A Comparison of Personality Self-Descriptions Using a Structured Personality Inventory and Open-Ended Personality Questionnaire and Critical Incident Survey

Birda Lee Walker
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A COMPARISON OF PERSONALITY SELF-DESCRIPTIONS USING
A STRUCTURED PERSONALITY INVENTORY AND
OPEN-ENDED PERSONALITY QUESTIONNAIRE
AND CRITICAL INCIDENT SURVEY

by

Birda Lee Walker

A Thesis
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Master of Arts
Department of Psychology

Western Michigan University
Kalamazoo, Michigan
April, 1982
The purpose of this study is to determine whether individuals presented with a well-defined list of adjectives demonstrate suggestibility, i.e., would rate themselves differently on the Adjective Check List (ACL), versus the open-ended test such as the Clinical Analysis Questionnaire (CAQ) or Critical Incident Survey (CIS).

The participants in this study were 36 adult volunteers drawn from three different populations: 12 prison inmates, 12 undergraduates from a university, and 12 outpatients of a mental health clinic. The participants were administered the three tests in individual and group sessions.

The prisoners did not fake "bad" or "good" more so on the ACL than on the CAQ or CIS. The undergraduates did describe themselves differently on the ACL than on the CAQ, but they did not describe themselves differently on the ACL than on the CIS. The outpatients did not describe themselves as having more severe symptoms or personality problems on the ACL than on the CAQ or CIS.
ACKNOWLEDGEMENTS

The successful completion of this study was dependent upon the cooperation of many individuals. I want to thank my mother and father for their encouragement.

My gratitude is extended to my brothers Moses, Alex and Arthur Walker and my sister Doris McCoy for their assistance and support.

I wish to thank Dr. George Sidney and the members of the committee: Dr. Malcom Robertson, Dr. Chris Koronokas and Dr. Dave Lyon for their guidance.

A very special thanks is extended to Leondra Walker for her typing and for her patience.

Most of all I am thankful to God for blessing me to complete my study.

Birda Lee Walker
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CRITICAL INCIDENT SURVEY.

WESTERN MICHIGAN UNIVERSITY, M.A., 1982
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CHAPTER I

REVIEW OF SELECTED LITERATURE

Social desirability means that subjects answer the test items in terms of perceived social desirability of each item, which is independent of their true emotional states (Harvey and Sipprelle, 1976).

It is widely accepted that the statements a person makes about his own behavior and personality traits are related to his perceptions of the desirability and acceptability of these behaviors and traits. For example, Edwards (1953) found a correlation of .871 between the probability of endorsement of personality inventory traits, and the median-rated social desirability of the traits. The ratings of social desirability were made by a large group of judges who were completely separate from the subjects taking the inventory. Edwards suggests that this high correlation may indicate that desirable traits are in fact widespread in our culture, that subjects consciously or unconsciously try to give good self-impressions, or both. Perhaps a fourth possibility exits: people may believe certain traits are desirable just because they are so widespread (Rosen, 1956).

Thus there is a problem connected with the basis of this interrelation. A number of other problems, toward which the present research is oriented, also present themselves. For example, can a meaningful distinction be made between two kinds of desirability, which may be called personal desirability and perceived social desirability? Personal desirability is defined here as appraisal of the desirability of
given behaviors and traits in oneself, regardless of whether one in fact evidences the behaviors and traits. It is synonymous with "own opinion" of desirability. Perceived social desirability is defined as one's perception of whether or not one's society views the behaviors and traits as desirable, regardless of whether one evidences them and regardless of whether one personally considers them desirable (Rosen, 1956).

Social approval has been found to be not only a generalized need, but also contingent on the specific demand characteristics of the situation (Fordyce, 1956 and Rosen, 1956).

Heron (1956) demonstrated that situational factors, which are typical of standard assessment situations, can influence scores on personality inventories.

Henrichsen et al. (1975) found that the normal profile describes a competent, self assured, responsible and moderately affectionate person. The fake good profile describes a highly sociable, independent, and very affectionate person. The fake "bad" profile describes a pessimistic, emotionally superficial, dependent and loner.

Personality inventories, unlike achievement or ability tests, have no concept of maximum effort or correct-vs-incorrect response as a basic assumption of the series. Past studies have investigated a variety of faking sets, including faking "good" or "bad," faking oriented towards a goal, such as an occupational stereotype, e.g. fake "salesman," or faking intended to determine a person's values with respect to certain personality traits, e.g., fake "ideal self." The usual purpose has been to determine the degree to which such inventories could be successfully faked,
and how such faking could be detected and controlled (Velicer and Weiner, 1975).

Faking "Mental Illness" or "Mental Health"

The Sherman et al. (1975) study was designed to provide information bearing on several relevant issues. First, patients were given a reasonable opportunity to generate impressions of mental illness and mental health, and were provided with instructions as to what kinds of behaviors would be effective in creating these impressions. For this purpose a shortened version of a structural interview -- the Mental Status Schedule (MSS), developed by Spitzer, Burdock, and Hardesty (1964), was employed. This interview contains some items that are leading, such as "how often do you feel depressed or blue?" Other items are less suggestive of ways to create impressions of mental illness and mental health. The MSS also includes rating of the patients' style of interview behavior, the scores on these being, most clearly, "nonscript" based.

Patients in this study were found capable of altering the content of their interview behavior, this time as a function of open-end instructions to fake mental illness or mental health. Interestingly, patients were not uniformly effective in manipulating the apparent severity of their psychopathology. Only the sick presenting subjects, as a group, varied their self-presentation to a significant degree over the two interviews.

Wilcox and Krasnoff (1967) found psychiatric patients more likely to dissimulate when testing is perceived as a potential barrier to attainment of an immediate goal.
Sherman, Trief and Sprafkin (1975) studied the ability of 24 Veterans Administration Day Treatment Center Psychiatric outpatients to vary intentionally their degree of apparent psychopathology. Results show that patients who were defined as sick presenters prior to the interview phase of the experiment behaved in a significantly more pathological manner during an interview preceded by "fake sick" instructions than they did under "fake healthy" instructions. Patients who had been defined as healthy presenters manifested less of a behavior difference between the two interview conditions. There was evidence the patients primarily altered the content of their self-referent statements, not their style of interview behavior, and relied on cues provided by the interview questions when role playing mental ill and mental healthy behavior.

Braginsky and Braginsky (1967) found open ward patients were able to present themselves as either healthy or sick, without explicit prompting to do so, depending on whether they believed a two minute interview might result in locked ward placement or discharge respectively.

It is clear that patients responded to the induction in a manner which maximized the chances of fulfilling needs and goals. When their self-interests were at stake, patients could present themselves in a face-to-face interaction as either "sick" or "healthy" which ever was more appropriate to the situation (Braginsky and Braginsky, 1967).

In the Sherman et al. (1975) study, patients were found capable of altering the content of their interview behavior, this time as a function of open-end instruction to fake mental illness or mental health.
Long term patients (who have the lowest discharge rate in hospital) will attempt to present themselves on "mental status" tests as "ill" and ineligible for discharge while short term patients (who have the highest discharge rate in the hospital) will present themselves on "mental status" tests as "healthy" and eligible for discharge (Braginsky and Braginsky, 1966).

Faking "Good" or "Bad"

Many inmates have psychopathic traits which are correlated with personality tests in a quite different way from college students. In addition, by the time the prison psychologist assesses an inmate he may have been tested on a number of occasions at other institutions. Because of the prison "grapevine," many inmates believe that their performance on tests will significantly affect their status in a correctional institution (Gendreau, Irvine, and Kinght, 1973).

By faking "good" an inmate can obtain a transfer to a hospital and/or prison unit in which living conditions are better than in the main institution (Gendreau et al, 1973).

It should be noted, however, that whereas few "normals" would wish to look bad on a personality test, such a deception is not uncommon in the case of the prisoners. This may help the prisoners gain more attention from the treatment staff, get them out of work, or help them to effect a transfer or stay in an institution where they wish to remain (Gendreau et al, 1973).
The Sixteen Personality Factor Questionnaire (16PF), and the Minnesota Multiphasic Personality Inventory (MMPI), are widely used personality tests in correctional institutions. There is considerable evidence to indicate the MMPI can be easily deliberately distorted, particularly by delinquents (Gendreau, Irvine, & Knight, 1973), but there is no like evidence regarding the 16PF. Indeed, in the 1971 16PF handbook, the claim is made that there is little likelihood that the 16PF could be easily distorted, primarily because the factor poles of the test are equally attractive (Irvine and Gendreau, 1974).

Irvine and Gendreau (1974) studied attempts at faking the 16PF in both a "good" and "bad" direction by prisoners. The results obtained with the prison sample were compared to a reference group of college students. Faking with impunity was also examined. Three faking scales have been proposed for the 16PF, the sabotage index of Cattell, Eber, and Tatsuka (1970), O'Dell's (1971) random index, and Schanberger's (1967) motivational distortion scale. Thirty inmates, incarcerated at Millbrook Correctional Centre, formed the prison sample. Their age, education, socio-economic status, and type of convictions were representative of the prison population as a whole. Thirty male undergraduate students from Trent University comprised the reference group. Compared to the reference group, the inmates were of the same age range, had several years less schooling, and came predominately from a lower socio-economic background (Gendreau and Irvine, 1974).
The 30 subjects in each sample were randomly assigned to six groups, and each subgroup (n=5) received three instructional sets with order of sets counter balanced. All 16PF personality factors were scored plus anxiety and introversion factors (Gendreau and Irvine, 1974).

The normal set consisted of the standard 16PF manual instructions. Under the fake "good" condition, the subjects were instructed to make themselves look better than they actually were and to try and put forth a good impression of themselves (Gendreau and Irvine, 1974).

In the fake "bad" condition, the subjects were instructed to not tell the truth about the way they really were and to try to give a bad impression of themselves (Gendreau and Irvine, 1974).

Under fake "good" set, the prisoners were able to significantly and favorably change 11 of the 18 personality factors, and the students were able to do so with 12 of the 18 factors. The factors that the prisoners and students significantly fake "good" were the same (Gendreau and Irvine, 1974).

With the fake "bad" instructional set, the prisoners and the students were able to significantly alter 12 of the 18 personality factors. The two samples had 8 distorted factors in common (Gendreau and Irvine, 1974).

Of the three dissimulation indexes, the motivational distortion scale is applicable for fake "good" profiles and the random index and
the sabotage index for faking "bad." Optimal cut-off scores were determined, for each scale and the results are reported in percentage of correct detections by each scale (Gendreau and Irvine, 1974).

The 16PF test constructors have argued that the factor poles of the test are equally attractive, thus mitigating against faking. However, in the above study, under the fake "good" set, only 6 of the 18 factors examined were not altered significantly by one of the other groups. For the fake "bad" set, only 2 factors were not significantly faked (Gendreau and Irvine, 1974).

Among the many uses of the Sixteen Personality Factor Questionnaire (16PF) is the assessment of applicants for employment. The accuracy of assessment, however, may suffer greatly if one considers that the prospective employee may be highly motivated to obtain the job, and therefore distort an answer in order to present a more favorable picture of his personality. Orpen (1969) observes that self-report inventories, in general, have a major drawback in that they are easily faked, especially if they are used for selection purposes, or if the answers are to be evaluated by someone with whom the subject wants to make a good impression (Cattell et al, 1970).

The source of distortion in self-evaluative data are: (1) deliberate sabotage, as when a subject refuses to cooperate and answers either random or with intent to deceive; (2) unconscious "motivation distortion," as when the subject assumes a particular test-taking role e.g., as a patient, or a job-hunter, making his response in the first instance more hypochondriacal, and in the instance, more suitable for a
particular job; (3) sheer ignorance of the individual about himself, i.e., a vague self-concept, as evidenced in such items as uncertainty about what frequency of nightmares he experiences relative to others, or as to how much his friends consider him sociable, etc. (Cattell, Eber, and Tatsuoka, 1970).

Deliberate distortion by the examiner can usually be reliably detected if the response pattern is exaggerated enough to justify the investigator's making a specific search for it. It shows either by a significant absence of the usually regular interval relationships, or by the imposition of a false set of relationships. By the latter is meant primarily a spatial regularity which makes no psychological sense, e.g., all responses down one side of the page, or right-left alternating, etc. (Cattell et al, 1970).

Statement of the Problem

The purpose of this study is to determine whether or not individuals, when presented with a well defined list of adjectives, will demonstrate suggestibility, i.e., will tend to rate themselves differently on an Adjective Check List (ACL) than they do on an open-ended test, such as the Clinical Analysis Questionnaire (CAQ) or a Critical Incident Survey (CIS), which are more subtle tests. If something is brought to an individual's direct attention, e.g., a reasonable guideline such as a well defined Adjective Check List, then an individual is more likely to demonstrate suggestibility, depending on his/her motivation for providing a self-description. Conversely, more suggestibility would result when the individual seeks secondary gains. The subtle personality
description would likely be closer to the individual's actual personality pattern as measured by personality inventories using subtle personality descriptions, such as the CAQ and the CIS, than it would if he/she is given an Adjective Check List that is more obvious or better defined. For example, hypochondriacal individuals are more likely to endorse or ascribe to themselves more symptoms from an Adjective Check List than if they were asked to describe their symptoms open-ended, without reference to suggestible terms or guidelines.

General Hypothesis

On a structured test (Adjective Check List), three different groups of subjects will answer in the slanted (or biased) way more so than they will on unstructured test (Clinical Analysis Questionnaire and Critical Incident Survey).

Specific Hypotheses

(1) Out-patient psychiatric patients will likely describe themselves as having more severe symptoms or personality problems when presented with a structured test than they would when presented with an unstructured test. (2) Prisoners may tend to present a biased profile ("fake bad" or "fake good") for secondary gains when presented with a structured test as opposed to an unstructured test. (3) Undergraduates will tend to present a more "normal" self-description than is true of them.
CHAPTER II
DESIGN AND METHODOLOGY

The Subjects

The participants in this study were 36 adult volunteers drawn from three different populations: 12 inmates of the Kalamazoo County Jail; 12 outpatients at the William Upjohn Delano Memorial Clinic; and 12 undergraduate students at Western Michigan University.

Data Source

The instruments used in this study were the Adjective Check List (ACL) devised by the author from the Cattell's Sixteen Personality Factor Test (16 PF) (Appendix A), the Clinical Analysis Questionnaire (CAQ) by Cattell et al. (1970), and the Critical Incident Survey (CIS) devised by the author (Appendix B).

The goal of an Adjective Check list is to present a library of descriptive terms, which covers the widest possible range of behavior, self-conceptions, and personal values. The list should be organized in such a way that it can be filled in by a subject, or by an observer who records his reactions to a subject. Adjectives themselves are the natural language of description, and are responded to easily and with approval by most persons (Gough, 1960). Some analytical and statistical precision is lost in this way, but the gain in providing the respondent with a method of reporting his reactions much as he would in ordinary
discourse, or in an interview, seems to justify the check list procedure (Gough, 1960).

Although 147 adjectives appeared on the Adjective Check List, the check list was actually comprised of 150 adjectives, together with their opposites. That is, three of the adjectives on the check list were in more than one factor, e.g., the adjective, disciplined, was in factors G and N, realistic was in the factors C and I; and conventional was in the factors M and Q1. Therefore, if one of these adjectives was circled, the participants obtained a score (scored according to Cattell's 16 PF) high or low, for both factors. The check list includes those adjectives descriptive of all areas of personality described by Cattell et al (1970). (Appendix C shows the opposite pole of the ACL)

The goal of the Clinical Analysis Questionnaire is two fold: (1) measurement of pathologically important syndromes and deviant behavior patterns as determined by clinical observation, and (2) measurement of the primary source traits indentified and replicated by factor-analytic experimentation. The first goal extends back to the nineteenth century and has its roots in the associative techniques of Wundt and Jung, in the projective techniques developed from psychanalytic and Gestalt concepts, and in therapeutic techniques which were believed by practitioners to have diagnostic value. The second goal has its origins in factor-analytically derived personality theory, with its reliance upon objective evaluation and measurement across a broad spectrum of primary source traits known to span the domain of normal personality functioning (Krug, 1971).
The CAQ Form A is comprised of two parts; the first part of the test consists of 16 Personality Factors, and the second part consists of the 12 clinical scales. The 16 PF has 128 questions and the clinical scale has 144 questions. The researcher used only the 16 PF part of the CAQ—factor B (Intelligence Scale) was eliminated from the study. The 16 PF consist of Factors A-Q4, and each factor has behavior descriptions at opposite poles (high and low). The bipolar descriptions of source traits (factors) A through Q4 are described in Appendix F.

The CIS is comprised of thirty real-life situations, two questions for each factor (16 PF). The CIS prompts the participants to be more descriptive than the ACL; also it is a more subtle personality assessment than the ACL. The questions which correspond to the factors on this test were randomly arranged. The order is as follows:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1 and 2</td>
</tr>
<tr>
<td>C</td>
<td>5 and 24</td>
</tr>
<tr>
<td>E</td>
<td>25 and 30</td>
</tr>
<tr>
<td>F</td>
<td>4 and 9</td>
</tr>
<tr>
<td>G</td>
<td>3 and 6</td>
</tr>
<tr>
<td>H</td>
<td>7 and 20</td>
</tr>
<tr>
<td>I</td>
<td>8 and 17</td>
</tr>
<tr>
<td>L</td>
<td>10 and 18</td>
</tr>
<tr>
<td>M</td>
<td>12 and 16</td>
</tr>
<tr>
<td>N</td>
<td>11 and 22</td>
</tr>
<tr>
<td>O</td>
<td>19 and 27</td>
</tr>
<tr>
<td>Q1</td>
<td>12 and 28</td>
</tr>
<tr>
<td>Q2</td>
<td>21 and 29</td>
</tr>
<tr>
<td>Q3</td>
<td>23 and 26</td>
</tr>
<tr>
<td>Q4</td>
<td>14 and 15</td>
</tr>
</tbody>
</table>
Procedure

The researcher devised an informed consent form (Appendix D and E), which informs the participants that this study evaluates the consistency of three tests, and that these tests will help the researcher to understand whether or not each test conveys the same meaning.

A unique identifier was used to keep the participants' identity confidential. Each participant was assigned a phonetic code derived from the last name, the same for the first letter of the first name, the birthdate (month, date, year), and the sex code (male 1 and female 2). The consonants of the surnames were assigned numbers according to the coded numbers 1-6 and letters of the alphabet A-Z. For example, the name Jane Doe, sex female, birthdate 2-3-49 would be assigned the number five for the D (Doe), the number two for the letter J (first letter of the first name), numbers 2-3-49 (birthdate) and the number two or sex code. Therefore, her identifying number would be 5223492.

Fifteen females and twenty-one males participated in this study. The undergraduates were tested in four different group sessions; the outpatients were tested individually; and the prisoners were all tested in one group session. The total test time for the undergraduates and the prisoners was one and one half hours, and one to three hours for the outpatients. The researcher instructed the participants, (the prisoners were instructed by a teacher at their facility), to read the instructions printed on the front of the CAQ and on the top of the ACL and CIS.
carefully, and answer all questions on each of the tests. There was no
time limit on any of the tests.

Due to restrictions and regulations (protection of prisoners iden-
tity as well as that of the researcher), the researcher was unable to
administer the tests to the prisoners directly, but a teacher employed
by the Kalamazoo Public School System, who worked at the Kalamazoo
County Jail, administered the tests. The researcher typed explicit
instructions for the teacher on how to administer the tests (Appendix
G). The researcher also went over the instructions verbally with the
teacher. In order to assure the prisoners that they were not being
coerced or intimidated, the researcher was required to give prisoners a
detailed, step-by-step informed consent form and explicit instructions
on how the tests would be administered and processed.

The research varied the order of presentation of the test (A--ACL,
B--CAQ, and C--CIS). In each group, the tests were presented in a ran-
domized order (ABC, ACB, BAC, BCA, CAB, and CBA), with two participants
to each order.
CHAPTER III
RESULTS

An analysis of variance (with an alpha level of .05) was computed in order to compare the Adjective Check List (ACL) and Clinical Analysis Questionnaire (CAQ), and the ACL and Critical Incident Survey (CIS) within each group and between the three groups.

For the undergraduate student group, no significant differences were found between ACL and CAQ on factors: E, L, M, N, O, and Q2. Significant differences were found on factors: A, C, F, G, H, I, Q1, Q3, and Q4. No significant differences were found between ACL and CIS on factors: A, C, G, H, I, L, M, O, Q3, and Q4. Significant differences were found on factors: E, F, N, Q1, and Q2. The statistical results are presented on Tables I and II.

The undergraduates described themselves on factors A as more warmhearted, easygoing, outgoing and participating on the ACL than on the CAQ. On factor C, they described themselves as more emotionally stable on the ACL than on the CAQ. On factor E, they described themselves as more assertive, aggressive, stubborn, and competitive on the CIS than on the ACL. On factor F, they described themselves as more happy-go-lucky, enthusiastic, and impulsively lively on the ACL than on the CAQ and CIS. On factor G, they described themselves as more conscientious, persistent, and moralistic on the ACL than on the CAQ. On factor H, they described themselves as more venturesome, uninhibited, and socially bold on the ACL than on the CAQ. On factor I, they
### Table 1
ANOVA Results Comparing ACL and CAQ - Undergraduates

<table>
<thead>
<tr>
<th>Factors</th>
<th>Fobt&lt;sup&gt;1&lt;/sup&gt;</th>
<th>.95F&lt;sub&gt;1,22&lt;/sub&gt;&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>8.67</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>C</td>
<td>49.49</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>E</td>
<td>.11</td>
<td>4.30</td>
<td>No</td>
</tr>
<tr>
<td>F</td>
<td>4.65</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>G</td>
<td>7.32</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>H</td>
<td>7.16</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>I</td>
<td>7.47</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>L</td>
<td>.44</td>
<td>4.30</td>
<td>No</td>
</tr>
<tr>
<td>M</td>
<td>.39</td>
<td>4.30</td>
<td>No</td>
</tr>
<tr>
<td>N</td>
<td>.32</td>
<td>4.30</td>
<td>No</td>
</tr>
<tr>
<td>O</td>
<td>.22</td>
<td>4.30</td>
<td>No</td>
</tr>
<tr>
<td>Q1</td>
<td>6.49</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>Q2</td>
<td>.37</td>
<td>4.30</td>
<td>No</td>
</tr>
<tr>
<td>Q3</td>
<td>4.84</td>
<td>4.30</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4</td>
<td>4.94</td>
<td>4.30</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<sup>1</sup> Fobt means: F obtained, the observed F ratio.

<sup>2</sup> .95F<sub>1,22</sub> means: .95 is the confident interval, F is the F critical, one is the degrees of freedom between groups, and twenty-two is the degrees of freedom within groups.
Table 2
ANOVA Results Comparing
ACL and CIS - Undergraduates

<table>
<thead>
<tr>
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described themselves as more tough-minded, self-reliant, and realistic on the ACL than on the CAQ. On factor N, they described themselves as more forthright and unpretentious on the CIS than on the ACL. On factor Q1, they described themselves as more liberal, experimenting, and analytical on the ACL than on the CAQ and CIS. On factor Q2, they described themselves as more self-sufficient, resourceful, and prefers own decisions on the ACL than on the CIS. On factor Q3, they described themselves as more controlled and stronger will power on the ACL than on the CAQ. On factor Q4, they described themselves as more relaxed, tranquil, not frustrated, and composed on the ACL than on the CAQ and the CIS.

The results show that the undergraduates answer more often in a biased way (that is, they will tend to present a more "normal" self-description than is true of them) on the ACL than on the CAQ on factors: A, C, G, H, I, Q1, Q3, and Q4. They did not answer more often in a biased way on the ACL than on the CIS on any factors.

For the prisoner group, no significant differences were found between ACL and CAQ on factors: A, C, E, F, G, H, I, L, M, O, Q1, Q2, and Q4. Significant differences were found on factor Q3. No significant differences were found between ACL and CIS on factors: A, C, F, G, I, M, N, O, Q2, Q3, and Q4. Significant differences were found on factors: E, H, L, and Q1. The statistical results are presented on Tables III and IV.

The prisoners described themselves on factor Q3 as more controlled and having more will power on the ACL than on the CAQ. On factor E, they described themselves as more humble, mild, accommodating, and con-
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forming on the ACL than on the CIS. On factor H, they described themselves as more shy, timid, threat-sensitive, and restrained on the ACL than on the CIS. On factor L, they described themselves as more trusting, adaptable, and easy to get on with on the ACL than on the CIS. On factor Q1, they described themselves as more liberal, experimenting, and analytical on the ACL than on the CIS.

The results show that the prisoners answered more often in a biased way (that is, they may tend to "fake bad" or "fake good" for secondary gains) on the ACL than on the CAQ on factor Q3. Also, they answered more often in a biased way on the ACL than on the CIS on factors: E, L, and Q1.

For the outpatient group, no significant differences were found between ACL and CAQ on factors: F, O, Q1, and Q3. Significant differences were found on factors: A, C, E, G, H, I, L, M, N, Q2, and Q4. No significant differences were found between ACL and CIS on factors: E, F, H, I, M, O, Q3, and Q4. Significant differences were found on factors: A, C, G, L, N, Q1, and Q2. The statistical results are found in Tables V and VI.

The outpatients described themselves on factor A as more reserved, detached, critical and aloof on the ACL than on the CAQ and CIS. On factor C, they described themselves as more emotionally less stable, easy upset and affected by feelings on the ACL than on the CAQ and CIS. On factor E, they described themselves as more humble, mild, accommodating, and conforming on the ACL than on the CAQ. On factor G, they
### Table 5

**ANOVA Results Comparing ACL and CAQ - Outpatients**

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they described themselves as more conscientious, persistent, and moralistic on the ACL than on the CAQ and CIS. On factor H, they described themselves as more shy, timid, threat-sensitive, and restrained on the ACL than on the CAQ. On factor I, they described themselves as more tough-minded, self-reliant, and realistic on ACL than on the CAQ. On factor L, they described themselves as more trusting, adaptable, and easy to get on with on the ACL than on the CAQ and CIS. On factor M, they described themselves as more practical and "down-to-earth" on the ACL and CIS than on the CAQ. On factor N, they described themselves as more forthright and unpretentious on the ACL than on the CAQ and CIS. On factor Q1, they described themselves as more liberal, experimenting, and analytical on the ACL than on the CIS. On factor Q2, they described themselves as more group-dependent, joiner, and follower on the ACL than on the CAQ and CIS. On factor Q4, they described themselves as more relaxed, tranquil, unfrustrated, and composed on the ACL than on the CAQ.

The results show that the outpatient answered more often in a biased way (that is, will likely described themselves as having more severe symptoms or personality problems on the ACL than CAQ or CIS) on the ACL than on the CAQ on factors: A, C, E, H, N, Q1, Q2. Also they answered more in a biased way on the ACL than on the CIS on factors: A, C, N, and Q2.

The second part of this study dealt with comparing results between the undergraduate students, prisoners, and outpatients on the ACL, CAQ and CIS. No significant differences were found on the ACL between
groups on factors: E, F, G, I, L, M, N, O, and Q1. Significant differences were found on factors: A, C, H, Q2, Q3, and Q4. The statistical results are presented on Table VII.

On the structured test (ACL) factor A, the undergraduates and the prisoners were found to be more warmhearted, easygoing, outgoing, and participating than the outpatients. On factor C, the undergraduates and prisoners were found to be more emotionally stable than the outpatients. On factor H, the undergraduates were found to be more venturesome, uninhibited, and socially bold than the prisoners and the outpatients. On factor Q2, the undergraduates and the prisoners were found to be more self-sufficient, resourceful, and prefers own decisions than the outpatients. On factor Q3, the undergraduates and the prisoners were found to be more controlled and exacting more will power than the outpatients. On factor Q4, the undergraduates and the outpatients were found to be more relaxed, tranquil, unfrustrated, and composed than the prisoners.

No significant differences were found on the CAQ between groups on factors: F, G, H, I, Q1, and Q2. Significant differences were found in factors: A, C, E, L, M, N, O, Q3, and Q4. The statistical results are presented in Table VIII.

On the unstructured test (CAQ) on factor A, the outpatients were found to be more warmhearted, easygoing, outgoing, and participating than the undergraduates and the prisoners. On factor C, the outpatients were found to be more emotional stable than undergraduates and the prisoners. On factor E, the outpatients were found to be more
Table 7
ANOVA Results Comparing Undergraduate, Prisoner, and Outpatient Groups on the ACL

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assertive, aggressive, stubborn, and competitive than the undergraduates and the prisoners. On factor L, the outpatients and the prisoners were found to be more suspicious, hard to fool, and self-opinionated than the undergraduates. On factor M, the outpatients and the prisoners were found to be more imaginative, absent-minded, and careless of practical matters than the undergraduates. On factor N, the undergraduates and the outpatients were found to be more forthright and unpretentious than the prisoners. On factor O, the outpatients and the prisoners were found to be more apprehensive, self-reproaching, insecure, worrying, and troubled than the undergraduates. On factor Q3, the undergraduates and the prisoners were found to be more undisciplined, lax, and follows own urges than the outpatients. On factor Q4, the undergraduates and the outpatients were found to be more tense, frustrated, driven, and overwrought than the prisoners.

No significant differences were found on the CIS between groups on factors: A, C, F, G, H, I, L, O, Q1, Q2, Q3, and Q4. Significant differences were found factors: E, M, and N. The statistical results are presented on Table IX.

On the unstructured test (CIS) on factor E, the outpatients were found to be more humble, mild, accommodating, and conforming than the undergraduates and the prisoners. On factor M, the outpatients and the prisoners were more practical and "down-to-earth" than the undergraduates. On factor N, the outpatients and the undergraduates were found to be more shrewd, polished and socially aware than the prisoners.
Table 9

ANOVA Results Comparing Undergraduate, Prisoner, and Outpatient Groups on the CIS

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<td>No</td>
</tr>
<tr>
<td>H</td>
<td>1.63</td>
<td>3.32</td>
<td>No</td>
</tr>
<tr>
<td>I</td>
<td>.91</td>
<td>3.32</td>
<td>No</td>
</tr>
<tr>
<td>L</td>
<td>3.16</td>
<td>3.32</td>
<td>No</td>
</tr>
<tr>
<td>M</td>
<td>9.93</td>
<td>3.32</td>
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</tr>
<tr>
<td>N</td>
<td>14.93</td>
<td>3.32</td>
<td>Yes</td>
</tr>
<tr>
<td>O</td>
<td>3.79</td>
<td>3.32</td>
<td>Yes</td>
</tr>
<tr>
<td>Q1</td>
<td>.47</td>
<td>3.32</td>
<td>No</td>
</tr>
<tr>
<td>Q2</td>
<td>2.08</td>
<td>3.32</td>
<td>No</td>
</tr>
<tr>
<td>Q3</td>
<td>5.30</td>
<td>3.32</td>
<td>Yes</td>
</tr>
<tr>
<td>Q4</td>
<td>2.81</td>
<td>3.32</td>
<td>No</td>
</tr>
</tbody>
</table>
The hypothesis stating that the undergraduate students will tend to present a more normal description on the ACL than on the CAQ was supported. Fifty-one percent of the differences were significant. Although factor F was significantly different, it was not answered in the slanted (or biased) way as hypothesized. The hypothesis also stated that the undergraduate students will tend to present a more normal description on the ACL than on the CIS was not supported. Only thirty-three percent of the differences were significant. Second, the hypothesis that prisoners will fake "good" or "bad" for secondary gains, when presented with an ACL as opposed to the CAQ or CIS, was not supported. Only six percent of the differences between the ACL and CAQ were significant, and only twenty-one percent of the differences between the ACL and CIS were significant. Third, it was hypothesized that outpatients will likely describe themselves as having more severe symptoms or personality problems when presented with ACL than they would when presented with a CAQ or CIS. The hypothesis was not supported. Forty percent of the differences between the ACL and the CAQ were significant. Although factors G, I, L, M, and Q4 were significantly different they were not answered in the slanted (or biased) way as was hypothesized. Twenty percent of the differences between ACL and CIS were significant. Although factors G and L were significant, they were not answered in the biased way as hypothesized.
CHAPTER IV
DISCUSSION

This study was undertaken to determine whether or not individuals, when presented with a well defined list of adjectives, would demonstrate suggestibility, i.e., would tend to rate themselves differently on an ACL than they would on an open-end test, such as the CAQ which is a more subtle measure of personality traits.

The three tests used in this study were all variations of the 16PF test. The ACL was drawn from the Cattell's 16PF description; synonyms were used to simplify the test. The CAQ is a standardized personality test. The CIS consisted of sentences formed from the Cattell's 16PF descriptions of personality traits.

The prisoners did not appear to differ significantly between the structured (ACL) and the unstructured (CAQ or CIS) inventories as was hypothesized. Perhaps they were trying to manipulate the test. Perhaps they wanted to appear more "normal" than was true of them and less deviant in their personality. Factors on which they did differ significantly between ACL and CAQ or CIS, prisoners tended to "fake good." The "fake good" responses were: (1) they described themselves as warmhearted, easygoing, outgoing, participating, with appropriate expression of affect (feeling). (2) They described themselves as emotionally stable and able to reach personal goals without particular difficulty. They frequently reported general satisfaction with the way they live their lives. (3) They described themselves as humble, mild,
accommodating, and conforming and unlikely to vent hostile feelings. They also described themselves as more submissive, dependent, and easily led. (4) They described themselves as trusting, adaptable, easy to get along with, and healthy mentally. (5) They described themselves as controlled and with strong will power. Perhaps they were motivated to described themselves in the "fake good" direction because of secondary gains. For example, they may obtain a trustee position; they may be paroled earlier; they may receive a shorter sentence, etc. Gendreau et al. (1973) found that many inmates believed that their performance on the test would significantly affect their status in a correction institution.

The undergraduates did differ in the answers on the ACL and the CAQ as was hypothesized. They described themselves more in the "normal" direction. Perhaps they wanted to present a more "normal" self-description than is true of them. Also, the subjects answered the test items in terms of perceived social desirability of each item which is independent of their true emotional states. Rosen (1956) found that it is widely accepted that the statements a person makes about his own behavior and personality traits are related to his perceptions of the desirability and acceptability of these behaviors and traits. The undergraduates did not differ significantly in answers on the ACL and the CIS.

The outpatients did appear to differ significantly between the structured (ACL) and the unstructured (CAQ or CIS) inventories, but not as was hypothesized. It was hypothesized that the outpatients will
described themselves as having more severe symptoms or personality problems when presented with ACL than they would when presented with a CAQ or CIS. On seven factors (A, C, E, H, N, Q1, and Q2) the outpatients did answer in a biased way as hypothesized. They described themselves as reserved, detached, critical, and aloof (factor A); emotionally less stable, easily upset, and affected by feelings (factor C); humble, mild, accommodating and conforming (factor E); shy, timid, threat-sensitive, and restrained (factor H); forthright and unpretentious (factor N); radical (factor Q1); group-dependent, joiner, and the follower (factor Q2). For the other five factors (G, I, L, N, and Q4) on which there were significant differences between ACL and the CAQ and CIS, they were not answered in a biased way as hypothesized. For example, the outpatients described themselves as conscientious, persistent, and moralistic (factor G); tough-minded, self-reliant, and realistic (factor I); trusting, adaptable, and easy to get on with (factor L); practical and "down-to-earth" (factor M); relaxed, tranquil, unfrustrated, and composed (factor Q4). Perhaps one reason the outpatients did not differ significantly between the ACL and the CAQ or CIS was that they wanted to appear mentally healthy.

The general hypothesis stated that on the structured test (ACL), three different groups of subjects will answer in a biased way more so than they will on the unstructured tests (CAQ and CIS). Only one group (undergraduates) differed significantly between the ACL and the CAQ, but the other groups (prisoners and outpatients) did not differed significantly between the ACL and the CAQ or CIS. The undergraduates did not
differ significantly between the ACL and the CIS. The specific hypotheses stated: (1) outpatient psychiatric patients will likely describe themselves as having more severe symptoms or personality problems when presented with a structured test than they would when presented with an unstructured test. This was not supported. (2) Prisoners will likely present a biased profile ("fake bad" or "fake good") for secondary gains when presented with a structured test as opposed to an unstructured test. This was not supported. (3) Undergraduates will tend to present a more "normal" self-description than is true of them. This was supported for the ACL versus the CAQ, but not supported for the ACL versus the CIS.

All groups scored within the normal limits on the standard ten (sten) profile (mean 5.5, SD 2, and the average sten is 3-7) for all of the tests; groups only differed significantly between tests. For example, prisoners can obtain a score of three on the ACL and a score of seven on the CAQ for factor A: the scores three and seven are two standard deviations apart, but both test scores are within the normal limits.

Suggestions for improvements on the research

The University is required to insure that the prisoners civil liberties are not violated by the Kalamazoo County Jail staff while conducting a research study. It must make sure that every precaution is taken to protect the prisoners from being intimidated and coerced by the staff. The University did not want the staff at the jail to keep the signed informed consent forms; it wanted the author to keep the forms in
a safe place. It did not want the staff at the jail handling the administration of the test, because the staff might read the responses and use the information against the inmates in their trial.

However, the Kalamazoo County Jail staff also wanted to make sure that the prisoners' civil liberties were not violated by the University. They wanted to keep the signed informed consent forms in their protection. They wanted to make sure the author could not identify any prisoner. Also, to protect the author's identity, they did not want the author to administer the test directly.

The author believes the prisoner population is an important group to research, but a better understanding is needed between the University and the criminal justice system. The University needs to appreciate the constraint the public official works under in terms of obtaining informed consent, releasing confidential information, and insuring that civil liberties are not violated. The University and the criminal justice system need to have an ongoing relationship. Future research would be facilitated if the two systems worked out research procedures, such as where to file informed consent forms so that both the University and the criminal justice system could have easy access. Further research should be considered utilizing a sample that is larger and more representative of the designated populations. There needs to be further research to determine the reliability and validity of the author's modification of the ACL and the CIS.
APPENDIX A

ADJECTIVE CHECK LIST

DIRECTIONS: THIS ANSWER SHEET CONTAINS A LIST OF 147 ADJECTIVES.
PLEASE READ THEM QUICKLY AND CIRCLE EACH ONE YOU CONSIDER TO BE SELF-
DESCRIPTIVE. WORK QUICKLY AND DO NOT SPEND TOO MUCH TIME ON ANY ONE AD-
JECTIVE. PLEASE DESCRIBE YOURSELF AS YOU REALLY ARE, NOT AS YOU WOULD
LIKE TO BE NOR AS OTHERS DESCRIBE YOU.

| 1. ADAPTABLE (ABLE TO ADAPT ONESELF) | 16. CONFORMING (COMPLYING) | 30. EAGER |
| 2. AGGRESSIVE (HOSTILE) | 17. CONCIENTIOUS | 31. EASILY-ANNNOYED |
| 3. ANALYTICAL | 18. CONSERVATIVE (MONERATE) | 32. EASILY-LED |
| 4. ANXIOUS | 19. CONSIDERATE | 33. EASILY-PACIFIED |
| 5. ASSERTIVE | 20. CONVENTIONAL (FORMAL) | 34. EASILY-PROVOKED |
| 6. BLUNT | 21. CRITICAL | 35. EASILY-UPSET |
| 7. BOLD | 22. DEPENDENT | 36. EASY-GOING |
| 8. CALM | 23. DEPRESSED | 37. EMOTIONAL |
| 9. CAREFUL | 24. DISCIPLINED | 38. ENTHUIASTIC |
| 10. CARELESS | 25. DISCREET | 39. EXPERIMENTING (TRY OUT) |
| 11. CAUTIOUS | 26. DISSATISFIED | 40. FOLLOWER |
| 12. CHANGEABLE (NOT CORDIAL) | 27. DISTANT | 41. FORGETFUL |
| 13. CHEERFUL | 28. DOMINANT | 42. FREE-THINKING |
| 14. COMPULSIVE | 29. DOWN-TO-EARTH | 43. FRUSTRATED |
| 15. CONCERNED | | 44. FUSSY |
45. GENEROUS 70. OPINIONATED 93. SELF-CONFIDENT
46. GOOD-NATURE 71. OUT-GOING 94. SELF-CONTROLLED
47. HAPPY-GO-LUCKY 72. OVER-PROTECTIVE 95. SELF-DISCIPLINED
48. HARSH (ROUGH) 73. PARTICIPATING (GETTING IN INVOLVED) 96. SELF-IMPORTANT
49. HUMBLE 74. PEACEABLE 98. SELFISH
50. IMAGINATIVE 75. PERSISTANT 99. SELF-MOTIVATED
51. IMPERSONAL (DETACHED) 76. PICKY 100. SELF-RELIANT
52. IMPRACTICAL 77. PLACID 101. SELF-RESPECT
53. IMPULSIVE 78. PRACTICAL 102. SELF-RESTRAINED
54. INDEPENDENT 79. QUICK (ALERT) 103. SELF-SATISFIED
56. INGENIOUS 80. QUIET 104. SELF-SUFFICIENT
57. IRRITABLE 81. RADICAL (EXTREMIST) 105. SENSITIVE (TOUCHY)
58. JEALOUS 82. REALISTIC 106. SERENE (PEACE)
59. MATURE 83. REBELLIOUS 107. SETTLE
60. MILD 84. RELAXED 108. SERIOUS
61. NEGLECTFUL 85. RESERVED (HOLD BACK) 109. SHERWOD (CANNY)
62. NERVOUS 86. RESPONSIBLE 110. SHY
63. NON CONFORMING (NOT COMPLYING) 87. RESOURCEFUL 111. SILENT
64. NOT CONSISTENT 88. RESTLESS 112. SINCERE
65. NOT DEPENDABLE 89. RETIRING 113. SKEPTICAL (HAVING DOUBT)
66. NOT DISCIPLINED 90. RIGHTEOUS 114. SLACK (LOOSE)
67. NOT SERIOUS 91. SECURE 115. SNOBBISH
68. NOT SOCIABLE 92. SELF-CENTERED 116. SOBER
69. NOT STABLE
117. SOCIABLE
118. SOCIALLY AWARE
119. SOCIALLY OUT-GOING
120. STABLE (SOLID)
121. STANDOFFISH
122. STIFF (RIGID)
123. STRONG-MINDED
124. STRONG WILLED
125. STUBBORN
126. SUBMISSIVE
127. SUSPICIOUS
128. TALKATIVE
129. TENSE
130. THOUGHTLESS
131. TIMID
132. TOLERANT
133. TRADITIONAL (CUSTOM)
134. TRANQUIL
135. TROUBLED
136. TRUSTFUL
137. TRUSTING
138. UNCONCERNED
139. UNCONTROLLED
140. UNCONVENTIONAL (NOT FORMAL)
141. UNEASY
142. UNINHIBITED (OPEN--NOT RESTRICTED)
143. UNRUFFLED (COOL OR UNEXCITED)
144. VENTUROUS
145. WARMHEARTED
146. WEAK MINDED
147. WITHDRAWN
148. WORRISOME
APPENDIX B
CRITICAL INCIDENT SURVEY

DIRECTIONS: THIS SURVEY CONTAINS THIRTY-TWO REAL-LIFE SITUATIONS. PLEASE READ THESE CAREFULLY AND RESPOND TO EACH STATEMENT HONESTLY, EXPRESSING YOUR FEELINGS AND THOUGHTS. PLEASE PRINT YOUR RESPONSES.

1. You have a chance to live in a nice secluded area, but you would have to live alone. What would you do? ________________________

2. You have applied for a job as probation officer. You are required to take a lie detector test. Some of the questions asked are very personal or intimate. What would you do in this situation? ______

3. You are driving and you are in a hurry, the stop light is red, and no one is around. What would you do? __________________________

4. You are on your way to the library to study for a critical exam. A friend stops you and asks you to go out with him/her for pizza, his/her treat. What would you do? _______________________________
5. Your supervisor has criticized your job performance in front of your co-workers. What would you do? How would you feel? 

6. You found a wallet containing $350.00 and it has an I. D. inside. What would you do? 

7. You have been offered a job which requires you to meet and deal with difficult people almost all of the time. What would you do? How would you feel? 

8. You are working as a security guard in a clothing store. You just saw your neighbor's son pick up an expensive item and put it into his pocket. What would you do? 

9. You are at a party and someone tells a rather gross off-color joke in mixed company which embarrassed you. What would you do? 

10. You are walking on a deserted street late at night, all of a sudden you see someone walking toward you. What would you do?
11. Your political party is having a campaign party to introduce/promote their candidate. You have a choice: to go and give a promotional or endorsing speech or you can stay at headquarters and solicit funds by telephone. Which would you prefer? ____________

__________________________________________________________________________

12. Your friend asked you to go to a party where the people are more likely to be polished and sophisticated, but you also have an opportunity to go to a party where the people are friendly and down-to-earth. What would you do? ____________________________

__________________________________________________________________________

13. You attend a meeting for the improvement of your town. Many of the people at the meeting want to tear down a popular historical site to build a shopping center that would add much needed revenue (money) to the town. What would you do in this situation? ___

__________________________________________________________________________

14. You are anxious to know your physical condition. You have a doctor appointment at 11:30 a.m., and you also have a very important luncheon at 1:00 p.m. The nurse tells you the doctor had to be in surgery and will not be back until 12:30 p.m. How would you feel? What would you do? ____________________________

__________________________________________________________________________

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15. You pull into a parking lot, you spot a parking place. Just as you are about to drive into the space another car pulls into the parking space before you. How would you feel? What would you do?


16. You have an opportunity to be a director of an agency where program guidelines are well defined for you, or you can stay at your old job which pays less and where you have the freedom to develop your own programs. What would you do?


17. You are a supervisor and you need a qualified person to fill a position. Your close friend, who is not qualified applies for the position. What would you do?


18. Your house is located in an isolated rural area. A stranger knocks on your door, tells you that his car has run out of gas about a half mile down the road and asks to use your phone. What would you do?


19. It is your night to choose where you and your friends will go for entertainment, but your friends disagree with your choice of entertainment. What would you do? How would you feel?
20. You are at a dance, but you do not know anyone there. What would you do? ______________________________________________________

21. You are in charge of the planning committee to raise funds for an organization. George, Mary and Sue, who are excited about the fund raising insist on offering you plans. What would you do? ______

22. You have won an all expense paid trip to New York. This includes a visit to an opera, New York Philharmonic, an abstract art show and a fancy restaurant where formal attire is required. As an alternative, you can accept a cash prize that is valued considerably less. What would you do? ____________________________

23. You are on a reducing diet and have been invited to a dinner, everything on the menu is high in calories. Everyone is trying to persuade you to skip the diet and eat the high caloric foods. What would you do? ___________________________________________________

24. You fell asleep on the job. A friend whom you thought you could trust told the boss. How would you feel? What would you do? ______

25. You are in line at a crowded grocery store, another customer steps in front of you without asking your permission. What would you do?


26. You pass a department store after closing hours and you see the door ajar; no one is around. What would you do?


27. You are at a staff meeting, and the boss asks for suggestions on an important matter. You make a suggestion that you know will work, but no one pays any attention to you. What would you do? How would you feel?


28. Your community needs a playground, but a few historical houses are in the only spot where they can put the playground. What would you do?


29. You have to plan a luncheon for a large, important group. You could do it yourself or you could ask a committee to help you. What would you do?


30. You order your steak medium rare and the waitress brings you a well done steak. She is hesitant about taking it back. What would you do?
### APPENDIX C

#### FIFTEEN OF THE SIXTEEN PERSONALITY FACTORS

**ADJECTIVE CHECK LIST—CHECK LIST**

<table>
<thead>
<tr>
<th>FACTOR A</th>
<th><strong>LOW SCORE</strong></th>
<th><strong>HIGH SCORE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RESERVED, IMPRESONAL CRITICAL, STANDOFFISH, AND SKEPTICAL</td>
<td>OUT-GOING, WARMHEARTED, EASY-GOING, PARTICIPATING, AND GOOD NATURE</td>
</tr>
<tr>
<td>FACTOR C</td>
<td>EMOTIONAL, EASILY-UPSET, EASILY-ANNOYED, RESTLESS, AND DIS-SATISFIED</td>
<td>REALISTIC, MATURE, CALM, STABLE, AND UNRUFFLED</td>
</tr>
<tr>
<td>FACTOR E</td>
<td>HUMBLE, MILD, CONFORMING, SUBMISSIVE, AND CONSIDERATE</td>
<td>ASSERTIVE, AGGRESSIVE, REBEL-LIOUS, STUBBORN, AND DOMINATE</td>
</tr>
<tr>
<td>FACTOR F</td>
<td>SELFISH, SOBER, SERIOUS, SILENT, AND CAUTIOUS</td>
<td>TALKATIVE, HAPPY-GO-LUCKY, ENTHUSIASTIC, THOUGHTLESS, AND QUICK</td>
</tr>
<tr>
<td>FACTOR G</td>
<td>FACTOR H</td>
<td>FACTOR I</td>
</tr>
<tr>
<td>------------------------</td>
<td>---------------------------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Conscientious, Persistent, Righteous, Settle, and Disciplined</td>
<td>Venturesome, Uninhibited, Impulsive, Sociable, and Bold</td>
<td>Weak-Minded, Over-Protective, Anxious, Picky, and Impractical</td>
</tr>
</tbody>
</table>
FACTOR 0
SELF-CONFIDENT, PLACID, SELF-SATISFIED, SECURE, AND SERENE
UNEASY, DEPRESSED, INSECURE, WORRISOME, AND TROUBLED

FACTOR Q1
CONSERVATIVE, STIFF, CONVENTIONAL, SNOBBISH AND TRADITIONAL
RADICAL, EXPERIMENTING, GENEROUS, ANALYTICAL, AND FREE-THINKING

FACTOR Q2
FOLLOWER, NOT STABLE, NOT CONSISTENT, CHANGEABLE, AND DEPENDENT
SELF-SUFFICIENT, RESOURCEFUL, INDEPENDENT, STRONG-WILLED AND NOT SOCIABLE

FACTOR Q3
NOT DISCIPLINED, NOT CONTROLLED, NEGLECTFUL, SELF-CENTERED, AND NON-COFORMING
SELF-CONTROLLED, SELF-RESPECTED, COMPLUSIVE, SELF-RESTRAINED, SELF-DISCIPLINED

FACTOR Q4
RELAXED, TRANQUIL, UNCONCERNED, QUIET, AND PEACEABLE
TENSE, FRUSTRATED, NERVOUS, EASILY-PROVOKE, AND FUSSY
APPENDIX D
INFORMED CONSENT

I am a master's student working on a thesis research project. I need volunteers to assist me in this project. The project consists of taking three written tests that will take approximately one to one and a half hours to administer. This project is to evaluate the consistency of three tests. It will help the researcher to know whether or not each of the tests tells the same things. The information gathered from these tests will be kept completely confidential. You may feel free to withdraw from this project at any time without prejudice to further care or service. If you would like to volunteer for this project please sign your name below. Please return this form to the examiner.

Thank you

Birda L. Walker
Researcher

I agree to voluntarily participate in this research study. I understand that all information used in this study will be completely confidential and that I can withdraw from participating in this project at any time without prejudice to further care or service.

Signature ______________________
Date ___________________________
Researcher _____________________
Witness _________________________
APPENDIX E
PRISONERS' INFORMED CONSENT FORM

I am a master's student working on a thesis research project. I need volunteers to assist me in this project. The project consists of taking three written tests that will take approximately one to one and a half hours to administer. This project is to evaluate the consistency of three tests. It will help the researcher to know whether or not each of the tests tells the same things. These tests do not identify any particular individual. Volunteering for this project will not interfere with receiving treatment or service for anyone. The tests will be handled as follows:

1. The researcher will hand the tests to the teacher who will administer the tests.
2. The teacher will pass out each set of tests to each volunteer.
3. The teacher will instruct the volunteers to read the directions of the tests carefully. The volunteers may proceed taking the tests after they have read the instruction. Please do not put your names on the test.
4. You do not have to answer questions you feel are threatening to you. If you do not wish to answer questions you can withdraw from the research project without consequences.
5. After the volunteers have completed the tests they are to put their tests into the envelopes. The last person finishing the tests should seal the envelopes.
6. The signed informed consent should be placed into a different envelope and sealed by the volunteers. The envelope should be given to the teacher after it is sealed.

7. The researcher will collect the informed consent forms and the tests from the teacher.

The information gathered from these tests will be kept completely confidential. If you would like to volunteer for this project please sign your name below. There are two other groups participating in this project.

Signature ______________________
Date ______________________
APPENDIX F

Bipolar Descriptions of Source Traits
(Factors) A through Q4

A: Warmth

A- pole is referred to as the flatness and dryness of the emotion in the A- person. The A+ pole referred to the tendency to the appropriate but fulsome expression in affect (feeling). (Cattell, Eber, and Tatsuoka, 1970).

C: Emotional Stability

The C- person is easily annoyed by things and people, is dissatisfied with the world situation, his family, the restrictions of life and his own health, and he feels unable to cope with life. He shows generalize neurotic responses in the form of phobias, psychosomatic disturbances, sleep disturbances, and hysterical and obsessional behavior. (Cattell et al, 1970).

The higher the score on C (C+) the more resources the individual has to meet the challenges of the day. At the level of self-report, C+ individuals note that they are generally able to reach personal goals without particular difficulty. They do not seem to be easily distracted when working on something. They frequently report general satisfaction with the way they live their lives. (Krug, 1971).

E: Dominance

The factor of dominance, have somewhat different loading patterns for men and women. In women the dominance traits: "hypochondriacal," "socially poised," "prominent," and "attention-getting," are more highly loaded in the E factor than they are in men. (Cattell et al, 1970).

High scoring individuals are generally more self-assertive, aggressive, and competitive. They describe themselves as forceful and generally are very direct in their relations with other people, frequently telling them exactly what they think of them. They like to put their own ideas into practice and enjoy having things their own way. (Krug, 1971).

Individuals who are low E do not vent their hostile feelings they closet them. Krug (1971). They are more submissive dependent, easily led and accommodating. (Cattell et al, 1970).
F: Impulsivity

Examination of origins shows that surgent (F+) persons have generally had an easier, less punishing, more optimism-creating environment, or that they have a more happy-go-lucky attitude through less exacting aspirations. There is some evidence of significant change toward surgency in frontal lobotomy (Petrie, 1952), in psychotherapy (Cattell, 1966a), and in mild alcoholic intoxication. Among neurotics, the more surgent show conversion hysteric symptoms, and also sexual anomalies (Cattell, 1946, 1957b), while the desurgent (F-) show more headaches, worrying, irritability, depressive retardation, phobias, and nightmares. Significant associations have been found sociologically between surgency and bachelorhood (Cattell, 1946), as well as with preference for living in the center of large cities (Munson, 1954) and liking to travel.

Desurgery should not be confused with depression. Psychotic depressions in particular (and perhaps all clinical depressions) demonstrably diverge on a rather complex set of six pathological factors extra to the general personality dimensions in the 16 PF Test. Desurgery is "soberness" and caution rather than depression, and indeed, a surgent F+ score should not always be taken as a contraindication of clinical depression. However, it is statistically true that desurgery is associate in mild degree with practically all mental (and probable most physical) illness, e.g., with neurosis, schizophrenia, and alcoholism, along with C, though possibly as a secondary effect of the illness situation.

F+ individuals externalized and "act out" inner conflicts, F- individuals internalize them.

G: Conformity

Individuals who score high on this trait tend to be more persistent, more respectful of authority, and more conforming to the standards of the group. Group standards are not, of course, synonymous with general societal standards, and it is not unusual to find criminals scoring above average on this scale.

Low scores on Factor G may occasionally signal sociopathic trends (Krug, 1971).

...faking is also important, in that criminals seeking parole will operate particularly on this factor, and persons of all ages in a pose of adolescent revolt will deny their acceptance of simple moral standards which they actually practice.

H: Boldness

H+ individuals are typically adventurous, bold, and energetic. H+ individuals enjoy being the focus of attention in the group. Krug (1971). The H+ person shows inbabilities by environmental
threat, and incidentally, is related "lazy" in childhood and "thick skinned" in social interaction. This constitutional insusceptibility to inhibition in turn generates the boldness in social, sexual, emotional, and physical danger situation which comes in H+ individuals.

The H- individual reports himself to be intensely shy, tormented by an unreasonable sense of inferiority, slow and impeded in expressing himself, disliking occupations with personal contacts, preferring one or two close friends to large groups, and not able to keep in contact with all that is going on around him. Although H- (but not A-) has some significant statistical association with schizophrenia, it is definitely too low to be diagnostic in the individual case, i.e., it makes no major contribution. Low H is perfectly normal in itself, though its introduction of difficulty in making social contracts may be one of many contributing influences to schizoid maladjustment.

I. Sensitivity

Trait description associated with I+ on this dimension include tender-minded, dependent, over-protective, fidgety, clinging, and insecure. They report that they enjoy sentimental music. They prefer to use reason than force in getting things done Krug (1971).

In various questionnaire studies, the person I+ person has shown a fastidious dislike of "crude" people and rough occupations; a romantic liking for travel and new experiences; a liable, somewhat unrealistic, imaginative, aesthetic mind; a certain impracticality in general affairs. Group performances tend to be poorer in groups with higher average score for their members, while its individuals receive significantly more descriptions as fussing, slow in up group performance in arriving at decisions, and making negative social emotional (morale upsetting) remarks.

I- thus represents some sort of tough, masculine, practical, mature, group-solidarity-generating and realistic temperamental dimension. (Cattel et al, 1970).

L: Suspiciousness

The protention, signifying "projection and innertension"--the essential of the pattern--is used to describe this factor. Much of the behavior in this factor may be identified with the persistent adoption of particular defense mechanism--true projection. There is no need to imply disorder, as the word "paranoid" would, and indeed there are some very positive performances associated with high protention in creative fields, for example, in religion and science.

The opposite, low, L- pole of the factor is one of easygoing, friendly relaxation and perhaps lack of ambition and striving.
Clinically, high scores on this factor are significant. Karson and O'Dell (1976) note that the opposite end of the scale, that is, low scores on this factor, must be regarded as healthy sign, regardless of how extreme they might be. (Krug, 1971).

M: Imagination

This is the "absent-minded professor" factor. High-scoring individuals are frequently unconventional and are typically unconcerned about everyday matters. They report that they tend to forget trivial things. They are not interested in mechanical things. They report also that they do not enjoy hearing details of an accident.

Essentially the M+ person has an intense subjectivity and inner mental life. Although carried forward on inner tides of confidence, and definitely inclined to be disregardful of practical matters, he actually was higher internal, spasmodic anxiety and conflict tensions than the praxernic (M-) person, walks and talks in his sleep, and alternates periods of placid disregard of practical considerations with hysteroid episodes of relatively "immature," demanding, and overwrought behavior. The term autia is meant to convey this autistic or, at least, "internally autonomous" thinking, while the opposite, praxernia, conveys the serious "practical concern" with outer "awkward" details. Such alternative titles as "Bohemian-vs-Spiessburger," "Mary-vs-Martha," have sometimes been used to catch the quality of this dimension. (Cattell et al, 1970).

N: Shrewdness

High-scoring individuals report that they prefer being around "polished," sophisticated people. They say that their feelings are not easily swayed and that they are polite and diplomatic about handling other people. They prefer to keep problems to themselves. The low-scoring individual are not simply more straightforward, but they are generally less constrained by rules and standards. (Krug, 1971).

O: Insecurity

The O+ person feels that he is unstable, reports overfatigue from exciting situations, is unable to sleep through worrying, feels inadequate to meet the rough daily demands of life, is easily downhearted and remorseful, feels that people are not as moral as they should be is included to piety, prefers books and quiet interests to people and noise, and shows a mixture of hypochondriacal and neurasthenic symptoms, but with phobias and anxieties most
prominent. It is thus broader than guilt in its most specific sense, though guilt proneness and piety are central in general "oceanic emotionality." (Cattell et al., 1970).

The low score individuals are self-assured, placid, secure, and complacent.

Q1: Radicalism

Individuals with high scores on this dimension tend most frequently to be analytic, liberal, and innovative. They feel that society should throw out traditions. They trust logic rather than feelings, favor relaxed divorce laws, and prefer to break with established ways of doing things. Krug (1971). The low score on this factor individuals are conservative, respecting established ideas, tolerant of traditional difficulties. (Cattell et al., 1970).

Q2: Self-sufficiency

People who score high on this dimension prefer to be alone. They do not need the support of groups. In describing themselves, they say they prefer to work alone rather than with committees and problem-solve better alone than in groups. Q2- pole we see a person who goes with the group, definitely depends on social approval more, and is conventional and fashionable. (Cattell et al., 1970).

Q3: Self-discipline

High-scoring individuals generally have strong control over their emotional life and behavior. These individuals report that they prefer to get their thoughts organized before speaking up, that they keep their room neat and organized, and that they do not leave things to chance. (Krug, 1971).

According to loaded items, the Q3+ person shows socially approved character responses, self-control, persistence, foresight, considerateness of others, conscientiousness, and regard for etiquette and social reputation.

The low scores are, of course, important clinical signs, signaling the individual's inability to keep his or her emotions in order.

Q4: Tension

High Q4 is best interpreted as an "id" (general ergic need) energy excited in excess of the ego strength capacity to discharge it, and which is therefore misdirected, converted into psychosomatic disturbances, anxiety, etc, and is generally disruptive of steady
application and emotional balance. For this reason, such terms as
"id pressure," or "frustrated drive"—or, more exactly, the present
term ergic tension (in quantitative dynamic concepts)—express it
better than such former terms and metaphors as "tension." The
interpretation as a function of general frustration is supported by
the finding that among 16 PF factors, Q4 has the largest demon-
strated association with clinical depression. (Cattell et al.,
1970).
Karson and O'Dell (1976) point out that high score on Q4 are
always important because they signal an unmistakable "cry for help"
on the part of the individual producing such a profile, since it is
so easy to deny all of the anxiety symptoms covered in the items
for this scale. (Krug, 1971).
The low score individuals are more relaxed, tranquil, torpid,
unfrustrated and composed.
APPENDIX G

INSTRUCTIONS FOR ADMINISTERING TESTS

1. Please make sure the volunteers understand that they do not have to answer questions they feel are threatening to them. If they do not wish to answer questions they can withdraw from the research project without consequences.

2. If the volunteers understand instruction number one, you may pass out test sets.

3. After passing out test sets explain to the volunteers that it is important to take the test in the order the tests are handed to them. For example, if they have the Adjective Check List (A), first, the Critical Incident Survey (B) second, and the Clinical Analysis Questionnaire (C) third, they are to take tests in that order. If tests order is ACB, BCA, CAB, etc. that is the order in which they should take the tests.

4. Explain to the volunteers that the Critical Incident Survey questions are not to be modified or changed in anyway, they are to be answered as written.

5. The volunteers are to read the directions on the tests carefully before taking the tests.

6. Please tell the volunteers that it is important to the researcher that they answer all questions, but they can still omit any threatening questions. Also they can withdraw from the research project at any time without consequences.
9. There is no time limit on any of the tests.
8. Please keep a record of the number of females and males taking the tests.
9. Please keep a record of the total time it takes all of the subjects to complete the tests.
10. After they have completed tests they should put the tests in the envelopes (which I will provide for them). The last person finishing the tests should seal the envelopes.
11. Please inform the volunteers that the researcher appreciates their participation.

Thank you very much for taking out time to administer the tests for me.
BIBLIOGRAPHY


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