In contrast to earlier personality tests, it was empirically validated against psychiatric diagnosis. Internal checks on the validity of responses are included, and the personality categories or traits in themselves do not necessarily reflect any theoretical

conception of personality. The 566 item pool was collected in such a way as to insure a wide range of content organized around meaningful psychiatric categories.

It is scored for nine clinical syndromes, and four scales serve as checks on the validity of the individual results. The various scores obtained are:

1) Validity measures: a) "Cannot say" or "?"--unanswered items, b) L--the "lie" scale, a series which seldomly will be answered in the negative direction, c) F--set of items very infrequently answered in the scored direction by the standardization group, and hence indicative of gross eccentricity, carelessness in responding, deliberate simulation, or errors in scoring, d) K--a scale which identifies a "test-taking" attitudes and affords an index of the degree to which a subject has been guarded or evasive, or overly frank and self critical in responding.

2) Clinical syndromes: a) Hs--hypochondriasis, b) D--depression, c) HY--hysteria, d) Pd--psychopathic deviate, e) Mf--masculinity-femininity, f) Pa--paranoia, g) Pt--psychasthenia, h) Sc--schizophrenia, i) Ma--mania.

In the study to be reported, a diagnostic division was made on the basis of the patients' score on the Psychopathic Deviate (Pd) scale. This scale consists of 50 items. It identified those people who lack a deep emotional response, are unable to profit from past

experience, and who lack regard for social customs. They use their intelligence to achieve their own ends and appear thoughtless, cold, hard and aloof. They are egocentric and blame others for their own shortcomings. Hathaway and McKinley (1951) claim that a high Pd excludes neuroses. Benton (1957) found that about four-fifths of a group of delinquents presented high scores on the Pd variable. Benton and Probst (1957) reported a significant relation between the Pd scale and the psychiatric diagnosis of psychopathic personalities.

The MMPI was also used to provide an item pool for the development of a self-rating index using appreciative and depreciative self statements.

CHAPTER II

EXPERIMENTAL METHOD

The plan of this chapter will be to discuss the subjects and measuring instruments used in three related studies. These studies were designed to explore the relationship between measures of self concept obtained in different situations, and also the relationship between these and clinical diagnosis.

Study 1

In this study, the hypothesis was that a positive relationship exists between the self measurements obtained in a formal test situation and in an initial interview. A comparison was made between the number of appreciative versus depreciative items selected from the Minnesota Multiphasic Personality Inventory (MMPI) and a similar ratio of appreciative-depreciative statements derived from spontaneous comments in an initial interview. The number of appreciative items was divided by the number of the depreciative statements yielding the appreciative-depreciative ratio in both the test situation and the initial interview.

The subjects of this study were 19 randomly selected patients; 12 male and 7 female who were not psychotic, and who were currently being treated at the Out-Patient Department of the Winnipeg General Hospital. Their ages ranged from 16 to 46 years with an average age of 29.7 years. The average grade level was 8.6

grades and ranged from grades 7 to 12. Each subject was asked by a staff psychiatrist to complete the MMPI and was interviewed by the author for one hour using a tape recorder. The subjects were not informed as to the nature of the investigation. The MMPI was taken either on the same day as the interview, or one day before or after. The writer had no knowledge of the test results prior to the formulation of the diagnosis.

The MMPI was used to provide an item pool of questions having a specific reference to how the patient felt about himself. Since it is a standard test, the individual items had been carefully checked for their relationship to clinical groups. An advantage in using this test was that items being used for this study would then be presented in a routine fashion as a part of a general clinical assessment, and might, therefore, be treated more naturally than if a special test was provided consisting only of those items being used.

Of the 566 MMPI items, 50 were selected by the author as constituting a negative or positive statement about the "self". For instance, item number 36 "I seldom worry about my health" would indicate an appreciative statement if answered "true" and a depreciative self evaluation if answered "false". Four other investigators reviewed these items and indicated

those they considered questionable. Four items were omitted after this procedure. The remaining 46 items were grouped into appreciative and depreciative statements by the author and checked again by the four investigators.

For each individual the number of the appreciative statements was divided by the number of the depreciative ones yielding the appreciative-depreciative ratio (A/D ratio). A score of more than one would indicate a preponderance of appreciative statements. A score of less than one would denote a majority of depreciative items.

In the usual fashion of a diagnostic interview, each of the 19 patients was interviewed by the author and the interview tape recorded.*

A non-directive interview technique permitted the patient to talk freely and to choose the problems that concerned him the most. Some directive questioning had to be used, however, for the purpose of obtaining an outline of the patient's background.

The positive and negative statements made about the "self" were selected from the verbatim transcript. They were underlined and marked 'A' (appreciative) and 'D' (depreciative). Problems arose as to how some statements should be categorized. For instance, there was the difficulty of dealing with sentences or phrases containing two statements as in "I got along good with the teachers",

* See Appendix G

and "I never had too much trouble". The problem here is to determine whether this should be counted as one statement or two. Statements made with a past reference as "I used to feel terrible" or "I always had bad nerves as a young kid" posed another problem. Does the patient imply that he feels better now, or does he continue to register negative feelings about himself? Furthermore, ambivalent statements as "I could have done better, if I had had more of a chance" or, "If I had the courage, I would have killed myself". The following rules were obtained:

Firstly, double statements were counted as two single statements. Secondly, statements made in the past reference were interpreted as either positive or negative, in accordance with the context of that part of the interview. Thirdly, ambivalent statements were alternately registered as positive or negative. The majority of statements were categorized with a high degree of reliability. As a check on the author's analysis, another investigator examined five randomly selected transcripts in the same fashion and the results were compared. The five transcripts yielded altogether approximately two hundred self reference statements. The independent investigator agreed with the writer ninety percent of the time.

Two indices were worked out for each one of the 19 patients. First, the A/D ratio was derived using 46

items of the MMPI.* Second, an appreciative-depreciative ratio was formed from the "self" statements of the interview material.

Study 2

The subjects were placed in a behaviour disorder (B.D.) or neurotic (N.) group independently by two methods. The first utilized the MMPI profile. The author also labelled the patients as belonging in a B.D. or N. group, according to his clinical judgment and using information from the chart. The agreement between these two methods was seventy-eight percent. Using a chi-square technique, this agreement was found to be significant at a 0.005 level. It was decided to use the diagnosis obtained from the clinical impression rather than the MMPI diagnosis, since it was believed that it might yield a more reliable index, although as noted, substantial agreement was demonstrated between the two methods.

The second hypothesis tested was that patients diagnosed as B.D. would have a more positive self image than those diagnosed N.

The subjects of this study were the same 19 patients used in Study 1. The A/D ratio from the MMPI items were compared with the clinical diagnosis.

Study 3

This study was designed to further explore the hypothesis in Study 2 using a larger group. To the

* See Appendix A-1

original group of 19 patients were added 35 patients; 30 female and 5 male, who had been previously tested and studied by another investigator. Thus, the total group investigated was comprised of 34 females and 17 males. Their ages ranged from 15 to 72 years with a mean age of 35 years. The mean grade achieved was 7.9 grades, and ranged from 7 to 12 grades. They were selected because each had been diagnosed as not psychotic, and they were drawn from the same patient population as the original sample. A problem arose with respect to diagnosis. It was not possible to use a clinical diagnosis with this group, since they had not been interviewed personally by the author. Therefore, it was decided to use a diagnosis based upon their MMPI results. As reported above, a significant degree of relationship (78 percent) was demonstrated between the clinical and the MMPI diagnosis in the original 19 patients. Therefore, it was decided to use the MMPI criterion of the total group of 54. If a patient had a T-score over 70 on the Psychopathic Deviate variable of the MMPI, he was categorized as B.D. If below 70, he was placed in the N. group.

Since the Psychopathic Deviate (Pd) variable of the MMPI was to be used as a diagnostic criterion, the items that made up the Pd scale were reviewed to make certain that there were no common items in the Pd scale and A/D ratio. Four were found, and deleted, leaving

the A/D ratio with 42 items.* The revised A/D ratio was then recalculated for the original 19 patients, and used for the additional 35.

* See Appendix A-2

CHAPTER III

EXPERIMENTAL FINDINGS AND DISCUSSION OF RESULTS

(1) Results

Study 1

The correlation between the A/D ratio obtained from the same patient in the interview, and the test situation was 0.267. This was not statistically significant.

Study 2*

No significant relationship was demonstrated between the clinical diagnosis and the A/D ratio obtained in the interview. The mean A/D ratio for the N. group was -- 2.95 and for the B.D. group -- 0.89.**

This finding is contradictory to the hypothesis and stimulated the author to further investigate the relationship using a larger sample.

Study 3

With the total group of 54, the N. group were found to have a significantly more favourable self picture in the test situation than the B.D. group. The mean A/D ratio for the N. group was 1.91 and for the B.D. group .93. This is significant between the .01 and .025 levels of confidence using a chi-square technique.***

* See Appendix B

** See Appendices C and D

*** See Appendices C, E and F

(2) Discussion of Results

The prediction that the self concept measurement obtained from a test and an interview situation would be consistent was not borne out. This may mean either (a) that the individual behaviour is not organized around a 'concept of self' and, therefore, no consistency could be expected, or (b) that the lack of agreement can be attributed to other factors. The author cannot comment on the first of these alternatives. The second alternative, that the condition of self measurement differed sufficiently to account for the discrepancy, bears consideration. It will be recalled that the A/D ratio obtained from the best was calculated by choices the subject made according to how he described himself on a conscious level. In the interview, however, the subject was not aware that his "self" picture was being assessed; his attention being directed to discussion of personal problems. It is thus assumed that his verbal behaviour would reveal a more operational and less 'self conscious' evaluation of his self-image. If this is the case, it would not be surprising that, under such different conditions, the obtained concepts would be at variance.

In other words, the neurotic patients had a greater need to present a favourable self picture because of their presumed greater need for approval than the

behaviour disorders.

Contrary to expectations, the N. group presented a more favourable self picture than the B.D. In line with the above argument, this finding might be accounted for by a greater degree of defensiveness on the part of the N. It is suggested that the higher A/D ratio does not represent a truly positive self-concept, but rather an attempt to present a positive facade to the examiner for fear of rejection. Paradoxically then, the positive A/D ratio of the neurotics in the test situation may be a reflection of the basic assumption of the study; that the N. have a poorer self image. Perhaps the hypothesis should be restated to the effect that the N. are more defensive about their inadequacies than are the B.D.

It is not the writer's intention to rationalize his negative findings. However, it is the only way he can account for the results which are not to be denied; that, in the test situation, N. see themselves more favourably than B.D. Some slight evidence for the hypothesis for greater defensive attitude on the part of the N. is found in the K score of the MMPI. This scale is assumed to measure the attitude of the subject taking the MMPI. If it is high, the individual is believed to be defensive about himself and, thus, will present an unrealistically sanguine picture of

his symptoms. The mean K score for N. subjects was 14.1 with a standard deviation of 6.53, while the mean K score for B.D. was 10.4 with a standard deviation of 4.16. Applying the T-test, this difference is significant at a level of 1 percent.*

There is a significant difference between the test-taking attitude of the N. and B.D. subjects.

* See Appendix H

CHAPTER IV

SUMMARY AND CONCLUSIONS

(1) Summary

This thesis reports a study of the relationship between one aspect of a person's self concept and his behaviour in two test situations. The individual's concept of "self" in terms of a good and bad dimension was first evaluated by how he described himself on a test. The index so obtained was then compared with self statements spontaneously expressed in an interview, and secondly with his clinical diagnosis.

The self concept was first measured by having the subject answer the MMPI, a test in which are included 46 items reflecting either a positive or a negative self view. An index, the A/D ratio, was derived which compared the relative number of appreciative and depreciative self statements expressed by the subject.

The first study was comprised of 19 patients who first took the MMPI and were interviewed shortly after. The hypothesis investigated was that a person's self concept, as determined by the A/D ratio, would relate positively to the number of the appreciative and depreciative statements volunteered in an interview situation. This expectation was not borne out. There was no statistically significant relationship between

the self concept as obtained in the interview and the self concept derived from a test situation.

In a second study the relationship between the A/D ratio obtained in the test situation was compared to the clinical diagnosis. It was predicted that those patients diagnosed as neurotics would have a poorer self image than patients diagnosed as behaviour disorder, since it was assumed that the former would be more self-critical. This prediction was not confirmed. To the contrary, the group diagnosed as behaviour disorder, was found to have a poorer self image than the neurotic group. Because of the limited number of patients, this difference could not be statistically confirmed.

The third study was undertaken to further explore the unexpected findings in the second study. An additional 35 patients were added to the original group of 19. Since they had not been interviewed by the author, a diagnosis of neurosis or behaviour disorder was made on the basis of the MMPI profile. The appreciative-depreciative check list was then carefully scrutinized to make certain that common items from the MMPI did not contribute, either to the diagnostic criterion or to the A/D ratio. Patients diagnosed as behaviour disorder were found to have statistically significantly less positive self images than patients diagnosed as neurotic. Various hypotheses are offered to explain these findings.

(2) Conclusions

The "self" developed from a philosophical background, which was shrouded in speculations. This thesis has joined the attempts to measure the individual's self concept; in evaluating how a person described himself on a test, and in an initial interview.

The results have shown that the tested means of self evaluation, the test and the interview, represent a valid self picture. However, both situations are different from each other in their approach to the individual's self. The interview is more indirect--revealing a more 'operational' and less 'self conscious' self image than the test. Possibly a greater number of interviewed patients would have yielded significant results.

This study may form a basis for further investigation.

APPENDIX

APPENDIX A

Forty-six self reference items selected from the

Minnesota Multiphasic Personality Inventory

1)

Self reference item number	Minnesota Multiphasic Personality Inventory number	Item	True	False	Appreciative	Depreciative
(1)	36	I seldom worry about my health	X	X	X	X
(2)	46	My judgment is better than that of any other person I know	X	X	X	X
(3)	51	I am in just as good physical health as most of my friends	X	X	X	X
(4)	54	I am liked by most people who know me	X	X	X	X
(5)	57	I am a good mixer	X	X	X	X
(6)	67	I wish I could be as happy as others seem to be	X	X	X	X

Self reference item Number	Minnesota Multiphasic Personality Inventory number	Item	True	False	Appreciative	Depreciative
(7)	73	I am an important person	X	X	X	X
(8)	76	Most of the time I feel blue	X	X	X	X
(9)	79	My feelings are not easily hurt	X	X	X	X
(10)	82	I am easily downed in an argument	X	X	X	X
(11)	84	These days I find it hard not to give up hope of amounting to something	X	X	X	X
(12)	86	I am certainly lacking in self confidence	X	X	X	X
(13)	88	I usually feel that life is worthwhile	X	X	X	X
(14)	107	I am happy most of the time	X	X	X	X
(15)	138	Criticism or scolding hurts me terribly	X	X	X	X

Minnesota Self reference item number	Minnesota Multiphasic Personality Inventory number	Item	True	False	Appreciative	Depreciative
(16)	142	I certainly feel useless at times	X	X	X	X
(17)	158	I cry easily	X	X	X	X
(18)	160	I have never felt better in my life than I do now	X	X	X	X
(19)	163	I do not tire quickly	X	X	X	X
(20)	182	I am afraid of losing my mind	X	X	X	X
(21)	189	I feel weak all over much of the time	X	X	X	X
(22)	202	I believe I am a condemned person	X	X	X	X
(23)	217	I frequently find myself worrying about something	X	X	X	X
(24)	236	I brood a great deal	X	X	X	X

Self reference item number	Minnesota Multiphasic Personality Inventory number	Item	True	False	Appreciative	Depreciative
(25)	264	I am entirely self confident	X	X	X	X
(26)	272	At times I am full of energy	X	X	X	X
(27)	321	I am easily embarrassed	X	X	X	X
(28)	339	Most of the time I wish I were dead	X	X	X	X
(29)	361	I am inclined to take things hard	X	X	X	X
(30)	371	I am not unusually self conscious	X	X	X	X
(31)	379	I very seldom have spells of the blues	X	X	X	X
(32)	399	I am not easily angered	X	X	X	X
(33)	407	I am usually calm and not easily upset	X	X	X	X

Self reference item number	Minnesota Multiphasic Personality Inventory number	Item	True	False	Appreciative	Depreciative
(34)	411	It makes me feel like a failure when I hear of the success of someone I know well	X	X	X	X
(35)	413	I deserve severe punishment for my sins	X	X	X	X
(36)	418	At times I think I am no good at all	X	X	X	X
(37)	431	I worry quite a bit over possible misfortunes	X	X	X	X
(38)	439	It makes me nervous to have to wait	X	X	X	X
(39)	459	I have one or more bad habits which are so strong that it is no use in fighting against them	X	X	X	X
(40)	468	I am often sorry because I am so cross and grouchy	X	X	X	X

Self reference item number	Minnesota Multiphasic Personality Inventory number	Item	True	False	Appreciative	Depreciative
(41)	471	In school my marks in department were regularly bad	X	X	X	X
(42)	517	I cannot do anything well	X	X	X	X
(43)	518	I have often felt guilty because I pretended to feel more sorry about something than I really was	X	X	X	X
(44)	544	I feel tired a good deal of the time	X	X	X	X
(45)	549	I shrink from facing a crisis or difficulty	X	X	X	X
(46)	555	I sometimes feel that I am about to go to pieces	X	X	X	X

2)

MMPI Items Deleted in Revised Ratio

Self reference item number	Minnesota Multiphasic Personality Inventory number	Item	True	False	Appreciative	Depreciative
(6)	67	I wish I could be as happy as others seem to be	x	x		x
(10)	82	I am easily downed in an argument	x			x
(11)	84	These days I find it hard not to give up hope of amounting to something	x	x		x
(14)	107	I am happy most of the time	x	x		x

APPENDIX B

Study 1

Patients:

a) male 12

b) female 7

19

Abbreviations: Minnesota Multiphasic Personality
Inventory = MMPI

Correlation
of the MMPI self concept with
the interview self concept

MMPI self concept rank order	Interview self concept rank order	Difference between both	(Difference between both) ²
1	1	0	0
2	6	4	16
3	16	13	169
4	10	6	36
5	19	14	196
6.5	11	4.5	20.25
6.5	3	3.5	12.25
8	4	4	16
10.5	2	8.5	72.25
10.5	14	3.5	12.25
10.5	17	6.5	42.25
10.5	8	2.5	6.25
13	5	8	64

MMPI self concept rank order	Interview self concept rank order	Difference between both	(Difference between both) ²
14	12	2	4
15	13	2	4
16	9	7	49
17.5	7	10.5	110.25
17.5	15	2.5	6.25
19	18	1	<u>1</u>

$$E d^2 = 837.00$$

$$\begin{aligned}
 \text{Correlation coefficient: } r_s &= 1 - \frac{6(E d)^2}{n(n^2 - 1)} \\
 &= 1 - \frac{6(837)}{19(19^2 - 1)} \\
 &= \frac{5022}{6840} = 0.733 \\
 &= 0.267 \text{ (Probability is} \\
 &\quad \text{not significant)}
 \end{aligned}$$

APPENDIX C

Statistical Data on the Total Group
of 54 Patients

<u>Number</u>	<u>Age</u>	<u>Sex</u>	<u>Education</u>	<u>Interview</u>	<u>Diagnosis</u>	<u>MMPI</u>	<u>Diagnosis</u>	<u>Interview</u>	<u>A/D</u>	<u>MMPI</u>	<u>A/D</u>
1	24	Male	Gr. 12	Neurotic	Neurotic	1.146	Neurotic	1.146	8.2		
2	15	Male	Gr. 10	Neurotic	Behaviour Disorder	0.545	Behaviour Disorder	0.545	3.6		
3	17	Female	Gr. 9	Neurotic	Neurotic	0.25	Neurotic	0.25	3.18		
4	46	Male	Gr. 8	Behaviour Disorder	Neurotic	0.411	Neurotic	0.411	2.06		
5	45	Female	Gr. 8	Neurotic	Neurotic	0.187	Neurotic	0.187	1.705		
6	22	Female	Gr. 9	Neurotic	Neurotic	0.367	Neurotic	0.367	1.55		
7	19	Male	Gr. 9	Behaviour Disorder	Behaviour Disorder	0.666	Behaviour Disorder	0.666	1.55		
8	43	Male	Gr. 8	Neurotic	Neurotic	0.624	Neurotic	0.624	1.31		
9	31	Male	Gr. 9	Behaviour Disorder	Behaviour Disorder	0.718	Behaviour Disorder	0.718	1.09		
10	30	Male	Gr. 6	Neurotic	Neurotic	0.317	Neurotic	0.317	1.09		
11	37	Female	Gr. 7	Behaviour Disorder	Behaviour Disorder	0.238	Behaviour Disorder	0.238	1.09		

Number	Age	Sex	Education	Interview	Diagnosis	MMPI	Diagnosis	Interview	A/D	MMPI	A/D
12	20	Female	Gr. 9	Behaviour Disorder	Behaviour Disorder		Behaviour Disorder	0.45		1.09	
13	26	Female	Gr. 9	Behaviour Disorder	Behaviour Disorder		Behaviour Disorder	0.59		1.00	
14	40	Male	Gr. 8	Behaviour Disorder	Behaviour Disorder		Behaviour Disorder	0.363		0.703	
15	42	Female	Gr. 8	Behaviour Disorder	Neurotic		Neurotic	0.325		0.586	
16	19	Male	Gr. 10	Behaviour Disorder	Behaviour Disorder		Behaviour Disorder	0.423		0.483	
17	39	Male	Gr. 8	Behaviour Disorder	Neurotic		Neurotic	0.514		0.393	
18	26	Male	Gr. 7	Behaviour Disorder	Behaviour Disorder		Behaviour Disorder	0.272		0.393	
19	24	Male	Gr. 8	Behaviour Disorder	Behaviour Disorder		Behaviour Disorder	0.217		0.243	
20	64	Female	Gr. 5		Neurotic		Neurotic			3.18	
21	35	Female	Gr. 9		Neurotic		Neurotic			2.53	
22	30	Male	Gr. 8		Behaviour Disorder		Behaviour Disorder			2.28	
23	30	Female	Gr. 8		Neurotic		Neurotic			2.06	
24	40	Female	Gr. 9		Behaviour Disorder		Behaviour Disorder			2.06	
25	39	Female	Gr. 10		Neurotic		Neurotic			1.33	
26	67	Female	Gr. 5		Neurotic		Neurotic			1.14	
27	35	Female	Gr. 9		Neurotic		Neurotic			1.00	

<u>Number</u>	<u>Age</u>	<u>Sex</u>	<u>Education</u>	<u>Interview</u>	<u>Diagnosis</u>	<u>MMPI</u>	<u>Diagnosis</u>	<u>Interview</u>	<u>A/D</u>	<u>MMPI</u>	<u>A/D</u>
28	15	Female	Gr. 7		Behaviour Disorder		Behaviour Disorder			1.00	
29	21	Female	Gr. 10		Neurotic		Neurotic			0.761	
30	56	Female	Gr. 9		Behaviour Disorder		Behaviour Disorder			0.703	
31	17	Female	Gr. 10		Neurotic		Neurotic			0.64	
32	30	Female	Gr. 9		Behaviour Disorder		Behaviour Disorder			0.586	
33	19	Female	Gr. 10		Behaviour Disorder		Behaviour Disorder			0.53	
34	23	Female	Gr. 10		Behaviour Disorder		Behaviour Disorder			0.53	
35	40	Female	Gr. 8		Behaviour Disorder		Behaviour Disorder			0.39	
36	55	Female	Gr. 7		Neurotic		Neurotic			0.21	
37	50	Female	Gr. 5		Behaviour Disorder		Behaviour Disorder			0.43	
38	26	Male	Gr. 9		Neurotic		Neurotic			5.591	
39	20	Female	Gr. 10		Neurotic		Neurotic			2.285	
40	60	Female	Gr. 11		Neurotic		Neurotic			1.55	
41	42	Male	Gr. 6		Neurotic		Neurotic			1.55	
42	35	Female	Gr. 5		Neurotic		Neurotic			1.09	

Number	Age	Sex	Education	Interview	Diagnosis	MMPI	Diagnosis	Interview	A/D	MMPI	A/D
43	15	Female	Gr. 8		Behaviour Disorder		Behaviour Disorder			1.00	
44	28	Female	Gr. 7		Neurotic		Neurotic			0.916	
45	51	Female	Gr. 6		Behaviour Disorder		Behaviour Disorder			0.847	
46	40	Male	Gr. 7		Neurotic		Neurotic			0.769	
47	70	Female	Gr. 6		Behaviour Disorder		Behaviour Disorder			0.703	
48	72	Female	Gr. 2		Neurotic		Neurotic			0.64	
49	56	Female	Gr. 5		Neurotic		Neurotic			0.586	
50	50	Female	Gr. 4		Behaviour Disorder		Behaviour Disorder			0.483	
51	19	Female	Gr. 8		Behaviour Disorder		Behaviour Disorder			0.437	
52	30	Female	Gr. 8		Behaviour Disorder		Behaviour Disorder			0.39	
53	51	Female	Gr. 4		Neurotic		Neurotic			0.277	
54	37	Female	Gr. 7		Behaviour Disorder		Behaviour Disorder			0.277	

APPENDIX D

Correlation between the MMPI A/D ratios of the
 "Neurotics" and the "Behaviour Disorders"
 Study 1

MMPI A/D ratios

<u>Neurotic Disorders</u>	<u>Behaviour Disorders</u>
8.2	2.06
3.6	1.55
3.18	1.09
1.705	1.09
1.55	1.09
1.3	1.0
1.09	0.703
	0.586
	0.483
	0.393
	0.393
	<u>0.243</u>
<hr/> 20.625	10.681
Mean <u>A/D ratio 2.95</u>	Mean <u>A/D ratio 0.89</u>

APPENDIX E

Study Three

"Corrected" MMPI A/D ratios

Correlation between the A/D ratios of the "neurotic disorders" and the "behaviour disorders". Mean A/D ratios of both groups.

Total number of patients: 54

<u>Neurotic Disorders</u>	<u>Behaviour Disorders</u>
9.5	3.66
7.4	2.81
3.66	2.23
2.81	1.3
2.81	1.1
2.23	1.0
2.23	1.0
2.0	1.0
1.8	0.9
1.62	0.9
1.62	0.82
1.53	0.75
1.3	0.75
1.2	0.75
1.2	0.68
1.15	0.68
1.15	0.6
1.1	0.55
1.1	0.5

<u>Neurotic Disorders</u>	<u>Behaviour Disorders</u>
0.9	0.5
0.9	0.5
0.61	0.44
0.58	0.44
0.38	0.4
0.31	0.38
0.27	0.31
<u>0.23</u>	<u>0.27</u>
51.59	25.22
<u>Mean A/D ratio 1.91</u>	<u>Mean A/D ratio 0.93</u>

APPENDIX F

Study 3

Number of patients: 54

a) male: 17

b) female: 37

Abbreviations:

N = Neurotic disorder

B = Behaviour disorder

A = Above 1.0

Be = Below 1.0

Correlation

between the "corrected" appreciative-depreciative ratio of the Minnesota Multiphasic Personality Inventory and the diagnosis of the profile of the Minnesota Multiphasic Personality Inventory:

1) Above the appreciative-depreciative ratio of 1.0:

Number of patients: 27

N: 19

B: 8

2) Below the appreciative-depreciative ratio of 1.0:

Number of patients: 27

N: 8

B: 19

	A	Be	
N	19	8	27
B	8	19	27
	27	27	54

a) Joined probabilities of being N and A:

$$P_N \times P_A = \frac{27}{54} \times \frac{27}{54} \times \frac{54}{1} = 13.5$$

$$x^2 = \frac{(19 - 13.5)^2}{13.5} = \frac{5.5^2}{13.5}$$

$$\text{Yates' correction: } \frac{5^2}{13.5} = \frac{25}{13.5} = 1.92$$

b) Joined probabilities of being N and Be:

$$P_N \times P_{Be} = \frac{27}{54} \times \frac{27}{54} \times \frac{54}{1} = 13.5$$

$$x^2 = \frac{(8 - 13.5)^2}{13.5} = \frac{5.5^2}{13.5}$$

$$\text{Yates' correction: } \frac{5^2}{13.5} = 1.92$$

c) Joined probabilities of being B and A:

$$P_B \times P_A = \frac{27}{54} \times \frac{27}{54} \times \frac{54}{1} = 13.5$$

$$x^2 = \frac{(8 - 13.5)^2}{13.5} = \frac{5.5^2}{13.5}$$

$$\text{Yates' correction: } \frac{5^2}{13.5} = 1.92$$

d) Joined probabilities of being B and Be:

$$P_B \cdot P_{Be} = \frac{27}{54} \times \frac{27}{54} \times \frac{54}{1} = 13.5$$

$$x^2 = \frac{(19 - 13.5)^2}{13.5} = \frac{5.5^2}{13.5}$$

$$\text{Yates' correction: } \frac{5^2}{13.5} = 1.92$$

$$E \quad x^2 = 7.68$$

There is a difference between both groups at the 2.5 to 1 percent level of confidence.

APPENDIX G

Interview with W. F., 19 years
March 10, 1960

D: ...you just speak into the microphone here...what are the reasons for your present coming?

P: Ah...

D: What made you come now?

P: Well, see ah...when I was talking to this doctor downstairs...I was telling him, you know, about having this trouble...I don't know what medical term you have for it, but...you really think you can help that?

D: Hmm...

P: And...well I'm engaged now for a little over a year...

A and I'm supposed to get married this fall...no sense
D in getting married unless that is cleared up...it is embarrassing, you know...you never can stay overnight because you never know when it is going to happen...but ah...other than that...that's what I was supposed to see you about...and Miss F. down in ah...Social Service said to come up here to see you and also have an appointment to see Neurology if they can do something for me.

D: ...and since when are you having this trouble? Can you describe this in more detail?

- P: How do you mean?...like ah...well, when I go asleep I never wake up at all during the night... and ah...some nights I get extra sleep when I wake up towards the morning and then sleep off an hour and that...most times when I go to bed it's just it...I don't hear a thing until somebody calls me in the morning...and I, I mean I never awake if I do...that's all...(moves quite embarrassedly in his chair)...
- D: How often does it happen?
- P: Well it may happen...just this time before I left Winnipeg there...happened about a week straight... but before that it didn't happen for a couple of months...it's just off and on...once in a while...
- D: ...and you are still living at home?
- P: No...I'M ah...back travelling on...I'm very seldom at home anymore...home maybe for a month or so a year...and then I'm away...see the country again...
- D: When this happens...this wetting yourself...does it embarrass you more when you are travelling or when you are at home?
- P: Well, it's embarrassing both places...you know what I mean, like...they never say anything about it anymore at home,,.but still, it's embarrassing to happen...
- D: Had you never anything done for it...have you been

seen by a doctor?

P: Well, ah...I've seen the family doctor there once and he said it wasn't my kidney..never done nothing for it...said he could do nothing for it...I don't know..

D: Is there somebody who told you to come here?

P: Well, ah...it started with the doctor downstairs... like I have to come back...after ah...like I was discharged last fall because it happened while I was staying over at the Salvation Army, you see... and they were going to throw me out and I had to come back here to have me re-instated...and ah... at that time the doctor...I had one of the doctors I had in the hospital...they couldn't do no more for me...and they made the appointments for me to see Neurology and Psychiatry...but ah...I got a job and left town so I told 'em I'd see 'em when I come back.. so I left...and made the appointments again...but he said, it's all in my mind...I sleep too sound or something...but ah...I don't...

D: What actually happens at night when you sleep..?

P: What do you mean?

D: Have you dreams...?

P: No...not very often...just the standard dreams..you know what I mean what I have...but ah...I, I never

have any trouble by this...I don't remember anything when I hit that pillow until I wake up in the morning...I get up and I feel just as tired when I went to bed...

D: And...how often does it happen that you wet yourself?

P: I don't know how often...pretty regularly...that's what I mean...I, I, I don't know what causes it...it better stop before too long...(disappointed)

D: I mean, how often does it happen...say, in a week; how often?

P: Oh...well, like last time I was talking to you, I was telling you...five nights straight...and I had no troubles with it for two months before that...and I found out if I drink, I tend to loosen up my kidney so I don't touch it very often anymore either...

D: You don't live at home anymore...how come?

P: I don't get along with them too good so I figured it's best to stay away all the time...home...the town I'm coming from...it's not much doing now.. all big factories got cut off in their work and they are all laying off...about 20 to 25,000 without work...so...figure if I get away...if I start to make okay...but...since staying home I got enough... because they got to resent it and I resent it...I don't feel comfortable there anymore...'cause they

resent it...

D: Is this because of your difficulty...your trouble..?

P: No...I just feel like as if somebody is going to

D say something all the time...and what I don't like..

D I don't know...it's just being myself, I guess I'm

D crazy or something...

D: Why do you say that?

D P: I don't know...I start talking and get mad...for no

reason sometimes, you know, somebody talking gets

me mad...you know...it's not what they are saying,

it's just that they are talking...and..

D: Something specific they are talking about?

P: No, it's just...it's just they are talking...you

know what I mean, like...I don't know, maybe

D lately I'm getting a bit nervous...people talk too

D much and I get mad...I mean...I can't stand a lot of

noise anymore...I...well it's 'cause...generally

it's kids laying around the place and yelling all

the time...and I can't stand that anymore...my

sister, she is older--she has 7 kids and my other

sister is there...she's got 2 kids--all live together..

they are yelling, and if you want to hear something,

you can't hear, you know...I don't know..

D: Since when are you away from home?

P: Oh, I've been away three years now...I, well...not

three years...like three years ago when I started to

travel...went up to ___ Lake for 5 months..for 5 1/2 months worked up there...went home and I worked home for 9 months I guess...went West two years ago.. worked down there for 2 or three months...got a job back home...so I went back there and I worked for 8 1/2 months and I haven't been back except for a month this time...since ah...last September I think that was...and don't expect going home much before next January or February...go down and see the country...I know one thing bringing the weight down to 175...between 175 and 190 I'm gonna--going into the American Army...if I get enough weight off.

D: Why do you want to go there?

P: I don't know, I always wanted to join the...Marine Corps...the way I'm standing now it's being over-
D weight...I don't know...I seem to be hungry all the time, you know...can't get filled up and I sit and I eat, gorge and...and I put on 27 pounds since ah...first of December...

D: You feel rejected from home?

P: ...more or less, yes...but ah...I mean, my father means nothing to me...and my mother she is highly
D nervous...you know...she just says things she don't mean, but I take her serious...so...I don't like to live there anymore...

D: What did she say, for example?

P: Oh...calls me a lazy, no good bum...what I am..
but ah...get up and look around for work and if you
can't get a job she says, you ain't looking...I
mean, if I lie to her it's a different thing; I
don't mind being called a liar...but if I tell her
the truth, I don't like somebody coming up and saying
that I'm lying.

D: What else does she do?

P: Oh...tells everybody what I'm doing at home...things
I say and...what I don't want her to tell anybody,
you know what I mean...she just...I, I, I, I don't
know how to say it...but...of course a lot of it
is my fault...I know that...but...I don't know...
she just gets me mad...she doesn't mean to...I
don't really get mad...that's the way we are...
(laughs).

D: What about your father?

P: Oh, he is pretty quiet...he don't say very much...
when he says it, well he means it...maybe I catch
it from him too because, I mean...when mother gets
me mad I tell her to be quiet...sometimes not in a
nice way...sometimes in a nice way...she don't go
for that; she will tell him and I get heck from
him...and my sister sticks her 2 cents for a pin
and her husband does too...so I figure it's just
better if I stay away...and write occasionally.

- D: This past there...doesn't sound very happy. How was your...your childhood?
- P: Oh, my father and my mother used both to favour the girls...of course, if you are older it's natural they favour them a bit...but...I don't think I got anything...I always did feel I never got enough because I just felt in my own imagination...I don't know...if I had trouble I had to go and tell somebody outside...you know...and hid it...I never go to my father and ask him anything.
- D: You said, you never had enough...how do you mean? Enough of what?
- P: Enough of them?
- D: Yes...
- P: Well I figured I never shared with them so much... I mean like...anything the girls did was right and anything I did was wrong...so...I don't know, I kind of figured...well, if I had any problems, I sort of had to take 'em up with somebody else..than take it to them...I never felt close with them... you know what I mean...
- D: You never felt close to your parents...
- P: Nothing else but to think of them as authority... that's not a dramatic word either...that's actually how I did feel it was...it was just some kind of authority...I was always waiting for somebody to say

something or...get heck for something...so you...
when I was home, I never could do anything right for
my father anyway...so I just did get to the point
where I didn't care anymore...and I wouldn't help
if they asked me too...because that's how they made
me take...up there...couple a years ago he asked me
to paint the windows...so I painted them and I
didn't do them right...and I got hell for that...
so...I never picked up a paint brush at home since..
haaa..(inspiratory and expiratory sigh).

D: How was it at school?

A P: I used to get along pretty good at school..used to..
not saying that I had good marks, but I used to pass
most of my subjects...in high school I used to fail
in Science and English...I never could do well ah...
not English, French and Science...but other than that,
A I got along good. In Math I wasn't too good, but at
History I was good...I think I got 75 in History...

D: How many grades did you take?

P: At high school?

D: Yes...

D P: Just Grade 10...I...oh, somebody said something at
home and I got mad...I was in the Air-Cadets at
school, and I took my uniform and I quit school,
and I went down to Montreal for a week...quit school
about five or six days before the final exams...I

had three or four to write on the 8th...oh, I swore I took my Grade 10 and I never have...so...

D: You wish you had Grade 10 now...

P: That's for sure...you can't get nowhere without a good education...but I had to find that out myself..

D: How were your grades before...say, your grades from 5 to 9...how was that...how did you get along then?

A P: I got along good with the teachers...I never had too
A much trouble...I mean...I got into the same troubles anybody else did...besides that I never had any troubles...

D: Now, you say you got mad in Grade 10 and quit when your exams came up...ah...had you some reasons to get mad? Some previous experience?

D P: No...not at school...but I just got fed up living at
home...I was getting hell every morning before I went to school...so I just...one day I said, well, that's just it...I packed my bag and walked out of the house, I put on my stuff at school, give my notes away and I just took off...

D: Why did they give you hell before school?

P: Well, I didn't...didn't think a person had to get up at 5:30 in the morning...I mean we...we always lived in the City...you see...have to get up when my father went to work...well, 5:30...that's no time to get up in the morning if you don't have to...I used

to go back to bed about 7:00...they didn't like that...so...used to get heck for it...because I never was one for early rising much anyway...

D: You got ah...two sisters?

P: Yes, two sisters...both older.

D: About your age?

P: No, one is 25 and one is 21.

D: And you are?

P: I'm only 19.

D: Have you any brothers in the family?

P: No, I'm the youngest one...

D: How did your sisters feel about this home?

P: Well, they both ran away and got married before... they were 16...one got married I think when she was 16...and the other...when she was 15...they never liked home...of course, they are over there all the time now...they get along with ma right now...are married and that...but when they were younger, they didn't stay home either...they used to be out every night...running around...I tell you another thing my father don't like is ah...for the past two or three years, you know, when I had the jaundice... I drank steady for about one year and then I cut off.. taking about a few drinks and he didn't like that... it's only recently I did it and he didn't like it... and only because I have to...

D: Any trouble staying away from it?

P: Oh no...I don't...I never had a drink...well, I had a drink when I was down four days there...a week ago or so...a week ago last...two weeks ago this...today I stopped...Thursday, Friday, Saturday, Sunday...sobered up Monday and then I left for

A Winnipeg...but I mean...I...I don't have to take that
A stuff...I'm not an alcoholic, you know...just once in awhile I go home and be drunk, have a good time..

D: Hmm...what makes you drink?

P: I don't know...just to forget I guess..

D: You think you feel kind of a need for the stuff?

P: Occasionally, yah...

D: What makes you feel like this?

P: I don't know...seem kind to like this stuff...ah... just the way to forget everything, you know...that everything happens, you know...that seems to go against you been trying...so I guess you go for the stuff...can't get a job...you go out, get drunk, forget all about it...maybe you are lucky, you get a job, if you don't, you still haven't gotten...you forget about it for a time...you know what I mean... don't worry all the time..

D: How do you feel after...when you get out of a drinking spell?

- P: Well...I've a couple for the next day and that's it and then I don't touch it for about another four...five months..
- D: Have you any...have you ever been treated for drinking?
- P: No...
- D: Never have been in a hospital...
- P: No...
- D: Or had you...had you ever it so bad that you...heard persons there who weren't there, or saw things?
- P: Oh, no...
- D: You said, you had the jaundice...once..
- P: Yah...in 1957...and then I started drinking heavy after that...I never...I never touched it before that.
- D: What happened that you drank heavier? Was it just to...spite your father?
- P: No, I was up North then...up there at L. Lake and that was about the only thing what was there to do... you see, they didn't have any shows...well, they had a show about once a week...they had a new hotel and so we used to go in there...we used to get loaded beyond time...we used to go down to S. St. M. once in awhile having a good time on the American side of the border...the odd time we'd go down to Ch. Very seldom...most of the time, you know...prefer to sit down in the hotel, sit there...talk with few of the

guys, you know...of course, at that time it didn't take very much for me to get drunk...

D: You meet quite a few guys there?

P: Oh, yah...

D: How did you make out?

A P: I get along pretty good with fellows...but with girls,
D I don't feel strictly home...that's it...I don't know..
D I don't seem at ease with them.

D: How do you feel if you see girls?

P: Oh, I like one if it's that what you mean, but I
D never feel easy with them...you know...don't know
how to talk with them...just one like that now...
I mean...the way she is different...I don't know...
I seem to be able to talk to her alright...but ah...
with the average girl you meet...I don't know...I
don't seem to be able to carry a conversation at
all...I don't know what it is...but why, I couldn't
talk to them to save my life if I had to...it's
alright to smoke in here?

D: Of course, go ahead.

D: Is there something that makes you feel different about girls? Do they remind you of your sisters?

P: No, I don't think...(lights a cigarette)...you take one?

D: No, I don't smoke...(noise of chairs being moved about).

P: Yah...when I am half drunk or something, I can talk to one of them...but...ordinarily, I'm not just up to it...I don't know...I think I am...I think my nerves, they got a lot to do with it, I'm just too nervous...I can't talk to them...but, to me, that sounds kind of foolish...of course, I always do carry life on the light side...I never do get too serious about anything...and ah...a lot of them are different, you know...a lot talk serious; act serious...I figure that's just for a big laugh and that's it...at least right now, I mean...I try to settle down in a couple of years or something like that...when.. I've seen enough of the country...horse around enough but...actually I consider settling down next fall but...ah...'til then I want to see if I can get a good job...you know what I mean...I don't mind travelling...see where I could find a good job.. one that I, I like and...I told the girl friend I'd rather work for lesser wages and I like the job than if I get high wages and dislike the job...just once you get married you ought to stay, that's just that..

D: ...you feel kind of afraid of getting married?

P: In a way, yah...but...I don't know, my father says, I agree, about the best thing which can happen to me, if I do...

D: Pardon me...you mean...what thing?

P: ...best thing that happened to me...although he
D says it's pretty severe...I don't know the little
things set me off in the reach...I, I, I don't know
what causes it...I can be sitting there as happy as
D heck just one minute, and somebody says something
and, "boom", I'm mad and that's it..

D: Hmm...

P: In fact, that's why I left the last time...the last
D two weeks, you know...I thought nobody can live with
me...I guess...mad all the time, I don't know why,
I mean...they never actually did anything to...
that I sure got mad over...just did...I guess I just
didn't like living over there...right now I'm
(unintelligible through noise)...half the way...
travelling, seeing no people, meeting no people...
I don't know...home where everybody knows me, I don't
like it..

D: What is it that you don't like at home...you say
everybody knows what it is in your life...what upsets
you that much...?

P: I guess...too many people know about this trouble of
mine, you know...and I don't know...I mean...it's
nothing to tell anybody about...should be strictly
between you and your folks, I mean...not everybody
should know about it...

D: I see you feel quite sensitive about it...I understand

that...when did it actually start?

P: Well...actually...it's actually never stopped...
you know what I mean...since I was a kid, off and on,
a couple...for two, three years I wasn't in trouble
with it at all...and then...just come back...I
don't know what caused it...I always thought it was
bad kidneys...but I took a test when I was here in
the hospital, and there was nothing wrong...but...
I don't know...

D: How did your own folks treat you about it? I mean,
when you were a small boy...did they make much fuss
about it?

P: Well...they kept saying they were going to give me
a licking or they'd give this hot stuff, you know,
that hot stuff they put on the back when you are
wetting...burn and all that...they never did...what
they used to say was you are just too lazy to get
up...but...I mean to my knowledge, I never been away
from it long...and I couldn't make them believe that..
they always thought that I was awake and too lazy to
get up to go to the toilet...

D: How did your sisters react to that?

P: They used to kid me about it quite a bit when I was
small...but...in fact their kids kid me about it
now...that's one reason why I don't like to stay
home...the kids...the oldest one is 8 and the youngest

one is only a few months...some of them, 3, 4, you know...start teasing me...I don't...I don't go for that at all...

D: Hmm...what do your sisters say about this?

P: They don't say too much...of course, once in awhile they kid me about it, you know...

D: You mean, they feel bad about it?

P: Oh no, they figure it's a big joke and they sit there and laugh...(clears throat), but...no, they say nothing to their kids about it...that's one thing I'm scared of when I'm staying...one of them kids come out and say something in front of the girl friend or something like that...you know, and then "boom" and that's it..

D: You have nobody now...ah, you have a girl friend... okay...does she know about your trouble?

P: No...

D: I guess you are kind of scared that she might find out?

P: Yes...

D: How was your attitude towards your sisters when you were younger?

P: I used to resent them...I never did like them, I mean...the one I get along with, she don't live home.. the other one, she...I could never get along with... I don't know why...

- D: Is the older one at home the one with which you can get along?
- P: Yah, the older one that got the 7 children...I get along with her...occasionally...I mean...she's funny in a way, like me...I mean...you can tell her something...nine chances out of ten she will tell it back to her...mom, you know...if I don't want her to find out...I mean, she will keep some secrets...she's alright, I mean...you have to tell somebody some things...or...you go crazy...but...the other one, you couldn't tell her nothing without it getting back..
- D: This is the younger one..
- P: Yah...she seems to have the...sense to domineer, run things...but...I, I don't like that...and I don't mind my father telling me what to do...or even my mother at times too...but I don't...won't let my sister tell me what to do...I know that..
- D: How did they treat you...when you were still at home and were younger? I guess they were a couple of years older than you were...how did they treat you?
- P: When I was a kid, they pulled my ears quite a bit...that's why I got big ears now...I don't know...they.. I don't know how to put it...they ah...just started when I was a little kid...none of my business whatever they did, you know...they never treat me...and

even now...I'm not saying I'm an adult yet...as I sh-should be...they still treat me like a kid...I don't know..

D: Your parents do the same...you have the same impression?

P: Yah...they have a tendency to want...to want to tell you what to do as if they had a kid of five or ten years old..

D: Do you perhaps remember...any incident in your childhood which was most upsetting for you?

P: Well, I tried to do...I remember one thing...I wanted to put it into a letter last year, but I didn't and tore it all up instead...I was trying to do something for my father, but I couldn't do it while he was explaining it, you know what I mean...

D: Hmm...

P: I was trying to do what he was saying, but I was doing it backwards...and he got mad and he beat me and I was crying and I told him: "I'll never do anything for you again." And I never did it...

D: How old were you then?

P: About 10...

D: Did you get the strap quite often?

P: Pardon?

D: Did you often get the strap when you were younger?

P: Oh, yah...quite a bit...(lighting a cigarette).

- D: What about your sisters...did they get strapped once in awhile as well?
- P: Not too often...they were always favourites with... my folks you know...as far as that goes, they could do nothing wrong..
- D: Favourites of your father, or...?
- P: Well, the oldest was a favourite of my father and the youngest was a favourite of my mother..
- D: ...and you felt kind of left out...does this go back as far as you can remember...you always felt?
- P: Yah...even my aunts and my uncles they seemed to favour them...no one...actually is...if you want to put it technically...actually...actually no one cared what happened to me...all they'd say is, "go home" but I'm not going to live there anymore...not now... not after this last trip..
- D: Did they tell you to get out?
- P: Yah, my mother did...just before I left...told me to get out and stay out...she says she wouldn't care what happened to me...so...(sighs)...oh, I write a card now and then...but she won't know where I'm staying..
- D: Now...your...girlfriend...how did you happen to learn to know her?
- P: How did I meet her?
- D: Hmm...yah..

P: I was working with her mother in a canning factory..
I happened to see her one day...asked the mother if
she knew her; she says, "yes, it's my daughter" and
I called her up...asked her if I could take her out
and she said: "Yah"...for a couple of years she
wouldn't speak to me...she was mad because I started
drinking...you know, but...

D: Hmmm...

P: Often...when I was home a year ago...we started going
steady...got engaged and...that was about it...she
told me frequently (laughs)...get married or she
breaks the engagement up because she don't believe
in long engagements...but..

D: You never told her...about your bedwetting trouble?

P: No...

D: You are scared as soon as she finds out, she will
break off...?

P: Yah...

D: What type is she?

P: What kind of girl?

D: Yah..

P: Oh, that's hard to say...I mean...she's English...
she comes from England like...very...very understand-
ing, you know and...she's easy to get along with...

A I always feel comfortable with...when I'm with her..

I don't know why...but ah...tell you the truth, I

spent more time at her place than I do at my own...
I get along with her folks too...but I don't know
what they think of me...I get along well with the
girl as long as she gets along with me...our interests
are pretty well the same...and ah...she is a fairly
attractive girl...don't know what she sees in me...

D: What age is she?

P: She's 18 now...she will be 19 in January, and I'll
be 20 in October...

D: You say, "I don't know what she sees in me"...you
seem to think pretty low of yourself?

D P: I don't know...my size is too big...I don't feel
comfortable amongst other people, you know what I
mean...go out with her...I very seldom go to parties..
I don't know, I just can't s...I mean I can talk
ah...what I generally do when I'm on the road to
sell...I can talk alright that way...but on a
personal basis with a person for a conversation, I
D can't do it...I just can't...I don't know, I just
can't seem to get the words right..

D: With her you can talk?

P: Pardon?

D: With her you can talk?

P: With her, I can talk alright..

D: Did you ever...did you ever think what it is that
makes you feel at ease with her? Why do you feel so
at ease with her?

- P: I don't know...I guess...I mean...our two personalities are pretty well suiting, you know what I mean...
- D: She must be different from your sisters, I guess...
- P: She's quite a bit...only I...oh, she gets along with my sisters...and she likes my folks and I don't...I mean...but, I mean...I don't know...she seems to be pretty understanding...you can tell her something...and she can...sit down...discuss it back and forth...which I don't like...don't do at home...I don't discuss nothing with them there...it's just there from here and there...from gone and gone...that's it...(sighs)..
- D: What's your home town?
- P: B___, Ontario.
- D: And your girlfriend is living here in the City?
- P: No, she lives in B___,...but if I can get a fairly decent job here working...says she come out here to live...she always wanted to see the West anyway...
- D: Has anything happened just recently to upset you very much? I see, you were told you had to go and leave home...how long ago was that?
- P: That was just...couple of weeks ago...I just left like ah...a week ago last Monday...ah...two weeks this Friday, if you want it...since I stayed home...but I left B_____ a week ago Monday..
- D: And you find that your troubles increased at night?

A P: Oh, you mean...no, they dropped down...I haven't had trouble with it since...well, since, well...I ah... left...but, well, when I was staying in the hotel down home, well it was every night...but..

D: Is it always worse when you are in your home town?

P: Seems to be, yes..

D: And now you are presently unemployed...

P: Yah, right now, yah..

D: You live at the Salvation Army...

P: Yah...I'm staying here as you have said...

D: Since when are you staying here?

P: Since a week...two weeks this Fri...a week this Friday...I came last Friday...expect my unemployment insurance coming here on Wednesday...but that ain't doing me any good because I got \$81 dollars I got to make up...some of it I got when I was home and had nothing to do...the last night I was there, I was supposed to turn the money in...went down to the hotel meet the guy...but he never showed up... and I lost my wallet and I had \$93 dollars in it... \$12 bucks that was mine and the other \$81 belonged to him...so told him I keep moving around until I get enough from the unemployment to send him...and I don't know if he lost my address or not...but I did tell him where I was going to be and he got my address from Winnipeg...so I guess that they couldn't do...got no warrant for me yet...but I imagine they

will if I don't pay him back...but for a lousy \$81 dollars I wouldn't want to go to jail...I would pay him first...but I still don't know...I put an advertisement in the paper...I don't know where the wallet went to...or whether he got it or not... swore I never sell another ticket for anyone as long as I live...

D: Did you accuse him of taking this wallet?

P: Oh, no...see ah...I just was staying at this hotel where he was supposed to be, but he never showed up.. I don't know why...and ah...I sold ah...21 books of ah...20 books of tickets...that day, and I sold a few of my own...I had \$81 dollars profits to turn in...and ah...I told him that...that I wanted to see him...I never have seen him the day I left... I didn't know where he was living so...I put everything in an envelope and I mailed it to him...Super Express in the City...and I mailed it to him and I told him what happened...why I was leaving and where I was going...and that and...he said, "okay"--well, he didn't say, "okay", but that's...that's worrying me now whether or not he did accept that or not... I mean I sent in my Income Tax forms to him...and everything...and that's worth about \$200 dollars this year...so I don't imagine he will press it...because I did it before May...that's when the draw is over.. I don't know..

- D: Is this the second of your worries, you would say..
(clears his throat)...first, your own trouble and
second about this...?
- P: Yah..
- D: Kind of scared to come back and find out..
- P: Yah, I am...because I mean, I never been in...well,
I was in once for...24 hours...I don't want to go
back again...I'll tell you that...
- D: How did that happen?
- P: I got drunk and they threw me in jail until...the
next morning...and ah...I mean ah...I wouldn't want
to go to jail for nothing like that...because I
mean if I did...to tell you the truth, if I was
going to jail, I make it pay...I mean I wouldn't
just...\$100, \$200 dollars I go for the whole pay...
I mean that's a crazy way to look at it...if I
haven't the nerve to pull a bank robbery, I'm not
going back to jail if I can help it...because a man
can go crazy in there...
- D: Besides your girlfriend, anybody else?
- P: No...
- D: Must feel quite lonely at times...
- P: I do that's...that's for sure (sighs)...sometimes I
would want to get married right now...
- D: If you got married right now, are you perhaps realiz-
ing that you are looking for a home?
- P: Yah...

D: Did you talk about this aspect with your girlfriend as well?

P: Oh yah...we talked about getting a home...and that..

D I told her I wasn't happy at home...I told her why.. you know...she couldn't understand; she thinks my mother is tops...maybe she is...but ah...as I said, she is highly nervous...you know...and I mean she is talking and complaining all the time, she is Scotch and she's got me on edge...I know the girls get along with her alright...but I can't...

D: How old are your parents now?

P: My father was 69 this June and my mother was 55 this February.

D: You would say that your relations with your parents have deteriorated last year...have gotten worse over the last year...

P: Yah...well as far as that goes, they both are pretty nice, you know, but I can't...I can't feel comfortable or actually feel that I'm one of them, you know...so.. I don't spend very much time anymore at home..

D: How long do you stay here in Winnipeg?

P: For another week or two...

D: Where are you going then?

P: I think I'll go to Vancouver...I never been there yet...I was sitting at home...see with this salesman's job...I wait for my unemployment to come to get some money to travel on...I got to wait for my clothes to

catch up with me...I couldn't go selling like this..
that's for sure...

D: Did you perhaps realize that Psychiatric treatment
for the trouble you have would take longer than
just one hour or two?

P: No...

D: Well, I would say it has a lot to do with your family
trouble...you have no home...you'd like to have a
home...and so on...as soon as you would start to
feel comfortable...this trouble would happen less
and vanish.

P: It would? ...Oh, ah...

D: And...you have lots of things on your chest...today
you just went over it quite superficially...many
things to talk about, and I think this is what you
need.

P: Ahm...

D: So, if you go to Vancouver, I think it would be wise
for you to see a Psychiatrist there and go to an
Outpatient Clinic...you don't need to pay for that..
they would give you attention and you could discuss
your problems with them...I'm pretty sure that after
some time, you would feel better about yourself..

P: I hope so because it is very embarrassing to happen
to anybody...I even have heard of cases where the
guy got married and it stopped then...I mean if that
can't be cured, I'm not going to get married...that's
all..

- D: How is your girlfriend...does she urge you to get married?
- P: Yes, she wants to get married..
- D: Does it frighten you?
- P: No...to tell you the truth, I'm kind of looking forward to it...but...I don't know...I might change my mind, you know...as time is short...right now I think that's what I want...
- D: You are pretty sure that you're going to Vancouver?
- P: Yah...but I don't know just when...I mean just stick around in Winnipeg a couple of months, I don't know...
- D: Hmm...
- P: Depends, you know, whether I get anything to do or not...
- D: Would you be willing to come back here?
- P: Oh yah, quite...you, Winnipeg...?
- D: For treatment...
- P: Oh yah...oh yah...so they help me...yesterday, I told Miss F__ if they help me, I come back...as long as they clear up...
- D: I think that's what you need...see you next week...

End of Interview

APPENDIX H

Study 3

<u>Number of patients:</u>	54	
a) male	17)) 54
b) female	37)	
c) neurotic disorder	27)) 54
d) behaviour disorder	27)	

Abbreviations:

n	=	number of subjects
\bar{x}	=	mean
SS	=	sum of squares
$(SD)^2$	=	variance
SD	=	standard deviation
SE	=	standard error
SED	=	standard error of the difference

Correlation

between the mean value of the k scale of the neurotic disorder group and the mean value of the k scale of the behaviour disorder group:

<u>Neurotic disorder group</u>		<u>Behaviour disorder group</u>	
n_1	= 27	n_2	= 27
k scale range ₁	= 5-27	k scale range ₂	= 5-19
\bar{x} k scale ₁	= 14.1	\bar{x} k scale ₂	= 10.4
$(SD)_1^2$	= 42.6	$(SD)_2^2$	= 17.35
SD ₁	= 6.53	SD ₂	= 4.16
SE ₁	= 1.25	SE ₂	= 0.71
SS ₁	= 1107.67	SS ₂	= 451.32

Application
of the T-test:

- a) Calculation of the standard error of the difference (SED) between two means:

$$SED = \sqrt{\frac{SS_1 + SS_2}{(n_1 - 1) + (n_2 - 1)} \times \left(\frac{1}{n_1} + \frac{1}{n_2}\right)}$$

$$SED = \sqrt{\frac{1107.67 + 451.32}{(27-1) + (27-1)} \times \left(\frac{1}{27} + \frac{1}{27}\right)}$$

$$= \sqrt{\frac{1558.95}{52} \times \frac{2}{27}}$$

$$= \sqrt{\frac{59.92}{27}}$$

$$= \sqrt{2.21}$$

$$= 1.48$$

- b) Calculation of the difference between two means using the T-test:

$$T = \frac{(\bar{x}_1 - \bar{x}_2)}{SED}$$

$$\begin{aligned}
 &= (\bar{x}_1 - \bar{x}_2) \\
 &\quad \frac{\sqrt{\frac{SS_1 - SS_2}{(n_1-1)(n_2-1)} \times \left(\frac{1}{n_1} + \frac{1}{n_2}\right)}}{1.48} \\
 &= \frac{(14.1 - 10.4)}{1.48} = \frac{3.7}{1.48} = 2.50 \\
 &= 2.5
 \end{aligned}$$

The probability at 26 degrees of freedom is 1 percent.
 There is a significant difference between the mean k
 scales of both groups.

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