

## CHAPTER II

### REVIEW OF PERTINENT STUDIES AND STATEMENT OF THE PROBLEM

Carl R. Rogers has been a pioneer in stimulating and conducting research into the nature of the processes that occur during successful therapy and particularly into the changes that take place in the self-concept. Through the electrical recording of therapy sessions by Rogers and his associates at the Counseling Center of Chicago University, it has been made possible to study the course of treatment objectively and quantitatively. It is a fact that after successful therapy, the client is more sure of himself and is able to develop better interpersonal relationships. Rogers (13) offers an explanation of these clinical facts in his theory of personality and behaviour.

The principal elements of Rogers' theory are these:

(1) Phenomenal field: is the changing world of experience, that is, (a) physiological processes, (b) sensory impressions, (c) motor activities; these experiences can remain in the hazy background of consciousness, or become symbolized by assuming figure, and thus become conscious.

(2) Organism: is the total individual. It operates in different ways: (a) it symbolizes its experiences so that they become conscious, that is, it organizes them into some relationship to the self; (b) it denies symbolization to some experiences for being inconsistent with the self-concept, so that they

remain unconscious, or it gives them a distorted symbolization;

(c) it ignores its experiences for lack of perceived relationship to the self.

(3) The Self: is a symbolic elaboration of a portion of the private experiential world of the organism. It is formed as a result of the organism's interaction with the environment, and, particularly, as a result of evaluational interactions with others - an organised, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "me", together with values attached to these concepts. It is not rigid, it may change as a result of maturation and learning.

(4) Interaction of organism and self: Rogers recognizes two behaviour regulating systems, the self and the organism. These two systems can either work together harmoniously and cooperatively or they can oppose one another. If they oppose one another, that is, if the organism denies awareness to significant and sensory experiences which are not organized into the self-structure, the result is tension and maladjustment. If they work together, that is, if all sensory and visceral experiences of the organism are assimilated and integrated into a consistent relationship with the concept of self, then the consequence is adjustment.

Based on Lecky's proposition (9) that, "most of the ways of behaving which are adopted by the organism are those which

are consistent with the concept of self", Rogers concludes that the best way to produce changes in behaviour is to effect alterations in the concept of self. And Rogers' merit lies precisely in the formulation of the conditions under which the concept of self may be revised to assimilate and include new and, up to now, threatening experiences.

Rogers' theory of personality and behaviour (13, p.520) is contained in 19 propositions. The 18th proposition reads as follows:

"When the individual perceives and accepts into one consistent and integrated system all his sensory and visceral experiences, then he is necessarily more understanding of others and is more accepting of others as separate individuals."

This proposition has been felt to be true in the clinical therapeutic setting.

Rogers himself explains thus (13, p. 520) the above proposition: "the person who denies some experiences must continually defend himself against the symbolization of those experiences. As a consequence, all experiences are viewed defensively as potential threats rather than for what they really are". Applying these principles to interpersonal relationships, it follows that words and actions may be perceived as threatening, when in reality they are not so. Such an attitude does not help towards acceptance of others, but rather towards fear of and attack on others. On the contrary, when experiences of the

organism are accepted and integrated, then defensiveness is minimized, and persons are perceived for what they really are.

These ideas are not altogether new. A good many years before Adler (1) made the statement that a tendency to disparage others arose out of feelings of inferiority as an over-compensation. Horney (8) has stated that the person who does not believe himself lovable is unable to love others. And Fromm (6) said that self-love and love of others go hand in hand; and that failure to love self results in hostility towards others. However, research in this area has received a tremendous impetus during the last two decades.

Raimy (12) was the first to work on the manner in which the self concept changes in the counselling interview as the individual becomes better organized and integrated. Under the influence of the Body-Schema of Schilder or the Ego of Koffka, he formulated a picture of the self concept which has been basic to many later studies: "the self concept is the more or less organized perceptual object resulting from present and past self-observation". Self-perception involves a process organizing memory and situation factors as well as the sense data. What we perceive in ourselves may have only partial correspondence with what other people see in us. Yet we behave in accordance with our own perceptions.

Raimy directed his study toward simple quantitative analysis of changes in self-approval displayed by college

student clients. The data was taken from 14 completely recorded counselling cases. Six categories were established - from positive self referent to negative self referent -, to classify all client statements. The findings showed that in the successful cases there was a marked shift from a preponderance of self-disapproval and ambivalence at the beginning of counselling to a strong emphasis on self-approval at the conclusion of therapy.

Stock (15) investigated the following problems: (1) "does a general relationship exist between the feelings which an individual holds with regard to himself and the feelings he holds with regard to other persons? (2) does a sequential relationship exist between these two general kinds of feelings?" The basic data for this study were statements taken from ten cases conducted according to the principles of non-directive therapy. Categories were established and judgments were made for each statement according to the categories. Judges were used to secure a measure of reliability. "The total results indicated that a definite relationship exists between the way an individual feels about himself and the way he feels about other persons." The results, however, failed to support a sequential relationship between feelings about the self and feelings about others.

Using the recorded material of ten counselling cases, Sheerer (14) studied the relationship between acceptance of and respect for self and acceptance of and respect for others. With the aid of four judges, and on the basis of a study of

evaluative attitudes toward self and others in successful counselling cases, she defined operationally the concepts "acceptance of self" and "acceptance of others".

Using Sheerer's definitions, four judges rated on a 5-point scale 51 statements revealing self evaluation and 50 statements revealing evaluative attitudes toward others which had been extracted from recorded interviews of clients. To test the reliability of these scales, the investigator and two other judges used them to rate statements taken from another set of six interviews, and a high degree of agreement was found. Then all the units of each of the fifty-nine interviews were rated on both the scales. The mean rating for each interview on each scale was computed. This gave for each interview the objectively-determined degree of self-acceptance and of acceptance of others. These mean ratings were then correlated and an  $r$  of .51 was obtained, which is significant at the 1 per cent level of confidence. Thus a statistically significant positive relationship was found between self-acceptance and acceptance of others.

Phillips (11) converted the self-others attitudes as reported by Sheerer into simple statements to form a questionnaire of 50 items, with 25 items referring to self attitudes and 25 items referring to attitudes toward others. His results support Rogers' postulate of a positive relationship between attitudes toward self and others. Correlations between the two scales were obtained - from .51 to .74.

These studies so far have been centered on clients. The question remains whether the same correlation would apply outside therapy. This has been investigated by the following two studies.

Berger (3) tested the same relationship analyzed by Sheerer, with larger numbers of cases and more varied samples. For this he developed a group instrument for the measurement of self acceptance and the acceptance of others. Using the elements of Sheerer's definitions of these concepts, he selected or constructed statements about self and others. Four items were constructed for each element to obtain matched-half reliability. Scores for any item ranged from one to five, from "true of him" to "not at all true of himself". These scales were administered and scored for 200 Ss. The top 25% were compared with the bottom 25% on an item analysis. This difference was used as an index of the discriminative power of the item. The final selection of items was made on the basis of the appropriateness of the items to the elements of the definition and discriminating ability. The Ss used were 183 day-session college students, 33 evening session college students, 33 prisoners, 38 stutterers, 18 adults in a class at the Y.M.C.A., 7 speech problem cases and 3 clients. The procedure was simply to have the various Ss respond to the two scales. All the  $r$ 's except one were significantly greater than zero at the 1 per cent level of confidence. These results support the generalization that expressed acceptance of self is

positively correlated with expressed acceptance of others.

Gordon and Cartwright (7) made a further investigation of the effect of psychotherapy upon clients' attitudes toward others. They used a different criterion measure of acceptance of others, based upon a more extensive definition than those used in previous studies. They wanted an "out-of-therapy" measure of attitudes, and an instrument that would be more appropriate for measuring attitudes toward "generalized others" as opposed to close, personal "others". Various tests and scales were used in place of content analysis. The instrument used was constructed with the help of the instrument devised in the California studies of prejudice and authoritarian attitudes reported by Adorno et al. (2), and of an unpublished inventory devised by David H. Jenkins. Their findings failed to support the hypothesis that, "client-centered individual psychotherapy produces changes in clients' attitudes toward others in the direction of greater acceptance of and respect for others". As the authors themselves explain, this hypothesis was too embracing, and the point "successful therapy" should have been included in the hypothesis.

Butler and Haigh (4) took another view point. These investigators did not use scales to measure self acceptance. Rather, they were interested in measuring the amount of congruence between perceived self concept and ideal self concept, and its bearing on adjustment. They investigated the cause of dissatisfaction with oneself which clients coming for therapy



showed. They found that at the pre-counselling stage a large discrepancy between perceived self concept and ideal concept existed in those clients; and that by the end of a successful counselling period, the discrepancy between self and ideal had decreased considerably. They used a client group of 25 subjects, and a control group of 16 subjects. At the pre-counselling stage, their investigations into self-ideal correlation in the client group obtained  $r$ 's ranging from  $-.47$  to  $.59$ , with a mean  $r$  of  $-.01$ . At the follow-up stage in the same group, the  $r$ 's ranged from  $-.56$  to  $.71$ , with a mean  $r$  of  $.31$ . The same procedure was used for the control group. In this group, at the pre-counselling stage, self-ideal correlations ranged from  $-.01$  to  $.86$ , with a mean  $r$  of  $.58$ . While in the same group at the follow-up stage, self-ideal correlations ranged from  $-.03$  to  $.89$ , with a mean  $r$  of  $.59$ . These findings show that self-ideal congruence is an indication of adjustment.

McCabe (10) following this line of research found in a group of 75 senior students of theology a significant correlation in the congruence between self concept and perceived ideal and adjustment. Those students or seminarians sorted 100 statements to describe themselves and their concept of ideal "seminarian" (student of theology). McCabe studied the congruence of self and ideal concepts under the aspect of "seminarian".

Chase (5) investigated the relationship between congruence of self and ideal self, and psychological adjustment in hospital

patients who were outside the therapeutic situation. The Q-technique was used. He compared an adjusted group with three maladjusted subgroups. The adjusted group consisted of 50 patients without evidence of psychiatric difficulties. It was divided into random halves. The maladjusted group consisted of three subgroups: 19 psychotics, 20 neurotics, and 17 patients with personality disorder. Correlations were obtained for: a) sorts for concepts of self and ideal self; b) sorts for concepts of self and of the average other person; and, c) sorts for concepts of ideal self and of the average other person.

The self- and average-other-person sorts of one-half of the adjusted Ss were each averaged to yield mean "normal" sorts for both concepts.

The self-ideal correlation for the adjusted was .642 for  $N=25$ , which is significant at the .01 level. The self-ideal  $r$ 's for the three maladjusted subgroups failed to reach significance. It was found that only measures containing the self sort could discriminate a group of adjusted from three groups of maladjusted hospitalized patients. Maladjusted Ss saw themselves as being different from their ideals, while adjusted Ss did not. Both adjusted and maladjusted Ss tended to hold similar conceptions of the ideal self.

#### THE PROBLEM

The findings of most of the above studies show experimentally that there is a positive and significant relationship between

self-acceptance and acceptance of others; and that, this relationship exists not only in clients placed in the therapeutic setting and who undergo successful therapy, but also in varied samples of individuals outside of therapy. Therefore, the results support Rogers' proposition of a positive relationship between an integrated or adjusted self and its attitudes of acceptance of others.

Further, the findings of Butler & Haigh, McCabe, and Chase show that an integrated or adjusted self is that in which there is a fairly high degree of congruence between the way one views one's real self and the way one contemplates the ideal self. Now, one could study the congruence between real-ideal self under different aspects. McCabe, for instance, studied this congruence under the aspect of "seminarian". Other aspects would be "engineer", "doctor", "a forgiving attitude", etc. The present investigator intends to study the congruence between perceived self and ideal self under the aspect of "self acceptance". And this congruence is sought in order to secure a measure of self-adjustment.

Based on the above findings, it seems reasonable to expect that a wide discrepancy between perceived self acceptance and ideal self acceptance will not go together with an accepting attitude towards others; and that, on the contrary, congruence between perceived self acceptance and ideal self acceptance will vary directly with objective acceptance of others. And this

is precisely the point to be investigated in the present study.

In other words, the sequence of thought can be summarized thus:

1. A positive and significant correlation has been found to exist between an integrated or adjusted self and its attitude of acceptance of others.

2. An adjusted self has been found to be that in which there is a fairly high degree of congruence between the way one views one's real self and the way one contemplates the ideal self.

3. Consequently, congruence between self-ideal concepts is expected to vary directly with an attitude of acceptance of others.

#### New contribution of the present study

The above studies show that, a positive and significant relationship exists between an adjusted self and an accepting attitude towards others in different settings viz., (1) when the adjusted self is motivated towards improving himself in the therapeutic setting, (2) when the adjusted self is outside of the influence of such motivation.

The object of the present study is to investigate whether the adjusted self, which is motivated by different Indian cultures, religions and traditions, will show also a positive and significant relationship with acceptance of others, and further, whether the different cultures, religions, and traditions will make a difference in the way in which self is motivated

towards others, that is, whether each culture will be reflected in the manner in which self is motivated towards others.

In order to investigate this new approach to the study of self in relation to others, the four major culture-groups or communities of Indian College students of Bombay University viz., Hindus, Muslims, Catholics and Zoroastrians, will be taken as the area of research for the present study.

Moreover, as the said relationship is expected to vary from one culture-group to another, and as some difference is foreseen in the way in which self is motivated in its relations with others according to the four communities, a further study will be carried out to explain these differences in terms of various psychological factors as found in each community or culture-group.

It is hoped that the present study will increase the existing knowledge of Indian personality types, and help towards a more efficient counselling of Indian College students.

Briefly, the present study has been planned to test the following hypotheses:

1) Congruence between perceived self-acceptance and ideal self-acceptance varies directly with objective acceptance of others.

2) The relationship of congruence between perceived self-acceptance and ideal self-acceptance to objective acceptance of others is a function of various psychological factors as found in Indian College student communities.

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