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Short Communication

# Implicit and explicit self-concept clarity and psychological adjustment

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ABSTRACT

To date, self-concept clarity has been conceptualized as a conscious belief about oneself. The aim of the study was to explore whether self-concept clarity is related to implicit self-concept clarity and whether implicit self-concept clarity is related to psychological adjustment. The Implicit Association Test (IAT) was adapted to measure implicit self-concept clarity. The explicit and implicit self-concept clarity measures were administered along with explicit self-esteem, implicit self-esteem and psychological distress measures to 111 Polish students aged 19–35. No relationship between explicit and implicit self-concept clarity was found. There was no association between implicit self-concept clarity and implicit-explicit clarity interaction and adjustment variables. Implications of the results are discussed.

## 1. Introduction

Campbell (1990) defined self-concept clarity as the extent to which the contents of an individual's self-concept are clearly and confidently defined, internally consistent, and temporally stable. It was shown that self-concept clarity correlated positively with self-esteem and negatively with neuroticism, anxiety, and depression (Bigler, Neimeyer, & Brown, 2001; Campbell, Trapnell, Heine, Katz, Lavallee, and Lehman, 1996; Campbell, Assanand, & Di Paula, 2003; Matto & Realo, 2001; Stucke, 2002; Vartanian, 2009).

The aim of the study was to explore the implicit-explicit self-concept clarity relationship. To date, self-concept clarity has been conceptualized as a monolithic construct which refers to the subject's general conscious belief about oneself. Stinson, Wood, and Doxey (2008) demonstrated, however, that self-concept clarity is multifaceted and varies systematically across some domains of traits. This means that everyone has self-concept domains of both confidence and confusion; moreover, recently a growing body of research has indicated that aspects of self-concept may operate at the unconscious, automatic level, e.g. people can automatically associate themselves with certain personality traits such as shyness or openness (Asendorpf, Banse, & Mücke, 2002; Steffens & Schulze König, 2006). Consciously accessible self-related cognitions and implicit and automatic self-related cognitions may not necessarily be congruent. One explanation of this incongruence is that the measurement of explicit self-concept relies on self-reports which are biased by self-presentation, self-deception, or a lack of self-insight. We believe that a person may have both explicit and implicit beliefs about the clarity of his or her self-concept.

The implicit-explicit dimension of self-concept clarity can also be associated with the distinction between two fundamental aspects of the self as identified by James (1890), namely the self as knower (I) and the self as known (Me). We can imagine that a person can both deduce the extent of his or her clarity of self-knowledge based on observations or feedback from others (Me) and at the same time experience some fundamental senses related to the self, i.e. sense of consistency, sense of continuity, or feeling of sameness across time (I).

From the perspective of Epstein's (2003) cognitive-experiential self-theory, the rational system, which is analytic, deliberative, and conscious, may be responsible for the development and maintenance of the explicit side of self-concept clarity, while implicit clarity seems to be the product of the experiential system, which is intuitive, automatic, and preconscious. Individual differences in the extent to which people rely on each system can make the explicit or implicit clarity more available to a particular person.

The idea of self-concept clarity that takes into consideration both its explicit and implicit aspect is also present in the psychoanalytic tradition and refers to a coherent sense of self which is regarded as an important resource for mental health (Kernberg, 2008). An unstable and fragile sense of self is a distinct feature of borderline personality disorder (Wilkinson-Ryan, 2000). Patients with this disorder may present a chaotic and inconsistent picture of themselves without being aware of the nature of the description that they convey.

There have been studies measuring implicit self-concept clarity with choice reaction time tests, requiring participants to make me/not me

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responses to traits presented on a computer screen (Baumgardner, 1990; Campbell, 1990; McGregor & Marigold, 2003). The studies showed that low self-esteem subjects exhibited higher uncertainty (longer reaction times) than did high self-esteem subjects. As far as we know, no study has examined the relationship between implicit and implicit self-concept clarity. In contrast to previous studies, we decided to use the Implicit Association Test because of its popularity, higher reliability and better control of the influence of the cognitive fluency factor than other latency-based measures (Nosek, Greenwald, & Banaji, 2007).

Relying on previous studies showing that implicit and explicit self-concept are only moderately associated (Back, Schmukle, & Egloff, 2009), we expected to find a modest positive correlation between explicit and implicit self-concept clarity. We also expected both dimensions to predict adjustment, with the explicit part being a stronger predictor.

## 2. Method

### 2.1. Participants

A total of 111 graduates and undergraduates of the University of Warsaw participated in the study. Their ages ranged from 19 to 35 (M = 22.64, SD = 3.23); 86% of them were female. No participants received compensation for their participation.

### 2.2. Measures

Explicit self-concept clarity was assessed with the Self-Concept Clarity Scale (Campbell et al., 1996; Polish adaptation: Suszek, Fronczyk, Kopera, & Maliszewski, 2017). The alpha reliability in this sample was high (α = 0.88).

Implicit self-concept clarity was measured with the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998). The IAT was adapted to measure the extent to which participants associated the self with Clarity concepts. The words *Me* (me, my, own, I, self) and *Others* (they, your, them, you, others) served as the target category labels, while the words *Clarity* (clarity, clearness, certainty, constancy, stability, consistency, insight, understanding) and *Confusion* (confusion, variability, muddle, chaos, contradiction, conflict, dilemma, ambivalence) served as the descriptor category labels. The selected descriptor category words were chosen to capture all three components of self-concept clarity: (1) clarity and confidence, (2) internal consistency, and (3) temporal stability (Campbell, 1990). The descriptor category labels were pilot-tested on a sample of 50 psychology students to ensure that they were easily and unambiguously linked to the concepts of Clarity and Confusion. The most consistently rated words were included in the IAT. The standard 7-block procedure of the IAT was used, with practice blocks containing 20 and non-practice blocks containing 40 trials. The presentation order of compatible and incompatible tasks was counterbalanced across participants. IAT scores were computed using an improved scoring algorithm (Nosek et al., 2007). The resulting score, i.e. the D measure, reflected the degree to which participants had stronger associations for the self with clarity, relative to confusion. Higher scores are interpreted as indicating higher levels of implicit self-concept clarity. The IAT showed adequate internal consistency (α = 0.75).

Explicit and implicit self-esteem and psychological distress were chosen as adjustment variables.

Explicit self-esteem was measured with the 10-item Rosenberg Self-Esteem Scale (Rosenberg, 1965; Polish adaptation: Łaguna, Lachowicz-Tabaczek, & Dzwonkowska, 2007). The reliability was solid in this sample (α = 0.86).

Implicit self-esteem was assessed with the Name-Letter Task (Kitayama & Karasawa, 1997). The IPT effects were calculated using the I-algorithm (LeBel & Gawronski, 2009). Higher scores on this measure indicate having higher implicit self-esteem. The α-coefficient in this sample was 0.47, which is comparable to findings in previous studies (LeBel & Gawronski, 2009).

Psychological distress was assessed with the 12-item Goldberg General Health Questionnaire (Goldberg & Williams, 1988; Polish adaptation: Makowska & Merecz, 2001). Internal reliability for the current study proved to be satisfactory (α = 0.81).

The order of measures was counterbalanced across participants to minimize order effects, with the exception of IAT, which was presented at the end.

**Table 1**
Descriptive statistics and intercorrelations for all variables.

| | M | SD | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|---|
| 1. SCCS | 38.95 | 9.72 | 1 | | | | |
| 2. SCC-IAT | 0.44 | 0.35 | − 0.09 | 1 | | | |
| 3. SES | 28.42 | 5.16 | 0.4* | 0.04 | 1 | | |
| 4. NLT | 0.99 | 1.61 | 0.03 | 0.01 | 0.11 | 1 | |
| 5. GHQ | 14 | 5.17 | − 0.35* | 0.07 | − 0.41* | 0.01 | 1 |

Note: $N = 111$. SCCS = Self-Concept Clarity Scale; SCC-IAT = Self-Concept Clarity Implicit Association Test; SES = Self-Esteem Scale; NLT = Name-Letter Task; GHQ = General Health Questionnaire.
* $p < 0.001$.

## 3. Results

Table 1 presents basic descriptive statistics and correlations among the study variables. Contrary to prediction, no significant correlations between explicit and implicit measures of self-concept clarity were found.

In order to determine whether implicit and explicit self-concept clarity was related to adjustment, we conducted multiple regression analyses with explicit self-concept-clarity, implicit self-concept clarity, and the interaction between these two variables as predictors for adjustment. The interaction was included in order to look whether congruency or discrepancy between explicit and implicit self-concept clarity adds to the prediction of adjustment. For this purpose we z-transformed the levels of the SCCS and the self-concept clarity IAT score.

The first analysis concerned explicit self-esteem as a dependent variable. The main effect for explicit self-concept clarity was significant (β = 0.4, $t = 4.57$, $p < 0.001$), while implicit self-concept clarity (β = 0.09, $t = 0.97$, $p > 0.3$) and the interaction of explicit and implicit self-concept clarity did not approach levels of significance (β = 0.06, $t = 0.66$, $p > 0.5$).

When analyzing implicit self-esteem as a dependent variable, we found neither the main effects of explicit (β = 0.05, $t = 0.51$, $p > 0.6$) or implicit self-concept clarity (β = − 0.04, $t = -0.37$, $p > 0.7$) nor the interaction between them to be significant (β = 0.16, $t = 1.66$, $p > 0.1$).

With psychological distress, a significant main effect of explicit self-concept clarity was found (β = − 0.36, $t = -4.05$, $p < 0.001$), but no significant main effect of implicit self-concept clarity (β = 0.03, $t = 0.37$, $p > 0.7$) or interaction between them (β = − 0.05, $t = -0.61$, $p > 0.5$) was found.

## 4. Discussion

The aim of our study was to explore the relation between explicit and implicit self-concept clarity and to check whether these dimensions corresponded in predicting psychological adjustment. Both dimensions of self-concept clarity revealed to be uncorrelated. Furthermore, the results show that only the explicit part of self-concept clarity predicts adjustment measured with explicit self-esteem and general psychopathology symptoms. No interaction between implicit and explicit self-concept clarity was found. These results show that the discrepancy in