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FAIRYTALE IMAGERY INTEGRATED
WITH ART TECHNIQUE: ITS EFFECT
ON SELF-PERCEPTION IN ADULTS

by

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Abstract


The patient in psychotherapy today is seen as suffering from a loss of sense of self characterized by a lack of affect, a feeling of emptiness and the inability to communicate deeply personal meaning. The verbal, rational and analytical forms of psychotherapy seem no longer sufficient for most patients to restore their sense of self. Selfhood or personal identity was defined as "who I perceive myself to be" or "what my concept of self is." (Rogers, 1954). The present study investigated whether an innovative nonverbal treatment strategy-- identification with fairytale symbolism integrated with art technique--would have an effect on the self-perception and self-knowledge of adults. The treatment group was compared to two control groups--an "any drawing" group and a "fairytale imagery-guided fantasy" group. Effects were measured by two instruments-- the Adjective Q-Set (discrepancy between perceived and ideal self) and a Self-Rating Scale of knowledge gained about self. The results of the Q-Set and Self-Rating Scale indicated that, contrary to prediction, the treatment strategy does not significantly alter self-perception in adults. The Q-Set results also indicated that there was no significant difference between the groups.


However, the Self-Rating Scale results suggest the proposal of an alternative hypothesis that the guided fantasy (control) group significantly increased self knowledge in the general areas of personal self, moral-ethical self and social self; and in the specific areas of relationships with family members and personal weaknesses.

Possible explanations for the lack of support for the experimental hypothesis were offered. The potency of the guided fantasy technique was explored. Differences between the Q-Set and the Self-Rating Scale were suggested. The results of the present study were compared to the results of the pilot study in terms of sex, age, and media differences. Finally, implications for future research were stated.

Examiners:


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Dedicated to

Peter, the youngest brother
who won the kingdom

CHAPTER I

STATEMENT OF THE PROBLEM

A. Introduction and Theoretical Assumptions

In 1950, Erik H. Erikson wrote:

The patient of today suffers most under the problem of what he should believe in and who he should - or indeed might - be or become; while the patient of early psychoanalysis suffered most under inhibition which prevented him from being what and who he thought he knew he was. (p. 239)

This assertion has been stated more recently by prominent psychotherapists such as Erich Fromm (1968), Alexander Lowen (1975) and Rollo May (1975). Lowen, founder of bioenergetic analysis, posits that whereas in Freud's time the typical problem of patients was hysteria, in our time it is the schizoid defense-- a problem characterized by a lack of affect, a feeling of unreality, and a pervading sense of detachment, emptiness and loneliness (1975/1976).

In a society of accelerated change, media bombardment and increasing mechanization, modern man has come to feel powerless, ineffectual and dehumanized (Fromm, 1968; Grotjohn, 1971; McLuhan, 1968). As his unique personal

identity is devalued in favour of productivity or consumerism, he also devalues himself. In particular, he devalues and suppresses his feelings because they are "non-productive", and his urge to be creative because anything he could make, in most cases a machine could make more quickly and more cheaply (Kramer, 1971; Laing, 1969, et al.).

As a consequence, he tends to avoid his "inner world" -- the world which was of such predominant importance to Freud and his patients (Mook, 1975).

Furthermore, both as an expression of his sense of "hollowness" and in defense of it, he tends to speak with words that are largely abstract, conventional, and impersonal (Lowen, 1975; Mook, 1975; McLuhan, 1968). Eric Fromm (1951), Julius Heuscher (1974), and Rollo May (1975) have remarked that along with his loss of a sense of self, man has lost his language for communicating deeply personal meanings to others.

In response to the problem that today's patient presents, specifically his sense of inner emptiness, powerlessness, and noncommittal verbalizations, many psychotherapists have moved away from the largely verbal, rational and analytical forms of traditional psychotherapy to forms that stimulate and encourage expression of the non verbal, affective, symbol-making and creative sides of man.

No longer is intellectual insight into a neurotic pattern sufficient on its own to ensure attitudinal or behavioural change for most patients. "Patients are already too fragmented, logical and verbal themselves" (Mook, 1975, p. 213).

Of interest to this study are the nonverbal and creative therapeutic modes of identification with fairytale symbolism and art psychotherapy. These are two modes that give validity to and offer the opportunity for fulfillment of man's need to discover or create meaningful symbols. This is a need which many theorists consider to be a basic human function or instinct, that when frustrated, is associated with neurosis (Buber, 1965; Kramer, 1971; Moustakas, 1969; Prinzhorn, 1923; Rank, 1968; Rush, 1978; Whitmont, 1969).

It was the contention of this thesis that through the experience of creation of symbols in art and identification with fairytales, the individual would gain intimate knowledge about his "inner self."

The implied theoretical assumption is that through symbolic expression and contemplation of that expression (thereby integrating the non-verbal and affective with the verbal and analytical sides of man), the individual would come to reown "missing parts" of himself that were once unconscious or hidden; he would regain a sense of full integrated selfhood; and he would achieve a sense of posi-

tive and purposeful being in the world (Heuscher, 1974; Jung, 1964; May, 1953; Mahoney, 1966; Rhyne, 1973; Whitmont, 1969).

A further theoretical assumption pertains to the concept of "sense of self." For the purposes of this thesis, selfhood or personal identity was delineated as "who I perceive myself to be" or what my concept of self is."

The self-concept or self-structure was defined in Rogerian terms as an organized, fluid configuration of perceptions of the self (and the self-in-relationship) which are admissible to awareness, together with the values attached to those concepts (Rogers, 1951; Butler and Haigh, 1954).

Moreover, the Rogerian notion of self-concept was divided into two parts - the perceived self and the ideal self, following the example of Butler and Haigh (1954).

The perceived self was defined as the characteristics of the "I" or "me" that the individual is aware of possessing in the present. The ideal self was defined as characteristics of the "I" or "me" that the individual consciously holds as desirable and undesirable for himself.

It was assumed that after the treatment introduced in the present study (fairytale imagery integrated with art technique) there would be an increase in discrepancy between an individual's perceived and ideal self rating as his self-perception changed and more information about himself was brought to his awareness.

It was also assumed that as the subjects in the present study were drawn from a so-called "normal" population, they would not possess the large ideal-perceived self-discrepancies that Rogers (1951) indicates is typical of clients entering therapy who tend to regard themselves critically.

B. Purpose of the Study and Background to the Study

It was the purpose of this study to investigate whether the introduction of an innovative therapeutic strategy - the use of fairytale imagery integrated with art technique would indeed have an effect on the self-perception and self-knowledge of adults as indicated by two instruments - the Adjective Q-Set (perceived self and ideal self ratings) (Block, 1961) and an experimenter designed Likert Self-Rating scale of knowledge gained about self.

The originator of this treatment strategy is an art therapist in private practice in New York, Virginia Chakejian. In October, 1978, at the American Art Therapy Association Annual Conference, Chakejian presented a workshop based on her Masters thesis entitled "The Use of Fairy Tale Imagery as a Projective Technique" (Pratt Institute, 1978).

Chakejian's approach involved three parts. The first was to draw a scene of your favorite fairytale; the second was to put a character from that scene into a scene in your present life; and the third part involved written answers

to a series of questions related to identification of self with the character drawn.

This exercise as reported by many participants in the workshop, brought to their awareness previously unknown but deeply meaningful aspects of themselves in a simple and delightful way.

Chakejian's study, however, reported on what seemed to be a tangential issue - "whether fairytale characters initially transcend sexual boundaries of identification in the unconscious mind of the child as hypothesized by Bruno Bettelheim" (Abstract, 1978).

The major significance of this exercise seemed to lie in the speculation that it brought up new bits of information about the self and thus changed the individual's self-perception. Whether a significant change in the individual's self-perception does in fact occur as a result of this strategy was the question that instigated the following research.

Another question was that if the individual did gain knowledge about himself, in what particular areas did this knowledge lie.

Furthermore, if after treatment, measurable changes in the individual's self-perception did occur, how do these effects compare to those achieved by two control groups. Control group one would control for the effect of contemplation of the fairy tale imagery. Control group two would control for the effect of the drawing.

It was assumed that changes in self-perception and information gained about self could be measured on two instruments - the Adjective Q-Set and the Self-Rating Scale.

C. Hypotheses

In general, it was hypothesized that an approach which invited adults to both identify with fairytale symbolism and to express this symbolism in an art product (in this case, drawings), would result in a greater change in their self-perception and self-knowledge than the approaches taken by the two control groups.

The first control group simply imagined the fairytale scenes and did not draw them; the second control group drew any pictures with no reference to fairytale imagery.

More specifically, it was hypothesized that the treatment group would have a significantly higher discrepancy score on the Q-Set (higher discrepancy between perceived and ideal self ratings) and a significantly higher degree of information gained about self (higher scores on the self-rating scale) than the control groups.

CHAPTER II

REVIEW OF THE LITERATURE

A. Definitions1. Art Therapy

Art therapy is a system of psychotherapy in which the patient's artistic production forms the focal point. The American Art Therapy Association (1976) has defined art therapy thus:

The use of art as therapy implies that the creative process can be a means both of reconciling emotional conflicts and of fostering self-awareness and personal growth. When using art as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a more compatible relationship between his inner and outer worlds (p.2)

The practice of art therapy varies largely according to the particular theoretical orientation of the therapist. Thus far in the field of art therapy, psychoanalytic theory has served as the primary conceptual base and Jungian theory, the secondary base. Recently, Gestalt and Bioenergetic approaches, to mention a few, have provided new theoretical foundations.

2. Art Technique

Art technique is a term coined by the writer to distinguish the use of the artistic production in this study from its use in art psychotherapy. Whereas the treatment in this study was over a two hour period in which the individual had no contact with a therapist, art psychotherapy is an ongoing unfolding of the creative process in which the patient's relationship with the therapist is an integral part.

3. Fairytale

Fairytale refers to those classic folk lore narrations of western civilization that have endured through oral transmission from generation to generation until they were collected and written down by such authors as Grimm in Germany, Basile in Italy, and Perrault in France.

4. The Unconscious

"The unconscious" is hypothesized as being comprised of the "personal unconscious" and the "collective unconscious."

The "personal unconscious" is a concept first proposed by Freud and upheld by Jung. It is presumed to be a storehouse of repressed or forgotten experiences and impulses originating in the life of the individual, inaccessible to awareness but still exerting an indirect influence on his life.

Jung goes beyond Freudian dogma to postulate the existence of a deeper more primitive level of consciousness that is innate and universal.

He called this level the "collective unconscious" and conjectured that it contained the whole spiritual heritage of mankind's evolution. The contents of the "collective unconscious," he termed "archetypes."

5. Archetypes

"Archetypes" are "instinctive tendencies" that exist and have existed in the psyche of every individual of every culture. "Archetypes" are both images (called "primordial images") and emotions; when made conscious, they manifest themselves in the form of symbols.

6. Symbol

The concept of symbolism as ascribed to in this thesis, is the one postulated by Jung. In contrast to the Freudian usage, where symbols are considered disguised and distorted representations of underlying wishes (usually sexual in nature); in Jungian usage, symbols are images that stand for a complex of inner experiences and feelings that cannot otherwise be expressed as accurately or as concisely; for example, the triangle as symbol of the Trinity (Fromm, 1951; Heuscher, 1974). In sum, whereas the Freudian conception assigns symbols fixed meanings,

the Jungian conception portrays symbols as richly evocative, conveying meanings greater than their obvious aspect.

B. The Integration of Fairytale Imagery and Art Technique

The similarities between the fairytale and an artistic production made the integration a natural and harmonious one.

First of all, the fairytale is as much "art" as the artistic production. Indeed, as the fairytale endured over the centuries, it matured into a unique and highly evolved literary art form (Luthi, 1976) as contrasted to the rudimentary art forms created in the initial stages of art therapy and produced by the inexperienced subjects in this study.

As a genuine work of art, the fairytale exemplifies all the essential qualities of good art; the tale maintains "an economy of means, inner consistency and evocative power" (Kramer, 1971, p. 50); it contains symbolic components that convey both personal and universal meanings; and as all good art, it imparts a meaning that is different for each person and different for the same person at various moments in his life (Bettelheim, 1975).

These personal and universal aspects that are inherent in a good work of art, are qualities that both the fairy-

tale and the art product share and which are of prime importance for consideration within the therapeutic treatment (Jung, 1933; Kramer, 1971; Naumberg, 1953; Rhyne, 1973; Whitmont, 1969).

The personal aspect is the private meaning that each individual derives in terms of his own life. The universal aspect is the meaning that ties him to others, and at the same time helps him envision his personal destiny within the destiny of humanity.

The universal appeal of the fairytale lies in both its content and style.

As Jung states that "the symbols of fairytales concretize the archetypes" (1959, p. 100), so fairytales in their immense diversity could be seen as "mankind's store of archetypal patterns" (Whitmont, 1969, p. 101). In other words, the figures and events of the fairytale are external personifications and illustrations (often intensified to the extreme) of man's universal internal conflicts. These conflicts relate to universal sources of problems such as family relationships, community acceptance, spiritual awakenings, developmental tasks, life and death issues, etc. (Bettelheim, 1975; Heuscher, 1974; Luthi, 1976). For example, it is speculated that Cinderella could be seen as a tale of sibling rivalry and typical mother-daughter relationship difficulties with the wicked stepmother representing the bad mother and the fairy

godmother, the good mother (Bettelheim, 1975).

With regard to style, the brief, clear-cut descriptions of the character, such as "the snow queen," or "a girl with golden hair," give the listener (reader) unburdened universal symbols that he can respond to personally (Heuscher, 1974).

It was theorized that in the present study both personal and universal considerations of the fairytale and art product would be activated by the treatment strategy proposed. As the subject drew a fairytale character, then drew the same character in a scene of his present life, it was assumed that the deep recesses of his unconscious would be stimulated, so that his art creation would bring forth a spontaneous outpouring of archetypal imagery. It was assumed, furthermore, that he would be visually confronted with a personalized expression of his present day situation.

Finally, both art and fairytales emanate from the primitive, intuitive, "image-making faculty" that constitutes prelogical, preverbal thinking which is part of the basic endowment of man throughout life (Fauber and Green, 1959, p. 33, cited in Mahoney, 1966, p. 50).

The fairytale, specifically, has its origin in "the childhood of human history" in the era of primitive, prelogic thinking (Heuscher, 1974).

It was postulated that after the individual was brought in touch with this primitive, intuitive layer, that through the task of contemplation he would discover and bring to awareness significant sources of wisdom pertaining to the self (Fromm, 1975, p. 18). Jung alleges that "the unconscious is capable at times of assuming an intelligence and purpose which are superior to actual conscious insight" (1938, p. 45).

C. Unique Contribution of Art Technique to the Treatment Strategy

The unique contribution of the art technique to the treatment strategy is a function of its concrete, visual form. It is theorized that through the "dynamics of creation" (Storr, 1972), the individual is visually faced with the symbolic evidence of his deep inner tensions in the form of the personalized image he creates.

The artistic production can be seen as a mirror in which the individual can begin to find the pattern of his motives revealed and objectified (Naumberg, 1953). The contemplation task in this study is designed to encourage him to examine this "mirror" (himself) closely.

The art product is also more than a transfer of the image from within to the environment without. It is also theorized that it forms a bridge between outer and internal

realities and provides a "subjective unity of experience" (Storr, 1972, p. 294). There is a symbolic union of opposing internal forces as the balanced external arrangement of tones or colors in the art simultaneously reorders and brings into balance inner conflicts (Jung, 1933; Storr, 1972).

Furthermore, it is contended that when the individual fulfills his "originator instinct" (Buber, 1965, p. 85) and not only sees a form arise from material that previously was formless, but experiences himself as the creative agent, he derives a sense of personal power in participating in the "becoming of things."

D. Unique Contribution of Fairytale Imagery to the Treatment Strategy

The unique contribution of fairytale imagery to the treatment strategy lies in the power of the fairytale itself to enchant and delight. It has a magic, playfulness and gentleness that gives it the quality of a "love-gift" (Carroll, 1939).

Although the fairytale presents the full range of life's problems in symbolic form, it also suggests in a simple homely way how they may be solved (Bettelheim, 1975).

Fairytales, unlike many modern literary forms (an extreme example is the Theatre of the Absurd), offer a vivifying model for living rather than a depressing one.

It reminds one of life's positive possibilities (Von Franz, 1975). It gives an affirmation and confirmation of not only the child's but the adult's origins and goals. Positive human values such as love and commitment are shown as enduring and rewarding. For instance, in the fairytale of the two lovers, "Jorinda and Joringel," even though Jorinda has been turned into a nightingale and caged in the witch's castle, Joringel's love for her never wavers. Finally as an old man, instructed by a prophetic dream, Joringel searches the world until he finds the one magic blood-red flower with the pearl in its centre that gives him the power to free his lover, (Anderson, 1935).

The overriding tone is one of optimism and reassurance. Despite the difficulties the hero or heroine encounters, with courage, cunning, (and luck), even the little boy can get the better of giants (giants perhaps representing adults) (Bettelheim, 1975).

The promise of a happy ending gives hope for the future and for this reason, appeals to children and adults alike, particularly in times of stress. For example, in 1940, in the middle of an eminent career, James Thurber, cartoonist for the New Yorker and established humorist, suddenly began to go blind, a process that could not be reversed. After a year of painful eye operations and a nervous breakdown, he turned to the writing of fairytales. It is believed that writing within this genre more than

anything else at that time in his life helped to restore his emotional well-being. Within the guise of the tale, Thurber worked through his own personal struggle and in the process, reconciled himself to his blindness and found the courage to go on (Holmes, 1972).

E. Use of Fairytale Imagery in Psychotherapy

Historically, one of the earliest uses of fairytales as a method of psychotherapy is found in traditional Hindu medicine. The psychically disturbed patient was given a specific fairytale to contemplate as a prescription for health.

The rationale behind this treatment was this: The fairytale expresses in beautiful metaphoric language how the hero or heroine faces an impasse and resolves it. The external events of the story might be dissimilar to the patient's, but through contemplation about what the story implies to him about his inner problems at that point in his life and how they might be solved, he arrives at his own solution (Bettelheim, 1975, p. 25).

In a similar manner, in the present study, the subject was asked to "contemplate" on his drawings of fairytale characters (through answering a specific series of questions) in order that he might derive his own personal meanings.

In western* civilization, fairytale telling is no longer a chief form of wintertime entertainment or an "essential spiritual occupation" (Von Franz, 1970), narrated by adults for adults. Instead, over the last two centuries fairytales have been confined more and more to the children's world. It is only within the last fifteen years that fairytales have found their way into the realm of psychotherapy as a significant treatment strategy with adults.

However, the present day awakening interest in the therapeutic value of fairytales owes much to the writings of Freud and Jung.

Freud in 1913 published the article "The Occurrence in Dreams of Material From Fairytales" describing his discoveries about the importance of favourite fairytales and their purpose in dream analysis. He found that images from the favourite fairytales of childhood took the place of childhood memories for some people and became telling "screen memories." Images from fairytales had occurred to his patients in dreams and were significant "veiled wishes" to be revealed through the free association process and then interpreted.

*Western is used in this context in a cultural-ideological and not a geographical or racial, sense. It denotes the modernistic attitudes which are dominant in all industrialized countries (Jlek-Aall, 1976, p. 353).

Similarly, Jung found fairytale imagery and motifs significant in the art of dream analysis. However, as Jung's theoretical base differed from Freud's, so did his practice of analysis.

Jung, as mentioned, postulated the concepts of the "collective unconscious" and "archetypes" and considered that fairytale symbols manifested the archetypes in concrete form. He also developed a therapeutic process called "amplification." This is the often lengthy process of coming to understand the specific meaning of a symbol that occurs in a dream, through reflection on analogous images that may appear spontaneously or are the direct result of the erudite study, usually by the therapist, of comparative material found in religion, myth, or folklore (Hobson, 1971; Von Franz, 1975, p. 31).

Based on Freud's discovery of the importance of the favourite fairytale of childhood and Jung's conception of the symbolic aspect of fairytales, the following modern day psychotherapists have incorporated fairytale imagery into their therapeutic sessions with adults in ways that are relevant to this thesis.

The Jungian analyst, Edward Whitmont, stresses that to understand himself the patient must uncover his mythological images and fairytale image identification which express underlying patterns and tend to set what might be called

patterns of life (1969). This uncovering takes the form of a dialogue between his conscious and unconscious self.

Hans Dieckmann, also a Jungian analyst, puts forward a theory that underscores the wealth of information that can be gained from analysis of the favourite fairytale of childhood. He reasons that "the main fairytale period of childhood is also the time when fundamental neurotic symptoms come into existence" (1971, p. 23). Hence, by working with the patient's choice of tale, the basic structure and dynamics of the individual neurosis should be revealed. Dieckmann considered the favourite fairytale more real to work with than the archetypal dream because it was "nearer to consciousness and had a stronger personal meaning" (p.28). Furthermore, he speculates that not only the remembered image is important but the forgotten or wrongly remembered motifs. For example, a female patient who chose "The Snow Queen" as her favourite tale mistakenly remembered that it was the boy who rescued the girl rather than the other way around. This distortion led to the exploration of her male-female identity problem.

Dieckmann cautions that the favourite fairytale of childhood may not emerge until some regression into early childhood has taken place (1971). The first

fairytale chosen by the patient may not be the significant one.

However, the subject in the present study was asked to choose a favourite fairytale on his own within a short time period, without therapeutic intervention. Therefore, whether it was the favourite fairytale of childhood or not could not be ascertained. Also, the distortions could not be confronted. Although these are evident limitations to the experiment, it was assumed that the favourite fairytale chosen would be of some significance by virtue of the fact that a particular tale was chosen over others. Also it was assumed that the subject's self-analysis under the novel conditions of this experiment would bring forward new information about himself.

Based on theory similar to Dieckmann's, Sanford Weiner presents a thought-provoking example of intensive analysis through examination of the favourite fairytale of childhood. A schizophrenic girl with depressive tendencies is reported to have identified with the fairytale, Rapunzel, "an allegory of a symbiotic mother-daughter relationship" (1978, p. 26). During the three year period of the study, the girl confronted the mutual dependency and exploitation in her relationship with mother; she explored her rage toward her mother and the cold isolation that lay behind "the terrifying but

privileged closeness to such a powerful mother", (p. 27). With the help of the therapist, who came to represent the prince, she struggled for separation and made gradual moves towards greater individual freedom and socialization.

This in-depth, long term working with fairytale identification demonstrates the profound significance of the choice of favourite fairytale. Weiner's study also points out an important limitation of the experiment of this thesis in that simply the short term effect of identification with the fairytale was measured.

Another prevalent usage of fairytale imagery in psychotherapy is described by Julius Heuscher (1974) who has undertaken a comprehensive study of the origin, meaning, and usefulness of fairytales. He advocates that, at the opportune moment in the therapeutic sessions, the therapist, or sometimes the patient introduces fairytale and mythological themes germane to the problem under discussion. Heuscher considers that these ancient motifs tie into the patient's unconscious and help him experientially own his problem rather than merely intellectually understanding it.

Moreover, a popular but superficial usage of the content of fairytales is typified by Eric Berne's (1974) adaptation of the surface content of some well-known fairytales to his practice of transactional analysis.

Berne used the various roles of fairytale characters to illustrate to the patient his basic life script, defined as one's ongoing life plan formed in childhood; the unsatisfactory and self-defeating games he is involved in; and the self-deceiving transactions he is living.

For example, "Little Red Riding Hood" may be played by a patient who is repeatedly seduced by the splendor of the world and the cunning wolf; yet again and again, she expects to be rescued from the wolf's stomach. Similarly, a patient may be like "Cinderella" who lingers near the ashes of the fireplace, wishing for a fairy godmother to bring her fine clothes, while her more earthy sisters are going to the prince's ball. Or like Rapunzel, a girl may let her parent lock her into an ivory tower until she finds herself pregnant by her first ignorant encounter with a lover.

In the present study, the depth to which the fairytale imagery affected the subject was, for the most part, under the individual's own control without a therapist present to encourage or confront him. Whether he found the exercise superficially titillating, boring or profoundly moving was dependent on many variables, the least of which could be his receptivity or openness on that day at that particular time. These are factors which are not of concern to this study, and are realistic limitations.

A study by Jean Nadal (1974) is particularly relevant to the present study. Nadal uses fairytales and other well known literary forms in "directed-reverie" (or guided fantasy) therapy with children. She presumes that these symbols of "inexpressible object relations" communicate with a common language that allow the child to come to terms with past experiences that have become unconscious.

Finally, a study by Louise Jelek-Aall (1976) demonstrates the ability of fairytales to cross cultural differences and to appeal to all. Although the stories differ from culture to culture, many of the basic plots and themes can be found all over the world. For instance, the Cinderella story has several hundred variants among the fairytales of Egypt, India, all parts of Europe, and North America (Heuscher, 1974, pp. 35-37). For example, Jelek-Aall found in her therapeutic encounters with Coast Salish Indians that by using fairytales as a medium of communication, she was able to make verbal contact with previously uncommunicable patients.

Against this rich background of fairytale usage in psychotherapy, Chakejian (1978) offers a further step -- the expression of fairytale imagery in a non verbal medium as well as a verbal one-- in order to illuminate visually the diverse meanings and evocative power of fairytale symbolism to the patient.

F. Summary

The combination of fairytale imagery and art technique was a natural and complementary one. Both are art, and both contain symbolic components that convey personal and universal meanings. The art technique adds its concrete visual form that "mirrors" the individual's inner self (Naumberg, 1953). The fairytale imagery adds its power to enchant and delight.

The use of fairytale themes or imagery in psychotherapy has grown from Freud's (1913) discovery of the significance of the favourite fairytale of childhood through Jung's (1933) conception of its symbolic aspect to its increasing usage by modern day psychotherapists. Examples of modern usage are in depth analyses of childhood fairytale identification (Dieckmann, 1971; Weiner, 1978); the illumination of the patient's life script (Beine, 1972); ways to communicate deeply with children in guided fantasies (Nadal, 1974) and with patients from other cultures (Jilek-Aall, 1976). Chakejian's approach tested in the present study adds the individual's nonverbal and creative expression of the fairytale imagery in the form of the artistic production.

CHAPTER III

METHODOLOGY

A. Sample

The 42 subjects were volunteers from two upper level university classes, entitled respectively, "Abnormal Psychology" and "Helping Relationships." The ages of subjects ranged from 19 to 49; the mean age was 27.6; the standard deviation of age was 7.23. The ratio of females to males was 2 to 1. The number of subjects in the experimental group was 14; in the first control group, 15; and in the second control group, 13. One subject dropped out from the second control group before he completed his first drawing. Distribution of subjects according to age and sex are presented in Table 1.

B. Design

A posttest only control groups design (Campbell and Stanley, 1963) was used. The principle underlying this design is that randomization of subjects is sufficient control for initial biases between groups (1963, p. 25). Moreover, a pretest was not given to avoid contaminating subjects responses to treatment.

Subjects within each class were randomly assigned to one of three groups which met at the same time in separate rooms.

The treatment procedures followed by the three groups were identical with the exception of the independent variables.

Table 1

Distribution of Subjects on the Basis of Age and Sex

Group	Age (Years)		Number		
	Mean ^a	standard deviation	Females	Males	Total
Experimental Group	26 (23)	7.04	8	6	14
Control Group (Guided Fantasy) ¹	29.6 (27)	8.27	10	5	15
Control Group (Any Drawing) ²	27.3 (26)	6.3	10	3	13
Total Group	27.6 (26)	7.2	28	14	42

^aNumbers in parentheses indicate the median.

One group was randomly designated the experimental group, and the remaining groups were randomly designated control group one and two.

Following treatment, all three groups were administered the same objective measures- the Adjective Q-Set (ideal and perceived self ratings) and the Self-Rating Scale. (See Appendices IV and V).

C. Procedures

Both classes underwent the same procedures (on different days) and the results were pooled. Refer to Appendix A for the specific instructions for each group and to Appendices B and C respectively for the self-analysis questions on the drawings and on the imagined scenes.

1. Experimental Group Treatment. First, the subject was asked to draw a scene from his favourite fairy-tale, making certain there was at least one character in the picture.

The second task was a written self analysis exercise where the subject answered questions on the first scene.

Thirdly, he was asked to choose one character from the scene just drawn and draw him/her/it in a scene of his present life.

Finally, he answered a set of self-analysis questions on the second drawing.

2. Control Groups Treatment.

(a) Control Group One: Guided Fantasy

The procedure followed by this group differed from the experimental group in the basic respect that the subject imagined the fairytale scenes rather than drew them. However this group unlike the others was given the brief suggestion to relax.

First, the subject was asked to relax and if desired to close his eyes in preparation for a guided fantasy. Then, he was led (by the group leader) to imagine a scene from his favourite fairytale and to include at least one character in this scene.

The second step was the written self-analysis exercises where the subject answered questions on the first imagined scene.

The third step was another guided fantasy in which he was asked to imagine one fairytale character (from the former imagined scene) in a scene of his present life.

The fourth step was the self-analysis exercise where the subject answered questions on the second imagined scene.

(b) Control Group Two: Any Drawing Group

The procedure followed by this group differed from the experimental group in the one respect that the subject drew pictures of his choice rather than fairytale scenes.

First, the subject was asked to do any drawing.

Secondly, the subject answered as many as possible of the self-analysis questions on the first drawing.

Thirdly, the subject was asked to do another drawing of his choice.

Finally, the subject answered as many as possible of the self-analysis questions on the second drawing.

3. Questions on the Drawings (or Imagined Scene)

The questions for self-analysis were basically those devised by Virginia Chakejian (1978) with the following additions and deletions (see Appendices II and III).

The additions were: "How would you describe the way the character relates to others?" and "How do you think the character feels about him/her self?" The assumptions underlying these additions were that these questions would pointedly stimulate thoughts about self-image and interaction with others and would make the self-analysis more comprehensive and nearer to a typical interview with a patient held in the practice of art therapy, (Collis, 1980).

Three of the questions used by Chakejian were deleted to maintain identical question sheets to be administered to all three groups. The questions were: "What character did you choose?" and "Would you have chosen the same fairy-tale character if you had been asked to do this same exercise when you were a child?"

D. Instrumentation

The two instruments that were utilized to assess changes in self-perception and self-knowledge were the Adjective Q-Set (perceived self and ideal self ratings) and the experimenter designed Self-Rating Scale. These instruments were tried out and the Self-Rating Scale refined by means of a pilot study undertaken before the present study.

1. Development of Instruments: Pilot Study.

The pilot study involved 30 subjects (different from the subjects of the present study), from an upper year university class entitled "Helping Relationships." (See Appendix VI: Table A for a distribution of subjects according to age and sex).

The subjects were randomly assigned to two groups - the experimental group and the control group. The procedures followed in the pilot study were identical to the procedures followed in the main experiment with the exception that in the pilot study there was only one control group - the any drawing group.

The Q-Set proved to be a sensitive measure of change in self-perception. An analysis of variance of Q-Set results indicated that there was a significant difference at the .01 level between the two groups (see Appendix VI: Table B).

The Self-Rating Scale required revision in the interests

of brevity, clarity, and completeness. Items that did not discriminate between the two groups were discarded. (These were too general items such as "I gained insight into parts of myself that I did not know about before.") The original phrase in the stem of each item "I gained insight about myself" was changed to a less ambiguous one - "I gained information about myself," and the 5 point scale was simplified to a 2 point scale, with the addition of a "don't know" category.

2. Adjective Q-Set for Use by Non-Professional Sorters

The Adjective Q-Set evolved from the California Q-Set (CQ-Set) (Block, 1961), which in turn, is a specific application of a general scaling technique known as the Q-sort method introduced by Stephenson in 1953. Block and his associates developed the CQ-Set "to delineate general personality organization" (Edwards, 1971). The CQ-Set (Form III) consists of 100 statements and has a 9 point distribution (ranging from "extremely characteristic" (or salient) to "extremely uncharacteristic" (or negatively salient) with a specified number of items in each category.

Block found that the behaviour of the Q-sorter was highly repeatable. He reports consistent test-retest reliabilities of .8 and .9 (1961, p. 83).

However, as the CQ-Set was designed for use by "professionally trained, competent observers of a subject

or patients" (Block, 1961, p. 41), the Adjective Q-Set is for use by non-professional sorters and was more suitable for the population studied in this thesis.

The (AQ-Set) has evolved in the course of several studies (Block and Thomas, 1955; Chang and Block, 1960; Block and Turula, 1961) By virtue of this adjective Q-Set's history of usefulness in a number of researches, it seems reasonable now to list the adjectives for possible adoption by other researchers. (1961, pp. 122-3)

The Adjective Q-Set consists of 70 adjectives to be arranged into 7 categories with ten items in each category ranging from "most like me" to "most unlike me" (see Appendix E).

As the Adjective Q-Set has a smaller number of items than the CQ-Set and a more uniform distribution, Block comments that "it is an easy requirement to communicate to the subject and does not strain his discrimination capacity" (p. 123).

Block states that subjects typically complete their first sorting in less than thirty minutes and a subsequent sorting in perhaps twenty minutes.

For the purposes of this study, the subject first rated himself in terms of his perceived self ("How you see yourself today") and immediately after, in terms of his ideal self ("The person you would most like within yourself to be" following the instructions of Butler and Haigh, (1954). Ruth Wylie (1961) found that in the Butler and Haigh study (1954) the self-ideal correlations had a

had a test-retest reliability of + .78.

The problem of forgetting the exact placement of an item that has been raised by Wylie (1961, p. 40) when the Q-Sort cards are sorted twice, was bypassed with this Adjective Q-Set. Two separate adjective lists were provided, one labelled "perceived self," the other, "ideal self," so that if the subject wished, he could make easy reference to his perceived self rating when filling out his ideal self rating.

The basic assumption in using the Q-Set (perceived and ideal self ratings) in this experiment was that an increase in the perceived and ideal self discrepancy score would be a measure of the amount of change in self perception as more "characteristics of the I or Me" (Rogers, 1951) were brought to awareness. Moreover, this discrepancy was assumed to be a function of newly gained information about self that initially disrupted the individual's typical perception of himself.

The reduction of such discrepancies is akin to the goal of counselling proposed by Rogers that "whether there be one or more series of therapeutic interviews, the essential outcome is a more broadly based structure of self, an inclusion of a greater proportion of experience as part of the self . . ." (Rogers, 1951, p. 195; cf. Butler and Haigh, 1954).

A further assumption underlying the use of the Adjective-Q-Set is that the individual is indeed able to make a judgement concerning his self-perceptions as "like me" or "unlike me" and in addition, can order these along a subjective or psychophysical continuum (Butler and Haigh, 1954).

3. Self-Rating Scale

A Likert self-rating scale was devised and implemented in addition to the objective measure of the Adjective Q-Set. The purpose of including this subjective measure was to consider the subject's personal view of whether or not he had gained knowledge about himself and if so, in what specific areas.

The 16 items were derived from seven personal constructs based for the most part on the constructs implied in "Questions on the Drawings" (or "Imagined Scene") such as self-satisfaction, personal self (strengths and weaknesses), and social self.

In addition, items were developed to refer to related constructs such as physical self, moral-ethical self, and working self.

A further category of items relates to past/present self. Information about similarities or differences between past and present selves was assumed able to be gained from the evident contrast between the first and second drawings. (In the second drawing the subject was

asked to put a character from the fairytale scene just drawn into a scene in the subject's present life.)

The constructs were intended to be as inclusive as possible of the areas of self considered to constitute one's self-concept.

The first five constructs mentioned above are defined largely according to William Fitt's conception of similar constructs in his design of the Tennessee Self-Concept Scale (1965, p. 3).

All seven constructs are defined and itemized in Table 2 below. This table provides a means of demonstrating the construct validity of this experimenter designed scale.

Operational Null Hypotheses

Null hypotheses were formed to test the effects on self-perception and self knowledge of the treatment strategy that asked adults to both identify with fairytale symbolism and to express that symbolism in an art product (drawing). These effects were compared to two control groups: Control group one controlled the variable of fairytale imagery - the subject was asked to simply imagine the fairytale scenes without doing any drawing. Control group two controlled the variable of the drawing - the subject was asked to do any drawings without reference to fairytale imagery.

The first null hypothesis was that there was no significant difference in scores on both the Q-Set and Self-Rating Scale between the three groups ($H_1: T = C_1 = C_2$).

The second null hypothesis was that there was no significant difference in scores on both the Q-Set and Self-Rating Scale between the control groups ($H_2: C_1 = C_2$).

The third null hypothesis was that there was no significant difference in scores on the Q-Set and Self-Rating Scale between the treatment group and the control groups ($H_3: 2T_1 = C_1 + C_2$).

For the purposes of testing statistical significance, the alpha error level of $p < .05$ was established.

Table 2

Self-Rating Scale: Definition and Itemization
of Constructs

Construct	Items	Definition: This construct pertains to the individual in terms of:
1. Self-Satisfaction	1, 10	- his self-satisfaction or self-acceptance
2. Personal Self	3, 4, 12, 14, 15, 17	- his evaluation of his personality apart from his body or his relationships to others
3. Moral-Ethical Self	2, 13	- his sense of moral worth and his value system
4. Social Self	5, 9	- his relationship to others, at work/school and in his family
5. Physical Self	16	- his view of his body, his personal appearance, the state of his health, or his sexuality
6. Working Self	8	- his sense of himself in relation to his education or work
7. Past/Present Self	6, 7	- his sense of himself changing or not changing from the way he was in the past to the way he is now

CHAPTER IV

RESULTS

A. First Null Hypothesis:
($T_1 = C_1 = C_2$)

The first step in testing the general null hypothesis that there was no difference between the three groups involved an analysis of variance of the data from the Q-Set and the Self-Rating Scale.

The means and standard deviations of the discrepancy between ideal and perceived self (d_{pi}) of the three groups on the Q-Set are presented in Table 3. (The raw data are contained in Appendix VII: Table C). At a glance, note that the treatment group mean is not larger ($\bar{X}T_1 = 96.07$) than the control groups' means ($\bar{X}C_1 = 107.29$; $\bar{X}C_2 = 92.69$) as predicted, but that the first control group's mean is larger than the treatment and second control group's mean. An analysis of variance of the three groups (from the Adjective Q-Set data) indicated, however, that there was no significant differences between the groups, $F(2, 38) = .871$ n.s.

On the other hand, an analysis of variance of the three groups from the Self-Rating Scale data demonstrated

a significant difference between the groups.

$F(2,18) = 10.731, p < .01$ (See Table 5).

In order to compute this analysis of variance from the Self-Rating Scale data, it was first of all necessary to calculate an average score for each item of each group. These averages were arrived at by assigning the "little or no information" category, the number "1"; and the "some or considerable information" category, the number "2". The "don't know" scores were omitted; the averages were taken from those who answered "1" or "2". These raw data are shown in Appendix VIII: Table E.

The second step in testing the first null hypothesis (of no significant difference between the three groups) was to perform Chi-Square Analyses of the Self-Rating Scale scores, to determine if there were any significant differences among the way each group responded, first, on each item; secondly, in a pooled test; and thirdly on each construct.

The Chi-Square Analysis test for significance was deemed appropriate as the observations derived from the Self-Rating Scale could be classified into discrete categories and treated as a set of observed frequencies (McCullough and Van Alta, 1963, pp. 85-87).

For the purposes of the chi-square analysis, the "don't know" category was deleted for the analysis of each

Table 3

Q-Set: Means and Standard Deviations
of Discrepancies between Ideal Self
and Perceived Self

Group	n	\bar{X}	s
T ₁	14	96.07	23.81
C ₁	14	107.29	37.73
C ₂	13	92.69	27.33

Table 4

Analysis of Variance of Q-Set

Source of Variation	df	ss	MS	F
Between	2	1597.25	798.625	0.871* (df = 2,38)
Within	38	34840.555	916.857	
Total	40	36437.805	910.95	

* F-value not significant.

Table 5

Analysis of Variance of Self-Rating Scale

Source of Variation	df	ss	MS	F
Between	2	.3768	.1884	$\underline{F} = 10.73*$ (df 2,18)
Within	18	.316	.0176	
Total	20	.6928	.0346	

* $\underline{p} < .01$

item and each construct, but added when the data was pooled. The rationale for omitting the "don't knows" was that 20% of the expected frequencies in the "don't knows" columns had values less than 5. (That 80% of the cells have values more than 5 is a stipulation in using Chi-Square Analysis) (McCollough and Van Alta, 1963, p.100). It was assumed that if the "don't knows" had been included, similar chi-square values would have been attained.

In addition, the Yate's correction for continuity was applied when the degree of freedom was one.

First, the item by item chi-square analyses showed that five items discriminated significantly between the three groups - items 15 and 9 achieved chi-square values of 13.9881 and 9.311, respectively, at the .01 level of significance; and items 17, 13, and 10 achieved chi-square values of 7.9113, 7.6403 and 6.301, respectively at the .05 level (all with 2df). The contingency tables are presented in Table 6. (The raw data of the contingency tables are displayed in Appendix IX: Table G). These five items are described and ranked in order of their ability to discriminate, in Table 7.

Secondly, two pooled tests of the contingency tables were undertaken (one, excluding the "don't know" category; and the other, including it) in order to test two assumptions. The first assumption to be tested was that the over-all pattern of the chi-square results was homogeneous.

(The assumption of homogeneity was developed after examination of the contingency tables. See Appendix IX: Table G). The second assumption to be tested was that if the "don't know" had been included, similar chi-square values, in general, would have been attained.

The chi-square value of the pooled test excluding the "don't know" category indicated there was a very significant difference between the three groups, $\chi^2(1) = 53.99, p < .001$. The heterogeneity proved to not be significant ($\chi^2(31), = 20.03, n.s.$); hence it was concluded that the tables were similar and could be pooled. These data are contained in Table 6.

The chi-square value of the pooled test including the "don't know" category also indicated that there was a very significant difference between the three groups, $\chi^2(4) = 57.72, p < .001$. See Table 8. The similarity of chi-square values between the pooled test that excluded the "don't know" category, $\chi^2(1) = 53.99$, and the pooled test that included the "don't know" category, $\chi^2(4) = 57.72$, lends support to the assumption that if the "don't know" category had indeed been included in calculating the chi-square values of each item, the results would have been similar to results attained with the "don't know" category excluded.

Thirdly, a chi-square analysis of the constructs inherent in the self-rating scale was performed. It was discovered that four constructs discriminated significantly

Table 6

Contingency Tables: Chi-Square Analysis
of items of Self-Rating Scale

Item	χ^2	df	Significance
1	3.8327	2	ns
2	2.347	2	ns
3	3.4848	2	ns
4	4.432	2	ns
5	3.9758	2	ns
6	.6210	2	ns
7	2.862	2	ns
8	2.1667	2	ns
9	9.331	2	<.01
10	6.301	2	<.05
12	3.9729	2	ns
13	7.6403	2	<.05
14	1.4664	2	ns
15	13.9881	2	<.01
16	3.4215	2	ns
17	7.9113	2	<.05
<hr/>			
Total	$\sum \chi^2 = 77.7545$	32	
Pooled	$\sum \chi^2 = 53.99$	1	<.001
<hr/>			
Heterogeneity	$\chi^2 = 23.76$	31	ns

Table 7

Definition and Ordering of items of
Self-Rating Scale on the Basis of Significance

Order	Item	Statement	χ^2	df	Signi- ficance
1	15	How my weaknesses have prevented me from doing or getting certain things in life	13.9881	2	$<.01$
2	9	How I relate to my family members	9.331	2	$<.01$
3	17	Qualities of myself that I consider strengths	7.9113	2	$<.05$
4	13	How I view my moral worth, whether I consider myself a good or bad person	7.6403	2	$<.05$
5	10	How I feel about myself (satisfaction or dissatisfaction with myself)	6.301	2	$<.05$

Table 8

Chi-Square Analysis of Self-Rating Scale:
Pooled Test (Including "don't knows")

Groups	1	2	"don't knows"	Total
T ₁	143(123)	56(78)	25(23)	274
C ₁	87(132)	123(83)	30(25)	240
C ₂	140(115)	54(72)	14(21)	208
Total	370	233	69	672

$$\chi^2(4) = 57.72, p < .001$$

between the three groups. The constructs were, in order of significance: Personal Self $\chi^2(2) = 43.55, p < .001$; Social Self $\chi^2(2) = 11.41; p < .01$; Self-Satisfaction $\chi^2(2) = 9.83, p < .01$; and Moral-Ethical Self $\chi^2(2) = 8.48, p < .02$. These results are shown in Table 9. (Raw data of the contingency tables are given in Appendix IX: Table H).

- B. Second Null Hypothesis ($C_1 = C_2$) and
Third Null Hypothesis ($2T_1 = C_1 + C_2$)

These null hypotheses - that there was no significant differences between control groups one and two, and no significant difference between the treatment group and control groups - were tested by means of the following analyses.

First, the items of the self-rating scale that had proved significant were analyzed; secondly, the constructs that had proved significant were analyzed; and thirdly, the pooled data were analyzed, all by chi-square analysis.

In addition, an analysis of variance and the Newman-Keuls Test (Zar, 1974, p. 151ff) were conducted on the Self-Rating Scale data.

Accordingly, first of all, the items that significantly discriminated between the three groups were treated to a chi-square analysis to test the second null hypothesis that there was no difference between the control groups ($C_1 = C_2$). These results are displayed in Table 10.

Table 9

Contingency Tables: Chi-Square Analysis
of Constructs of Self-Rating Scale

	Constructs	χ^2	df	
1.	Self-Satisfaction	9.83	2	<.01
2.	Personal Self	43.55	2	<.001
3.	Moral-Ethical Self	8.48	2	<.02
4.	Social Self	11.41	2	<.01
5.	Physical Self	3.4215	2	ns
6.	Working Self	2.1667	2	ns
7.	Past/Present Self	1.89	2	ns

No significant difference was indicated between the control groups on the following items: Item 10, $\chi^2 (1) = 1.239, n.s.$; item 13, $\chi^2 (1) = 2.5212, n.s.$; and item 17, $\chi^2 (1) = 2.0133, n.s.$ Therefore, the control groups could be pooled on these three items and the third null hypothesis tested that there was no significant difference between the treatment group and the control groups ($2T = C_1 + C_2$). The results of this analysis are given in Table 11: No significant difference was found between the treatment and control groups contrary to prediction regarding the effect of the treatment. Therefore, the third null hypothesis was accepted.

On the other hand, the unexpected finding was that, as seen in Table 10, when it was tested whether the control groups could be pooled, items 15, $\chi^2 (1) = 10.085$, and item 9, $\chi^2 (1) = 4.2188$, indicated a significant difference between the control groups at the .001 level of significance and at the $< .05$ level, respectively.

The significant difference found between the control groups on items 15 and 9 were examples of the general trend of responses noted after examination of the raw data of the contingency tables (Appendix IX: Table G). The typical pattern of responses was the following. Responses of control group one were high in column 2 ("gained some or considerable information") and low in

column 1 ("gained little or no information") as compared to both the treatment group and control group two whose responses were low in column 2 and high in column 1.

This pattern indicates that control group one's subjects gained "some or considerable information" about themselves in contrast to the subjects of control group two and the treatment group, who gained "little or no information" about self. Therefore, it is in order to propose a new alternative hypothesis that control group one differs significantly from the treatment group and control group two on these items.

Secondly, the constructs that significantly discriminated between the three groups underwent a chi-square analysis to also test the second null hypothesis that there was no difference between control group one and two ($C_1 = C_2$). The results of the chi-square analysis of the constructs are tabulated in Table 12. Construct 1 had a chi-square value of 2.85 (df 1), which was not significant; thus the control groups could be pooled on this construct, and the third null hypothesis tested that there is no difference between the treatment group and the control groups ($2T = C_1 + C_2$). The test of this hypothesis ($2T = C_1 + C_2$) indicated that there was a significant difference between the treatment and control groups on construct 1, $\chi^2(1) = 4.99, p < .05$.

Table 10

Chi-Square Analysis to Test Whether Controls
can be Pooled on items of Self-Rating Scale that
were Significant ($H: C_1=C_2$)

Item	χ^2	df	Signif- icance	Pool or not
9	4.2188	1	<.05	no
10	1.2391	1	ns	yes
13	2.5212	1	ns	yes
15	10.085	1	<.001	no
17	2.0133	1	ns	yes

Table 11

Chi-Square Analysis of Items of Self-Rating Scale to
Test Third Hypothesis ($2T_1 = C_1 + C_2$)

Item	χ^2	df	Significance
10	2.902	1	ns
13	2.105	1	ns
17	2.0133	1	ns

Table 12

Chi-Square Analysis to Test Whether
Controls can be Pooled on Constructs of
Self-Rating Scale that were Significant

Construct	χ^2	df	Signif- icance	Pool or Not
1. Self-Satisfaction	2.85	1	ns	yes
2. Personal Self	23.13	1	<.001	no
3. Moral-Ethical Self	4.69	1	<.05	no
4. Social Self	6.31	1	<.02	no

However, contrary to prediction, the significant difference found between the treatment and control groups on construct 1 is a function of the treatment group's higher score on the "gained little or no information about self" (1) category rather than on the "gained some or considerable information" (2) category. The high score of construct 1 on category 1 and low score on category 2 follows the general pattern of results (See Appendix IX: Table H) and supports the acceptance of the third null hypothesis ($2T = C_1 + C_2$).

Further unexpected results that suggest a proposed alternative hypothesis that control group one is significantly different from control group two and the treatment group, are indicated in Table 12. The control groups were significantly different in terms of the following constructs: Personal Self, $\chi^2(1) = 23.13$, $p < .001$; Moral Ethical Self, $\chi^2(1) = 4.69$, $p < .05$; and Social Self, $\chi^2(1) = 6.31$, $p < .02$.

Thirdly, a chi-square analysis was conducted on the pooled chi-square values of all the items of the Self-Rating Scale. The results are shown in Table 13. This table shows clearly that the control groups cannot

be pooled as they are significantly different at the .001 level, $\chi^2(2) = 2.5817$; and that control group one is highly significantly different from the treatment group and control group at the .001 level, $\chi^2(2) = 55.39$.

In addition to the chi-square analyses, two further methods of testing the null hypotheses ($H_2: C_1 = C_2$ and $H_3: 2T = C_1 + C_2$) were employed-- an analysis of variance of the Self-Rating Scale and the Newman-Keuls Test of the Self-Rating Scale.

The analysis of variance of the Self-Rating Scale to test these hypotheses indicates that control groups one and two are significantly different at the .01 level, $F(1,18) = 14.46$. See Table 14. The analysis of variance of the Self-Rating Scale to test the second and third null hypotheses also indicates that the treatment group is significantly different from the control groups at the .05 level, $F(1,18) = 6.95$, $p < .05$. See Table 14.

This F value that indicates a significant difference between the treatment and control groups is contrary to the consistent findings previously noted that demonstrated a lack of significant difference between treatment and

Table 13

Chi-Square Analysis to Test Null Hypotheses
of all Items

Hypotheses	χ^2	df	Signif- icance
1. $H_2: C_1 = C_2$	43.02	2	<.001
2. $H_0: T_1 = C_2$	2.5817	2	ns
3. $H_0: C_1$ vs $T_1 + C_2$	55.39	2	<.001

Table 14

Analysis of Variance of Self-Rating Scale

Source of Variation	df	SS	MS	F
Total	20	.6928		
Within	18	.316	.0176	
Between	2	.3768	.1884	10.7*
H ₂	1	.2545	.2545	14.46**
H ₃	1	.1223	.1223	6.95*
H ₂ : C ₁ = C ₂				** p < .01
H ₃ : 2T = C ₁ + C ₂				* p < .05

Table 15

Newman-Keuls Test

	$\bar{X}_1 - \bar{X}$	S.E	$q = \frac{\bar{X}_1 - \bar{X}_2}{SE}$	q critical	q critical
C ₁ vs T ₁	.2967	.0501	5.9171*	3.609	4.703
C ₁ vs C ₂	.2697	.0501	5.3787*	2.971	4.071
C ₂ vs T ₁	.027	.0501	.5385	2.971	4.071
				$\alpha = .05$	$\alpha = .01$

* $p < .01$ C₁C₂ T₁

control groups. It could be speculated that the attainment of this F-value is a consequence of the general equalizing of control group differences through the averaging process. It also suggests that a bigger difference may exist between control groups one and control group two as compared to the difference between control group one and the treatment group.

The final test performed on the Self-Rating Scale to test the second and third null hypotheses was the Newman-Keuls Test (Zar, 1974), p. 151ff). The findings of this test are congruent with the general trend of the results that point to the proposal of an alternative hypothesis; that is, that control group one is significantly different from the treatment group and control group two. These findings are presented in Table 15. Control group one and the treatment group are shown to be significantly different at the .01 level; control group one and two are also shown to be significantly different at the .01 level; and control group two and the treatment group are shown to have no significant difference.

C. Summary

In general, the first null hypothesis that there was no significant difference between the three groups was rejected on the basis of the scores obtained on the Self-Rating Scale. (The Adjective Q-Set failed to discriminate between the three groups). The expected alternative hypothesis that there was a significant difference between the fairytale imagery - art technique group (T_1) and the control groups (C_1 and C_2) was also rejected. Therefore, a further alternative hypothesis was proposed that there was a significant difference between the guided fantasy group (C_1) as compared to the any drawing group (C_2) and the fairytale imagery - art technique group (T_1).

CHAPTER V

DISCUSSION

The major purpose of the present study was to ascertain whether the treatment strategy, fairytale imagery integrated with art technique, would significantly alter self-perception in adults. Self-perception was operationally defined as a higher discrepancy score attained on the Adjective Q-Set (ideal self and perceived self ratings) and a higher amount of information gained about self on the self-rating scale.

The results of this experiment indicate that the treatment approach does not significantly alter self-perception in adults. On the other hand, the results suggest an alternative hypothesis that the fairytale imagery-guided fantasy group significantly increased self-perception in adults in the general areas of personal self, moral-ethical self and social self; and in the specific areas of relationships with family members and personal weaknesses.

It could be speculated that the fairytale imagery-guided fantasy group members significantly increased in "knowledge gained about self" for the following reasons:

First, guided fantasy technique, also called in the literature "directed reverie" (Nadal, 1974), "directed daydream" (Hammer, 1967; Scheidler, 1972) and "guided affective imagery" (Leuner, 1969), is a powerful therapeutic technique in its own right.

The guided fantasy technique is usually employed in psychotherapy in the following way. The individual is seated in a comfortable position, asked to close his eyes, and induced to relax. After the individual is relaxed, the therapist suggests scenes that have symbolic and therapeutic import and which can serve as points of crystallization for the fantasy (Hammer, 1967).

It is purported that this technique overcomes patients' defensiveness and resistance to change (Chestnut, 1971) and promotes spontaneous healing through confrontation with transforming symbols. Therapeutic effects occur without extensive analysis or intellectual insight (Hammer, 1967). For example, patients can come to terms with symbols of recurrent nightmares in a few sessions and the resultant personality or behavioral change is rapid (Johnsgard, 1969).

Although the guided fantasy technique was practised in simple form in the present study, the essential aspects of the technique-- relaxation followed by inward contemplation of symbols, were present.

The guided fantasy technique, moreover, has a conceptual base similar to the use of fairytale symbolism and art technique. They all claim to unlock unconscious material at man's preverbal, intuitive, image-making level of consciousness.

Accordingly, the combination of fairytale symbolism and guided fantasy was as natural an integration as fairytale symbolism combined with art technique.

In retrospect, in the experimental setting of the present study, the guided fantasy group had many advantages that underscore the limitations of the art technique in this situation.

As mentioned earlier, the use of the fairytale imagery-art technique was limited by the very short term nature of the study (2 hours) and by the lack of therapist involvement. If a therapist were present he could reassure, encourage or confront the subject and help him personally integrate the meanings of his art products (Eisendrath, 1977).

The guided fantasy technique, on the other hand, requires minimal therapist (leader) involvement for the individual to feel relaxed and open to the images that arise from within (Scheidler, 1972; Kosbab, 1974). In the guided fantasy the individual's images are private, unlike the art product in which the inner image is made outer or public. In this experimental group, which was

(intentionally) not set up to foster group trust or supportive interactions, it is likely that the individual with probably no art training and unaccustomed to the medium (crayons), created his rudimentary drawings with some reservation and inhibition.

However, although Hammer (1961) and Johnsgard (1969) contend that with guided fantasy, the symbols can be confronted inwardly without them ever needing to be brought to consciousness; in the writer's opinion, the art technique that encourages outward communication of concrete, visual symbols, that are not only personal but can be shared by others, is more appropriate in this age of lonely, disconnected individuals.

Furthermore, the self-analysis portion of the present study as described earlier, was designed to stimulate "contemplation" of the art product, which was described as a "mirror" of the individual's inner self (Naumberg, 1953). However, paradoxically, as was mentioned in the statement of the problem of today's patient, modern man tends to be "schizoid" - he tends to deny the reality of what he sees by "depersonalizing" himself (Lowen, 1967, 1976). Accordingly, a treatment destined to overcome this condition may also fall victim to it, as the individual fights to resist change or to reinforce his "character structure" (Lowen, 1976).

The failure of the art technique in the present study to bring unconscious aspects of the self to consciousness is seen in the following example. The subject (called A) drew in the first scene, "Hansel and Gretel on the way to the witch's house" and in the second scene (the instruction being to "put a character from first scene into a scene of your present life"), "the witch in the chair of a teacher's desk" (Subject A is a teacher). (See Appendix X, plate 3). She vividly describes the character of the witch seated in the teacher's desk as "secretive about her power, alone, not well understood and unsure of herself." Yet in answering the last question on "Questions on the Drawings," namely, "Is this character like you in any way(s)", she answered simply "no." Similarly, she answered every statement in the self-rating scale as "little or no information gained" or "don't know." It is the writer's assumption that this is a case of unconscious denial or owning of aspects of self that could be considered "negative." However, this lack of conscious owning of aspects of the self that are visually apparent to others is not unusual in the initial stages of art therapy, particularly without a therapist present. Part of the role of the art therapist is to encourage the acceptance of and reintegration of aspects of the patient that the patient has disclaimed.

In fact, an indication of more positive mental health is when the patient begins to identify emotionally with the symbols he creates (Collis, 1980). The example of Subject A underscores the limitations of the art technique in the present study. A longer term therapy (with a therapist) seems necessary when art is the therapeutic mode, particularly when dealing with the so-called schizoid problem.

The example of subject A as well as a similar case, subject B, instigated speculation concerning what the Q-Set measured in comparison to the Self-Rating Scale. Subject A's discrepancy score on the Q-Set was 132 -- the highest score attained by anyone in the fairytale drawing group. (Note the mean was 96.07 for this group; 107.29 for the guided fantasy group; and 92.69 for the any drawing group. See Table 3.) Her score was inconsistent with her assertion that the character she drew was not like her in any way and with her self-rating scale results in which she indicated she gained little or no information about herself in all areas.

Similarly, another subject (B) agrees that he identifies with the dragon of St. George, who in the second scene is "attacking someone in front of the University library."

"Yes I'm unpopular and disliked too. I want more pleasant contacts with others But with me there is no obvious reason to

dislike me. It just seems to happen regardless of how kind or considerate I am."

In a like manner to Subject A, Subject B replied to every question on the Self-Rating Scale that he gained "little or no information about himself." Yet, again on the Q-Set, his score was high-- the second highest in this group (after Subject A)-- 122.

To digress for a moment, the validity of the Q-Set as a measure of change in self-perception must be considered in light of the pilot study. Recall that the pilot study was run identically to the main experiment with the major exception that there were only two groups in the pilot study - the experimental group and the any drawing group. The results of this pilot study clearly demonstrate that there was a significant difference between the two groups as predicted. The experimental group had a significantly higher discrepancy score than the control group, $F(1,26) = 8.742$, $p < .01$. (See Appendix VI: Table B.)

Therefore, it can be assumed that the discrepancy between ideal and perceived self is a sensitive enough index to measure change in self-perception as an effect of the treatment strategy.

Turning back, then, to the opposite results attained on the Q-Set in contrast to the Self-Rating Scale by both Subjects A and B, the following contention could be made. If a subject consciously states on the Self-Rating Scale that he "does not know" if he gained knowledge about

himself or states that he gained "little or no knowledge" about himself at the same time that he achieves a high discrepancy score on the Q-Set (indicating new knowledge was gained), the conclusion could be drawn that he was not directly aware or conscious of the information he did gain.

This conclusion points to the differences between what the Q-Set and the Self-Rating Scale measure. The Q-Set appears to measure changes in self-perception at a less conscious level than the Self-Rating Scale which measures the subject's conscious view of whether he gained information about himself or not. It could be postulated that the changes in self-perception revealed by the Q-Set reflect a more critical attitude gained toward the self without necessarily awareness of its source. Changes on the Self-Rating Scale, on the other hand, reflect gains in information about self that are admissible to awareness.

The final topic to be discussed is the unexpected result that in the pilot study a significant difference was found between the fairytale imagery-guided fantasy group and the any drawing group as revealed by Q-Set scores; but that in the main experiment, no significant difference was found between the groups, as indicated by the Q-Set scores.

This seeming incongruity was first of all investigated by examining the demographic variables of age and sex. In comparing the age and sex differences between the pilot study and the main experiment, inconclusive results were found.

In the main experiment, the mean age was 27.6, the standard deviation 7.2; and in the pilot study, the mean age was 30.1, the standard deviation 7.7. However, as a few of the subjects in the treatment group of the main experiment were much older than the rest of the subjects, the median was also examined. These data are shown in Table 1 and Appendix VI: Table A. The median age of the treatment group proved to be much younger (23) than the average ages (means and medians) of the other two groups of the main experiment and the groups of the pilot study. In addition, in the main experiment 78% of the ages of the treatment group subjects were under 25 compared to 33% in control group one and 41% in control group two.

It was thus investigated whether youngness of age might have influenced the treatment group's (of the main experiment) mean discrepancy score in a negative direction. A positive correlation between youngness of age and lowness of discrepancy score was hypothesized. When mean discrepancy scores of groups within the main experiment were compared on the basis of age under 25 or age over 25, in every group the mean scores of subjects under 25 were at least 17 points under the mean score of subjects over 25. However, the hypothesis that youngness positively correlated with lowness of score was not supported in examining the pilot study data. Those under 25 in the pilot study achieved discrepancy scores nearly similar

Table 16

Distribution of Mean Discrepancy Scores of Groups of
the Main Experiment and the Pilot Study on the
Basis of Sex and Age (over 25 and under 25)

Groups ^a	Sex		Age ^b	
	females	males	under 25	over 25
Main Experiment				
T	100.75(8)	89.8(6)	83.4(11)	108(3)
C ₁	112.9(10)	93.3(4)	104.8(4)	122(8)
C ₂	93.9(10)	88.7(3)	78 (5)	107.5(7)
Pilot Study				
T	117.8(10)	81.0(4)	102 (5)	110(9)
C	80.5(11)	86.3(3)	82.2(6)	83.7(7)

^aNumber in parentheses refer to number in group

^bIn the main experiment two ages were unknown in C₁ and one age in C₂. In the pilot study one age was unknown in C₁

to those over 25. These data are shown in Table 16.

Another hypothesis was developed to account for the lack of significant difference found in the main experiment between the treatment group and the control groups (on the Q-Set) as compared to the significance difference found in the pilot study between the treatment and control groups. As the ratio of females to males was 2:1 in the present study and 3:1 in the pilot study, a positive correlation between maleness and lowness of discrepancy score was postulated.

However, although males tended to have scores lower than females in both the main experiment and the pilot study, the mean discrepancy score for females in the treatment group (of the main experiment) was much lower than the mean discrepancy score for females in control group one (main experiment). This contrast suggests the greater influence of the independent variables rather than sex differences within the main experiment.

Nevertheless, it could be speculated that as the treatment group (in the main experiment) had a greater percentage of males (42%) than control group one (28%) and control group two (23%) (main experiment) the lower male scores may have influenced the results in a negative direction. In the pilot study, males were more equally

distributed between the two groups, therefore the variable of sex differences was controlled. These data are contained in Table 16. See also Appendix VII: Tables C & D.

Furthermore, a theoretical hypothesis was formed to account for the lack of significant difference between the Q-Set values in the main experiment as opposed to the pilot study. It was theorized that the marked difference between the two studies (main experiment and pilot) lay in the media used.

The subjects of the pilot study used brightly coloured tempera paint and large $1/2$ " to 1" brushes; the subjects of the main experiment used boxes of crayons. The shift in media was made inadvertently by the experimenter in the interests of ease in setting up the experiment.

The rationale behind this hypothesis is the following--essentially that "the medium is the message" (McLuhan, 1967). In other words, different media have inherent properties that evoke different kinds of messages. For instance, it is well known that finger painting in its fluidity, rhythm and texture, stimulates and energizes children. Although it may be too open ended for an acting out child, for a restricted or depressed child, it may open the door to release of feeling and needed regression (Dewey, 1934; Ginott, 1961; Robbins and Sibley, 1967; Rubin, 1978).

The following examples are from the writer's experience as an art therapist and they underline the potential of the media to excite or suppress feeling.

For example, one schizophrenic patient decided not to use the brightly colored jars of acrylic paints and thick brushes because she felt she "could not control them." She preferred a $\frac{1}{16}$ " brush and small squeezable tubes of paint. Another patient, if she painted with the colour red, would lose her sense of boundaries and sense of self. A suicidal woman who expressed fear of the brightness and colour of spring and summer began art therapy painting colourless grey white and black pictures. A masochistic young boy when feeling pressured, would use a black pointed pencil crayon and a ruler; Finally, a hyper-active boy calmed down and felt "centered" when he used clay.

These cases imply that the properties of the media such as colour (brightness or dullness), texture, freedom of movement versus the prescribed courses of materials, solidity, liquidity, etc. all affect the individual in more or less predictable ways. Bright, rich colours threaten or excite loss of control, emotional arousal and release. More constraining or more controllable, duller media set boundaries, are less emotional, and provide a sense of safety and security.

An example of the former class of media that are known to stimulate an open expression of feelings would be

the crayons used in the main experiment. Refer to Appendices X and XI to compare in general the lighter, stretchier and tighter crayon drawings of the main experiment to the brighter more vivid, free-flowing paintings of the pilot study.

1. Implications for Future Research.

The present study has clearly indicated the potency of the guided fantasy technique to affect changes in knowledge gained about self and has suggested its efficacy as a treatment strategy on a short term basis. The small amount of time involved to achieve observable therapeutic effects has decided advantages in terms of time and money over other therapies. However, the longer term effects and the limitations of this technique need to be researched. A specific research project could be to test whether or not the individual's inner symbols need to be brought to the conscious level to affect observable behavioral changes (as occurred in the present study) or whether intellectual insight is superfluous in the use of this technique as Hammer (1967) and Johnsgaard (1969) allege. Added research could involve the possibility of combining the fairytale imagery-guided fantasy approach with the art technique to maximize the effects of both.

Further carefully controlled research is needed in the better established field of art therapy to test the ongoing, long term effects of art therapy on behavioral and attitudinal change in patients.

The present study also demonstrated the effectiveness of the instruments employed to measure the dependent variables. The differences between what is measured by the two instruments were also revealed. It was speculated that the Adjective Q-Set measured changes in general self-perception without awareness of the particular sources of the change, whereas the Self-Rating Scale measured conscious awareness of certain aspects of self. These instruments have thus indicated their potential as research tools in future studies of self perception in adults.

Furthermore, this experiment, when compared with the pilot study suggested the possible effect of choice of media on changes in self-perception. A simple future experiment could be to repeat the present experiment with the one change-- paint would be used as the medium of expression rather than crayon. Another future experiment could involve a treatment and control group doing any identical self-awareness task involving art expression with one group using paints, the other crayons.

Finally, a replication of this experiment with a larger sample and controlling for sex and age differences would be in order.

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APPENDIX I

Instructions for
Treatment Group: Fairytale Imagery-Art Technique.

1. Draw a scene of your favourite fairytale making certain there is at least one character in the scene.
(Use crayons and paper provided.)
2. Try to answer each of the questions on the first drawing. Write your answers in the spaces provided.
(See Appendix II).
3. Choose one character from the scene just drawn and draw him/her/it in a scene of your present life.
4. Try to answer each of the questions on the second drawing. Write your answers in the spaces provided. (See Appendix II).
5. Complete the Self-Rating Scale (See Appendix IV).
6. Complete the Adjective Q-Set: parts I and II
(See Appendix V).

Instructions for
Control Group I: Fairytale Imagery - Guided Fantasy Group

(NOTE: Subjects are seated at their desks.
"Pause" refers to the leader's pause
in speaking.

1. This group will be participating in a guided fantasy experience. In preparation, find a comfortable position on your chair, close your eyes if you wish to, and relax. [Pause] Think of your favourite fairytale. [Pause] Choose one scene from this fairytale to focus your attention on. Make certain there is at least one character in this scene. [Pause] Raise your hand if you have not chosen a scene yet. [Pause] Now look at this scene closely - the colours, the background and the character or characters in it. [Pause] Take a few minutes to examine this scene in detail. [LONG PAUSE] Prepare, now, to come back to the classroom. Feel your body on the chair at your desk and feel your feet on the floor. [Pause] When you are ready, open your eyes and look around the classroom and at the people near you.
2. Try to answer each of the questions on the first imagined scene. Write your answers in the spaces provided. (See Appendix III).
3. Again prepare for another guided fantasy. Close your eyes if you wish to, and relax. [Pause] Choose one fairytale character from the former imagined scene

and imagine him/her/it in a scene of your present life. [Pause] Raise your hand if you have not chosen a scene yet. [Pause] Now look at this scene closely - the colours, the background and the character or characters in it. [Pause] Take a few minutes to examine this scene in detail. [LONG PAUSE] Prepare, now, to come back to the classroom. Feel your body on the chair at your desk and feel your feet on the floor. [Pause] When you are ready, open your eyes and look around the classroom and at the people near you.

4. Try to answer each of the questions on the second imagined scene. Write your answers in the spaces provided. (See Appendix III).
5. Complete the Self-Rating Scale. (See Appendix IV).
6. Complete the Adjective Q-Set, Parts I and II. (See Appendix V).

Instructions for
Control Group II: Any Drawing Group.

1. Draw a picture of your choice. (Use crayons and paper provided).
2. Try to answer each of the questions on the first drawing. Write your answers in the spaces provided. (See Appendix II).
3. Draw another picture of your choice. (Use crayons and paper provided).
4. Try to answer each of the questions on the second drawing. Write your answers in the spaces provided. (See Appendix II).
5. Complete the Self-Rating Scale. (See Appendix IV).
6. Complete the Adjective Q-Set: parts I and II (See Appendix V).

APPENDIX II

STUDENT NO.: _____ AGE: _____ SEX: M F

Try to answer each of the following questions as they apply to your drawing.

A. First Drawing:

1. Describe the scene you drew.
 - a. How do these strengths help the character?
 - b. How do these strengths hinder the character?
3. What are the weaknesses of the character?
 - a. How do these weaknesses help the character?
 - b. How do these weaknesses hinder the character?
4. How would you describe the way the character relates to others?
5. How do you think the character feels about him/herself?

Try to answer each of the following questions as they apply to your drawing:

B. Second Drawing:

1. Describe the scene you drew.

2. What are the strengths of the character?
 - a. How do these strengths help the character?

 - b. How do these strengths hinder the character?

3. What are the weaknesses of the character?
 - a. How do these weaknesses help the character?

 - b. How do these weaknesses hinder the character?

4. How would you describe the way the character relates to others?

5. How do you think the character feels about him/herself?

- C. Is this character like you in some way(s)? If so, describe how.

APPENDIX III

STUDENT NO.: _____ AGE: _____ SEX: M F

Try to answer each of the following questions as they apply to your
imagined scene.

A. First scene:

1. Describe the scene you imagined.

2. What are the strengths of the character?
 - a. How do these strengths help the character?

 - b. How do these strengths hinder the character?

3. What are the weaknesses of the character?
 - a. How do these weaknesses help the character?

 - b. How do these weaknesses hinder the character?

4. How would you describe the way the character relates to others?

5. How do you think the character feels about him/herself?

Try to answer each of the following questions as they apply to your imagined scene.

B. Second scene:

1. Describe the scene you imagined.

2. What are the strengths of the character?
 - a. How do these strengths help the character?

 - b. How do these strengths hinder the character?

3. What are the weaknesses of the character?
 - a. How do these weaknesses help the character?

 - b. How do these weaknesses hinder the character?

4. How would you describe the way the character relates to others?

5. How do you think the character feels about him/herself?

- C. Is this character like you in some way(s)? If so, describe how.

APPENDIX IV

Self-Rating Scale

STUDENT NO.: _____ AGE: _____ SEX: MALE _____ FEMALE _____

Directions:

Rate yourself according to how much information you gained about yourself from the preceding experience. Put an "x" in the appropriate space.

	Little or No Infor- mation	Some or Consid- erable Information	Don't Know
1. How much I accept or don't accept myself.	_____	_____	_____
2. One or more of my personal values (such as altruism, status).	_____	_____	_____
3. How my "strengths" have helped me in my life (e.g. have helped me get where I am today).	_____	_____	_____
4. How my "strengths" have worked against me or caused me problems in my life.	_____	_____	_____
5. How I relate to people I work with (such as colleagues, clients, students).	_____	_____	_____
6. How in some way(s) I am different now than I used to be.	_____	_____	_____
7. How in some way(s) I am similar to how I used to be.	_____	_____	_____
8. My behaviours, attitudes or goals in relation to my education or work.	_____	_____	_____
9. How I relate to my family members.	_____	_____	_____
10. How I feel about myself (satisfaction with myself or dissatisfaction with myself).	_____	_____	_____
12. Qualities of myself that I consider "weaknesses".	_____	_____	_____
13. How I view my moral worth, whether I consider myself a good or bad person.	_____	_____	_____
14. How my "weaknesses" have helped me in my life, such as by helping me do or get certain things.	_____	_____	_____
15. How my "weaknesses" have prevented me from doing or getting certain things in my life.	_____	_____	_____
16. How I view myself physically (such as my personal appearance, the state of my health, or my sexuality).	_____	_____	_____
17. Qualities of myself that I consider "strengths".	_____	_____	_____

APPENDIX V

You have been asked to describe yourself as you honestly see yourself. You are to use the adjectives listed on the next page. Please read the instructions through several times since it is important that the procedure be followed in all its detail.

Look through the list of adjectives and notice that a good many of them are descriptive of you, to a greater or lesser degree. Other of the adjectives are quite uncharacteristic of you and are even the opposite of the way you see yourself. Your task is to indicate the various *degrees* with which each adjective describes you.

As a first step, look through the list and then pick out the ten adjectives or phrases you feel are most characteristic or descriptive of you. Put the number 7 in front of these words. Now, look through the list again and pick out the ten words which you feel are quite characteristic of you (excluding from consideration those words you have already given the number 7 to). Write the number 6 in front of these words. Now of those words that remain, pick out the ten adjectives that you feel are fairly descriptive of you and place the number 5 in front of them.

Now work from the opposite end toward the middle. Of those words not yet numbered, pick out the ten adjectives that are most uncharacteristic of you and give them the number 1. Pick out the ten adjectives that you feel are quite uncharacteristic of you and give them the number 2. Now choose the ten adjectives fairly uncharacteristic of you and give them the number 3.

As a check, count the words that still have no numbers. If the total is ten then you have followed the procedure properly. If the total is different, then a mistake has been made somewhere and you had better check to see if you have ten words numbered 7, ten 6's, ten 5's, ten 3's, ten 2's, ten 1's.

When you have checked to see if you are correct, place the number 4 in front of the ten words remaining without numbers and your task is finished.

A few warning words. You may have difficulty in placing the required number of adjectives into each of the categories. For example, where ten words are required for a category, you may find that you have too many or too few. In either event, finish with the required number of words, either by eliminating those that can most sensibly be moved out or by moving in those words that are most relevant. You may feel that some of your word placements are forced. Your task is admittedly an awkward one but try and work through it anyway. There is a research method in our madness.

In closing we should like to emphasize again that the worth of this research is completely dependent upon how well and conscientiously the various people participating in it carry through their tasks. Numbering the adjectives as described above is perhaps tedious. When honestly done, the results can be quite self-revealing. By the method of coding being used, no one can know just how you honestly evaluate yourself. We would request therefore that if for some reason you feel that you cannot or prefer not to carry through with this task in a meaningful and honest manner, ^{please hand} ~~send~~ in the material with a simple note to this effect. As you can readily see, an analysis of adjectives which have been jokingly numbered or very cautiously responded to would prove to be worthless. Thank you for your cooperation.

STUDENT NO.: _____ AGE: _____ SEX: M F

AN ADJECTIVE Q-SET FOR USE BY NON-PROFESSIONAL SORTERS.

PART I. PERCEIVED SELF.

Rate yourself as you see yourself today.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. absent-minded | <input type="checkbox"/> 24. frank | <input type="checkbox"/> 48. self-indulgent |
| <input type="checkbox"/> 2. affected | <input type="checkbox"/> 25. friendly | <input type="checkbox"/> 49. selfish |
| <input type="checkbox"/> 3. ambitious | <input type="checkbox"/> 26. guileful | <input type="checkbox"/> 50. self-pitying |
| <input type="checkbox"/> 4. assertive, dominant | <input type="checkbox"/> 27. helpless | <input type="checkbox"/> 51. sense of humor |
| <input type="checkbox"/> 5. bossy | <input type="checkbox"/> 28. hostile | <input type="checkbox"/> 52. sentimental |
| <input type="checkbox"/> 6. calm | <input type="checkbox"/> 29. idealistic | <input type="checkbox"/> 53. shrewd, clever |
| <input type="checkbox"/> 7. cautious | <input type="checkbox"/> 30. imaginative | <input type="checkbox"/> 54. sincere |
| <input type="checkbox"/> 8. competitive | <input type="checkbox"/> 31. impulsive | <input type="checkbox"/> 55. sophisticated |
| <input type="checkbox"/> 9. confident | <input type="checkbox"/> 32. intelligent | <input type="checkbox"/> 56. stubborn |
| <input type="checkbox"/> 10. considerate | <input type="checkbox"/> 33. versatile | <input type="checkbox"/> 57. suspicious |
| <input type="checkbox"/> 11. cooperative | <input type="checkbox"/> 34. introspective | <input type="checkbox"/> 58. sympathetic |
| <input type="checkbox"/> 12. cruel, mean | <input type="checkbox"/> 35. jealous | <input type="checkbox"/> 59. timid, submissive |
| <input type="checkbox"/> 13. defensive | <input type="checkbox"/> 36. lazy | <input type="checkbox"/> 60. touchy, irritable |
| <input type="checkbox"/> 14. dependent | <input type="checkbox"/> 37. likable | <input type="checkbox"/> 61. tactless |
| <input type="checkbox"/> 15. disorderly | <input type="checkbox"/> 38. persevering | <input type="checkbox"/> 62. unconventional |
| <input type="checkbox"/> 16. dissatisfied | <input type="checkbox"/> 39. personally charming | <input type="checkbox"/> 63. undecided, confused |
| <input type="checkbox"/> 17. dramatic | <input type="checkbox"/> 40. reasonable | <input type="checkbox"/> 64. unhappy |
| <input type="checkbox"/> 18. dull | <input type="checkbox"/> 41. rebellious | <input type="checkbox"/> 65. uninterested, indifferent |
| <input type="checkbox"/> 19. easily embarrassed | <input type="checkbox"/> 42. resentful | <input type="checkbox"/> 66. unworthy, inadequate |
| <input type="checkbox"/> 20. easily hurt | <input type="checkbox"/> 43. reserved, dignified | <input type="checkbox"/> 67. warm |
| <input type="checkbox"/> 21. energetic | <input type="checkbox"/> 44. restless | <input type="checkbox"/> 68. withdrawn, introverted |
| <input type="checkbox"/> 22. fair-minded, objective | <input type="checkbox"/> 45. sarcastic | <input type="checkbox"/> 69. worried and anxious |
| <input type="checkbox"/> 23. feminine | <input type="checkbox"/> 46. poised | <input type="checkbox"/> 70. wise |
| | <input type="checkbox"/> 47. self-controlled | |

STUDENT NO. _____ AGE: _____ SEX: _____ M F

AN ADJECTIVE Q-SET FOR USE BY NON-PROFESSIONAL SORTERS.

PART II. IDEAL SELF.

Using the same system, rate yourself to describe your ideal person, the person you would most like within yourself to be.

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. absent-minded | <input type="checkbox"/> 24. frank | <input type="checkbox"/> 48. self-indulgent |
| <input type="checkbox"/> 2. affected | <input type="checkbox"/> 25. friendly | <input type="checkbox"/> 49. selfish |
| <input type="checkbox"/> 3. ambitious | <input type="checkbox"/> 26. guileful | <input type="checkbox"/> 50. self-pitying |
| <input type="checkbox"/> 4. assertive, dominant | <input type="checkbox"/> 27. helpless | <input type="checkbox"/> 51. sense of humor |
| <input type="checkbox"/> 5. bossy | <input type="checkbox"/> 28. hostile | <input type="checkbox"/> 52. sentimental |
| <input type="checkbox"/> 6. calm | <input type="checkbox"/> 29. idealistic | <input type="checkbox"/> 53. shrewd, clever |
| <input type="checkbox"/> 7. cautious | <input type="checkbox"/> 30. imaginative | <input type="checkbox"/> 54. sincere |
| <input type="checkbox"/> 8. competitive | <input type="checkbox"/> 31. impulsive | <input type="checkbox"/> 55. sophisticated |
| <input type="checkbox"/> 9. confident | <input type="checkbox"/> 32. intelligent | <input type="checkbox"/> 56. stubborn |
| <input type="checkbox"/> 10. considerate | <input type="checkbox"/> 33. versatile | <input type="checkbox"/> 57. suspicious |
| <input type="checkbox"/> 11. cooperative | <input type="checkbox"/> 34. introspective | <input type="checkbox"/> 58. sympathetic |
| <input type="checkbox"/> 12. cruel, mean | <input type="checkbox"/> 35. jealous | <input type="checkbox"/> 59. timid, submissive |
| <input type="checkbox"/> 13. defensive | <input type="checkbox"/> 36. lazy | <input type="checkbox"/> 60. touchy, irritable |
| <input type="checkbox"/> 14. dependent | <input type="checkbox"/> 37. likable | <input type="checkbox"/> 61. tactless |
| <input type="checkbox"/> 15. disorderly | <input type="checkbox"/> 38. persevering | <input type="checkbox"/> 62. unconventional |
| <input type="checkbox"/> 16. dissatisfied | <input type="checkbox"/> 39. personally charming | <input type="checkbox"/> 63. undecided, confused |
| <input type="checkbox"/> 17. dramatic | <input type="checkbox"/> 40. reasonable | <input type="checkbox"/> 64. unhappy |
| <input type="checkbox"/> 18. dull | <input type="checkbox"/> 41. rebellious | <input type="checkbox"/> 65. uninterested, indifferent |
| <input type="checkbox"/> 19. easily embarrassed | <input type="checkbox"/> 42. resentful | <input type="checkbox"/> 66. unworthy, inadequate |
| <input type="checkbox"/> 20. easily hurt | <input type="checkbox"/> 43. reserved, dignified | <input type="checkbox"/> 67. warm |
| <input type="checkbox"/> 21. energetic | <input type="checkbox"/> 44. restless | <input type="checkbox"/> 68. withdrawn, introverted |
| <input type="checkbox"/> 22. fair-minded, objective | <input type="checkbox"/> 45. sarcastic | <input type="checkbox"/> 69. worried and anxious |
| <input type="checkbox"/> 23. feminine | <input type="checkbox"/> 46. poised | <input type="checkbox"/> 70. wise |
| | <input type="checkbox"/> 47. self-controlled | |

APPENDIX VI

Table A

Distribution of Subjects on the Basis
of Age and Sex: Pilot Study

Group	Age (Years)		Number		
	Mean ^a	standard deviation	Females	Males	Total
Treatment	29.4 (28)	6.3	10	4	14
Control	30.8 (26)	9.1	11	3	14
Total Groups	30.1 (29)	7.7	21	7	28

^aNumbers in parentheses indicate the median

Table B

Analysis of Variance of
Pilot Study

Source of Variation	df	ss	MS	F
Between	1	4350	4350	8.742* (df=1,26)
Within	26	12938.07	497.6	
Total	27	17288.1	640.3	

* $p < .01$

APPENDIX VII

Table C

Raw Data: Mean Discrepancy Scores
of Subjects in Each Group
on the Adjective Q-Set
(Main Experiment)

Groups		FT(T ₁)	GF(C ₁)	AD(C ₂)
Female Subjects	1	82	108	86
	2	94	84	62
	3	104	150	118
	4	132	90	69
	5	61	120	142
	6	116	100	88
	7	104	124	54
	8	113	129	92
	9		62	90
	10		162	138
		$n = 8$ $\bar{X} = 100.75$	$n = 10$ $\bar{X} = 112.9$	$n = 10$ $\bar{X} = 93.9$
Male Subjects	1	118	133	74
	2	76	46	110
	3	66	148	82
	4	98	46	
	5	122		
	6	59		
		$n = 6$ $\bar{X} = 89.83$	$n = 4$ $\bar{X} = 93.25$	$n = 3$ $\bar{X} = 88.66$
Totals		$n = 14$ $\bar{X} = 96.07$ $S = 23.81$	$n = 14^a$ $\bar{X} = 107.29$ $S = 37.73$	$n = 13$ $\bar{X} = 92.69$ $S = 27.33$

^aOne person did not complete part II of the Q-Set.
His score was not included.

Raw Data: Mean Discrepancy Scores
of Subjects in Each Group
on the Adjective Q-Set
(Pilot Study)

Groups		FT(T_1)	AD(C_1)
Female	1	20	86
Subjects	2	138	82
	3	120	98
	4	138	58
	5	123	80
	6	115	82
	7	102	75
	8	86	81
	9	163	90
	10	73	72
			88
		$n = 10$	$n = 11$
		$\bar{X} = 117.8$	$\bar{X} = 81.09$
Male	1	82	99
Subjects	2	87	66
	3	98	94
	4	55	
		$n = 4$	$n = 3$
		$\bar{X} = 80.5$	$\bar{X} = 86.33$
Totals		$n = 14$	$n = 14$
		$\bar{X} = 107.14$	$\bar{X} = 82.21$
		$S = 29.28$	$S = 11.94$

APPENDIX VIII

Table E: Raw Scores of Items of Self-Rating Scale

	FT(T_1) (n=14)	GF(C_1) (n=15)	AD(C_2) (n=13)
1	1.308	1.667	1.417
2	1.357	1.533	1.25
3	1.214	1.462	1.153
4	1.385	1.583	1.167
5	1.333	1.692	1.364
6	1.615	1.538	1.455
7	1.5	1.778	1.417
8	1.25	1.385	1.385
9	1.091	1.533	1.083
10	1.308	1.786	1.5
12	1.182	1.538	1.25
13	1.143	1.615	1.23
14	1.3	1.385	1.167
15	1.273	1.769	1.273
16	1.077	1.385	1.071
17	1.154	1.769	1.333

Table F: Raw Scores of Constructs of Self-Rating Scale

	FT (T_1)	GF (C_1)	AD (C_2)
1	1.308	1.7265	1.4585
2	1.2514	1.5844	1.2239
3	1.25	1.5740	1.24
4	1.212	1.6125	1.2235
5	1.077	1.385	1.0710
6	1.25	1.385	1.385
7	1.5	1.658	1.436

APPENDIX IX

Table G

Raw Data: Contingency Tables: Chi Square
Analysis of Each Item of Self-Rating Scale

Group	1	2	Total
Item 1			
T ₁	9(6.8)	4(6.2)	13
C ₁	5(7.8)	10(7.1)	15
C ₂	7(6.3)	5(5.7)	12
Total	21	19	40
Item 2			
T ₁	9(8.2)	5(5.5)	14
C ₁	7(9.2)	8(5.9)	15
C ₁	9(7.3)	3(4.7)	12
Total	25	16	41
Item 3			
T ₁	11(10.2)	3(3.9)	14
C ₁	7(9.4)	6(3.6)	13
C ₂	11(9.5)	2(3.6)	13
Total	29	11	40

 $\chi^2(2) = 3.8, n.s.$
 $\chi^2(2) = 2.3, n.s.$
 $\chi^2(2) = 3.48, n.s.$

Group	1	2	Total
Item 4			
T ₁	8(8.1)	5(4.9)	13
C ₁	5(7.4)	7(4.5)	12
C ₂	10(7.5)	2(4.5)	12
Total	23	14	39

$$\chi^2(2) = 4.43, n.s.$$

Item 5			
T ₁	8(6.3)	4(5.7)	12
C ₁	4(6.9)	9(6.2)	13
C ₂	7(5.8)	4(5.2)	11
Total	19	17	36

$$\chi^2(2) = 3.97, n.s.$$

Item 6			
T ₁	5(5.9)	8(7)	13
C ₁	6(5.9)	7(7)	13
C ₂	6(5.1)	5(5.9)	11
Total	17	20	37

$$\chi^2(2) = .621, n.s.$$

Group	1	2	Total
Item 7			
T ₁	6(5.5)	6(6.5)	12
C ₁	2(4.1)	7(4.9)	99
C ₂	7(5.5)	5(6.5)	12
Total	15	18	33
Item 8			
T ₁	11(9)	2(4)	13
C ₁	8(9)	5(4)	13
C ₂	8(9)	5(4)	13
Total	27	12	39
Item 9			
T ₁	10(8.1)	1(2.8)	11
C ₁	7(11.1)	8(3.9)	15
C ₂	11(8.8)	1(3.2)	12
Total	28	10	38

 $\chi^2(2) = 2.86, n.s.$
 $\chi^2(2) = 2.167, n.s.$
 $\chi^2(2) = 9.3, p < .01$

Group	1	2	Total
Item 10			
T ₁	9(6)	4(7)	13
C ₁	3(6.5)	11(7.5)	14
C ₂	6(5.5)	6(6.5)	12
Total	18	21	39

 $\chi^2(2) = 6.3, p < .05.$

Item 12			
T ₁	9(7.3)	2(3.6)	11
C ₁	6(8.6)	7(4.3)	13
C ₂	9(8)	3(4)	12
Total	24	12	36

 $\chi^2(2) = 3.9, n.s.$

Item 13			
T ₁	12(9.5)	2(4.5)	14
C ₁	5(8.7)	8(4.2)	13
C ₂	10(8.7)	3(4.2)	13
Total	27	13	40

 $\chi^2(2) = 7.6, n.s.$

Group	1	2	Total
Item 14			
T ₁	7(7.1)	3(2.8)	10
C ₁	8(9.3)	5(3.7)	13
C ₂	10(8.6)	2(3.4)	12
Total	25	10	35

 $\chi^2(2) = 1.5, n.s.$

Item 15			
T ₁	8(6.8)	3(4.2)	11
C ₁	3(8.1)	10(4.9)	13
C ₂	12(8.1)	1(4.9)	13
Total	23	14	37

 $\chi^2(2) = 13.9, p < .01$

Item 16			
T ₁	12(9.9)	1(3.08)	13
C ₁	8(9.9)	5(3.1)	13
C ₂	9(9.2)	3(2.8)	12
Total	29	9	38

 $\chi^2(2) = 3.4, n.s.$

Group	1	2	Total
Item 17			
T ₁	9(6.5)	3(5.5)	12
C ₁	3(7.1)	10(5.9)	13
C ₂	8(6.5)	4(5.5)	12
Total	20	17	37

$\chi^2(2) = 7.9, p < .05.$

Table F

Raw Data: Contingency Tables: Chi-Square
Analysis of Each Construct of Self-Rating Scale

Group	1	2	Total
<hr/> Construct:1 Self-Satisfaction (1,10) <hr/>			
T ₁	18(12.8)	8(13.2)	26
C ₁	8(14.3)	21(14.7)	29
C ₂	13(11.8)	11(12.2)	24
<hr/>			
Total	39	40	79
<hr/>			
Construct:2 Personal Self (3,4,12,14,15,17)			
T ₁	52(46.1)	19(46.1)	71
C ₁	32(49.9)	45(27.1)	77
C ₂	60(48)	14(26)	74
<hr/>			
Total	144	78	222
<hr/>			
Construct:3 Moral-Ethical Self (2,13)			
T ₁	21(17.9)	7(10.1)	28
C ₁	12(17.9)	16(10)	28
C ₂	19(16)	6(8.9)	25
<hr/>			
Total	52	29	81

$$\chi^2(2)=9.8, p < .01$$

$$\chi^2(2)=43.5, p < .001$$

$$\chi^2(2)=8.5, p < .02$$

Group	1	2	Total
<hr/>			
Construct:4 Social Self (5,9)			
T ₁	18(14.6)	5(8.4)	23
C ₁	11(17.8)	17(10.2)	28
C ₂	18(14.6)	5(8.4)	23
<hr/>			
Total	47	27	74
<hr/>			
Construct:5 Physical Self (16)			
T ₁	12(9.92)	1(3.1)	13
C ₁	8(9.9)	5(3.1)	13
C ₂	9(9.2)	3(2.8)	12
<hr/>			
Total	29	9	38
<hr/>			
Construct:6 Working Self (8)			
T ₁	11(9)	2(4)	13
C ₁	8(9)	5(4)	13
C ₂	8(9)	5(4)	13
<hr/>			
Total	27	12	39
<hr/>			
Construct:7 Past/Present Self (6,7)			
T ₁	11(11.4)	14(13.6)	25
C ₁	8(10.1)	14(11.9)	22
C ₂	13(10.5)	10(12.5)	23
<hr/>			
Total	32	38	70

$$\chi^2(2) = 11.4, p < .01$$

$$\chi^2(2) = 3.4, n.s.$$

$$\chi^2(2) = 2.2, n.s.$$

$$\chi^2(2) = 1.9, n.s.$$

APPENDIX X

Experimental Group:		Description of Scenes
Subject		Description
1	a	"St. George slaying the dragon"
	b	"dragon attacking someone in front of McPherson Library"
2	a	"the three little pigs brick house in the woods"
	b	"I am preparing pork chops in the kitchen"
3	a	"a colourful dragon defending his lair"
	b	"two people by a highway with dragon flying by"
4	a	"deer banished to the woods"
	b	"having tea with a dear"
5	a	"from Lord of the Rings, Grandalf, Frodo entering a long, underground passage"
	b	"Grandalf meditating with a candle"
6	a	"Thumbelina on the lily pad with a butterfly"
	b	"butterfly at my parents' place"
7	a	"Goldilocks and the three bears"
	b	"Goldilocks shopping at Eatons. She fills out entry form to go to Hawaii; Goldilocks in Hawaii"
8	a	"King Arthur going to rescue the maid from Avalon"
	b	"a young man looking at himself in the mirror"
9	a	"a scene of Hansel and Gretel going into the forest to collect some firewood"
	b	"scene at work in the lounge area"
10	a	"Cinderella outwits the prince by shooting the deer when he could not"
	b	"Cinderella and the prince playing tennis"

Subject	Description
11	a "Prince Charming waking up the sleeping princess" b "Logger going out to work"
12	a "Hansel and Gretel approaching the witch's cottage in the woods" b "the witch is sitting at a desk"
13	a "from the Wizard of Oz. Where they have to cross a field of flowers to get to the castle" b "same character studying at my desk"
14	a "Cinderella with prince about to try on the slipper" b "Cindy, a student in a child care seminar"

Main Experiment

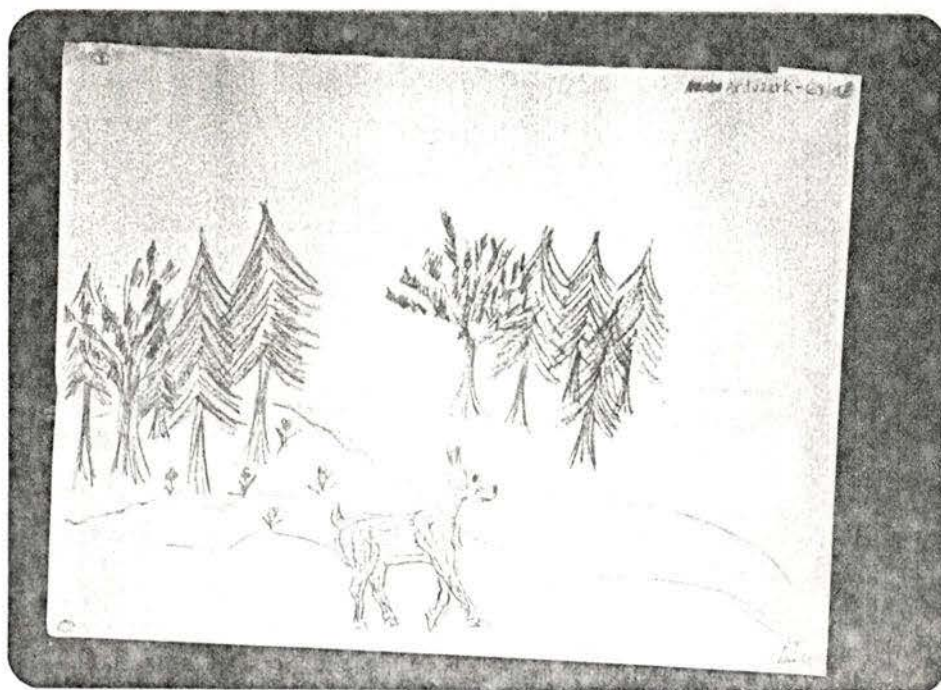


Plate 1: A deer banished to the woods

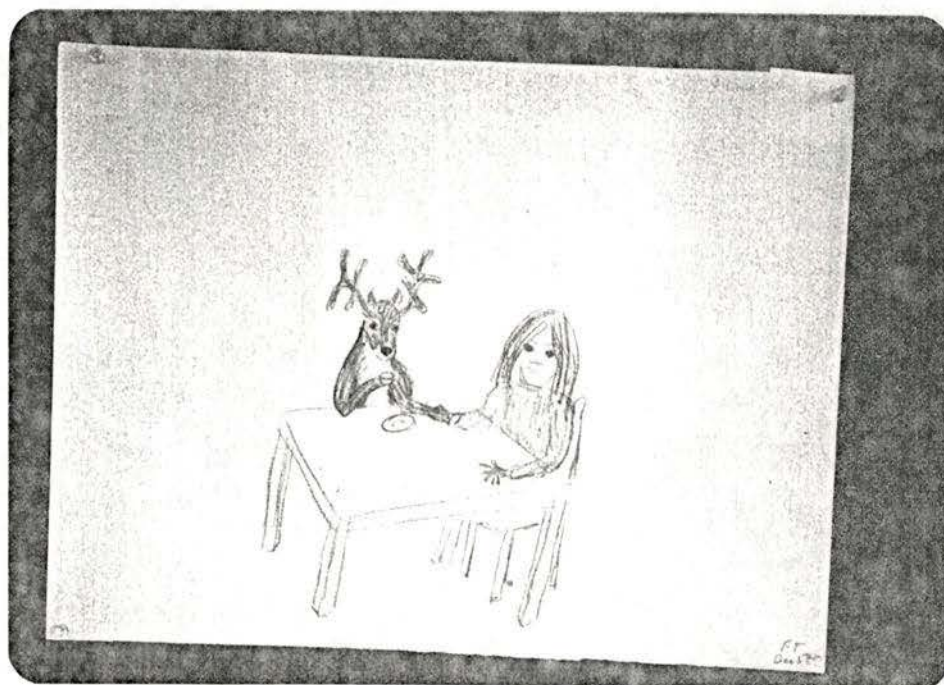


Plate 1b: Having tea with a "dear."

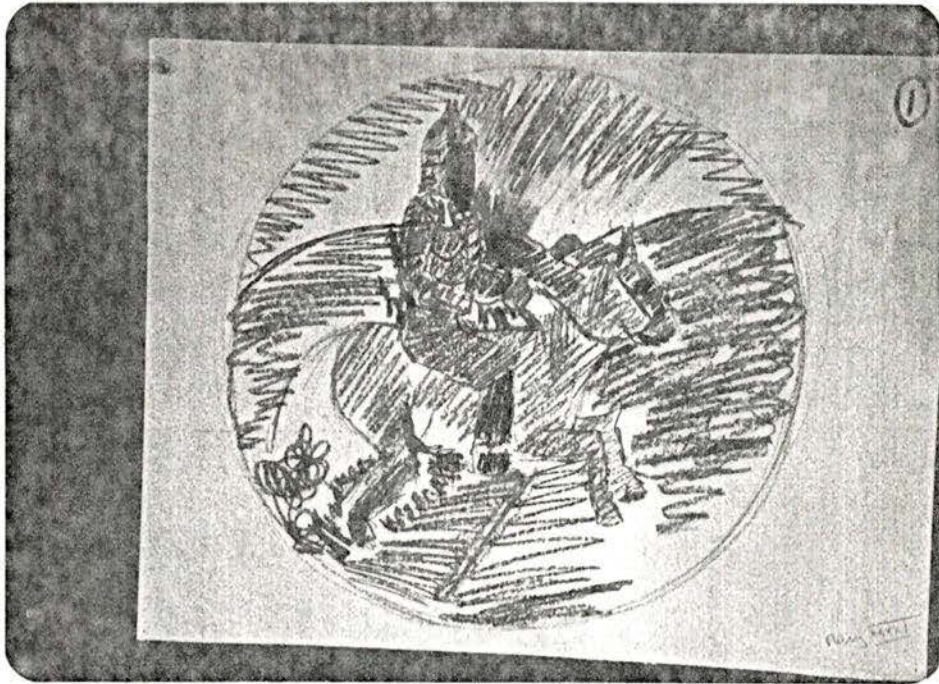


Plate 2a: King Arthur going to rescue the maid from Avalon.

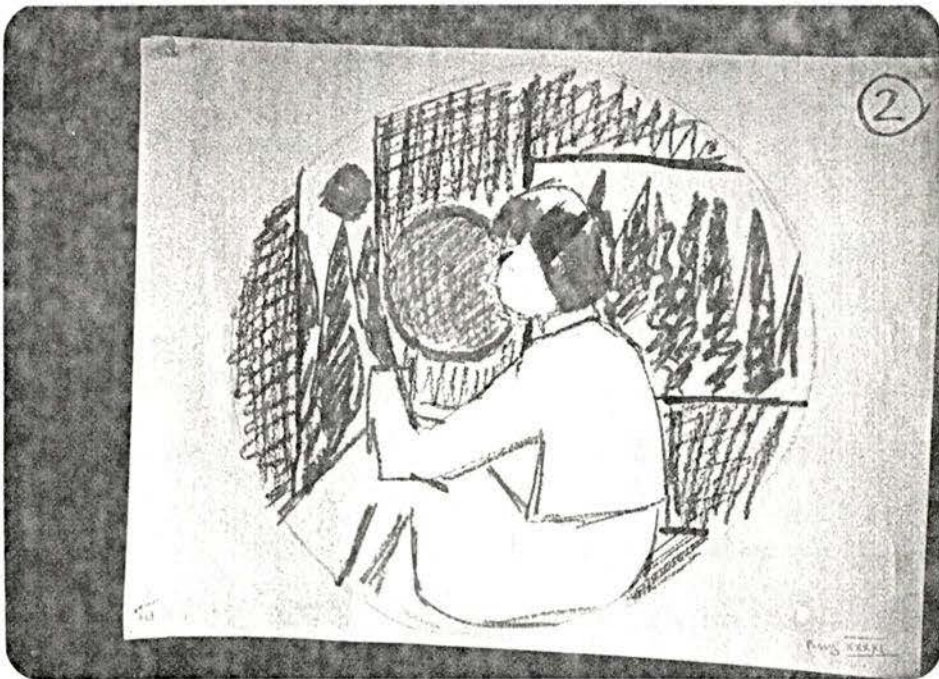


Plate 2b: A young man looking at himself in the mirror.



Plate 3a: Hansel and Gretel approaching the witch's cottage in the woods.



Plate 3b: The witch is sitting at a desk.

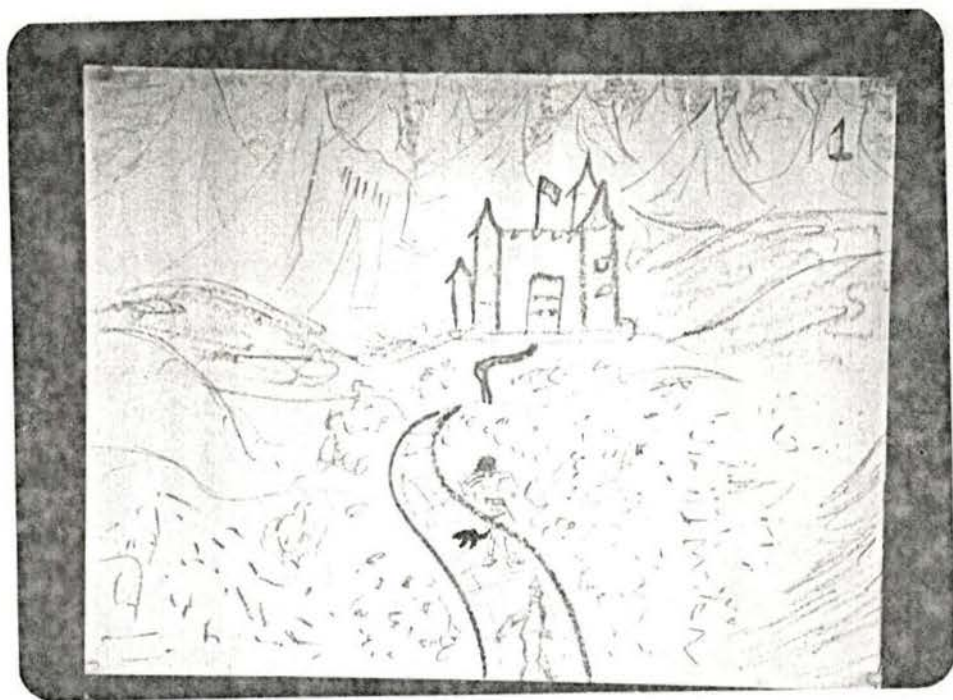


Plate 4a: From the Wizard of Oz. Where they have to cross a field of flowers to the castle.

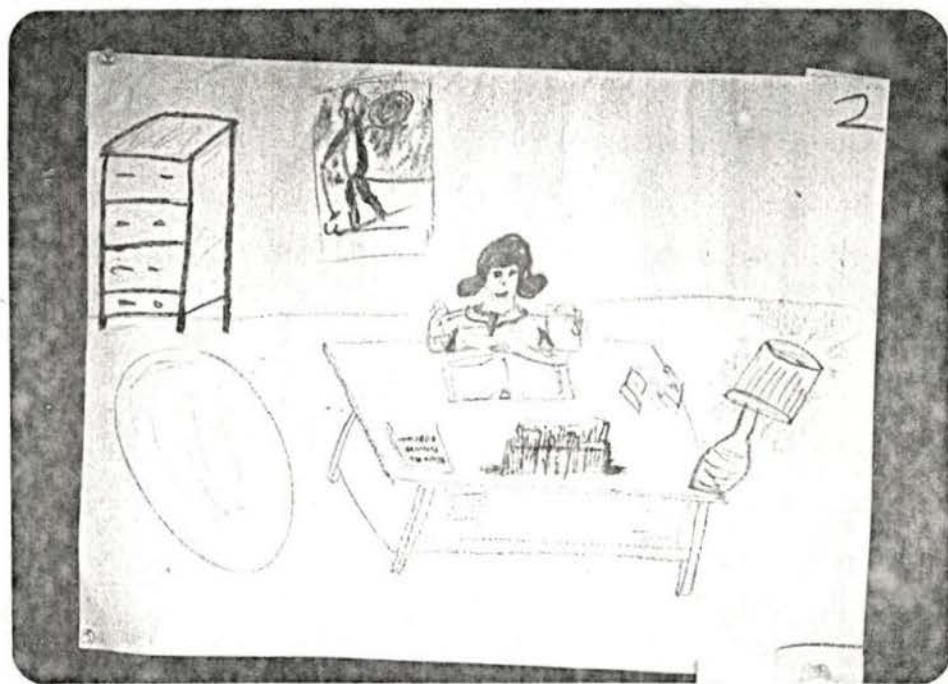


Plate 4b: Same character studying at my desk.

APPENDIX XI

 Description of Scenes: Pilot Study

Subject	Description
1	a "Cinderella going to the ball in her pumpkin coach" b "Cinderella going to a ball"
2	a "pretty young girl sitting at a spinning wheel spinning straw into gold while an older man looks on" b "woman vacuuming; man watching T.V."
3	a "witch from Snow White preparing the magic apple" b "witch is a wealthy money grabbing person"
4	a "The Three Bears" b "baby bear, grown up, in the park"
5	a "Humpty-Dumpty sitting on a brick wall" b "Humpty-Dumpty at a sit-in"
6	a "Jack and Jill walking up a hill to fetch a pail of water" b "a male teacher in a classroom"
7	a "a knight, Sir Arthur, slaying a dragon" b "Sir Arthur on his way to the disco"
8	a "the witch finding out where Snow White and the seven dwarfs are" b "a woman reading a story to small children"
9	a "different artifacts of the Cinderella story and the two ugly sisters as well as Cinderella" b "The Seven Sisters (the oil companies) building a pipeline through Cinderella's hunting grounds"
10	a "in the Wizard of Oz, Dorothy's house has just landed on the wicked witch of the west" b "a car accident between Dorothy and the wicked witch of the west"

- 11 a "the Sleeping Beauty, before awakening,
on the prince's arrival; a guard
sleeps at her feet"
b "a guard stands on the palace grounds
of a wealthy, famous person"
- 12 a "Cinderella and the pumpkin carriage"
b "a modern day Cinderella in a house"
- 13 a "Goldilocks sleeping on the Baby Bear's
bed after she had finished eating the
porridge"
b "Goldilocks is using a grappling hook
to get into an apartment which has a
controlled entrance"
- 14 a "a boy is being blown by the north wind
to the ends of the earth"
b "the north wind is blowing amid space
garbage"
- 15 a "rocking horse in a girl's bedroom"
b "a beautiful horse in a beautiful
pasture on a beautiful island"

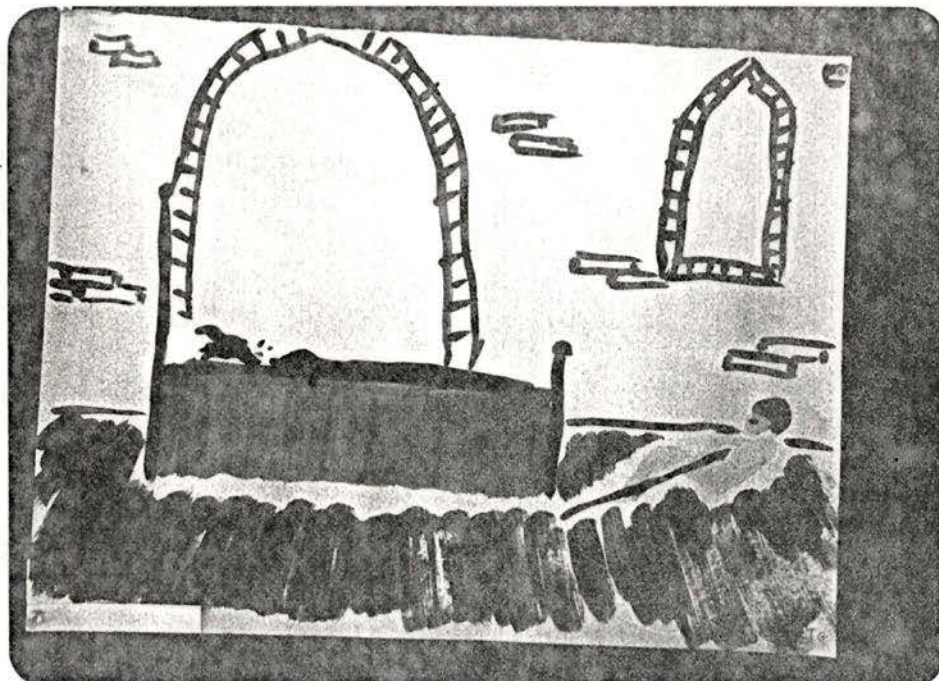


Plate 5a: The Sleeping Beauty, before awakening,
on the prince's arrival; a guard
sleeps at her feet.



Plate 5b:

A guard stands
on the palace
grounds of a
wealthy,
famous
person.

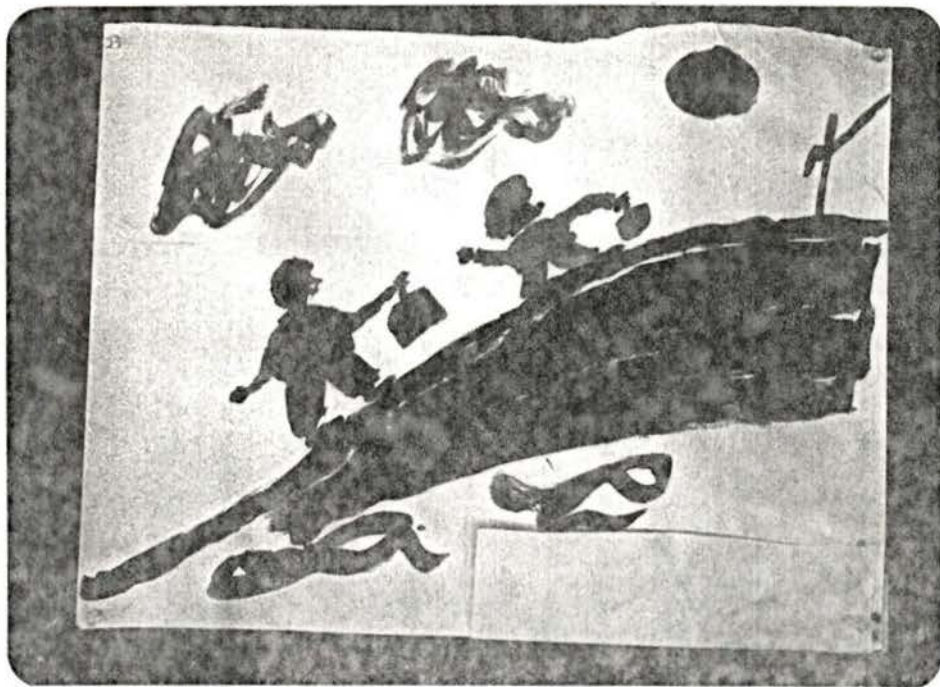


Plate 6a: Jack and Jill walking up a hill to fetch a pail of water.

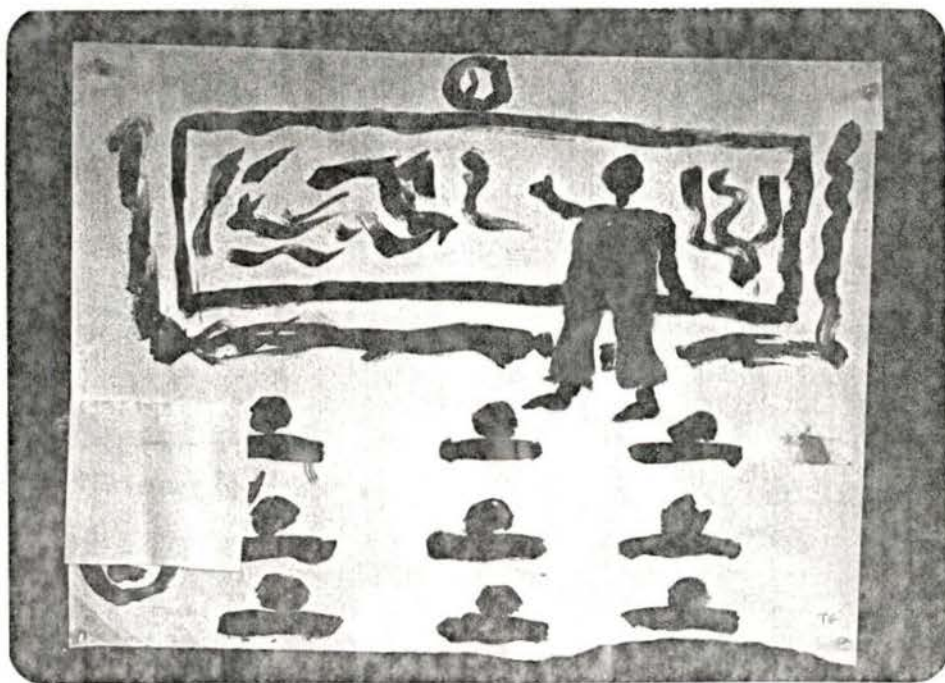


Plate 6b: A male teacher in a classroom.

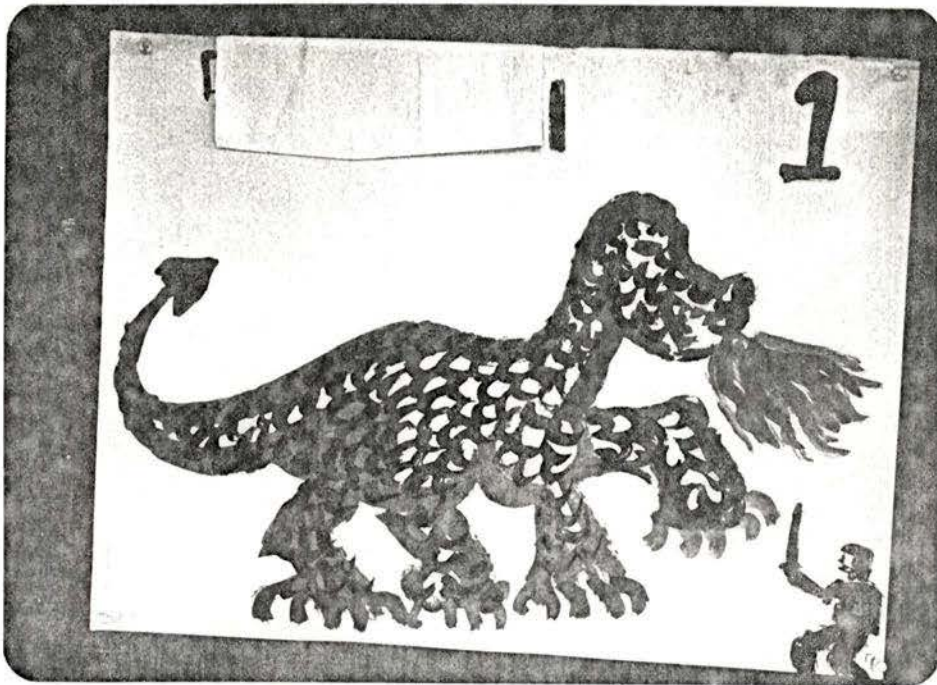


Plate 7a: A knight, Sir Arthur, slaying a dragon.



Plate 7b: Sir Arthur, on his way to the disco.



Plate 8a: The witch finding out where Snow White and the seven dwarves are.



Plate 8b: A woman reading a story to small children.



Plate 9a: Cinderella going to the ball.



Plate 9b: Cinderella going to a ball.

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